

Officers

Chairperson:
Diane Bogdan

Vice-Chair:
Jim Vyhnak

Secretary:
Position Vacant

TBI Staff:
Adele Edelman, Erin
Weaver, Glen
McClintock,
Samantha Baraw,
and Jane Culver

TBI ADVISORY BOARD MEETING
November 4, 2008
Stanley Hall Waterbury Office Complex

In Attendance: Marsha Bancroft, Clayton Clark, Bryan Dague, Adele Edleman, Margaret Higgins, Betsy Lawrence, Ted Lefkoe, Maureen Mayo, Glen McClintock, David O'Vitt, Staci Pearo, Trevor Squirell, Ted Stachulski, Al Urpsis, Jim Vyhnak, Erin Weaver, Notetaker: Jane Culver

Call to Order – 10:10 AM

- Glen acted as Chair because Diane Bogdan was unable to attend.
- Review and approval of past advisory board minutes. Minutes accepted.
- Review and approval of steering committee minutes. Glen will send out the minutes and get approval at the next steering committee meeting.
- Accomplishments from the Advisory Board Retreat:
 - – The Vermont State TBI Advisory Board Vision
 - – The Vermont State TBI Advisory Board Mission
- Staci Pearo from the Vermont Department of Mental Health introduced herself. She worked for 13 years with Northwest Counseling and Support Services in St. Albans working with adults with chronic mental illness. She has some familiarity with TBI. Nick Nichols asked her to sit on the TBI Advisory Board. She recently started working for the Department of Mental Health in the Quality Management unit.

Updates

Report on the 20th Annual TBI Conference

- Trevor thanked all who helped and attended.
- This is the 1st year the BIAVT has been in charge of the conference. It ended up being a very good conference - 370 attended/400 registered.
- This year the BIAVT made an effort to include more professionals.
- Space was an issue but overall the Hilton was very responsive.
- Most feedback evaluations were positive.
- The planning committee did a great job planning the event.
- This year the conference was only a 1 day event. It might have been too jam packed. There will be a postmortem over the next few weeks. Feedback, thoughts and feelings were gathered by Trevor.
- The content was exceptional. The keynote speaker's graphics were important so we know what is really going on. Feedback has been overwhelmingly positive
- Senator Sanders' presence was a very positive one. He has supported the program in the past and we are encouraged by his interest and support.
- TBI survivors found the information about veterans with TBI important as they want to be educated on this.

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Protection & Advocacy Update

- VT Protection and Advocacy has been funded again.
- There was a large attendance in the Newport support group – 15 survivors and family members.
- There is a big interest in access to services and employment.
- A short presentation was given at the November VOTA conference in Middlebury.
- Awareness of TBI due to the war has brought many more people inquiring about TBI diagnoses.
- Due to State funding cuts some TBI folks may be falling through the cracks. If anyone hears of anyone with a TBI who is also receiving SS benefits being discriminated against, please let Protection & Advocacy know. Or if someone is not getting services and are eligible - let Protection and Advocacy know. They can help.

State TBI Update

- There are currently 68 individuals on the State TBI program. There are 16 intakes in progress.
- The program is 9.2% under budget right now.
- Anyone with an injury 5 years old or older are being put on a wait list.
- The Program is starting to see a trend with people with prior injuries having multiply diagnoses. There is a need to work with Mental Health as this is happening more and more. Systems to accomplish this are not set up so we need to work together to do this.
- There are currently 3 Vermont adults with TBI at Crotched Mountain in NH. 1 is coming back to the Rutland area under Lenny Burke and RMHS.
- Cuts in State funding level have reduced our travel substantially. This will impact client intakes.
- Al & Erin are working on the Quality Service review process which is currently undergoing a lot of changes.
- We have 2 new provider applications - HCRS and UCS.
- There has been a lot of provider training lately, BYADA, VNAVNH
- Home health agencies to provide 24 hour care.
- TBI is the only program not cut yet.

