

**North Dakota
Brain Injury Advisory Council
Membership Meeting
HIT, Inc. Office
2640 Sunset Drive NW; Mandan, ND 58554 (on-site)
Video Conference (online)**

**May 21, 2021
Meeting Minutes**

Call to Order and Welcome: Chairperson Nan Kennelly called the meeting to order at 1:03 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC) members and the public. Members recorded their attendance via login registration according to voting and non-voting membership status.

NDBIAC Voting Members Present: Nan Kennelly, Open, Chair; Sarah Ring, Open, Vice Chairperson; Representative Dick Anderson, ND House of Representatives Designee; Senator Howard Anderson, ND Senate Designee; David Biberdorf, General; Jean Herauf, Open; Austyn Kloehn, Service Provider; Skipp Miller, Indian Affairs.

NDBIAC Non-voting Members Present: Denise Harvey, Protection and Advocacy Project, Secretary; Dawn Pearson, Department of Human Services - Medicaid; Barbara Burghart, Department of Human Services – Vocational Rehabilitation; Deanna, Department of Health – Injury Prevention.

Presenters and Professional Support: Rebecca Quinn, ND Brain Injury Network; Pam Mack, Protection and Advocacy Project; and Tami Conrad, Department of Human Services.

Facilitation: Greg Gallagher, Deputy Director, The Consensus Council, Inc.

Quorum. Greg Gallagher reported that a sufficient number of BIAC voting members had registered their attendance, constituting a quorum defined by BIAC bylaws. With a majority of qualified members recorded present, Chairperson Kennelly declared the presence of a quorum of voting members and total members, respectively.

Approval of Agenda. Chairperson Kennelly entertained consideration of the May 21, 2021, meeting [Agenda](#). Mr. Gallagher previewed the meeting’s content and presenters.

REPRESENTATIVE DICK ANDERSON MADE AND SARA RING SECONDED A MOTION TO ADOPT THE MAY 21, 2021, MEETING AGENDA, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON KENNELLY ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE AGENDA.

Approval of Minutes. Chairperson Kennelly entertained consideration of the [February 19, 2021, meeting minutes](#).

JEAN HERAUF MADE AND AUSTYN KLOEHN SECONDED A MOTION TO ADOPT THE FEBRUARY 19, 2021, MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON KENNELLY ANNOUNCED THE PASSAGE OF THE MINUTES.

Discussion with Dr. Rosalie Etherington, DHS. Chairperson Kennelly welcomed Dr. Rosalie Etherington, Chief Clinics Officer for Regional Service Centers & State Hospital Superintendent, Department of Human Services, to provide a report on (1) the status of the State Hospital study, 2021-2023, (2) brain injury definitions, coverage, and coding issues within the state's Medicaid 1915(i) plan, and (3) eligibility rules surrounding the use of WHODAS scores and the prospects of reassessing the current eligibility cut scores.

Dr. Etherington guided BIAAC members through a [prepared presentation](#) covering the three designated content areas.

WHODAS. Dr. Etherington provided an overview of the WHODAS, the [World Health Organization Disability Assessment Scale](#), which has been discussed widely recently regarding its application in determining eligibility for Medicaid services. The WHODAS measures an individual's functioning level in six domains: cognition, mobility, self-care, getting along, life activities, and participation. Dr. Etherington observed that the WHODAS, although widely accepted among professionals, is perceived by many to be a new measure which raises suspicions over its accuracy and potential use in restricting individuals' access to services. WHODAS measures an individual's functioning capacity of select daily living skills to ascertain a diagnosis and to assess the effects of an impairment. WHODAS was normed with individuals with mental illness, brain injuries, medical illnesses, intellectual disabilities, and has been recognized worldwide. Functioning skills are focused on core skills for daily living, with attention placed on measuring observed impairments that might impact a person's full life opportunities. The final measured score is noted as a disability score. Resulting disability scores contribute to determining eventual treatments and accommodations.

Dr. Etherington observed that discussions on assessment determinations oftentimes raise issues regarding the perceived difficulty of professional providers to become registered service providers, eligible to receive Medicaid reimbursement, now including Medicaid 1915(i) services. Providers also seek assurances that service reimbursements will be adequately compensated. Following a review of disability data (reference presentation population distribution data), Dr. Etherington noted the variance in diagnostic coding between the Diagnostic Statistic Manual (DSM), used in the behavioral health disciplines, and the International Classification of Diseases (ICD), the recognized international standard for comprehensive codes. The use of either coding reference introduces its own difficulties. For instance, within the DSM, neuro-cognitive impairment may result from either a traumatic brain injury (TBI) or an acquired brain injury (ABI), but that coding differences may result in differing treatment emphasis and reimbursement options. DSM does not distinguish well between TBI and ABI, resulting in confusing coverage.

The WHODAS scale ranges from 0 (extreme impairment) and 100 (high functioning levels). The current cut score for services is a score of 50. Any cut score will necessarily set limits to who might be eligible for services. In determining the best approach to assessment, professionals might need to weigh the benefit of seeking a Medicaid 1915(i) Services approach versus a Rehabilitation Services approach to seeking coverage for services. Medicaid has recently expanded the use of Rehab Services (no WHODAS score required), allowing for many more people to access appropriate services. Rehab Services should be considered at the same time as a Medicaid 1915(i) service claim is sought. The Rehab Services option offers more flexibility for most individuals.

