



**ADVISORY COUNCIL ON BRAIN INJURIES**  
**April 19, 2013**

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

**MINUTES**

Members participating in person:

Staci Bell; Tom Brown, Chair; Dennis Byrnes; Roxanne Cogil; Jack Hackett, Immediate Past Chair; Michael Hall; Kendalyn Huff; Dave Johnson; Karen Jones; Rhonda Jordal (via phone); Jenifer Krischel; Joseph Linn, Vice-Chair; Renee Moravec

Members not in attendance:

Peggy Parker; Stacy Simatovich

IDPH staff participating:

Ousmane Diallo

Ex Officio Representatives participating:

Carmen Davenport, DHS; Binnie LeHew, IDPH; Toni Reimers, Dept of the Blind; Kathy Winter, IVRS.

Others Participating

Megan Hartwig, Iowa Association of Community Providers; Geoff Lauer, Brain Injury Alliance of Iowa (via phone); Natasha Retz, Brain Injury Alliance of Iowa; Ben Woodworth, Iowa Association of Community Providers

***Meeting was called to order at 10:09 a.m.***

**1. Welcome/Introduction**

**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 January 19, 2013 meeting.

***Johnson motioned to accept minutes as written. Jordal seconded. Motion carried.***

**3. IDPH Report**

**Binnie LeHew, IDPH**

LeHew provided an ACBI Budget report, which is included as an attachment to the minutes. We are 75% through the state budget year and have \$19,537 remaining in unobligated funds for the Council budget. Spending is right on target for the Brain Injury Services program. The HRSA grant ended on 3/31/13 and we expect most all funds will be expended when final invoices have been processed. HRSA sent a notice of award on April 2<sup>nd</sup> that extended our grant through 3/31/2014 and provided one month of expenses. We expect to receive a second award later this month or early May once the federal budget is finalized.

#### **4. Use of unobligated ACBI funds**

There was discussion on the approximate funds unobligated for SFY13. There is approximately \$19,537 remaining, minus expenses for travel to today's meeting. Brown reviewed the requests he had received: a) for bike helmets to be distributed in communities at safety fairs, b) tote bag supplies (BIA reports they have increased requests for bags and there are additional costs to reproduce materials that are no longer in print), and c) additional printing of brain injury quick guides. Quantities and amounts were discussed.

***Johnson moved; Cogil seconded that we recommend the following amounts be authorized for expenditure: \$12,000 for tote bag supplies, \$3,000 for 500 bike helmets, \$1,500 for brain injury quick guides.***

During discussion, Hackett recommended the Council be more proactive and plan expenditures at the beginning of the year. Brown noted that funds need to be tied to the State Plan and objectives. The group discussed delaying some expenses until next year and how many other groups may provide helmets. Cogil requested consideration of ATV helmets. Council requested a report on where helmets have been distributed and recommends that an ACBI brochure be included with each helmet.

***Linn moved a friendly amendment to increase the total amounts to \$24,000; it was accepted by Johnson and Cogil. Motion carried.*** These amounts include up to \$15,000 for tote bag materials; \$3,000 quick guides and \$6,000 for helmets.

Hackett inquired if BIA-IA already had money in the HRSA budget for tote bags; they have but it has not been sufficient to meet needs the last year or so. IDPH and BIA-IA are researching costs of printing materials in-house from the state as a way to reduce expenses for tote materials. Additionally, Hall requested that IDPH see if it is legal for the Council to request donations and LeHew will check with the IDPH Attorney General staff, Heather Adams.

#### **5. Brain Injury Registry**

Brown reported that last year, the definition of brain injury was changed to include "acquired brain injury" so it was consistent with the Medicaid Service delivery structure. As an unintended consequence, stroke was added to the definition, which required administrative rules be amended for the BI Registry. This is a problem for the department because there is a separate stroke registry that was created by a grant

managed by the U of Iowa College of Public Health. It is not mandatory and is not linked to the Trauma Registry which collects the BI Registry data. Also, reports that were once submitted on paper are now collected online, and not all hospitals are entering data online.

Brown & Lauer met with the Iowa Hospital Association to talk about the concerns around the reporting issue. Diallo reported that the trauma registry has been used to improve services and it is important that it be maintained in Iowa as well. The issues to be resolved include:

- 1) The addition of the definition brings another registry/data collection into the process and
- 2) Mandating reporting of stroke will require extensive time on the part of hospital staff (if it is the same as required in the current stroke registry).

Brown would like to create a task force that will bring people together around what data needs to be collected, what data tools exist for the collection of that, and if other resources can be developed. Our goal would be to determine recommendations that will best help services and prevention. These individuals volunteered: Jones, Hall, and Lauer. Brown requested that Diallo be on the task force.

Hall noted that VA data is not included in the BI Registry, yet it has good data about the veterans in IA who have had TBI screening and have been diagnosed. Between 2007 and now, they have screened 8,894 veterans from Iraqi Freedom and Enduring Iraqi Freedom wars. Of this number 1,676 have screened positive (meaning they had exposure immediately with lasting sequelae) or a likely TBI with lasting sequelae. Of those, well over 406 are being followed in their clinics on a long-term basis for rehabilitation services.

## **6. Prevention & Services Task Force Reports**

The Prevention Task Force has not met recently and Johnson plans to set up a meeting in the next few months to discuss ideas for the task force. LeHew reported there are some new materials available on Fall Prevention with elders.

