



Council Members Present

Lisa Anderson, David Bieberdorf, Jean Herauf, Nan Kennelly, Austyn Kloehn, Sarah Ring, Dick Anderson, Nicole Brunelle, Michelle Woodcock, Denise Harvey, Mandy Slag, Tami Conrad, Krista Fremming, Janna Pietzrak, Skipp Miller (by phone)

Council Members Not Present

Shannon Cook, Cheryl Hess-Anderson

Others Present

Leah Tougas, Jeannie Pederson, Arlene Havig, Carol Cristilli, Randee Sailer, Bruce Murry, Lynne Ostrem, David Folden, Nicole Berman, Matt White, Nickie Livedalen, Carly Endres, Elicia Jacobson, Rebecca Quinn

Call to Order

1:08 pm by Nan Kennelly, Chair. Quorum is present.

Approve Agenda

Agenda addition of discussion of change to facilitation of the council and discussion of the Administration for Community Living grant. Agenda with additions approved.

Approve Minutes

Minutes from the January 14th and January 25th Advisory Council minutes were approved.

Legislative Recap

There was a quick review of the house bills that directly related to brain injury and passed during legislative session. There are some exciting changes for brain injury and the council will be on the look-out for the new developments. Bills that include brain injury services and developments:

House Bill 1032: Service payments for elderly and disabled program (SPED)

House Bill 1033: Amended to possible pilot for care coordination

House Bill 1034: Guidelines for long term care providers to deliver home and community based services

House Bill 1099: Delegation of administration of routine meds to Qualified Service Providers, adult foster homes, residential rehabilitation, etc. This would create services more similar to the services available to the DD/ID population. DHS will be developing the administrative code for this and it will be available for public comment before finalized.

House Bill 1359: Bill was introduced by Representative Anderson for a pilot study regarding the effectiveness of is for a hyperbaric oxygen treatment (HBOT) of severe or moderate brain injury. Representative Anderson states that he believes that this is the answer for brain injury based on his meeting individuals and hearing their stories. He has also visited the HBOT clinic in Fargo. There was discussion about the need for data and research on HBOT to treat brain injuries. Jean Herauf stated that she would like to see funding for other more proven practices/services for brain injury such as functional neurology.

Krista Fremming stated that the Department of Human Services will contract with Dakota Medical Foundation, they will receive the money from the department through general funds and there is no follow-up required. Representative Anderson states that he hopes Dr. Denham receives the money because her heart is the right place. Dr. Biberdorf will be working with the ocular motor data – comparing those who have and who have not received HBOT.

Senate Bill 2012: this is the Department of Human Services (DHS) overall budget. An amendment was included in the final bill version directing DHS to contract with a non-profit private agency to facilitate the Brain Injury Advisory Council.

There was lengthy discussion regarding this change and how it came about. Representative Anderson stated that there must have been enough question as to the effectiveness of the council with legislators and this was their way of checks and balances. Jean Herauf asked if NDBIN would still be on the council then and the answer to that is only as public attendees, not as members. Tami Conrad stated that the Department of Human Services will have a separate contract awarded to an entity to provide the facilitation. NDBIN will still receive their funding for the other duties that they perform.

Nan Kennelly stated that she is concerned with the direction in which things are going and that the bylaws may need to be looked at due to these changes being made without the council being made aware. Krista Fremming also stated when possible, bills regarding brain injury should be brought to the council before being filed – at least something to think about for future. Representative Anderson suggested that the council pre-file bills.