In response to a question, Dr. Etherington noted that certain skills, such as cognition, memory, and physical skills, may need to be discerned carefully through the observation and analysis phases of the assessment. It is important for professionals to consider coding ramifications and selecting the best treatment model for their patients. Additional training is essential for

professionals to better understand the implications of using select codes, some which will allow for optimal flexibility in ensuring treatment and cost coverage.

To become a registered Medicaid provider (either as an individual or a group) eligible for service reimbursement, professionals are required to complete and submit an [online registration form](#). In response to a question, Dr. Etherington noted that it may be desirable for the state to provide navigation services to assist professionals in working their way through the registration process, in addition to better understanding the complexities of the CPT and DSM coding system, and paperwork for patients and insurance providers. Skill restoration services offer supports up to the point of helping an individual to move forward with employment activities, which are in themselves not covered by Rehab Services. Services can help support accommodation supports for daily living and employment. ND accesses assistance from Boston University for support in applying psycho-social Rehabilitation Services. Medicaid Rehab Services is now applicable to all registered professional providers, in addition to the Human Services Centers. Rehab Services is much more flexible to meet the needs of all eligible individuals.

The state's approved WHODAS score, currently set at 50, will undergo a six-month studied assessment of its appropriateness based on recorded use data. In response to a question, Dr. Etherington discussed the Department of Human Services protocols for setting WHODAS cut scores that are broad, transparent, and data driven. The WHODAS is valid and reliable and its internal scoring measures cannot be changed. The ultimate determination of eligibility does allow for the inclusion of a wider group of people, but that process has not yet been determined.

Dr. Etherington provided a summary on the process used in determining the most appropriate diagnosis and treatment for Neuro-Cognitive Disorder (NCD) due to brain injury, either acquired or traumatic. The most common DSM codes, F02.80 and F02.81, are general codes for NCD of all types, inclusive of behavioral disturbance categories. The state's Medicaid application used these codes as the primary reference for service coverage. The Centers for Medicare and Medicaid Services coders have instead recommended that the state apply new, previously unpublished codes of F03.90 and F03.91 as the most flexible and exhaustive coding options for service coverage. The state is now working to incorporate these new codes to optimize service coverage for eligible individuals. This will require more extensive training for providers encouraging the fullest use of flexible codes to expand the eligibility for appropriate services.

At the encouragement of the BIAC members, Dr. Etherington and Rebecca Quinn offered to work together to prepare a guidance document directed to service professionals that would present the best, most flexible codes to assist professionals seeking coverage for brain injured individuals.

Dr. Etherington noted that time would not permit for a formal review of the Department of Human Service's efforts to move forward with a study for a new state hospital. The state has prepared previously separate studies on aspects of building a new state hospital, including a study of a [new treatment campus](#), the [ND Residential Treatment Facility Capacity Report](#), and the [HSRI Study of the ND State Hospital](#).

Mr. Gallagher thanked Dr. Etherington for her presentation and observed that Dr. Etherington might be invited back to continue the conversation. Members expressed appreciation to Dr. Etherington for her comments.

Updates from Standing Subcommittees

Continuum of Care Subcommittee and Education and Awareness Subcommittee.

Traumatic Brain Injury State Partnership Grant, Department of Health and Human Services, Administration for Community Living: Rebecca Quinn (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>). Mr. Gallagher directed BIAAC members to the previously submitted minutes from the [April 19, 2021, Continuum of Care Subcommittee](#) and the [May 10, 2021, Education and Awareness Subcommittee](#). Both meetings covered similar issues, focusing on work of the ND Brain Injury Network, directed by Rebecca Quinn, to prepare and submit a special five-year grant, titled the Traumatic Brain Injury State Partnership Program, administered within the Department of Health and Human Services, Administration for Community Living (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>). Since both the CC and EA Subcommittee provided separate advisory support to the BIN's grant application, Mr. Gallagher recommended that the two Subcommittee reports be combined and summarized by Ms. Quinn, who agreed to provide a unified report.

This grant provides resources to states to conduct statewide traumatic brain injury systemic improvements. ND has not been a recipient of this specific systems grant since 2010. Recent state administrative and legislative initiatives place North Dakota in an excellent position to be a successful candidate to receive a grant award during this grant cycle. Ms. Quinn is seeking the support of the BIAAC to accompany the grant application. Additionally, Ms. Quinn is seeking the active engagement of the BIAAC – CC and EA to provide direct assistance to the ND Brain Injury Network throughout the duration of the grant, provided the state is a successful recipient.

Grant applications are due May 27, 2021, with a goal of the BIN to submit the grant by May 21, 2021. Ms. Quinn approached the BIAAC – EA and the BIAAC – CC to seek their recommendations and approval of support, in the place of the full BIAAC, which would not have met again until May 21, 2021, the day of the grant's submission. Members agreed that it is in the state's best interest to pursue this grant, since the state had once been a recipient, providing a precedent. Additionally, members stated that given the timing of the grant's submission and the need for the BIN to proceed prior to the May 21, 2021, BIAAC business meeting, it is in keeping with the charge of the BIAAC – CC and the EA to represent the interests of the full BIAAC membership, offering its support to the BIN's grant submission, including its willingness to serve as an advisory body in the administration of the grant, assuming the application is successful.

