

**Traumatic Brain Injury Advisory Council
Center for People in Need
Lincoln, NE
December 9, 2011**

Public notice of upcoming meetings will be available on the Department of Education website under "conferences & meetings" at least 5 days prior to each meeting.

MEMBERS PRESENT: Armstrong, Dymacek, Gordon, Hausmann, Hawley-Grieser, Hon, Hux, Johannes, Lehman, Nordness (for Terryberry-Spohr), Velinsky, Verzal, Young

MEMBERS ABSENT: Buettner

ADVISORS PRESENT: Rasmussen, Stortenbecker

STAFF PRESENT: Bennett, Kasl, Noha

VISITORS PRESENT: Kate Kulesher Jarecke, BIA-NE; Dennis King, VR; Brett Hoogeveen, QLI; Don Fritz, Facilitator

The meeting of the State Traumatic Brain Injury Advisory Council commenced at 10:30 a.m. Public notification of this meeting was made on the Nebraska Department of Education web site.

AGENDA APPROVAL

The agenda for the day was reviewed. A motion was made by Mike Hon and seconded by Frank Velinsky to approve the agenda as submitted. **The motion carried by unanimous consent.**

APPROVAL OF SEPTEMBER 16, 2011 MEETING MINUTES

The minutes of September 16, 2011 were reviewed. A motion was made by Mike Hon and seconded by Dale Johannes to approve the September 16, 2011 meeting minutes as submitted. There were no objections to the motion. **The motion carried by unanimous consent.**

OPEN MEETINGS ACT

Tiffany Armstrong announced that the meeting was an open meeting and the Open Meetings Law was posted on the back table.

PUBLIC COMMENT

Kate Kulesher Jarecke announced that through Crane Storm, 11,000 cranes have been folded. The Museum of Nebraska Art in Kearney will be displaying them on March 29 during the TBI conference. The quarterly report was provided in writing.

CRITICAL QUESTIONS ACTIVITY

Keri Bennett introduced Don Fritz who will be facilitating the meeting. Don will guide the Council through several critical questions to determine the goals of the Council and how they will be reached. Don made opening comments and asked everyone to introduce themselves.

WHO ARE WE?

The Roles and Responsibilities of the Traumatic Brain Injury Advisory Council:

- We advise Voc Rehab and other state agencies regarding education and policy changes, and assist in training opportunities to meet the needs of individuals with brain injuries.
- The NE TBI Advisory Council actively represents the interests of Nebraskans with brain injury and shares information between all people and organizations supporting them.
- Pursuing best practices and care through research, education and awareness of brain injury.
- Creating a reliable statewide support system for people with brain injury.
- The purpose of the NE Brain Injury Advisory Council is to represent the interests of brain injury survivors and their families by promoting the expansion and improvement of education, training, and subsequent best practices that result in available appropriate and acceptable services.

Focus List:

Individuals with brain injury, policy changes, training opportunities, advising, education, share information, interests of Nebraskans with brain injury, supports, best practices, research, awareness, statewide support system, interest of survivors and families, appropriate services

Major Concepts:

- Interest in people with TBI and families
- Education & Training
- Awareness
- Support Services
- Best Practices
- System

Discussion:

Does the Council have the appropriate representation? No, need legislators as they have the ability to create change. Each Department can change its own policies. Need survivor's that represent all levels of need. What is the maximum potential for impact?

WHERE ARE WE NOW?

1. Progress On Current Plan

Goal #1 – Awareness and Training

Celebrations: Brain Injury Registry, Annual Conference, Veterans Task Force training, Screening Pilots, BIRSST

Challenges: Screening Pilot for Aging uncompleted, Devoted Resources for the Screening Pilots, YRTC Screening delays, Annual Conference to be maintained

Goal #2 – Increasing Capacity for Service

Celebrations: Awareness to Legislature, iPod Touch Training, Creation of BIA, Collaboration with BIA, Resources and Needs Assessment, Full-time Position from VR

Challenges: Passing Legislation, Money Follows the Person (Lack of Accessible Housing, Lack of Support Services), Aging and Disability Resource Centers slow start (coordinating all the programs)

2. Critical Themes and Implications – Review of Three Documents

TBI Needs and Resource Assessment

Themes: Implications

- Public education and awareness: Who are the targets and what do we want to move them to do
- Identifying gaps and barriers: Designing and implementing service coordination, finding funding
- Need for Increased education awareness and training:
- Need for availability of community services/resources to facilitate follow-ups:
- Need for money to address gaps and barriers in service system: Need grant writers and partnerships, funding

Pathways for System Change

Themes: Implications

- Resource Distribution: Need to continue legislative push
- State stuck at intermediate without legislative authority:
- Current political and economic conditions: Unable to get resources allocated fairly

- Coordination: Focus and direction in leadership
- Data: Justification, acquire knowledge
- State Policies and Funding: Create resources and opportunities
- Services: Effectiveness
- Sustainability: Infinity

