

**FISCAL NOTE**  
**Requested by Legislative Council**  
**04/22/2015**

Amendment to: HB 1046

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$425,000		\$425,000	
Appropriations					\$425,000	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Reengrossed HB 1046 provides for an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of reengrossed HB 1046 includes a general fund appropriation of \$375,000 for additional services provided to individuals with a traumatic brain injury. Section 2 of the reengrossed bill includes a general fund appropriation of \$50,000 for the purpose of coordinating services for individuals with traumatic brain injury in each human service region.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for reengrossed HB 1046 for the 2015-2017 biennium for the Department of Human Services is \$425,000 all of which is general fund and all of which was appropriated in the bill; The fiscal impact for 2017-2019 for the Department of Human Services is \$425,000, all of which is general fund, to fund the continuation of services outlined in the bill.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the appropriation needed for the Department of Human Services is included in the reengrossed bill. For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$425,000, all of which is general fund, to fund the continuation of services in the bill.

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 04/22/2015

**FISCAL NOTE**  
**Requested by Legislative Council**  
**03/25/2015**

Amendment to: Reengrossed HB 1046

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$550,000		\$550,000	
Appropriations					\$550,000	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed HB 1046 provides for an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of engrossed HB 1046 includes a general fund appropriation of \$250,000 for additional services provided to individuals with a traumatic brain injury. Section 2 of the engrossed bill includes a general fund appropriation of \$300,000 for the purpose of coordinating services for individuals with traumatic brain injury in each human service region.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for engrossed HB 1046 for the 2015-2017 biennium for the Department of Human Services is \$550,000 all of which is general fund and all of which was appropriated in the bill; The fiscal impact for 2017-2019 for the Department of Human Services is \$550,000, all of which is general fund, to fund the continuation of services outlined in the bill.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the appropriation needed for the Department of Human Services is included in the engrossed bill. For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$550,000, all of which is general fund, to fund the continuation of services in the bill.

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 03/27/2015

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/21/2015**

Amendment to: HB 1046

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$250,000		\$250,000	
Appropriations					\$250,000	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed HB 1046 provides for an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of engrossed HB 1046 includes a general fund appropriation of \$250,000 for additional services provided to individuals with a traumatic brain injury.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for engrossed HB 1046 for the 2015-2017 biennium for the Department of Human Services is \$250,000 all of which is general fund and all of which was appropriated in the bill; The fiscal impact for 2017-2019 for the Department of Human Services is \$250,000, all of which is general fund, to fund the continuation of services outlined in the bill.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the appropriation needed for the Department of Human Services is included in the engrossed bill. For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$250,000, all of which is general fund, to fund the continuation of services in the bill.

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 02/23/2015

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/05/2015**

Amendment to: HB 1046

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$2,366,092		\$2,366,092	
Appropriations			\$1,366,092		\$2,366,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed HB 1046 provides for appropriations to the Department of Human Services for costs relating to traumatic brain injury regional resource facilitation and expanded traumatic brain injury programming.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of engrossed HB 1046 includes a general fund appropriation of \$500,000 for TBI regional resource coordination. Based on a request from the Brain Injury Network, the Department of Human Services would need an additional \$1,200,000, all of which is general fund, to fully execute the coordination of services in all human service regions. Section 2 of the bill includes a general fund appropriation of \$500,000 for additional services provided to individuals with a traumatic brain injury. In addition, not appropriated in the bill but necessary would be an FTE with a cost of \$166,092, all of which would be general fund, to administer the objectives in this bill as well as those identified in SB 2044.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for HB 1046 for the 2015-2017 biennium for the Department of Human Services is \$2,366,092, all of which is general fund. \$1,000,000 of this was appropriated in the bill; the remaining \$166,092 and \$1,200,000 are for an FTE that will be necessary to carry out the requirements of this bill as well as administer the objectives of SB 2044 and to fully execute the coordination of services in each human service region, respectively. The fiscal impact for 2017-2019 for the Department of Human Services is \$2,366,092, all of which is general fund, to fund the continuation of services outlined in the bill, as well as for the continuation of the FTE.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

In addition to the \$1,000,000 appropriated to the Department of Human Services, an appropriation increase of \$1,366,092, all of which is general fund, would be necessary for the 2015-2017 biennium. The Department of Human Services will need an appropriation increase of \$2,366,092, all of which is general fund, for the 2017-2019 biennium to fund the continuation of services in the bill as well as the FTE.

**Name:** Debra A McDermott

**Agency:** Human Services

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**Date Prepared:** 02/06/2015

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/12/2015**

Bill/Resolution No.: HB 1046

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$2,787,175		\$2,761,929	
Appropriations			\$561,092		\$2,761,929	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB 1046 provides for establishing and administering a traumatic brain injury registry, as well as marketing and training relating to the registry. It provides for the coordination of TBI services for each region and for expanding the level of services provided to individuals with a brain injury.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

HB 1046 includes an appropriation of \$251,083 all of which is general fund, for the Department of Health for establishing and administering a traumatic brain injury registry. The bill also includes an appropriation of \$1,975,000, all of which is general fund, for the Department of Human Services for marketing and training relating to the registry, coordinating services for individuals with traumatic brain injury in each human service region, and expanding the level of services provided for individuals with a brain injury. In addition to the appropriated funding of \$1,305,000 in Section 4 of the bill, based on a request from the Brain Injury Network, the Department of Human Services would need an additional \$395,000, all of which is general fund, to fully execute the coordination of services in all human service regions. Also not appropriated in the bill but necessary would be an FTE with a cost of \$166,092, all of which would be general fund, to administer all of the objectives in this bill as well as those identified in SB 2044.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for HB 1046 for the 2015-2017 biennium for the Department of Health is \$251,083, all of which is general fund, and for the Department of Human Services is \$2,536,092, all of which is general fund. \$2,226,083 of

this was appropriated in the bill; the remaining \$166,092 and \$395,000 are for an FTE that will be necessary to carry out the requirements of this bill as well as administer the objectives of SB 2044 and to fully execute the coordination of services in each human service region, respectively. The fiscal impact for the 2017-2019 biennium for the Department of Health is \$225,837, all of which is general fund, and for the Department of Human Services is \$2,536,092, all of which is general fund, to fund the continuation of services outlined in the bill, as well as for the continuation of the FTE.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

In addition to the \$251,083 appropriated to the Department of Health and \$1,975,000 appropriated to the Department of Human Services, the Department of Human Services will need an appropriation increase of \$561,092, all of which is general fund, for the 2015-2017 biennium. The Department of Health will need an appropriation increase of \$225,837, all of which is general fund, and the Department of Human Services will need an appropriation increase of \$2,536,092, all of which is general fund, for the 2017-2019 biennium to fund the continuation of services in the bill as well as the FTE.

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/13/2015

**2015 HOUSE HUMAN SERVICES**

**HB 1046**

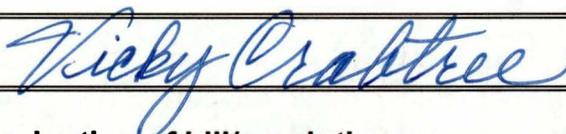
# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1046  
1/13/2015  
Job #21903

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Provide appropriations to DHS for costs of traumatic brain injury registry.

## Minutes:

Testimonies 1-9

Chairman Weisz opened the hearing on HB 1046.

Rep. Dick Anderson: Rep. Anderson supported and introduced this bill. This bill draft was put together by many people seated in this room. Although there is help for individuals who have experienced brain injury of some type; it appears the services we have in place are far short from what is needed. Brain injuries are very complex and it affects every individual differently. Some victims over time recover and live a normal life and others appear to be normal, but struggle immensely. After working all day long they might forget how to get home. I believe this bill will provide a framework for improvement in the service and a path for people dealing with a brain injury. Alex will explain the bill to you better than I can. We have discussed traumatic brain injury in many legislative sessions. We have had legislation that has helped, but it is far short of what is needed. I hope we will pass this bill.

