



VIRGINIA BRAIN INJURY COUNCIL

Virginia Brain Injury Council Meeting Meeting Minutes July 27, 2007

Members Present:

Marianna Abashian
 Paul Aravich, Ph.D.
 Theresa Ashberry
 Scott Bender, Ph.D.
 Gary Chiaverotti
 Patricia Goodall
 Anne McDonnell (Chair)
 Page Melton
 Carole Norton, Ph.D
 Susan Rudolph, RN (Vice Chair)
 Micah Sherman
 Gerald Showalter, Psy.D.
 Kelli Williams
 Jason Young

Brain Injury Association of America
 Eastern Virginia Medical School
 Family member
 University of Virginia Health System
 Family member (by call in)
 Virginia Department of Rehabilitative Services
 Brain Injury Association of Virginia
 Family member
 Professional
 The Arc of Greater Prince William
 Survivor
 Woodrow Wilson Rehabilitation Center
 Professional
 Virginia Alliance of Brain Injury Service
 Providers

Members Absent:

Nancy Bullock, RN
 Helen Butler, RN (Secretary)
 Tia Campbell, RN, BSN, NCSN
 Jeanette DuVal

Katherine Lawson
 Russell Payne

Michelle Nichols

Paul Sharp, RN, NREMT-P
 Julie Triplett
 Nadia Webb, Psy.D.

Virginia Department of Health
 Brain Injury Services of Southwest Virginia
 Virginia Department of Education
 Virginia Department Mental Health, Mental
 Retardation, and Substance Abuse Services
 Virginia Board for People with Disabilities
 Virginia Department of Mental Health, Mental
 Retardation, and Substance Abuse Services
 McGuire Veterans Administration Medical
 Center
 Virginia Department of Health
 Virginia Office of Protection and Advocacy
 Professional

Other Persons In Attendance:

Christine Baggini
 Karen Brown
 Kristie Chamberlain
 Jennifer Clarke
 Marilyn Copeland
 Ann Deaton, Ph.D.
 Lorraine Justice
 Earl W. Koepcke

 Joann Mancuso
 Eric Messick
 Commissioner James Rothrock

Brain Injury Association of Virginia
 Brain Injury Services, Inc.
 Virginia Department of Rehabilitative Services
 Brain Injury Association of Virginia
 Brain Injury Association of Virginia
 Consultant on the TBI Action Plan
 Brain Injury Association of Virginia
 Family Member of an individual with a brain
 injury
 Commonwealth Support Systems
 Joint Legislative Audit and Review Commission
 Virginia Department of Rehabilitative Services

Whitney Sherman
Leigh Wion

Micah Sherman's sister
Lakeview Neurocare

CONVENING OF MEETING:

The Virginia Brain Injury Council meeting was called to order at 1:06 p.m. by the Council Chair, Anne McDonnell, MPA, OTR/L. Fellow council members introduced themselves and then guests. Gary Chiaverotti called into the meeting due to a traffic issue.

Approval of Minutes

Kelli Williams made a motion to approve the meeting minutes of April 27, 2007; Jason Young seconded. The motion passed unanimously.

Approval of Agenda

Susan Rudolph made a motion to approve the meeting agenda for July 27, 2007; Gary Chiaverotti seconded. The motion passed unanimously.

PUBLIC COMMENT:

Kelli Williams, a member of the Council and research fellow at Virginia Commonwealth University (VCU) spoke during public comment:

1. Juan Carlos Arango, Ph.D. and Kelli Williams both from VCU are trying to organize the first multidisciplinary conference on cultural / ethnic issues affecting the treatment, care, and access to services for individuals with traumatic brain injury (TBI). The target audience for the conference will largely be professionals, researchers and providers etc. They are in the preliminary stages of the planning process to acquire funding. Please contact Kelli Williams (williamsjonk@vcu.edu) if you have suggestions for funding.
2. VCU is also heavily recruiting for a family intervention project. VCU will work with brain injury survivors and family members to assist them with locating brain injury resources and navigating the "system". If anyone is interested in referring candidates or if you would like more information, contact Kelli Williams: williamsjonk@vcu.edu.

