

**North Dakota Brain Injury Advisory Council  
HIT, Inc., 2640 Sunset Drive NW, Mandan (on-site)  
Videoconference (online)**

**February 9, 2023  
Meeting Minutes**

**BIAC Voting Members Present:** Nan Kennelly, Chair; Sarah Ring, Vice Chair; Sen. Howard Anderson; Shannon Cook; Darcy Severson; Jessica Siefken; Brad Hawk, Bureau of Indian Affairs; JoNell Bakke; Bobbiann Froemke

**BIAC Non-voting Members Present:** Denise Harvey, ND Protection & Advocacy, Secretary; Tami Conrad, NDDHS– Behavioral Health; Elizabeth Oestreich, NDDOH–Injury Prevention; Barbara Burghart, NDDHS Voc Rehab; Skipp Miller; Melissa Klocke-Joyce, NDDHHS Medicaid;

**Presenters/Guests:** Rebecca Quinn, ND Brain Injury Network (NDBIN); Jill Ferrington, National Association of State Head Injury Administrators (NASHIA); Carly Endres, NDBIN; Nickie Lendries, NDBIN;

**Facilitators:** Caitlin McDonald, Consensus Council

**Call to Order and Welcome**

Chair Nan Kennelly called the meeting to order at 12:03PM CT. She welcome BIAC members and invited them to introduce themselves.

**Introductions and Check-Ins**

Members introduced themselves and responded to the following question:

*What is your chocolate candy preference for Valentine's Day?*

**Quorum**

A quorum was established with 6 voting members present.

**Review of Agenda**

Nan presented the agenda (attachment) and asked for additions or edits from the group. A break was not in the written agenda, and the group agreed to take one either right before or right after the agency updates, depending on how the meeting is flowing. No other additions. The agenda was approved.

**Review and Approval of Minutes**

Nan presented the minutes from the November 18 Quarterly Meeting. There were no changes, and no objections to approval.

**BIAC Officer and Election Discussion**

Jill offered a presentation (attachment) and led a discussion on potential officer structures for the Council, which the group is considering.

Jill went over several opportunities that could come with changing current structure which include actively seeking to recruit brain injury survivors for leadership positions on the Council, Chair representation that brings the voices of both

the survivor AND the provider or family member/caregiver, and the potential to build in mentoring for the leadership positions. She added that some of the takeaways from previous discussions included allowing for flexibility in the language around any changes, to allow for more options and inclusivity.

Jill went over examples of officer structures. For both examples, perspectives of survivors as well as community-based providers, family members and caregivers would be equally prioritized for the roles of Chair and Vice-Chair. Priority for one of the two positions would be given to a survivor before both positions could be opened up to other voting members of the council. This would help the Council reach its goal of bringing more of the survivor voice into leadership, and pull that voice into more of the planning and strategic meetings. Currently, the terms for BIAC membership are four years, with the terms for leadership positions being two years. There is also a limit of three terms for officers.

#### *Chair and Vice-Chair ELECT*

At the midpoint of the Chair and Vice-Chair term (1 year) a Chair-elect and Vice-Chair elect would be elected, to allow time for mentoring, if there is going to be a leadership transition. Jill offered a scenario to illustrate this example, which is outlined in the attached presentation. In that scenario, Member A and Member B are Chair and Vice-Chair, elected in May 2023. That would mean that in May of 2024 Member C and Member D, could be voted in for Chair Elect and Vice-Chair Elect. Then during the final year of A and B's terms, C and D could shadow in those roles and be mentored. Then when May of 2025 comes along, C and D would assume the Chair and Vice-Chair roles.

#### *PAST Chair and Vice-Chair*

The Chair and Vice-Chair positions would serve as past Chair and Vice-Chair after their terms, to allow time for mentoring. Jill offered example language for the bylaws in this option to illustrate, "The Chair and the Vice-Chair positions shall serve in a Past Chair and Past Vice-Chair position for one year, for the purposes of mentoring and smooth transition. This requires available term availability on the part of elected officers."

Jill shared a grid of BIAC membership with color coding to reflect when terms end, and thanked Tami for her help in clarifying the details by consulting with the Boards and Commissions office.

Jill asked for any questions or comments from the group. Nan thanked Jill for putting these options and scenarios together. Nan added that she feels both options have benefits of allowing more people to be involved and smoothing transitions in leadership for the group. Nan asked Jill to clarify that she felt the Elect model would be easier than the Past model, date wise, and Jill confirmed that.

Additional discussion involved clarifying that the roles of Chair and Vice-Chair are open only to voting members, but the role of Secretary is open to any member. Much of the duties associated with the Secretary role are currently being handled by Consensus Council as a part of their facilitation services, which means less of a need for specific mentoring.

After discussion and a live poll, the consensus was that the Elect model was the best option for the group to pursue.

#### **ND Brain Injury Network Update, Rebecca Quinn**

Rebecca and Carly presented updates from NDBIN, which included the NDBIN Biennial Report (attachment).

NDBIN has been offering some services out of Downtown Engagement Center (DEC) in Fargo. The work at the DEC has been eye opening, because it has shown the large amount of barriers people are facing outside of potentially having a brain injury, including homelessness and lack of health insurance. There are about 100 people that come in and out of the DEC on a daily basis, and statistically 50% of those likely have a history of brain injury. Carly will be presenting to DEC staff about screening all individual who use the DEC.

Carly shared about her work with the students of medical career classes at Dickinson State University. Those students then teach youth prevention classes such as Safe Kids and Safety on Wheels. Rebecca highlighted Carly's experience as a former classroom teacher, and how that is incredibly beneficial to this partnership.

Updates on other events included:

- Living Life Fully After Brain Injury class is being offered in-person and virtually. This is a guided support group.
- Supporting Survivors course is a professional companion to the Living Life Fully class.
- Webinar Wednesdays continue to be popular.
- March is Brain Injury Awareness Month, and March 6<sup>th</sup> is Brain Injury Awareness Day at the Capitol. Amy Zellner will be joining that day, and Carly mentioned there is funding available for travel for survivors for that day.
- Mind Matters Conference is on March 23-24. There are several exciting speakers and details on that event can be found here: <https://www.ndbin.org/events/mind-matters>
- There will be a Brain Injury Specialist training at HIT in Mandan in April.
- Support for survivors and providers continues through the resource facilitation phone line.

Rebecca shared that a client had recently passed away and while that was difficult, NDBIN was able to connect with the client's family and offer support and services during that time, which emphasizes the importance of the work that has been happening.

Carly shared about the work happening with the Department of Public Instruction. DPI is offering an educational hub where educators can watch videos that can be eventually be turned in for credit. NDBIN will be submitting videos to that hub on subjects such as an intro to brain injury, concussion, cognitive and behavioral consequences of brain injury.

NDBIN has also been creating new videos to offer to transitional care and residential rehabilitation providers. This was needed because previously such materials had been run through UND, and that created the need for providers to be a sort of UND student. This will hopefully be more functional, and more appropriate for community based providers. The newer videos will be more focused on engaging the client and community, and responding to symptomology.

Carly is also working on a course about dating and relationships after brain injury, since that has been a frequent request NDBIN has heard. Carly took a training for people working with those with developmental disabilities on healthy relationships and healthy sexuality, and is using that as a starting point to create a curriculum for those with brain injury. The format will be similar to the Living Life Fully course and will take a look at internet safety as well, since that is a large part of modern dating. Eventually this curriculum could be shared with other states and national groups.

The Survivor Engagement Group meets one evening a month, and that group includes BIAC members Shannon Cook and Bobbiann Froemke. Shannon shared that the group is helpful because members can share their stories and offer 'virtual hugs' and other support, and also celebrate the accomplishments of members. Jessica commented that she had sent NDBIN cards to Antarctica, Arizona, and California.

Rebecca highlighted that part of the ACL funding allows for working with federal work groups on underserved populations, which has been very valuable for NDBIN.

As a part of the 10 year anniversary, NDBIN will have an opportunity on their website for people to make their own videos, on what brain injury means to them or to share a story about their experience with NDBIN.

For more information on these items or to get involved, please contact Rebecca, [rebecca.quinn@und.edu](mailto:rebecca.quinn@und.edu).

### **ND Legislative Issues and Updates**

Rebecca shared information about the issues relevant to BIAC, that are going on in the current legislative session. The main BIAC bill is House Bill 1418 (bill text is attached). This bill unanimously passed the House, and now goes on to the Senate. Some of the changes that this bill would make include:

- Increasing appointed membership from at least 5 designated members to at least 8 designated members.
- Increasing survivor/family membership to at least 2 members. BIAC is currently meeting this criteria, but this will spell out the need to keep it that way in the future.

- Adding 1 individual representing Adult and Aging Services as a non voting member, as there is no current representation from the Department. This is important due to Medicaid waiver being central to funding the BIAC.
- Cleaning up other language to include NDBIN as a nonvoting member.