Rep. Mike Schatz: I'm from New England and I'm in favor of HB 1046. My son was involved in a car accident this past year and received a brain injury. He is doing well. This is a serious and more widespread problem than most realize. This bill addresses that and will help work on it. Sometimes I wonder what would happen to my son if my wife and I weren't able to care for him. I can't imagine what it would be like for someone with traumatic brain injury that didn't have family available to them.

4:46

Rep. Mooney: Has your son been able to go home? What have you had to do?

Rep. Schatz: Yes, he is home recuperating with us. The recovery is day to day and we still don't know what the ending until it is over for us.

Alex Cronquist: A fiscal analyst from Legislative Council gave information on the bill. (Read the bill)

Rep. Porter: Was there any discussion on actual numbers of individuals that they thought would qualify to be on the registry?

Cronquist: I don't recall actual numbers and that is why they want a registry.

Rep. Porter: Was there any discussion on the number of other registries that we have in the state and the ability to not have the registry fiscal note that high? There were other individuals working on other registries.

Cronquist: There other registries in the state and we created a memo for the interim committee that identified those other registries. As far as sharing of personnel to staff those, I believe the department said they are doing that to some extent, but they are already stretched so they would need another.

Rep. Porter: On section 3 of the bill was there any discussion about targeting this money rather than back to the DHS, a grant back out to the TBI Association? I think they would do a much better job of marketing.

Cronquist: The department may contract out that money.

Rebecca Quinn: Program Director at the Center for Rural Health, UND testified in support of the bill. (See Testimony #1) (Handout #2 and 3)

Rep. Porter: Can you give us the total dollar amount available to your agency?

Quinn: I cannot give you that number. Mr. Cronquist compiled that over the interim. Currently, the DHS has the resource facilitation contract with me that is \$534,000, has the contract for (?) and recreational services which is a small contract and a contract for pre-employment. I don't know those numbers, but I could get that information for you.

Rep. Rich Becker: Is there a separate registry or a separate numbering for brain concussions or brain injuries in general? Are they in these numbers you presented?

Quinn: Those would be included and there is no separate registry. Sports and concussions would be traumatic brain injury and would be included in the registry. During the interim the question came up, what constitutes a brain injury? In our century code we have services as defined as for traumatic brain injury. We would need to expand that at some time to include all acquired brain injuries and not just traumatic.

Rep. Mooney: If children have brain injury from near drowning, they would not qualify?

Quinn: Correct, they would not.

April Fairfield: Executive of the Head Injury Association of ND testified in support of the bill. (See Testimony #4)

Rep. Fehr: What is the roll of the brain injury association? Is there any monies appropriated, are you involved in that?

Fairfield: We would not be involved in that. We want to raise awareness of traumatic brain injury.

Trina Gress: Vice-President of Employment Services at Community Options, Inc. testified in support of the bill. (See Testimony #5)

Chairman Weisz: Would you clarify your back to work, is that on-going for the life of the client?

Gress: Every brain injury is different. Some need on-going support for a life time, others don't.

Rep. Fehr: Section 4 and 5 both have appropriations of money. It looks like Section 5 only relates to return to work. The \$1.3 million in Section 4 would not involve return to work, is that correct?

Gress: That is correct.

Rep. Fehr: Regarding return to work; how do cover the state?

Gress: Community Action is a statewide agency and has statewide coverage.

Rep. Fehr: The \$650,000 is that enough to cover the whole state?

Gress: No it is not, but I'd be happy to get that.

Rep. Mooney: Does the \$650,000 only apply to return to work or is it scattered?

Gress: As it is written in the bill, it is scattered.

Rep. Porter: Inside of employment services what is the current level of grant from the state?

Gress: It is \$56,000 every biennium.

Rep. Porter: That comes from the DHS?

Gress: The DHS.

Gress: I'd like to hand in Testimony from Jennifer Buresh. (See Testimony #6)

JP Moser: I'm a retired Lt. Col. Of the National Guard. During my tour in Iraq on October 10, 2007 I was injured by a bomb over there. It is difficult to come back from a brain injury. The Dept. of Defense tracks me, the National Guard, VA people, Airforce also track me. ND is asking basic questions. When you go in for services in ND, they say they don't know

anything about you. This is a much needed resource. This bill is for taking care of North Dakotans.

Lynn Astrum: My son suffered a brain injury and I live in Rugby, ND. I have problems with the registry because there was one years ago and they don't anymore. There are many sitting in nursing homes because there is no TBI help. There was no help in the state for us. There are no resources to access for precognitive care. I found an organization in Illinois. They said they could help my son. Dept. of Human Services told me I had to accept this and they couldn't do anything to help him. I hired a lawyer that wrote a letter to Karen Tscher. In 4 days of that I got an e-mail that my son was accepted in neural restorative. They are considered a group rehabilitation. They have 5 levels in their rehabilitation. David is at level 3 now and lives in a group home with three others around his age. I was told there is no placement in ND when he comes back. There needs to be services developed in ND before a registry.

Lisa Anderson: From Leeds ND testified in support of the bill. (See Testimony #7)

1:04

Shannon Binstock: From South Heart, ND testified in support of the bill. (See Testimony #8)

Jeff : I fell on my head on concrete. I had a wonderful surgeon put me back together. For 7 years I didn't know I had a severe traumatic injury. I worked with a psychiatrist and psychologist and found out that drugs were my worst enemy. On a certain drug I didn't even know if my garage door was open or closed when I drove through it. The upsets in life throw me for a loop.

1:21

Rhonda Boehm: Testified in support of the bill. (See Testimony #9)

1:31

NO OPPOSITION

Chairman Weisz closed the hearing on HB 1046.

# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB1046  
2/4/2015  
Job #23246

- Subcommittee  
 Conference Committee

Committee Clerk Signature

*Ticky Crabtree*

## Explanation or reason for introduction of bill/resolution:

Provide appropriations to DHS for costs of traumatic brain injury registry.

## Minutes:

Chairman Weisz: Let's look at 1046

Rep. Porter: We've had this bill in front of us on many occasions. The services being asked for inside this bill are all contracted services and have been tasked with over the years by the legislative assembly. The components with the registry makes this part of the bill unworkable. There is not a clear agreement that a registry is something they want. I would move an amendment to remove sections 1, 2 and 3 from the bill.

Rep. Fehr: Second.

Rep. Mooney: Rather than I amending them out entirely would it be possible to tie them to the Senate bill that is looking at a hub registry. If that bill fails, then it would go away?

Chairman Weisz: At this stage there isn't a hub registry. We don't know what version will pass so that we could tie it to the Senate bill. What if the bill turns into a study? If we are going to fund something here, it is a lot cleaner if there is no registry and potential funds going to the registry. Are we going to fund the services or not? With this amendment we have 4 and 5 just the way they are. In my perspective it cleans the bill up if you are looking at appropriations.

Rep. D. Anderson: Is there any other way the service agencies can keep track of data so you can have some kind of outcome base decisions to see how well they are doing?

Chairman Weisz: The registry isn't going to do that for you anyway. They would have some ability to track the people they work with and being able to show if they were outcome favorable or otherwise.

Rep. Oversen: Were there organizations that weren't in favor of the registry or were there just consumers that had the same concerns they had with the autism registry?

Rep. Porter: Consumers.

Chairman Weisz: I never heard from an organization that was against it.

VOICE VOTE: MOTION CARRIED

Rep. Porter: I would move to further amend Section 4, line 13 from \$1,305,000 to \$500,000 and Section 5, line 20 from \$650,000 to \$500,000.

Rep. Mooney: Second.

Rep. Porter: This is not in the governor's budget and it is a standalone and it is our responsibility to put it in a shape so you can defend it. I think you can defend those two numbers and importance of these two issues in Appropriations.

