2016-17 Annual Report

of the

DHS Traumatic Brain Injury Advisory Committee

June 08, 2017

Table of Contents

ACKNOWLEDGMENT

It is with deep appreciation that the DHS TBI Advisory Committee recognizes the work and support of Andrea Werlinger. The Committee would like to thank Commissioner Piper for attending our meeting and to Manfred Tatzmann for extending the invitation.

DHS TBI Advisory Committee Leadership

Christina Kollman, Chair
Trisha Hoffman, Vice Chair
Susan Olson, Service Needs Subcommittee Co-Chair
Bonnie Markham, Service Needs Subcommittee Co-Chair
Jodi Greenstein, Legislative & DHS Policy Subcommittee Co-Chair
Marsiela Cantu, Legislative & DHS Policy Subcommittee Co-Chair
Jerrod Brown, Data Subcommittee Co-Chair
Manfred Tatzmann, Data 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 2016-June 2017

The 2016-17 year started with the addition of eleven new members, of which six are people with brain injury or family members. The remaining six were professionals in the fields of neurosurgery, optometry and Mental Health professionals. A main priority remains to nominate members that are from diverse communities 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 history and interest in leadership within the committee so that leadership throughout the committee is sustainable.

The TBI Advisory Committee again this year was very engaged and active. As in previous years, TBI AC members provide several hundred hours of volunteer 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. Advised the L4 DHS Leadership group on content of brain injury training that will be available to all HCBS DHS staff. The Full TBI AC and Service Subcommittee members reviewed the first drafts of this training.
C. Responded to requests from DHS internal committees to have TBI Advisory Committee members participate on committees or work groups, such as:
    - Olmstead Committee attendance and Olmstead presentation at TBI AC
    - 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
    - Home and Community-Based Services Report Card Project
    - Stakeholder Meeting MN's Personal Health Record for Long Term Services and Supports Demonstration
    - MN Disability Linkage Line attendance to TBI AC
    - WINGS conference attendance

On a monthly basis, TBI AC 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 TBI Advisory Committee would like to express its gratitude for the commitment and support Andrea Werlinger, DHS Liaison, has provided to all of the committee efforts this year. Andrea has

demonstrated her commitment to the TBI AC by successfully creating a brain injury curriculum with her L4 leadership group that is available to DHS staff. 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 October 2017 TBI Advisory Committee meeting. DHS provided informal and formal responses on this timeline last year and it helped the committees' progress towards new goal formation and was appreciated.

The TBI Advisory Committee operates with a Steering Committee and three subcommittees, specifically referenced as the Service, Legislative, and Data subcommittees.

- 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.
- The Legislative/DHS Policy subcommittee identifies key issues for legislative action and DHS policy change.
- The Data subcommittee discovers and examines statewide data gathering efforts by DHS, the Department of Health, and all 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.

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.

LEGISLATIVE & DHS POLICY

The TBI Advisory Committee Legislative & Policy Subcommittee recommendations are:

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

Recommendation # 2: How to successfully diagnose and recognize traumatic brain injury amongst the population of individuals participating in medical and behavioral evaluations and seeking potential support services from the Department of Human Services.

Recommendation #3: How to meet the needs of individuals with brain injury by educating their family and supports network on awareness, treatment options, and how to achieve family care solutions.

Data Committee

It would be helpful to learn more about the data that underlies the initiatives that DHS is considering that will address the gaps and areas of need noted in the 2015 Needs and Resource Assessment. The Data Committee continues to assess the availability of TBI related data sources within DHS to support the efforts of the TBI AC.

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 TBI AC members in workgroups and committees to open up channels of communication and education about brain injury and to develop leadership amongst members.

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, 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.

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 educate ourselves on 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; 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 mental health crisis response and Neurobehavioral crisis. The committee is also hoping to better understand judicial system and how people with brain injury are treated within it.

