

**North Dakota  
Brain Injury Advisory Council  
Membership Meeting  
HIT, Inc. Office  
2640 Sunset Drive  
Mandan, ND**

**February 21, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Chairperson Nan Kennelly called the meeting to order at 1:07 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC) members and the public. Members introduced themselves.

**NDBIAC Voting Members Present:** Nan Kennelly, Open, Chair; Lisa Anderson, Family, Vice Chair; Representative Dick Anderson, ND House of Representatives Appointment; Senator Howard Anderson, ND Senate Representative; David Biberdorf, General; Shannon Cook, Survivor; Jean Herauf, Open; Skipp Miller, Indian Affairs; and Sarah Ring, Open.

**NDBIAC Non-voting Members Present:** Dawn Pearson, NDDHS Medicaid; Denise Harvey, ND Protection and Advocacy Project; Michelle Woodcock, NDDPI; Mandy Slag, ND Health Department Injury Protection; and Natalie Hagar, DHS Behavioral Health.

**Public Attendance:** Rebecca Quinn, ND Brain Injury Network; Dan Gulya, ND Protection and Advocacy Project; Toni McCarty; Randee Sailer; and Jeannie Pedersen.

**Facilitation:** Greg Gallagher, Program and Research Director, The Consensus Council, Inc., served as facilitator.

**Declaration of Quorum.** With a majority of qualified members recorded present, Chairperson Kennelly declared the presence of a quorum.

**Approval of Agenda.** Chairperson Kennelly reviewed the February 21, 2020, draft meeting agenda. SKIPP MILLER MADE AND SHANNON COOK SECONDED A MOTION TO ADOPT THE FEBRUARY 21, 2020, AGENDA AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. Chairperson Kennelly declared the adoption of the meeting agenda ([Appendix A](#)).

**Approval of Minutes.** Chairperson Kennelly placed before the members consideration of the November 15, 2019, BIAC draft meeting minutes for approval. Greg Gallagher reported that on Page 4, Paragraph 1, the item titled "Update from Department of Health" contained information that was later identified as being inaccurate. Mr. Gallagher recommended that the referenced paragraph be omitted from the final, approved minutes draft. REPRESENTATIVE DICK ANDERSON MADE AND SARAH RING SECONDED A MOTION TO AMEND THE NOVEMBER 15, 2019 MEETING MINUTES, STRIKING THE IDENTIFIED PASSAGE, AND TO APPROVE THE RESULTING MINUTES, AS AMENDED. THE MOTION PASSED UNANIMOUSLY. Chairperson Kennelly declared the adoption of the November 15, 2019, meeting minutes, as amended.

**Conversation with Jake Reuter, DHS, on Person-Centered Practice and Money Follows the Person Program.** Chairperson Kennelly welcomed Jake Reuter, Person-Centered Practice (PCP) and Money Follows the Person (MFP) Program Administrator within the ND Department of Human Services, via conference call, to provide an overview of these two programs. Mr. Reuter provided a notated summary to accompany his oral presentation ([Appendix B](#)).

*Money Follows the Person Program.* North Dakota has been a recipient of MFP federal grants since 2007, with an anticipated program termination date of September 30, 2020, barring any program extensions or amendments from Congress. Congress has recently enacted three separate extensions, totaling \$240 Million nation-wide. ND was one of 44 original grantee states, with ND cumulatively receiving approximately \$32 Million. Currently, ND will continue to conduct MFP Transitions, with hopes that future funding will be reauthorized and allocated by June 2020. Through 2020, ND will continue to fund the workforce initiative with the assistance of the ND Association of Community Providers. MFP is working to advance recruitment and retention, direct support to professionals and qualified service providers, and fund statewide housing initiatives designed (1) to expand awareness and communication regarding housing concerns statewide, and (2) to help coordinate and support local housing projects, such as Edwinton Place, Bismarck, and LaGrave on First, Grand Forks. MFP funds and provides technical assistance regarding PCP training and management. HSRI is providing technical assistance to the state. In total, the grant has transitioned 491 individuals from either an intermediate care facility, a nursing facility, a psychiatric residential treatment facility, or a long-term hospital care stay, ranging from younger children to elderly adults. The DD Waiver and the Aging and Disabilities Waiver established the Community Transitions Initiative, providing one-time moving and assistive costs and foster care services. The MFP offers a systemic solution for many of these issues. Under MFP, 75% of costs are covered by the grant and 25% of costs are covered by the state, creating a rebalancing fund, which provides rental assistance, moving costs from facilities, and more. ND awaits action from Congress for future funding. Future funding may include continued contracting with the Centers for Independent Living; however, DHS may consider other alternatives for the future.

Throughout the MFP project, the various recipient states have met to exchange best practices in the grants' management. The Center for Medicare and Medicaid Services (CMS) has facilitated collaboration among the states to resolve difficult issues, supporting administrative practices for rental assistance programs, risk mitigation work, transition work, transition assessments for nursing home moves, administrative manual development, and more. The federally supported MFP technical assistance efforts stopped two years ago. This technical assistance offered the states crucial assistance in building the program. It is hoped that this technical assistance would restart with any future grant reauthorization. There is no expectation that the federal government will establish a permanently funded statutory program; future administrative costs are expected to be assumed by the states.

Members observed that rural and urban needs may not be cost-equivalent, although the reimbursed services are paid as equivalent. Members also observed that affordable, acceptable, available housing varies across rural and urban settings. First preference is placed on home- and community-based care, whenever possible. The grant supports the transition of individuals from institutional care settings to home- or community-based services. Congressional activity on the extension of the grant is currently static, evidencing little movement forward, despite the expressed bipartisan support of legislators.

