

2015 HOUSE HUMAN SERVICES

HCR 3005

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HCR 3005
1/14/2015
21964

- Subcommittee
 Conference Committee

Committee Clerk Signature

Donna Whetham

Explanation or reason for introduction of bill/resolution:

Directing the Legislative Management to study the system of care for individuals with brain injury

Minutes:

Attachments 1-5.

Chairman Weisz: opened the hearing on HCR 3005.

Rep. Damschen: District 10 introduces HCR 3005. This has been studied a lot and there is so much we do not know about it. This is a continuation of the study.

Rep. Fehr: Wouldn't you agree the whole system nationally has involved and is changing over time given what the committee heard?

Rep. Damschen: I would agree. I don't think we understand the full impact it has on the person with the injury and the people close to them. Until we understand that we don't know exactly how to treat it.

Lisa Anderson: from Leeds, ND testified in support of HCR 3005. (4:45) (See Testimony #1)

Chairman Weisz: If we directly attach funding it makes it harder to get resolutions picked, but at the same time Legislative Council has between \$400,000 and \$500,000 to do studies.

April Fairfield: Executive Director of Head Injury Association of ND testified in support of HCR 3005. (See Testimony #2). (7:45)

Rhonda Boehm: Parent from McClusky. Testified in support of HCR 3005. (8:25-12:47) (Testimony #3).

Trina Gress: Vice President of Employment Services at Community Options, Inc. testified in support of the HCR 3005. (See Testimony #4).(14:26).

Denise Harvey: Director of Program Services with Protection and Advocacy: Testified in support of the HCR 3005. (See Testimony #5)(15:00-16:09).

Chairman Weisz: Is there any other support for HCR 3005. Any opposition on HCR 3005? Seeing none. Closed the hearing on HCR 3005.

Chairman Weisz: We will take up HCR 3005. Any Discussion?

Rep. Hofstad: Is there a way we can word this to make ourselves available to the \$400,000 if the funds are available to hire that outside agency?

Chairman Weisz: If we would appropriate money, it will go to Appropriations and it might not survive there. You could put language in Lines 19 or 20 that would say "legislative council will study the system of care for individuals with brain injury, including services available, including the use of an independent consultant". Then it would tap into that source and it wouldn't have a fiscal affect or note. We have done similar language in the past in other resolutions.

Rep. D. Anderson: I believe Illinois and Florida have effective programs. Is there any way we could get information on what they are doing and that would be almost like an outside consultant?

Chairman Weisz: You can, but I don't think you want to identify them in the resolution. I would think an independent consultant would take a look at those states programs. Nothing in the resolution prohibits whoever is chairing the interim committee where this bill will end up in could request an independent consultant. That does have to have approval from the head of Legislative Management. It doesn't prohibit, if you include it we are telling Legislative Management we want them to have an independent consultant to look at it.

Rep. Fehr: My understanding is if we put in language in it is not a mandate?

Chairman Weisz: Correct it wouldn't be a mandate. If this resolution passes and if we put \$150,000 for a consultant it won't make it out of the House.

Rep. Hofstad: I would move we develop an amendment that includes language to include "the utilization of a consultant" to HCR 3005.

Rep. Fehr: Seconded.

Chairman Weisz: Does everyone understand what the amendment will say?

Voice Vote taken. Motion passes.

Rep. Oversen: Are we including language that they "shall retain or shall consider retaining". Either way they would have to take up the study.

Chairman Weisz: I would use language to say "to the point of including the use of a consultant". So it would be a little broader.

Representative Hofstad: Moved a Do Pass as Amended on HCR 3005.

Representative Fehr: seconded.

Chairman Weisz: Roll call vote on a Do Pass, as amended for HCR 3005.

A Roll Call Vote was taken. Yes: 11 No: 0 Absent: 2. Motion carried.

Representative Hofstad: will carry HCR 3005.

15.3016.01001
Title.02000

Adopted by the Human Services Committee

January 14, 2015

8/1-14-15

PROPOSED AMENDMENTS TO HOUSE CONCURRENT RESOLUTION NO. 3005

Page 1, line 18, after "Management" insert ", utilizing an independent consultant if necessary,"

Renumber accordingly

Date: 1-14-15
 Roll Call Vote #: 1

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. HCR 3005**

House Human Services Committee

Subcommittee

Amendment LC# or Description: - see below -

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Hofstad Seconded By Rep Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Vote
Motion Passed

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

change line 18 to "include utilizing an independent consultant"

Motion passed.