2016-2017
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:
The committee appreciated the continued support for this recommendation outlined in the 2015-2016 DHS formal response. 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 due by April 2017. This Leadership Cohort is sponsored by Alex Bartolic and Erwin Concepcion. This was an excellent step in achieving this recommendation. The team has presented at two of the committee's monthly meetings on their progress. At the most recent update the group shared a quote from Commissioner Emily Piper: "Thousands of Minnesotans sustain a TBI. This affects people and families. This thorough, up-to-date training for DHS employees on this important topic will help us serve and support those individuals even better".

Potential Solutions and Action Plan:
The committee is requesting DHS implement the education plan developed by the L4 Leadership Cohort and follow our 2015-2016 recommendation to make this curriculum available first to Disability Linkage Line (Options) staff, then to Direct Care and Treatment staff, and staff that provide waivered services and other DHS professionals. The subcommittee recommends based on conversations with Lori Munsterman, Manager of Child Welfare Training and Quality Committee, that the training is made available to the DHS staff from Child Protection. The subcommittee supports the plan for the training developed by the L4 Leadership Cohort to be made available DHS wide through the publicly available DHS YouTube.

Responsibilities:
While the training will be available DHS wide, 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. 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. It is also recommended that DHS track utilization of the modules and solicit feedback for the development of future modules. The subcommittee recommends

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. It is recommended that the Disability Services Division maintain the content of these modules, provide updates and promote (i.e., during Brain Injury Awareness month). The subcommittee is willing and interested to receive ongoing updates and provide input as this education tool is utilized.

SERVICE NEEDS SUBCOMMITTEE
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:
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. 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:

- Carly Pederson, Clinical Review Specialist with HCEA-State Medical Review Team
- Stephen Horn, Policy staff from DHS, review upcoming change regarding Customized Living that will affect people ages 18-54
- Natasha Merz, Office of Ombudsman
- Lori Munsterman, Manager of Child Welfare Training and Quality Assurance Programs, Child Protection/Child Welfare Division

The subcommittee has several examples in 2017 that highlights collaborative work with DHS including:

- The Center for Excellence in Supported Decision-Making sponsored their third annual WINGS (Working Interdisciplinary Network of Guardianship Stakeholders) Summit on February 3, 2017 in St. Paul, supported in part by a grant from the U.S. Departments of Health and Human Services, with planning and coordination provided by MN DHS. DHS invited many agency partners to participate in this event, including the MN Department of Education and the MN Low Incidence Projects. The principles embraced by WINGS MN has significant implications for students with disabilities (including TBI), their families, and school educators, and address the following:

    - Supported Decision-Making should be a framework for and embedded in every IEP for ALL students with disabilities, including those with TBI
    - 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

- Deb Williamson, Statewide TBI Specialist for the Schools, attended this event 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.
- Jill Tillbury, Public Guardianship Administrator/Disability Services Division, shared a new DHS video series featuring Jonathan Martinis addressing Supported Decision Making. This video link has been posted on state electronic mailing lists to be shared with special education administrators and teachers throughout the state, including school staff who work with students with TBI.
- 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 with participation of state agency leaders.
- Olmstead Sub-Cabinet - The Olmstead Sub-Cabinet aims to implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities. The chair of the full TBI AC attended sub cabinet meetings, provided a written response regarding recommendations and had (Executive Director) Darlene Zangara attend and present at the Full TBI Advisory Committee

Potential Solutions and Action Plan:

- 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 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 continue to 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.

SERVICE NEEDS SUBCOMMITTEE
Recommendation #3

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

Problem Statement:
There is a lack of accessible and integrated services with child protection workers for the needs of children who have a parent with a brain injury.

Supportive Evidence and Strategies:
This was a recommendation in 2015-2016, 2016-2017 that continues to be a need in 2017-2018, and supported by the data from the 2015 Minnesota Statewide Brain Injury Needs and Resources Assessment. Progress was made in 2016-2017 with the help of the Assistant Commissioner for Children and Family Services for DHS, James Koppel, arranging for Lori Munsterman, Manager of Child Welfare Training and Quality Assurance Programs, to provide an overview of the Child Safety and Permanency Division for the committee. During this presentation the committee learned of the Capacity Building Center work that is underway by this division. We understand that this will support the development of a safety model and standards for working with child protection cases.

