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**Traumatic Brain Injury Advisory Committee Membership** 16
Annual Report Executive Summary

The purpose of the Traumatic Brain Injury (TBI) Advisory Committee is to provide recommendations to the Commissioner of the Department of Human Services on program development and concerns regarding the health and human service needs of persons with traumatic brain injury. In addition, the TBI Advisory Committee was designated by Governor Carlson in 1997, as the Statewide TBI Advisory Council and for purposes of the State TBI Grants funded by the federal Health Resources and Services Administration (HRSA) as designated through the TBI Act of 1996. In this capacity, the TBI Advisory Committee is assigned the following activities:

- Partner with other statewide advisory committees to represent brain injury issues
- Reduce disparities in funding and services
- Contribute expertise to DHS

The TBI Advisory Committee operates with a Steering Committee and three subcommittees, specifically referenced as the Service Needs, the Legislative/DHS Policy, and Implementation Grant subcommittees.

The Service Needs subcommittee addresses issues of direct concern to survivors, family members, caregivers, and TBI professionals. It examines current topics and explored the potential for future program and service improvements. It communicates and coordinates with the Legislative/DHS Policy subcommittee regarding issues of policy that arise through the legislative and administrative process. Through the subcommittee’s work this past year, members were educated about employment services. The subcommittee members also returned to the issue of the needs of children and parents with brain injury.

The Legislative/DHS Policy subcommittee educates DHS departments about issues affecting individuals with TBI and identifies key issues for legislative action and DHS policy change. This past year, subcommittee members returned to the issue of data regarding individuals with TBI. The subcommittee also addressed many issues related to housing, including access, availability, and utilization of home and community based housing services.

The Implementation Grant subcommittee monitors progress on the State TBI Grants funded by the federal Health Resources and Services Administration. Through the subcommittee’s work this past year, members received reports from the Disability Services Division Liaison working with the grant. The subcommittee also identified issues to be address by the DHS Gaps Analysis and the TBI Needs and Resource Assessment.
Recommendations made to the commissioner within this report include:

- TBI Advisory Committee Input
- Meeting the Needs of Children and Parents with Brain Injury
- Meeting the Needs of Individuals with Brain Injury and Employment
- Enhancing Awareness of Housing Options across the Continuum
- Expansion of Housing Options
- Enhancing the Consistency of Application of the Rules of Home and Community Based Services
- Efficiency of Placement for Individuals with Challenging Behaviors and/or Medical Issues
- Expansion of Community Support Services for TBI
- Follow Up Recommendations Regarding Data Related to Individuals with Brain Injury
- Continued DHS Support of TBI Implementation Partnership Grants

This committee and its members continued to collaborate with the Department and its staff on matters of importance during the past year. The committee recognizes financial and political challenges and appreciates work the Department does to manage priorities and resources. Please distribute this report widely and encourage staff members and other interested parties to visit the DHS TBI Advisory Committee webpage for further information.
Accomplishments

The following is a list of accomplishments and work groups to which the DHS Traumatic Brain Injury (TBI) Advisory Committee has committed its time and energy during this past year:

A. Provided the DHS Brain Injury Workgroup with support and guidance to focus on identified priorities.
B. Continued to foster a relationship with DHS Direct Care and Treatment through quarterly data reporting and feedback.
C. Increased awareness about TBI and related resources and support services for military and veterans organizations.
D. Received requests from DHS internal committees and work groups for TBI Advisory Committee members to participate on those committees.
E. Supported continuation of the TBI Advisory Committee in legislation until 2018.
F. Participated in and advised the following groups:
   - Disability Waiver Rate System Workgroup
   - Home and Community Based Services Partner Panel
   - BI Interagency Leadership Council (BI ILC)
   - Stakeholder Committee for Seniors and People with Disabilities in Managed Care
   - Integrated Dual Disorders Treatment Workgroup
   - State Quality Assurance Council
   - Home and Community-Based Services Report Card Project
   - Stakeholder Meeting MN’s Personal Health Record for Long Term Services and Supports Demonstration
   - DHS Transition and Compliance Plan Development Process Advisory Group
   - Monitoring Technology Advisory Group
Recommendations

Topic 1: TBI Advisory Committee Input

Recommendations to DHS:

A. Designate a representative from the DHS Adult Mental Health Division to serve as an ex-officio member of the TBI Advisory Committee.