The State Partnership Program grant provides from \$170,000 - \$260,000 per year for five years, requiring at least a 50% staff member to be provided by the BIN. Members supported applying for the maximum amount throughout the duration of the grant to provide significant resources to achieve the state's overall goals in the following general areas:

- Advisory Council development, including efforts to further enhance the capacity of the BIAAC.
- Strategic programmatic and governance planning, including a clear process for how the BIAAC will guide state TBI activities.
- Traumatic brain resource facilitation, describing how the state will establish and increase capacity by assisting all individuals with TBI, their family members, and their support networks with education and information to effectively identify and navigate the resources, services and supports within the state and communities.
- Traumatic Brain Injury grantee workgroups.
- A TBI Program Sustainability Plan.

- Grantee participation in two national and regional TBI-related annual conferences.
- Data collection and performance reporting, documenting the impact and benefits of the program.

The state would gain from its association through this grant with the National Association of State Head Injury Administrators offering BIAAC development services and strategic planning. Ms. Quinn observed that it may be beneficial for the BIAAC to incorporate an ongoing review of any grant activities as a responsibility of an existing BIAAC Subcommittee, if the state were to be awarded the grant.

Mr. Gallagher requested a pause on the discussion of the Traumatic Brain Injury State Partnership Grant to allow for the time-sensitive presentation by Pam Mack, Protection and Advocacy Project. Ms. Quinn agreed to resume her presentation following the discussion on forthcoming interim legislative committee activities.

Assessment of 2021 Legislative Assembly and Forthcoming Interim Work: Pam Mack and Denise Harvey, Protection and Advocacy Project. Mr. Gallagher introduced Pam Mack and Denise Harvey, Protection and Advocacy Project, to review activities of the recent legislative session, with a focus on select behavioral health initiatives including brain injury issues, and to anticipate future behavioral health studies emerging from the interim legislative committees.

Ms. Mack identified a series of legislative actions that had direct implications on core behavioral health issues, including brain injury.

- Accessibility of the State Capitol. For a number of years, concerns have been raised about making the State Capitol Complex more accessible to individuals with disabilities. Funding has now been provided to move these renovations forward.
- Juvenile Justice Reform. The passage of the Juvenile Justice Act marks an important step in meeting the recovery support services for juveniles who have been processed through the court and corrections system, including many juveniles who are provided services to fulfill their individual disabilities plans.
- Aversive Treatment. The legislature moved forward with the control and elimination of certain aversive treatments, including shock and certain restraint practices, to better secure the safety and civil rights of individuals under the care of the state or other service providers.
- Special Education, Traumatic Brain Injury Supports. The Department of Public Instruction, within its budget, has expanded assessment and training supports for special education professionals, including training for newly defined paraprofessional aides, which will be clarified further within administrative rules.
- Merger of Department of Human Services and Department of Health. Legislation was passed to merge the Departments of Health and Human Services into a single administrative agency. This merger will take time and will be carefully observed for fidelity of operation.
- Seclusion and Restraint Failure. For many behavioral health and community professionals, the failure to pass a state seclusion and restraint law marks a particular loss for securing the safety any individuals who are under the care and control of a supervising agency.
- State Hospital Study. Although no funding was provided to build a new State Hospital, the legislature did authorize funding to conduct a preparatory study during the forthcoming biennium, which might precede any future construction. Denise Harvey

provided a summary of the previous proposals for the State Hospital, including material covered in the three studies noted previously, within Dr. Etherington's report.

- SUD Voucher Program. The legislature authorized \$17 Million toward the SUD Voucher Program, offering financial support for individuals seeking treatment for substance use disorders.
- State and Tribal Relationships. The state has made substantial steps in strengthening the relationship between the state and tribal nations, including deepening cooperation for behavioral health services and blended funding for integrated services.
- Employment Assistance for Individuals with Disabilities.
- SB 2161 has established a process to monitor and manage the distribution of provider beds for behavioral health care. This will constitute a beneficial asset to the state's equitable management of providing care.
- Property tax credits for veterans with behavioral health concerns, including traumatic brain injury, have been extended for the next biennium.
- Passage of SB 2039, Brain Injury Advisory Council Membership, illustrated the importance of the BIAC's advocacy in further enhancing the structure and operation of the BIAC in support of individuals with brain injury and their families.

Senator Howard Anderson and Representative Dick Anderson expressed their satisfaction with the passage of SB 2039. With its reconstituted membership, the BIAC is well-positioned to conduct its work and make meaningful recommendations to the Governor to fully empanel a well-balanced Council. The BIAC should attend to making good recommendations to retain and acquire strong members who will advance the Council's attention to promotion, prevention, assessment and treatment. Members also noted that the tax credit for employment, which is currently underutilized, needs to be promoted more. It will be important for the BIAC to encourage the collection of good data that will support any future spending—or better stated: investing—in defensible priorities that will meet the needs of the state's citizens.

Members reviewed the language that defines the role of the BIAC in making recommendations for prospective BIAC members, specified in [SB 2039](#). The BIAC will need to demonstrate a concerted effort to solicit and advance strong prospective members to the Governor for his approval.

Ms. Mack and Mr. Gallagher reviewed the list of [approved interim legislative committee studies](#) that will be conducted throughout 2021-2022. The interim legislative committee studies related to behavioral health, broadly defined, are specified and **marked in gold**.

