

2017-2018 Annual Report

Minnesota Department of Human Services
Traumatic Brain Injury Advisory Committee

June 28, 2018

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ACKNOWLEDGMENT

It is with deep appreciation that the DHS TBI Advisory Committee recognizes the work and support of Andrea Werlinger and Jill Tilbury.

DHS TBI ADVISORY COMMITTEE LEADERSHIP

Christina Kollman, Chair

Robert Karol, Vice Chair

Laura Norris, Service Needs Subcommittee Co-Chair

Mary Koolmo, Service Needs Subcommittee Co-Chair

Marisela Cantu, Legislative & DHS Policy Subcommittee Co-Chair

Jodi Greenstein, Legislative & DHS Policy Subcommittee Co-Chair

PURPOSE

The purpose of the Traumatic Brain Injury Advisory Committee (TBIAC) is to provide recommendations to the Commissioner of the Department of Human Services (DHS) 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 2017-June 2018

The 2017-18 year started with the addition of thirteen new members, of which six are people with brain injury or family members. The remaining seven were professionals in the fields of medical rehabilitation, athletic trainers, county case manager and mental health professionals. A main priority remains to nominate members who are from diverse communities, as well as keeping an equal balance of persons with brain injury, family members and professionals. It is also critical that professionals not be over represented on the committee. Renewing members and new members are chosen for their experience and interest in leadership within the committee so that leadership throughout the committee is sustainable.

The TBIAC again this year was very engaged and active. As in previous years, TBIAC members provided several hundred hours of volunteer committee work, not including participation in the following:

1. Provided the DHS Brain Injury Workgroup with support and assistance by focusing on identified brain injury priorities.
2. Responded to requests from DHS internal committees to have TBIAC members participate on committees or work groups, such as:
 - a. Home and Community Based Services Partner Panel
 - b. BI Interagency Leadership Council (BILC)
 - c. Stakeholder Committee for Seniors and People with Disabilities in Managed Care
 - d. DHS Waiver ReImagine Presentation
 - e. MNChoices 2.0 Presentation
 - f. MN Disability HUB attendance to TBIAC

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

The TBIAC would like to express its gratitude for the commitment and support of Jill Tilbury, the new DHS Liaison. Andrea Werlinger supported Jill's transition in this role and Jill made tremendous contributions to the efforts of TBIAC. TBIAC members value the continuing collaboration with other Departments and DHS staff on matters of mutual importance.

TBIAC leadership respectfully requests a formal response from DHS by the end of this year, with an interim report by the October 2018 TBIAC meeting. DHS provided informal and formal

responses on this timeline last year and it helped the committees' progress on continued goals and the formation of new goals.

The TIBAC with a Steering Committee and two sub-committees, specifically referenced as the Service and Legislative Subcommittee. New and existing relationships with DHS data experts have been renewed. The data provided is beginning to be explored by both subcommittees and the Full Committee. This data will support TBIAC members' knowledge and ability to offer well informed recommendations.

1. The Services subcommittee identifies key issues affecting access to services for people with brain injury, providing recommendations on how to eliminate barriers to needed services.
2. The Legislative/DHS Policy subcommittee identifies key issues for legislative action and DHS policy change.

Essential recommendations made to the Commissioner in this report are:

SERVICE NEEDS SUBCOMMITTEE

The TBI Advisory Committee Service Needs Subcommittee recommendations are:

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

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

Continued Recommendation #3: How to meet the needs of the family when parents have a brain injury.

Continued Recommendation #4: How to have a standard, SMRTSMRT process across Minnesota for individuals who have a brain injury when they apply for services available from Minnesota.

LEGISLATIVE & DHS POLICY SUBCOMMITTEE

The TBI Advisory Committee Legislative & Policy Subcommittee recommendations are:

Continued Recommendation #1: How to meet the needs of persons with brain injury with severe behavioral challenges whose needs are either [1] more dangerous than can be handled through community based crisis intervention/mobile teams providing training and consultation or [2] whose behavior is more severe and persistent than can be handled through current community programming.

Continued Recommendation # 2: How to increase the recognition of traumatic brain injury among individuals participating in assessments for potential support services from the Department of Human Services.

Continued Recommendation #3: How to meet the needs of individuals who have sustained a brain injury by educating their caregiver network about: brain injury; resources to support them in their caregiver role; and support services for their care recipient.

GOALS FOR 2017-2018

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

1. Review DHS responses to the recommendations included in this report.
2. Complete, as necessary, unfinished work from previous recommendations.
3. Reach out to other advocacy or statewide organizations that have a mutual interest in or serve persons with brain injury.
4. Continue to build and strengthen the relationships with DHS and other state agency partners.
5. Continue to engage TBI AC members in workgroups and committees to open up channels of communication and education about brain injury and to develop leadership amongst members.
6. 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.
7. Use data to provide recommendations regarding policy changes or filling gaps in services; and to advise on the application for any subsequent grants.
8. 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 educate ourselves as possible on the needs of several underserved groups with brain injury, specifically American Indians & African Americans who are known to have higher incidence rates of TBI than other populations; survivors of domestic violence; parents with brain injury who experience difficulties parenting after injury; students returning to school; individuals intersecting with mental health crisis response; and those with neurobehavioral crisis. The committee is also hoping to better understand judicial systems and how people with brain injury are treated within it.

**2017-2018
SUBCOMMITTEE
RECOMMENDATIONS**

SERVICE NEEDS SUBCOMMITTEE
Continued 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.

