

**Officers**

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Jim Vyhnak

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Secretary:  
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TBI Staff:  
Adèle Edelman  
Erin Weaver  
Glen McClintock  
Al Urpsis  
Samantha Baraw  
Jane Culver

**TBI ADVISORY BOARD MEETING**

**June 17, 2009**

**Chapel Conference Room, Waterbury Vermont**

**In Attendance:** Marsha Bancroft, Nancy Breiden, Clayton Clark, Brian Dague, Adele Edelman, Margaret Higgins, Maureen Mayo, Carole McCay, Glen McClintock, Tom Simpatico, Trevor Squirrell, Al Urpsis, Jim Vyhnak, Erin Weaver

**Guests:** Sheila Hobbs, Kim Patten

**Notetaker:** Jane Culver

**Call to Order:** – 9:15 AM

- Review & approve minutes from the Advisory Board meeting 2/11/2009.  
Minutes reviewed and approved with changes.
- Review & approve minutes from the Steering Committee meeting 4/28/2009  
Minutes reviewed and approved with changes.

**Announcements:**

- TBI mission statement read by Jim.
- Please check out Jim's monthly TBI newsletter at [www.braininjurygazette.com](http://www.braininjurygazette.com).
- New board member, Hibbard Doe of Vocational Rehabilitation.
- New consultants to the board - Tom Simpatico, Deborah Black and Lanier Summerall.

**Updates:**

- **Protection and Advocacy**
  - VT Protection and Advocacy joined with the BIA VT at the VA Staff Education Day.
  - Communication Support Project partially supported by the DD council and administered by VTP&A.
    - Go to family court with people who have a disability both cognitive and developmental. Act as a translator with the court and the person's attorney to aid people in understanding the legal system. It is funded through various organizations i.e. Department of Aging and independent Living, Senator Leahy's office.
- **State TBI Program**
  - The State TBI Program did not suffer a 2% rate cut. Although it did get cut by \$80,000 in state funds for next year.
  - The Long term wait list will continue to wait.
  - NCSS is a new TBI services provider supporting 3 clients. HCRS has been approved as a TBI provider and will take on their first TBI client soon. They would like to have representation on the TBI board.
  - Updated TBI Provider Manual is available online. The changes are a result of changes to the Quality Assurance process.
  - VNA Chittenden/GI is expanding services to provide 24 hour services.

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- State TBI program is in the process of changing the process of funding by developing a daily rate and an assessment.
- In January the Quality Assurance process was redeveloped for providers that work with DAIL. We are now getting the new process underway. Providers want a second review process that looks at consumers over a year rather than a one day review. All TBI approved providers will be reviewed.
- **VT Brain injury Association**
  - The Walk for Thought brochure was handed out.
  - Conference planning going well. The BIAVT Newsletter is in the mail with more information. Megan is leaving. Barb Winters will be taking over the Information and Referral function.
  - Sheila Hobbs has joined the BIAVT as a Job developer.
- **NRF system development**
  - 1<sup>st</sup> NRF, Kellie Patton, hired in the Rutland area.
  - Collaboration Dr Simpatico and Veterans Court – will hire an
  - Due to the many NRF applications received from Washington County we are in the process of hiring an NRF person in Washington County.
  - Will send out NRF job description to the board. More NRF applications being received for funding. Build capacity of the BIAVT. Put system together ahead of schedule. Process overview for receiving the Leahy Earmark money.

**TBI Advisory Board – Where We Are Now**

**Subcommittees**

We have developed outcomes and processes for each committee.

- Veterans committee – identify longitudinal trends. Clayton is working with Tom Simpatico on this.
- Mental Health committee – divert vets to TBI services. In particular, develop protocols and get TBI recognized in the Mental Health world. Talk with Kim Patton about creating a training for Mental Health professionals around identifying TBI and PTSD. Mental Health focus is not enough. OT/PT and speech and language pathologist have more contact with .Increase distribution of information and materials.
- School collaboration committee – focus on training.
- Medical services committee – find right people to connect with to make it a reality. Need to get the Boards best ideas. Focus energy and support to get the word out there with a focus on training.

We're moving along and expanding in different directions. What we create needs to be sustainable.

- Funding to get a TBI syllabus in all libraries across VT.
- NRF program in Rutland pairing adults with children to do reading at lunch time.
- Educate youth around sports concussion issues. Next year focus on training and outreach into communities. The IMPACT program, a computer based

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program developed for schools to assess athletes before they play, is cost effective. Get the word out to schools across state about this program. It will be presented at the TBI Conference in October.