B. Continue to report through members of the DHS Brain Injury Workgroup about brain injury related activities at Full Advisory Committee meetings.

C. Provide a written response, through the DHS Brain Injury Workgroup, to all TBI Advisory Committee recommendations in this Annual Report by December. Specifically, the TBI Advisory Committee requests a detailed response to every point raised in each recommendation, including the likelihood of and timeline for accomplishing each element of the recommendations.

D. Seek input from TBI Advisory Committee regarding current DHS programs and initiatives on an ongoing basis.

Strategies/Supporting Evidence:

- DHS Mary Enge and Erwin Concepcion reported discussions and activities of DHS Brain Injury Workgroup at Sub-Committee and Full Committee meetings.
- Committee members received feedback from DHS in a rough draft in December and final draft in February.
Topic 2: Meeting the Needs of Children and Parents with Brain Injury

Recommendations to DHS:

A. Continue the partnership between the DHS Brain Injury Workgroup and the TBI Advisory Committee by sharing DHS Brain Injury Workgroup and Ex-Officio updates on the following recommendations:

1. Enhance the Child Welfare Foundation (CWFT) and the Supervisor’s websites by adding training on brain injury identification.

2. Require the State of Michigan Brain Injury Webinar series as mandatory training for all child protection professionals.

3. Include the HELPS Brain Injury screening tool in all Child Protection and Child Welfare assessments for all household members.

4. Determine what tools, other than the HELPS screen, are currently being used to screen for brain injury by DHS.

5. Quantify brain injury incidence in the child protection database.

6. Forward collected HELPS Brain Injury Screening tool data to the DHS Brain Injury Workgroup for analysis and share results with the TBI Advisory Committee quarterly.

Strategies/Supportive Evidence:

- Committee members received feedback from DHS in a rough draft in December and final draft in February.

- Committee members had on-going discussion and feedback with the DHS Brain Injury Workgroup regarding progress on recommendations.

- Marvin Davis from DHS Children and Family Services Administration Child Safety and Permanency Division joined the DHS Brain Injury Workgroup.
Topic 3: Meeting the Needs of Individuals with Brain Injury and Employment

Recommendations to DHS:

A. Assure that DHS contract and partner with MinnesotaHelp.info and Disability Linkage Line, to support employment opportunities and resources for persons with brain injury.

B. Work with the TBI Advisory Committee to simplify the navigation of MinnesotaHelp.info for individuals with brain injury and the general public so they can find resources when using commonly used phrases (brain injury, concussion, and head injury).

C. Appoint a representative of DHS who has expertise in employment to serve on the DHS Brain Injury Workgroup.

Strategies/Supporting Evidence:

- On October 10, 2013, John Irwin from Opportunity Partners and TBI Metro services discussed the three types of programming for individuals with brain injuries and reviewed eligibility, funding needs, admission criteria and supports offered.

- On November 14, 2013, Joan Distler from Rise Inc., discussed Rise’s two major employment programs and reviewed eligibility, funding needs, admission criteria, types of jobs and supports offered.

- On December 12, 2013, Alyssa Klein from the Department of Employment and Economic Development (DEED), discussed the structure of the DHS and DEED/Vocational Rehabilitation (VR) systems. She reviewed the pairing of VR with workforce centers. She also reviewed the VR screening process, eligibility and admission criteria and the menu of services that are offered.

- Committee members reviewed the MinnesotaHelp.info website to identify available resources for individuals with disabilities, unemployment supports and jobs, individuals who are homeless, veterans and adults, family and children.
Topic 4: Enhancing Awareness of Housing Options across the Continuum

Recommendations to DHS:

A. Assure that the DHS contract and partner with MinnesotaHelp.info and Disability Linkage Line, to support housing opportunities and resources for persons with brain injury.