Rebecca asked the group for input on the increase in membership as it still only allows for 9 voting members. There may be an opportunity on the Senate side to expand that, if the group would like to pursue that.

On the Governor’s website, it lists individuals based on their designation, and one such designation is Open Member. What that means here is that somebody who doesn’t meet one of those other designations. There are currently 5 designated members and 4 open members. Tami clarified that there is currently one open position on BIAC, and shared context on the application process.

Other discussion on the topic included the value of odd number of members versus even for voting, the potential for the group becoming too large to be efficient, how additional members will be critical for creating subcommittees to implement the State Plan. Jill offered that nationally, councils range from 20-45, for comparison.

JoNell suggested including in the amendment language indicating that we don’t have to meet or stay at the specific number, to allow for expansion without needing to open up the legislation too much more. JoNell also suggested asking Representative Dobervich to reach out to Senator Hogan about these amendments. On a related note, Senator Hogan recently had a serious fall and is currently using a wheelchair due to a shattered kneecap and a concussion.

The other relevant bill is Senate Bill 2012, which is the Department of Health and Human Services Budget. Rebecca testified on this bill recently, and noted several people submitted testimony in favor of brain injury funding within the Department’s budget. Tami shared that in testimony it was said that a large amount of the general funds designated for brain injury services and the contractor for the PREVOC and Return to Work programs have chosen not to engage in those contracts, so those funds will be available to go elsewhere.

Rebecca has also been working with Rep. Dobervich on introducing a resolution to create an interim legislative study, that would look at brain injury service rates and the continuum of care, specially around insurance and Medicaid reimbursement. The current plan is to submit this as a ‘shell study’ which means it would have to be done during the interim, and wouldn’t be optional. It would appropriate \$70,000 for that study, which would require an RFP.

This study would be helpful to really look at the level of care available in the state, and how to expand that care. It could also hopefully create real recommendations around how the Legislature can support brain injury funding and programming. The potential for funding for neurobehavioral programming would be wonderful, and options for people needing intensive care, as well as more options for those needing more supportive day programming.

Rebecca will send out information on any upcoming hearings, and she also encouraged anyone in the group wanting to dive more into these policy pieces, to seek out Protection & Advocacy’s legislative listserv, which they use to send out updates and tools to follow legislation. P&A also hosts Zoom events where disability advocates come together to discuss legislation. P&A can be contacted at 701.328.2950.

There was some discussion about committees refusing video testimony, and what sort of restrictions are allowed and not allowed, when it comes to testimony. JoNell offered to contact Legislative Council with a few concerns and to ask for clarification.

### **Member Provider Updates**

Nan asked for any updates from providers. She shared that her organization Onward Therapy, is partnering with NDBIN to offer brain injury screenings. Rebecca shared that NIAM will be doing a St. Patrick’s Day event about brain injury awareness.

## State Agency Updates

### **ND DHHS Behavioral Health, Tami Conrad**

The Legislative Session has taken a significant amount of staff work, to track and review bills and provide information to Legislators. Several bills that may be of interest to the group are one on the Counseling Compact and Psychology Compact. The Psychology Compact would resolve some of the occupational board problems with out of state providers becoming licensed in the state. The Counseling Compact has been approved in 16 states.

The Department will be watching these bills closely because the impact behavioral health workforce, and could really open the gate to more providers being able to offer services in ND.

Another bill to watch is the CCBHC bill which would modify or enhance Human Service Centers to be Certified Community Behavioral Health Centers, and allow for more staff. It has a large appropriation of \$70 million to do that. The Department had applied for a grant to work on the enhancement, but they did not receive it, so this bill would increase funding and increase the time period of being able to become CCBHC.

Tami will be joined by Heather Grant to have a booth for the Behavioral Health Division at the Mind Matters Conference. Heather manages many of the Community Supports programs.

### **ND DHHS Injury Prevention, Elizabeth Oestreich**

The current main focus is the DHHS website updates, including tabs on sports and wheel safety, which covers concussion awareness. Elizabeth asked that if any group members have updated resources they think might be good to include, that they should email her. There will also be tabs on fall prevention.

### **ND Protection & Advocacy, Denise Harvey**

P&A has a program called Protection and Advocacy for Social Security Beneficiaries, and they are doing outreach to spread that across the state, especially to underserved areas. The program can help people to obtain employment services or support to regain employment, and assist people with employment barriers. They will be speaking at the upcoming brain injury conference on some of these employment services.

### **ND Medical Services, Melissa Klocke-Joyce**

They are currently working on submitting another State Plan amendment to increase rates for 3 of their services for peer support, family peer support, and training and support services. They are also looking at changing some provider qualifications to allow for more providers to provide services. There is a provider shortage, and feedback from current providers has been a priority. In a recent audit they learned many of their providers aren't meeting the qualifications, so there is a need to look at how to make changes while still ensuring members are getting quality services.

On the Medicaid side, the public health emergency is ending in May. That is going to mean a lot of changes and redeterminations for many people, and potentially a lose of coverage.

### **ND Vocational Rehab, Barbara Burghart**

Much work has been done around providers making very specific lists of what services are needed when, and VocRehab's rates have been changed to be a little more rewarding, which is helpful. They are also trying to recruit more providers, especially those in rural areas.

They recently took on a senior community service employment program that used to be under Aging Services. They are looking for people who are 55 years of age or older, and are at 125% of the poverty level. VocRehab then places those participants on work sites and gives them training to eventually place them in regular employment. The grant allows for participants to be paid during that training. This used to be called Green Thumb or Experience Works.

VocRehab learned that they are #1 in the nation for employing people with disabilities, which the group congratulated them on.

### **Strategic Planning Subcommittee Report**

Nan offered a report from the Subcommittee. At the most recent meeting, the main focus of the discussion was the different options for changing the bylaws, regarding officer structure and terms. This included reviewing the pros and cons of each option. They ran out of time to go through the draft State Plan in depth at that meeting, but in general the meetings have involved reviewing the draft State Plan and discussing changes to the draft.

### **State Plan Review and Input**

Jill offered an update on the State Plan (attachment). Jill clarified that the State Plan represents ND's priorities for 2023-2027, and it is the plan to guide the work of state agencies, partners, providers and individuals, as well as BIAC and NDBIN.

She reviewed the timeline of the work that has been done related to the State Plan, since it began in April of 2022. They are now at the stage of gathering public input and creating the final State Plan. This will include finalizing a toolkit to put on the website and some training on person centered approaches.

Jill congratulated the group on the amount of work that has been accomplished. This work began with determining priorities and then what the goals should be, to achieve those priorities. Most recently, they have been discussing what the State Plan objectives should be, and they have heard input on several specific tactics that could be utilized. In the board development area, they have toolkit components and have completed the new member training.

Jill reviewed several considerations for the State Plan, including representing ND's priorities for the next 4 years; defining focus areas, goals, measurable objectives, and tactics; and providing an annual opportunity to re-assess and adjust as needed. Additionally, with the new State Plan will come new committees and opportunities to contribute to plan activities, and BIAC will have the opportunity to partner with the Survivor Engagement Group and the NDBIN education committee to collaborate on the State Plan.

Jill walked the group through several sections of priorities in the Draft State Plan. Specific tactics such as reaching out to local radio stations for free coverage as a community topic, are listed under the Tactics section.

The points identified as priorities in the Service area are:

- Looking for opportunities for a Media and/or Outreach Campaign,
- Release of information at hospital discharge,
- NDBIN presence at various events,
- Regional resource facilitation
- More brain injury informed providers-1915i program
- Day Programming-Long-Term Services and Supports

The group further discussed the importance of media and outreach efforts in bringing more public awareness. Because of the invisible nature of brain injury, it can make a big difference for the quality of life for a survivor when systems and the general public are more informed. Jill added that during the first year of the plan, the committees will be looking at what other states are doing in this area to start evaluating potential costs and potential resources for media and publicity. Building a campaign that works for the specifics of ND, is an exciting opportunity for the future.

The points identified as priorities in the Education and Awareness area are:

- Education partnership with Department of Public Instruction

- Intro to brain injury
- Public brain injury campaign
- Education for healthcare professionals

Jill added that these points will offer additional opportunities for building that much needed awareness mentioned during the Services discussion, outside of any media campaigns. Through education goal, the group can work on making sure that newly injured individuals really understand what's available to them, as well as educating workers in the healthcare and justice systems. One member shared an example of a prison inmate being put in isolation because the guards didn't realize the inmate was dealing with a brain injury, and they didn't understand what that meant or looked liked.

The group had further discussion on the impacts of the unmet need for education around recognizing brain injury and other disabilities in carceral facilities. NDBIN has done some work around this, and they developed a screening and virtual toolkit for Parole and Probation. Rebecca shared she is having ongoing conversations with the Department of Corrections and Rehabilitation about a potential pilot project on brain injury screenings for DOCR, as a part of the Behavioral Health Strategic Plan. Additionally, Carly has done several conflict intervention trainings for correction facilities, and NDBIN is also partnering with DHHS and Free Through Recovery.