**Brainstorming for TBI Awareness:**

- Distribute information through libraries
- Educate Town clerks
- Provide information to townships.
- Attend teachers conference in October
- VT soccer association may need training for certification which could include TBI training
- Actively get on list serves.
- Educate public defenders i.e. their training in June training.
- VT Alpine Racing - ski centers need education and information.
- Connect with VT League of Cities and Towns.
- Get BIA linked to other websites.
- Contact service organizations (Rotary/Kiwanis/Elks/Moose) to distribute information.
- Provide information to churches, daycares, faith based service organizations.
- Conferences add other awards fund raising awareness.
- Access free space at University Mall to distribute information.
- Public access/public TV 33 & 57
- Get on movie trailers with public service information.
- UVM disabilities service and College of Medicine grand rounds at Fletcher Allen – contact Roger Knakal.
- Get information to NRFs to distribute in their areas.
- First on Kids – Dr. First – Channel 3
- National BIA curriculum training trainers
- Radio spots, PSAs – WDEV, VPR, The Point
- Unions/employee health services – educate about work related injuries.
- Community Health centers
- Hospitals – particularly ER staff
- Burton Snow Boards
- Ski areas
- Police department programs for bike helmets for kids
- Police around incidents where someone might have a TBI
- Colleges –student health services across the state
- National Guard – Camp Johnson
- Athletic and summer camps
- State parks and recreation
- Boy Scouts, Girl Scouts, 4H, Girls and Boys Clubs
- Skating rinks
- Martial arts studios

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- Training about the use of the IMPACT program in schools and youth sports organizations with an emphasis on the importance for both boys and girls.
- General TBI awareness for coaches/sports professionals for boys and girls.
- Training on mild TBI concussive issues to hospitals/emergency room doctors about consistently providing information to those evaluated for concussion. Talk to someone at the chief operating level. Look at States (Virginia & Florida) that already provide these services i.e. providing information to patients at the time of injury and at discharge concerning symptoms and following up with phone calls.
- TBI prevention/awareness education in preschool and daycare settings.
- Education done at skateboard/snowboard events/shops/parks.
- Educating clinical specialist (PT/OT/ST/SW) on a collaborative community based model of treatment of TBI.
- Provide mentoring follow up possibilities for clinicians without TBI experience.
- Clinicians need a collaborative model for follow through. Mild TBI clients often seem okay at first and get discharged but later on don't do okay because of the effect of the TBI. Coordinating with making connections with professional involved. Cognitive emotional piece together.
- Internet and Skype mentoring is important because Vermont is a rural state.
- Use technology more. Set up a website that manages the flow of information about provider services and is viewed as the information exchange for mental health, substance abuse, and TBI. Coordinate and standardize services. Help people throughout the state to think in a rich clear way to get consistency out there. Possible use of Twitter and Facebook. Training through internet. Portal is now – [www.med.uvm.edu/pshychiatry/publicpsychiatry](http://www.med.uvm.edu/pshychiatry/publicpsychiatry)
- Think about what information we want to put out there.

## Guest Speaker: Dr. Lanier Summerall, Director VA Polytrauma Unit

- Dr. Lanier is a research fellow trained at Dartmouth.
- She is currently part of the VA Polytrauma unit assessing people who have injuries in more than one body location. Rehabilitation medicine is not a mental health notion.
- Injuries travel through the continuum of 4 levels of care – very severe, severe, rehabilitation, and reintegration into the community. Four huge rehab hospitals in country. The VA Hospital in White River Junction is a level three facility.
- Even the most severely injured eventually return to Vermont.
- Mild to moderate treatment has changed. There is more uniform use of the Mild Acute Concussive Evaluation. Concussion diagnoses are more often being made at the time of injury.
- The Vermont deployment may receive computer neuropsych testing before they are redeployed and again when they come back. When they come back they will be screened for TBI which includes being exposed to a blast and having other general symptoms.

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- Would like training computers for use at home rather than at the hospital. Dan Wayne makes referrals.
- Dr Lanier makes assessments and coordinates mental health with physical medicine to make fewer visits to the hospital necessary.
- Dr. Lanier has seen 208 individuals who screened positive for TBI. There is incredible confusion and obscuration of one diagnosis by another.
- Vets have a very negative feeling about having a mental health diagnosis. They would rather have a TBI or PTSD. Education around symptoms is needed.
- Important not to attribute all symptoms to TBI.
- Only about recovery. Advocate for talking to vets keep it recovery based. Treatment focused on recovery.
- 85 to 95% vets are screened. Vets often see this as a diagnoses rather than a screen. Screening is a way to begin figuring out what services they might need.
- Capacity in VA to do voc rehab. WRJ compensated work therapy, lodged at the VA.
- The VA travels to Burlington to screen and also do voc rehab services.
- Rural circumstances prevent follow up with community and state services.
- National Guard has outreach funded through Bernie Sanders. They are doing TBI screening around the state. They are trained by the VA to recognize TBI and PTSD. They are also partnering with the State TBI/BIAVT programs and are evolving a premier rural state system of providing services.
- People working in voc rehab are new and might be more open to collaboration with outside entities.
- Coordinating appointments is important for people getting treatment.
- When next deployment returns it's another chance to do things better by making a bridge between what the VA can supply and what the state can supply.
- Steve Kelliher helps frame treatment plans and gives consistent recovery messages. He might be a resource for the brain injury prevention training in November.

Meeting adjourned at 11:50

Respectfully submitted,  
Jane Culver  
TBI Grant Administrative Assistant