Progress:

1. DHS's L4 Leadership Cohort (Andrea Werlinger, Ann Goldie, Denise Considine, Brad Fiksen, Betsy Schollmeier) 7 Action Learning Project team utilized this recommendation as their project which was completed in April 2017 and uploaded to the DHS YouTube Channel on September 28, 2017.
2. The videos were announced through DHS's internal communication system on October 3, 2017 and the L4 team – Powertube, shared the modules at a DHS training event called Slice of Autumn with information on how the videos can be used at staff meetings and with new hires. A discussion guide was also made available at this training.
3. The new videos were also shared within the Community Supports Administration, including the Behavioral Health Division and the Alcohol and Drug Abuse Division and with the Children and Family Services Administration.
4. DHS did share the videos during Brain Injury Awareness Month in March 2018 and they also implemented the videos to be seen for the Response Team who take calls from anyone in the community including professionals and recipients of services.
5. As of 4/30/2017, the YouTube videos have been viewed approximately 1001 times and are also available through the Disability Hub.

Supportive Evidence and Strategies:

1. The committee appreciated the continued support for this recommendation outlined in the 2016-2017 DHS formal response.

Potential Solutions and Action Plan:

Continued Recommendations:

1. That DHS implement the education plan developed by the L4 Leadership Cohort and make this curriculum available to Direct Care and Treatment staff that provide waived services and other DHS professionals.
2. The training continue to be available and advertised DHS-wide through the publicly available DHS YouTube.
3. DHS continues to track utilization of the modules and solicit feedback for the development of future modules.
4. That the Disability Services Division maintain the content of these modules, provide updates and continue to promote the modules (i.e., during Brain Injury Awareness month).

New recommendations:

1. DHS develop an implementation education plan for new hires within their first year of service and to existing employees with a timeline outlined.
2. To support the principles of adult learning it is recommended that additional questions be added at the end of each module to facilitate discussion and integration into the staff members' work.
3. The subcommittee recommends development of additional modules to include: sensory sensitivity (i.e., vision and hearing sensitivity), changes in emotional stability and the impact on family, depression/loss of self, and fatigue
4. The subcommittee is requesting ongoing updates and is willing to provide input as this education tool is utilized.

SERVICE NEEDS SUBCOMMITTEE
Achieved 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.

Progress:

1. Because there has been a high degree of collaboration between state agencies and community partners, it has been determined by the committee that this goal has been achieved, therefore this recommendation can be discontinued. With collaboration with the department, we feel assured this effort will be maintained.
2. The Sub-committee has several examples in 2017 that highlights collaborative work with DHS including:
 - a. The Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) Summit was held in 2018 in St. Paul, supported in part by a grant from the U.S. Department of Health and Human Services, with planning and coordination provided by DHS. The principles embraced by WINGS has significant implications for students with disabilities, their families and school educators and address the following:
 - i. Supported Decision-Making should be a framework for and embedded in every IEP for ALL students with disabilities, including those with TBIs.
 - ii. We are obligated as a society to address self-determination skills in ALL students, but especially those who may be considered for potential guardianship protections in the future, such as some students with TBI.
 - b. Kelly Bredeken TBI Specialist with MN Low Incidence Project., attended WINGS Summit as the MDE/MN Low Incidence Projects Representative, and shared information and links with other special education state specialists and regional low incidence facilitators from around the state.
 - c. Partner's Panel – The Home and Community-Based Services Partners Panel is a group of stakeholders in long-term support services from the perspectives of aging, disability and mental health. Members represent county government, service providers and advocates the chair attends this panel.

- d. Interagency Leadership Council (ILC) which includes TBI AC members Robert Karol, Bonnie Markham, Christina Kollman, and individuals from the Department of Corrections, and Veteran's Administration.
- e. The TBI AC received a new DHS Liason, Jill Tilbury. Jill had previously worked at the Minnesota Brain Injury Alliance and has experience working with individuals who have brain injuries.

Supportive Evidence & Strategies:

1. In our 2016-2017 report we documented that there are a multitude 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.
2. This was an informative year for our committee members as we learned about the complexity of services available in the state. Our committee members come from diverse backgrounds and were surprised at the amount of information we were not aware of. Speakers included:
 - a. Representatives from the SMRT team and HCEA presented at the Services Subcommittee meeting in fall 2017.
 - b. Stephen Horn, Policy staff from DHS, review upcoming change regarding Customized Living that will affect people ages 18-54.
 - c. Natasha Merz, Office of Ombudsman.
 - d. Lori Munsterman, Manager of Child Welfare Training and Quality Assurance Programs, Child Protection/Child Welfare Division .

Potential Solutions and Action Plan:

1. DHS shall continue to help TAC Service Needs Subcommittee to invite TBI Advisory Committee members to these events and trainings thereby, supporting broader disability community collaboration efforts.
2. 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 (ACL grant for 2018) as a means to develop activities and/or services designed to meet the needs of individuals with brain injury. The ACL grant was received as of 6/1/2018 and many of the goals of the grant align with this recommendation.

3. 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.

SERVICE NEEDS SUBCOMMITTEE
Continued Recommendation #3

How to meet the needs of the family when parents have a brain injury.

Problem Statement:

There is a lack of services for children of parents with brain injury.

Progress:

1. Progress was made in 2016-2017 and in the current year with the addition of Rebecca Wilcox, the manager for the Safety and Prevention Unit in the Child Safety and Permanency Division joining our team as an ex-officio member. She found data that shows there is a disability code of BI-Brain Injury in the DHS repository which was used in 2016 to identify 287 child victims out of 39,978 (0.72 %) who had someone over the age of 18 identified on their CP Report work group with a BI injury (child in an adult household member with a BI). This includes 313 unique individuals older than 18 with a BI out of 104,194 (0.3%) individuals older than 18 identified on some type of child protection work group that was open during 2016.
2. She also provided the Structured Decision Making Tool for review so sub-committee members can see the tool that is used to assess needs and strengths.
3. DHS supported the participation of Rebecca Wilcox as the Child Safety and Permanency Division Staff member identified to attend the Service Needs subcommittee meetings in 2017-2018 and agreed that further exploration was needed to identify ways the Child Safety and Permanency Division can support the needs of families impacted by TBI in the child welfare population.