Moravec distributed copies of the new quick guides that have been developed for the AEA's. The Services Task Force wants to distribute them to the SBIRT teams and also to teachers working with students who have BI. It has been posted to the IDPH website. There is a vacancy for our Ex Officio in the Department of Education and Marti Aikeda has been replaced, so new names need to be sent to Renee and Roxanne. There is interest in keeping the webinars going and Moravec wants to be sure that the previous webinars can be posted on the AEA website (in addition to the BIA-IA website.)

There was discussion about who the best "end-users" for the guides will be. This list was generated by the Council: Counselors, nurses, special education teachers recommended by the SBIRT teams; regional Vocational Rehabilitation teams; regional staff with Dept. for the Blind; nurses; libraries; community colleges and private

universities; people who develop IEP's for education; NRF's would like them to distribute to families upon request.

## **6. Lunch**

The group had lunch from 11:40 a.m. to 12:20 p.m.

### ***Meeting reconvened at 12:25 pm***

## **7. DRAFT Plan for Brain Injury**

Brown presented the draft plan that had been developed by the State Plan Task Force. It is ready for public dissemination and comment if approved by the Council. Once the draft is posted and survey for comments developed, IDPH staff will notify members and request they forward to their membership.

## **8. Council appointments**

Brown reviewed status of current member terms and noted that Jack Hackett is leaving the Council. If requested by the Governor to review nominations for the open positions, Brown requested volunteers for a Nominations Task Force. Johnson, Huff, Cogil volunteered.

## **9. State Agency Reports**

The following written reports were submitted to the ACBI and are included with the meeting minutes:

- Iowa Medicaid Enterprise
  - IME SFY13 BI Waiver Demographics
  - DHS IME ACBI Report April 2013
- Iowa Vocational Rehabilitation Services
  - IVRS IDPH Report 4-19-13
  - State Rehabilitation Council newsletter

Moscowitz reviewed the information in her reports. There is additional funding in the current Senate appropriations bill for the BI waiver. If that is approved they will request permission to change the number of slots with CME. Current waiting list is 643 with a next application date of 2/21/12 – back to a 10 month wait. The online training module is expected to be ready for use July 1, 2013. They will notify IDPH and BIA when that is ready. She would like to recommend that someone from the Council be on the MH Redesign Outcomes Committee.

## **10. IDPH/HRSA Report**

Hartwig provided an update on the HRSA grant and that report is included as an attachment to the minutes. There were 6 webinars on pediatric brain injury completed by March 31<sup>st</sup>. There were trainings at Mitchellville Corrections facility in February related to screening for brain injury. With the DV/TBI screenings going so well, they will be continued with Iowa Coalition Against Domestic Violence. There is a report on the Corrections activities posted to the IDPH website. The continuation application was

completed and submitted before Megan left, and the current grant is extended through March 2014.

#### **11. DHS/MH Commission Report**

Carmen Davenport provided a report from the Department of Human Services related to the March Commission meeting. They are working on core services and use of standardized assessments. The core services are:

- Treatment designed to ameliorate someone's condition (medication, medication mgmt.)
- Basic crisis response (24/7)
- Personal emergency response systems
- Support for community living (including respite, home health aid)
- Community supported employment
- Recovery support (including peer support)
- Case management

There has been some consultation with BIA about a BI assessment.

The children's mental health system served 3,062 youth last year via three different systems. Outcomes are to keep the youth in their home community/school, reduce length of stay in out of home placement, and improve academic functioning and inversion from hospitalizations.

#### **12. Dept for the Blind**

Toni Reimers provided a report from the Dept for the Blind. She distributed copies of the newsletter and it is included with the minutes. There are several changes at the department, based on budget reductions and changes in staff. She pointed out that they work a lot with technology for people who have limited vision and tied the recommendations in the quick guide to the resources they offer.

#### **13. Iowa Vocational Rehabilitation**

Kathy Winters provided a report from the IVRS and it is included with the minutes.

#### **14. BIAIA Report**

**Retz**

Natasha Retz reported for the Brain Injury Alliance of Iowa. Retz presented the following reports:

- April 2013 ACBI report
- BIA new database report

Brown shared with the group about his visit to two of Iowa's select specialty hospitals (Cedar Rapids and Davenport) who see folks after acute care and before rehabilitation or nursing home. They were unfamiliar with the brain injury services alliance and the other resources available to them through the services system. He will invite staff from the Select Specialty Care Hospitals in Iowa who see people with brain injury to present at the next meeting.

#### **15. IACP Report**

**Woodworth**

Ben Woodworth reported for the Iowa Association of Community Providers. A report is attached to the meeting minutes.

He gave an update on legislative activity, including what is happening with direct care worker issues.

Woodworth suggests that the Council recommend to IME that contract deliverables include “screening all intakes for brain injury and at annual visits.” Brown suggested that a group review the variety of screening tools and will ask that occur at the July Council meeting.

#### **16. Public Comment**

Terry Smith is the marketer from Harmony House in Waterloo and is attending the meeting to learn more about brain injury. There was no additional public comment.

#### **12. Reminders and Adjournment**

There is a bill that would allow ATV use on secondary roads, which is not recommended by the manufacturers. Brown attended the NE Brain Injury Conference in the last month and has started a discussion with their BIA, legislators and Dept of Health & Human Services in NE. He’s encouraged them to host a summit, and also consider border issues.

There are two BI conferences in development – one in NE Iowa in early September as part of the Waterloo area support group (3-day) which will involve 21 counties; the other is part of the Tri-State support group and will be in the Dubuque area in October.

***The next ACBI meeting is July 19, 2013. All members should plan to attend the meeting in person.***

Huff moved; Johnson seconded that the meeting be adjourned. It was adjourned at 2:24 p.m.

Minutes submitted by Binnie LeHew