

**Virginia Brain Injury Council Meeting**  
**Meeting Minutes FINAL**  
**April 25, 2008**

**Members Present:**

Theresa Ashberry	Family member
Helen Butler, RN	Brain Injury Services of SWVA
Tia Campbell, RN, BSN, NCSN	Virginia Department of Education
Lisa Garver	Brain Injury Services, Inc.
Patricia Goodall	Virginia Department of Rehabilitative Services
Victoria Harding	Lakeview Healthcare
Anne McDonnell, MPA, OTR/L	Brain Injury Association of Virginia
Terry Miles	Survivor
Carole Norton, Ph.D.	Professional
Mark Salisbury	Family member
Micah Sherman	Survivor
Gerald Showalter, Ph.D.	Woodrow Wilson Rehabilitation Center
GiGi Szelesta	Family member
Jenny Toth	Brain Injury Association of America
Alan Towne, MD, MPH	Virginia Commonwealth University
Kelli Williams, MPH, OTR/L	Professional
*Leigh Wion	Alliance of Brain Injury Service Providers
*Proxy for Jason Young	

**Members Absent:**

Paul Aravich, Ph.D.	Eastern Virginia Medical School
Scott Bender, Ph.D.	University of Virginia Health System
Nancy Bullock, RN	Virginia Department of Health
Katherine Lawson	Virginia Board for People with Disabilities
Michelle Nichols	McGuire Veterans Administration Medical Center
Russell Payne	Virginia Department of Mental Health, Mental Retardation & Substance Abuse Services
Paul Sharp, RN, NREMT-P	Virginia Department of Health
Julie Triplett	Virginia Office of Protection and Advocacy

**DRS Staff:**

Kristie Chamberlain	Virginia Department of Rehabilitative Services
Commissioner James Rothrock	Virginia Department of Rehabilitative Services

**Guests/Visitors:**

Laura Anglin	Phoenix Star Clubhouse
Colonel William Bograkos, D.O., FACOEP	U.S. Army Community Health Care Organization
Karen Brown	Brain Injury Services, Inc.
Mary-Margaret Cash	Virginia Department of Rehabilitative Services
Jennifer Clarke	Brain Injury Association of Virginia
Kelly Hickcok	Resources for Independent Living

Lissa Hopprich	Roanoke
Dwayne Yapp	Roanoke
Lorraine Justice	Brain Injury Association of Virginia
Gail Merridew	Nonprofit Consulting Federal Grant Evaluation
Pam Sherman	Family member
Elizabeth Smith, J.D.	Department of Rehabilitative Services
John Szelesta	Family member
Colonel Theresa Taylor, R.N.	U.S. Army Community Health Care Organization
Juanita Thornton	Phoenix Star Clubhouse

---

## **CONVENING OF THE MEETING**

The Virginia Brain Injury Council meeting was called to order at 1:08 p.m. by Anne McDonnell, Chair. Council members and guests and visitors introduced themselves.

### **Approval of Minutes**

Minutes of the January 25, 2008 meeting were distributed and reviewed. **Terry Miles made a motion to accept the minutes; Carole Norton seconded. The motion passed unanimously.**

### **Approval of Agenda**

The April 25, 2008 agenda was distributed and reviewed. **Terry Miles made a motion to accept the agenda as prepared; Kelli Williams seconded. The motion passed unanimously.**

### **Public Comment:**

No public comment was given during the Public Comment period.

**Remarks from the Department of Rehabilitative Services (DRS) Commissioner:** Commissioner Jim Rothrock provided the following updates, announcements and suggestions:

- 1) The Commissioner welcomed new members of the Council.
- 2) The Commissioner discussed the recent General Assembly session noting the state's economy is in a recession creating less revenue than budgeted. DRS made budget adjustments accordingly; however, funding for brain injury continues to grow. The FY '09 and '10 budgets for brain injury services received an additional \$200,000 and \$400,000, respectively. As of July 1, 2008, total funding for brain injury will be \$3.4 million, \$3.6 by July 1, 2009 and \$3.8 by July 1, 2010. The Commissioner asked for the Council's recommendation on how to allocate the additional funds. He suggested the Council appoint a committee of members to look at the issue and make a recommendation to the full Council on the best way to distribute funds. It should be voted on and presented to the Commissioner as soon as possible, to allow for new contracts to be written and signed by July 1, 2008. He stated he wanted to add additional case service funds to the existing nine partner providers of brain injury services.

