

Public Testimony  
Study on System of Care for Individuals with Brain Injury  
Interim Human Services Committee January 7, 2014  
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Chairman Damschen and other members of the Committee. I am Rebecca Quinn and serve as the program director for brain injury programs at the Center for Rural Health, University of North Dakota. My testimony today is on behalf of the individuals and families impacted by brain injury.

Individuals living with brain injuries are currently being served in a mixture of our human service programs. Unfortunately, these programs and services are not funded or designed to address the diverse needs of individuals with brain injuries. In the current available infrastructure, access to services is inconsistent with no guarantee regarding availability, appropriateness or even quality. Instead of having access to services that are tailored to meet their needs, individuals are forced to piece together possible options or more often than not are just told that there really are no options for brain injury.

You can take a newly injured individual and provide them all the best medical care, but if you don't provide a continuum of services to rely on over time these individuals may regress, develop more severe problems, or lose the skills they regained during acute rehabilitation. Without these community supports individuals end up falling through the cracks and lose the opportunity to recover to their fullest potential. When provided supportive, community services individuals with brain injury can maintain hard earned gains, continue to each personal goals, and establish a sense of satisfaction with their lives.

It is past time for North Dakota to develop a system of supports for brain injury that provides its citizens with the best possible chance of recovery and community integration. I have testified before regarding the need for a registry, supportive residential options and community support programs. We need to be working together to ensure that the system we create is efficient and effective. I would like more than anything to be able to have options for individuals that meet their and their family's needs. We have a responsibility to ensure that once these individuals have fought so hard to live we are providing them with the support they need to make it a life worth living.

In examining best practices from other states there are many great examples and the best systems include the following options; a centralized source for information, various levels of supportive housing and day supports.

Centralized mechanism for individuals to be connected with services. The ideal example of this is Minnesota's registry. This registry not only tracks brain injuries, but then has a system where individuals are provided follow up information and connected with services.

Continuum of supportive living options. We currently do have one skilled facility and two basic care facilities for brain injury. Unfortunately, these almost always have a waiting list and are too restrictive for many individuals. Best practices from other states have shown that individuals with brain injury do

better in smaller group homes or independent supported living. Many states have developed supportive housing options similar to the those available for developmental disabilities.

Day supports and trainings. Options related to programing for individuals to socialize, develop skills and encourage community intergration. Virginia has a excellent model of brain injury clubhouses that serve as training centers and day programing.