*Person-Centered Practices.* In 2019, the CMS and the Administration on Community Living offered the opportunity for states to apply for technical assistance related to PCP. ND was selected as one of 15 states to participate in this process. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) will offer technical assistance to ND for up to 100 hours per year for up to three years. The state's overarching PCP goal is to develop and execute a statewide plan to enhance overall commitment to PCP for all disability populations served by the ND DHS and its multiple service providers. The DHS has established a committee of service partners to ensure the state's service system embodies person-centered values. The DHS has developed a cross-division workgroup, composed of division leadership, to facilitate the process. The Aging Services Division has been assigned the role of piloting the process. The DHS is currently working with the technical assistance provider and advocacy organizations to assess how best to engage services users, family members, and advocacy organizations, assuring the inclusion of all voices in the process. The DHS is reaching out to tribal partners and New Americans to further expand the overall effort to build a foundational understanding of PCP.

The DHS process has adopted three goals. The first goal is to establish a culture of leadership education and awareness. By March 31, 2020, all members of the DHS executive leadership team will demonstrate understanding of and commitment to person-centered thinking, planning and practice.

The second goal is to establish participant engagement and communications. By September 30, 2020, a participant engagement work group will create a Participant Engagement Guide and Asset Map and use those materials to engage diverse service user and family communities to inform systems-change efforts.

The third goal is to create a systemwide assessment. By September 30, 2020, each DHS division will complete a person-centered self-assessment process resulting in action plans to increase person-centered practice for each division.

Mr. Reuter recognized the challenge for each DHS division to internalize these person-centered practice goals and to undergo a meaningful self-examination of the eight PCP core criteria, including ensuring fidelity of implementation required. PCP espouses that each individual is his/her own expert of their own life, seeking the quality of life they want. Each individual seeks their own best life. The service system must respect each person's aspirations. The system does not hold a singular definition of PCP; instead, it follows a core understanding of a broad goal. A principal goal of the PCP is to increase collaboration and improve communication among state agencies and providers, producing greater awareness of systemic weaknesses and a focus on delivering high quality services.

On behalf of the members, Chairperson Kennelly thanked Mr. Reuter for his presentation and willingness to address all questions raised.

#### **Update from Subcommittees**

**Update from Continuum of Care Subcommittee (CC).** Chairperson Kennelly invited Shannon Cook to provide an update of the CC Subcommittee. Ms. Cook presented a summation of the February 4, 2020, meeting minutes of the CC ([Appendix C](#)). The CC focused attention on two agenda items: (1) assess and determine the types of continuum of care issues that appropriately fall within the domain and charge of the CC, and (2) identify a first round of emergent continuum of care issues, selecting specific issues that may require the immediate attention of the BIAC full membership.

CC members identified the CC's scope as (1) defining and addressing the meaning and construct of continuum of care for individuals with brain injuries, and (2) assessing and proposing various measures that would produce a positive effect on the provision of services, spanning promotion, prevention, early identification, intervention, service delivery, and recovery.

The CC identified six core CC issues, which are specified in the CC February 4, 2020, minutes: (1) expanded brain injury protocols, (2) Medicaid 1915(i) service options, (3) definition of *continuum of care*, (4) request the development of a DHS flow chart for brain injury services, (5) service gap analysis, and (6) establish standing subcommittee meeting times at every BIAC meeting. With this list of issues placed before the BIAC, Ms. Cook requested guidance from the BIAC on which issues should be identified as priorities for further work by the CC.

Members observed that there exists a demonstrated need for clear protocols to be provided to ER staff and primary care providers to effectively advance service referrals for individuals with brain injuries. Members also identified a need to define *continuum of care* to better improve the quality of communications among providers and consumers, including family members. Members further identified the need to pursue the development of a flow chart of care across the continuum of care, especially regarding the involvement of the Department of Human Services and the bureaucratic pathway services are managed within the Department.

Members discussed how to reconcile differing approaches to the definition of continuum of care. Members identified earlier efforts within the BIAC to define an effective continuum of care for traumatic brain injury to reflect the Rancho Scale for Cognitive Functioning, and that perhaps the time had arisen to advance this conceptual model. Members offered other considerations for a wider, more expansive definition of continuum of care, spanning across promotion to recovery. Any resulting definition of continuum of care would support the use of a graphic illustration to aid providers and consumers in better understanding the flow of services, providing effective guidance.

CC members introduced a second product of their February 4, 2020, meeting: a prospective draft letter to Chris Jones, Executive Director of the Department of Human Services, to be signed by the BIAC Chairperson on behalf of the BIAC, for the consideration and approval of the BIAC membership ([Appendix D](#)). This proposed letter requests the Department of Human Services to develop and disseminate clear guidance, consisting of an operational flow chart and supportive narrative, that graphically illustrates and descriptively outlines how brain injuries are medically and administratively managed across the breadth of the services managed by the Department.

Members identified the value and complexity of this endeavor, since it involves a variety of state programs that touch on elements of brain injuries managed within different Department divisions. Members considered the prospect of adopting the letter and appointing a special BIAC emissary committee to meet with Department leadership, prior to May 15, 2020, to clarify the intent of the letter and to advance its aims.

Chairperson Kennelly appointed Shannon Cook, Denise Harvey, and Rebecca Quinn to represent the BIAC meeting with Department leadership regarding the contents of the letter and the prospects of achieving its goals. Ms. Cook would serve as committee chairperson.

SHANNON COOK MADE AND SKIPP MILLER SECONDED A MOTION FOR THE BIAC CHAIRPERSON TO SIGN AND SEND TO CHRIS JONES, EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN

SERVICES, THE LETTER PREPARED BY THE BIAC CONTINUUM OF CARE SUBCOMMITTEE. FURTHERMORE, A SPECIAL COMMITTEE, CONSISTING OF SHANNON COOK, DENISE HARVEY, AND REBECCA QUINN, SHALL MEET WITH MR. JONES AND ANY OTHER DEPARTMENT REPRESENTATIVES TO CLARIFY THE LETTER'S CONTENT AND TO ADVANCE ITS POLICY AIMS. THE SPECIAL COMMITTEE WILL REPORT BACK ITS FINDINGS TO THE BIAC AT ITS NEXT REGULARLY SCHEDULED MEETING ON MAY 15, 2020.

