

# 2015 -16 Annual Report

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of the  
DHS Traumatic Brain Injury Advisory Committee

June 09, 2016

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## **ACKNOWLEDGMENT**

*It is with deep appreciation that the DHS TBI Advisory Committee recognizes the work carried out by Mary Enge, who retired in the spring of 2016 after serving the disability community of Minnesota, and the Department of Human Services in particular, for over twenty-six years. Mary also served as primary Liaison between the Federal HRSA program that provided the grant funds for Minnesota DHS TBI activities and DHS. Mary was the guiding light for many TBI efforts that supported the work of the TBI Advisory Committee over the years. Her dedication, experience, and knowledge will be missed.*

### **DHS TBI Advisory Committee Leadership**

Manfred Tatzmann, Chairman

Jerrod Brown, Secretary and Vice Chair

Susan Olson, Service Needs Subcommittee Co-Chair

Bonnie Markham, Service Needs Subcommittee Co-Chair

Jodi Greenstein, Legislative & DHS Policy Subcommittee Co-Chair

Dana Sigrist, Legislative & DHS Policy Subcommittee Co-Chair

## **PURPOSE**

*The purpose of the Traumatic Brain Injury 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*

## **LEGAL AUTHORITY**

### **MINNESOTA**

#### **Minnesota Statutes, 256B.093 – 2013, Services for Persons with Traumatic Brain Injuries.**

Subdivision 1. State traumatic brain injury program. The commissioner of human services shall:

- (1) maintain a statewide traumatic brain injury program;
- (2) supervise and coordinate services and policies for persons with traumatic brain injuries;
- (3) contract with qualified agencies or employ staff to provide statewide administrative case management and consultation;
- (4) maintain an advisory committee to provide recommendations in reports to the Commissioner regarding program and service needs of persons with brain injuries;
- (5) investigate the need for the development of rules or statutes for the brain injury;
- (6) investigate present and potential models of service coordination, which can be delivered at the local level;
- (7) the advisory committee, required by clause (4), must consist of no fewer than ten members and no more than 30 members. The commissioner shall appoint all advisory committee members to one- or two-year terms and appoint one member as chair.

### **FEDERAL**

Governor Arne H. Carlson, Sr., designated the DHS TBI Advisory Committee in 1997, as the Statewide TBI Advisory Council and DHS as the lead state agency for purposes the State TBI Grants funded by the federal Health Resources and Services Administration (HRSA) as designated through the federal TBI Act of 1996 (Public Law 104-166). A State TBI Advisory Council and lead agency are among the core requirements of state TBI infrastructure.

## **EXECUTIVE SUMMARY**

### **July 2015 - June 2016**

The 2015-16 year started with the addition of eleven new members, of which five are survivors or family members. Of the remaining six, for the first time, TAC added two representatives from county social service offices, an important constituency in the provider spectrum. We also filled out other key provider areas by adding individuals representing athletic trainers, physical therapists, and an Emergency Room physician. These individuals, along with existing members, bolster the TBI Advisory Committee ability to carry out its mission.

TAC played a key role in the state's legislatively mandated bi-annual Gaps Analysis Study. Utilizing freed up federal Health Resources and Services Agency (HRSA) grant funds, TAC worked with the Wilder Research Foundation to include a number of questions about brain injury in the Gaps survey. The report was completed in March 2015 and is available at <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-7301L-ENG>

While key findings will be described later in this report, the needs or gaps in specific services include:

- In 2014, approximately 12,300 people were hospitalized or treated in an emergency department with traumatic brain injury.
- The leading causes of these TBI's were falls (41%), and sports/recreation (23%).
- There is a need for additional training and education for professionals who work with people with brain injuries.
- Focus group and interview participants commonly expressed that services were not an appropriate fit or were not flexible.
- A common concern was that services were not accessible enough.
- County and tribal representatives, and services providers, commonly ranked respite care services among the services with the largest or most significant shortages.
- County and tribal representatives and service providers indicated that non-medical transportation was among the top service gap faced by people with disabilities, including those with brain injuries.

A Data Subcommittee was created in recognition of the multiple data sources currently available about brain injury in Minnesota, yet no formal mechanism is currently in place to examine what this information means. The Data Subcommittee can help to create a picture of TBI in Minnesota, and assist DHS in preparing for potential new Federal funding. Major available data sources include the Department of Corrections TBI Assessment & Screening Model, the 2015 MN Statewide Needs and Resource Assessment; resources, like the All Payer Claims Data, created by

the Department of Health Epidemiology staff; the School Nurse's Survey, Minnesota Hospital Association Data, and the Hospital Registry data.