Supportive Evidence & Strategies:

1. We learned from Rebecca that a disability screen is not required so the data may not be accurate.
2. Rebecca researched how members of the Child Safety and Permanency Division identify parents with a BI during a child welfare investigation/assessment, but it is clear that the disability screen is not required, resulting in inadequate identification. This potentially results in inadequate services provided to families with a parent or child with BI.

Potential Solutions and Action Plan:

Continued Recommendations:

1. DHS will support participation of Rebecca Wilcox or another identified staff member from the Child Safety and Permanency Division attend the TBI AC Service Needs Sub-committee in order to facilitate ongoing communication between the respective parties and work to improve identification of brain-injured individuals during family investigations/assessments. Services Subcommittee will email Rebecca about meetings where specific information is requested from her department.
2. The needs of children and parents who have a brain injury be included in the safety model and standards that are being developed via the Capacity Building Center.
3. DHS will support ongoing training of Child Safety and Permanency Division staff members utilizing the DHS YouTube training modules and/or in-person training at a quarterly staff meeting.
4. The Child Safety and Permanency Division will promote resources such as the HELPS Brain Injury Screening Tool (see Appendix A) and the importance of ongoing collaboration, related to addressing the needs of parents with brain injury and their children. This provides an opportunity to identify the hidden needs of children who have a parent with a brain injury.

New Recommendations:

1. The TBIAC Services Needs Sub-committee will ask Rebecca in advance of meetings for information (i.e., data) pertinent to this recommendation.
2. Service subcommittee will request Rebecca share information regarding the priorities of the Child Safety and Permanency Division
3. The parent and child to be viewed as a family unit that will receive services in the manner needed.

SERVICE NEEDS SUBCOMMITTEE
Continued Recommendation #4

How to have a standard, consistent process across Minnesota for individuals who have a brain injury when they apply for services available from Minnesota through the State Medical Review Process.

Problem Statement:

The process to get referred to the State Medical Review Team (SMRT) from metro counties is complex and inconsistent for individuals to navigate and results in a high number of barriers resulting in delayed access to Home and Community Based Services (HCBS) MA waived services.

Progress:

1. Representatives from the SMRT team and Health Care Eligibility and Access Division (HCEA) met with leadership of TBIAC in August of 2017 to further explore this request and to understand the nature of the barrier. Deb Wagner, Carly Pederson, Kim Carolan and Mike Haulk attended. Members of the SMRT team identified barriers in accessing necessary medical records from large medical facilities. TBIAC leadership helped in resolving this issue to identify solutions and improve SMRT's ability to gain timely access to necessary medical documentation.
2. In October 2017 professionals from DHS departments of SMRT, HCEA and Long Term Care provided a presentation to the Services Subcommittee to help each member better understand the process of applying for health insurance, SMRT and waivers. The professionals who presented were Meg Heinz, Peter Beirewles, Bernadette Shearer, Carly Pederson and Rita Chamberlin.

Supportive Evidence & Strategies:

1. Individuals must be on SSI, SSDI or certified disabled through SMRT in order to qualify for HCBS MA Waivers. To start the process people must ask for a referral from their county financial worker. There is a variation in access to SMRT referrals from county to county.
2. Information is hard to find and lack of coordination in navigating the process is problematic. After several hours on the phone with the county and several calls requesting a SMRT referral individuals are often still not referred to SMRT and are often given conflicting information about the referral process. Many people who need access to waivers cannot

afford hours of cell phone minutes and people with brain injury struggle to have the perseverance to stick with this process to ensure a referral is made to the SMRT department at DHS.

3. Members of the committee with brain injury shared their experience with the process which supports this assessment. The TBIAC recommends DHS address this situation to ensure the process is well supported, clear and consistent in metro area counties.

Potential Solutions and Action Plan:

1. DHS will explore the potential of having a standard and consistent process across Minnesota, but especially metro area counties for individuals who are applying for benefits through the SMRT process. This could include standard education for financial workers who start the SMRT process. Many financial workers at the county do not know how to make a referral to SMRT which delays or bars people with brain injury from getting needed resources.
2. DHS provided a response on this recommendation from 2017 Annual Report stating “Complications can be avoided if the applicant initially completed the most appropriate application forms for someone applying for HCBS waivers.” TBIAC contends that the process to apply for health insurance is complex and overwhelming and clients often do not know in the moment that they will be applying for an HCBS waiver in the future because they have not had a brain injury yet or are still going through the rehabilitation process and have no way of knowing the extent of their disability until much time has passed. There are many roads that lead a client to health insurance through MNSure or the county. Each access point to health insurance needs to be able to support an accurate application.
3. The process of switching from one health insurance product to the health insurance plan supported by the HCBS waiver needs to be easier and explained better for clients, so that their waiver application will not be delayed because they are still on the wrong type of health insurance. Many county workers admit this process will take an unknown amount of time when they realize a client has the wrong health insurance product.
4. It is recommended that DHS explore options to ensure a standard SMRT process across all Minnesota counties, especially metro area counties for individuals seeking benefits in order to ensure timely access to benefits. It is also recommended that the financial workers receive training on this process to ensure processes are understood and followed. TBIAC supports DHS’s ways of addressing this issue which they discussed in the response to TBIAC recommendation 2017:
 - a. Reaching out to partners at DHS to unify understandings and provide training on these processes throughout the agency and beyond.

- b. Working with local agencies (eg. metro area county financial supervisors) to review current procedures and develop a communication plan to address the issues
- c. Report progress on the multiple systems modernization project.