The Wounded Warrior bill passed by the General Assembly and signed into law effective July 1, 2008, requires the Virginia Department of Veterans Services (DVS) as the lead agency, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Department of Rehabilitative Services (DRS) to work together to develop a plan for the

coordination of services for returning soldiers and veterans experiencing brain injury and mental health issues.

Budget language passed into law requires the Public Safety Director to look at the prevalence of brain injury in correctional facilities throughout Virginia.

- 3) The Commissioner commended the Council's efforts to codify the Council but cautioned them to consider the strengths and challenges of this approach. He was glad that Elizabeth Smith, Director of DRS Policy & Planning, would be at the meeting to provide information and guidance to members on the various aspects of codification of boards and councils in Virginia.

## **NEW BUSINESS**

### **Educational Topic: ARNGUS—United States Army, Community Based Health Care Organization**

Anne McDonnell introduced William L. Bograkos, DO, FACOEP, Colonel, MC, FS. Dr. Bograkos provided an overview of operational concepts in public health and behavioral health employed by the military including the addition of two new echelons of care: Warrior Transition and Community Based Health Care. He further described the case management component of the new system.

### **\$200,000 Budget Amendment for Brain Injury Services Allocation**

Leigh Wion, Vice Chair of the Virginia Alliance of Brain Injury Service Providers (aka the "Alliance"), presented a recommendation for allocating the aforementioned additional funds approved by the General Assembly for brain injury services for FY '09 and FY '10. The Alliance's recommendations include distributing the funds among the current state-funded providers according to a percentage formula based on longevity, location, and need.

Anne McDonnell, Chair opened the meeting to public comment on proposed allocation of new funds for brain injury services. Teresa Ashberry expressed an interest in job training, assisted living, transportation, direct services funds, and a brain injury Medicaid Waiver, particularly in rural parts of the state such as hers. Terry Miles expressed an interest in starting services in Greenville County where he lives, because right now there are no brain injury services in that area. Lissa Hopprich from Roanoke expressed an interest in establishing congregate housing for people with brain injury, as she felt that there was a strong need for residential services.

The Chair appointed a committee – the VBIC "Appropriations Committee" - to study the Alliance document, consider other issues, and make a recommendation by the end of May to the full Council on how best to allocate the new funds. Committee members who volunteered were Lisa Garver, Teresa Ashberry, Jason Young, Carole Norton, Jenny Toth, Mark Salisbury, and Terry Miles. As Chair, Anne McDonnell is "ex officio" on the committee. Anne announced the ad hoc committee will elect a committee chair during the first committee conference call.

## **OLD BUSINESS**

### **Codification**

Anne McDonnell, Chair, reported on the outcome of the Executive Committee teleconference regarding the pros and cons of codifying the Virginia Brain Injury Council. A document summarizing the background and strengths and challenges of codification was distributed. Anne informed the Council that

she, Patti Goodall, Kristie Chamberlain, Mary-Margaret Cash, and Liz Smith had met with Maria Everett from the Division of Legislative Services and an expert and advisor on the Freedom of Information Act (FOIA). Maria answered questions on the impact that codification would have on the Council's way of operating. Liz Smith attended the Council meeting and provided an overview of information provided by Ms. Everett which would most directly affect Council: 1) the Council would be required to enforce FOIA to the letter of the law, should the Council become codified. Examples of FOIA include posting minutes and agendas publicly, posting public notices and minutes of meetings involving three or more members a minimum number of days prior to the meeting, the requirement of a quorum in one location if a teleconference method is used, as well as providing advanced notice of public access to a teleconference in three physical locations should a teleconference meeting be conducted. Liz Smith noted the Council, although not currently legally bound to do so, currently adheres to some of the FOIA provisions such as posting meeting notices and minutes to attempt to follow the spirit of FOIA as closely as possible, which she said was commendable. **Helen Butler motioned the Council pursue codification, using the current bylaws language regarding purpose, composition and appointment of members, and with a statement that advice and recommendations to policymakers be provided through a triennial report and on an "as requested" basis. Carole Norton seconded the motion. Five voting members were in favor of the motion, seven against. The motion was defeated.**

### **Federal TBI Act Grant Update**

Jennifer Clarke, Brain Injury Association of Virginia, reported on activities conducted by BIAV over the past two years as part of their contract with DRS under Virginia's federal Traumatic Brain Injury (TBI) Act Grant. A document outlining achievements in the goal areas of data, advocacy, capacity building, education and outreach was distributed. The federal grant is in its third, and final, year and the Council will be asked to comment on submission of a proposal for new funding. Application guidance should be available to grantees in August.