The TBI Advisory Committee again this year was very engaged and active. As in previous years, TAC members provide over eight-hundred hours of committee work, not including participation in the following:

- A. Provided the DHS Brain Injury Workgroup with support and assistance by focusing on identified brain injury priorities.
- B. Developed brain injury awareness materials intended to be used and seen by professionals who work for the State of MN, in addition to other human services professionals, and the public, as they visit state office buildings.
- C. Responded to requests from DHS internal committees to have TBI Advisory Committee members participate on committees or work groups, such as:
  - Olmstead Committee.
  - Home and Community Based Services Partner Panel.
  - Summit on Employment for People with Disabilities.
  - BI Interagency Leadership Council (BILC).
  - Stakeholder Committee for Seniors and People with Disabilities in Managed Care.
  - Gaps Analysis workgroup and 2015 MN Statewide Needs and Resource Assessment process.
  - Home and Community-Based Services Report Card Project.
  - Stakeholder Meeting MN's Personal Health Record for Long Term Services and Supports Demonstration.

On a monthly basis, TAC members received information from topic experts who share information related to current issues and help to guide the decision process regarding recommendations for this report. Topic experts contributed to the substantial resources and experience available within the membership.

The TBI Advisory Committee would like to express its gratitude for the commitment and support Andrea Staley, DHS Liaison, has provided to all of the committee efforts this year. The TBI Advisory Committee members value the continuing collaboration with other Departments and DHS staff on matters of mutual importance.

Finally, although we recognize the complexity of gathering responses to the report's recommendations, we respectfully request a formal response from DHS by the end of this year

so that we, and DHS, can move forward on implementation activities; with an interim report expected no later than the October 2016 TBI Advisory Committee meeting

The TBI Advisory Committee operates with a Steering Committee and three subcommittees, specifically referenced as the Service Needs, the Legislative/DHS Policy, and Data subcommittees. The three subcommittees communicate and coordinate their respective efforts with each other and the full TBI Advisory Committee (TAC).

- The Service Needs subcommittee addresses issues of direct concern to survivors, family members, caregivers, and TBI professionals.
- The Legislative/DHS Policy subcommittee identifies key issues for legislative action and DHS policy change.
- The Data subcommittee examines statewide data gathering efforts by DHS, the Department of Health, other state agencies, or entities with which the TBI Advisory Committee may collaborate.

Essential recommendations made to the Commissioner in this report are:

## **SERVICES**

The TBI Advisory Committee Service Needs Subcommittee recommendations are:

Recommendation #1: How to meet the needs of individuals with brain injury through education for targeted DHS staff.

Recommendation #2: How to meet the needs of individuals with brain injury through state office interagency collaboration.

Recommendation #3: How to meet the needs of children and their parents who have brain injury.

## **LEGISLATIVE & DHS POLICY**

The TBI Advisory Committee Legislative/DHS Policy Subcommittee recommendations are:

Recommendation #1: How to meet the needs of individuals with brain injury by creating a designated position within the MN Department of Human Services to support the Traumatic Brain Injury Advisory Committee and the Department.

Recommendation #2: How to meet the needs of individuals with brain injury by providing funding for guardianship petitions for designated persons with brain injury who are on Medical Assistance.

Recommendation #3: How to meet the needs of individuals with brain injury currently residing in Residential Care Services at risk of displacement.

Please distribute this report widely and encourage staff members and other interested parties to visit the DHS TBI Advisory Committee webpage:

<http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/contact-us/tbi-advisory.jsp>



## GOALS FOR 2016 -17

In the upcoming fiscal year, the Traumatic Brain Injury Advisory Committee will address the following:

- a) Review DHS responses to the recommendations included in this report.
- b) Complete, as necessary, unfinished work from previous recommendations.
- c) Reach out to other advocacy or statewide organizations that have a mutual interest in or serve persons with brain injury.
- d) Continue to build and strengthen the relationships with DHS and other state agency partners.
- e) Continue to engage TAC members in other workgroups and committees to open up channels of communication and education about brain injury.
- f) Work with the Brain Injury Interagency Leadership Council, Department of Health, and others, to collect and analyze data regarding the incidence and prevalence of brain injury in Minnesota.
- g) Use data gathered from the above, to provide recommendations regarding policy changes or filling gaps in services; and to develop the tools and processes necessary to apply for any subsequent HRSA Grant or other funding sources.
- h) Continue to advocate and educate, individually and collectively, on behalf of individuals who have sustained a brain injury and their families.

In addition to the above goals, the TBI Advisory Committee will make a concerted effort to look at needs of several underserved and/or under-recognized groups with brain injury, specifically American Indians, who are known to have higher incidence rates of TBI than other populations; victims of domestic violence; and parents with brain injury who experience difficulties parenting after injury. Other populations who may receive further attention are students returning to school, and individuals intersecting with the judicial system, either upon entry or after return from incarceration.