Date: 1-14-15
 Roll Call Vote #: 2

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 3005
HCR**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 15.3016.01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Hofstad Seconded By Rep. Tabor

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment Rep. Hofstad

If the vote is on an amendment, briefly indicate intent:
amendment

REPORT OF STANDING COMMITTEE

HCR 3005: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HCR 3005 was placed on the Sixth order on the calendar.

Page 1, line 18, after "Management" insert ", utilizing an independent consultant if necessary,"

Renumber accordingly

2015 SENATE HUMAN SERVICES

HCR 3005

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HCR 3005
3/25/2015
25405

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the Legislative Management to study the system of care for individuals with brain injury.

Minutes:

Attach #1: Testimony by Trina Gress
Attach #2: Testimony by Judy DeWitz

Alex Cronquist, legislative management, introduced HCR 3005 to the Senate Human Services Committee. This came from the interim Human Services Committee. Mr. Cronquist read from the bill. (2:10)

Senator Warner noticed at the top of the resolution it refers to traumatic brain injury versus brain injury. We removed the cause of injury and what services are needed in another bill. Should we be making the language uniform?

Mr. Cronquist indicated there is inconsistency. It is up to the committee.

Senator Howard Anderson, Jr. we heard on the second bill dealing with this that if we change the language in one bill, it changes the language in the other.

Senator Dever commented that this is a resolution. The only change in the bill from the House is an independent consultant. Did they discuss any appropriation?

Mr. Cronquist indicated that is the only change. There wasn't a specific appropriation. The legislation council can hire but there is competition with other studies.

Chairman Judy Lee recalled there was appropriation in the last time and the House killed it, and \$45,000 was available through legislative management. There are others that should also have the funding.

Trina Gress, Vice President of Employment Services at Community Options, Inc, testified IN FAVOR of HCR 3005. (attach #1)(4:52-8:22).

Senator Warner asked do you think the distinction between traumatic brain injury and brain injury is worth noting.

Ms. Gress encourages to make that change. The bill of redefine the term has passed the Senate.

Senator Warner asked are you comfortable with the definition bill that passed.

Ms. Gress responded yes.

Senator Dever informed Ms. Gress that we cannot put a fiscal note or an appropriation on a concurrent resolution.

Corrine Hoffman, Director of Policy and Operations for the Protection and Advocacy Group, provided and read testimony and by **Judy DeWitz**, Protection and Advocacy Project, testified IN FAVOR of HCR 3005 (attach #2)(9:43-13:07)

OPPOSITION TO HCR 3005

No opposing testimony

NEUTRAL TO HCR 3005

No neutral testimony

Chairman Judy Lee closed public hearing.

Chairman Judy Lee reviewed the definition and change in terminology from "traumatic brain injury" to "brain injury". She explained the history and progress of brain injury to students in the gallery.

Senator Warner stated the whereas is a statement of historical fact, and it is true as it stands that traumatic. It doesn't direct the course of the study and that language is fine, and will not make the motion to change the words.

Chairman Judy Lee asked if we should add the language from Ms. Gress that it be outcome based.

Senator Axness doesn't know if we have to add anything.

Senator Dever indicated the term traumatic brain injury in the bill is in the past tense.

Chairman Judy Lee confirmed the study would be outcome based.

Senator Dever moved the Senate Human Services Committee DO PASS HCR 3005. The motion was seconded by **V. Chairman Oley Larsen**. No discussion.

Roll Call Vote to DO PASS

6 Yes, 0 No, 0 Absent. Motion passes.

Senator Dever will carry HCR 3005 to the floor.

Date: 03/25 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3005

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Dever Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3005, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HCR 3005 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

HCR 3005

#1 HCR 3005
1/14/15

Testimony

Human Services Committee

January 14, 2015

Good morning Chairman Weisz and members of the committee. My name is Lisa Anderson from Leeds, ND. I am here to submit testimony in support of House Concurrent Resolution No. 3005, to study the system of care for individuals with brain injury.

Currently, North Dakota does not have a comprehensive system of care for brain injury survivors. Providing the right services and supports is crucial to good outcomes.

Our brain injury survivor population is growing and we have not got the systems in place to help these people. In my research, I have found that many other states have systems in place to meet the needs of their survivors, some for over 2 decades.

By establishing a brain injury comprehensive system of care in North Dakota, we can help keep survivors out of the jails and off the streets. We can assist survivors in holding down jobs and feeling successful, rather than forgotten.

Thank you for your thoughtful consideration of House Concurrent Resolution 3005. This will make a huge difference in the lives of the thousands of North Dakotans living with a brain injury.