LEGISLATIVE AND POLICY SUBCOMMITTEE
Continued Recommendation #1

How to meet the needs of persons with brain injury with severe behavioral challenges whose needs are either [1] more dangerous than can be handled through community based crisis intervention/mobile teams providing training and consultation or [2] whose behavior is more severe and persistent than can be handled through current community programming.

Problem Statement:

We currently do not have adequate services to appropriately treat the more severe levels of behavioral challenges. The current gap in our service continuum would be addressed by a brief stay inpatient unit for crisis stabilization specialized in brain injury and a residential program for transitional care specialized in behavioral challenges post brain injury to facilitate placement back in the community into existing sites/continuum. This will provide the right service at the right time.

Without in-state programming it is likely that such individuals will either go out of state for treatment, go to jail, be placed inappropriately on psychiatry units, or end up homeless.

Progress:

1. In the ensuing year since our recommendation a representative from the TBI Advisory Committee, Robert Karol, meet twice for fruitful meetings with DHS representatives, Erwin Concepcion and Marshall Smith. There seemed to be agreement on proceeding to investigate the need as outlined in last year's Report.
2. Also, since last year the TBI Advisory Committee has learned about Community Support Services Mobile Teams and that they provide training and consultation in the community, but populations other than brain injury have a higher priority and that these teams do not provide crisis intervention. Also, there is a waiting list for their services. Moreover, this Recommendation applies to those who fail (i.e., continual episodes of behavioral challenges – physical aggression, self-injurious behavior, threats against others, suicide attempts, sexual inappropriateness, etc.), even with community assistance.
3. DHS indicated in its response last year that, in part, “we would also like to explore how other states are providing for similar needs.” Oral communication from DHS reported that Colorado has been a focus in this regard. The TBI Advisory Committee commends DHS for exploration of other states and followed DHS' lead in attending to Colorado. It reviewed the Colorado August 2017 “Hard to Serve” report.

Supportive Evidence & Strategies:

1. Approximately 24 years ago Minnesota recognized the need for a neurobehavioral program. At that time people were being referred out of state (e.g., Massachusetts) for such services. This was detrimental for the state and those we serve: [1] Minnesota tax dollars were being spent out of state; [2] people were separated from family members; and [3] upon return to Minnesota out of state providers could not provide for transitional services. Hence, Minnesota approached Bethesda Hospital to initiate such programming. Two programs were implemented: Neurobehavioral Crisis and Assessment (NCA) and Neurobehavioral Brain Injury (NBI) programs. The former was a short-term crisis stabilization program and the second was a longer term, but still transitional, non-permanent, intervention for dangerous and persistent issues. Both were successful in returning people to the community: neither was final placement. Subsequently Minnesota opened the state Neurobehavioral Rehabilitation Hospital program in Brainerd with similar programming. Unfortunately, at this time Bethesda's specialized brain injury focused programs are closed and Brainerd no longer serves the severe level of care. However, the needs of this particular group of people post brain injury have not vanished. In fact, providers are making referrals out of state again.
2. The TBI Advisory Committee notes that the Colorado August 2017 "Hard to Serve" report, in part, states as one of their Key Recommendations: "Increase access to crisis stabilization services, specifically crisis stabilization units." In this regard it recommends: "Increase public awareness of existing crisis services and expand capabilities to serve people with complex needs in crisis stabilization units or create a Center for Excellence for intensive management of individuals with complex needs." Hence, while Colorado notes the importance of crisis intervention, it recommends as well crisis stabilization units as part of the continuum of care. The Colorado recommendation of such units would seem to give credence to the TBI Advisory Recommendation: Create "enhanced funding for programs for severe behavioral challenges after brain injury..."
3. DHS had indicated in their response to our recommendations that, in part, "As part of our collaborative role, we want to leverage the MN Brain Injury Alliance as an advocacy agency and partner with them, as well as the BI Interagency Leadership Council, to obtain information and explore alternatives should the proposed approach not prove feasible." The TBI Advisory Committee supports this approach as part of a strategy to develop a funding stream and encourages its initiation.

4. Part of the Recommended information gathering that was advised was for “in-state experts on behavioral challenges programming for severe cases explicitly for people with brain injury” to be interviewed. The TBI Advisory Committee believes that this remains a wise approach and encourages its initiation.

Potential Solutions & Action Plan:

The TBI Advisory Committee recommends that DHS investigate this situation for these specific individuals to ensure that appropriate in-state care is available.

1. Specifically interview/survey providers within a year as to [1] how providers are managing such cases now and [2] whether people are being denied treatment (turned away) because the providers are not equipped or qualified to provide neurobehavioral treatment for the severity involved in these cases.
2. Interview, within a year, in-state experts on behavioral programming for severe cases explicitly for people with brain injury.
3. Create enhanced funding for programs for severe behavioral challenges after brain injury so as to successfully return these people to the community and save expenditures out of state or in jails, psychiatric units, state hospitals, etc. consistent with the Colorado report and our own in-state experts by within two years. Note the recommendation is not for DHS or other state agencies to [1] become the provider of these services, [2] to open a unit, or [3] to be a center of excellence, but rather to establish an adequate funding stream for service providers to do this.

LEGISLATIVE AND POLICY SUBCOMMITTEE

Continued Recommendation #2

How to increase the recognition of traumatic brain injury among individuals participating in assessments for potential support services from the Department of Human Services.

Problem Statement:

Individuals with TBI benefit from services that specifically target their unique needs and symptoms. DHS Minnesota offers two waivers for services specific to brain injury. The MnCHOICES assessment, which is used to identify service needs and eligibility for services, does not include a prescribed or consistent inquiry into the individual's potential history of brain injury. We consider a brief standard inquiry for the purpose of increasing identification of brain injury (e.g. HELPS tool) to be a fundamental element of MnCHOICES assessments. At this point, the HELPS tool is available to screeners, but its use is discretionary. Lack of consistent screening for TBI in DHS assessments was raised in this committee's annual report to DHS last year. The TBIAC remains strongly committed to the idea that a routine screening with the HELPS tool in the course of MnCHOICES assessments would efficiently and more accurately identify individuals with service needs related to brain injury. See Appendix A.