*“My TBI has affected not just my life, but my children's lives as well. My children have had no resources to turn to on how my TBI might affect them or how to cope. Our relationship has been a struggle. There are no support groups for children. Children can't receive a counselor's help unless they have a diagnosis. There are times when I ask a question more than once, and they feel I don't care or am not interested in their life. Seven years later, they are just now beginning to understand. To me, that is seven years too late. We have to do better for children who have a parent with a Traumatic Brain Injury.” –  
Parent & TBI Advisory Committee member.*

## KEY ELEMENTS FROM THE 2015 NEEDS AND RESOURCE ASSESSMENT

The TBI Advisory Committee (TAC), became engaged with the DHS Gaps analysis and Wilder Research after it was realized that a portion of the funds allocated by HRSA in 2011 as part of the Department of Corrections TBI Survey\* process were remaining. HRSA provided approval for the use of these funds to assist Minnesota to update its TBI needs and resource assessment. Rather than conduct its own research, DHS and TAC agreed to include questions about brain injury into the bi-annual GAPS assessment. Members of the Grant Subcommittee, including former, TAC Chair, Susan McGuigan, and Mary Enge, from DHS, and others, began working with staff from Wilder Research in late 2014 to assemble the questions. Throughout 2015, Mary Enge oversaw the process on behalf of DHS and TAC to completion. She and Manfred Tatzmann, current TAC Chair, worked with Wilder to complete the report in early 2016.

The survey included focus groups of brain injury survivors, interviews with injury individual survivors, caregivers, service providers, county and tribal representatives, and interviews with key brain injury stakeholders.

The Needs and Resource Assessment is a snapshot into the array of services for persons with brain injury in Minnesota. As with almost any study, time and resources limited the results that could be obtained. Nevertheless, this assessment is a start toward what should become a larger analysis of who are the individuals with brain injury in Minnesota.

While this assessment focused primarily on services, it is important to understand the scope of the TBI problem in Minnesota, as demonstrated by data published by the Minnesota Department of Health:

- During 2014 a TBI was sustained by 43,247 people in Minnesota. Among those injured, 744 (13.7 per 100,000) died where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions.
- Another 4,623 (85.3 per 100,000), were hospitalized with a TBI alone or in combination with other injuries or conditions, and an additional 37,026 (683.1 per 100,000) were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions.
- An unknown number of individuals sustained injuries and were treated in other settings or went untreated.
- 2014 also saw Unintentional Falls take over Firearm as the leading cause of injury among those who died where TBI was reported as a cause of death on the death certificate alone

or in combination with other injuries or conditions. Firearm was not far behind and, more significantly, 93% of firearm-related TBI deaths were self-inflicted.

- Unintentional Falls were also the leading cause of injury among those who were hospitalized and among those who were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions.

In addition to the data from the Department of Health, the Needs and Resource Assessment identified that:

- Some populations are considered to be at especially high risk of brain injury. They include but are not limited to:
  - People experiencing homelessness
  - Incarcerated people
  - Military personnel or veterans
  - American Indians
- Rates of significant mental illness, chronic health conditions, and substance abuse were found to be especially high among homeless adults who have had a TBI.

When it came to services, the report identified gaps in services as well as things that were working well. For example:

- Many people with brain injuries had positive things to say about how their services and supports affect their quality of life and expressed appreciation and gratitude for what they were receiving.
- When people with brain injuries were asked about their agreement with a series of statements about their housing choices, the majority felt they could:
  - Choose where they live (57%)
  - Choose whom they live with (51%)
  - Get the help they need to stay in or maintain the place where they want to live (57%)
- Nearly half (47%) agreed that they had more than one choice of places to live when they were making their housing decision.

On the other hand, the assessment identified that disparity exists between the availability of services, professionals, information, and education about brain injury in Greater Minnesota versus the Metro area.

When it came to actual services, a number of gaps were identified. Some significant areas of concerns are:

- The most common barriers to accessing most needed services among persons with brain injuries were:
  - 29% I cannot afford it (high co-pays; no sliding fee)
  - 25% it is too hard to get it (lack of time, confusing process)
  - 22% it is not available near me
  - 19% there is a long waiting list for it
  - 14% I am not eligible for it
- How easy it is for persons with brain injuries to access their most valuable services?
  - 29% said they could not afford accessing the service they needed most.
  - 39% difficulty accessing services
  - 38% somewhat easy accessing services
  - 22% very easy accessing services
  - 1% don't know, not sure

Brain injury impact on difficulty of caring for children of persons with brain injuries

- 59% a lot more difficult
  - 14% a little more difficult
  - 20% no, not more difficult
  - 7% don't know
- Focus group and interview participants commonly expressed that services were not an appropriate fit or were not flexible.
    - *"It feels like the approach is everybody fits this little category. You have a brain injury...therefore you fit into this group of people with cognitive disabilities. These are the services we are going to provide, and this is the direction we are going to encourage you to go. It just doesn't fit well. They just don't know what to do with people with a brain injury."*
    - *"It's not an additional service, but I would like to see a little more flexibility in the services."*
  - A common concern was that services were not accessible enough.
    - *"Allowing me to make choices about my care and services instead of "bundling" services so I can only get certain services along with other services or only get services from specific providers."*
    - *"Difficulty making immediate appointments--usually have to book months in advance."*
    - *"A lot of the burden falls on parents to fill in the Gaps in their child's care when it is needed. Transportation, housing, appointments, arranging medical care, finances, etc. Services don't necessarily meet all the needs in these areas."*