Ms. Mack noted specifically two studies, not otherwise marked on the list, that were worthy of monitoring: (1) Item 1111, listed on page 1, regarding competency-based educational practices, and (2) Item 2212, listed on page 3, regarding access to affordable prescription drugs.

Mr. Gallagher thanked Ms. Mack and Ms. Harvey for their presentation.

Traumatic Brain Injury State Partnership Grant, Department of Health and Human Services, Administration for Community Living (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>): **Rebecca Quinn**. Mr. Gallagher requested that Rebecca Quinn resume her presentation on the Traumatic Brain Injury State Partnership Grant, previously deferred.

Ms. Quinn noted that the BIAC would be positively impacted by the grant in certain principal responsibilities, including (1) allowing the BIAC to study how to structure and improve the operations of its work; (2) advancing the continued development of a BIAC strategic plan; and (3) dedicating funding for select BIAC members to travel and participate in dedicated national conferences. It has been reported that the grant's determination will be announced by June 30, 2021.

Update from Department of Health. Chairperson Kennelly welcomed any report from the Department of Health. No report was provided. Mandy Slag has recently resigned her position on the BIAC. Beth Ostrich has been designated to replace Ms. Slag, going forward.

Update from Department of Human Services. Chairperson Kennelly invited any report from the Department of Human Services. Tami Conrad reported that the Community Connect Program, based on the Free Through Recovery Program but directed to families, is now being administered with care coordination services. Screenings for brain injury have been incorporated into various forms of service intake to ensure proper identification and treatment, as required. Certain grants are now available to help provide financial assistance with those without insurance. Behavioral health coordinators have now become readily available within the state's public school system. Rebecca Quinn reported that the ND Brain Injury Network has recently developed and distributed certain screening kits to support coordinated brain injury screenings, leading to evaluations and possible treatment.

Update from Department of Public Instruction. Chairperson Kennelly invited any report from the Department of Human Services. No report was provided.

Standing Report on Learning Collaborative. Chairperson Kennelly invited any report from the Learning Collaborative. Rebecca Quinn reported that the Learning Collaborative has administered a survey of members and has received approximately 60 responses. The survey results are currently being analyzed by the project researcher. The Learning Collaborative will enter a dormant stage during the summer months.

Realigning BIAC Membership Slots and Redefining Roles: Nan Kennelly. Chairperson called for discussion among BIAC members to address three related matters initiated by the passage of [SB 2039](#): (1) the required realignment of BIAC membership slots and roles; (2) determining a process to realign BIAC membership slots; and (3) assessing any impacts on BIAC Membership responsibilities. Members referenced the [BIAC bylaws](#) to assess any amendments that might need to be properly aligned with the directives of SB 2039 and with the BIAC bylaws. Members reviewed the status of the current [BIAC membership](#), including terms of service.

The BIAC currently records two vacancies to be filled: one voting member and two non-voting members. The passage of SB 2039 requires a realignment of voting members to fit the categories specified in law. Members observed that it may be necessary for any prospective candidates to sign a waiver of certain privacy protection, since members will be identified by a designated slot. Prospective candidates would need to be vetted by the BIAC, and the BIAC may benefit from interviewing any candidates. Members raised a question if the BIAC's size might be better managed by reducing the number of agency representatives. Members noted that the BIAC might need to enforce the requirement for appointed members to regularly attend all meetings or risk the possibility of removal.

Members observed that there may be a need for one more family member, one more survivor, and allow for a more expanded use of individuals who fit more than one designation. Members

requested that a special committee be formed, comprised of two BIAC voting members and two support staff, to study and propose a membership model that would meet the requirements of SB 2039 and resolve other associated concerns.

Chairperson Kennelly appointed a special committee to study and propose a new membership model to fulfill the requirements of SB 2039, comprised of the following individuals: Jean Herauf, David Biberdorf, Rebecca Quinn, and Greg Gallagher. Chairperson Kennelly requested that the committee begin its work in June. All members agree to the term of their appointment.

Chairperson Kennelly thanked members for their participation.

Public Comments. Chairperson Kennelly invited any members of the public to offer comments to the BIAC. No members of the public stepped forward to provide testimony. Chairperson Kennelly closed the public comments session.

Future Meeting Dates. Mr. Gallagher stated that the Continuum of Care Subcommittees and Education and Awareness Subcommittees will set their respective meeting dates via a Doodle poll conducted at approximately mid-point between meetings. Members should be attentive for forthcoming announcements.

2021 Meeting Dates. Mr. Gallagher reminded members that the remaining dates for BIAC meetings throughout 2021 include the following:

- August 20, 2021.
- November 19, 2021.

Meetings will continue to be conducted via a combination of in-person meetings with videoconference alternative participation, going forward.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the BIAC members, Chairperson Kennelly entertained a motion to adjourn.

SKIPP MILLER MADE AND JEAN HERAUF SECONDED A MOTION TO ADJOURN THE MEETING. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the meeting adjourned at 4:08 PM, CT.

Respectfully submitted,

Greg Gallagher
Deputy Director
Consensus Council, Inc.