B. Work with the TBI Advisory Committee to simplify the navigation of MinnesotaHelp.info for individuals with brain injury and the general public so they can easily find housing resources when using commonly used phrases.

C. Promote greater awareness and use of the MinnesotaHelp.info resource across all TBI service lines, including county case managers, resource facilitation workers, hospital and nursing home social workers and discharge planners, relocation support workers, disability support organizations, ARC, care coordinators, independent living centers, agency providers, etc.

Strategies/Supporting Evidence:

- The MinnesotaHelp.info website provides a detailed list of housing options and support services available, and this has been identified by the Legislative / DHS Policy Subcommittee as high need (September 12, 2013 and October 10, 2013). However, there appears to be little awareness among TBI oriented service lines that this resource exists, and the site is quite overwhelming.

Topic 5: Expansion of Housing Options

Recommendations to DHS:

A. Support, in accordance with the Olmstead plan, an option for assisted living for persons on waivers under age 55.

B. Support the Waiver Amendment related to the transition plan for the implementation of the new federal definition of home and community based settings. This would align the definition of home and community based settings under the Waiver with the federal definition. Waiver Amendments are required by CMS by March 17, 2015.

Strategies/Supporting Evidence:

- The Legislative / DHS Policy Subcommittee discussed this issue or components of it on October 10, 2013, and February 13, 2014.

- The subcommittee was updated by and discussed housing options with Heidi Hamilton, Legislative Lead for the Disability Services Division, on February 13, 2014.
Topic 6: Enhancing the Consistency of Application of the Rules of Home and Community-Based Services

Recommendations:

A. Clarify rules and apply methodology to ensure consistent availability, qualification, authorization and utilization of home and community based services across counties.

B. Facilitate equality of consideration for placement in each county regardless of county of origin. Host county concurrence requirements have been officially eliminated, but placing individuals from outside a host county is met with negative repercussions to housing providers by county workers, repercussions such as withholding referrals to that provider when they accept an out-of-county person over an in-county person. Obtain and track information from housing providers to ultimately demonstrate that delay in placement in each county, based on person served county of origin, has been eliminated.

C. Track the time frame from first service inquiry made to each county to the time of service delivery by each county. Analyze trends and intervene as needed to improve efficiency.

D. Provide additional training to assessors and case managers regarding the appropriate use of the BI waiver (NF and NB levels of care) for individuals who have specific needs related to their brain injuries.

E. Modify MnCHOICES to more adequately address the specific deficits, especially cognitive deficits, related to brain injury (e.g., an individual may be able to dress, but chooses clothing inappropriate to the weather). We suggest adding a question in each section, such as, “Does the person have difficulties in this area not captured by the preceding questions?”

Strategies/Supporting Evidence:

- The Legislative / DHS Policy Subcommittee discussed this issue or components of it on December 12, 2013, April 17, 2014, and May 9, 2014.
Topic 7: Efficiency of Placement for Individuals with Challenging Behaviors and/or Medical Issues

Recommendations:

A. Implement funding apart from MA and waivers to provide temporary payment for transition between hospitalization and community housing placements until longer term funding is authorized.

B. Mandate tracking of housing providers’ movement of individuals into more integrated settings, and that DHS develop an incentive, such as a publicly accessible “score card” that reflects this movement. This movement would create openings in settings appropriate for challenging individuals, and is in accordance with the Olmstead plan to facilitate having individuals residing in the most integrated setting.

Strategies/Supporting Evidence:

- The Legislative / DHS Policy Subcommittee discussed this issue or components of it on September 12, 2013, October 10, 2013, January 9, 2014, April 17, 2014 and May 9, 2014.

- Housing and placement barriers were identified as most prevalent for individuals with significant behaviors and/or challenging medical issues in the September 12, 2013 subcommittee meeting. High cost is incurred when individuals have prolonged hospitalization due to lack of immediate discharge options. Cost is reflected in both financial terms and in re-emergence of behavioral issues due to extended hospitalization.
Topic 8: Expansion of Community

Support Services for TBI, recommendations:

A. Expand the Direct Care and Treatment’s Community Support Services (CSS) to integrate CSS with TBI services in order to enhance support for individuals with TBI and challenging behaviors. This requires development of TBI specific criteria for entry into CSS such that a diagnosis of brain injury, in the absence of other mental health diagnosis, is sufficient to qualify for support.