- County and tribal representatives, and services providers, commonly ranked respite care services among the services with the largest or most significant shortages.
- County and tribal representatives and service providers indicated that non-medical transportation was among the top service gap faced by people with disabilities, including those with brain injuries.
- There is a need for additional training and education for professionals who work with people with brain injuries.
- When asked what do people with brain injuries need to help them feel better integrated into their communities and have improved quality of life? Suggestions for changes include:
  - More knowledgeable staff to provide help and services.
  - Improving the accessibility and quality of assistance they receive.
  - Enabling better access to social and recreational activities that are appropriate for them.
  - Having better housing options available.

We encourage readers to examine the entire report at:

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7301L-ENG>

### **RECOMMENDATION**

The TBI Advisory Committee looks forward to clear and measurable responses from DHS on how it plans to address the gaps and deficiencies cited in the Need and Resources Assessment.

It is recognized that several of the gaps identified, such as transportation issues, are outside the purview of DHS, nevertheless, we expect DHS to present a plan by October 2016 that would address its actions to remediate the gaps along with other state partners.

**2015 -16  
SUBCOMMITTEE  
RECOMMENDATIONS**

**SERVICE NEEDS SUBCOMMITTEE**  
**Recommendation #1**

***How to meet the needs of individuals with brain injury through education for targeted DHS staff:***

**Problem Statement:**

There is a lack of current brain injury specific education for DHS personnel who serve clients with brain injury.

**Supportive Evidence and Strategies:**

Following the receipt of DHS' formal response to 2014-2015 recommendations the committee reviewed the brain injury related curriculum available through the College of Direct Support. The committee developed a framework to review the content as related to:

- Education
- Medical
- Employment
- Family/Social

The committee developed learner objectives and worked with the College of Direct Support\* to develop a crosswalk of their curriculum to the objectives (See Appendix A).

**Potential Solutions and Action Plan:**

The committee is requesting DHS follow through with the appropriate education available from the College of Direct Support in a budget neutral manner that is balanced with content currently offered related to brain injury to avoid duplication. This curriculum would first be available for Disability Linkage Line (Options) staff, then to Direct Care and Treatment staff, and staff that provide waived services and other DHS professionals.

**Responsibilities:**

It is recommended that DHS develop an implementation education plan for new hires within their first year of service and existing employees with a timeline outlined. The plan should include successful completion of a post-test with each module. Once DHS agrees to the potential solution and action plan, the Service Needs Subcommittee will also support the development of the brain injury specific education to include Minnesota related annotations within the existing curriculum.

**Timeline:**

The committee is requesting a formal response from DHS on this recommendation by the end of 2016, with an interim report no later than the October 2016 TBI Advisory Committee meeting.

\*The College of Direct Support was born in 2002, in collaboration with the Research and Training Center on Community Living at the University of Minnesota, a national leader in research supporting people with developmental disabilities. By starting as a Project of National Significance with support of the United States Department of Health & Human Services Administration on Disabilities. DirectCourse is an online training curriculum designed to empower support and care professionals to help others lead meaningful lives within their communities.



## **Recommendation #2**

### ***How to meet the needs of individuals with brain injury through State and community interagency collaboration:***

#### **Problem Statement:**

There is lack of collaboration between state agencies and community partners with expertise in services for individuals with traumatic brain injury, including children and youth.

#### **Supportive Evidence and Strategies:**

There are multitudes of electronic resources, services, and program supports across agencies that are unknown or underutilized by the public or community partners, as evidenced in 2015 Minnesota Statewide Brain Injury Needs and Resources Assessment.

#### **Potential Solutions and Action Plan:**

- DHS shall continue to help TAC Service Needs Subcommittee to connect and collaborate within their structure for support in broader community efforts.
- Support continuity of care for all individuals with brain injury through the sharing of applicable resources and professional development opportunities across state agencies, community partners and other stakeholders, including exploration of interagency funding options (i.e. HRSA grant for 2017) as a means to develop activities and/or services designed to meet the needs of individuals with brain injury.
- To continue to promote efforts in gathering data from professional groups/stakeholders representing an array of agencies and programs around the state, for the purpose of informing, evaluating and responding to gaps in services and supports to individuals with brain injury, including children and youth.