VOICE VOTE: MOTION CARRIED

Rep. D. Anderson: I have another amendment here. Add a Section 6. It is an appropriation for the DHS for a state brain injury coordinator. (He read the amendment.) "There is appropriated out of the monies in the general fund in the state treasure not otherwise appropriated the sum of \$250,000 or so much of the sum is may be necessary to the DHS for the purpose of hiring a state brain injury coordinator responsible for brain injury service contracts, facilitating the brain injury advisory committee meeting, reducing fragmentation and encouraging collaboration among contractors and establishing standards for professional development and training for brain injury professionals beginning July 1, 2015 and ending July 30, 2017. The DHS is authorized for a one-time, full time equivalent position for this purpose."

Chairman Weisz: Is that a motion?

Rep. D. Anderson: Yes.

Rep. Mooney: Second.

Rep. Rich Becker: Because we are specifying dollars does that have to have an emergency clause?

Chairman Weisz: No.

Chairman Weisz: Rep. Anderson do you have any further clarification?

Rep. D. Anderson: It was through a stakeholder and they thought that was the best way to approach it and encourage that amendment so I am bringing to your attention.

Rep. Porter: I am going to resist the amendment. It puts the other two components of the bill at risk.

Rep. Fehr: Susan Wagner who has recently retired had that as an additional duty. What is the department doing at this point? Are they replacing her and someone else will do this part-time? I'm not sure it is a good idea to create a new FTE.

Chairman Weisz: When you say FTE that will get Appropriations attention.

Rep. Mooney: I know the FTE puts a new light on things and understand if this gets shot down.

VOICE VOTE: MOTION FAILED

Chairman Weisz: I would like to tighten up the language in Section 5 and be more specific. Trina could you come up to the podium? I'm looking for some language that would further clarify what that \$500,000 might do.

Trina Gress: I'm from community action and I do have some language. Currently we have a prevocational skills program and it is only designed to help people with brain injury up until the point they are ready to earn a paycheck. When they need to start earning that paycheck they are to go to vocational rehabilitation. The language would be some type of a return to work program that would be evidence based. Job placement, resume writing, application submission, interview assistance and life skills are types of tasks that it would be nice to have in here or in Section 2, be sure it is carried out. The individuals need those things in that temporary period before going to vocational rehab.

Chairman Weisz: You think that language should be in the bill?

Gress: Requiring a return to work program to mirror an evidenced based model. You don't want a program or model that is not effective. We want an evidence based model working with this population that has been proven somewhere else that we can replicate in ND.

Chairman Weisz: This paper that was just passed suggests that instead of expanding the level of services including return to work it would be providing life skill services and return to work evidence based programming. Would that be good?

Gress: That would be good.

Chairman Weisz: Then it would say, "providing life skill services and return to work to evidence based programming provided for individuals with brain injury".... Then the other language, "programming must provide long term life services including job development, job placement, resume application, life skills".

Rep. D. Anderson: Can you just get by with the first part of that statement?

Chairman Weisz: I was thinking that, but I understand the rationale? They want to make sure that it does include, on and off site job coaching. The first part would say life skill services and then it would be an argument of what it all entailed. I'm not sure what evidence based program means.

Gress: I would define evidence based services as the model is based on data from the university it which is was derived from; and you have proven that if you apply eight core principles. Then people will get employed.

Chairman: Would it be better to say evidence based model instead of program?

Gress: Yes. Wouldn't it be better to site those core principles instead of the tasks?

Chairman Weisz: I don't think you want to define specifically. That would be a change and a different code. My hope was if you said providing life skill services and a return to work evidenced based model provided for individuals with brain injury. Is that ok?

Gress: Yes.

Vice-Chair Hofstad: That works for me including return to work that mirrors and evidence based model provided for individuals with brain injury.

Chairman Weisz: You could say, life skill services including an evidence based return to work model. Does that narrow it down so we are looking at a return to work model? It would say, "For the purpose of providing life skill services including an evidence return to work model provided for individuals with brain injury."

Rep. Fehr: Moved the amendment.

Rep. Hostad: Second.

VOICE VOTE: MOTION CARRIED

Rep. Hostad: I move a DP as amended and re-referred to Appropriations.

Rep. Seibel: Second.

ROLL CALL VOTE: 12 y 0 n 1 absent

Bill Carrier: Rep. Hofstad

February 4, 2015

Sal  
2-4-15

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1046

Page 1, line 1, remove "to provide for a traumatic brain injury registry; to provide an appropriation to"

Page 1, remove line 2

Page 1, line 3, remove "injury registry; and"

Page 1, line 4, remove "a traumatic brain injury registry,"

Page 1, line 4, remove the second comma

Page 1, remove lines 7 through 23

Page 2, remove lines 1 through 9

Page 2, line 13, replace "\$1,305,000" with "\$500,000"

Page 2, line 20, replace "\$650,000" with "\$500,000"

Page 2, line 21, replace "expanding the level of" with "providing life skill"

Page 2, line 21, after "including" insert "an evidence-based"

Page 2, line 22, replace "programming" with "model"

Page 2, line 22, after "a" insert "traumatic"

Renumber accordingly

Date: 2-4-15  
Roll Call Vote #: 1

**2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1046**

House Human Services Committee

Subcommittee

Amendment LC# or Description: see description 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. Porter 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					
<u>VOICE VOTE</u>					
<u>MOTION CARRIED</u>					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

Remove sections 1, 2 and 3 from the bill.

Date: 2-4-15  
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1046

House Human Services Committee

Subcommittee

Amendment LC# or Description: See description 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. Porter Seconded By Rep. Mooney

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					

VOICE  
VOTE MOTION  
CARRIED

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:  
Section 4 line 13 from \$1,305,000 to \$500,000 and Sec. 5 line 20 From \$650,000 to \$500,000

Date: 2-4-15  
 Roll Call Vote #: 3

**2015 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 1046**

House Human Services Committee

Subcommittee

Amendment LC# or Description: see description 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. D. Anderson Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson	<div style="font-size: 2em; font-family: cursive;">Voice Vote</div> <div style="font-size: 3em; font-family: cursive; margin-top: 20px;">MOTION FAILED</div>				
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

*Add Section 6  
 For AN Appropriation  
 For DHS For a brain  
 injury coordinator.*

Date: 2-4-15  
 Roll Call Vote #: 4

**2015 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 1046**

House Human Services Committee

Subcommittee

Amendment LC# or Description: See description 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. Lahr Seconded By Rep. Hofstad

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					

*VOICE VOTE  
 MOTION Carried*

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent: *Sec. 5. for the purpose of providing life skill services including an evidence based return to work model*

*Motion Carried*

Date: 2-4-15  
 Roll Call Vote #: 5

**2015 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 1046**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 15,0180.02003

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. Seibel

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) 12 No 0

Absent 1

Floor Assignment Hofstad

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

**REPORT OF STANDING COMMITTEE**

**HB 1046: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1046 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "to provide for a traumatic brain injury registry; to provide an appropriation to"

Page 1, remove line 2

Page 1, line 3, remove "injury registry; and"

Page 1, line 4, remove "a traumatic brain injury registry,"

Page 1, line 4, remove the second comma

Page 1, remove lines 7 through 23

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Page 2, line 13, replace "\$1,305,000" with "\$500,000"

Page 2, line 20, replace "\$650,000" with "\$500,000"

Page 2, line 21, replace "expanding the level of" with "providing life skill"

Page 2, line 21, after "including" insert "an evidence-based"

Page 2, line 22, replace "programming" with "model"

Page 2, line 22, after "a" insert "traumatic"

Renumber accordingly

**2015 HOUSE APPROPRIATIONS**

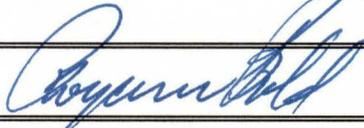
**HB 1046**

# 2015 HOUSE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Roughrider Room, State Capitol

HB 1046  
2/12/2015  
23789

- Subcommittee  
 Conference Committee



**Explanation or reason for introduction of bill/resolution:**

Related to department of human services for costs relating to traumatic brain injury regional resource facilitation and expanded traumatic brain injury programming

**Minutes:**

Attachment 1 - Fiscal Note

**Chairman Jeff Delzer** called the meeting to order.

**Representative Robin Weisz District 14** spoke as committee chair of Human Services (originating committee) spoke on the bill.