APPENDIX ATTACHMENTS

- [APPENDIX A:](#) Agenda, May 21, 2021.
- [APPENDIX B:](#) BIAC Continuum of Care Subcommittee Minutes, April 19, 2021.
- [APPENDIX C:](#) BIAC Education and Awareness Subcommittee Minutes, May 10, 2020.
- [APPENDIX D:](#) Approved Interim Legislative Committee Studies, 2021-2022.

APPENDIX A

Brain Injury Advisory Council Meeting

Friday, May 21, 2021

1:00 PM – 4:00 PM., CT

Membership Meeting

HIT, Inc. Office

2640 Sunset Drive NW; Mandan, ND 58554 (on-site)

Video Conference (online)

AGENDA

Brain Injury Advisory Council Meeting

Friday, May 21, 2021

1:00 PM – 4:00 PM., CT

HIT, Inc. Office

2640 Sunset Drive NW; Mandan, ND 58554 (on-site)

Video Conference (online)

AGENDA

1:00 PM

**Call Meeting to Order
Welcome and Roll Call via Video Login
Quorum**

Approve Agenda: May 21, 2021

Approve Minutes: February 19, 2021

1:10 PM

Discussion with Dr. Rosalie Etherington, DHS

- Report on Status of State Hospital, 2021-2023.
- Brain injury definitions, coverage, and coding issues within the state's Medicaid 1915(i) plan.
- Eligibility rules surrounding the use of WHODAS scores and the prospects of reassessing the current eligibility cut scores.

1:40 PM

Updates from Standing Subcommittees

- Continuum of Care Subcommittee: April 19, 2021
- Education and Awareness Subcommittee: May 10, 2021

Traumatic Brain Injury State Partnership Grant, Department of Health and Human Services, Administration for Community Living: Rebecca Quinn (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>).

**Update from Department of Health
Update from Department of Human Services
Update from Department of Public Instruction
Standing Report on Learning Collaborative**

Assessment of 2021 Legislative Assembly and Forthcoming Interim Work: Pam Mack and Denise Harvey, Protection and Advocacy Project

- Review of the recent legislative session regarding behavioral health initiatives, including brain injury issues
- Future Behavioral Health Opportunities and Challenges.

Realigning BIAC Membership Slots and Redefining Roles: Nan Kennelly

- Passage of [SB 2039](#): Senator Howard Anderson, Representative Dick Anderson.
- Determining Process to Realign BIAC Membership Slots
- Assessing Impact on BIAC Membership Roles.

Open Discussion

3:45 PM **Public Comments**

Next Steps: Greg Gallagher.

2021 Meeting Dates

- August 20, 2021.
- November 19, 2021.

4:00 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 videoconference. Members of the public can access the meeting and participate in the public comment period by using the following contact information:

Consensus Council is inviting you to a scheduled Zoom meeting.

Topic: BIAC Business Meeting

Time: May 21, 2021 01:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81423208468>

Meeting ID: 814 2320 8468

Phone Connection Option: 1-346-248-7799

APPENDIX B

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

**Conference Call Meeting
April 19, 2021**

Meeting Minutes

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

**Video Conference Meeting
April 19, 2021
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:03 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Continuum of Care Subcommittee (CC) members. Members attendance was recorded by meeting registration.

BIAC CC Subcommittee Members Present: Rebecca Quinn, Austyn Kloehn.

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

Approval of Agenda. Greg Gallagher reviewed the [Agenda](#) and invited CC members to provide corrections or amendments. Members expressed satisfaction with the proposed working agenda. Mr. Gallagher announced the adoption of the agenda.

Reference to Past Minutes. Greg Gallagher referred members to the February 2, 2021, CC meeting minutes, previously approved at the February 19, 2021, full-BIAC membership meeting. Members reaffirmed their satisfaction with the accuracy of the minutes.

Federal Traumatic Brain Injury Grant Opportunity. Rebecca Quinn provided an overview of a recently released federal grant, titled the Traumatic Brain Injury State Partnership Program, administered within the Department of Health and Human Services, Administration for Community Living (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>). This grant provides resources to states to conduct statewide traumatic brain injury systemic improvements. ND has not been a recipient of this specific systems grant since 2010. Recent state administrative and legislative initiatives place North Dakota in an excellent position to be a successful candidate to receive a grant award during this grant cycle. Ms. Quinn is seeking the support of the BIAC to accompany the grant application. Additionally, Ms. Quinn is seeking the active engagement of the BIAC – CC to provide direct assistance to the ND Brain Injury Network throughout the duration of the grant, provided the state is a successful recipient.

Grant applications are due May 27, 2021, with a goal of the BIN to submit the grant by May 21, 2021. Ms. Quinn is approaching the BIAC – CC to seek its approval of support, in the place of the full BIAC, which will not meet again until May 21, 2021. Members agreed that it is in the state's best interest to pursue this grant, since the state had once been a recipient, providing a precedent. Additionally, members stated that given the timing of the grant's submission and the need for the BIN to proceed prior to the May 21, 2021, BIAC business meeting, it is in keeping with the charge of the BIAC – CC to represent the interests of the full BIAC membership, offering its support to the BIN's grant submission, including its willingness to serve as an advisory body in the administration of the grant, assuming the application is successful.