#### **Responsibilities:**

In order to support the above recommendation, DHS should enter into ongoing collaboration and project development with the Minnesota Departments of Health, Education, and Employment and Economic Development, the Department of Corrections, the Veterans Administration, the MN Police and Peace Officers Association and community partners, such as the MN Brain Injury Alliance is strongly recommended.

**Timeline:** The committee is requesting a formal response from DHS on this recommendation by the end of 2016, with an interim report no later than the October 2016 TBI Advisory Committee meeting.

## **Recommendation #3**

### ***How to meet the needs of children and their parents who have a brain injury.***

#### **Problem Statement:**

There is a lack of accessible and integrated services with the child protection system, particularly for children of a parent with a brain injury.

#### **Supportive Evidence and Strategies:**

This was a recommendation in 2015-2016 that continues to be a need in 2016-2017, and is supported by the data from the 2015 Minnesota Statewide Brain Injury Needs and Resources Assessment.

#### **Potential Solution's and Action Plan:**

The committee is requesting regular attendance of an administrative/leadership level staff member from the Child Protection and Child Welfare Division to be an active member of the monthly TAC Service Needs Sub-committee meetings in order to facilitate dialog and future recommendations on advancing person centered services.

#### **Responsibilities:**

DHS will support participation from an administrative/leadership level member from the Child Protection and Child Welfare Division on the TAC Service Needs Sub-committee in order to facilitate ongoing communication between the respective parties.

The Service Needs sub-committee member will share with Child Protection staff resources such as the HELPS Brain Injury Screening Tool and the importance of ongoing collaboration, related to addressing the needs of parents with brain injury and their children.

#### **Timeline:**

Fiscal year 2016-2017.

**LEGISLATIVE & POLICY SUBCOMMITTEE**  
**Recommendation #1**

***How to meet the needs of individuals with brain injury through ongoing designated support from MN Department of Human Services to the Traumatic Brain Injury Advisory Committee.***

**Problem Statement:**

Currently, a staff person within the Disability Services Division is assigned as a liaison to the Department of Human Services Traumatic Brain Injury Advisory Committee. This position is listed under “other duties as assigned,” without a specified number of hours of service to be provided and as part of another position. Although part of an existing job description, the permanence of this liaison position is uncertain.

**Supportive Evidence and Strategies:**

The TBI Advisory Committee recommends the establishment of a permanent, designated liaison to the TBI Advisory Committee.

**Potential Solutions and Action Plan:**

The committee has formulated a position description/outline to address this recommendation, outlining responsibilities and duties to assist the TBI Advisory Committee. (Appendix B)

**Responsibilities:**

It is recommended that DHS implement and continue a designated liaison to the TBI Advisory Committee, utilizing feedback from the TBI Advisory Committee.

**Timeline:** The committee is requesting a formal response from DHS on this recommendation by the end of 2016, with an interim report no later than the October 2016 TBI Advisory Committee meeting.

## **Recommendation #2**

### ***How to meet the needs of individuals with brain injury through provision of guardianship for selected persons with acquired brain injury who are on Medical Assistance.***

#### **Problem Statement:**

Acquired brain injury (ABI) is defined as non-congenital and non-degenerative brain injury. The following recommendation applies to people diagnosed with traumatic brain injury, but is not proposed to apply to people diagnosed with developmental and intellectual disability or progressive conditions, for example, Alzheimer's Disease, Parkinson's Disease, or Huntington's Disease. It is not intended to apply to those with normal aging.

Too often, selected persons with acquired brain injury have a clear lack of the capacity for decision making, based on standardized cognitive assessment, yet have not had lack of competency determined. Hence, there is no legally provided-for decision maker. This becomes problematic when family members are unwilling to act, are unable to act, or are in unresolvable conflict. Sometimes the circumstance of the person with acquired brain injury, or the family situation, is such that there is no petitioner or payer source for pursuit of guardianship.

This recommendation is intended to address situations that involve significant impairment with demonstrable deficits, as determined by standardized cognitive assessment. It is designed to help persons with acquired brain injury that have clear and documented deficits that are interfering with competent decision-making, as documented on standardized cognitive assessment. In part, lack of a decision-maker impedes the pathway to a "most integrated setting," in accordance with the Olmstead Plan. With the addition of a guardian in these select cases, the intent is that the individual can be supported in moving from the more restricted environment of a hospital or nursing home to a more independent, integrated setting.

#### **Supportive Evidence and Strategies:**

The TBI Advisory Committee recommends DHS address this situation for those specific individuals to ensure appropriate care is provided in the most integrated setting.

#### **Potential Solutions and Action Plan:**

1. DHS will explore the establishment of uniform parameters by which financial responsibility in petitioning for guardianship is authorized by counties for persons with acquired brain injury who are on medical assistance;

2. DHS will explore county initiation of uniform procedures for confirmation of need for guardianship, including physician/neuropsychologist recommendations for these individuals; and
3. DHS explores counties petition and pay, for petitioning of the court for guardianship for people who meet the uniform criteria in [1] and the need in [2].
4. DHS explores the methodology used to educate county case managers regarding the process DHS develops concerning [1], [2], and [3] above.