There was some public discussion along with Representative Anderson regarding NDBIN. Nan Kennelly stated that everyone brings something to the table during these council meeting and personal vendettas have no place here. Lynne Ostrem, public comment, stated that as a mother with a son with brain injury, she feels that the state of North Dakota and particularly NDBIN has not moved fast enough with providing services and assistance to her son. She voiced her opinion during legislative session and that could be a reason for the change with the council. Lynne also stated that she and Lisa Anderson have begun a non-profit group called the North Dakota Brain Injury Advocates and are working on advancing services as well. Nan Kennelly encouraged this as something that should have also been brought to the council so that everyone was working together and brain injury could move forward as a unified force. Nan Kennelly requested that for the next meeting, an agenda item be to beef up the language in the council bylaws regarding keeping professional and individual positions separate. Nan Kennelly states

that the council should be a safe place and with so many council members having their own agendas, there is some concern with moving forward together. Jean Herauf stated that everyone on this council is a stakeholder and invested to brain injury. Nan Kennelly encouraged communication in between council meetings as well. Tami Conrad reminded the group that all of the meetings are open to the public.

Department of Health (DoH)

Update on brain injury being a reportable condition to the DoH. Mandy Slag stated that they used the CDC definition of Brain Injury; Tuesday, the state epidemiologist met with the Attorney General's office and learned that reportable conditions guidelines are stricter than HIPPA which may make data sharing impossible. On Thursday, Mandy Slag stated that there are new data sources and emergency department data can be pulled every hour, ambulance run data is immediately available, and through the Health Information Network, there is annual data. There is a possibility of pulling brain injury data through these resources and DoH is going to develop a plan for getting the most accurate brain injury data available.

1915i Medicaid State Plan Amendment

Krista Fremming wanted to mention the 1915i Medicaid state plan amendment was approved in the department's budget and will be implemented in 2020. This will include community behavioral health supports and brain injury is included in this as well. There will also need to be an unmet need such as the individual also being homeless, have a serious mental illness diagnosis, or been involved in the criminal justice system.

Administration for Community Living (ACL) TBI Grant

Tami Conrad wanted to bring up that Rebecca Quinn brought the information of the ACL Grant to the Department of Human Services. This year, there will be 2 grantees awarded and language has been changed to allow North Dakota to be eligible to apply. The Department of Human Services will be the lead agency applying for the grant. This would be a total \$300,000 award for two years and work a lot around person centered planning. The mentor states that were awarded grant money last year have benefitted North Dakota as well. The state of Virginia will be sending a trainer for the Certified Brain Injury Specialist training in July. Also, ND was able to get help with the on-line training modules that will be for provider's working day to day with individuals with brain injury; these modules should be up on the website by the end of the month.

Continuum of Care Update

This group met the beginning of May mostly to discuss the legislative updates and trainings that will be coming up. The roll out for the employment documents between Vocational Rehabilitation, Community Options, and NDBIN will resume after VRs audit is finished.

Nan Kennelly asked if there is any more interest in including the Rancho Scales. Rebecca Quinn stated that the Rancho Scales are definitely included in the grant and the Department of Human Services are working to assure that brain injury fits within all program areas, no matter where a person is in the Rancho levels.

Tami Conrad stated that the Department of Human Services is working across divisions to assure that they are using the same language across all programs when talking about brain injury to assure that individuals are indeed finding the services that they need.

Mind Matters Conference

The reviews were quite positive for the conference except for the hotel itself.

Member Updates

Tami Conrad stated the DHS Behavioral Health Division is working on including brain injury across programming and getting prevention information out about brain injury on the Prevention and Media Resource Center.

Peer Support is developing, which has the ability to include brain injury as well. There have been 200 individuals trained as peer support specialists. An FTE has been added for a person to work on the certification process for these trained individuals so that agencies can then hire a specialist and get reimbursed by Medicaid for the service. This is great work in giving a structure to the support system. The training is 40 hours and there is a strong mental health and substance abuse component to the training, but there have already been a few brain injury survivors trained as well.

Public Comment

Bruce Murry wanted to state that the 1915i and House Bill 1099 are very important changes for the brain injury community and he suggests that the council keep a close eye on these upcoming changes.

Closing

Nan Kennelly would like to thank Rebecca Quinn for all of her support to the council and for her advocacy in brain injury.

Lisa Anderson motioned to adjourn the meeting, Sarah Ring seconded. Meeting adjourned at 3:13pm.