### **Virginia's Brain Injury Action Plan for 2007-2012**

Ann Deaton, Ph.D., presented an overview of the data collected and the goals of the draft Brain Injury Action Plan in order of priority. These goals and objectives for the first priority are:

- 1) Enhance comprehensiveness of services available.
  - a) Continue to develop case management with access in all communities
  - b) Increase the options and funding for post-acute therapies, including group therapy.
  - c) Customize services to the needs and resources of each community.
  - d) Create successful transportation options throughout Virginia.
  - e) Develop targeted resources for Iraq and Afghanistan vets coordinated with the VA system.
  - f) Create and maintain an on-line comprehensive and "searchable" list of all services and resources.
  - g) Utilize teleconferencing/telemedicine options to overcome scarce resources and travel barriers.
- 2) Create neurobehavioral residential options statewide.
- 3) Create additional community living options statewide.
- 4) Continue legislative efforts to maximize awareness and resources.
- 5) Strengthen financial resources available to serve those with brain injury.
- 6) Create partnerships to expand available services in communities.
- 7) Increase general public awareness of brain injury.
- 8) Enhance opportunities for vocational, social, and recreational services and supports.

Next steps are for Ann to develop objectives for goals 2 through 8; submit a written draft plan to Council staff to e-mail to Council members for feedback before the next meeting on July 25.

### **Committee Reports**

- 1) Neurobehavioral Services Committee. At the request of Dr. Paul Aravich, Chair of the Neurobehavioral Services Committee, Anne McDonnell read an e-mailed report from Dr. Aravich to the Council. A teleconference will be scheduled in May to discuss the Executive Summary portion of the document. Meanwhile the body of the document will be circulated to Council members for feedback and comments.
  
- 2) Veterans Committee. A written report was distributed to members for review. Highlights include passage of the Wounded Warrior bill which adds four new positions to the Department of Veterans Services. Town hall meetings are being held around the state by the Department of Veterans Services focusing on employment and behavioral health care needs. BIAV continues to establish and strengthen its relationships with McGuire VA Hospital, the Virginia National Guard, Fort Lee and Fort Pickett. BIAV has established a Veterans Brain Injury Registry and requested brain injury services providers to complete and submit a form for each veteran receiving services.

### **ADJOURNMENT OF THE MEETING:**

Anne McDonnell, Chair, adjourned the meeting 3:57 p.m.

Respectfully submitted by Helen Butler, Secretary to the Virginia Brain Injury Council

## **April 25, 2008 MEETING COMMITTEE REPORTS:**

- *State of States Federal Grant: BIAV/DRS*
- *Veterans*

<p style="text-align: center;"><b>Fourth Quarter, Year Two Summary</b> <b>Brain Injury Association of Virginia (BIAV): SOS Federal Grant</b></p>
--

### Goal One: DATA

- Prepared to launch new database; explored options to maximize information, referral, and outreach services to Virginians

### Goal Two: ADVOCACY

- Helped plan and coordinate the Virginia Alliance of Brain Injury Service Providers (VABISP) 2008 Legislative Day and Breakfast Reception at the Virginia General Assembly
- Successfully advocated, as part of the VABISP, during Virginia Legislative Session for \$200,000 for brain injury services in the next fiscal year and protected the \$200,000 in the Governor's budget for 2010
- Supported legislation for increased services for injured servicemen and women; a bill and funds were passed for the Department of Veterans Services (DVS) to establish a "Wounded Warrior" program- DVS will work with the Department of Mental Health, Mental Retardation, and Substance Abuse Services and the Department of Rehabilitative Services (DRS) to assist wounded servicemen and women
- BIAV successfully advocated for a resolution to permanently establish March as Brain Injury Awareness Month in Virginia; an amendment requiring the Secretary of Public Safety to analyze the incidence of TBI in the state and local adult and juvenile offender populations; and spoke against the repeal of the motorcycle helmet law
- BIAV advocated in Washington D.C. during National TBI Awareness Day; booth at awareness fair, visited legislators, and set up a family member from Virginia to participate in a Congressional briefing about TBI; TBI Reauthorization Act passed in April 2008

