

**North Dakota Brain Injury Advisory Council  
Videoconference (online)**

**April 11, 2022  
Special Meeting Minutes**

**BIAC Voting Members Present:** Nan Kennelly, Chair; Sarah Ring, Vice Chair; Sen. Howard Anderson; Sen. JoNell Bakke; Skipp Miller; Darcy Severson; Jessica Siefken; Rep. Clayton Fegley (Pending)

**BIAC Non-voting Members Present:** Denise Harvey, ND Protection & Advocacy, Secretary; Tami Conrad, NDDHS–Behavioral Health; Haley Lang, ND Dept. Public Instruction

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

**Facilitator:** Ann Crews Melton, Consensus Council

**Call to Order and Welcome:** Chair Nan Kennelly called the meeting to order at 12:01 PM CT and welcomed members and guests.

**Introductions.** BIAC members introduced themselves and were invited to share an experience from one year in their life: 1983, 2005, or 2013.

A member recommended the documentary [Time: The Kalief Browder Story](#) for its relevance to brain injury experience and advocacy.

Jill Ferrington presented on the **Definition of Brain Injury Terms, Overview and Purpose of Advisory Councils**, and **Council and State Plan Examples and Best Practices** (attached).

Members offered comments and questions during the presentation. Through her role at NASHIA, Jill will continue to work with the ND BIAC on council best practices and development of the North Dakota state plan over the next 15 months.

**Upcoming Meetings.** The next quarterly BIAC meeting is Friday, May 20, 1-4 PM CT. The next BIAC Special Meeting will be Monday, July 11, 12-1 PM CT via videoconference.

**Adjournment.** Nan adjourned the meeting at 1:00 PM CT.

Respectfully submitted,  
Ann Crews Melton  
Consensus Council

**ND Brain Injury Advisory Council  
Special Meeting**

**Monday, April 11, 2022  
12:00 PM – 1:00 PM CT  
Videoconference\***

**AGENDA**

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

**Introductions & Welcome**

Select one of three pennies: 1983, 2005, 2013. If you choose, share something of significance from that year in your life (in 1 minute or less)



**Definition of Brain Injury Terms:** Jill Ferrington, National Association of State Head Injury Administrators (NASHIA)

**Overview and Purpose of Advisory Councils:** Jill Ferrington

**Council and State Plan Examples and Best Practices:** Jill Ferrington

**Next Steps**

1:00 PM **Adjournment**

**Upcoming Meetings**

**BIAC Strategic Planning Subcmte:** April 18, 2022, 12:00 – 1:00 PM CT

**BIAC Quarterly Meeting:** May 20, 2022, 1:00 – 4:00 PM CT

**BIAC Special Meeting:** July 11, 2022, 12:00 – 1:00 PM CT

# Advisory Council

April 11, 2022

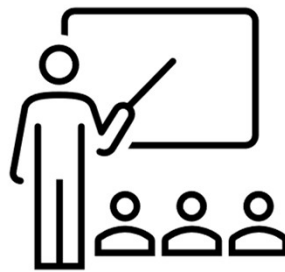
**Jill Ferrington**

Technical Assistance Consultant  
National Association of State Head Injury  
Administrators (NASHIA)

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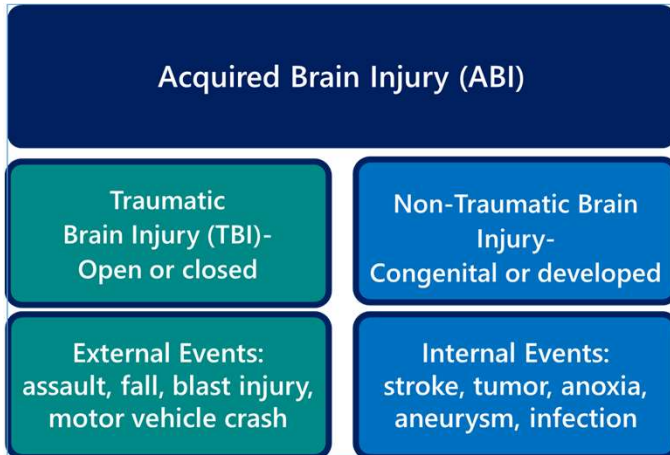
## Goals for Today:

- Gain a Common Understanding – Brain Injury Terms
- Overview and Review the Purpose of Advisory Councils
- Introduce the State Plan w/ Examples and Best Practices
- Anticipate What's Ahead