JoNell shared that some of her legislative work included writing new language for the Century Code about juvenile justice, and they were taking into account things that may impact youth's behavior, such as brain injury. Brain injuries and other disabilities can make people respond in inappropriate ways to law enforcement, especially for youth. Individual Justice Plans can be utilized in hopes that juveniles won't end up in jail due to behaviors directly caused by a disability.

Rebecca shared more about the Free Through Recovery program, which includes many individuals with brain injury. That program provides care coordination and peer support for people being released from carceral facilities. There is also a partner 'sister' program in Community Connect, which helps people who are not involved in the justice system, to connect with their community support systems.

The points identified as priorities in the Housing area are:

- Brain injury representation on ND disability focused committees
- Explore Supportive Long-Term Housing

The points identified as priorities in the Financial Support area are:

- Gather information-financial resources for people with brain injury
- Expand awareness and usage of financial resources for people with brain injury
- Explore new financial resource options for people with brain injury

The points identified as priorities in the Data area are:

- Strengthen data sharing and common definition use
- Explore Medicaid payment and coding options
- Collaborate with trauma registry

The points identified as priorities in the Self-Advocacy area are:

- Diversify Survivor Engagement Group
- Expand Survivor Engagement Group activities
- Create Speaker's Bureau
- Expand volunteer activities
- Strengthen connections to the Survivor Connections program
- Expand Living Life Fully program

Jill presented 3 options for the group to provide feedback on these priorities or any other feedback on the State Plan. Caitlin will be sending out a post-meeting survey, group members can email Jill directly with feedback, or they can set up a time to talk through the plan with Jill. Jill emphasized how valuable the input from the post-meeting survey is and encouraged everyone to fill that out when they receive it. That input plays a large role in shaping meeting agendas and help ensure BIAC is as inclusive as possible to everyone's needs.

Nan thanked Jill for her tremendous efforts and leadership on this process.

#### **DHHS Website Discussion**

This discussion was postponed until the May meeting.

#### **Public Comments**

There was no public comment.

#### **Post-Meeting Survey**

Caitlin will send members a post-meeting survey via email to gather feedback on topics presented today.

#### **2023 BIAC Quarterly Business Meetings**

Thursday, May 4, 12-3pm, Hybrid Meeting

Thursday, August 10, 12-3pm, Hybrid Meeting

Thursday, November 9, 12-3pm, Hybrid Meeting

Meeting on-site locations, Zoom links, and calendar invites will be distributed in early 2023.

#### **Adjournment**

Nan asked if there was a motion to adjourn the meeting. Skipp moved to adjourn the meeting, JoNell seconded the motion. The motion carried and the meeting was adjourned at 2:25pm CT.

Respectfully submitted,  
Caitlin McDonald  
Consensus Council

**Brain Injury Advisory Council Meeting**  
**Onsite: HIT Inc., 2640 Sunset Dr., Mandan, ND**  
**Online Videoconference Connection\***

**Thursday, February 9, 2023**  
**12:00 PM – 3:00 PM CT**

**BIAC Materials:** [https://drive.google.com/drive/folders/1\\_fMizcTfB8xrvejHLbEgB7uLIFBac5Ao](https://drive.google.com/drive/folders/1_fMizcTfB8xrvejHLbEgB7uLIFBac5Ao)

**AGENDA**

12:00 PM **Call Meeting to Order & Welcome:** Nan Kennelly, Chair

**Introductions & Roll Call**

Check in question

With Valentine's Day approaching, I'll share that my preference is:

- *Milk Chocolate*
- *White Chocolate*
- *Dark Chocolate*
- *None of the Above. I'll take \_\_\_\_\_ instead!*

12:20 PM **Quorum**

**Approve Agenda**

**Approve Minutes**

BIAC Quarterly Meeting, November 18, 2022

12:30 PM **BIAC Officer Discussion and Election**

12:50 PM **ND Brain Injury Network Update:** Rebecca Quinn

**ND Legislative Issues**

1:15 PM **BIAC Provider Updates**

1:25 PM **Agency Updates**

ND Department of Health & Human Services

Behavioral Health

Medicaid

Vocational Rehab

Injury Prevention

Trauma and Emergency

ND Department of Public Instruction

ND Protection & Advocacy Project

- 1:40 PM     **Strategic Planning Subcommittee Report**
- 1:50 PM     **State Plan Review and Input**  
Jill Ferrington, Nat’l Association of State Head Injury Administrators (NASHIA)
- 2:20 PM     **DHHS Website Discussion:**  
BIAC Meeting Information and Public Access
- 2:45 PM     **Public Comments**  
**Member Survey**—Distributed Electronically
- 3:00 PM     **Adjournment**

**Meeting Contact Information:**

The Brain Injury Advisory Council follows established state guidance regarding the scheduling and management of state advisory councils. The Brain Injury Advisory Council currently holds scheduled meetings via onsite and videoconference options. Masking is requested for all onsite participants. Members of the public can access the meeting and participate in the public comment period by attending in person or using the following videoconference contact information:

**\*Videoconference Information:**

**Join Zoom Meeting**

<https://us02web.zoom.us/j/86907307623>

**Meeting ID: 869 0730 7623**

**Phone Connection Option: 312 626 6799**

**Brain Injury Advisory Council Mission.**

*The Mission of the North Dakota Brain Injury Advisory Council is to improve the quality of life for all individuals with brain injury and their families through brain injury identification, awareness, prevention, research, education, collaboration, support services and advocacy.*

# North Dakota Brain Injury Network Biennial Report

July 2021-December 2022

Submitted to:

North Dakota Department of Health  
and Human Services

Behavioral Health Division



## NORTH DAKOTA BRAIN INJURY NETWORK

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## Support Services

### Resource Facilitation

- Resource facilitation for brain injury is an evidenced based service that assists individuals along the path of recovery and increasing independence. This vital service has been adopted by over 40 states and is seen as a core for state brain injury service development by the Federal TBI grant program.
- This biennium NBDIN has provided resource facilitation to a total of 727 clients served; 401 new referrals; 391 closed cases; average cost per client \$487.07.

### Support Groups

- Facilitated 55 support groups, both in person and virtually.
- NBDIN facilitates a monthly support groups in Devils Lake, Grand Forks, and virtually.
- NBDIN also provides support and promotion to the other five independently run support groups in the state.

### Survivor Connections

- Launched in spring of 2021
- Phone based program for new individuals with brain injury to connect them with trained volunteers to provide support for those new to the injury.
- The program has completed 35 Survivor Connections calls.

## Awareness and Outreach

### Website

- Maintained a comprehensive website with over 71,760 unique page views
- Searchable online resource guide, maintained events calendar
- Developed new content regarding caregivers, special education, and related services

### Adapted the REAP for ND

- This is an evidenced based return to learn guide developed by CO and adapted to over 20 states.
- What is REAP?
  - R = Remove/Reduce physical and cognitive demands
  - E = Educate the student athlete families, educators, coaches, and medical teams of the potential symptoms
  - A = Adjust/Accommodate for the student athlete academically
  - P = Pace the student athlete back to learning, activity, and play

### North Dakota Brain Injury Guide

- Partnered with the North Dakota Stroke Association to publish a new North Dakota Brain Injury Guide for new survivors.

## Unmasking Brain Injury

- The purpose of this project is to not only create awareness for brain injury, but to also give the survivors a voice. The project allows individuals with brain injury to create an art mask to tell their story as a means to educate others of what it is like to live with a brain injury. It also gives brain injury survivors an outlet to show others that those living with this disability are like anyone else. By combining therapy, art, and advocacy, this project presents an entirely unique perspective on life with brain injury for survivors, care givers, and professionals.
- Currently NDBIN has over 130 masks in our collection
- <http://unmaskingbraininjury.org/north-dakota/>

## Screening

### Screening Protocols

- Facilitated a Brain Injury and Criminal Justice Workgroup to assist in selecting a screener.
- Selected and adapted a brain injury screening and supports protocol for implementation within reentry and community-based programs serving individuals with mental health and substance use disorders.

### Screening Portal

- Designed and developed a virtual screening toolkit with a HIPAA protected data entry portal for use by community partners to aid in data collection and management.
- Provided seven trainings for community-based providers on the use of the screening toolkit and data entry portal.