Neuro Rehabilitation Facilitation Systems Development

- \$140,000 allocated through legislature - \$70,000 to NRF and \$70,000 to a Putney program for returning vets.
- DAIL has a contract to oversee the \$70,000 in funding to the Putney vets program.
- The NRF positions will be hired through BIAVT.
- The Leahy earmark funds are waiting for approval through SAMSA. If approved it will add \$1,000,000 to the TBI Program.

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TBI Advisory Board role in Quality Management Revision

Erin Weaver, State TBI Program supervisor and AI Urpsis, QMU Team leader

- The Quality Management Unit (QMU) is asking the advisory board for help with the TBI quality assurance process.
- The Real Choices grant funds were used to form a new quality assurance program. A one size fits all review process. A Quality Management Committee was formed and they came up with a review process that was used for a year.
- DAIL got feedback from providers that the new review process was too generic and not specific enough to services offered in the different areas.
- The feedback from providers was that the process was very cumbersome and took too long.
- Lorraine Wargo would like input from TBI families, providers and the TBI advisory board specifically around the TBI quality review process.
- As a result we are meeting with a small working group to develop the review process; 8 to 10 people including the state, providers, and consumers/family members. This group will start meeting next week and would like to use the Advisory Board members for feedback.
- We will have a clean slate to move forward with the quality review process which will include providers as a subcommittee to the Advisory Board. People receiving services have to be included in order to know if they are satisfied with their services. Do these goals make sense for a certain individual? Run by the Advisory Board for feedback and input.
- Interested in feedback from provider groups i.e. common themes. Providers would like reviewers who know the agency and consumers over time; not just someone coming in once a year. Information will come from the families first about the quality of a program. Travel restrictions will affect DDAS's ability to do this.
- The Military gives surveys all along the process – does DDAS do this? To get the systems to improve - get to the client and family members and have them send feedback directly to DDAS so we know what's going on. Consumers may feel able to be more open and to give honest feedback to DDAS rather than the agency. Supported employment program in another state was shocked that VT has contact with consumers. DDAS focus is on the person not just paperwork. All people involved will give different information – is there a way to get questions out and feedback anonymously? DDAS would like to foster going through providers and case managers to solve problems rather than having the state intervene.

TBI – Retreat – next steps

Subcommittees fall into several areas which are part of the objective goals of the grant.

- Primary health
 - The Shaken Baby Syndrome video is viewed by all people having a baby.

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- EMT evaluation card & Glasgow scale, evaluation strategy on the other side.
- EMT certification program.
- Advisory members are aligned with this system to access funding down the road.
- Mental Health and corrections - needs a lot of development. The place to forge this is with mental health.
- Veterans – initiatives and areas of need.
- Education
 - sports concussion;
 - youth education systems – coordination with PHAT (Protect your head at all times).
 - Much broader than Special Ed.
 - Information to athletic directors, driver's education teachers, etc.
- Providers subcommittee:
 - This sub committee will operate as an advisory committee to the other subcommittees. This committee and the Steering Committee will provide checks and balances.
 - Look at the different initiatives happening in different areas. How do we tie this all together? The Steering Committee can provide information on duplication of services and areas that overlap and keep the process moving forward in the same direction.
 - Capacity is an issue not only with providers but also with other service providers i.e. psychiatrists etc.

Glen will schedule and be part of all subcommittees to provide oversight and continuity.

Time commitment – a day/8 hours; four 2 hour subcommittee meetings per year
 There will be well defined goals for meetings and will report back to the Advisory Board.

Consumer involvement is needed and will be included on all committees
 We want to have a broader approach and include people with the best knowledge in this process. Feel free to look outward.

The Advisory Board members divided into their subcommittee assignments to discuss strategies.

Meeting Adjourned at 12 Noon

Respectfully submitted,
 Jane Culver
 TBI Administrative Assistant