THE MOTION PASSED UNANIMOUSLY.

**Update from Education and Awareness Subcommittee (EA).** Chairperson Kennelly invited Sarah Ring to provide an update of the EA Subcommittee. Ms. Ring presented a summation of the February 7, 2020, meeting minutes of the EA Subcommittee ([Appendix E](#)). The EA focused attention on two agenda items: (1) assess and determine the types of education and awareness issues that appropriately fall within the domain and charge of the EA, and (2) identify a first round of emergent education and awareness issues, selecting specific issues that may require the immediate attention of the BIAC full membership.

EA members identified the EA's scope as (1) coordinating the efforts between the BIAC full membership and the Brain Injury Network to advance best practice training opportunities for professionals across the wider service community and to improve outreach and awareness efforts to the wider public regarding brain injury issues, and (2) assessing and proposing specific training and awareness campaigns that will produce a positive effect on the provision of services, across the broad span of service sectors and the wider public.

The EA identified five core EA issues, which are specified in the EA February 7, 2020, minutes: (1) expanded brain injury protocols, (2) teacher professional development on brain injuries, (3) law enforcement personnel professional development on brain injuries, (4) special education professional development for brain injury assessments, (5) coordinating activities between the ND Brain Injury Network and the BIAC EA.

EA members focused attention on the various professionals and organizations that may require professional development and technical assistance regarding brain injuries, as evidenced in the spread of the five identified issues. The EA observed the need to carefully coordinate and collaborate with the Brain Injury Network, providing direction, support, feedback, validation, and new ideas to the BIN's ongoing efforts. At the EA's request, Rebecca Quinn produced a three-page summary of BIN education and awareness events, providing a comprehensive inventory of events and materials used statewide for education, prevention, and service training ([Appendix F](#)). The BIN is providing consultation to select schools on brain injury evaluation and subsequent care coordination technical assistance.

Mr. Gallagher offered a proposal raised in both of the Subcommittees to offer an opportunity, as an element of the BIAC agenda, for the Subcommittees to gather to coordinate schedules. Members observed, met by general consensus, that the Subcommittees might better meet either before or after the official BIAC meeting.

**Proposal to Establish a Family Members Subcommittee Within BIAC.** Chairperson Kennelly opened discussion on the prospects of establishing a Family Members Subcommittee within the BIAC structure. This item is carried over from previous meeting discussions. Ms. Kennelly observed that family members are a key in the care of any individual with a brain injury, an observation

supported by other BIAC members. Members commented that there exists a definite need to provide an opportunity for family members to connect with caregiver support groups; further, it would benefit BIAC well to tap into these various caregiver support groups to gain their insight and input for advancing meaningful service supports and policy recommendations. The Learning Collaborative group has discussed conducting surveys of various support groups, including conducting collaborative Zoom-type meetings.

Members recommended deferring further discussion on this matter following the discussion on the Learning Collaborative.

**NCCAPS Brain Injury Learning Collaborative.** Chairperson Kennelly invited Rebecca Quinn and Skipp Miller to provide a background report on the National Center on Advancing on Person-Centered Practices and Systems, Brain Injury Learning Collaborative. Ms. Miller provided verbatim comments presented in a summary report ([Appendix G](#)). By May 2021, the Learning Collaborative will (1) develop multiple mechanisms for stakeholder input to inform and drive the ongoing development of the state's brain injury service system in collaboration with the BIAC, BIN, and DHS, and (2) collaborate with the DHS' NCCAPS Technical Assistance Team to ensure individuals with lived experiences in brain injury are represented across the person-centered planning process.

Ms. Quinn commented that the NCCAPS is conducting a unique person-centered practices effort, dedicated to brain injuries, which North Dakota is a participant. It represents an 18-month commitment, although it is unfunded. It includes extended webinars and ongoing coaching calls. North Dakota has formed two groups: (1) Lived Experience Group, to enhance family engagement, and (2) Service System Group, to focus attention on state agency PCP efforts. Members observed that the BIAC may benefit from receiving a standing report from the Learning Collaborative at all scheduled BIAC meetings, provided by a designated BIAC member, perhaps Skipp Miller or Shannon Cook.

Members discussed how to survey various support groups and to compile the information for a report to the BIAC. Ms. Quinn offered her assistance in reaching out to the various support groups for their contributions. Ms. Quinn observed that any future surveying may allow the BIAC to revisit the 2016 brain injury survey of families, perhaps with the assistance of the Minot State University. This is in keeping with the Learning Collaborative's intent, as well. Members suggested that the BIAC Education and Awareness Subcommittee, in association with the BIN, revisit the 2016 survey, assess its relevance, and identify key issues, coming back with proposals to the BIAC at a later meeting. The EA could identify and prioritize survey and assessment issues, producing a manageable set of topics for the BIAC to champion. Sarah Ring stated that the EA would be willing to take on this agenda item, reportable to the BIAC.

Members commented that the BIAC should explore seeking the inclusion of Rebecca Quinn as an appointed BIAC member, a move that would require the engagement of the Department of Human Services, specifically Nicole Berman, and the Governor's Office. Ms. Kennelly deferred this matter to a future meeting, following consultation with Nicole Berman. Ms. Kennelly requested that Ms. Quinn's inclusion on the BIAC be included at the next BIAC meeting, scheduled for May 15, 2020.