Progress:

Consistently incorporating a standard brain injury screening tool (HELPS) into DHS assessments was previously recommended in the 2017 TBI Advisory Committee (TBIAC) annual report. The following numbered quotations are the MN DHS written responses to the TBIAC 2017 recommendation. Following each of the DHS responses are the current TBIAC notes and commentary, which are italicized.

1. MN DHS first response to this issue in 2017: "The MnCHOICES assessment (application) currently incorporates the HELPS (Brain Injury) Screening Tool as one of its available screening tools that certified MnCHOICES assessors can use while conducting the assessment with applicants for Long Term Services and Supports (LTSS). The MnCHOICES assessment is used with all age and disability populations who are seeking determinations of eligibility for home and community based services, such as Medicaid waivers, Personal Care Assistance and/or Developmental Disabilities/Related Conditions services. The MnCHOICES assessment is not a diagnostic evaluation tool."

TBIAC current position regarding the response above: We understand that the MnCHOICES screening is not a diagnostic assessment, but is the primary screening for the identification of needs and eligibility for services. We erred in referring to the MnCHOICES assessment as diagnostic. With two waivers presently targeting TBI populations, we feel it is prudent to devote a brief portion of the assessment to inquiring about a history of brain injury.

2. MN DHS second response to this issue in 2017: “MnCHOICES/DSD recognizes the value and importance of screening tools to assist in the identification of undiagnosed conditions. MnCHOICES assessors interview a diverse population of applicants, any of which may display functional limitations, raising question as to causation. Screening tools are used by assessors particularly when individuals report or display functional challenges to daily living that are unexplained or suspicious of certain underlying causes. The validated results of a screening, prompts the assessor to make a referral to the appropriate qualified professional, whose role it is to make a diagnostic determination.”

TBIAC current position regarding the response above: The HELPS tool, when indicative of brain injury, would be valuable in assisting the screener to make a referral to the most appropriate qualified professional for diagnostic determination as needed.

3. MN DHS third response to this issue in 2017: “MnCHOICES/DSD is not requiring the use of each screening tool at each LTSS assessment. Rather, the assessor is instructed to explore, with the person and their identified team, needs related to daily and community living. While discovering challenges, the assessor may use a screening tool to assist them in identifying potential unspecified issues for which they would make appropriate referrals. This then is incorporated into the support planning and provision of home and community based services by the case manager or service coordinator.”

TBIAC current position regarding the response above: The current system makes inquiry into the presence of history of brain injury dependent upon the skill set and knowledge of the individual examiner and his/her team, which is at best inconsistent, and quite likely incomplete or inaccurate. Standard use of the brief HELPS tool would provide the desired consistency.

4. MN DHS fourth response to this issue in 2017: “Policy staff from the Assessment team at DHS met with the Legislative sub-committee to discuss this recommendation further and to discuss the MnCHOICES assessment.”

TBIAC current position regarding the response above: Yes. Thank you. We appreciate the facilitative working relationship we share.

5. MN DHS fifth response to this issue in 2017: “As part of MnCHOICES 2.0, DSD is considering incorporating prompts to the assessor when response indicators point to

potential underlying conditions for which there is no current diagnosis. Due to the complexity of this, DSD can only say they are in the exploration stage regarding feasibility. However, be assured that BI indicators will be fully incorporated into training and the Practice Guidance being developed.”

TBIAC current position regarding the response above: We acknowledge the complexity of this approach. Brain injury indicators share cognitive, emotional and behavioral constellations with conditions related to other etiologies. The most direct way to consider brain injury is simply to ask.

6. MN DHS sixth response to this issue in 2017: “The HELPS screening tool was also introduced to the Behavioral Health Division, specifically to an Adult Mental Health policy staff. The use of the tool will be discussed by this division and more information will be gathered from their discussions to include in feedback to the MnCHOICES policy staff, as well as this committee.”

TBIAC current position regarding the response above: This is a welcome step, and we endorse this effort and consideration.

Supportive Evidence and Strategies:

1. The Legislative/Policy subcommittee has reviewed and considered the DHS response to the 2017 recommendation on this matter (see above), and met with Rita Chamberlain to examine the MnCHOICES screening in greater detail. While the HELPS tool is available to MnCHOICES assessors for the purpose of screening for brain injury, the implementation remains optional.
2. Routine TBI screening is practiced in several other states for the purposes described above. (See the 2017 report for details).
3. Routine TBI screening with the HELPS tool is consistently used in the chemical dependency evaluation process within the Minnesota Department of Human Services.

Potential Solutions and Action Plans:

1. The TBI Advisory Committee recommends that to increase the recognition of traumatic brain injury among individuals participating in assessments for potential support services from the Department of Human Services, and thereby better meet the needs of individuals with brain injury, DHS consistently implement a brain injury screening tool (HELPS) during all MnCHOICES 2.0 screenings.

HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

Agency/Screener's Information: _____

H Have you ever **Hit** your **Head** or been **Hit** on the **Head**? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the **E**mergency room, hospital, or by a doctor because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these **P**roblems in your daily life since you hit your head? Yes No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- | | |
|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> difficulty reading, writing, calculating |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> poor problem solving |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> difficulty performing your job/school work |
| <input type="checkbox"/> depression | <input type="checkbox"/> change in relationships with others |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering | |

S Any significant **S**icknesses? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H, E or S), **and**
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), **and**
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning

LEGISLATIVE AND POLICY SUBCOMMITTEE
Continued Recommendation # 3

How to meet the needs of individuals who have sustained a brain injury by educating their caregiver network about: brain injury; resources to support them in their caregiver role; and support services for their care recipient.