Lori Munsterman worked with her division and as of May 8, 2017, she was able to find a member of her division to join our committee. Rebecca Wilcox is planning to attend the Service Needs Committee meetings. Rebecca is the manager for the Safety and Prevention Unit in the Child Safety and Permanency Division. This is an area of high interest for the committee. In a news story posted on April 11, 2017, by the Minnesota Department of Human Services it was reported that "The number of Minnesota children suspected of being abused or neglected grew significantly in 2016. More than 39,500 children were the subject of reports, a 25 percent increase from 2015. Of those children, 16,400 were part of child maltreatment investigations, a 43 percent increase over the previous year". We support the Governor's Task Force on the Protection of Children to standardize how counties and tribes document reports of child abuse and neglect. There is also an opportunity to provide training for Child Safety and Prevention staff on the specific needs of individuals with brain injury. This is addressed in our recommendation #1.

This problem is outlined in "When a parent suffers ABI: Investigation of emotional distress in children, Brain Injury", confirmed the presence of signs of emotional distress in children of parents with severe TBI. The authors conclude that it is necessary to create structured programs in order to evaluate the presence of difficulties for the children.[1]

[1] A. Redolfi, G. Bartolini, M. Gugliotta, A. Maietti, P. Pietrapiana, S. Sapienza, A., D'Amato & A. Mazzucchi (2017): When a parent suffers ABI: Investigation of emotional distress in children, Brain Injury, DOI: 10.1080/02699052.2017.1297486

Potential Solutions and Action Plan:
The committee continues to request regular attendance of an administrative/leadership level staff member from the Child Safety and Permanency Division to be an active member of the monthly TBI AC Service Needs Sub-committee meetings in order to facilitate dialog and future recommendations on advancing person centered services. Lori Munsterman has indicated that she is pursuing a representative to attend the monthly meetings. We recommend that the needs of the family of parents who have a brain injury be included in the safety model and standards that will be developed via the Capacity Building Center. We also recommend opportunities for TBI AC members to participate in appropriate Child Safety and Permanency Division meetings.

Responsibilities:
DHS will support participation of an administrative/leadership level 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.

DHS has a long history of supporting the needs of children. The Child Safety and Permanency Division will promote 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. This provides an opportunity to identify the hidden needs of children who have a parent with a brain injury.

SERVICE NEEDS SUBCOMMITTEE
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 State Medical Review (SMRT) process is complex and inconsistent for individuals to navigate and results in a high number of denials resulting in delayed access to services.

Supportive Evidence and Strategies:
The committee learned from Carly Pederson, Clinical Review Specialist with HCEA-State Medical Review Team (SMRT), at our September 2016 meeting that in MN, only 34% of applicants are approved with the initial application. That means 2/3 of applicants are denied their first time applying for SMRT certification. This is a process people go through 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. Information is available, but lack of coordination in navigating the process is problematic. It is difficult for individuals to be referred for the SMRT referral after several hours on the phone with the county and several calls requesting a SMRT referral. 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. Members of the committee with brain injury shared their experience with the process which supports this assessment. The TBI Advisory Committee recommends DHS address this situation to ensure the process is well supported and standard across Minnesota.

Potential Solution's and Action Plan:
DHS will explore the potential of having a standard and consistent process across Minnesota 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.

Responsibilities:
It is recommended that DHS explore options to ensure a standard SMRT process across all Minnesota counties for individuals seeking benefits in order to ensure timely access to benefits.

LEGISLATIVE AND POLICY SUBCOMMITTEE
Recommendation #1

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

Problem Statement:

Approximately 23 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 extraordinarily 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 Brainard 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.

We currently do not have adequate services to appropriately treat the more severe levels of behavioral dyscontrol. 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 dyscontrol 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.

Supportive Evidence & Strategies:
The TBI Advisory Committee recommends that DHS investigate this situation for these specific individuals to ensure that appropriate in state care is available.