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# Brain Injury Defined



## North Dakota's Definition

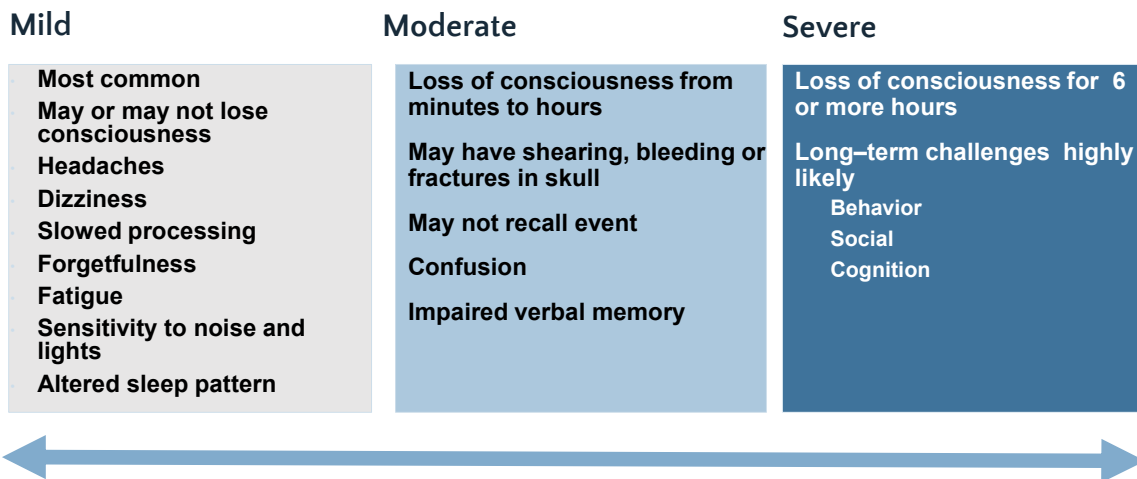
*"Brain injury means damage to the brain or the coverings of the brain which produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature."*

NDCC 50-06.4



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# Severity of TBI



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## Concussion = Mild Brain Injury

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- A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.
- Sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.
- Most mild brain injuries resolve, but concussions can be serious.



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## Multiple Mild Brain Injury

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- Repetitive mild traumatic brain injury
- mTBI, also known as concussion
- Associated with a range of long-term mood and cognitive deficits, including executive dysfunction
- Consider sport injuries, intimate partner violence

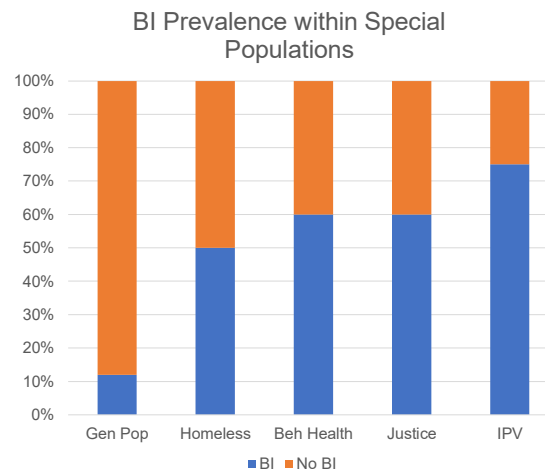


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## The Importance of Screening

### Special Populations

- Homelessness
- Behavior Health (Mental Health and Substance Use Disorder)
- Criminal and Juvenile Justice
- Survivors (Females) - Intimate Partner Violence (IPV)



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## Lifetime History of Brain Injury/Screens


- Standardized procedure for eliciting a person's lifetime history of TBI via a structured interview
- Example: the Ohio State University (OSU) Traumatic Brain Injury (TBI) Identification Method (OSU TBI-ID) is a 3-5 minute screening tool
- Screens have been adapted to examine non-traumatic brain injury (stroke, anoxia, etc.)



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## Brain Injury Impairments

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- Attention
  - Mental Flexibility
  - Physical
  - Organization
  - Memory Problems
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- Delayed Processing
  - Inhibition
  - Emotion
  - Language
  - Sleep



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## Resource Facilitation

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A process that involves identifying, navigating, and obtaining needed resources, services, and supports for individuals with TBI, their families, and their support networks.

Resource facilitators are brain injury specialists who provide customized assistance for navigating the services available to brain injury survivors and their families. Examples of support include:

- Respond to requests for assistance, information, resources, and referral.
- Provide information regarding state and local resources.
- Offer support for individuals, families, friends, professionals, caregivers and the general public.



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## Service Providers

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- Broad category
- Delivery of various services to people with brain injuries
  - Healthcare
  - Therapies
  - Counseling
  - Case Management
  - Vocational Rehabilitation Counseling
  - Etc.
- Service providers have their finger on the pulse of brain injury service needs and gaps.



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## Advisory Boards or Councils

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“A collection of individuals who bring unique knowledge and skills in order to more effectively guide an organization or initiative.”



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## Advisory Boards or Councils

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- Identify gaps and advise and make recommendations to the State on ways to improve services coordination regarding brain injury for:
  - people living with a brain injury
  - caregivers
  - family members
  - health care providers
  - community stakeholders
- Encourage citizen participation through the establishment of public hearings and other types of community outreach programs.
- Consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.”

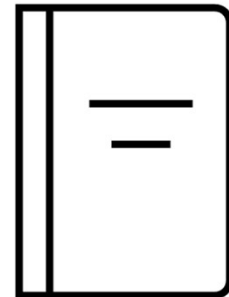


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## Bylaws

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- Bylaws are an organization’s written rules and serve as an internal affairs guidebook.
- They establish procedures for holding elections, organizing meetings, quorum requirements, membership structure, and other essential operations.
- They should serve as an organizational manual and guide.