**Chairman Jeff Delzer**

What is it expected to do?

**Weisz:** One of the Representative's sons was in an accident and is suffering with a brain injury. There is no system in place and once the medical and therapy issues were taken care of. Then what?

**Weisz:** spoke further regarding the bill.

**Chairman Jeff Delzer**

If we took section 1 out, it would eliminate the fiscal note.

**Weisz:** section 2 is ....the fiscal note **A++ 1**

**Chairman Jeff Delzer**

How many people is that supposed to serve?

**Weisz:** 44 individuals. There are people that are in no-man's land. They are still not capable of going to an employer and they can be fired.

**Chairman Jeff Delzer**

Have you thought about a pilot project instead of state wide?

**Weisz:** it would be state wide. A pilot project could be considered. They need coaching and help and they need to work with the employer...can't handle the distractions.

**Vice Chairman Keith Kempenich**

It looks like another bill on Senate side: a mirror of this?

**Weisz:** no, it's called a flex fund, That's SB 2044 and there may be overlap. We'll look at it.

**Chairman Jeff Delzer**

We don't have the Human Services budget in front of us.

**Weisz:** I understand that but, we feel this is a priority to be kept alive. It will save the state money.

**Representative Skarphol**

When I look at the bill, there are two \$500,000 appropriations and the fiscal note is something else.

**Chairman Jeff Delzer**

Dept. of Health and the Dept. of Human Services and how much money they currently have and how much this would add to what they are doing.

**Representative Skarphol**

We need better fiscal notes that are more understandable.

**Representative Nelson**

Potential pilot program...Some job coach services are being offered.  
Would this go further?

**Weisz:** Yes, there's \$58K in governor's budget, but it doesn't apply once they are employable.

**Chairman Jeff Delzer**

Until we have Human Services budget, we can't decide if there's money available.

**Weisz:** the Dept. had an OAR just in that area.

**Representative Nelson**

When they get a job, they are left up to the family member for that. But then what happens if that's unavailable.

**Weisz:** some end up in nursing facilities.

**Chairman Jeff Delzer:** When I dealt with Human Services that's not the way it was explained.

**Weisz:** VR the federal program, you have to be able to work a minimum of 50 hours per month.

**Representative Glassheim**

You have an engrossed bill and this fiscal note 1/12/15 and refers to section 4 of the bill and there is no section 4.

**Weisz:** I have an updated fiscal note of 2/05/15

**Chairman Jeff Delzer**

We'll have to get that.

**Vice Chairman Keith Kempenich**

What if you did 10 on the pilot project?

**Weisz:** You could cut it back and still run the program.

**Representative Pollert**

In section one; you're saying \$523K, are those dollars are going out in grants to a regional resource person or is it going to human service centers?

**Weisz:** the \$533K, that goes to center for rural health. And that money is used for  
*....Repeats the list...*

**Representative Pollert**

To provide more resources would provide more pamphlets, but section 2 to provide services to get them trained and rehabbed and work study; am I hearing you wrong?

**Weisz:** I mean just to provide those same resources to people. The second part is the priority, is to fill that gap, and to eventually become fully employed. They want to go back to their same job and this helps fill the gap to make them fully productive.

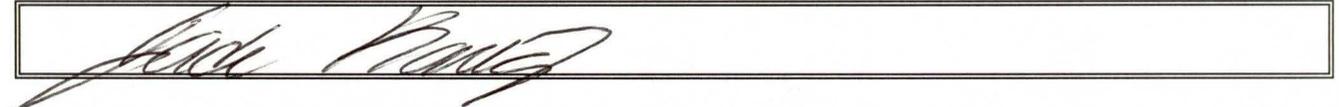
Hearing closed.

# 2015 HOUSE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Roughrider Room, State Capitol

HB 1046  
2/19/2015  
24162

- Subcommittee  
 Conference Committee



## Explanation or reason for introduction of bill/resolution:

Related to department of human services for costs relating to traumatic brain injury regional resource facilitation and expanded traumatic brain injury programming

## Minutes:

1 Attachment

**Chairman Jeff Delzer:** This bill deals with TBI (traumatic brain injury) it has 500,000 dollars and 500,000 dollars I think the bill was put in at 1 million and 1 million. Talking to the chair of the human service committee I think he mentioned something about the fact that section one is actually being done already. The second one would be new services. I see the amendment that Representative Pollert handed out basically removes section 1 and goes to 250,000 dollars on section 2.

**Representative Pollert:** Handed out amendment 15.0180.03001. I have had some discussions with the sponsor of the bill and also the chairman of the human services policy committee and asked them what we could do and the old section 1 currently in the DHS budget there is I think 533,000 dollars in that budget and that isn't dealing with the clients. Section 1 was more dealing with, if I'm correct, its through the UND center for rural health and it helps match the client with services. There is currently 533,000 dollars in the DHS budget. So when I talked to them about it I said well if it's there why is this needed in the bill? So that was the agreement that section one is currently being done. Could it be more? Sure everything could be more, but it was agreed with them that I bring this forward to appropriations to delete section 1. Now section 2 is dealing with services between the providers and the clients and they provide job coaching, job shadowing, life skills, assistance with employers to help with these clients when they get a job. The bill originally started at 650,000 dollars. The policy committee dropped it to half a million and then this drops it to 250,000 dollars and basically they had talked to the people who this bill affects and told them that 250,000 dollars is better than nothing. It keeps your bill alive but also helps up to into the second section with the DHS budget to confirm the 533,000 dollars, can we make the service between the UND center and that a little more responsive, I don't know but we would sure try to do that. Then we also see what happens on March 18.

This was actually at a half million was going to 100 clients. This is going to provide at least for the first half about 50 clients but of course this is in the next biennium so basically this is keeping this TBI and this portion of the bill which really works toward helping them with job training and I would move amendment 03001.

**Representative Nelson:** Second

**Chairman Jeff Delzer:** If I remember this right this was a case of where they do not qualify for VR services because of some of the federal rules. I would say when we have DHS in front of us in the second half we should grill them really hard about whether or not we can apply and push real hard for waivers so some of these could be covered under the federal guidelines. It seemed they were somewhat reluctant to push back on the federal government. If we tell them that they really need to maybe they can, because we spend a lot of money in VR on the DHS budget as well.

**Representative Holman:** I'm ok with 250,000 dollars.

**Representative Skarphol:** Does this create any type of a registry for these folks?

**Chairman Jeff Delzer:** There is already one there that is basically what section 1 does already is a registry.

Motion to Adopt Amendment 01003.  
Motion made by Representative Pollert.  
Seconded by Representative Nelson.  
Voice Vote  
Motion Carried.

**Representative Pollert:** I move a Do Pass As Amended to HB 1046.

**Representative Nelson:** Second.

Motion to Do Pass As Amended on HB 1046  
Motion made by Representative Pollert.  
Seconded by Representative Nelson.  
Total Yes 22. No 0. Absent 1.  
Motion Carried.  
Floor assignment Representative Pollert.

*HP*  
*2-19-15*

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1046

Page 1, line 1, replace "appropriations" with "an appropriation"

Page 1, line 2, remove "traumatic brain injury regional resource facilitation and"

Page 1, remove lines 5 through 11

Page 1, line 15, replace "\$500,000" with "\$250,000"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

This amendment removes Section 1 which would have provided a \$500,000 general fund appropriation to the Department of Human Services for coordinating services for individuals with traumatic brain injury and reduces the general fund appropriation in Section 2 from \$500,000 to \$250,000 for providing life skill services for individuals with traumatic brain injury.



