

Testimony
Long-Term Care Interim Committee
Representative Kreidt, Chairman
Wednesday, March 10, 2010

Chairman Kreidt and members of the Long-Term Care Committee, I am Susan Wagner, Human Service Program Administrator, with the Division of Mental Health and Substance Abuse Services (DMHSAS), for the Department of Human Services (DHS). I am here to provide information on traumatic brain injury (TBI) as it relates to the committee's study of the impact of individuals with TBI on the state's human service system. This part of my testimony is in regards to the TBI Implementation Partnership Grant and implementation of 2009 Senate Bill No. 2198.

The current TBI Implementation Partnership Grant is in the final year and will officially end March 31, 2010. Significant progress has been made to accomplish the goals of the grant. The following will detail that progress.

Goal 1: Sustainability – to build a formal presence and infrastructure for the advancement of TBI focused issues. Status – completed. The TBI Advisory Committee is comprised of an active, balanced membership representing individuals with TBI, family caregivers, service providers, Veterans Affairs, Indigenous People's Brain Injury Association, and state agency representatives. The committee meets on a quarterly basis for the purpose of assisting in management of the grant and advising DHS on the needs of individuals with TBI and their family members. The committee was instrumental in supporting the passage of 2009 Senate Bill No. 2198.

Goal 2: Education and awareness - to provide timely information, resources, and education regarding TBI to individuals with TBI, family caregivers, other caregivers, and service and support providers. Status – ongoing. This goal has been ongoing throughout the life of the grant. It has been imperative to respond to the needs of the groups mentioned in the goal statement. TBI 101 training has been conducted at each of the eight regional human service centers; Home and Community Based Services (HCBS) case managers in regions 1, 2, and 7; and numerous statewide conferences and training venues. Toolkits on different aspects of TBI have been disseminated to senior citizen centers, clinics, coaches, and teachers. Numerous radio interviews have been held. TBI Awareness Month is this month. A library campaign is underway to promote TBI Awareness. 32 libraries in North Dakota responded affirmatively to a statewide email soliciting interest in receiving packets of information on TBI to display at their library.

Goal 3: Enhancement of services - to ensure a coordinated system to access and receive services and support for individuals with TBI and their families. Status - ongoing. This goal has been ongoing throughout the life of the grant. The focus in year three has been more on the county social service boards and human service system given the passing of 2009 Senate Bill No. 2198. A project to integrate a TBI screening tool at the eight regional human service centers is in progress. The HCBS case managers at the county social service boards are reporting data on the individuals who receive HCBS on a monthly basis. Relationships with the veterans system of care are in place with the goal to work cooperatively to meet the needs of veterans, with an emphasis on those returning soldiers from Iraq and Afghanistan and their families.

Goal 4: Tribal issues - to improve access for American Indians with TBI and their families to culturally appropriate information, services, and supports. Status – ongoing. The TBI Project Director from UND-Center for Rural Health and two members of the TBI Advisory Committee facilitated a talking circle on each of the four reservations. Information on TBI was shared as well as establishing a number of contacts for ongoing collaboration and support. Some grant funds were used to work with KAT Communications, a social networking agency, to develop two one minute segments on TBI to broadcast on Good Health TV. Good Health TV is a service that runs on wide screen televisions in the Indian Health Service clinic and hospital waiting rooms in the Aberdeen Service Area as well as other Indian Health Service areas in the country. The TBI Project Director from UND – Center for Rural Health has also participated in the veterans meetings on the reservations.

As I mentioned earlier, the current grant is due to expire on March 31st. We will be requesting a year four no-cost extension as there are remaining funds. We anticipate that request will be approved. The focus in year four will be continued education and awareness activities and working to support the establishment and activities of the Head Injury Association of North Dakota. The DHS did submit an application for the 2009 TBI State Grants program Implementation Partnership Grants new competition. Eighteen applications were submitted; three were awarded. Unfortunately, North Dakota was not one of the three.

The DMHSAS is implementing the 2009 Senate Bill No. 2198. Through a contract with the DMHSAS, HIT, Inc., provides social and recreation services. The total amount of the contract is \$40,104 and provides for 1,440 hours of service at an hourly rate of \$27.85 for up to nine

individuals. The amount of this service was determined by the passing of 2009 Senate Bill No. 2198.

The Head Injury Association of North Dakota provides information and referral services, public awareness and education, peer mentoring services, and informal support services. The amount of that contract is \$112,200. Another contract for the provision of additional public awareness for \$5,460 is in place as well.

\$111,540 was budgeted for increased and specialized vocational rehabilitation and consultation to individuals with TBI. Services under this section of the bill include extended support for individuals at risk of losing their employment after exhausting vocational services. Individuals with TBI very often need pre-vocational skills in order to re-enter or maintain employment. To meet that need, an RFP in the amount of \$55,000 was issued to solicit proposals to provide pre-vocational skills services. The deadline for proposals is March 5, with the award being made on March 11, 2010. The remainder of the budget, \$56,540 is used to support ongoing employment once the individual has completed their supported employment work with Rehabilitation Consulting and Services (RCS), more commonly known as Vocational Rehabilitation (VR) and prepared to move on to extended support services.

\$57,600 was appropriated for quality assurance and training for HCBS case managers and others who provide services to individuals with TBI. A data collection tool is in place to collect data from HCSB case managers on a monthly basis. Data collected include the number of new applications, number of "new" individuals who will receive services, and all individuals receiving HCBS. Periodic data probes will be completed by

the Medical Services Division to review the type and cost of services. To date, HCBS case managers in regions 1, 2, and 7 have rec'd TBI 101 training. The DMHSAS will collaborate with the Head Injury Association of North Dakota, the Indigenous People's Brain Injury Association, and UND-Center for Rural Health to plan and fund a statewide conference.

DHS was directed to call at least annually a joint meeting with the adjutant general, Office of Veterans Affairs, superintendent of public instruction, and the department of health. The purpose of the meetings is to work cooperatively to efficiently coordinate services to individuals with TBI while avoiding duplication. The first meeting was held February 16, 2010. Information on the needs of individuals, services, and other initiatives related to TBI was discussed. Meetings will be held at least quarterly.

This concludes my testimony. I'd be happy to answer any questions.