### Screening Numbers

Screening data for the period of July 1, 2021 – December 31, 2022:

- Number of Short OSU/ABI screenings = 132
  - Number of individuals who screened negative for TBI = 10
  - Number of individuals who screened positive for TBI = 122
    - Number of symptom inventories completed = 121 (one individual screened positive for TBI but did not have a symptom inventory completed for them)

## Education and Training

### Mind Matters Conference

- March 2022-68 attendees
- Past conference attendee quotes:
  - *I like having the information to share with clients that struggle with TBI*
  - *Love the Mind Matter conferences*
  - *We are fortunate to have such an important conference in ND.*
  - *Oh my-all speakers were amazing! Connecting with everyone and sharing what works-what does not.*
  - *Well organized-good job and thank you!*
  - *I thought the conference was great. I enjoyed all the speakers-nice variety and topics and good information.*

### Online Brain Injury Training

- June of 2019 NDBIN launched 5 online training courses
- This biennium 3,589 individuals enrolled and 487 have completed

### Certified Brain Injury Specialist (CBIS) Training

- Nationally recognized credential for professionals working in brain injury services. This certification is administered by the Brain Injury Association of America and involves formal coursework and a written examination.
- NDBIN has provided 7 CBIS trainings in ND since July of 2019.
- Total of 79 officially certified CBIS in ND as of December 2022.
- NDBIN hosts a quarterly call for all CBIS to share information and collaborate.

### Webinar Wednesdays

- These FREE webinars cover a range of brain injury topics and are designed to meet the needs whether you are a brain injury/stroke survivor, caregiver, or provider. Variety of continuing education credits are offered, and they are archived online.
- Total of 35 Webinar Wednesday's.

### Virtual Concussion Symposium

- Have hosted 2 Annual Concussion Symposiums with over 200 attendees altogether

### Brain Injury Basics Training

- February of 2021 was the first training
- New training developed to be less intensive than the Certified Brain Injury Specialist, but more engaging than the online courses.
- This training is based on an interactive approach and will provide direct care staff, peer support specialists and caregivers of individuals with brain injury a general knowledge of brain injury and what that means for the individuals they serve, practical techniques for handling difficult behaviors of individuals with brain injury, as well as building rapport for the individuals within their care.
- Provided on a requested basis.

### ND Train courses

- Developed in December of 2022
- Three courses designed to complement the online courses but geared specifically towards direct service providers in North Dakota working with clients with brain injury

### Living Life Fully After Brain Injury Courses

- This seven-class series provides survivors with tools and techniques to help them understand, cope with, and proactively manage life after brain injury.
- Facilitated by a peer support specialist with lived experience with brain injury and a Certified Brain Injury Specialist
- Since April of 2022 have held 7 courses in person and online. 32 attendees total.

## 2021-2022 NDBIN Satisfaction Survey

Reporting period: July 1, 2021 – December 31, 2022

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- Responses in Qualtrics = 39
- Selected Comments:
  - *“The information available online has been very helpful and useful.”*
  - *“NDBI Network provides great information and support.”*
  - *“Very informative website and resources available. User friendly”*
  - *“Fabulous program. intellectually and educationally. Thank you to Carly for her unending upbeat personality and for all the staff. Thank you!”*
  - *“The information and education that is offered through North Dakota and with the fantastic help from Carly Endres, Rebecca Quinn, and others is very impressive and appreciated!”*
- Satisfaction Ratings
  - Overall, I was satisfied with my experience with the North Dakota Brain Injury Network (n=38)
    - Completely Agree = 18 (47.4%)
    - Agree = 15 (39.5%)
    - Neutral = 4 (10.5%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)
  - The staff who provided support were polite and respectful toward me (n=38)
    - Completely Agree = 21 (55.3%)
    - Agree = 14 (36.8%)
    - Neutral = 3 (7.9%)
    - Disagree = 0 (0.0%)
    - Completely Disagree = 0 (0.0%)
  - I was comfortable being open and honest with the staff about my needs and concerns (n=38)
    - Completely Agree = 20 (52.6%)
    - Agree = 12 (31.6%)
    - Neutral = 5 (13.2%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)
  - The North Dakota Brain Injury Network provided me with options regarding resources/referrals (n=38)
    - Completely Agree = 15 (39.5%)
    - Agree = 14 (36.8%)
    - Neutral = 8 (21.1%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)

- The North Dakota Brain Injury Network met my needs (n=38)
  - Completely Agree = 18 (47.4%)
  - Agree = 11 (28.9%)
  - Neutral = 8 (21.1%)
  - Disagree = 1 (2.6%)
  - Completely Disagree = 0 (0.0%)
- The North Dakota Brain Injury Network provided me with help in a timely manner (n=38)
  - Completely Agree = 18 (47.4%)
  - Agree = 12 (31.6%)
  - Neutral = 7 (18.4%)
  - Disagree = 1 (2.6%)
  - Completely Disagree = 0 (0.0%)
- I will seek support from the North Dakota Brain Injury Network in the future (n=38)
  - Completely Agree = 17 (44.7%)
  - Agree = 16 (42.1%)
  - Neutral = 5 (13.2%)
  - Disagree = 0 (0.0%)
  - Completely Disagree = 0 (0.0%)
- I would recommend the North Dakota Brain Injury Network to other people (n=38)
  - Completely Agree = 21 (55.3%)
  - Agree = 12 (31.6%)
  - Neutral = 4 (10.5%)
  - Disagree = 1 (2.6%)
  - Completely Disagree = 0 (0.0%)
- Summary
  - Overall, 87% of individuals who responded were satisfied with their experience with the North Dakota Brain Injury Network (i.e., responded agree or completely agree)
  - 87% of individuals who responded would recommend the North Dakota Brain Injury Network to other people (i.e., responded agree or completely agree)
  - 92% of individuals agreed or completely agreed that the staff who provided support were polite and respectful toward them.

## Webinar Wednesday Evaluation Data Analysis

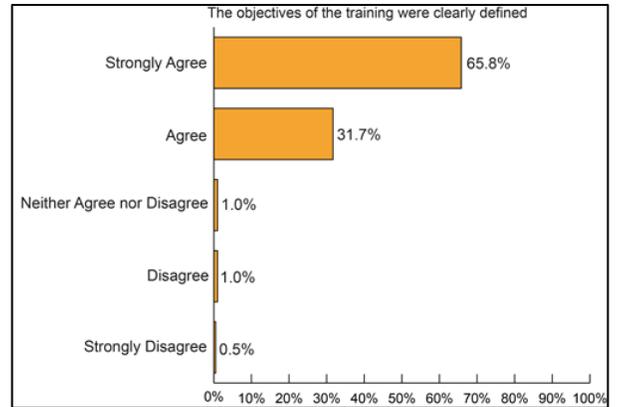
Time Period: July 1, 2021 – December 31, 2022

**Total number of webinars = 26**

<b>Webinar</b>	<b>Number of Evaluations Completed</b>
50-30-20 Budget	4
ABA Consultants	9
Adult Foster Homes	14
Bumped His Head and Went to Bed	23
LSS MN	3
North Dakota Programs with Heather Brandt	6
PCAND	2
Show Your Doctor Your Symptoms and Manage Your Care	3
Support System for Caregivers	7
Tinnitus with Dr. Fire	2
Post-Concussion Inc (Bella Paige)	6
Chelsey Asiala/PAM (Post-Acute Medical)	7
Community-Based Services	4
Community Options	5
COVID and the Brain (Dr. Ala Lysyk)	18
Emotional Dysregulation Podcast	19
ETIPS Research Study	7
Fair Plains Housing	4
Kara Welke	6
Lit up my Mind	6
Neuroplasticity, Setting Goals, and Creating Hope After Brain Injury and Stroke with Craig Philips	12
Podcast-Learning Accommodations	9
Saving Shannon	13
Synapse	4
Vocational Rehabilitation	8
Will I ever be able to drive again?	6
<b>TOTAL</b>	<b>207</b>

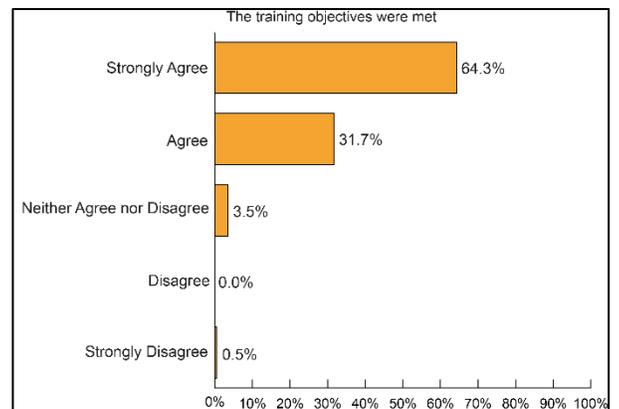
**Q1. The objectives of the training were clearly defined**

Strongly Agree = 133 (65.8%)  
Agree = 64 (31.7%)  
Neither Agree nor Disagree = 2 (1.0%)  
Disagree = 2 (1.0%)  
Strongly Disagree = 1 (0.5%)  
**TOTAL = 202**  
\*Missing = 5



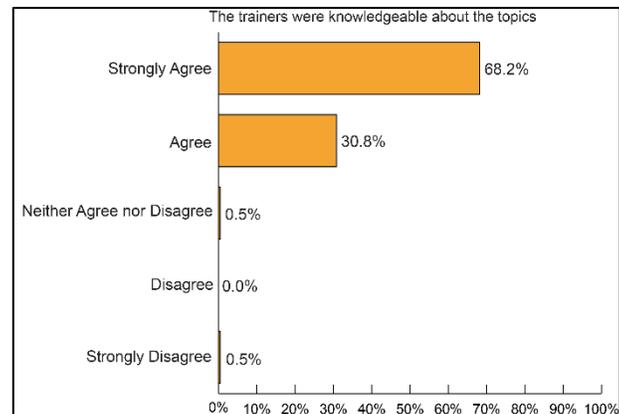
**Q2. The training objectives were met**