Problem Statement:

According to research from the Wilder Foundation, more than 8 out of 10 caregivers state that they need more information and help with caregiving topics. Caregivers cite lack of awareness about available services or difficulty finding local services as a common barrier to service use. Family members and other informal caregivers for people who have sustained brain injuries often struggle with what to expect from caring for a person with a brain injury, which services are important and available for an individual with a brain injury, and how to access resources both for the person affected by brain injury and for the caregivers themselves. With better information in hand and better access to self-care resources, caregivers will be more likely to access appropriate services and treatment for the person they care for.

Progress:

1. In its 2016-2017 recommendation, the TBI Advisory Committee submitted a recommendation to educate family members about brain injury, treatment options, and family care solutions. The Legislative Subcommittee specifically recommended that DHS, with additional agency partners:
 - a. establish a brain injury marketing awareness campaign;
 - b. provide lists of community resources and treatments that differentiate between pediatric TBI and adult TBI;
 - c. research published materials for TBI action plan or road map for treatment;
 - d. identify and apply for a grant targeting use of technology.
2. In the DHS Response to the TBI Advisory Committee Recommendations, DHS supported the idea of an awareness campaign that educates the public about brain injury. DHS recommended Disability HUB as a tool for families to find appropriate resources. DHS also indicated that the BI Interagency Leadership Council would be a valuable partner in implementing the recommendation and that all agency partners would need to explore the best approach. Also, the partners involved in the BI-ILC would need to look into the possibility of grant funding to support the recommendation.

3. For the 2017-2018 recommendations, the Legislative Subcommittee decided to follow-up on this recommendation but focus solely on the availability of resources for caregivers of people affected by brain injury.

Supportive Evidence and Strategies:

1. The Legislative Subcommittee endeavored to research what services were available under the waivers for caregivers. Andrea Werlinger from DHS prepared a chart comparing four different services, one under the CADI and BI Waiver and three under the Elderly Waiver and AC Program.
2. Jennifer Perry from DHS presented to the subcommittee about the Family Training and Counseling service under the BI and CADI waivers. She indicated that there were 582 providers of this service, 305 under HCBS waivers.
3. The subcommittee has requested 5 years of data from DHS regarding utilization of caregiver services - Family Training and Counseling service under the BI and CADI waivers and the Family Caregiver Training and Education service under the EW and AC Program. We are very thankful to have promptly received the following data regarding the Family Training and Counseling Service:
 - a. How many providers bill to the caregiver training codes for people on CADI & BI Waiver? 55
 - b. How many individuals receive this service? 911 CADI & BI recipients received this service between 2012 – 2017, with an average of 152 per year. These are not unique recipients.
 - c. How many counties are served? From 2012 – 2017, recipients in all 87 counties utilized the service, with the majority in Anoka, Brown, Clay, Dakota, Hennepin, Ramsey, Scott, Stearns, Winona, and Wright being the highest. Dakota County had the highest utilization of 171, with Hennepin being second at 116. Providers in Ramsey County only utilized the service 40 times. 27 counties utilized the service fewer than 5 times.
 - d. How many with TBI diagnostic code? 18.6% of the recipients had a history of TBI diagnosis, 79.9 % did not. The remaining 1.5% had missing diagnostic codes.
 - e. What type of providers provide these services?

Provider Type of Family Training & Counseling Service	Frequency
Rehabilitation Agency	13
Social Worker-Licensed Ind	5
Home and Community Srvc Prov.	704
Physician	25
Bill Entity for Mental Health	Less Than 5
Psychologist	51
County Reservations Srvc	110
Public Health Nursing Org	Less Than 5
Total	911

Data Source:

MN Dept. of Human Services:

Jim Leibert, Research Scientist and Ashley Reisenauer, Human Services Supervisor

- f. What is the payment for each 15 minute unit? Market Rate. For Paid & Authorized Amounts and Units for 2013-2017, see Appendix B.
- g. Are there utilization trends for that service over time? Since 2014, the number of CADI & BI Waiver recipients of the service has almost doubled, though the number of units authorized and paid has decreased during that same time period. See Appendix B.
- h. How much billing/person over time? See above and Appendix B.
- i. What waivers are recipients of this service using?

		Waiver Type		Total
		BI	CADI	
TBI Diagnosis History	Missing	0	14	14
	N	10	718	728
	Y	98	71	169
Total		108	803	911

Data Source:

MN Dept. of Human Services:

Jim Leibert, Research Scientist and Ashley Reisenauer, Human Services Supervisor

4. In response to last year's Legislative Recommendation #3, DHS recommended Disability Hub MN as a resource for caregivers. The website does offer a caregiver training, but it indicates that it is for caregivers of Intellectual and Developmentally Disabled individuals with dementia. There does not seem to be any other information specifically directed to caregivers online. It appears that most of the information on the website is intended to guide users to chat with or call or email a Hub Expert about resources.
5. When searching Minnesotahelp.info for Caregiver services using Caregivers as the search term for services in Minnesota, less than ½ of the first 100 listings included caregiver in the title of the service. Many listings were for Adult Foster Care, which only uses the word caregiver in its description. It was also unclear how the services were ordered in the list. In other words, it was difficult to easily access services for caregivers when using the search function. If you go to popular topics under People with Disabilities, there is no reference to Caregivers. However, if you go to popular topics under Seniors, there is a Caregiver section that lists all the services for caregivers.
6. We reviewed the MNChoices Assessment Content online for information pertinent to Brain Injury and Caregiver Support.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-289284