B. Mandate and provide brain injury education and training for staff members of the CSS team.

C. Mandate the presence of at least one Certified Brain Injury Specialist staff member on the CSS team.

D. Disseminate information regarding CSS so providers are aware these services are available for eligible clients.

Strategies/Supporting Evidence:

- The Legislative / DHS Policy Subcommittee discussed this issue or components of it on October 10, 2013, November 14, 2013, December 12, 2013, and March 13, 2014.

- Guest speaker Steven Dahl of Community Support Services presented an overview of the current system to the subcommittee October 10, 2013.
Topic 9: Follow Up Recommendations Regarding Data Related to Individuals with Brain Injury

Recommendations:

A. Continue to report quarterly on brain injury screening information collected at Minnesota Specialty Health System and other Direct Care and Treatment facilities that serve individuals with brain injuries.

B. Provide TBI Advisory Committee with summarized data:

1. Integrated from Minnesota Department of Health TBI Registry data and DHS Medical Assistance data.

2. Collected on waiver utilization by individuals with brain injury.

Strategies/Supporting Evidence:

- Committee members received feedback from DHS in a rough draft in December and final draft in February.

- Committee members had on-going discussion and feedback with the DHS Brain Injury Workgroup regarding progress on recommendations.

- Requested data from the Alcohol and Drug Abuse Division and data collected on individuals enrolled in Special Needs Basic Care are available / accessible.
**Topic 10: Continued DHS Support of TBI Implementation Partnership Grants**

**Recommendations:**

A. Involve the TBI Advisory Committee in developing brain injury questions and processes to be added to the DHS 2014-15 Gaps Analysis.

B. Consult the TBI Advisory Committee in planning and implementing the 2014-2015 Brain Injury Needs and Resource Assessment to complement the DHS Gaps Analysis.

C. Continue to partner with the Minnesota Department of Corrections to develop policies, strategies, and services to improve supports for offenders with brain injuries returning to the community.

D. Pursue future Health Resources & Services Administration (HRSA) TBI Grants to support Minnesotans with brain injuries.

**Strategies/Supporting Evidence:**

- The TBI Advisory Committee meets the required membership and role of overseeing grants funded by the Federal TBI Program at the Department of Health and Human Service Health Resources and Services Administration as designated through the Federal TBI Act. A State TBI Advisory Council and a designated lead State agency are among the four core components required of states and their TBI infrastructure to provide for eligibility for federal TBI Implementation Partnership Grants.

- Mary Enge from the Department of Human Services updated the Implementation Grant Implementation Subcommittee about the status of the grant, the Needs and Resource Assessment and DHS Gaps Analysis.

- On November 14, 2013, Jennifer Strei from DHS presented about the DHS Gaps Analysis.
## Department of Human Services
## Traumatic Brain Injury Advisory Committee Membership