**BCBS Cognitive Therapy Policy: BIAC Response.** Chairperson Kennelly reintroduced a topic discussed at the November 15, 2019, BIAC meeting, specifically whether the BIAC might consider

adopting a position opposing the recently issued cognitive therapy policy released by Blue Cross/Blue Shield of North Dakota (BCBS). This new policy requires a formal assessment by a neuropsychologist to authorize any cognitive therapy services provided, for instance, to an individual with a brain injury resulting from an injury or stroke and evidencing attention or memory issues. Such an eligibility rule is problematic within any rural state, especially for outlying communities across North Dakota, where there exists a notably limited number of neuropsychologists. In the November 2019 BIAAC meeting, Chairperson Kennelly requested that this issue be moved forward to the next BIAAC meeting, under the leadership of BIAAC members, David Biberdorf and Sarah Ring. Rebecca Quinn had volunteered to forward literature on this issue from the National Association of State Brain Injury Administrators. Also during the November 2019 meeting, the BIAAC approved a motion to establish a standing agenda item at future BIAAC meetings and the development of an platform statement opposing the Blue Cross/Blue Shield policy on the requisite use of neuropsychologist assessments for the receipt of covered cognitive therapy. Further action was deferred to the February 21, 2020, BIAAC meeting.

Currently within North Dakota, a highly limited number of neuropsychologists reside in the state, effectively establishing a barrier that restricts the provision of needed services to individuals. The BCBS policy is unique to itself, not shared by other insurance providers. Members identified a need for the BIAAC to directly contact BCBS and the state insurance commissioner to pursue a resolution to this problem.

DAVID BIBERDORF MADE AND SARAH RING SECONDED A MOTION INSTRUCTING THE BIAAC CHAIRPERSON, ON BEHALF OF THE BIAAC, (1) TO DRAFT A LETTER TO THE NORTH DAKOTA INSURANCE COMMISSIONER SEEKING A STUDY REGARDING THE EVIDENT SERVICE COVERAGE DISPARITY THAT EXISTS IN THE STATE AS EXPRESSED THROUGH THE “MANDATORY NEUROPSYCHOLOGIST ASSESSMENT FOR COGNITIVE THERAPY PRIOR TO SERVICE AND COVERAGE” TERMS OF BLUE CROSS/BLUE SHIELD OF ND COMPARED TO THE COVERAGE OF OTHER INSURANCE COMPANIES IN-STATE AND ACROSS OTHER STATES, INCLUDING MEDICAID COVERAGE, AND (2) FOLLOWING THE RECEIPT OF THE INSURANCE COMMISSIONER’S RESPONSE, TO DRAFT A LETTER TO BLUE CROSS/BLUE SHIELD OF ND SEEKING THE ESTABLISHMENT OF A PARITY OF COVERAGE CONSISTENT WITH THAT HONORED BY OTHER INSURANCE COMPANIES, ACROSS OTHER STATES.

THE MOTION PASSED UNANIMOUSLY.

**Update on Brain Injury Legislation.** Chairperson Kennelly opened general reports on potential brain injury legislation. Representative Dick Anderson reported that two additional clinics may be entering the market for hyperbaric therapy, within the near future. There exists building interest across several states for this therapy to become recognized as standard care, including concussion coverage, recognized for possible payment by insurance companies.

**Public Comments.** Chairperson Kennelly requested that the BIAAC entertain the scheduled public comment at this point in the meeting to honor the agenda’s original stated time. No individuals expressed an interest to provide testimony.

**Update from Department of Health.** Chairperson Kennelly opened the opportunity for an update from the Department of Health. No report was provided.

**Update from Department of Human Services.** Chairperson Kennelly opened the opportunity for an update from the Department of Human Services. Dawn Pearson, DHS 1915(i) Program Administrator, reported that the state's Medicaid 1915(i) state plan amendments have been completed following the completion of several statewide public hearings. The DHS is welcoming public comment on the state's Medicaid 1915(i) amendments through March 19, 2020. BIAC members are encouraged to submit any comments, including recommended application language. Following the receipt of all public comments, the DHS will prepare a final draft application, which will be submitted to the Centers for Medicare and Medicaid Services (CMS) and undergo an extensive review based on the application's various criteria. The state plan includes certain brain injury provisions, including access to certain community-based services (e.g., housing, education, peer, training supports for unpaid care givers, and employment supports) to those individuals with a brain injury who are covered under Medicaid.

Members agreed to participate in a technical assistance conference call to review the state's plan and to draft comments for submission. The conference call was set for Friday, March 13, 2020, at 12:00 PM, CT. Rebecca Quinn will facilitate the conference call, as an extension of BIN outreach.

**Member Updates.** Chairperson Kennelly opened the opportunity for BIAC members to provide any update reports. No members updates were provided.

**Adjournment.** Having completed the meeting's agenda and hearing no further comments from the NDBIAC members, Chairperson Kennelly declared the meeting adjourned at 4:31 PM, CT.

Respectfully submitted,

Greg Gallagher  
Program and Research Director  
Consensus Council, Inc.



**APPENDIX A**

**Brain Injury Advisory Council Meeting  
Friday, February 21, 2020  
1:00 PM – 4:00 PM., CT**

**HIT, Inc  
2640 Sunset Drive  
Mandan, ND**

**AGENDA**



**Brain Injury Advisory Council Meeting  
Friday, February 21, 2020  
1:00 PM – 4:00 PM., CT**

HIT, Inc  
2640 Sunset Drive  
Mandan, ND

**AGENDA**

- Call Meeting to Order
- Welcome and Roll Call
- Approve Agenda, February 21, 2020
- Approve Minutes, November 15, 2019
- Discussions with Jake Reuter, Director, Person-Centered Practices and Money Follows the Person
- Update from Subcommittees and Breakout Sessions
  - Continuum of Care Subcommittee
  - Education and Awareness Subcommittee
- Proposal to Establish a Family Members Subcommittee within BIAC
- BCBS Cognitive Therapy Policy: BIAC Response
- NCCAPS Brain Injury Learning Collaborative
- Update on Brain Injury Legislation
- Update from Department of Health
- Update from Department of Human Services
- Member Updates
- Public Comments
- Next Steps
- Adjournment