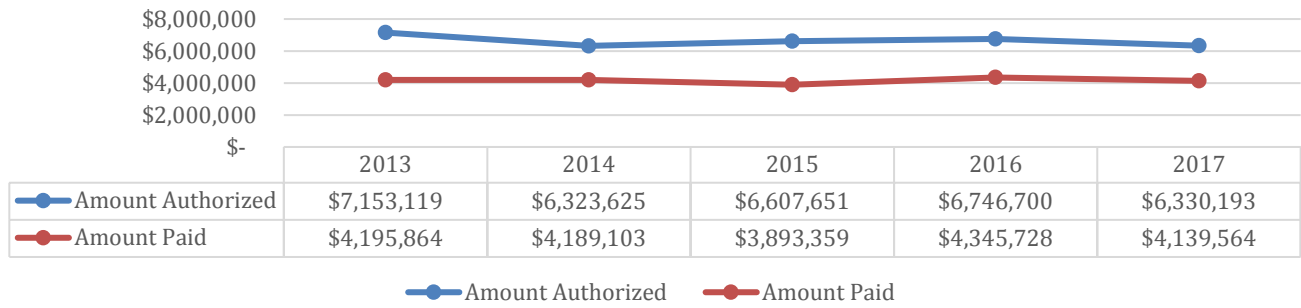
Potential Solutions and Action Plan:

1. DHS should take action to provide increased training and support for caregivers of individuals who have sustained brain injuries.
 - a. By October 2018, DHS should gather information to determine:
 - i. why only a very small percentage of the more than 20,000 people on CADI or BI Waiver access the Family Training and Counseling (FT&C) service;
 - ii. why there is a discrepancy between the number of providers who are authorized to provide the FT&C service and the number who actually have billed for the service;
 - iii. why there is a such a difference between the units and amounts authorized for the service and that actually paid;
 - iv. why the two most populous counties, Hennepin and Ramsey, are providing fewer services than smaller counties;
 - v. why the number of CADI & BI Waiver recipients of the service has almost doubled, though the number of units authorized and paid has decreased during that same time period;
 - vi. whether recipients of the FT&C service are waiver recipients or caregivers of waiver recipients;

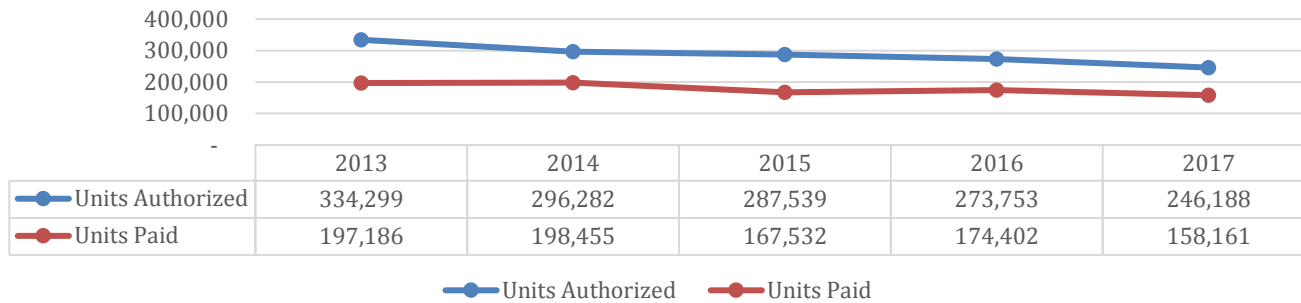
- vii. whether billing under the FT&C service is for Training, Counseling, or Person-Centered Planning.
- b. DHS should encourage providers to provide training to caregivers under the Family Training and Counseling service provider through the BI and CADI waivers.
 - c. DHS should encourage Lead Agencies and Contracted Case Management Agencies to offer available services to caregivers at assessments and quarterly meetings with waiver recipients. Oftentimes caregivers are not aware that they are entitled to services under the waivers.
 - d. By October 2018, DHS should determine whether assessors are using the MNChoices Caregiver Module when conducting assessments and reassessments of BI and CADI waiver recipients and mandate use of this module whenever friends or family members are acting as the waiver recipient's caregiver.
 - e. DHS should make training available under the Family Training and Counseling service under the BI and CADI waivers broader and more comparable to the training available under Family Caregiver Training and Education service under the EW and AC Program. Caregivers need training on health and wellness for the caregiver; substitute decision-making tools; home safety and home modification; Alzheimer's and dementia; general information about the waivers and Medicare; how to use Disability HUB, Disability 101 and Housing 101, and minnesotahelp.info; health care directives and hospice; and other relevant topics.
 - f. By December 2018, DHS should broaden the Caregiver Training module on the Disability Hub website to apply to all caregivers of people with disabilities, not just for caregivers of Intellectual and Developmentally Disabled individuals with dementia.
 - g. By December 2018, in the minnesotahelp.info website, DHS should mirror caregiver information under the Popular Topics section for Seniors in the section for People with Disabilities. Caregivers of people with disabilities are just as likely to need support as caregivers of Seniors.
2. TBIAC would be happy to coordinate with DHS staff in crafting data requests to gather the information requested above.
 3. TBIAC would also be willing to assist DHS staff in identifying caregiver training topics that could be billed for under the BI and CADI waivers.
 4. TBIAC will assist DHS staff in providing content for a Caregiver Training Module for caregivers of people affected by brain injury (or disability in general) for use on the Disability HUB website.

