



**ADVISORY COUNCIL ON BRAIN INJURIES
October 19, 2012**

**Iowa Lutheran Hospital
700 E. University, Des Moines, Iowa 50316
Conference Room A/B (Lower level B)**

MINUTES

1. Welcome/Introduction Tom Brown, Chair

Members participating in person:
Staci Bell, Tom Brown, Roxanne Cogil, Mike Hall (via phone), Kendalyn Huff, Rhonda Jordal, Jenifer Krischel, Joseph Linn, Renee Moravec

Members not in attendance:
Dennis Byrnes, Jack Hackett, Dave Johnson, Karen Jones, Peggy Parker, Stacy Simatovich

IDPH staff participating:
Megan Hartwig

Ex Officio Representatives participating:
Theresa Armstrong, DHS; Carmen Davenport, DHS; Binnie LeHew, IDPH; LeAnn Moskowitz, IME; Toni Reimers, Dept. for the Blind

Others Participating
Dave Hudson, MHDS Commission; Geoff Lauer, Brain Injury Alliance of Iowa; Ben Woodworth, Iowa Association of Community Providers

Meeting was called to order at 10:13 a.m.

1. Welcome & Introductions Tom Brown, Chair
Brown called the meeting to order and welcomed group.

2. Review and Approval of the Agenda & Minutes Tom Brown, Chair
Members reviewed the Agenda.

Huff motioned to accept the agenda as written. Linn seconded. Motion carried.

Minutes were reviewed from the July 20, 2012 meeting. There was no discussion.

Cogil motioned to approve the minutes as written. Moravec seconded. Motion carried.

3. IDPH/HRSA Report & MHDS BI Workgroup Update

Hartwig provided an update on the HRSA grant – the grant ends March 31, 2013 and a carryover request has been submitted. Hartwig gave an overview of ACBI task forces and what each is currently working on. Hartwig provided information from Megan Tooker from Ethics regarding lobbying vs. providing information. Individuals who are meeting with their own elected official would not be considered lobbying. LeHew provided information on federal sequestration (sequestration would not affect the HRSA grant. LeHew shared the policy brief from the Falls Prevention Coalition (see attachment). LeHew also shared an IDPH budget report with detail of spending from ACBI funds (see attachment).

Bell motioned to accept the IDPH/ACBI budget report as written. Moravec seconded. Motion carried.

4. Comments from MHDS Commission Representative David Hudson

David Hudson introduced himself to the group. David is the Brain Injury advocate/representative on the MHDS Commission. Mr. Hudson shared why brain injury is important to him; he has a son with brain injury. He brings information that is important to the brain injury community to the MHDS Commission to ensure that brain injury has representation. Hudson shared the Commission is currently looking into three items related to brain injury:

1. DHS to identify the cost estimates for the delivery of core and core plus services for individuals with brain injury from the MHDS Redesign BI workgroup.
2. Bringing children with brain injury home who are currently placed out of state. The commission would like to look at current barriers to providing services to these children in Iowa.
3. Federal funding increases to state departments for brain injury programs including prevention, neuro-resource facilitation, training, etc.

ACBI had the following questions for Hudson:

Q: Why are there so many children out of state?

A: (answered by LeAnn Moskowitz, IME) the children that are placed out of state have neurobehavioral issues that cannot be addressed by providers in Iowa. The capacities for these specialty services are not available in Iowa at this time. DHS currently has a workgroup to work on the issue of bringing people home from out of state. The challenge is finding providers who have the right competencies to work with children. We need to build the system of wraparound services in communities.

Q: How many PMIC beds are currently in Iowa?

A: (answered by LeAnn Moskowitz, IME) There are 34 licensed PMICs in Iowa with a total capacity of 532 beds. Armstrong added that Magellan is pulling the PMICs together to work to place kids in Iowa instead of out of state. (the Children's workgroup from MHDS Redesign is looking at this issue).

Brown commented that the program that he directs has an adult focus. Brown would like to see services for children focused on enhancements in community service provision so children can live at home with their families.