Potential Solutions & Action Plan:
1. Specifically interview/survey providers 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 in-state experts on behavioral dyscontrol programming for severe cases explicitly for people with brain injury.

3. Promulgate enhanced funding for programs for severe behavioral dyscontrol 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.

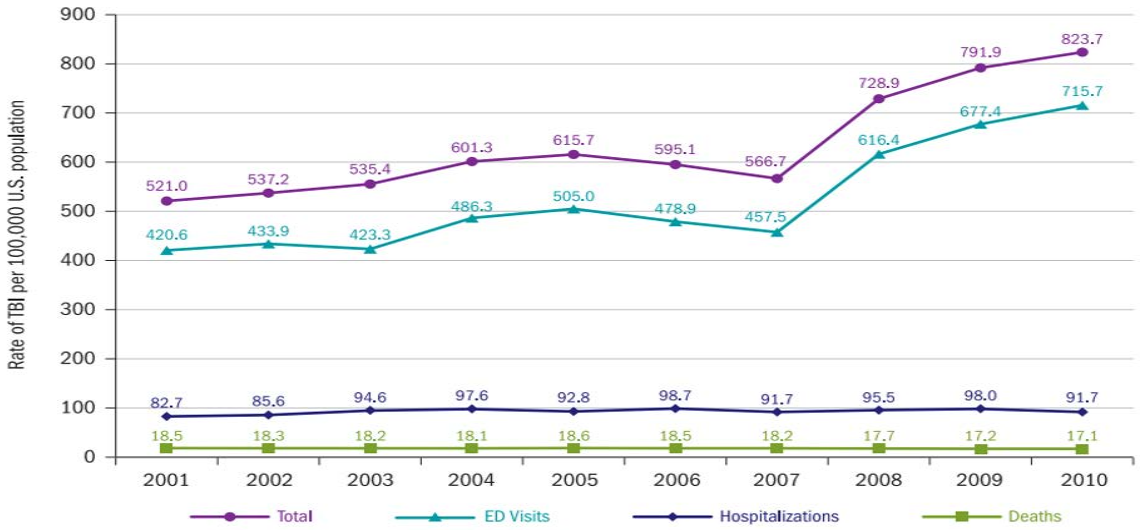
LEGISLATIVE AND POLICY SUBCOMMITTEE
Recommendation #2

How to successfully diagnose and recognize traumatic brain injury amongst the population of individuals participating in medical and behavioral evaluations and seeking potential support services from the Department of Human Services.

Problem Statement:

According to Minnesota Department of Health Data (2014), 43,247 Minnesotans report experiencing a traumatic brain injury (TBI) each year—that is, seek medical care. With the CDC estimating over one million individuals in the US experiencing undocumented injuries and with 75% of all injuries being mild in nature (Faul, Xu, Wald, & Coronado, 2010; National Center for Injury Prevention and Control, 2003), the challenge with correctly identifying and serving individuals with brain injury is immense. One particular area of concern is the lack of formal, objective diagnostic measurements to evaluate the presence or absence of current brain injury and/or a history of previous injury. Researchers report that even many individuals with mild injuries experience long-term morbidity across physical, cognitive, and socio-emotional domains a year or more post-injury (Dean & Sterr, 2013). For individuals with moderate-severe injuries, the life expectancy is nine years shorter than the average adult and over 30% of these individuals necessitate assistance from others for daily activity completion (CDC).

Figure 1. Rates of TBI-related medical care in the United States from 2001 – 2010.



It is clear that individuals with TBI across the severity spectrum would benefit from services that specifically target their unique needs and symptoms. As a result, many states (e.g., Michigan, Iowa, New York, and New Mexico) have adopted the use of questionnaires within behavioral and medical diagnostic protocols to screen for and diagnose history of TBI. The following recommendation relates to this need for proper screening and diagnosis and mirrors protocol

requirements for state health agencies across the nation. Furthermore, a validated, standardized tool aimed at screening for potential brain injury has been successfully implemented into the chemical dependency evaluation process within the Department of Human Services.