The State Partnership Program grant provides from \$170,000 - \$260,000 per year for five years, requiring at least a 50% staff member to be provided by the BIN. Members supported applying for the maximum amount throughout the duration of the grant to provide significant resources to achieve the state's overall goals in the following general areas:

- Advisory Council development, including efforts to further enhance the capacity of the BIAC.
- Strategic programmatic and governance planning, including a clear process for how the BIAC will guide state TBI activities.
- Traumatic brain resource facilitation, describing how the state will establish and increase capacity by assisting all individuals with TBI, their family members, and their support networks with education and information to effectively identify and navigate the resources, services and supports within the state and communities.
- Traumatic Brain Injury grantee workgroups.
- A TBI Program Sustainability Plan.
- Grantee participation in two national and regional TBI-related annual conferences.
- Data collection and performance reporting, documenting the impact and benefits of the program.

The state would gain from its association through this grant with the National Association of State Head Injury Administrators offering BIAC development services and strategic planning.

Members noted that recent activities within the state's behavioral health strategic plan, specifically Aim 3.0 on screening, Aim 7.0 on workforce development, and Aim 12.0 on state funding initiatives, provide strong evidence of statewide initiatives that are supportive to the State Partnership Planning Grant. Bevin Croft, HSRI staff member and consultant for national brain injury networks, has met previously with the BIAC – CC to foster the integration of brain injury issues within the state's broader behavioral health strategic plan. The National Association of State Head Injury Administrators has agreed to act as a consultant in support of the state's grant efforts, providing further evidence of state capacity and interests in seeking integration of broad partnerships. Members noted that the grant opens an opportunity to engage the Learning Collaborative in the grant project's work, including broadening activities around person-centered goals and initiatives. The BIAC's structure, including its two standing subcommittees and broadened membership from SB 2039, provides evidence of a maturing advisory role. The state's work to initiate a hyperbaric treatment center, the BIAC's efforts to seek the reform of insurance coverage, the development of a brain injury asset map, among other efforts, provide additional evidentiary support to the state's grant proposal. The grant also allows for BIAC member training and prospective-member development. Members recommended that BIN approach the Governor's Office and key legislative leadership, such as Senators Lee and Anderson and Representatives Anderson and Nelson, to seek letters of reference.

Members identified a need for the BIAC to re-establish a continuity of full-membership participation, requiring the DHS and the Governor's Office to quickly fill BIAC vacancies and requiring members to commit to the BIAC's meeting and work commitments. The BIAC will need to keep its members fully engaged, requiring a higher level of active participation on the issues before the BIAC.

Members expressed full support for the BIN in its effort to prepare for the grant, including providing any letters of support and offering an advisory role following any grant award. Members

encouraged BIN to approach the BIAAC Chairperson to draft a letter of support to accompany the grant application.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the CC Subcommittee members, Mr. Gallagher declared the meeting adjourned at 12:58 PM, CT.

Respectfully submitted,

Greg Gallagher,
CC Subcommittee Facilitator
Deputy Director
Consensus Council, Inc.

**North Dakota
Brain Injury Advisory Council
Continuum of Care Subcommittee (CC)**

**Videoconference Meeting
April 19, 2021**

Agenda

Domain and Scope of the CC Subcommittee. The Brain Injury Advisory Council has established the following scope of work assigned to the CC:

1. The CC will address the following domain of issues: (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.
2. The CC has identified six core CC issues: (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.

12:00 PM **Call to Order:** Greg Gallagher, BIAC Facilitator

Welcome and Introduction

Review CC Meeting Minutes, February 2, 2021

Approve CC Meeting Agenda, April 19, 2021

Federal Traumatic Brain Injury Grant Opportunity. A proposal to pursue outside grant funding to support certain brain injury services statewide. (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>)

The grant is currently open for applications and application are due May 27th, but we have to have all our ducks in a row by May 21st. Given that that is the next advisory council meeting, I figured maybe the continuum of care subcommittee could assist with providing input.

A few things I want your thoughts on as part of planning:

- The grant is for \$170,000-\$260,000 depending on the number of awards
- It's for 5 years
- Requires at least a 50% staff member
- Required activities:

1. Advisory Council Development
 - *Application must show how we plan to develop our advisory board further*
2. Strategic Plan
 - *Applicants for this program should outline a clear process for how they will develop the state plan in collaboration with the state TBI state advisory board*
3. TBI Resource Facilitation
 - *“Applicants should describe how their TBI State Partnership Program will establish and/or increase capacity in a statewide resource facilitation service that assists all Individuals with TBI, their family members, and their support networks with education and information to effectively identify and navigate the resources, services, and supports within their state and/or communities.”*
4. TBI Grantee Workgroups
 - *Staff from project must select 2 federal TBI workgroups to participate in*
5. Program Sustainability Plan
 - *Applicants should outline a plan for project sustainability beyond the period of federal funding*
6. Grantee Meetings
 - *Grantees will participate in two national or regional TBI-related conferences convened by ACL or ACL partners annually*
7. Data Collection and Performance Reporting
 - *Process they will use for collecting data that shows the impact of grant activities*

The National Association of State Head Injury Administrators offers board development services and strategic planning that could be beneficial for us to subcontract with them to provide.

Aim 3.0 ND Behavioral Health Behavioral Health Strategic Plan: Brain Injury Screening Tools and Protocols, Updates.

Next Steps

1:00 PM Adjournment

Videoconference Link*

Consensus Council is inviting you to a scheduled Zoom meeting.