Cultural Competence

Themes: Implications

- Equal access to services and supports: People don't get served, people don't achieve what they need to or want to
- Lack of diversity: Don't know all needs of each group, If don't know needs can't create change
- Expansion of recruiting: Lack of diversity of applicants
- Education: Council not aware of cultures/linguistic components so can't input this in trainings

3. Trends and Implications – A Review of Current Trends

Trends: Implications

- Individuals with brain injury are finding their way to agencies where it is not a good fit. Staff not trained on brain injury or individuals misdiagnosed: Support training of agencies so it becomes a good fit for the individual with a brain injury, no matter where they go for services
- Greater awareness of mild TBI: Need multiple funding sources
- Better acute medical care means more people survive to an older age: Need multiple funding sources
- Entitlement programs: Need multiple funding sources
- Few economic resources for individuals: Need multiple funding sources
- Push for cultural competence: Rewriting manuals/policies, recruiting and education
- Web based applications: Accessibility, skill levels need to be increased
- Less localized service coordination: Accessibility, timeliness of service, less individualized
- Rebalancing: Shorter rehab hospital stays, push for community based services, new policies, incentive for change
- Budget/Economy: Fewer resources and services
- Healthcare/insurance benefits:

- Growing need for long-term support: More long-term services needed
- Increased Awareness: Fewer injuries?
- Prevention: Better identification
- Technologies: Improved quality of life
- Education system: Better services
- Expanded definition of TBI: Increased population needing services
- Medical advances: Increases number and severity of survivors
- Advances in Meds: More people able to function in communities which requires additional community resources (ie. Trained health care professionals)
- More community-based resources: Need for improved infrastructure

WHERE DO WE WANT TO GO? AND HOW WILL WE KNOW WHEN WE GET THERE?

Critical Themes

- Equal access to services and support (existing and new) - all Nebraskans across the state, regardless of diversity, financial situation, etc.
- Awareness and training - increase community awareness, train service providers
- Awareness and education - must increase the awareness to motivate people to seek the education, must define the specific education that is desired
- Increased education, awareness and training - those needing the services need to educate the legislators and policy makers to make it possible
- Need for additional resources - may need to rebalance resources to increase the ones that people want and need, reprioritization/allocation
- Services and resources - how to coordinate and collaborate among resources that are available
- Education, training and awareness
- Funding - look for new sources of funds
- Awareness and education - must have some education on the subject to help create awareness

Priority Themes and Possible Goals

1. Awareness, Education and Training

Goal: Increase awareness of brain injury among the general public

Performance Indicators:

- Increase traffic on disability hotline/ombudsman across the state
- Increased number of conference attendees
- Service providers increase request for training
- Increase in the number of reports of brain injury
- Teachers/educators recognize brain injury and refer to BIRSST
- TBI Council members are called by legislators regarding brain injury issues

2. Funding

Goal: Expand funding sources to make the BIA-NE self-sustaining

Vision Statement (offered in addition to Performance Indicators) : The Brain Injury Association of Nebraska will be the conduit for representing the interests of TBI survivors and their families in the state. The Advisory Council will no longer exist as a separate entity but, instead, will be a part of the BIA-NE. The BIA-NE will be self-sustaining.

Performance Indicators:

- Identify possible funding sources from private agencies, businesses, government agencies, foundations, private donors, etc.
- Recruit grant writers
- Write fundable grants
- Hire personnel to direct grant activities as appropriate
- Make grant getting an on-going activity
- Eventually get some legislative funding to create a state infrastructure

3. Equal Access

Goal: Improve and increase awareness for accessing services

Performance Indicators:

- Information on services is clear and simplified
- Organizational structure to contact people following injury and assist them

- Case management and resource specialists available
- Market hotline for disability services
- Have a customer service piece for state services in place

4. Services

Goal: Individualized services for person's with Traumatic Brain Injury

Performance Indicators:

- Increase number of people with brain injury who are receiving services/funding under a HCB waiver (A&D, etc.)
- Improved local care coordination for people with brain injury
- Increase number of service providers that opt to prioritize brain injury
- Concerted effort to (through DHHS) to target getting people with brain injury on the waivers
- Training for family members as coordinators
- Increase in other community supports besides service providers

NEXT STEPS

Work groups need to be formed, with all appropriate players in attendance, to develop action plans aimed to reach each of the goals. The Council felt that the large group still needs to meet to process all the information that was put together today. Keri will send out a poll to see if another meeting date can be scheduled between now and the March conference.

Tiffany Armstrong proposed that the name of the Council be changed to Nebraska Brain Injury Advisory Council, dropping the Traumatic so that it reflects the entire population being served.

Frank Velinsky moved and Gary Hausman seconded a motion to change the name of the Council to Nebraska Brain Injury Advisory Council. There were no objections to the motion. **The motion carried by unanimous consent.**

ADJOURN

The meeting adjourned at 4:00 p.m. The next meeting will be scheduled by online poll.