Strongly Agree = 130 (64.3%)  
Agree = 64 (31.7%)  
Neither Agree nor Disagree = 7 (3.5%)  
Disagree = 0 (0%)  
Strongly Disagree = 1 (0.5%)  
**TOTAL = 202**  
\*Missing = 5



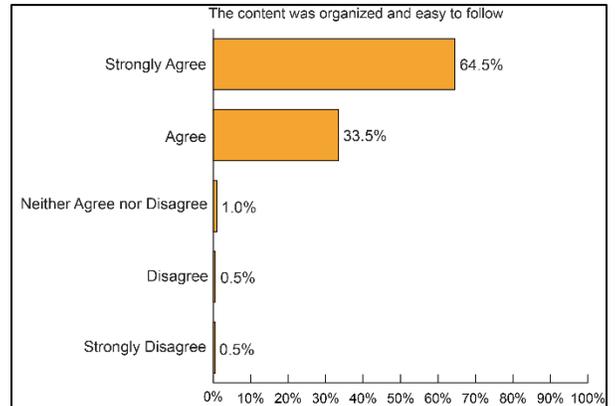
**Q3. The trainers were knowledgeable about the topics**

Strongly Agree = 137 (68.2%)  
Agree = 62 (30.8%)  
Neither Agree nor Disagree = 1 (0.5%)  
Disagree = 0 (0%)  
Strongly Disagree = 1 (0.5%)  
**TOTAL = 201**  
\*Missing = 6



**Q4. The content was organized and easy to follow**

Strongly Agree = 129 (64.5%)  
Agree = 67 (33.5%)  
Neither Agree nor Disagree = 2 (1.0%)  
Disagree = 1 (0.5%)  
Strongly Disagree = 1 (0.5%)  
**TOTAL = 200**  
\*Missing = 7



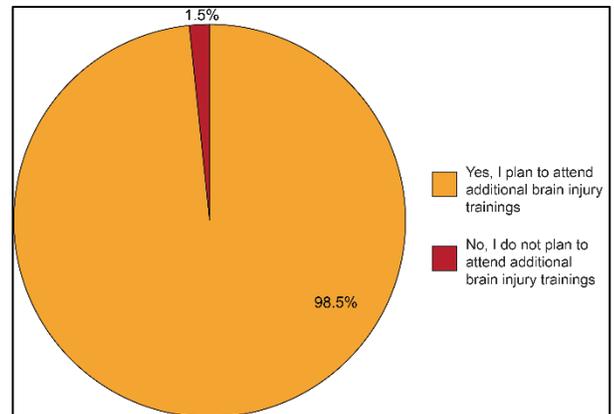
**Q5. The training will be useful in my work**

Strongly Agree = 117 (58.2%)  
Agree = 69 (34.3%)  
Neither Agree nor Disagree = 13 (6.5%)  
Disagree = 1 (0.5%)  
Strongly Disagree = 1 (0.5%)  
**TOTAL = 201**  
\*Missing = 6



**Q6. Do you plan to attend any of the additional brain injury trainings?**

Yes = 200 (98.5%)  
No = 3 (1.5%)  
**TOTAL = 203**  
\*Missing = 4



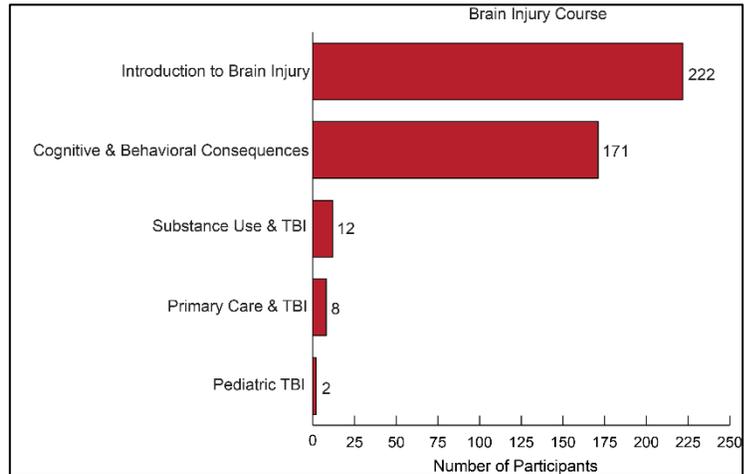
# TBI Course Evaluation Data Analysis

Time Period: July 1, 2021 – December 31, 2022

**Total responses = 415**

## Q1. Which Brain Injury Course are you filling out this evaluation for?

- Introduction to Brain Injury = 222
- Cognitive and Behavioral Consequences of Brain Injury = 171
- Substance Use and TBI = 12
- Primary Care and TBI = 8
- Pediatric TBI = 2



## Q2. I found the course information to be helpful.

Strongly agree = 311 (74.9%)

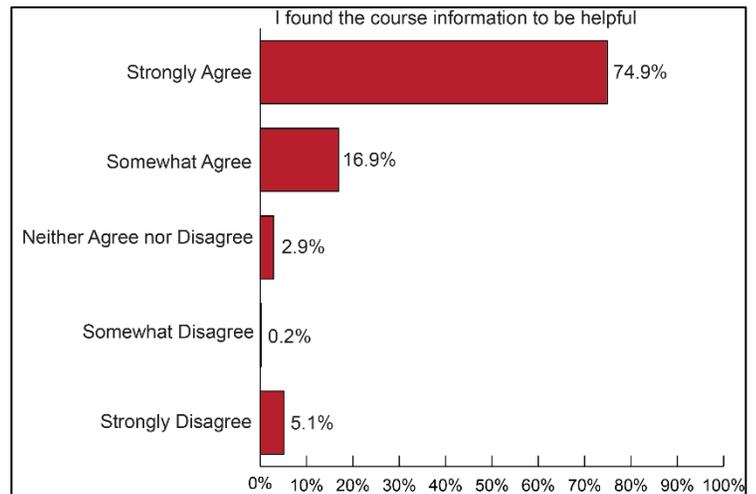
Somewhat agree = 70 (16.9%)

Neither agree nor disagree = 12 (2.9%)

Somewhat disagree = 1 (0.2%)

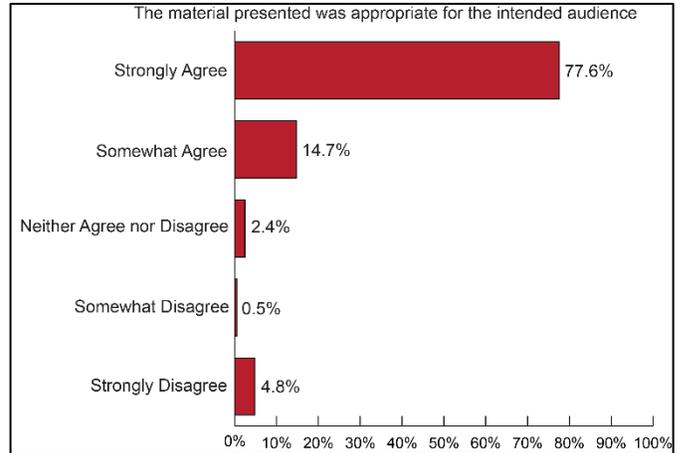
Strongly disagree = 21 (5.1%)

**TOTAL = 415**



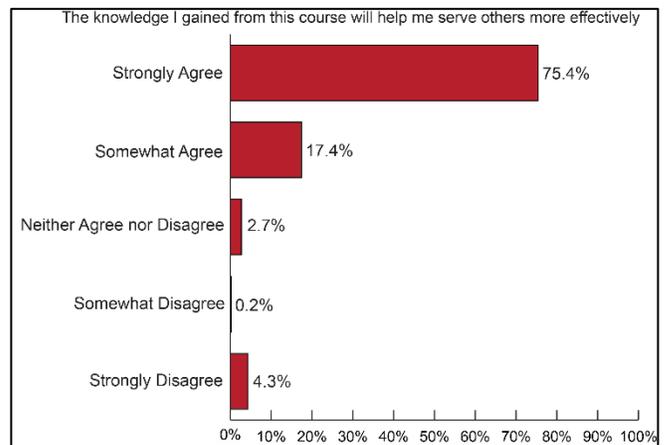
**Q3. The material presented was appropriate for the intended audience.**

Strongly agree = 322 (77.6%)  
Somewhat agree = 61 (14.7%)  
Neither agree nor disagree = 10 (2.4%)  
Somewhat disagree = 2 (0.5%)  
Strongly disagree = 20 (4.8%)  
**TOTAL = 415**