**Responsibilities:**

It is recommended that DHS explore options to provide for the selected individuals with specific legal oversight needs.

**Timeline:** The committee is requesting a formal response from DHS on this recommendation by the end of 2016, with an interim report no later than the October TBI Advisory Committee meeting.

## **Recommendation #3**

### ***How to meet the needs of individuals with brain injury currently residing in Residential Care Services and at risk of displacement.***

#### **Problem Statement:**

Currently, 192 individuals have been identified that will be affected by the closure of Residential Care Services throughout the state of Minnesota on June 30, 2018. With the current Foster Care moratorium, there is lack of capacity to comply with Person-Centered Planning requirements, which dictates that these individuals are allowed to reside in their community of choice.

#### **Supportive Evidence and Strategies:**

The TBI Advisory Committee recommends DHS address this situation for those specific individuals to ensure appropriate care is provided in the most integrated setting according to the Olmstead Plan.

#### **Potential Solutions and Action Plan:**

1. Begin assessments of affected individuals' needs, choices of residences, and service needs.
2. Identify the desired community's current capacity.
3. DHS will work with lead agencies to locate and provide incentives to providers to meet the needs of these individuals. For these individuals, a foster care moratorium exception will be necessary.
4. DHS explores methodology to educate county case managers regarding the process DHS develops concerning [1], [2], and [3] above.

#### **Responsibilities:**

We recommend that DHS begin the individual assessment process at least one year prior to closure of facilities. DHS will simplify the moratorium exception process for providers willing to provide foster care services for affected individuals.

**Timeline:** The committee is requesting a formal response from DHS on this recommendation by the end of 2016, with an interim report no later than the October 2016 TBI Advisory Committee meeting.

**APPENDIX**

**APPENDIX A**  
**DHS TBI Advisory – Service Needs Subcommittee**  
**Identify Outcomes of Training for DHS Staff on TBI\***  
**2016**

Outcome Areas and Goals	Learning Objectives	Direct Course Content Relevant to the Learning Objectives
<b>Medical</b>		
The learner will be able to describe a traumatic brain injury including the causes, differential diagnosis, initial medical course and symptoms.	<p>Define brain injury (TBI) and explain how it affects people differently.</p> <p>Identify and describe the most common causes of brain injury.</p> <p>Describe how a brain injury is diagnosed.</p> <p>Describe the differences and similarities between mild, moderate, and severe brain injuries.</p> <p>Describe the symptoms associated with brain injury and how you might recognize these with those you support.</p>	<p>CDS: Disability Focused Course: Brain Injury</p> <p>CDS: Teaching People with Developmental Disabilities</p> <ul style="list-style-type: none"> <li>• Lesson 1: Understanding Teaching</li> <li>• Lesson 2: Preparing to Teach</li> <li>• Lesson 3: Teaching Strategies</li> <li>• Lesson 4: Organizing and Applying Teaching Strategies</li> </ul>
The learner will be familiar with MN statistics, the professionals involved in the care and treatment as well as the consequences of traumatic brain injury.	<p>*Describe and identify MN specific brain injury statistics including incidences, prevalence, and number of Minnesotans living with brain injury.</p> <p>Identify specific professional disciplines including providers and other professionals that would be involved in the initial care and treatment of individuals who have experienced brain injury and explain each of their roles.</p> <p>Describe the needs of individuals with severe brain injury including</p>	<p>*Annotation – linked content to a website with MN specific statistics and pertinent information (see #6, 7, 8)</p>



	both implications and options for care and support outside the long-term care institutions.	
	Explain the relationship between brain injury, substance abuse, and self-medication and discuss their impact on the person with brain injury.	
<b>Employment</b>		
The learner will demonstrate increased awareness on the impact of brain injury related to the processes of seeking and securing employment.	Describe and discuss the options, eligibility, types, and resources for Vocational Rehabilitation and government benefit programs.	<p>CDS: Employment Supports</p> <ul style="list-style-type: none"> <li>• Lesson 1: Introduction to Employment Services</li> <li>• Lesson 2: Identifying Individual Employment Preferences, Interests, and Strengths</li> <li>• Lesson 3: Job Opportunities and Job Searches</li> </ul> <p>CDS: Supporting Jobs and Careers in the Community:</p> <ul style="list-style-type: none"> <li>• Lesson #3: Introduction to Government Benefit Programs</li> <li>• Lesson #4: Government Benefit Programs and their Interaction with Work</li> </ul>
	Describe and discuss the challenges, resources, and potential considerations for the job hunt.	
	Describe and discuss the challenges, resources, and the transition of back to work. What resources and needs might there be for continued education and/or growth in the work place.	
		Linked Content and Annotation feature to be used to link in these resources for support and advocacy.