Appendix B

Paid and Authorized Amounts by Year
2013 to 2017

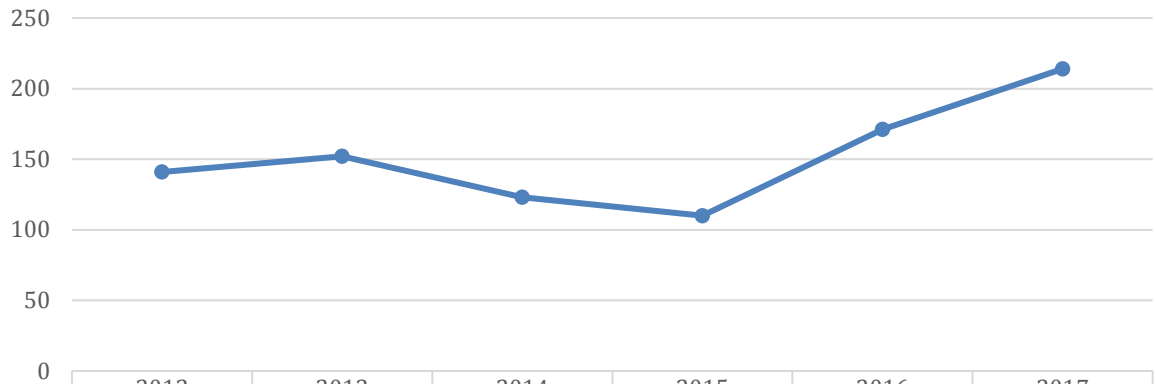


Paid and Authorized Units
by Year 2013 to 2017



(Continued on next page.)

Number of CADI and BI Recipients Using Family Counseling and Training Services



	2012	2013	2014	2015	2016	2017
Frequency	141	152	123	110	171	214

Data Source All Three Graphs:

MN Dept. of Human Services:

Jim Leibert, Research Scientist and Ashley Reisenauer, Human Services Supervisor

APPENDIX C
2017-2018 TBI ADVISORY COMMITTEE MEMBERSHIP

Name/Term	Subcommittee	Additional Committees/ Work Groups
Kelly Bredeken Ex-officio	Service Needs Subcommittee	MN low Incidence Project; Statewide School TBI Specialist
Karen Cherwien Person w/brain injury	Legislative & DHS Policy Subcommittee	N/A
Erwin Concepcion Ex-officio	Legislative & DHS Policy Subcommittee	DHS BI Workgroup, Brain Injury Interagency Leadership Council (BIILC)
Marisela Cantu Family Member	Legislative & DHS Policy Subcommittee	Chair Legislative & DHS Policy Subcommittee
Ruthie Dallas Ex-officio	Legislative & DHS Policy Subcommittee	DHS Brain Injury Workgroup
Mark Andrew Dascalos Provider	Legislative & DHS Policy Subcommittee	N/A
Mark Gallagher Person with brain injury	Legislative & DHS Policy Subcommittee	N/A
Jodi Greenstein Provider	Legislative & DHS Policy Subcommittee	Chair Legislative & DHS Policy Subcommittee
Jennifer Halberg Person w/ brain injury	Service Needs Subcommittee	N/A
Joel Hartmann Provider	Legislative & DHS Policy Subcommittee	N/A
Kristen Helgeson Provider	Service Needs Subcommittee	N/A

Name/Term	Subcommittee	Additional Committees/ Work Groups
Troy Hoehn Provider	Service Needs Subcommittee	Services Subcommittee
Trisha Hoffman Provider/Family Member	Legislative & DHS Policy Subcommittee	Olmstead Workgroup
Amanda Jarvis Person w/brain injury	Service Needs Subcommittee	Services Subcommittee
Robert Karol Provider	Co-Chair Full Legislative & DHS Policy Subcommittee	Brain Injury Interagency Leadership Council (BIILC)
Mark Kinde Ex-officio		DHS Brain Injury Workgroup, Brain Injury Interagency Leadership Council (BIILC)
Christina Kollman MBIA	Chair Full Committee Steering, Service Needs	Chair Full Partners Panel
Mary Koolmo Provider	Co-Chair Service Needs Subcommittee	Chair Services Subcommittee
Emily Larsen Person w/brain injury	Service Needs Subcommittee	N/A
Bonnie Markham Person w/brain injury	Service Needs Subcommittee	Brain Injury Interagency Leadership Council (BIILC)
Susan McGuigan Family Member	Legislative & DHS Policy Subcommittee	MN Spinal Cord & TBI Research Grant Advisory Council MDLC PAIMI Advisory Council
Janna Neher Provider	Service Needs Subcommittee	MN Gov. Affairs Committee of MN Physical Therapy Association

Name/Term	Subcommittee	Additional Committees/ Work Groups
Lisa Joan Nippoldt-Baca Provider	Legislative & DHS Policy Subcommittee	N/A
Laura Norris Provider	Co-Chair Service Needs Subcommittee	Chair Services Subcommittee
Adele O'Mulrcheartaigh Person w/brain Injury	Legislative & DHS Policy Subcommittee	Legislative Subcommittee
Tamara Paulson Ex-officio	Service Needs Subcommittee	N/A
Mary Richards Person w/brain Injury	Service Needs Subcommittee	N/A
Barnette "Bud" Rosenfield Ex-officio	Legislative & DHS Policy Subcommittee	N/A
Uzma Samadani Provider	Legislative & DHS Policy Subcommittee	N/A
Virginia Savaloja Family Member	Legislative & DHS Policy Subcommittee	N/A
Jessica Schara Provider	Service Needs Subcommittee	N/A
Jennifer Schneider Ex-Officio	Service Needs Subcommittee	DHS Workgroup
Leslie Seymour Ex-officio	Service Needs Subcommittee	N/A
Gaye Smith Person w/ brain injury	Legislative & DHS Policy Subcommittee	N/A

Name/Term	Subcommittee	Additional Committees/ Work Groups
Elizabeth Stoneburg Family/Provider	Legislative & DHS Policy Subcommittee	N/A
Jill Tilbury DHS liaison to TBI Advisory Committee Public Guardianship Administrator Policy Lead to DD OBRA Level II	Steering, Legislative & DHS Policy Subcommittee	Brain Injury Interagency Leadership Council (BIILC); DHS Internal BI Work Group