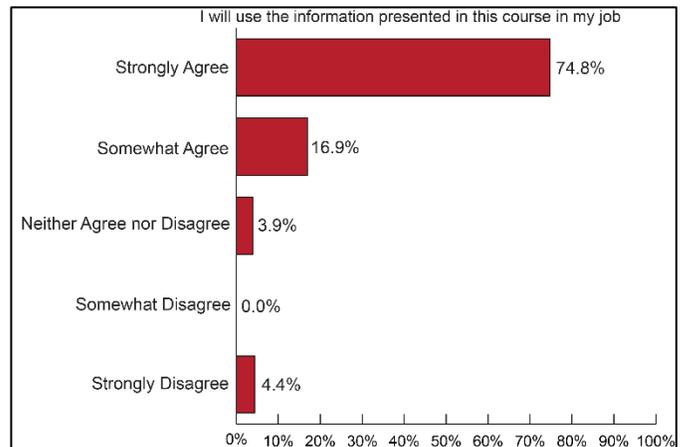
**Q4. The knowledge I gained from this course will help me serve others more effectively.**

Strongly agree = 312 (75.4%)  
Somewhat agree = 72 (17.4%)  
Neither agree nor disagree = 11 (2.7%)  
Somewhat disagree = 1 (0.2%)  
Strongly disagree = 18 (4.3%)  
**TOTAL = 414**  
**\*Missing = 1**



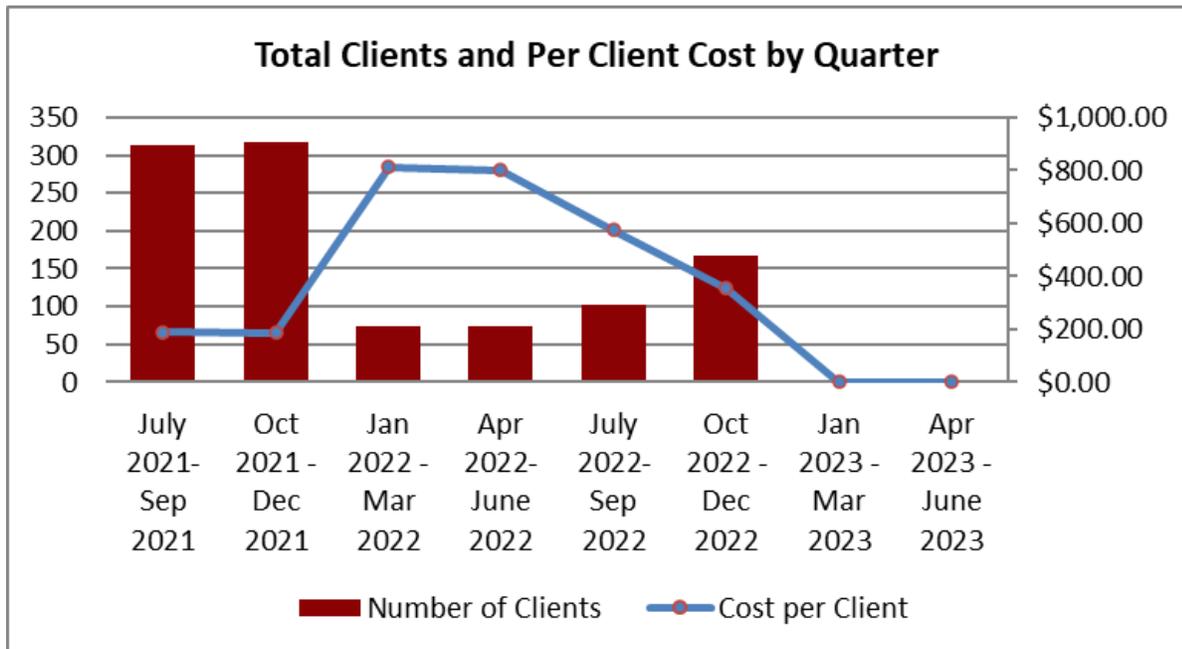
**Q5. I will use the information presented in this course in my job.**

Strongly agree = 309 (74.8%)  
Somewhat agree = 70 (16.9%)  
Neither agree nor disagree = 16 (3.9%)  
Somewhat disagree = 0 (0%)  
Strongly disagree = 18 (4.4%)  
**TOTAL = 413**  
**\*Missing = 2**



## Resource Facilitation Data

Quarter	Number of Clients	Total Expenditures	Cost per Client
July 2021- Sep 2021	313	\$59,339.87	\$189.58
Oct 2021 - Dec 2021	318	\$59,339.87	\$186.60
Jan 2022 - Mar 2022	73	\$59,339.87	\$812.87
Apr 2022- June 2022	74	\$59,339.87	\$801.89
July 2022- Sep 2022	103	\$59,339.87	\$576.12
Oct 2022 - Dec 2022	167	\$59,339.87	\$355.33



**July 2021 - Sep 2021**

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	3%	20	6%	0	0%	\$3,791.68	\$189.58
Region II	2	5%	37	12%	3	18%	\$7,014.62	\$189.58
Region III	3	8%	28	9%	0	0%	\$5,308.36	\$189.58
Region IV	7	19%	46	15%	0	0%	\$8,720.88	\$189.58
Region V	15	41%	83	27%	12	71%	\$15,735.49	\$189.58
Region VI	4	11%	25	8%	0	0%	\$4,739.61	\$189.58
Region VII	5	14%	50	16%	2	12%	\$9,479.21	\$189.58
Region VIII	0	0%	24	8%	0	0%	\$4,550.02	\$189.58
<b>Total</b>	<b>37</b>	<b>100%</b>	<b>313</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>\$59,339.87</b>	<b>\$189.58</b>

**Oct 2021 - Dec 2021**

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	10%	20	6%	0	0%	\$3,732.07	\$186.60
Region II	3	30%	38	12%	0	0%	\$7,090.93	\$186.60
Region III		0%	28	9%	0	0%	\$5,224.89	\$186.60
Region IV	2	20%	47	15%	0	0%	\$8,770.36	\$186.60
Region V	1	10%	83	26%	0	0%	\$15,488.08	\$186.60
Region VI		0%	26	8%	0	0%	\$4,851.69	\$186.60
Region VII	3	30%	52	16%	0	0%	\$9,703.37	\$186.60
Region VIII		0%	24	8%	0	0%	\$4,478.48	\$186.60
<b>Total</b>	<b>10</b>	<b>100%</b>	<b>318</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>\$59,339.87</b>	<b>\$186.60</b>

**Jan 2022 - Mar 2022**

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	2	3%	6	8%	18	6%	\$4,877.25	\$812.87
Region II	7	11%	7	10%	37	13%	\$5,690.12	\$812.87
Region III	4	6%	7	10%	24	8%	\$5,690.12	\$812.87
Region IV	15	23%	15	21%	42	14%	\$12,193.12	\$812.87
Region V	12	19%	19	26%	75	26%	\$15,444.62	\$812.87
Region VI	8	13%	3	4%	26	9%	\$2,438.62	\$812.87
Region VII	7	11%	11	15%	49	17%	\$8,941.62	\$812.87
Region VIII	9	14%	5	7%	22	8%	\$4,064.37	\$812.87
<b>Total</b>	<b>64</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>293</b>	<b>100%</b>	<b>\$59,339.87</b>	<b>\$812.87</b>

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**April 2022-Jun 2022**

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	2%	3	4%	5	16%	\$2,373.59	\$791.20
Region II	3	7%	7	9%	4	13%	\$5,538.39	\$791.20
Region III	0	0%	6	8%	5	16%	\$4,747.19	\$791.20
Region IV	8	19%	14	19%	4	13%	\$11,076.78	\$791.20
Region V	7	16%	21	28%	5	16%	\$16,615.16	\$791.20
Region VI	9	21%	4	5%	1	3%	\$3,164.79	\$791.20
Region VII	14	33%	13	17%	7	22%	\$10,285.58	\$791.20
Region VIII	1	2%	7	9%	1	3%	\$5,538.39	\$791.20
<b>Total</b>	<b>43</b>	<b>100%</b>	<b>75</b>	<b>100%</b>	<b>32</b>	<b>100%</b>	<b>\$59,339.87</b>	<b>\$791.20</b>

**July 2022 - Sep 2022**

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	4	3%	3	3%	2	5%	\$1,728.35	\$576.12
Region II	7	6%	8	8%	4	10%	\$4,608.92	\$576.12
Region III	23	19%	13	13%	3	8%	\$7,489.50	\$576.12
Region IV	22	18%	17	17%	8	21%	\$9,793.96	\$576.12
Region V	30	24%	30	29%	8	21%	\$17,283.46	\$576.12
Region VI	4	3%	2	2%	5	13%	\$1,152.23	\$576.12
Region VII	23	19%	22	21%	4	10%	\$12,674.54	\$576.12
Region VIII	10	8%	8	8%	5	13%	\$4,608.92	\$576.12
<b>Total</b>	<b>123</b>	<b>100%</b>	<b>103</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>\$59,339.87</b>	<b>\$576.12</b>