	Describe and discuss the types of possible limitations an individual with brain injury might face in seeking community employment.	CDS: Employment Supports <ul style="list-style-type: none"> <li>Lesson 4: Applying, Interviewing, and Making Accommodations</li> </ul> CES: Strategies for Job Development, Part 1 <ul style="list-style-type: none"> <li>Lesson 1: Disclosure, Resumes, and Interviewing</li> </ul> CES: Principles of Career Development <ul style="list-style-type: none"> <li>Lesson 1: Everyone Can Work</li> <li>Lesson 2: Person-Centered Planning</li> <li>Lesson 3: Assisting with Barriers to Career Development</li> <li>Lesson 4: Tools and Assessment Strategies for Career Discovery</li> <li>Lesson 5: Using Mainstream Approaches for Career Planning</li> <li>Lesson 6: Earnings, Benefits, and Career Choice</li> </ul>
	Define reasonable accommodations as stated in the ADA and give some examples.	
	Describe and discuss common concerns and questions experienced by both employees and employers.	
<b>Family/Social</b>		
The learner will demonstrate increased awareness on the impact of brain injury related to	Describe and discuss the impact brain injury has on a person's family.	CDS: Disability Focused Course: Brain Injury
	Identify the most common factors that influence an increase in	

marriage, parenting and family dynamics.	divorce rates for people who experience brain injury.	<p>CDS: Working with Families and Other Support Networks</p> <ul style="list-style-type: none"> <li>Lesson #2 Families as a Unique Support Network</li> </ul> <p>CDS: You've Got a Friend</p> <ul style="list-style-type: none"> <li>Lesson 4: Supporting Family Networks</li> </ul> <p>Annotation – linked content to specific and pertinent information related to Brain Injury and the effect it has on families and family members.</p>
	Describe and discuss how parenting and child behavior are affected when a parent has brain injury.	
	Describe and discuss some of the most common challenges a parent with a brain injury might face when raising their children.	<p>Annotation – linked content to specific and pertinent information related to Brain Injury and the effect it has on families and family members.</p>
	Describe and discuss the major factors that distress a family when a family member has a brain injury.	
	Describe and discuss how children are affected when a parent has brain injury.	
<b>Education and Pediatrics</b>		
The learner will demonstrate increased knowledge about pediatric TBI as it relates to incidence, causes, types, symptoms, impact on learning and behavior, school and community resources, and the needs of unique populations, including very young children and transition-aged youth.	Describe and identify specific pediatric brain injury statistics including incidences, prevalence and number of Minnesota children living with brain injury.	<p>CDS: Disability Focused Course: Brain Injury</p> <p>Annotation – linked content to specific and pertinent information related to Brain Injury and how it affects children emotionally, intellectually, and educationally, as well as its effect on parenting and education programs.</p>
	Describe and discuss the types and degree of injury (impact injuries, levels of severity, age at time of injury, primary and secondary injuries).	
	Describe and discuss common symptoms and effects of brain injury on children.	
	Describe and discuss the impact of brain injury on the developing brain (including younger versus older children).	

	Describe and discuss the impact of brain injury on learning and executive functions for children.	
	Describe and discuss the impact of brain injury on communication, sensory and physical abilities for children.	
	Describe and discuss the impact of brain injury on emotions, behavior and interpersonal relationships for children.	
	Identify how you would locate and utilize community and school services and resources for a person/child with brain injury.	
	Explain the specifics of the MN concussion law.	
	Describe and discuss the impact of brain injury for children of transition age moving from youth to adult learner.	
	Describe and discuss common parenting strategies needed when parenting a child with brain injury.	

Other courses with pertinent content:

CDS: Disability Focused Course: Depression

CDS: Introduction to Mental Health and Mental Illness

CDS: Individual Rights and Choice

CES: Any of the courses in CES may be pertinent for individuals with brain injury seeking employment.

CRCI: Any of the courses in CRCI may be pertinent for individuals with brain injury who also experience mental health issues.

*\*The committee would like to acknowledge the skill and expertise of Nancy McCulloh, M.S., Direct Course – Minnesota, Director of Statewide Implementation,*

*Lead Learning Administrator, Project Coordinator Research and Training Center on Community Living, in developing this framework.*

## **APPENDIX B**

### **DHS TBI Advisory – Legislative & DHS Policy Subcommittee Description of DHS Liaison to the TBI Advisory Committee**

The individual in this position shall be the Department of Human Services key contact person responsible for securing grants, coordination, review, and analysis of programs and services within DHS involving acquired and traumatic brain issues. This individual will serve as liaison and coordinator for these services and programs with other state departments. In addition, the individual shall use 50% of their time to complete the following tasks:

- Be the principal liaison with the Traumatic Brain Injury Advisory Committee and successors and assist the TBI Advisory Committee to carry out its roles and responsibilities.
- Serve as the primary DHS contact for all matters related to brain injury services and programs with Federal agencies and programs, including national professional organizations related to brain injury.
- Seek out and develop federal or other grant opportunities, as necessary and available, to support DHS or the TBI Advisory Committee activities, in order to improve services and programs for persons with brain injury in Minnesota and meet Health Resources and Services Administration grant requirements.
- Work with the TBI Advisory Committee and other state programs in research, studies, or data collection related to brain injury in Minnesota.
- Promote and foster an environment that educates and informs DHS staff regarding matters related to brain injury.
- Provide resources and information to DHS staff and other state agencies to assist in the inclusion of brain injury services within their respective fields of expertise.
- Work with external brain injury stakeholders to represent DHS.
- Participate in trainings, conferences, and educational venues that will improve communication and knowledge between DHS and stakeholders.

**APPENDIX C:  
2015-16 TBI Advisory Committee Membership**

<b>Member</b>	<b>Classification</b>	<b>Subcommittee(s)</b>
<b>Jerrod Brown</b>	Pathways Counseling & AIAFS	Vice Chair & Secretary, Legislative
<b>Jon Casey</b>	Person with a brain injury	Service Needs
<b>Jed Chronic, J.D.</b>	Provider	Service Needs
<b>Brian Dungan</b>	Person with a brain injury	Service Needs
<b>Danielle Fox</b>	Scott County Social Services,	Legislative
<b>Jodi Greenstein</b>	Courage Kenny Rehabilitation Institute	Legislative/DHS Policy
<b>Joel Hartmann</b>	Bethesda Hospital/HealthEast	Legislative/DHS Policy
<b>Troy Hoehn</b>	Orthopaedic & Fracture Clinic,	Service Needs
<b>Trisha Hoffman</b>	Goodwill/Easter Seals, MN	Legislative
<b>Tchamong Hurh</b>	Family Member	Service Needs
<b>Carol Insley</b>	Family Member	Service Needs
<b>Amanda Jarvis</b>	Person with a brain injury	Service Needs
<b>Mary Koolmo, APRN</b>	Children's of Minnesota Provider	Service Needs
<b>Emily Larsen</b>	Person w/brain injury	Service Needs
<b>Jeffrey Louie, MD</b>	U of M Masonic Children's Hospital, Pediatrics ED,	Legislative
<b>Lisabeth Mackall</b>	Family Member/Professional	Service Needs

<b>Member</b>	<b>Classification</b>	<b>Subcommittee(s)</b>
<b>Bonnie Markham</b>	Person w/brain injury	Co-Chair Service Needs
<b>Jana Neher, PT</b>	Gillette Children's Specialty Healthcare	Legislative
<b>Kathy Nesheim-Larson</b>	Provider	Legislative/DHS Policy
<b>Harry Nevling</b>	Family Member	Legislative/DHS Policy
<b>Laura Norris</b>	Hennepin County Social Services	Service Needs
<b>Susan Olson</b>	Hennepin County Medical Center	Service Needs
<b>Mary Richards</b>	Person w/brain Injury	Service Needs
<b>Joan Rothfuss</b>	Family Member	Legislative/DHS Policy
<b>Charles Ryan</b>	Person w/ brain injury	Service Needs
<b>Brian Sammon</b>	Provider	Legislative/DHS Policy
<b>John Sherrell</b>	Person w/brain injury	Service Needs
<b>Dana Sigrist</b>	Provider	Legislative/DHS Policy
<b>Manfred Tatzmann</b>	Person w/brain injury	Chair – Full Committee, Steering Committee
<b>Amy Zellmer</b>	Person w/ brain injury	Legislative

<b>Ex-Officio Members</b>	<b>Agency</b>	<b>Sub-Committee</b>
<b>Erwin Concepcion, Ph.D.</b>	MN Dept. of Human Services State Operated Services, AMRTC	Legislative/DHS Policy, Steering Committee
<b>Ruthie Dallas</b>	MN Dept. of Human Services Alcohol and Drug Abuse Div.	Legislative/DHS Policy
<b>Mark Kinde</b>	MN Dept. of Health Injury & Violence Prevention	Service Needs
<b>Christina Kollman</b>	Minnesota Brain Injury Alliance	Steering Committee,



Permanent Membership		Service Needs
<b>Tamara Paulson</b>	VA Minneapolis Medical Center	Service Needs
<b>Barnette Rosenfield</b>	TBI Protection and Advocacy (P&A) Grant, Disability Law Ctr.	Legislative/DHS Policy
<b>Jennifer Schneider</b>	MN Dept. of DEED, Vocational & Rehabilitation Services	Service Needs
<b>Andrea Staley</b> DHS/DSD Staff Liaison	MN Dept. of Human Services Disability Services Division	Steering & Subcommittees
<b>Deb Williams</b>	Department of Education	Service Needs