### Goal Three: CAPACITY BUILDING

- Virginia Brain Injury Council (VBIC) members discussed if VBIC should pursue being put in the code of Virginia. Recommendations will be made and the full VBIC will vote
- Gave testimony at Virginia House and Senate Committee meetings at the request of Legislators
- Suggested bill signing to the Governor's Office and Legislative patrons for the Wounded Warrior Legislation that passed in the 2008 Va. Legislative session. This bill will create a more formal working agreement between DRS and DVS. The Governor's office set up

the bill signing which was covered on multiple television news programs and newspapers around the state; BIAV arranged for a wounded veteran to be honored in the ceremony

- Two meetings with Department of Medical Assistance (DMAS) and DRS to discuss development of services for people with brain injury

#### Goal Four: EDUCATION

- Over 825 pieces of specialized materials about brain injury were given to professionals
- Over 35 professionals received training through presentations and workshops
- BIAV's Annual Conference was held March 8, 2008 and we had over 130 attendees
- Worked closely with the Hunter Holmes McGuire VA Medical Center, Fort Lee Army Base, and DVS to educate professionals and families about TBIs; Donated bicycle helmets to Fort Lee for military families

#### Goal Five: OUTREACH

- News articles related to brain injury and BIAV services published in papers in various parts of the state related to Fall prevention, Wounded Warrior bill signing, working with Fort Lee Army Base
- Fall Prevention Public Awareness Campaign for Brain Injury Awareness Month- several radio and television interviews
- Donated educational materials to six public events (family health fairs, children's festivals, military events, public school wellness fair)

\*\*Funding for year three of this federal grant has been approved; grant funding is scheduled to end March 2009.

---

---

### VETERANS COMMITTEE

---

**Committee Purpose:** to serve as a vehicle to provide updates to the VBIC on what we've learned around this issue (what's pending, what's approved, who's getting calls, what are they for, etc) and see where the data takes us.

1. The Wounded Warrior initiatives were passed and funded in the 2008 General Assembly session. It will add 4 employees to the Dept of Veterans Services – one as director, 3 as service coordinators, and will also provide funds for the service coordinators to purchase case management, psychological and substance abuse counseling services. The specific details of the bill's implementation are being worked out; the VDVS project manager will be regularly contacted to ensure the needs of veterans with brain injury are respected, that veterans with brain injury will be able to access service funding, and that mental health / CSB service providers will receive appropriate training and be better able to assist persons with brain injury.
2. There are at least 4 soldiers who have had a brain injury who will attempt to qualify for services immediately upon availability.
3. BIAV helped initiate a bill signing by Governor Kaine for the Veteran's assistance bills that passed the General Assembly this year. The Wounded Warrior bill was featured and a young man who sustained a brain injury in Iraq was the honored guest for the event.

4. The Department of Veterans Services is holding town meetings around the state during April. These meetings are a follow up to a series of similar meetings held last year; this year's focus will be the employment and behavioral health care needs of veterans and their families. The experience of brain injury service providers who have attended previous meetings is that brain injury is poorly understood by the agency, and there is a great potential it could be inappropriately identified and treated. There will be meetings in Richmond on 4/28 and one in Norfolk on 4/30; if you'd like more information, please contact BIAV.
5. Federal level advocacy aimed at improving access to community based brain injury providers by the VA continues; BIAA has had and continues to have conversations with the Chief of Rehab Services for the entire VA. However, even if the VA does change the CORF requirement, it may still require providers to become federal contractors, which can be a difficult and cumbersome process.
6. BIAV continues its attempts to establish and strengthen its relationships with McGuire, the Virginia National Guard, Fort Lee and Fort Pickett.
7. Gary Chiaverotti and BIAV facilitated a presentation by Col. William Bograkos at today's VBIC meeting; he is the Chief of the Army's Community Based Health Care Organization Warrior Transition Program.
8. Community based providers are not consistently sending in the Veterans Brain Injury Registry forms to BIAV.