Date: 2/19/15

Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1046

House Appropriations Committee

Subcommittee

Amendment LC# or Description: 15.0180.03001 *Engrossment*

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: Pollert Seconded By: Nelson

Representatives	Yes	No	Absent	Representatives	Yes	No	Absent	Representatives	Yes	No	Absent
Chairman Jeff Delzer	✓			Representative Nelson	✓			Representative Boe	✓		
Vice Chairman Keith Kempenich	✓			Representative Pollert	✓			Representative Glassheim			A
Representative Bellew	✓			Representative Sanford	✓			Representative Guggisberg	✓		
Representative Brandenburg	✓			Representative Schmidt	✓			Representative Hogan	✓		
Representative Boehning	✓			Representative Silbernagel	✓			Representative Holman	✓		
Representative Dosch	✓			Representative Skarphol	✓						
Representative Kreidt	✓			Representative Streyle	✓						
Representative Martinson	✓			Representative Thoreson	✓						
Representative Monson	✓			Representative Vigasaa	✓						
	<u>9</u>	<u>0</u>	<u>0</u>		<u>9</u>	<u>0</u>	<u>0</u>		<u>4</u>	<u>0</u>	<u>1</u>

Totals

Yes)	<u>20</u>
No	<u>0</u>
Absent	<u>1</u>
Grand Total	<u>23</u>

Floor Assignment: Pollert

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

**REPORT OF STANDING COMMITTEE**

**HB 1046, as engrossed: Appropriations Committee (Rep. Delzer, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (22 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed HB 1046 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "appropriations" with "an appropriation"

Page 1, line 2, remove "traumatic brain injury regional resource facilitation and"

Page 1, remove lines 5 through 11

Page 1, line 15, replace "\$500,000" with "\$250,000"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

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**2015 SENATE HUMAN SERVICES**

**HB 1046**

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1046  
3/18/2015  
25067

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill to provide an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming

## Minutes:

Attach #1: HB 1046 .02000 version
Attach #2: Testimony by Tina Gress
Attach #3: Written Testimony by Jennifer Buresh
Attach #4: Testimony by Rebecca Quinn
Attach #5: TBI Support Continuum

**Alex Cronquist**, Legislative Management, introduced HB 1046 to the Senate Human Services Committee. This bill came out of the interim Human Services Committee. Section 1 has an appropriations of \$250,000 for Department of Human Services for the purpose of providing life skill services for individuals with traumatic brain injury. They will report by July 1, 2016.

**Senator Dever** found that it might be useful to have a copy of the original bill, as the current bill before us has significantly changed. (attach #1)

**Senator Axness** commented for the one section the House left with an appropriation for \$250,000, they also cut \$400,000 from that part of the bill.

**Mr. Cronquist** could not explain the reason for this.

**Senator Howard Anderson, Jr.** commented that this is all general fund money. **Mr. Cronquist** concurred.

**Senator Dever** commented again that the committee will find it interesting to see how much money was in the original bill. This was introduced at .02000, and it is now at .04000, so apparently it was amended in policy and appropriations in the House.

**Mr. Cronquist** confirmed yes. The House Human Services removed Sections 1 and 2, and the House Appropriations removed the regional resource facilitators section. **Senator Dever** continued that the appropriations reduced the funding in Section 5. They had \$650,000 previously.

**Representative Dick Anderson**, District 6, answered questions why funds were cut. The legislature has been trying to get something done with traumatic brain injury since the mid-1990's. The committee followed Chairman Representative Weisz's suggestion to cut funds, but to keep the bill alive to move this to the Senate side. The only subsection that remains is Section 5, and then the funding was reduced by the House Appropriations. He was pleased that the bill remains alive to this committee. He would suggest doubling the funds in the remaining section, as this would provide a bare-bones budget.

**V. Chairman Oley Larsen** commented that if it is now \$250,000 and the program wants to expand, do you think it will be a pilot area first if it stays at \$250,000.

**Representative Anderson** deferred. It would probably just divide the state into two parts, and for the personnel to cover those areas would be very tough.

**Senator Warner** asked for an explanation regarding the former section 1, brain injury registry. Why was it objectionable?

**Representative Anderson** indicated that some of the people in the House Human Services Committee think we have a registry for everything and have objections to this. People think we should use the money to help people rather than doing the Registry.

**Senator Warner** commented that it seems how do you spend money on the actual people if you don't know who they are or where they are.

**Representative Anderson** agreed, probably right in that sense. We've been studying this since mid-1990's. We are looking for data for next legislative session to come up with the registry.

**Senator Axness** indicated there is another bill that was introduced moving away from traumatic brain injury definition and moving to brain injury. He asked if we need to adopt the new language.

**Representative Anderson** answered the reason we changed the definition is because brain injury can occur with starvation of oxygen to the brain. We want to include those people in the process.

**Senator Axness** continued, would we want to change the bill to "brain injury" rather than traumatic brain injury.

**Representative Anderson** indicated we would probably need to do that.

**Trina Gress**, Vice President of Employment Services at Community Options, Inc. testified IN FAVOR of HB 1046 (attach #2)(10:23-16:22). Ms. Gress also provided written testimony by **Jennifer Buresh** (attach #3).

**Senator Dever** indicated community options provide these kinds of services now. Who is the clientele in addition to brain injury? How many community options are there in the state? How would the money be divided?

**Ms. Gress** indicated our program is pre-vocational, and we have a gentlemen's agreement with Vocational Rehabilitation to say that when a person gets paid employment, we no longer work with them. There is a referral to vocational rehabilitation. The return to work program concept is the middle ground, where someone can earn a paycheck and an agency like theirs could help coach them on the job before they get to vocational rehabilitation. We help them do soft-skill training before they get the job today.

**Senator Dever** asked if this is a new program.

**Ms. Gress** responded it is a new program. We have worked with 29 people out of 66 that we have tried to get to vocational rehabilitation, and only 3 have got over there. We don't track them anymore. They go off and get a job and no one is there to provide them support.

**Ms. Gress** continued. Community Options is a statewide agency, and there are offices throughout the state in every region. To distribute the funds, there would be a Request for Proposal (RFP) process, and Community Options would have to apply for those funds and contract.

**Senator Dever** continued that there might be 8 entities interested.

**Ms. Gress** added there could be 30 entities interested.

**Chairman Judy Lee** explained that is because there might be more than one entity in a region that might be providing services. **Ms. Gress** confirmed yes. They are also part of the North Dakota Association of Providers, and that association has 30 providers.

**Chairman Judy Lee** explained we've had other testimony about comparable bills, and heard about support needs on how to be an employee.

**Ms. Gress** confirmed that is the intent. It is important to help teach skills that they may have lost during that injury - it may be only one or two hours a day while on the new job. So when they get to vocational rehabilitation, they don't just place them in a job. They can do true rehabilitation and job counseling.

**Chairman Judy Lee** asked Ms. Gress to provide example of things you do to help someone get ready. What do you do now, and what would you do with this program.

**Ms. Gress** indicated we currently do soft-skills training. If a client, they provide how to dress, social skills, how to properly ask questions. The Return to Work person would have gained those soft skills, so would help the person fill out new hire paper work, job coaching on site.

**Senator Howard Anderson, Jr.** stated his personal opinion is that he would like the information first before the services. He likes the registry. We provide services and then lose track of them, and don't know where they are long term. He will support putting that back in there. The health information hub could be a vehicle to track this. We continue to put money in these programs, but we promise that we are going to save money, but we never recognize that. It is another reason why we need to track the information to see if we are really helping them.

**Ms. Gress** explained her testimony today is focused on what is currently in HB 1046, but strongly encourages restatement of the sections Senator Howard Anderson, Jr. discussed.