If you have any questions, I will be happy to try and answer them for you. You can reach me at:

Lisa Anderson
6081 58th Ave NE
Leeds, ND 58346
701-739-6912 (cell)
701-466-2561 (home
lisa.anderson@gondtc.com



Head Injury Association of North Dakota

#2 HCR 3005

1/14/15

January 14th, 2014

House Human Services Committee

Chairman Weisz and members of the House Human Services Committee:

My name is April Fairfield and I am the Executive Director of the Head Injury Association of North Dakota. The Head Injury Association of North Dakota is primarily an advocacy organization whose mission is to raise awareness about head injury, support public policies that enhance the Traumatic Brain Injury (TBI) system of care in North Dakota and enhance the quality of life for individuals and their families who have been affected by head injuries.

I am here today in support of House Concurrent Resolution 3005 and urge a **DO PASS** recommendation.

Yesterday, testimony in this committee regarding HB 1046 was heard. TBI stakeholders were unified in their support of that bill. However, you also heard that there is more to be done and that despite previous studies on the issue, we may have a ways to go before we achieve the comprehensive system of care for brain injury in North Dakota we all seek.

Several critical issues in brain industry simply were not delved into because of the magnitude and number of issues that exist. For example, increased residential, transitional and independent living options for individuals with brain injury, brain injury specific substance abuse treatment, simplification and coordination of the application process for brain injury services, etc. That is why we support continuing to study brain injury in the coming interim.

Thank you for your consideration of this very important topic and public health need. It will help us move in the direction of a more comprehensive system of care for brain injury in North Dakota.

Head Injury Association of North Dakota PO Box 1435 Bismarck ND 58502
1-877-525-2724 braininjurynd@gmail.com

Testimony

House Bill 3005 – Department Of Human Services Division

Representative Weisz, Chairman

January 14, 2015

3
HCR 3005
1/14/15

Good Morning Chairman Weisz and Committee Members of the Department Of Human Service Division. For the record my name is Rhonda Boehm and my son Eric Boehm sustained a Traumatic Brain Injury in a motor vehicle accident on May 17, 2002.

I appreciate the opportunity to testify regarding Traumatic Brain Injury and the impact it has on over 13,000.00 lives in North Dakota. Brain Injury numbers are growing and we, the state of North Dakota need to grow also regarding the comprehensive care for those with Traumatic Brain Injuries.

There have been many steps of progress towards assisting Traumatic Brain Injury Survivors; but we still have a lot to review and changes to be made. My sons Traumatic Brain Injury was twelve (12) years ago, where ultimately our lives were turned upside down with the tragedy of the possibility of losing our son. He was Gods miraclehe beat the odds and survived and our family spent many sleepless days and nights feeling all alone. I didn't know where to turn to and I felt like I was the only one going through this parents 'worst nightmare. We made it through many storms and unthinkable rough challenges. It was a very long and winding road without much guidance or outside support because we didn't know where to seek help other than his traditional therapies such as OT, PT, Speech and Hydro.

It has taken a lot of dedication and determination to help my son Eric to become who he is today, not only on my part but also hugely on his part! I would give anything to not have to go through the devastation so alone, lost and frustrated. For years this continued, and in the past few years we have finally found some steadiness in some areas of living with a Traumatic Brain Injury but there are still so many challenges and missing "pieces" that I know can be pulled together. It is still so very frustrating that applications, reports and forms to be completed over and over to apply for every type of assistance and then get denied because Eric is working. There needs to be more research into the way the assistance programs are setup and apply for those with disabilities, because quite simply the system in North Dakota is broken; complicated, with not enough end results for assistance and support. Most citizens don't realize this until they are in the shoes of living with a disability due to a Traumatic Brain Injury.

My goal and hopes are that in the future, families will not have to endure all of the stress, emotionally and physically that we did. I feel the State of North Dakota needs a more comprehensive system where there needs to be more consistency and new and/or changed programs available. I also believe it would be absolutely awesome to have a "one stop shop" so to speak; where there is a wealth of information, knowledge, where to go, who to talk to, what to expect all in one common entity/place that families have access immediately or when they are "ready" to move forward following a Traumatic Brain Injury. This should be distributed/talked about with to the family at the hospital and followed through when discharged and going through outpatient therapies and on to the next journey of living with a Traumatic Brain Injury.

The Study of Traumatic Brain Injury desperately needs to be continued into the next legislative Biennium. Traumatic Brain Injury is a very complicated complex injury. It is so often the invisible injury which makes it even more difficult to understand and comprehend. A Traumatic Brain Injury is forever....so please continue the study into the next Biennium in the effort to continue to assist Traumatic Brain Injury Survivors to become the best they can be as a contributing citizens of North Dakota.

I ask for your support for House Bill 3005. Thank you for your time.