Supportive Evidence and Strategies:
The TBI Advisory Committee recommends that to meet the needs of individuals with brain injury, DHS consistently implement a brain injury screening tool during all diagnostic evaluations.

Potential Solutions and Action Plan:
1. Consistently implement use of a validated, standardized brain injury screening tool, such as the HELPS Screening Tool (*HELPS Screening Tool*, Picard et al., 1991) during all diagnostic evaluations. Consideration should also be given to including those tools used with pediatric populations.

Footnote: The publicly available, free *HELPS* tool is an evidence-based measure that probes for information regarding potential brain injury history through a series of five questions. This tool reflects recommendations from the Center for Disease Control regarding traumatic brain injury identification and diagnosis. Although the measure does not specifically probe for injuries related to acceleration/deceleration forces (e.g., whiplash), the HELPS screening tool is intended to facilitate initial discussion and identification of a broad range of injuries. Additionally, the tool facilitates discussion of long-term symptomology potentially related to a brain injury event (e.g., headaches, poor problem solving, and change in relationships with others). This screening tool requires approximately 5-10 minutes to administer and can be completed both with and for pediatric and adult populations. One point is scored for every answer of "yes". If an individual scores two or more points—and particularly if an individual responds "yes" to any of the symptomology questions—there exists an indication of possible injury and need for more extensive evaluation. Of particular importance, is the fact that the *HELPS* tool is designed for use by professionals whose primary field of expertise is not brain injury, and thus, can be facilitated easily by a variety of individuals during the evaluation process.

References:
Dean, P. J. A., & Sterr, A. (2013). Long-term effects of mild traumatic brain injury on cognitive performance. *Frontiers in human neuroscience*, *7*, 30.

Faul, M., Xu, L., Wald, M. M., & Coronado, V. G. (2010). Traumatic Brain Injury in the United States. *Emergency Department Visits, Hospitalizations and Deaths, 2002-2006*.

National Center for Injury Prevention and Control (US). (2003). *Report to Congress on mild traumatic brain injury in the United States: Steps to prevent a serious public health problem.* Centers for Disease Control and Prevention.

Picard, M., Scarisbrick, D., & Paluck, R. (1991). HELPS: a brief screening device for traumatic brain injury. *Comprehensive Regional Traumatic Brain Injury Rehabilitation Center, New York*

HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

_____

_____

Agency/Screener's Information: _____

_____

H Have you ever **H**it your **H**ead or been **H**it on the **H**ead? ☐ 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.

- ☐ headaches
- ☐ dizziness
- ☐ anxiety
- ☐ depression
- ☐ difficulty concentrating
- ☐ difficulty remembering
- ☐ difficulty reading, writing, calculating
- ☐ poor problem solving
- ☐ difficulty performing your job/school work
- ☐ change in relationships with others
- ☐ poor judgment (being fired from job, arrests, fights)

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
Recommendation #3

To meet the needs of individuals with brain injury by educating their family and supports network on awareness, treatment options, and how to achieve family care solutions.

Problem Statement:

Individuals with a TBI are highly likely to be misdiagnosed and thus fail to be treated. Even when proper diagnosis is obtained, families struggle with what to expect, which medical services are important to the individuals with TBI wellbeing and how to access these resources. It is our belief that if we provide some education to these families, treatment will be sought much quicker and the cost of medical expenses will decrease to treat these individuals because they are likely to seek proper treatment more timely and when necessary as opposed to seeking treatment when the diagnosis is exacerbated.

Supportive Evidence and Strategies:

The TBI advisory committee recommends that the Department of Human Services partner with the Department of Public Health, the Department of Education and the MN Brain Injury Alliance (hereinafter named as "the Partners") to enhance TBI awareness and to provide education to family members and supports of TBI adults and children through the following means:

1. Establish a marketing awareness campaign that educates the public about the symptoms of TBI,
2. Provide a list of resources in the community and treatments available at the time of treatment that discriminates on whether the individual with a TBI is a child or an adult;
3. We recommend that DHS research published materials for TBI such as a plan or action or road map document for treatment.