**APPENDIX B**

**Person-Centered Practices,  
ND Department of Human Services**

**Jake Reuter, PCP Program Administrator**

## **ND Department of Human Services**

### **Money Follows the Person and Person-Centered Practice**

#### **Technical Assistance**

#### **Money Follows the Person Update**

- Extenders Act: Temporary Extension added \$254 Million for 44 grantees
- Allows Transitions in 2020 and 2021 if funds available
- ND is continuing to MFP Transition as long as funds are available
- ND has funds available for all of 2020 and for most of 2021
- MFP will continue to budget for workforce and housing initiatives
- MFP is funding the Person-Centered Practice training and project management

#### **National Center on Advancing Person Centered Practices and Systems**

- The Centers for Medicare and Medicaid and the Administration on Community Living offered the opportunity to apply for technical assistance related to Person-Centered Practice
- ND was selected one of 15 states to participate in this process
- NCAPPS Technical Assistance (TA) will be provided to ND for up to 100 hours each for up to three years.

## **Person-Centered Practice Goal**

The state's overarching goal is to develop and execute a statewide plan to enhance overall commitment to person-centered practice for all disability populations served by the ND DHS and its multiple service partners, to ensure the service system reflects the state's values of person-centeredness

### **Process**

- The Department has developed a cross-division workgroup that is composed of DHS divisions
- The Department Leadership is actively involved in the process
- Aging Services is the first DHS Division to begin the process
- Currently working with the technical assistance provider and advocacy organizations about how best to engage services users, family members, and advocacy organizations in this process
- Working to identify all current groups and organization to assure inclusion of all voices in the process

### **Goal One: Leadership Education and Awareness**

- Goal 1: By March 31, 2020, all members of the Department of Human Services executive leadership team\* will demonstrate understanding of and commitment to person-centered thinking, planning, and practice.

### **Goal Two: Participant Engagement and Communications**

- Goal 2: By September 30, 2020, a participant engagement work group will create a Participant Engagement Guide and Asset Map and use those materials to engage diverse service user and family communities to inform systems change efforts.

### **Goal Three: Systemwide Assessment**

Goal 3: By September 30, 2020, each DHS Division will complete a person-centered practice self-assessment process resulting in action plans to increase person-centered practice for each division.

**APPENDIX C**

**North Dakota  
Brain Injury Advisory Council  
Continuum of Care Subcommittee**

**Conference Call Meeting  
February 4, 2020**

**Meeting Minutes**

**North Dakota  
Brain Injury Advisory Council  
Continuum of Care Subcommittee**

**Conference Call Meeting  
February 4, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:05 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC), Continuum of Care Subcommittee (CC) members. Members introduced themselves.

**NDBIAC CC Subcommittee Members Present:** Shannon Cook; Denise Harvey; Rebecca Quinn.

**Facilitation:** Greg Gallagher, Program and Research Director, The Consensus Council, Inc., served as facilitator.

**Approval of Agenda.** Greg Gallagher reviewed the November 15, 2019, draft meeting minutes regarding the charge assigned to the CC Subcommittee by the full BIAC membership: to explore all relevant issues related to the continuum of care for brain injuries. CC Subcommittee members identified two overarching agenda items for the conference call meeting:

- Assess and determine the types of continuum of care issues that appropriately fall within the domain and charge of the CC Subcommittee; and
- Identify a first round of emergent continuum of care issues, selecting specific issues that may require the immediate attention of the BIAC full membership at its forthcoming February 21, 2020, meeting.

**Approval of Minutes.** Since this conference call marked the first meeting of the revitalized CC Subcommittee, no previous minutes were considered. The CC Subcommittee referenced the draft minutes from the BIAC November 15, 2019, meeting to confirm the parameters of its discussions and operations.

**Domain and Scope of the CC Subcommittee.** Members identified the domain and scope of the CC Subcommittee's activities as (1) properly defining and addressing the meaning and systemic construct of continuum of care within the broader service community, related to brain injuries; and (2) assessing and proposing various types of measures that will produce a positive effect on the provision of services, across the broad span of the continuum of care, impacting promotion, prevention, early identification, intervention, service delivery, and recovery.

**Identifying Emergent Continuum of Care Issues.** Mr. Gallagher invited CC Subcommittee members to identify any emergent issues that may require the attention and resolution of the CC Subcommittee, and subsequently the BIAC full membership. Members identified the following issues to be considered.

1. **Expanded Brain Injury Protocols.** Members identified the need for Emergency Room (ER) physicians and other primary care professionals to adopt and institute an established protocol of intervention and follow-up measures for all head injuries, including the direct