**Rebecca Quinn**, Director at the Center for Rural Health, University of North Dakota, testified IN FAVOR of HB 1046 (attach #4)(24:33-31:00)

**Senator Howard Anderson, Jr.** asked if her program currently tracks people, including the follow through.

**Ms. Quinn** indicated her program tracks individuals who are referred to her program, and keep up to date with those individuals. There are individuals who fall off the rolls. We keep a record of people who contact us with their injury, their location in the state, and their needs. The resource facilitation program is an active outreach program, so it is set up where the facilitators contact those individuals within their region on a regular basis. This is done on a two-week basis.

**Chairman Judy Lee** commented the last page of your testimony provides data of how many are being served.

**Senator Dever** asked if her interest is in additional resources as full time equivalents (FTE) under the Department of Human Services or an RFP for traumatic brain injury network.

**Ms. Quinn** responded that the funding is to increase funding for the current RFP, which is a contract through the Department of Human Services.

**Chairman Judy Lee** recognized the amount for the one additional facilitator and operating costs is approximately \$300,000. **Ms. Quinn** confirmed yes.

**J.P. Moser** testified IN FAVOR of HB 1046. Mr. Moser discussed his personal story regarding brain injury from the Iraq war. He strongly supports this bill. He also receives support from five different federal agencies. (testimony ends 42:15).

**Senator Dever** asked are you still in the military, and were the services provided by the Army or the Veterans Administration.

**Mr. Moser** was retired medically from active duty in July 2013. The active Army, Department of Defense (DOD), took care of his rehabilitation until he became medically stable, which took nearly 5 years. From there, he was transferred to the Veterans Administration, but due to the nature of the injury, he still has the DOD support through the

Defense Veterans Brain Institute Consortium, which is run by the Joint Chiefs of Staff. He still goes to Fort Carson for continual checkups. He also continues to go to Sanford.

**Lynn Ostrum** provided personal testimony IN FAVOR of HB 1046. Ms. Ostrum is from Rugby, North Dakota, and told the story of her son who has a traumatic brain injury. (43:42 55:24)

**Senator Dever** asked if the three resource facilitators prioritize themselves on a geographical basis or if they attempt to stretch themselves across the state.

**Ms. Ostrum** deferred to Rebecca Quinn.

**Ms. Quinn** indicated they are prioritized by geographical basis. Ms. Ostrum is from Rugby, so the resource facilitator from Towner, North Dakota, was the county case manager who had worked with Ms. Ostrum prior to getting this funding.

**Rebecca Quinn** further clarified, that the 24 hour program that Ms. Ostrum referred to was the Personal Care Supervision that came through the last session. It was an OAR request to increase the funding in this session. That OAR was cut, with the understanding that the personal care had been increased in previous sessions. The personal care with supervision actually is set at a lower rate than other personal care. This type of service would provide overnight care in recipients home for someone who has cognitive needs.

**Chairman Judy Lee** asked for information on the OAR. This will be provided.

**Ms. Ostrum** indicated the reason the rate is only \$9.32 is because the individual was able to watch TV or play games, so they set the rate low because they felt it wasn't an important job.

OPPOSITION to HB 1046  
No opposing testimony

NEUTRAL to HB 1046

**JoAnne Hoesel**, Department of Human Services, provided document TBI Support Continuum (Attach #5)(59:43). The chart displays the support based on the recovery of brain functioning in four areas: Pre-vocational, which is the contract with Community Options; HB 1046 Return to Work; Vocational Rehabilitation; and finally Extended Services.

**Senator Howard Anderson, Jr.** asked if the Department of Human Services tracks people through the continuum of care or if there is any coordination of services today.

**Ms. Hoesel** answered as Ms. Quinn mentioned, the contract that the Department of Human Services has with the UND Rural Health and the facilitators is the case management system for individuals with traumatic brain injury. The work that is done through the other contracts, they track within their own systems, but there is not an overall. We do have outcomes for services that we are procuring, but not from a statewide perspective.

**Senator Howard Anderson, Jr.** continued. Originally, section 4 of the bill which had \$1,035,000, was intended to provide those kind of services through the Human Service Centers. Is that correct?

**Ms. Hoesel** stated that the funding would be added onto the contract for resource facilitation that we have through UND. We procured that in the current biennium, and so this would be done through the contract, and increase the number of resource facilitators in the state to one per region.

**Chairman Judy Lee** closed the public hearing on HB 1046.

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1046  
3/23/2015  
25288

- Subcommittee  
 Conference Committee

Committee Clerk Signature

*Donald Mueller*

## Explanation or reason for introduction of bill/resolution:

A bill to provide an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming

## Minutes:

Attach #1: Rebecca Quinn documentation  
Attach #2: Email from Maggie Anderson, OAR  
Attach #3: TBI Program Costs  
Attach #4: Electronic Testimony by April Fairfield

The Senate Human Services Committee met on March 23, 2015 for HB 1046 committee work.

Four attachments were distributed.

- Rebecca Quinn documentation (attach #1)
- Email from Maggie Anderson, Department of Human Services, regarding Optional Adjustment Requests (OAR) for brain injury (attach #2)
- Traumatic Brain Injury program costs requested (attach #3)
- Electronic testimony by April Fairfield (attach #4)

**Senator Howard Anderson, Jr.** did mention to the House that the brain injury registry could be done through the information hub. There were only two-thirds of them there and they seemed receptive.

**Chairman Judy Lee** requested that Karen Tescher or Maggie Anderson (DHS) be asked to come to the committee to provide more information on the Optional Adjustment Request (OAR).

**Senator Howard Anderson, Jr.** stated if we leave it the way it is, then we only have to worry about the Senate Appropriations Committee. You currently get the \$250,000 as they appropriated. Senator Howard Anderson, Jr. offered his opinion that until we get the health information hub, it may be a moot point to go with the brain injury registry right now. In two years when we have the hub figured out, the registry would fit in. It is not a bad idea to add the registry at this point, but he would rather see the money go into the coordination of care effort.

**Chairman Judy Lee** asked Senator Howard Anderson, Jr. if he were to put something back in, would it be for one more facilitator.

**Senator Howard Anderson, Jr.** responded that he likes Section 4, the coordination of care, in the original bill.

**Chairman Judy Lee** stated on Ms. Quinn's information, that is the page with the costs from her prior testimony. It would provide one facilitator in the east and one in the west.

The committee reviewed the different estimates for the number of facilitators.

**Chairman Judy Lee** asked the committee for discussion and guidance in replacing the original \$1,300,000.

The committee continued their discussion on the OAR, and what was in the original budget appropriation. After some confusion, Chairman Judy Lee requested that Maggie Anderson (DHS) and/or Karen Tescher from Department of Human Services come and clarify.

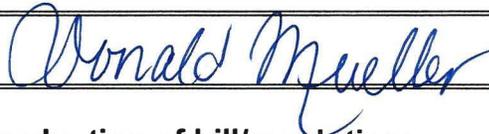
# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1046  
3/24/2015  
25322

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill to provide an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming

## Minutes:

No attachments

"Click here to type your minutes"

The Senate Human Services Committee met on March 24, 2015 for HB 1046 committee work.