**Oct 2022 - Dec 2022**

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	4	3%	4	2%	0	0%	\$1,412.85	\$353.21
Region II	0	0%	8	5%	1	10%	\$2,825.71	\$353.21
Region III	23	19%	30	18%	0	0%	\$10,596.41	\$353.21
Region IV	11	9%	25	15%	1	10%	\$8,830.34	\$353.21
Region V	49	40%	60	36%	1	10%	\$21,192.81	\$353.21
Region VI	9	7%	5	3%	1	10%	\$1,766.07	\$353.21
Region VII	27	22%	30	18%	6	60%	\$10,596.41	\$353.21
Region VIII	1	1%	6	4%	0	0%	\$2,119.28	\$353.21
<b>Total</b>	<b>124</b>	<b>100%</b>	<b>168</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>\$59,339.87</b>	<b>\$353.21</b>



# NORTH DAKOTA BRAIN INJURY NETWORK

The North Dakota Brain Injury Network provides information and support to individuals with brain injury, their family member and various service providers and agencies. Our resource facilitator assists with navigating the service system and provides technical assistance in finding the right resources for each individual. We offer outreach and education to increase public awareness of brain injury, as well as peer support by connecting people with others who have experienced a brain injury. We can provide on-site training to facilities and organizations as well.

*All of our services are FREE.*

Visit NDBIN's website: [www.ndbin.org](http://www.ndbin.org)

View NDBIN's online courses: [www.ndbin.org/training](http://www.ndbin.org/training)

View NDBIN's upcoming events, such as our annual Mind Matters conference:  
[www.ndbin.org/events/upcoming](http://www.ndbin.org/events/upcoming)

Information on hosting an Unmasking Brain Injury event:  
[www.ndbin.org/brain-info/unmasking-brain-injury](http://www.ndbin.org/brain-info/unmasking-brain-injury)

Sign up for email updates here: [www.ndbin.org/subscribe](http://www.ndbin.org/subscribe)

Request your free deck of playing cards here: [www.ndbin.org/contact/card-request](http://www.ndbin.org/contact/card-request)

**Sixty-eighth Legislative Assembly of North Dakota  
In Regular Session Commencing Tuesday, January 3, 2023**

HOUSE BILL NO. 1418  
(Representatives Dobervich, Dakane, Ista, Meier, Murphy, Nelson, Schneider)  
(Senators Dever, Hogan, Lee)

AN ACT to amend and reenact section 50-06.4-10 of the North Dakota Century Code, relating to the membership of the brain injury advisory council.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. AMENDMENT.** Section 50-06.4-10 of the North Dakota Century Code is amended and reenacted as follows:

**50-06.4-10. Brain injury advisory council.**

1. The governor shall appoint at least ~~five~~eight, but no more than ~~nine~~thirteen, voting members to serve on the brain injury advisory council. The governor may make appointments under this subsection so a majority of the total voting members appointed under subsections 1 and 2 are brain injury survivors and family members of brain injury survivors. The members appointed by the governor must consist of the following:
  - a. At least ~~one~~two brain injury ~~survivors~~survivors, nominated by the council;
  - b. At least ~~one~~two family ~~member~~members of a brain injury survivor, nominated by the council;
  - c. At least one service provider who provides services to brain injury survivors, nominated by the council, who may be a brain injury survivor or a family member of a brain injury survivor;
  - d. An individual representing the Indian affairs commission, nominated by the Indian affairs commission, who may be a brain injury survivor or a family member of a brain injury survivor; and
  - e. At least one individual representing a religious, charitable, fraternal, civic, educational, legal, veteran, welfare, or professional group or organization, who may be a brain injury survivor or a family member of a brain injury survivor.
2. The speaker of the house of representatives shall appoint one member of the house of representatives and the president pro tempore of the senate shall appoint one member of the senate to serve as members of the council. Each legislative member of the council is entitled to receive compensation from the legislative council for each day spent in meetings of the council and for reimbursement for related travel and other necessary expenses in the amounts provided by law for other state officers.
3. Each of the following entities shall appoint a representative to serve as a nonvoting member of the council who serves at the pleasure of the appointing entity:
  - a. Protection and advocacy project, one representative;
  - b. Department, one individual representing injury prevention ~~and~~, one representative representing emergency medical services and trauma, one individual representing behavioral health, one individual representing Medicaid, one individual representing the adult and aging population, and one individual representing vocational rehabilitation; and

- c. Department of public instruction, one representative.
4. The governor may appoint an individual representing stroke health and an individual representing a brain injury advocacy organization to serve as a nonvoting ~~member~~members of the council who ~~servesserve~~ at the pleasure of the governor.
  5. A voting advisory council member appointed by the governor may not serve more than two consecutive four-year terms on the council.
  6. A council member appointed under subdivision a or b of subsection 1 is entitled to receive from the department reimbursement for expenses as provided by law for state officers and per diem compensation as determined by the department if the member is attending meetings or performing duties directed by the council.
  7. The council shall elect a chairman and vice chairman from the voting membership of the council and shall elect a secretary from the voting or nonvoting membership of the council. The council shall meet quarterly. A majority of the voting members of the council constitutes a quorum. The council shall adopt bylaws.
  8. The council shall advise the department and shall participate in activities to improve the quality of life for an individual with brain injury and the individual's family through brain injury awareness, prevention, research, education, collaboration, support services, and advocacy.
  9. The department shall contract with a private, nonprofit agency that does not provide brain injury services, to facilitate and provide support services to the council.

\_\_\_\_\_  
Speaker of the House

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Chief Clerk of the House

\_\_\_\_\_  
Secretary of the Senate

This certifies that the within bill originated in the House of Representatives of the Sixty-eighth Legislative Assembly of North Dakota and is known on the records of that body as House Bill No. 1418.

House Vote:    Yeas 93            Nays 0            Absent 1

Senate Vote:    Yeas 46            Nays 0            Absent 1

\_\_\_\_\_  
Chief Clerk of the House

Received by the Governor at \_\_\_\_\_ M. on \_\_\_\_\_, 2023.

Approved at \_\_\_\_\_ M. on \_\_\_\_\_, 2023.

\_\_\_\_\_  
Governor

Filed in this office this \_\_\_\_\_ day of \_\_\_\_\_, 2023,

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

\_\_\_\_\_  
Secretary of State

# Elections - New Opportunities

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1. Actively seek to recruit brain injury survivors to the chair or vice-chair positions of the Council.
2. Strive for chair representation that brings the voices of both the brain injury survivor and provider, program administrator, family member, caregiver, etc.
3. Build in mentoring through a chair/vice-chair “elect” or “past” chair/vice chair approach.

AVOID: mandatory requirements



**NASHIA**

# Elections - Chair and Vice-Chair ELECT

---

1. At the midpoint of the Chair and Vice-chair term (after one year), a Chair-elect and Vice-Chair elect shall be elected for the purposes of mentoring and smooth transition unless the current Chair or Vice-Chair is seeking and is elected for an additional term. This does not preclude any other nominations from the Council.

2. Perspectives of brain injury survivors as well as community-based providers, family members and caregivers are equally prioritized for the two leadership positions of Chair and Vice-chair for the Council. Priority for one of the two positions shall be given to a brain injury survivor before both positions can be opened up to other voting members of the council.



**NASHIA**

# Scenario

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Member A - Chair  
Member B - Vice Chair

Elected May 2023

Member C - Chair-Elect  
Member D - Vice Chair-Elect

Elected May 2024

Member C - Chair  
Member D - Vice Chair

Take office May 2025

- Next election for Chair and Vice Chair-Elect: May 2026
- Members A or B could run again if terms allow (2, four year terms) and members have not exceeded three officer terms for same position.
- At the time of elections, nominations would first be sought for brain injury survivors for one of the two positions.



**NASHIA**

# Elections - PAST Chair and Vice-Chair

---

1. The Chair and Vice-Chair positions shall serve in past Chair and Vice-Chair positions for one year for purposes of mentoring and smooth transition. This requires available term availability on the part of elected officers.
2. Perspectives of brain injury survivors as well as community-based providers, family members and caregivers are equally prioritized for the two leadership positions of Chair and Vice-chair for the Council. Priority for one of the two positions shall be given to a brain injury survivor before both positions can be opened up to other voting members of the council.