- follow up contacts by qualified personnel after any reported head injuries. Members observed that, too often, medical professionals may provide initial care for reported head injuries, yet, fail to sufficiently follow up on this care with subsequent check-up consultation to ensure the wellbeing of the patient. Members stated that the BIAAC full membership may wish to consider drafting an advisory resolution to the Department of Human Services and other medical professional associations to advance the development, adoption, and deployment of such a head injury service protocol.
2. **Medicaid 1915(i) Service Options.** Members observed that the Department of Human Services has recently engaged in statewide public comment hearings and the drafting of new service provisions related to the state's Medicaid 1915(i) service plan. Members suggested that the CC Subcommittee might initiate the study of the state's 1915(i) plan within its discussions or assist the BIAAC full membership in structuring a longer term study of the state's 1915(i) plan, including seeking the eventual presentation of the state's plan to the BIAAC by authorized program administrators within the Department of Human Services. The CC Subcommittee will approach the BIAAC full membership to advance the long-term study of the state's 1915(i) plan, related to brain-injury-related issues.
  3. **Definition of Continuum of Care.** The CC Subcommittee members uniformly agreed that the BIAAC full membership should dedicate time to discuss the full-and-proper definition of *continuum of care*, as used in various service sectors and as is properly applied to the care of brain injuries. The CC Subcommittee seeks to assume a primary role in facilitating this discussion of *continuum of care* definition among the BIAAC full membership, within established BIAAC meetings. With a definition of *continuum of care* established, the CC Subcommittee may then lead discussions with the BIAAC full membership regarding which stages of the continuum of care might require more immediate attention to address specific service issues. The CC Subcommittee will seek the inclusion of the *continuum of care* definition on future BIAAC meeting agenda.
  4. **Request the Development of a DHS Flow Chart for Brain Injury Services.** Members identified the need for the Department of Human Services to develop and disseminate an operational flow chart that graphically illustrates and narratively describes how brain injuries are medically and administratively managed across the breadth of DHS services, spanning the various units within the Department. Such a flow chart and narrative would present a clear and unambiguous picture of how the Department's various regulatory provisions directly impact, support, or impede the management of care for an individual with a brain injury. Such a flow chart would provide a common reference for future discussions internal to the BIAAC and with the Department of Human Services regarding where the state's brain injury policies and provision-of-care practices meet or fall short of stated desired outcomes. The CC Subcommittee requested that Mr. Gallagher draft a resolution, for consideration and action by the BIAAC full membership, to advance this request to the Department of Human Services. The CC Subcommittee members will review the draft and recommend final edits, leading to its presentation before the next BIAAC meeting, scheduled for February 21, 2020.
  5. **Service Gap Analysis.** Members identified the need to conduct a longer-term assessment of the state's brain injury service system to (1) identify possible service provision gaps, and (2) propose prospective remedies to fill these gaps, either through public or private



service efforts. Members observed that the use of a DHS flow chart, specified in item #4 above, would provide a crucial aid in conducting such a gap analysis.

6. ***Establish Standing Subcommittee Meeting Times at Every BIAAC Meeting.*** Members affirmed the need to conduct at least one formal conference call meeting between each formal BIAAC-full-membership meeting. These between-meeting session would constitute a dedicated work session for the CC Subcommittee. Members also identified the need to request time on the agenda within the formal BIAAC-full-membership meeting to conduct some crucial, short planning sessions, requiring perhaps 10 minutes within the BIAAC meeting. These short, agenda-defined breakouts would improve the workflow of the CC Subcommittee, clarify pending work assignments, secure future meeting dates, and allow for the more efficient exchange of information with the BIAAC. Members will propose this addition of subcommittee breakouts at the February 21, 2020, BIAAC meeting.

Members appointed Shannon Cook with the duty to present the CC Subcommittee's report to the BIAAC at its February 21, 2020, meeting. Ms. Cook accepted this appointment.

**Adjournment.** Having completed the meeting's agenda and hearing no further comments from the CC Subcommittee members, Mr. Gallagher declared the meeting adjourned at 12:53 PM, CT.

Respectfully submitted,

Greg Gallagher,  
CC Subcommittee Facilitator  
Program and Research Director  
Consensus Council, Inc.

**APPENDIX D**

**Proposed Draft Resolution Letter  
From Brain Injury Advisory Council  
To  
Chris Jones, Executive Director,  
ND Department of Human Services**

**Brain Injury Flow Chart and Guidance**

Mr. Chris Jones, Executive Director  
North Dakota Department of Human Services  
600 East Boulevard Avenue  
Bismarck, ND 58505

Dear Mr. Jones:

On behalf of the full membership of the North Dakota Brain Injury Advisory Council (NDBIAC), acting in accordance with its established bylaws as an advisory body to the state of North Dakota and the North Dakota Department of Human Services, I respectfully write seeking your consideration and approval to proceed with the development of clear guidance regarding the provision of services and supports to individuals with documented brain injuries. [*Pending*: This request comes following the unanimous consent of all NDBIAC members during its February 21, 2020, public meeting.]

The expressed mission of the NDBIAC, consisting of members appointed by the Governor of the state of North Dakota, 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. It is to this aim, that we make this request for the development of clear guidance.

In the informed opinion of the members of the NDBIAC, there exists a clear and compelling need for the Department of Human Services to develop and disseminate clear guidance, consisting of an operational flow chart and supportive narrative, that graphically illustrates and descriptively outlines how brain injuries are medically and administratively managed across the breadth of services managed by the Department of Human Services, spanning the various units within the Department. Such a guidance document, with its supporting flow chart and narrative, would present a clear and unambiguous picture of how the Department of Human Services' various regulatory provisions directly impact, support, or impede the management of care for an individual with a brain injury. Such a flow chart would provide a common reference for the public to better understand, in a straightforward, transparent presentation, how the state's brain injury policies and provision-of-care practices meet stated desired outcomes. The NDBIAC seeks such a guidance document to support its work in better charting and understanding the system of service provision for individuals with a brain injury.

The NDBIAC welcomes the opportunity to meet with you or your appointed representative to explain further to purpose, application, and possible design of this guidance document. We wish to express our gratitude to you for all the support the Department of Human Services has extended the NDBIAC in meeting its mandated obligations. We present this request to you as an extension of your previous support and encourage your favorable consideration.

Thank you for your kind consideration of this request. On behalf of the NDBIAC, thank you for your many efforts to improve the lives of all North Dakota citizens, especially those citizens among us with a brain injury that affects their lives. I wish you well.

Sincerely,

Nan Kennelly  
Chairperson,  
North Dakota Brain Injury Advisory Council

**APPENDIX E**

**North Dakota  
Brain Injury Advisory Council  
Education and Awareness Subcommittee**

**Conference Call Meeting  
February 7, 2020**

**Meeting Minutes**

**North Dakota  
Brain Injury Advisory Council  
Education and Awareness Subcommittee**

**Conference Call Meeting  
February 7, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:04 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Members introduced themselves.