NEW BUSINESS

Anne McDonnell, Chair, opened up the table to discuss possible education sessions/topics for the April 2008 meeting. She will generate a list of suggestions and ask council members to rank their top three. Suggestions volunteered in the meeting:

- A presentation by DMHMRSAS on how they work with individuals with brain injury and how their resources can be better utilized by providers
- A presentation by someone from the VA to discuss the issue of Veterans returning from war, how the VA system operates, and what can be done to encourage the use of community based brain injury providers
- Best Practices in other states—what do other states do well with brain injury: (e.g.) Rehab Waiver
- Bioethically based decision making
- Ethical issues and allocation of scarce resources
- Invite the Delegate who repealed the motorcycle law to come and talk to the council about why
- A presentation by the Virginia Trial Lawyers Association about their statewide helmet giveaway program

- Logic Model

Opening Remarks from James Rothrock, DRS Commissioner:

Commissioner James Rothrock addressed Council members. The following is a summary of his comments and announcements:

- 1) The Commissioner spoke of a meeting with Secretary of Health and Human Resources, Marilyn Tavenner, to discuss brain injury funding through the Governor's office and the General Assembly. Present in the meeting were Jason Young, Anne McDonnell, Commissioner Rothrock, Commissioner Pat Finnerty and Terry Smith (Director of Long Term Care Services) from the Department of Medical Assistant Services (DMAS). The main purpose of the meeting was to talk about a brain injury waiver. Jason and Anne also talked about other funding initiatives that the Governor may consider now or in the future. The Governor will submit a significant financial overview to the House and Senate money committees in the coming months. The Commissioner urged Council members to talk with Patti Goodall if you have any financial/budget ideas.
- 2) The Commissioner spoke of an exciting project funded through the Commonwealth Neurotrauma Initiative (CNI) Trust Fund for three years (through June 30, 2009) to look at substance abuse problems for folks with brain injury (BI) and spinal cord injury (SCI). Woodrow Wilson Rehabilitation Center (WWRC) worked with VCU a year ago and did an assessment on where service provider/rehabilitation area doctors would refer someone with a BI/SCI to if they had substance abuse issues. The findings indicated that for individuals with SCI there were not many accessible 28 day programs. Drs. Luck and Capps (Principal Investigators for the CNI funded initiative) visited Remed Recovery Care Center in Philadelphia, PA to see how their rehabilitation program worked. Remed is hoping to partner with WWRC to create a treatment facility at Woodrow. This grant just began its second year of funding.
- 3) The Contract Modifications for the state-funded brain injury partners have been executed by the Commissioner.
- 4) The Commissioner and Patti Goodall are working with the Brain Injury Association of Virginia looking at how folks find resources (mailings, referral by physicians etc.) when they sustain a brain injury

Paul Aravich asked if the CNI Trust Fund will be affected (either positively or negatively) by the new traffic fines/fees that were passed in Virginia. Commissioner Rothrock responded that CNI is not seeing an increase in the proportion of the fees it receives as a result of the new fines.

Virginia Alliance for Brain Injury Service Providers spoke to the Commissioner on their Legislative Agenda for this general assembly:

- Budget amendment/language change that will provide an ongoing mechanism for increases in funding for state funded brain injury programs. Precedent exists for full time employee equivalents in state funded programs (e.g. Centers for Independent Living, local Departments of Social Services) to receive raises when state employees receive them. The rationale is that if brain injury programs receive funds to provide their employees a raise, organizational money that would have been used for that purpose can be used to expand direct services.
- Increased funding for DRS Services for persons with brain injury (including BIDS, direct services, PAS Program, and Registry). Community providers use these funds on a regular basis and they run out every year.

- Expansion of the core services footprint of case management, transitional day programs and regional resource coordinators: look for expansion to areas of the state that are underserved or unserved, (e.g., the Norfolk/Portsmouth, Suffolk, Chesapeake area), and possible expansion of services included in the footprint (e.g. residential services, community support services)
- Codification of the Council
- The Alliance is investigating the possibility of a bill that would require a TBI screening for members of Virginia's National Guard (Soldiers returning from active duty are currently screened for brain injury, but the National Guard is the state's responsibility and there is no mechanism in place to do so at this time).

A question was asked if the brain injury waiver was a priority for this session. The Alliance responded that they are going to wait until the recommendations of the Joint Legislative Audit and Review Committee (JLARC) are released before the Alliance pursues it in the legislative session this year or next. Discussion ensued.

Paul Aravich made a motion for the council to express appreciation to the Commissioner and DRS Staff (specifically, Patti Goodall) for their continued support on behalf of people with brain injuries and asked that this appreciation be conveyed to the Joint Legislative Audit and Review Commission (JLARC). Teresa Ashberry seconded the motion. The motion passed unanimously.

Paul Aravich made a motion that a process be established whereby the council does not become commissioner or governor dependent in the future. During discussion it was noted that this initiative is already into play with the Alliance's legislative agenda. Paul Aravich withdrew the motion.