**Chairman Judy Lee** provided an explanation of the discussion thus far on HB 1046. Primary points included:

- holding the Traumatic Brain Injury registry until the health information hub had been established.
- Rebecca Quinn's proposal for an additional facilitator in western North Dakota
- Need information on the optional adjustment request

**Karen Tescher**, Department of Human Services, oversees the Home and Community Based Services and they do have clients that do have a traumatic brain injury. They also have a realm of services available for them. There are services in the waiver, and they have to meet nursing home facility level of care, which you may think is difficult for someone who has a brain injury because sometimes they are not physically challenged, but we do have a special portion in the level of care that does allow someone with a brain injury if they do need any kind of supervision they can become eligible for the nursing facility level of care, and this brings them into the waiver. In the waiver, we have several services that they would probably use: adult day care, adult residential which are specific services that we have at Dakota Point, Dakota Alpha, and High Soaring Eagle, and they are licensed as basic care but they specialize in people with brain injury. They have a lot of programming that they do. They are able to go out into the community and work, and yet they have the oversight at the facility to help them if they need ongoing supervision. Our newest program that we have put in place was in December 2014, the personal care with supervision that was approved. We have personal care in regular Medicaid but we have not had supervision. Many times people with brain injuries, that is what they need because

of impulse control or different things that they are not able to do as well. It can be for people with brain injury or other types of dementia. Currently we have three people enrolled, and they have some form of dementia. We have not used the program with someone with traumatic brain injury yet. When the requests come in, we review them, we make sure they fit the criteria for that service, and then it can be a combination of services in that home. They may need some personal care, so the Qualified Service Provider (QSP) can provide that at the higher rate, and then they can have supervision up to 24 hours a day. So when they need that supervision piece, it is coded differently and the rate they get is lower because they are not doing those tasks such as bathing or transferring. It is mainly to be with that person and do more social activities. The qualified service provider who goes into that situation need to be awake 24 hours a day, so it cannot be just one qualified service provider who provides that service. It is several enrolled to provide that service. Currently, for that service, the rate is \$9.24 per hour. When doing the personal care and the other activities, the rate is \$19.76 per hour. Maggie Anderson (DHS) had provided an email with an optional adjustment request (OAR) asking for \$1,300,000 because right now, at the rate we are able to pay, it doesn't encourage any agency qualified service providers, it is only individuals that would work at that rate. Agencies are paid higher because of their overhead. For regular qualified service provider work, the agency rate is \$27.16 per hour. So right now, the funding only supports individual qualified service providers. That was taken out through the Senate amendments on the Department of Human Services appropriation bill. It was an approved program in 2013 by the legislative assembly. It was up to 24 hours of supervision, and it would add funds to provide for an increased rate to ensure providers are available, both individuals and agencies. It would have allowed for growth from 13 to 20. There have been questions about do we have enough services right now for individuals with traumatic brain injury, and we have had to send some individuals out of state to specialized nursing facilities that are similar to Dakota Alpha - they have programming and they have the 24 hour care and they do therapies. We have had issues with them having a waiting list, and High Soaring Eagle has two openings. But generally, individuals with brain injury are younger and they are basically physically healthy many times, so once they get into a program or facility they tend to stay for a long period of time. We also have transitional care program, which can help them learn the basics of how to manage a checkbook, how to get around in the community, how to do those things that we may take for granted. That is a service too within the waiver that we have used for individuals with traumatic brain injury.

**Senator Warner** asked how health insurance is handled for the qualified service providers. Out of the agency cost, is that for health insurance for the qualified service provider? There is such a large differential, so he assumes this cannot be just for administration.

**Ms. Tescher** believes that it is different with each agency what they might cover for their individuals. Some of them cover mileage.

**Senator Warner** asked would qualified service providers at the lower rate be eligible for Medicaid.

**Ms. Tescher** responded that it could happen. In the past, there have been several individuals who were eligible because of their specific circumstance.

**Chairman Judy Lee** added otherwise the exchange.

**Chairman Judy Lee** stated that she didn't necessarily understand that the people working for agencies only got \$9.00. They are likely getting more money. The difference between the \$9.00 and \$27.00 is not all administrative.

**Ms. Tescher** stated that is correct. The \$9.00 rate has nothing to do with the agency. The \$9.00 is carved out for what we can pay for the supervision piece. When agencies have a higher rate and overhead, for them to accept \$9.00 is cost prohibitive.

**Chairman Judy Lee** asked for Ms. Tescher's opinion - if we have to prioritize between the OAR, which is very important, and the western facilitator, which is very important, do you have any thoughts that the committee should consider?

**Ms. Tescher** offered that she is not an expert at what the facilitators do. They do education in different areas. When a county case manager that we work with when someone is on Medicaid that happens to have a brain injury, many times they have already been working with the facilitator out in the field. We share information with them about our services. What they would be would be someone hands-on out there, much like our case managers that go into the home, do the assessment, and help set up the services. Our case managers have been asking for more help with people who have brain injury and mental illness. When they go into the home, this is a challenge for them. We have partnered up with the facilitators and Rebecca Quinn and done some training along side them to the case managers.

**Trina Gress**, from Community Actions, was called to the podium. Ms. Gress explained what she has heard from the resource facilitators is the \$9.00 rate for personal care supervision is not even open to agencies. The person who testified needs to find an individual. The problem is the individual may not show up, where an agency is more reliable. To raise the rate to allow more agencies to participate would be a benefit for the individuals with traumatic brain injury. However, when doing the stakeholders group in October 2014, she reviewed the data and the majority of responses indicated the need for more education on brain injuries. This is important, so that is where the resource facilitators come in.

**Trina Gress** continued. If you had to prioritize, the feet on the ground people would be the most important. If we had a registry, and we had those resource facilitators plugged into the registry, they are the first step. They can always walk people over to the services. She does not think the registry could be plugged into the home and community based services.

**Chairman Judy Lee** but if we don't have anyone who works for \$9. It is a circle.

**V. Chairman Oley Larsen** what is the age that a person can do these jobs? Can they be in high school?

**Ms. Gress** explained that in her agency, they must be 18 years or older, with a high school diploma or GED equivalent. This has something to do with the developmental disability accreditation.

**Senator Howard Anderson, Jr** stated the way the bill is right now, it has \$250,000 for what used to be in Section 5, the continuing of the level of services including the return to work program. This is all general funds. If we put the money in the resource coordinator, we may be able to get federal match of those funds. The OAR stated \$650,000 and match.

**Ms. Gress** deferred to Ms. Tescher with the Department of Human Services.

**Chairman Judy Lee** stated we have the match for the OAR, but what about facilitators?

**Ms. Tescher** responded. The OAR has federal match, but not sure about the facilitators.

**Chairman Judy Lee** reviewed the original bill. The \$1.3M out of the general fund in section 4. That would be for the facilitators in each region. But the OAR is not in there.

**Ms. Tescher** to be a qualified service provider, you must be at least 18 years of age.

**Senator Axness** returned back to the \$9 discussion. His understanding is that the qualified service provider must document what they do every 15 minutes. What is prohibiting to where it is a set hourly rate? Why have two different rates.

**Ms. Tescher** stated the reason for that is they do document every 15 minutes because a lot of the tasks they do don't take a full hour. They may help someone toilet or put them to bed and they may be done with that in 15 minutes. To be more accurate to have them charge for what they do, we do cut it down to 15 minute units. Because this program would require several qualified service providers to handle a 24 hour period where someone has to be awake, and for those unscheduled needs, someone might need personal care in the middle of the night. We have to be careful of when they document them. It does make it more complicated. They are doing a great job. Each qualified service professional could have different rates within the 24 hour period.

**Chairman Judy Lee** stated that when looking at the original bill and now the engrossed version, Section 1,2,3 goes with the Registry, let's put that aside assuming the health hub will pick this up in the future. The next one is about the regional resource coordination. The last one is for expanding the level of services for the Return to Work program. Do you have any guidance?

**Maggie Anderson** (DHS) walked into the room. **Chairman Judy Lee** asked about federal match with the regional facilitators?

**Maggie Anderson** (DHS) the personal care with supervision OAR which would be a Medicaid waiver, the facilitator was not intended to be a Medicaid service so there would be no federal match.

**Senator Warner** he was confused by testimony that supervisory was by individuals and not agency qualified service providers.

**Maggie Anderson** (DHS) they could be agency, but for \$9 they are not able to cover their costs. So they have not been willing because overhead and salary would be more.

**V. Chairman Oley Larsen** is there an amendment to put on the OAR to amend back into the bill.

**Senator Axness** stated his preference would be to put the resource facilitator back in the bill. His understanding is that would then be the \$300,000 of general fund.