**NDBIAC CC Subcommittee Members Present:** Mandy Slag; Sarah Ring; and Rebecca Quinn.

**Facilitation:** Greg Gallagher, Program and Research Director, The Consensus Council, Inc., served as facilitator.

**Approval of Agenda.** Greg Gallagher reviewed the November 15, 2019, draft meeting minutes regarding the charge assigned to the CC Subcommittee by the full BIAC membership: to identify and address education and awareness initiatives in support of the BIAC mission. EA Subcommittee members addressed two overarching agenda items for the conference call meeting:

- Assess and determine the types of education and awareness issues that appropriately fall within the domain and charge of the EA Subcommittee; and
- Identify a first round of emergent education and awareness issues, selecting specific issues that may require the immediate attention of the BIAC full membership at its forthcoming February 21, 2020, meeting.

**Approval of Minutes.** Since this conference call marked the first meeting of the revitalized EA Subcommittee, no previous minutes were considered. The EA Subcommittee referenced the draft minutes from the BIAC November 15, 2019, meeting and previous meetings to confirm the parameters of its discussions and operations.

**Domain and Scope of the EA Subcommittee.** Members identified the domain and scope of the EA Subcommittee's activities as (1) coordinating efforts between the BIAC full membership and the Brain Injury Network to advance best practice training opportunities for professionals across the wider service community and to improve outreach and awareness efforts to the wider public regarding brain injury issues; and (2) assessing and proposing specific training and awareness campaigns that will produce a positive effect on the provision of services, across the broad span of service sectors and the wider public. Members recognized that many members of the BIAC are also active participants and planners in various professional development activities across the state. Members identified the need to clearly specify the primary target of future training and awareness efforts, mindful of the unique perspectives and needs of specialist providers, generalist providers, educators, first responders, the public, and other interest groups.

**Identifying Emergent Education and Awareness Issues.** Mr. Gallagher invited EA Subcommittee members to identify any emergent issues that may require the attention and resolution of the EA

Subcommittee, and subsequently the BIAC full membership. Members identified the following issues to be considered.

7. **Expanded Brain Injury Protocols.** Members identified the need for Emergency Room (ER) physicians, first responders, and other primary care professionals to adopt and institute an established protocol of intervention and follow-up measures for all head injuries, including the direct follow up contacts by qualified personnel after any reported head injuries. Members observed that, too often, medical professionals may provide initial care for reported head injuries resulting from effects of falls, blood thinners, and accidents, yet, fail to sufficiently follow up on this care with subsequent check-up consultation to ensure the wellbeing of the patient. Members stated that the BIAC full membership may wish to consider drafting an advisory resolution to the Department of Human Services and other medical professional associations to advance the development, adoption, and deployment of such a head injury service protocol.
8. **Teacher Professional Development on Brain Injuries.** Members identified a need to develop and distribute professional development materials and trainings regarding brain injuries, including information on prevalent causes of head and brain injuries, immediate versus longer term impacts of head and brain injuries, awareness of symptoms surrounding head and brain injuries, and the need to carefully monitor any individual who has experienced a head and brain injury.
9. **Law Enforcement Personnel Professional Development on Brain Injuries.** Members identified the need to develop and distribute professional development materials and training regarding brain injuries, including those items specified in (2) above, with specific attention to identifying certain head and brain injuries that may mimic other influencers, such as drugs or alcohol, resulting in misidentifications and potentially harmful effects from non-treatment. The ND Brain Injury Network has been moving forward with this issue, developing a concussion manual, based on a Colorado model. The James River Correctional Center, Jamestown, and the Parole and Probation Center, Fargo, been conducting staff training on screening and intervention methods.
10. **Special Education Professional Development for Brain Injury Assessments.** Members identified the special education specialists to receive training to better identify, evaluate, and establish individualized education programs for individuals with brain injuries.
11. **Coordinating Activities between the ND Brain Injury Network and the BIAC EA Subcommittee.** Members identified the unique overlapping of missions between the BIN and the BIAC EA Subcommittee, regarding the identification and planning of brain-injury-related trainings or special activities. Members discussed how both parties can inform and guide each other to establish an integrated, coordinated effort to expand awareness and educational opportunities statewide. Members expressed the desire to focus and optimize the EA Subcommittee meetings' activities to establish a unified outreach effort for both parties.
12. **Provider Professional Development Opportunities and Certifications.** Members identified a benefit in expanding awareness of the various online courses available to support the ongoing professional development needs of providers statewide. Members identified the need to underscore the various levels of access to ongoing education, for

instance, the courses required for Medicaid waiver providers. The Brain Injury Basics and the Certified Brain Injury Specialist trainings offer unique training at different levels of experience. The BIN is managing a brain injury specialist group on its Facebook account. The BIAAC may offer a strong advocacy voice for the types of trainings and specialist certifications forthcoming from the BIN. The effort would include standardizing the types of trainings offered, including curriculum and levels of expertise.

Members supported the idea of the EA Subcommittee meeting briefly during the regular BIAAC meeting to conduct simple administrative tasks. Members requested that Rebecca prepare a summary of the key BIN training or outreach efforts, including events or materials, that the EA Subcommittee could review and consider at future meetings.

Members appointed Sarah Ring with the duty to present the EA Subcommittee's report to the BIAAC at its February 21, 2020, meeting. Ms. Ring accepted this appointment.

**Adjournment.** Having completed the meeting's agenda and hearing no further comments from the EA Subcommittee members, Mr. Gallagher declared the meeting adjourned at 12:49 PM, CT.

Respectfully submitted,

Greg Gallagher,  
CC Subcommittee Facilitator  
Program and Research Director  
Consensus Council, Inc.