5. MHDS Redesign Update/State Plan for Brain Injury Armstrong/Brown

Armstrong gave background information on the MHDS Redesign process from the beginning. The recommendations from each of the original workgroups were included in the “December 9th” report from 2011. SF2315 outlines implementation of the recommendations. The focus is on adult mental health and intellectual disabilities. The implementation plan does not ignore Brain Injury or Developmental Disabilities; these are included as co-occurring disorders. Services will be regional with specific requirements for service delivery (examples: substance abuse treatment, crisis services, sub-acute care, and employment). Counties are working to make the transition to regions and trying to figure out what regions will look like and how they will adapt to the shift in funding (the state is now responsible for non-Medicaid match). There are currently some transition funds available to counties, by application, to help support counties through the current fiscal year. Regions are to be fully functioning on July 1, 2014.

The Brain Injury Workgroup will not formally be meeting at this time. Legislation did not put a timeframe on the BI Workgroup. The ACBI should continue to collaborate with the MHDS Commission and partner with other groups to continue to advocate for plan implementation.

Quorum was lost at 11:15 a.m.

Brown named Joe Linn Chair of the State Plan Task Force.

Brown would like to see members of the MHDS Brain Injury Workgroup be invited to join the ACBI State Plan Task Force. The State Plan will be presented to the ACBI so that members can provide input to the plan.

6. Cog Rehab Task Force Moravec

Moravec provided an update on Cog Rehab Task Force activities. The Task Force met with the Special Education Directors at the AEA meeting in October (Moravec provided a copy of the PowerPoint presentation – attached). Moravec also provided a copy of the “flip-book” for ACBI members to look over and provide feedback on.

Hartwig to send email reminder to ACBI members to provide content feedback to Moravec and Cog Rehab Task Force.

7. Lunch

There was a break for lunch from 12:05 p.m. to 1:05 p.m.

Quorum was re-established at 1:05 p.m. when Jordal joined the meeting.

8. Legislative Agenda/Preliminary State Plan Brown

The ACBI will utilize a preliminary state plan this year and will no longer have a Legislative Agenda. Brown led a discussion on a preliminary state plan for 2013. The ACBI plans to distribute initial recommendations from the state plan for brain injury with

a prioritized list and letter to the Governor's office. ACBI members should plan to meet with their legislators and share the state plan.

Members reviewed and discussed the Brain Injury Alliance of Iowa's Legislative Agenda.

9. State Agency Reports

Ex-Officio Members

Iowa Vocational Rehabilitation – Kathy Winter was not able to attend the meeting. She sent a written report. Report attached.

Iowa Medicaid Enterprise – LeAnn Moskowitz shared several documents with the group. Documents attached.

Department for the Blind – Toni Reimers provided a quick update of current happenings at the Dept. for the Blind. There is currently no waiting list for services. She provided the current *White Cane* magazine. Magazine is attached.

10. State Agency Reports

IACP – Woodworth shared the provider survey from 2006 (see attached document). A new provider survey will be completed by the end of 2012. Woodworth requested the ACBI provide feedback on new items to include or leave out of the new survey. IACP has been actively involved in hosting legislative sessions across the state to discuss MHDS redesign and how to include individuals with brain injury. Woodworth reported on the Direct Care Worker Initiative. IACP currently has concerns related to home and community based providers. The one size fits all model does not work for this community. The burden will be placed on the direct care worker to get the education. IACP continues to work with the pilot project for the College of Direct Supports-there is currently a brain injury module and with this system there is room to add additional models.

BIAIA – Lauer shared the mission of the Brain Injury Alliance of Iowa (the name was changed from the Brain Injury Association of Iowa formally on July 1, 2012). BIAIA will be partnering with IACP, the ACBI and IDPH to provide a series of webinars for teachers and school staff related to brain injury and students. Lauer reported that Joe Linn from the ACBI is on the BIAIA conference planning committee. Currently there is a AACBIS preconference scheduled. There will be two family and caregiver conferences in the next year. Lauer also reported that brain injury awareness is on the rise.

11. Public Comment

There was no public comment.

12. Reminders and Adjournment

The next ACBI meeting is January 18, 2013. All members should plan to attend the meeting in person.

The meeting adjourned at 3:15 p.m.
Minutes submitted by Megan Hartwig