Appoint a Bylaws Committee

The Chair of the Council, Anne McDonnell noted that the council composition changes voted on in the April 2007 meeting need to be reflected in new bylaws as voted on by this council, and the rights and rules of nonvoting members should be addressed (ability to make a motion etc.).

The secretary serves as the Chair of the bylaws committee per the bylaws. Committee Members will be: Helen Butler (Chair), Patti Goodall, Kelli Williams, (the Chair, Anne McDonnell will be asking Jeannette DuVal or Page will do it if Jeanette cannot). The chairs of the committees will contact the group to begin the work process. The Chair of the Council serves as ex-officio.

Appoint a Nominations and Elections Committee

The Chair of the Council, Anne McDonnell noted that it is time to appoint a nominations and elections committee to appoint new officers to be voted on in the October meeting:

Slate to be prepared for Council vote in October 2007:

- Vice-Chair position
- Secretary Position (current secretary, Helen Butler is eligible for reappointment)

Anne also noted the standing member slate that will need to be presented to the Commissioner at the January 2008 meeting:

Slate to be presented to Commissioner Rothrock in January 2008:

- 2 professional slots (outgoing members: Carole Norton and Nadia Webb)
- 2 family/survivor slots (outgoing members: Gary Chiaverotti and Page Melton)

Nominations and Elections Committee Members: Susan Rudolph (Chair), Jason Young, Theresa Ashberry, Carol Norton. The Chair of the Council serves as ex-officio.

OLD BUSINESS

Federal TBI Act Grant Update

Jennifer Clarke, Brain Injury Association of Virginia (BIAV), jennifer@biav.net provided a brief update on the federal TBI Act Grant (a complete summary of activities was provided to council members prior to the meeting and is available following the minutes for review):

- BIAV completed statewide Advocacy Academy trainings working with Julie Triplett of the Virginia Office for Protection and Advocacy (VOPA). There are three trainings that they hope to schedule. VOPA focused on self advocacy in the training and BIAV handled the portion of the training looking at other types of advocacy (media, legislative etc.). The target audiences for these trainings are persons with brain injury, family members of persons with brain injury, and service providers.
- BIAV coordinated a *Brain Injury 101 in Spanish* course with Dr. Arango at Virginia Commonwealth University (VCU). For this course, BIAV partnered with Crossover Ministry and held the training in the south side of Richmond. They had 23 attendees. BIAV hopes to partner with Dr. Arango in the future. Dr. Arango is also assisting BIAV with Spanish speaking callers to let them know about resources and services in the state. Suggestions were made by Council members to hold the training statewide, offer it via pod cast on the BIAV website and/or to video tape it.
- BIAV and DRS are submitting questions on brain injury for the Behavioral Risk Factor Surveillance survey (BRFSS). It is a telephone survey done by the Virginia Department of Health that assesses health behaviors in the Commonwealth. Virginia that has never had any BI specific questions on it. BIAV is working with DRS to draft the three questions that they are submitting (note-this is a 1st draft, and may change—comments on the below should go to Jennifer Clarke at BIAV: jennifer@biav.net):
 - Have you or anyone in your household ever experienced a head injury, or blow to the head in which you were knocked out or unconscious, suffered a concussion or memory loss, or were left feeling dazed and confused?
 - As a result of the head injury please indicate what long term needs you or your family member have?
 - What is the current age of this person who has this need after sustaining a head injury?

If the questions are accepted, the fee will range from \$1500-\$2000/question

Update on Virginia's Brain Injury Action Plan for 2007-2012

Consultant: Ann Deaton, Ph.D., braininjuryvirginia@davinciresources.com

Ann Deaton, Ph.D. reported on the progress of the update of Virginia's BI Action Plan for 2007-2012. Dr. Deaton stated that the next step in updating the Action Plan is to identify specific goals to be achieved by 2012. She reviewed the successes of brain injury from the survey results and asked for feedback on what Council members noticed was missing:

- Camp Bruce McCoy
- Alliance and Virginia Brain Injury Council
- Brain injury conferences across the state

Discussion ensued on how to reach folks and the methodology used to do so. Dr. Deaton will follow up with Whitney Sherman (Council Member Micah Sherman's sister) and Paul Aravich on their ideas for strengthening the methodology.

Dr. Deaton reviewed the responses of those who completed the survey relative to their goals and top issues over the next three-five years, and asked the Council members and meeting guests to indicate their three top issues among the goals conceived seven years ago.