**NASHIA**

	<b>Council Assignment</b>	<b>Original Appointment</b>	<b>Term</b>
Rep. Clayton Fegley	House Appointment	6.15.2021	6.15.2021 – 4.30.2023
Sen. Howard Anderson	Senate Appointment	5.10.2019	5.10.2019 – 4.30.2023
<u>JoNell Bakke*</u>	Survivor-Family (Family Member)	9.1.2021	9.1.2021 – 8.31.2025 (1 <sup>st</sup> term)
Shannon Cook	Member/Survivor-Family (Survivor)	9.1.2017	9.1.2019 – 8.31.2023 (1 <sup>st</sup> term)
<u>Bobbiann Froemke*</u>	Open Member, General Interests (Survivor)	10.15.2021	10.15.2021 – 8.31.2025 (1 <sup>st</sup> term)
Nan Kennelly*	Open Member, General Interests, <b>Chair</b> (Provider)	9.1.2017	9.1.2019 – 8.31.2023 (1 <sup>st</sup> term)
Bradley Hawk	Indian Affairs Commission	11.15.2022	11.15.2022 – 8.31.2026 (1 <sup>st</sup> term)
Sarah Ring*	Open Member, General Interests, <b>Vice Chair</b> (Provider)	9.1.2017	9.1.2021 – 8.31.2025 (2 <sup>nd</sup> term)
Darcy Severson	Brain Service Provider	9.1.2021	9.1.2021 – 8.31.2025 (1 <sup>st</sup> term)
Jessica <u>Siefken*</u>	Open Member, General Interests (Brain Injury Professional/Family Member)	10.15.2021	10.15.2021 – 8.31.2025 (1 <sup>st</sup> term)

## North Dakota Brain Injury Advisory Council Voting Members

RED - 2nd term end 2025

ORANGE - 1st term end 2023

YELLOW - 1st term end 2025

GREEN - 1st term end 2026

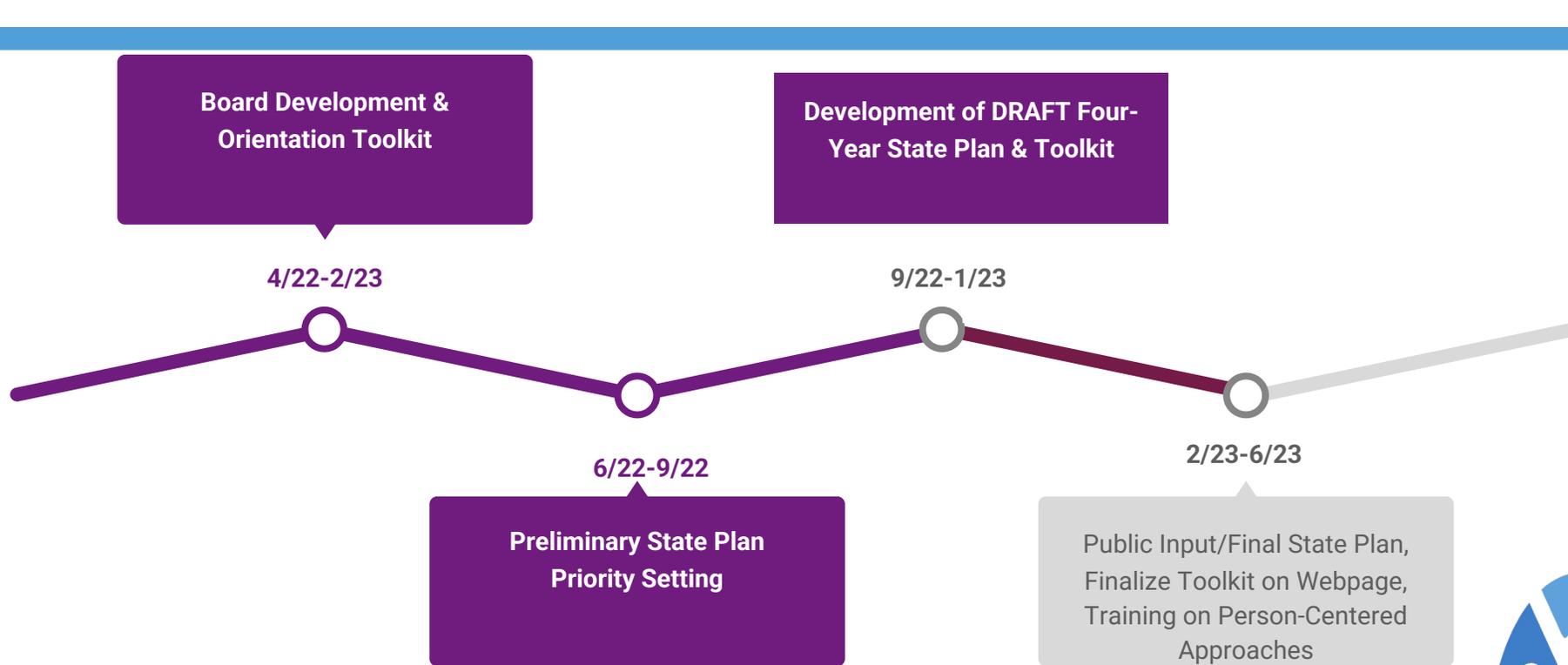


# NASHIA



# ND Board and State Plan Development Business Meeting February 9, 2023

Jill Ferrington, MS, CRC, CBIS  
[jferrington@nashia.org](mailto:jferrington@nashia.org)

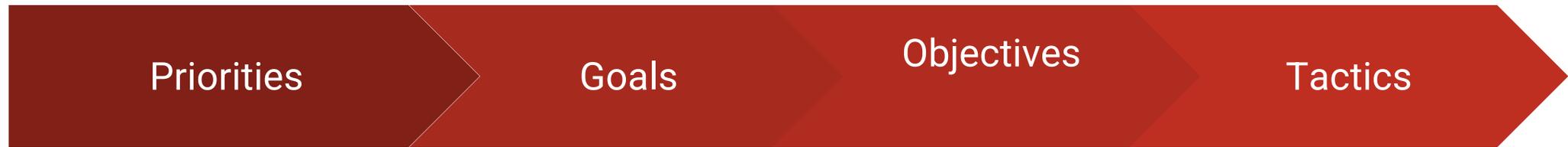


**NASHIA**

# What we've accomplished...

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## State Plan



Efforts by Strategic Planning Committee, Survivor Engagement Group, and Brain Injury Advisory Council

## Board Development

- Toolkit components
- Review of new member training



# Today's Focus

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- Discuss future leadership positions of the council with scenarios
- Review DRAFT state plan
- State Plan next steps



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# State Plan Considerations

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- Plan represents North Dakota's priorities for the next four years
- Focus areas, goals, measurable objectives, and tactics
- Annual opportunity to re-assess and adjust as needed

## North Dakota Brain Injury State Plan

- State Agencies
- Partners/Providers
- Individuals with Lived Experience
- Families/Caregivers
- BIAC
- NDBIN



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# State Plan Considerations, continued

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- With the finalized state plan will come new committees and opportunities to contribute to the plan activities
- BIAC will have the opportunity to partner with the Survivor Engagement Group and the NDBIN education committee to collaborate on the State Plan



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# SERVICES

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1. Media and/or Outreach Campaign
2. Release of information at hospital discharge
3. NDBIN presence at various events
4. Regional resource facilitation
5. More brain injury-informed providers - 1915i program
6. Day programming - Long-Term Services & Supports



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# EDUCATION & AWARENESS

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1. Education partnership with Department of Public Instruction
2. Intro to brain injury
3. Public brain injury campaign
4. Education for healthcare professionals



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# HOUSING

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1. Brain injury representation on North Dakota disability-focused committees
2. Explore Supportive Long-Term Housing



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# FINANCIAL SUPPORT

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1. Gather information - financial resources for people with brain injury
2. Expand awareness and usage of financial resources for people with brain injury
3. Explore new financial resource options for people with brain injury



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# DATA

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1. Strengthen data sharing & common definition use
2. Explore Medicaid payment and coding options
3. Collaborate with trauma registry



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# SELF-ADVOCACY

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1. Diversify Survivor Engagement Group
2. Expand Survivor Engagement Group activities
3. Create Speaker's Bureau
4. Expand volunteer activities
5. Strengthen connections to the Survivor Connections program
6. Expand Living Life Fully program



**NASHIA**

# ND Brain Injury DRAFT State Plan Timeline

	Year 1	Year 2	Year 3	Year 4	
<b>1. Services - outreach</b>					
Discharge/ROI					
Job fairs and events					
Regional resource facilitation					
BI providers - 1915i					
Long Term Services and Supports					
<b>2. Education - public campaign</b>					
DPI					
Intro to BI					
Education for providers					
<b>3. Housing - membership/representation</b>					
Supportive LTH					
<b>4. Financial - resource compilation</b>					
resources/materials - distribution					
discretionary fund options					
<b>5. Data - data sharing</b>					
Medicaid payment/coding					
trauma registry					
<b>6. Self Advocacy - diverse representation on SEG</b>					
SEG activities					
SEG speaker's bureau					
Volunteer activities					
Survivor Connections					
Living Life Fully					



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# Feedback Options

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- Post-meeting survey
- Email feedback
- Set up a time to discuss and provide feedback



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# Upcoming...

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- Post-meeting survey
- Training Opportunity - Person-Centered Approaches
- Next quarterly meeting: May 2023



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# Questions?

## **NASHIA Contact Information:**

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