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## Advisory Board Focus

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- Each BI advisory board determines its own scope and focus, but their common goal is to improve quality of life for citizens living with brain injury, their families, and supporters.
- It is the work of state BI Advisory Boards to develop goals and a **STATE PLAN** that reflect the needs of the state's TBI population.



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## State Plan

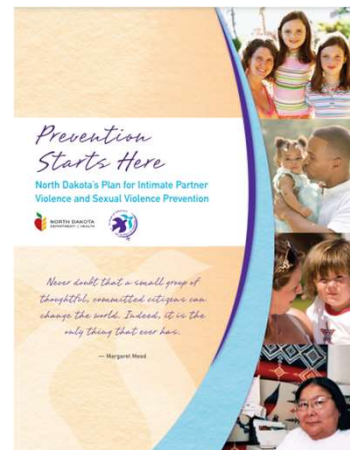
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- A strategic plan for the TBI efforts in the state
- A living document to guide the state in determining how best to improve the services and supports for all people living with TBI in their state
- State plan is intended to be a foundation for advancing their statewide systems of TBI services
- Person-centered and culturally responsive
- Goals and objectives



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## North Dakota State Plans



[http://www.ndhealth.gov/phsp/documents/SHIP\\_Plan.pdf?v=3](http://www.ndhealth.gov/phsp/documents/SHIP_Plan.pdf?v=3),  
<https://www.nd.gov/dhs/info/pubs/docs/aging/state-plan-on-aging.pdf>  
<https://vawnet.org/sites/default/files/assets/files/2016-10/NDPreventionStartsHere.pdf>



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## Needs Assessment

Survey process to:

- achieve a better understanding of whether individuals with TBI have been able to access services related to their brain injury
- understand what service gaps exist



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## Underserved Populations

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Underserved populations include:

- rural/ frontier communities
- victims of violence
- Individuals struggling with substance use disorder
- unhoused
- and those affected by co-occurring disorders.



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## Example – Goals and Objectives

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**Goal** -- Raise awareness about the incidence of traumatic brain injury related to sports/recreational injuries.

**Objective** -- Annually, increase the number of trainings delivered through the Concussion Speakers' Bureau by 10%.

**Goal** -- Increase the recognition of and support for people with unidentified brain injury in human services systems.

**Objective** -- Each State Plan year, a minimum of twenty new individuals and five service providers sites, including behavioral health service providers, will complete on-line training on brain injury screening.



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## Public Input

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The opportunity for citizens to provide opinions respecting an issue under consideration by a committee.

### Examples:

- Town Halls
- Surveys
- Interviews
- Written comments



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## ND Brain Injury Advisory Council Timeline

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## Best Practices

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- Structured Orientation Processes
- Mentorship
- Full Participation Guidelines
- Lived Experience Member Collaborations – state and national



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## The Influence of Advisory Boards

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Advisory Boards have been successfully advocated for:

- Brain Injury Waivers
- Expanded brain injury definitions
- Return to Learn, Return to Play, Helmet, and Concussion laws
- Funding



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## RESOURCES

Frost R.B., Farrer T.J., Primosch M., Hedges D.W. (2013). Prevalence of traumatic brain injury in the general adult population: a meta-analysis. *Neuroepidemiology*. 2013; 40: 154-159

Gould, K. R., Ponsford, J. L., Johnston, L., & Schönberger, M. (2011). The nature, frequency and course of psychiatric disorders in the first year after traumatic brain injury: A prospective study. *Psychological Medicine*, 41(10), 2099–2109. <https://doi.org/10.1017/S003329171100033X>

Shiroma, E.J., Ferguson, P.L., and Pickelsimer, E. (2012). Prevalence of traumatic brain injury in an offender population: a meta-analysis. *J Head Trauma Rehabilitation*, 2012 May–Jun;27(3):E1–10.

Stubbs J.L., Thornton A.E., Sevick J.M., et al. Traumatic brain injury in homeless and marginally housed individuals: A systematic review and meta-analysis [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30188-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30188-4/fulltext). *Lancet Public Health* 2019: Epub 2019 Dec 2.

Taylor, L. A., Kreutzer, J. S., Demm, S. R., & Meade, M. A. (2003). Traumatic brain injury and substance abuse: A review and analysis of the literature. *Neuropsychological Rehabilitation*, 13(1–2), 165–188. <https://doi.org/10.1080/09602010244000336>

Valera, E. M., Cao, A., Pasternak, O., Shenton, M. E., Kubicki, M., Makris, N., & Adra, N. (2018). White matter correlates of mild traumatic brain injuries in women subjected to intimate partner violence: A preliminary study. *Journal of Neurotrauma*, 36, 661–668. doi:10.1089/neu.2018.5734



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## Q&A and Wrap Up



### Board Development and State Plan input and Progress Check-ins

- BIAC Special Meetings
  - Monday, July 11, noon-1pm Central
  - Monday, October 17, noon-1pm Central
  - Additional dates in 2023
- Opportunity to join BIAC Strategic Planning Sub-Committee



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