**64th Legislative Session
Testimony
House Human Services Committee
January 14, 2015**

#4
HCR 3005
1/14/15

Good afternoon Chairman Weisz and members of the Committee. My name is Trina Gress, I am Vice President of Employment Services at Community Options, Inc. Community Options is asking this committee to support and a due pass SCR 3005.

As you all heard during yesterday's testimonies from survivors and their family members, Brain Injury Services are minimal in the state of North Dakota. We are hopeful that additional services will be born out of this 2015 Legislative Session however we still encourage you to also consider a concurrent resolution study that is out-come based and delivers a comprehensive plan for the future of Brain Injury Services. We ask you consider requiring that the study include a strategic plan that clearly defines expectations, accountability and service provisions. We understand that this may require objective parties that our outside our current resources and may require a cost so we are encouraging you to add a fiscal note to SCR 3005.

In conclusion, Community Options recommends a due pass on CSR 3005 because it is time North Dakota builds a comprehensive continuum of care for Brain Injury. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

(701) 391-8523

trinag@coresinc.org

**House Human Services
January 14, 2015
HCR 3005
Testimony by Denise Harvey
Protection & Advocacy Project**

#5
HCR 3005
1/14/15

I'm before you today to express support for HCR 3005. The Protection and Advocacy Project (P&A) works with individuals with Traumatic Brain Injury and is well aware of issues created by the lack of a comprehensive system of care for traumatic brain injury survivors. This includes difficulties in the areas of housing, employment, community supports, medical access, and criminal justice. P&A has seen people become homeless due to a lack of supports. Individuals have been placed in more restrictive settings than would be needed if adequate community supports were available.

Some of them have been incarcerated. Individuals with a traumatic brain injury may have difficulty with impulse control which can cause them to commit non-violent offenses and end up in jail or prison, even placed in solitary confinement. The human cost of the loss of employment, loss of housing, at times causing homelessness, institutionalization with loss of independence, and incarceration is enormous, to both the individuals with traumatic brain injuries and their families.

P&A supports this resolution to continue the study for the system of care for individuals with brain injury. P&A supports funding for the completion of a comprehensive study to meet the goals of this bill. P&A requests that individuals with traumatic brain injury, family members, and advocacy organizations be consulted and involved on an ongoing basis during this study to assure that the needs of stakeholders are met.

Thank you. I'm happy to answer any questions you might have.

64th Legislative Session
Testimony
Senate Human Services Committee
March 25, 2015

Attach#1
HCR 3005
03/25/15
J# 25405

Good morning Chairman Lee and members of the Committee. My name is Trina Gress, I am Vice President of Employment Services at Community Options, Inc. Community Options is asking this committee to support and a due pass HCR 3005.

Brain Injury Services are minimal in the state of North Dakota. We are hopeful that additional services will be born out of this 2015 Legislative Session however we still encourage you to also consider a concurrent resolution study that is out-come based and delivers a comprehensive plan for the future of Brain Injury Services. We ask you consider requiring that the study include a strategic plan that clearly defines expectations, accountability and service provisions. We understand that this may require objective parties that our outside our current resources/providers and may require a cost so we are encouraging you to add a fiscal note to HCR 3005.

In conclusion, Community Options recommends a due pass on HCR 3005 because it is time North Dakota builds a comprehensive continuum of care for Brain Injury. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

(701) 391-8523

trinag@coresinc.org

HCR 3005
Senate Human Services
March 25, 2015
Testimony by Judy DeWitz
Protection and Advocacy Project

Attach #2
HCR 3005
03/25/15
J#25405

I am here today to express support for HCR 3005. The Protection and Advocacy Project (P&A) works with individuals with many different types of brain injuries. P&A has seen the need for supports for individuals with a brain injury in the areas of housing, education, independent living, home and community based services, employment, mental health and substance abuse services, and in interactions with the criminal justice system. The effects of a brain injury can seriously impair an individual's ability to remember, organize information, make effective decisions, live independently, and maintain employment.

North Dakota does not have a comprehensive system of care for survivors of brain injury and individuals with brain injury often do not qualify for existing state programs. P&A has witnessed the challenges individuals with brain injury and their families face in securing information, adequate supports, and comprehensive services. It can be a frustrating and demoralizing battle. Without necessary supports and services, individuals with brain injury are less likely to achieve and sustain a recovery that allows them to live and work as an integrated, productive member of the community.

We believe studying the issues outlined in HCR 3005 will allow the legislature to make informed decisions in allocating resources for necessary services and supports. The information gained will also result in more effective decision-making by agencies and providers interacting with individuals with brain injury. We ask the committee to support this study. Thank you.