Potential Solutions and Action Plan:

We recommend that the Partners search for a grant targeting the use of technology. We acknowledge that the Inter Agency Leadership Council may be a good resource to affect these means.

APPENDIX

APPENDIX A

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 B:
2016-17 TBI Advisory Committee Membership

Member	Classification	Subcommittee(s)
Jerrod Brown	Pathways Counseling & AIAFS	Co-Chair Data Subcommittee
Marisela Cantu	Family Member	Co-Chair Legislative & Policy
Danielle Fox	Scott County Social Services,	Legislative & Policy
Mark Gallagher	Person with a brain injury	Legislative & Policy
Jodi Greenstein, MSW, LICSW, CBIS	Courage Kenny Rehabilitation Institute	Co-Chair Legislative & Policy
Kristen Helgeson	Guild/Hazelden Betty Ford	Service Needs & Data
Joel Hartmann	Bethesda Hospital/HealthEast	Legislative & Policy
Troy Hoehn, ATC, CSCS, ITAT	Orthopedic & Fracture Clinic	Service Needs
Trisha Hoffman, CBIS	Goodwill/Easter Seals, MN	Vice Chair Full Committee Legislative & Policy
Carol Insley	Family Member	Service Needs
Amanda Jarvis	Person with a brain injury	Service Needs
Robert Karol, Ph.D., L.P., ABPP, CBIST	Karol Neuropsychological Services & Consulting	Legislative & Policy
Christina Kollman, LSW	Minnesota Brain Injury Alliance	Service Needs, Chair of Full Committee
Mary Koolmo, APRN, CNP	Children's Hospital of Minnesota	Service Needs
Emily Larsen	Person with a brain injury	Service Needs
Jeffrey Louie, MD	U of M Masonic Children's Hospital, Pediatrics ED	Legislative & Policy
Wade Majewski	Options Residential	Legislative & Policy

Member	Classification	Subcommittee(s)
Bonnie Markham	Person with a brain injury	Co-Chair Service Needs
Adrienne Morris	Person with a brain injury	Service Needs
Jana Neher, PT	Gillette Children's Specialty Healthcare	Legislative & Policy
Laura Norris	Hennepin County Social Services	Service Needs
Susan Olson, M.S.	Hennepin County Medical Center	Service Needs
Adele O'Mulrcheartaigh	Person with a brain injury	Legislative & Policy
Mary Richards	Person with a brain Injury	Service Needs
Charles Ryan	Person with a brain injury	Service Needs
Uzma Samadani, MD	Hennepin County Medical Center	Legislative & Policy
Dana Sigrist	Provider	Legislative & Policy
Elizabeth Stoneburg	Family member	Legislative & Policy
Manfred Tatzmann	Person w/brain injury	Co-Chair – Data Subcommittee
Michael Thorn	Mayo Hospital	Legislative & Policy
Andrea Werlinger	Minnesota Department of Human Services	DHS Liaison

Ex-Officio Members	Agency	Sub-Committee
Erwin Concepcion, Ph.D.	MN Dept. of Human Services Direct Care and Treatment	Legislative & Policy, Steering
Ruthie Dallas	MN Dept. of Human Services Alcohol and Drug Abuse Div.	Legislative & Policy
Mark Kinde	MN Dept. of Health Injury & Violence Prevention	Service Needs
Christina Kollman Permanent Membership	Minnesota Brain Injury Alliance	Steering Committee & Service Needs
Tamara Paulson	VA Minneapolis Medical Center	Service Needs

Barnette Rosenfield	TBI Protection and Advocacy (P&A) Grant, Disability Law Ctr.	Legislative & Policy
Jennifer Schneider	MN Dept. of DEED, Vocational & Rehabilitation Services	Service Needs
Andrea Werlinger DHS/DSD Staff Liaison	MN Dept. of Human Services Disability Services Division	All committees as needed
Deb Williamson	Minnesota Low Incidence Project, Grant Program with Minnesota Dept. of Education	Service Needs