- *Housing
- *Residential
- Transportation
- Services
- Employment (higher for survivors than professionals or family members)
- Resources and Guidance
- Legislative

**Difference between housing and residential: housing is community and residential is neurobehavioral.*

Dr. Deaton asked that staff to the Council resend the original survey to everyone via email following the meeting.

Committee Reports:

Veterans Affairs Committee:

Anne McDonnell, Chair of the Veterans Affairs committee responded that there is no veterans committee report at this time.

Gary Chiaverotti mentioned that the new *Survive, Thrive and Alive* DVD has been re-released by the Defense and Veterans Brain Injury Center (DBVIC). Gary Chiaverotti has copies or you can order them individually and view it directly from the Defense and Veterans Brain Injury Center (<http://www.dvbic.org>).

Neurobehavioral Services Committee:

Paul Aravich, Chair of the Neurobehavioral committee gave a brief update on the progress of the "white paper". The population on which they are focusing is adults with acquired brain injuries. A 30 page draft went out to the subcommittee members July 26, 2007, and included a list of preliminary recommendations (the areas were highlighted in the summary provided to the Council prior to the meeting and at the end of these meeting minutes).

Neurobehavioral committee members will have one month to get comments back to the Chair on the draft. The document should be nearly finalized document by the end of August, and the goal is to have the Council approve the paper at the October 26, 2007 meeting.

Concerns:

- The Commissioner brought up through the Chair that there has been no interaction on this topic with the Office of Community Integration (Anne McDonnell, the Chair has offered to contact Julie Stanley). The Council and the Commissioner are asking the committee to recommend treatment protocols (e.g. residential neurobehavioral program and community-based services). The Office of Community Integration is addressing some of these issues which may benefit the brain injury community.
- A concern was raised with recommendation #8 that state the VBIC would create a brain injury resource manual to provide to the CSB's. The concern was that the VBIC did not

- need to spend their time and energy on this, as it already exists in several appropriate formats that could be utilized.
- The appropriateness of the VBIC submitting a grant proposal to the Commonwealth Neurotrauma Initiative (CNI) Trust Fund was discussed; the recommendation was made that the proposal would need to be submitted by an existing service provider organization rather than the VBIC.

Other Business:

Susan Rudolph, Vice-Chair, spoke on the Follow-Up Council/Board Leadership Training offered by the Commissioner of DRS to all DRS Boards/Councils. Susan commented that she learned a lot at the training and was able to take from it the importance of keeping in mind the mission of the Virginia Brain Injury Council when looking at activities the Council is working on and why the Council is in existence.

Calendar of Agenda items:

- Anne McDonnell is looking for volunteers to serve on these committees (let Kristie Chamberlain, kristie.chamberlain@drs.virginia.gov, Patti Goodall, patti.goodall@drs.virginia.gov or Anne McDonnell, anne@biav.net know if you are interested):
 - Biennial report out meeting for state agency stakeholders (when to schedule etc.)
 - Development of an annual report that would accompany the stakeholder's meeting (a document to provide to folks about BI in Virginia)

The next Council meeting is Friday, October 26, 2007 at DRS from 1-4 p.m.

ADJOURNMENT OF MEETING:

Anne McDonnell, Chair, adjourned the meeting at 4:07 p.m.

Respectfully submitted by Kristie Chamberlain, Staff, Virginia Brain Injury Council



VIRGINIA BRAIN INJURY COUNCIL

SUBCOMMITTEE REPORTS: *State of States Federal Grant: BIAV/DRS* *Neurobehavioral Subcommittee* **July 27, 2007 Meeting**

YEAR TWO FIRST QUARTER SUMMARY FOR BRAIN INJURY ASSOCIATION OF VIRGINIA (BIAV) STATE OF STATES (SOS) FEDERAL GRANT

Goal One: DATA

- BIAV has invested in a new database which has relational qualities and will allow us to pull together and compare new data
- Question selection and cost evaluation in progress for the Virginia Department of Health's Behavioral Risk Factor Surveillance Survey (BRFSS) Call for Proposal. Proposals due August 17, 2007. We will apply but we can not control if these questions will be accepted and placed on the next BRFSS
- Pre/posts tests and evaluations completed for presentations and all Advocacy Academies. Consistently the greatest number of responses from the advocacy trainings indicate the training more than met the attendees expectations, and the training also prepared attendees to advocate for themselves