Topic: BIAC CC Subcommittee, Grant Preparations

Time: Apr 19, 2021 12:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82261080799>

Meeting ID: 822 6108 0799
Phone Connection Option: 1-346-248-7799

APPENDIX C

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

**Conference Call Meeting
May 10, 2021**

Meeting Minutes

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

**Conference Call Meeting
May 10, 2021
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:02 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Member attendance was recorded by meeting registration.

NDBIAC EA Subcommittee Members Present: Jean Herauf; Nan Kennelly; Karyn Chiapella; Sarah Ring; Barbara Burghart; and Rebecca Quinn.

Attendees: Tami Conrad, Department of Human Services.

Facilitation: Greg Gallagher, Deputy Director, The Consensus Council, Inc., served as facilitator.

Domain and Scope of the EA Subcommittee. Greg Gallagher reviewed and EA members reaffirmed their commitment to the mission and scope of duties assigned to the EA by the BIAC.

1. EA members have 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.
2. The EA has identified five core EA issues: (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.
3. EA members will focus 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 has 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.
4. BIAC members have resolved that the EA, in association with the BIN, periodically revisit the 2016 statewide brain injury survey to assess its relevance and identify emergent key issues for the full BIAC to consider.

Priority EA Issues. Members reaffirmed the two principal issues to address from among its identified responsibilities:

1. Assessing established insurance providers' plan coverage for brain injury treatments to determine consistency or gapping regarding cognitive therapy coverage; and
2. General reporting of ND Brain Injury Network professional training and technical assistance activities.

Approval of Agenda. Greg Gallagher reviewed the May 10, 2021, meeting [agenda](#). Members expressed satisfaction with the agenda. Mr. Gallagher announced the approval of the meeting agenda.

Review of Minutes. The EA reviewed the February 3, 2021, EA meeting minutes, approved at the February 19, 2021, BIAC full-membership meeting, to confirm the scope of EA assigned duties, discussions, and pending activities. Members expressed satisfaction with the presentation of the EA's ongoing activities and priorities for action.

Federal Traumatic Brain Injury Grant Opportunity. Greg Gallagher opened consideration of a state Traumatic Brain Injury Grant proposal being prepared by Rebecca Quinn and the ND Brain Injury Network, on behalf of the ND Department of Human Services. Mr. Gallagher stated that the BIAC Continuum of Care Subcommittee had provided input on this grant proposal during its April 19, 2021, meeting. Since then, the grant proposal has undergone additional development and there exists a need for the BIAC Education and Awareness Subcommittee to provide additional refined input to the proposal's design.

Rebecca Quinn provided an overview of a recently released federal grant, titled the Traumatic Brain Injury State Partnership Program, administered within the Department of Health and Human Services, Administration for Community Living (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>). This grant provides resources to states to conduct statewide traumatic brain injury systemic improvements. ND has not been a recipient of this specific systems grant since 2010. Recent state administrative and legislative initiatives place North Dakota in an excellent position to be a successful candidate to receive a grant award during this grant cycle. Ms. Quinn is seeking the support of the BIAC to accompany the grant application. Additionally, Ms. Quinn is seeking the active engagement of the BIAC – CC and EA to provide direct assistance to the ND Brain Injury Network throughout the duration of the grant, provided the state is a successful recipient.

Grant applications are due May 27, 2021, with a goal of the BIN to submit the grant by May 21, 2021. Ms. Quinn is approaching the BIAC – EA to seek its recommendations and approval of support, in the place of the full BIAC, which will not meet again until May 21, 2021. Members agreed that it is in the state's best interest to pursue this grant, since the state had once been a recipient, providing a precedent. Additionally, members stated that given the timing of the grant's submission and the need for the BIN to proceed prior to the May 21, 2021, BIAC business meeting, it is in keeping with the charge of the BIAC – CC and the EA to represent the interests of the full BIAC membership, offering its support to the BIN's grant submission, including its willingness to serve as an advisory body in the administration of the grant, assuming the application is successful.

The State Partnership Program grant provides from \$170,000 - \$260,000 per year for five years, requiring at least a 50% staff member to be provided by the BIN. Members supported applying for the maximum amount throughout the duration of the grant to provide significant resources to achieve the state's overall goals in the following general areas:

- Advisory Council development, including efforts to further enhance the capacity of the BIAC.

- Strategic programmatic and governance planning, including a clear process for how the BIAC will guide state TBI activities.
- Traumatic brain resource facilitation, describing how the state will establish and increase capacity by assisting all individuals with TBI, their family members, and their support networks with education and information to effectively identify and navigate the resources, services and supports within the state and communities.
- Traumatic Brain Injury grantee workgroups.
- A TBI Program Sustainability Plan.
- Grantee participation in two national and regional TBI-related annual conferences.
- Data collection and performance reporting, documenting the impact and benefits of the program.

The state would gain from its association through this grant with the National Association of State Head Injury Administrators offering BIAC development services and strategic planning.

