Testimony
Department of Human Services
Human Services Interim Committee
Representative Chuck Damschen, Chairman
July 30, 2013

Chairman Damschen, members of the Human Services Interim Committee, I am Susan Wagner, Program Administrator, with the Department of Human Services (DHS), Division of Mental Health and Substance Abuse Services. I oversee the DHS efforts related to traumatic brain injury (TBI) and I appear before you to present comments regarding the committee's study of a comprehensive system of care for individuals with brain injury.

DHS received a three-year federal TBI Implementation grant from the U.S. Department of Health and Human Services, Health and Human Services Administration, in May 2007. DHS contracted with the University of North Dakota – Center for Rural Health for the day-to-day work detail of the grant. The goals of the grant were to 1) build a formal presence and infrastructure for the advancement of TBI-focused issues, 2) provide timely information, resources, and education regarding TBI to individuals with TBI, family members, other caregivers, and service and support providers, 3) ensure a coordinated system to access and receive services and supports for individuals with brain injuries and their families, and 4) improve access for American Indians with TBI and their families to culturally appropriate information, services, and supports. The goals of the grant were met and one of the most important tasks was the revitalization of the statewide TBI Advisory Committee. The Advisory Committee is comprised of individuals with TBI, family members, service providers, and state agency representatives. The Committee continues to

meet on a quarterly basis to discuss issues facing individuals with TBI and their family members, provide suggestions and recommendations to the Department, and share information.

During the 2009-2011 Legislative Assembly, SB 2198 allocated $330,000 to DHS for the 2009-2011 biennium for the provision of informal supports, peer mentoring, training, facilitation of support groups, public awareness efforts, and individual and programmatic advocacy efforts; social and recreational services; increased and specialized vocational rehabilitation and consultation; and quality assurance and training. In addition, the bill directed DHS to call a joint meeting at least annually with the Adjutant General, Department of Health, Department of Public Instruction, and the Office of Veterans Affairs to discuss provision of services to individuals with TBI. This group recognized early on the importance of meeting more than once a year and continues to meet on a quarterly basis for the purpose of discussing not only services to individuals with TBI, but also the gaps in services, and ongoing collaboration. Each member of the group is responsible to share information from the meetings with their agency directors to keep the needs of individuals with TBI in the forefront and to be as proactive as possible regarding future system change.

In 2009, DHS entered into a contract with the Head Injury Association of North Dakota for the provision of informal supports, peer mentoring, public awareness and education, and facilitation of support groups. DHS also contracted with HIT, Inc. for the provision of social and recreational services and Community Options for Residential and Employment Services for pre-vocational skills training and mentoring. Funds are also available for ongoing employment support once individuals have

completed their work with Vocational Rehabilitation and are stabilized in a job.

During the 2011-2013 Legislative Assembly, SB 2163 appropriated $110,000 to DHS for the 2011-2013 biennium. The funds were to be dedicated to increasing the services provided by the Head Injury Association of North Dakota in the eastern half of the state.

In March 2011, DHS implemented a TBI screening process at all eight regional human service centers. All individuals, with the exception of those applying for developmental disabilities services, are screened for TBI during the intake process. The purpose of the screening is two-fold; the first is to learn as much as possible about the individuals served at the human service centers in an attempt to provide the highest quality service possible; and secondly, to obtain information on the number of individuals with TBI served at the regional human service centers to assist with future programming and policy development. The second purpose is important because there is not a registry or surveillance program in North Dakota.

Based on the information collected through the human service centers:

- 13,793 individuals were screened during the first year; of that total 8,872 improbable TBI; 1,409 possible TBI; 2,519 mild TBI; 715 moderate TBI; and 178 severe TBI which totals 3,512 individuals with a TBI or history of TBI.

- Of the 3,512 with a TBI, or history of TBI, 721 individuals reported two TBIs; 205 reported three TBIs; 92 reported four TBIs; 22

reported five TBIs; 11 reported six TBIs; six reported seven TBIs; and three reported eight TBIs.

- 166 individuals reported their first TBI with a loss of consciousness before the age of five.

- 2,586 of the individuals with an injury resulting in loss of consciousness occurred in children to young adults ages 0–24.

- The most commonly reported cause of injury was moving vehicle accidents, followed by falls, hit by something, assaults, and blasts/explosions.

It is important to note that this information cannot be generalized to the entire population served or the North Dakota population, but does provide a snapshot of those coming in for services and the incidence of TBI.

DHS continues to work with four of the domestic violence/sexual assault agencies on the implementation of the TBI screening tool. Those agencies are Abused Adult Resource Center in Bismarck, Domestic Violence Crisis Center in Minot, Community Violence Intervention Center in Grand Forks, and Rape and Abuse Crisis Center in Fargo.

The Division's Prevention and Resource Media Center has a large supply of materials on many different issues related to TBI. The materials are free of charge for individuals with TBI, family members and other caregivers, educators, the National Guard and other military support organizations, and service providers.

The 2013 Legislative Assembly appropriated $320,000 to DHS for the development of resource facilitation for individuals with TBI. DHS has since issued a Request For Proposal seeking proposals for the development and oversight of a continuum of services including informal supports, peer mentoring services, and resource facilitation for individuals with TBI and family members. The proposal deadline was July 19, 2013, with Notice of Intent to Award a contract is scheduled for the end of July, with an approximate contract start date of August 8, 2013.

Thank you. That concludes my comments. The Department looks forward to the ongoing work of the Interim Committee and to providing additional information as requested.

I would be happy to answer any questions you might have at this time.