Goal Two: ADVOCACY

- Completed four Advocacy Academy Trainings with VOPA: Gloucester, Newport News, Fredericksburg, and Roanoke; three more trainings scheduled: Lynchburg, Harrisonburg, and Virginia Beach
- Attended the Alliance Legislative Retreat and the Disability Commission Meeting
- BIAV will do a formal advocates response presentation about the results of the JLARC study at the Joint Commission on Health Care Meeting in September

Goal Three: CAPACITY BUILDING

- The process for updating the State Action Plan continues
- The Alliance is willing to support plans and seek patrons in order for the Council to become fully codified
- Met with Secretary Tavenner in July to discuss waiver and legislative issues
- BIAV has a contract with VOPA to complete Advocacy Academy Trainings

Goal Four: EDUCATION

- Over 150 pieces of specialized materials about brain injury given to professionals
- Over 75 professionals received training through presentations and workshops
- Developed new educational materials including a military brochure and flyer, and a public awareness bookmark
- Participated in the McGuire VA Hospital's Family Education Series
- Currently in the process of updating Legislative Guide, which will be finished right after the elections
- BIAV's next annual conference date set for March 8, 2008 in Richmond, VA

Goal Five: OUTREACH

- Two articles translated into Spanish and proofread by two additional sources; also have resources available to handle incoming calls from Spanish speakers
- Coordinated a Brain Injury 101 in Spanish with Dr. Arango and Cross Over Ministry- 23 attendees
- Added multiple articles in Spanish to our Central Resource Library including an article about Workers Compensation commission, claims, and filing requirements
- Attended the Virginia Council on Indians meeting and initiated outreach to three separate Virginia Indian tribes
- Completed the 24th Year of BIAV's two week summer camp- Camp Bruce McCoy
- Developing plans to work with underserved populations such as nursing homes in the near future
- Provided brain injury educational materials at four public events including the Race Against Domestic Violence in Richmond, VA

NEUROBEHAVIORAL SUBCOMMITTEE REPORT

Preliminary Draft-Not for Distribution-Preliminary Draft-Not for Distribution-

These tentative recommendations of the Neurobehavioral Committee of the Virginia Brain Injury Council are subject to input from the rest of the Neurobehavioral Committee and subject to approval by the Council. These recommendations are excerpted from a larger document the Neurobehavioral Committee will be emailed in the next few days for modification/correction.

The Neurobehavioral Committee of the VBIC makes the following recommendations as a basis for discussion/action between the Commissioner of DRS and the Commissioner of DMHMRSAS:

1. There will be an interagency collaboration between DRS and DMHMRSAS to develop specialized neurobehavioral programs for the unique and unmet cognitive and behavioral needs of people with acquired brain injuries.
2. The population of focus will be adults not covered by the provisions of IDEA or Medicare.
3. The ultimate goal will be the development of a 4-level "systems of neurobehavioral care" approach whereby persons with ABI can enter and exit any level as their needs change. The 4 levels are: acute medical/acute psychiatric care; skilled nursing medical care or dedicated neurobehavioral care for intensive 24-hr behavioral support; residential treatment/group home programs for moderate to high 24-hr support; and long-term supported living, supported apartment or home based services.
4. The short term goal will be to seek pilot funding for the 2 levels of neurobehavioral care with the greatest unmet need: neurobehavioral programs for intensive 24-hr behavioral support; and residential treatment/group home programs for moderate to high 24-hr support.
5. A total of \$7,094,000 is needed to fund 2 neurobehavioral pilot programs: \$1,692,000 to support 20 people with intensive 24-hr needs for 6 months in a pilot neurobehavioral program; and \$5,402,000 to support 40 people with moderate to high 24-hr needs for 1 year in a pilot residential treatment/group home program.
6. Stakeholders such as the Alliance of Brain Injury Services Providers will be notified of this funding need and may consider a legislative-action approach.
7. Community Services Boards will play a more active role in the identification of brain injuries using validated screening/identification tools.

8. An ABI resource manual for Community Services Boards will be developed by the VBIC.
9. Objective acuity tools/measures for behavioral risk factors will be used to a greater extent to more systematically identify least restrictive environments.
10. DMHMRSAS and DRS will license all residential neurobehavioral programs to insure appropriate neurobehavioral training, expertise and content if an ABI Medicaid waiver is passed.
11. Greater partnerships will be formed between State agencies and advocacy groups across the spectrum of brain injuries, including those related to the behavioral and psychiatric complications of Alzheimer's disease.
12. The Neurobehavioral Committee will submit a grant proposal to the Commonwealth Neurotrauma Initiative for a small neurobehavioral pilot project to generate outcome data that will drive later funding decisions.