### July 2013-June 2014

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Term extended to 2014 to fill Past Chair Position | Dungarvin Minnesota, LLC  
1444 Northland Dr  
Mendota Heights, MN  
55120-4116 | Work: (651) 699-6050 ext.  
5620  
Fax: (651) 699-7265  
dsmith@dungarvin.com | Past Chair, - Full Committee, Steering Committee, Service Needs | |
<table>
<thead>
<tr>
<th>Name/Term</th>
<th>Address</th>
<th>Phone Number/E-Mail</th>
<th>Subcommittee(s)</th>
<th>Additional Committees / Work Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bonnie Stone</strong></td>
<td>6257 Panama Ave. N. Stillwater, MN 55082</td>
<td>Cell: (651) 283-1217 <a href="mailto:bonpstone@gmail.com">bonpstone@gmail.com</a></td>
<td>Service Needs</td>
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<td>Family Member</td>
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<td>1st Term July 2012-June 2014</td>
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<tr>
<td><strong>Manfred Tatzmann</strong></td>
<td>5615 100th Lane N. Brooklyn Park, MN 55443</td>
<td>Cell: (612)719-2853 <a href="mailto:Tatzmann.mma@gmail.com">Tatzmann.mma@gmail.com</a></td>
<td>Steering Committee, Sub-Committee Co-Chair - Service Needs, Grant Implementation</td>
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<tr>
<td>Person w/brain injury</td>
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<tr>
<td><strong>Tara Watson</strong></td>
<td>630 Florence Ave. P. O. Box 890 Owatonna, MN 55060</td>
<td>Work: (507) 444-7533 Fax: (507) 451-5947 Home: (507) 456-8210 <a href="mailto:tara.watson@co.steele.mn.us">tara.watson@co.steele.mn.us</a></td>
<td>Legislative/DHS Policy</td>
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<td>County Case Manager</td>
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<tr>
<td><strong>Pat Winick</strong></td>
<td>3456 17th Ave. S. Minneapolis, MN 55407-2310</td>
<td>Cell: (612) 991-7509 Home: (612)722-4049 <a href="mailto:patwinick@me.com">patwinick@me.com</a></td>
<td>Steering Committee, Service Needs</td>
<td>State Quality Assurance Council</td>
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<tr>
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<tr>
<td><strong>Lori Wirtzfeld</strong></td>
<td>700 10th Ave. N. #102 Sartell, MN 56377</td>
<td>Work: (320) 259-6022 Fax: (320) 259-6076 Home: (320) 656-7724 <a href="mailto:lori.wirtzfeld@themementornetworkwork.com">lori.wirtzfeld@themementornetworkwork.com</a></td>
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## Contributing associates

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<tr>
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<tr>
<td>Erwin Concepcion</td>
<td>MN Dept. of Human Services Direct Care and Treatment Anoka Metro Regional Treatment Center 3301 7th Ave. N. Anoka, MN 55303</td>
<td>651-431-5009  <a href="mailto:erwin.concepcion@state.mn.us">erwin.concepcion@state.mn.us</a></td>
<td>Legislative/DHS Policy</td>
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<tr>
<td>Gail Lundeen</td>
<td>MN Dept. of Employment and Economic Development Rehabilitation Services 390 North Robert St., 1st Floor St. Paul, MN 55101</td>
<td>Work: (651) 259-7364 <a href="mailto:gail.lundeen@state.mn.us">gail.lundeen@state.mn.us</a></td>
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<tr>
<td>Tamara Paulson</td>
<td>VA Medical Center 1 Veterans Drive Minneapolis, MN</td>
<td>Work: (612) 467-3815 <a href="mailto:tamara.paulson@va.gov">tamara.paulson@va.gov</a></td>
<td>Service Needs</td>
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</tr>
<tr>
<td>Barb Sisco</td>
<td>MN Dept of Education Special Education Division 1500 Highway 36 West Roseville, MN 55113</td>
<td>Work: (651) 582-8226 <a href="mailto:Barbara.sisco@state.mn.us">Barbara.sisco@state.mn.us</a></td>
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<tr>
<td>Mark Kinde</td>
<td>MN Dept of Health Injury &amp; Violence Prevention PO Box 64882 St. Paul, MN 55164-0882</td>
<td>Work: (651) 201-5447 Fax: (651) 201-5800 <a href="mailto:Mark.Kinde@state.mn.us">Mark.Kinde@state.mn.us</a></td>
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<tr>
<td>Mary Enge DHS/DSD Staff</td>
<td>MN Dept of Human Services Disability Services Division 6440 Dewey Lake Road Chisholm, MN 55719</td>
<td>Work: (218) 254-1305 Fax: (218) 254-1306 <a href="mailto:Mary.Enge@state.mn.us">Mary.Enge@state.mn.us</a></td>
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<tr>
<td>Ruthie Dallas Ex-officio</td>
<td>MN Dept of Human Services Alcohol and Drug Abuse Division PO Box 64977 St. Paul, MN 55164-0977</td>
<td>Work: (651) 431-2465 Fax: (651) 431-7449 <a href="mailto:ruthie.dallas@state.mn.us">ruthie.dallas@state.mn.us</a></td>
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