Members noted that recent activities within the state's behavioral health strategic plan, specifically Aim 3.0 on screening, Aim 7.0 on workforce development, and Aim 12.0 on state funding initiatives, provide strong evidence of statewide initiatives that are supportive to the State Partnership Planning Grant. Bevin Croft, HSRI staff member and consultant for national brain injury networks, has met previously with the BIAC – CC to foster the integration of brain injury issues within the state's broader behavioral health strategic plan. The National Association of State Head Injury Administrators has agreed to act as a consultant in support of the state's grant efforts, providing further evidence of state capacity and interests in seeking integration of broad partnerships. Members noted that the grant opens an opportunity to engage the Learning Collaborative in the grant project's work, including broadening activities around person-centered goals and initiatives. The BIAC's structure, including its two standing subcommittees and broadened membership from SB 2039, provides evidence of a maturing advisory role. The state's work to initiate a hyperbaric treatment center, the BIAC's efforts to seek the reform of insurance coverage, the development of a brain injury asset map, among other efforts, provide additional evidentiary support to the state's grant proposal. Members noted that ND is among a limited number of states engaged in select criminal justice reforms, which has opened deeper consideration on the incidence of behavioral health precursors, including brain injuries. The grant also allows for BIAC member training and prospective-member development.

Members identified a need for the BIAC to re-establish a continuity of full-membership participation, including increasing a 50% participation rate for consumers interests. Members also that the Governor's Office needs to quickly fill BIAC vacancies. BIAC members also need to commit to the BIAC's meeting and work demands. The BIAC will need to keep its members fully engaged, requiring a higher level of active participation on the issues before the BIAC.

Members expressed full support for the BIN in its effort to prepare for the grant, including providing any letters of support and offering an advisory role following any grant award. Members welcomed the opportunity for the BIAC to provide a letter of support to accompany the grant application.

Ms. Quinn welcomed volunteers to read and provide edits to the draft proposal prior to its submission.

Other Business. Mr. Gallagher presented members with the draft agenda for the BIAC business meeting, scheduled for Friday, May 21, 2021. Members expressed their satisfaction with the content and flow of the agenda.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the EA members, Mr. Gallagher declared the meeting adjourned at 12:55 PM, CT.

Respectfully submitted,

Greg Gallagher,
EA Subcommittee Facilitator
Deputy Director
Consensus Council, Inc.

**North Dakota
Brain Injury Advisory Council
Education and Awareness Subcommittee (EA)**

**Videoconference Meeting*
May 10, 2021**

Meeting Agenda

Domain and Scope of the EA Subcommittee. EA members have agreed to the following scope of work assigned to the EA.

1. EA members have 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.
2. The EA has identified five core EA issues: (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.
3. EA members will focus 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 has 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.
4. BIAC members have resolved that the EA, in association with the BIN, periodically revisit the 2016 statewide brain injury survey to assess its relevance and identify emergent key issues for the full BIAC to consider.

12:00 PM **Call to Order:** Greg Gallagher, BIAC Facilitator

Welcome and Introduction

Review CC Meeting Minutes, February 3, 2021

Approve CC Meeting Agenda, May 10, 2021

Federal Traumatic Brain Injury Grant Opportunity. A proposal to pursue outside grant funding to support certain brain injury services

statewide. (<https://www.grants.gov/web/grants/view-opportunity.html?oppld=330741>)

The grant is currently open for applications and application are due May 27th, but we have to have all our ducks in a row by May 21st. Given that that is the next advisory council meeting, I figured maybe the continuum of care subcommittee could assist with providing input.

A few things I want your thoughts on as part of planning:

- The grant is for \$170,000-\$260,000 depending on the number of awards
- It's for 5 years
- Requires at least a 50% staff member
- Required activities:
 2. Advisory Council Development
 - *Application must show how we plan to develop our advisory board further*
 3. Strategic Plan
 - *Applicants for this program should outline a clear process for how they will develop the state plan in collaboration with the state TBI state advisory board*
 4. TBI Resource Facilitation
 - *"Applicants should describe how their TBI State Partnership Program will establish and/or increase capacity in a statewide resource facilitation service that assists all Individuals with TBI, their family members, and their support networks with education and information to effectively identify and navigate the resources, services, and supports within their state and/or communities."*
 5. TBI Grantee Workgroups
 - *Staff from project must select 2 federal TBI workgroups to participate in*
 6. Program Sustainability Plan
 - *Applicants should outline a plan for project sustainability beyond the period of federal funding*
 7. Grantee Meetings
 - *Grantees will participate in two national or regional TBI-related conferences convened by ACL or ACL partners annually*
 8. Data Collection and Performance Reporting
 - *Process they will use for collecting data that shows the impact of grant activities*

The National Association of State Head Injury Administrators offers board development services and strategic planning that could be beneficial for us to subcontract with them to provide.

Behavioral Health Behavioral Health Strategic Plan:

- Aim 3.0: Brain Injury Screening Tools and Protocols, Updates.
- Aim 7.0: Workforce Development

- Aim 12.0: Funding

Next Steps

1:00 PM Adjournment

Videoconference Link*

Consensus Council is inviting you to a scheduled Zoom meeting.

Topic: BIAC - EA Subcommittee

Time: May 10, 2021 12:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83510368981>

Meeting ID: 835 1036 8981

One tap mobile

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+12532158782,,83510368981# US (Tacoma)

Dial by your location

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+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 929 436 2866 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

Meeting ID: 835 1036 8981

Find your local number: <https://us02web.zoom.us/u/kcigmwGVIM>

APPENDIX D

**Summary of Approved
Interim Legislative Committee Studies**

May 2021

<https://www.nd.gov/dhs/services/mentalhealth/biac/docs/required-optional-studies-2021-2022-interim.pdf>