**APPENDIX F**

**North Dakota  
Brain Injury Network  
Education and Awareness Events**

**February 7, 2020**

## **NDBIN Education and Awareness Events**

### **Available Brain Injury Trainings**

Online Courses through NDBIN launched April 2019-564 total enrolled

- Intro
- Cognitive & behavioral Consequences
- Pediatric TBI
- Primary Care & TBI
- Substance Use and TBI

Certified Brain Injury Specialist- 1<sup>st</sup> July 24&25, 2<sup>nd</sup> Dec 17 & 18; 57 certified total in ND  
Brain Injury Basics-1<sup>st</sup> as preconference to Mind Matters on March 25<sup>th</sup>

Mind Matters Annual Conference-99 attendees in 2019, next March 26 & 27<sup>th</sup>, 2020

Webinar Wednesdays-have hosted 7 and there are 4 upcoming that are scheduled

Brain Injury Day in New Town-June 2019

Brain Injury Day in Bismarck-March 2020

Powerful Tools for Caregivers-Jan/Feb 2020 hosted 1 class with 6 participants in GF

Specialized Trainings upon request ie nursing home, schools

### **Awareness Products**

Playing Cards w/ flyer

Unmasking masks, events, and flyer-over 100 masks and more that 25 unmasking events

ABI vs TBI Infographic

Brain Injury Education Support

Common Academic Accommodations

REAP-Remove/Reduce, Educate, Adjust/Accommodate, Pace concussion guide

TBI & Mental Health

TBI & Substance Abuse

TBI & Criminal Justice

Brain Injury Awareness month online tool kit

Screening flyer and tools

### **In development**

Resource Guide

Cognitive Strategies Guide for Professionals and Cognitive Strategies Guide for Individuals

**NDBIN Education/Awareness Events January 2019-Present**

**January 2019**

ND Suicide Prevention Coalition  
Exhibited at Capitol for ND Cares and Disability Awareness

**February 2019**

Univ of Mary Health Fair

**March 2019**

Game Nights-Community Options Locations throughout the state: Grand Forks, Fargo,  
Jamestown, Devils Lake, Minot, Bismarck  
Brain Injury Awareness Day at the Capitol  
Mind Matter's Conference in Bismarck-99 attendees

**April 2019**

Unmasking Event-Sanford, Fargo  
Presentation for Dakota Alpha  
Exhibited at Four Winds Fair  
Exhibited at NDACP Conference

**May 2019**

Unmasking Events (2)-Sanford, Fargo  
Exhibited Harvey Health Fair  
Devils Lake Stand Down

**June 2019**

Unmasking Event, Bismarck  
Exhibited Dakota Conference  
Exhibited New Town Awareness Event  
Exhibited Pro Ag Day, Pekin ND  
Exhibited Youth Empowering and Social Status Embrace your Disability, Bismarck

**July 2019**

CBIS Training-Fargo  
Exhibited Public Health Nursing Conference

**August 2019**

Governor's Education Summit-Rebecca presented  
VA Community Mental Health Summit

**September 2019**

Powerful Tools for Caregivers Training  
Exhibited Mckenzie County Senior Expo Day  
Presented at First Presbyterian in Bismarck/Lunch and Learn

**October 2019**

Exhibited Northern Plains Conference on Aging and Disability  
Unmasking Event, Detroit Lakes

Exhibited ND Educator's Conference  
Exhibited Healthcare Horizons Conference  
Exhibited Stroke Conference  
Exhibited Next Chapter, Stroke Event-Fargo  
Exhibited Trunk or Treat-Grand Forks  
Exhibited Standing Rock Community Health Fair  
Exhibited Minot Stand Down

**November 2019**

Attended Mental Health First Aid Training  
Exhibited Recovery Reinvented and ND Behavioral Health Conference  
Presented to Altru's EMS staff  
Attended Green Dot Training  
Exhibited Veterans Week at MSU  
Exhibited Independent Living Fair  
Unmasking Event, GF Stroke Support Group

**December 2019**

CBIS training  
REAP Manual finalized/made live on website

**January 2020**

Presented at Fargo Senior Coalition

**February 2020**

Presented at SafeKids Meeting in GF regarding REAP manual  
ND counseling conference-exhibited and attended preconference

**Ongoing:**

Provider Perspective Videos-4 on various topics; Speech, Music Therapy, Vision and NDAssist  
Webinar Wednesdays-have hosted 7 and there are 4 upcoming that are scheduled  
Powerful Tools for Caregivers-have hosted 1 class with 6 participants in GF  
NDBIN facilitates 4 support groups-Grand Forks has 2 that meet monthly, Fargo has one that meets monthly and Devils Lake has one that meets monthly

**Upcoming:**

See our website for Upcoming Events!  
Unmaskings, Bowling for Brains, Ceramic Unmasking, Mind Matter's Conference, Unmasking display, etc.  
<https://www.ndbin.org/events/upcoming>  
Presentations for Stanley Junior/High School –all health classes for students and all staff  
Presentation for GF Senior Coalition

**APPENDIX G**

**North Dakota  
Learning Collaborative**

**February 21, 2020**

### **Brain Injury Learning Collaborative**

Opportunity done by the National Center on Advancing on Person-Centered Practices and Systems (NCAPPS)

Has no funds, but chance to get support from national experts and have opportunity to work on areas

North Dakota applied in December with a team of 15 interested individuals including BIAC members Skipp Miller and Shannon Cook has now joined.

Collaborative includes participating in 3 day long webinars and monthly coaching phone calls until May of 2021.

North Dakota developed aims:

- By May 2021 will develop multiple mechanisms for stakeholder input to inform and drive the ongoing development of North Dakota's brain injury service system in collaboration with the Brain Injury Advisory Council, Department of Human Services and the Brain Injury Network.
  - Working on developing a closed facebook group and a lived experience survey
- By May 2021 will collaborate with the Department of Human Services NCAPPS Technical Assistance Team to ensure individuals with lived experiences in brain injury are represented across the Person-Centered Planning process including the development of accessible and usable information related to brain injury available services to facilitate participant choice and control.