**Chairman Judy Lee** is tempted to look at the federal match which is the OAR.

**Chairman Judy Lee** question to Department of Human Services, what if we had comparable amount of funding to the facilitator, which would then be matched by federal funds with the waiver. Would that accomplish anything?

**Maggie Anderson** (DHS) asked for clarification - we need \$600,000 of general funds. If we cut that in half to the \$300,000, and would that solve the problem. We would be able to increase the rate. With the original \$600,000, we were anticipating to increase the rate to a level that we thought would garner the interest of agency qualified service providers. We would have to reduce the rate with the funding decrease to \$300,000. It is hard to say whether we would get that interest or not, but we would certainly be able to offer more than the \$9.00 today. It is difficult because the other portion of the OAR is then expected increase in utilization. We can't stop the utilization - it is what it is. However, if the rate is not as high, you probably would not have an increase in utilization either.

**Senator Howard Anderson, Jr.** stated that it looks like appropriations committee in the House and Senate left \$250,000. I'm not sure we are getting the best bang for the buck in this section. It might be better to put \$300,000 or put the \$250,000 into the OAR and get the match and have more bang for the buck.

**Maggie Anderson** (DHS) stated that she has not been overly involved in HB 1046. This was a bill brought forward by the human services interim committee. She is uncomfortable commenting.

**Senator Dever** asked about the process. Since HB 1046 started in the House and the Department of Human Services budget started in the Senate. Would the OAR been considered as part of this bill or as part of the budget?

**Maggie Anderson** (DHS) indicated it was funded in the Governor's executive budget and it was removed from the Senate appropriations. It was in the budget for a continuation of the program that was passed 2 years ago. It was a funded OAR. It was in the budget not specifically for HB 1046, but to address a continuation of a program that we brought to you two years ago to help individuals with a brain injury as well as dementia.

**Senator Dever** so it wasn't used to expand the program, but to continue what you already had.

**Maggie Anderson** (DHS) that is correct. HB 1046 may not be all Medicaid eligible.

**Chairman Judy Lee** indicated having to choose is difficult. We have more project here than what we can provide funding for. She likes the facilitator, but struggling in leaving things out of the budget. You can't find someone for \$9 an hour. Eliminating something that we already had is difficult.

**Senator Howard Anderson, Jr.** asked if we pass just like it is right now, what do we get for the \$250,000.

**Trina Gress**, Community Actions, spoke. The return to work piece of this bill is to allow the individuals who are in the existing system, traumatic brain injury pre-vocational services, to have a stepping stone to have support for initial employment. The purpose of section 5 was to have a stepping stone.

**Chairman Judy Lee** explained we have three choices - the facilitator, the personal care, and the return to work. She doesn't like that. There are limited dollars. Is there any interest in getting some potential for 2 out of 3?

**Senator Warner** explained if we look backwards and the OAR, we are doing a better job of what we are doing. If we fund facilitator, it is gateway to the hub and forward looking. If we do the OAR, we do what we've got.

**Senator Dever** asked if the Senate appropriations already took a position, how we will deal with both of them. **Chairman Judy Lee** indicated it will take some persuasion.

**Senator Warner** indicated this was all before the revenue forecast. We were anticipating that it would be even worse, so we were low-balling that perhaps we might be able to bring things back again.

**Chairman Judy Lee** agrees. They were cutting everywhere. This biennium general fund is fine. The concern is for the next biennium. General fund does not rely on oil funds specifically. Are you interested in supporting more than one of the three options?

**Senator Dever** his understanding that appropriations this morning is the approach to the budget. We have the budget forecast, so what are the numbers going forward.

**Chairman Judy Lee** thinks the projection is what they are going to use, to her understanding. The idea was to use the figures in the Moody estimates because it is better to have a base that we know is flexing. But perhaps they would be more conservative in the income tax equations.

**Senator Axness** stated his continued interest in the \$300,000 addition for the regional facilitator. **Senator Axness** moved to ADOPT AMENDMENT to add \$300,000 for an

appropriation for Traumatic Brain Injury Regional Resource Coordination. The motion was seconded by **Senator Warner**.

Discussion

Committee agrees this is \$300,000 in addition to the appropriations figure of \$250,000.

**Senator Warner** restated that the regional facilitator would give good ground work and move toward the hub.

Roll Call Vote to DO AMEND

5 Yes, 1 No, 0 Absent. Motion passes.

**Senator Warner** indicated maybe there should have been a more global of all qualified service providers - the whole services they provide. Would that be an argument?

**Maggie Anderson** (DHS) stated the original OAR is for individuals who need that supervision personal level of care and that is for traumatic brain injury and dementia. All qualified service providers are eligible to provide that service. We are not excluding any provider type in doing it. But with the \$9 rate, agencies can't afford to do it.

**Senator Warner** asked are developmental disabilities workers considered qualified service providers?

**Maggie Anderson** (DHS) responded that there are qualified service providers who provide services to individuals with a developmental disability. But individuals who work for a developmental disability provider, they are typically called direct service providers (DSP).

**Senator Warner** asked are qualified service providers who provide services for traumatic brain injury and dementia related services, are they paid the same rate as the direct service providers who provide services for developmental disabilities.

**Maggie Anderson** (DHS) indicated that we establish the fee schedule for Qualified Service Providers. There is a fee schedule for individual qualified service providers versus agency. Anyone who is receiving a home and community based care service, whether that be Medicaid state plan personal care, the waiver, SPED, Expanded SPED, they are paid from that fee schedule. Then there is the developmental disability system. We have a rate setting that encapsulates all of that. If a client has a developmental disability and needs personal care services, they would be paid from the qualified service provider fee schedule.

**Chairman Judy Lee** asked so with the line item that was in the budget, does that impact all qualified service providers or only those that are providing with traumatic brain injury and dementia.

**Maggie Anderson** (DHS) answered the OAR does not impact the rate paid to all qualified service providers. The OAR impacts the rate paid for those qualified service providers who have chosen to provide personal care with supervision which would open the door for agencies.

**Senator Dever** stated that if we are not going to fund that \$1.3 in this bill, do we need to do anything in this bill to keep it on the table for the next session, such as a study.

**Chairman Judy Lee** indicated that stakeholder input for the next biennium will be even louder. **Maggie Anderson** (DHS) indicated that the service won't go away but we won't pay them good enough to have it done.

**Senator Dever** moved DO PASS HB 1046 AS AMENDED and Re-Refer to Appropriations. The motion was seconded by **V. Chairman Oley Larsen**.

Roll Call Vote

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

**Senator Axness** will carry HB 1046 to the floor.

March 24, 2015

TU  
3/24/15

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1046

Page 1, line 2, after "programming" insert "; and to provide an appropriation"

Page 1, after line 12, insert:

**"SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC BRAIN INJURY REGIONAL RESOURCE COORDINATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$300,000, or so much of the sum as may be necessary, to the department of human services for the purpose of coordinating services for individuals with traumatic brain injury in each human service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department may contract for the provision of services under this section."

Renumber accordingly

Date: 03/24 2015  
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB1046

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: Add \$300,000 15.0180.04001 Title 05000

- 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. Axness    Seconded By Sen. Warner

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) 5    No 1

Absent 0

Floor Assignment \_\_\_\_\_

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

**2015 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB1046**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0180.04001 Title 05000

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. Axness

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

**REPORT OF STANDING COMMITTEE**

**HB 1046, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1046 was placed on the Sixth order on the calendar.

Page 1, line 2, after "programming" insert "; and to provide an appropriation"

Page 1, after line 12, insert:

**"SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC BRAIN INJURY REGIONAL RESOURCE COORDINATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$300,000, or so much of the sum as may be necessary, to the department of human services for the purpose of coordinating services for individuals with traumatic brain injury in each human service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department may contract for the provision of services under this section."

Renumber accordingly

**2015 SENATE APPROPRIATIONS**

**HB 1046**

# 2015 SENATE STANDING COMMITTEE MINUTES

## Appropriations Committee Harvest Room, State Capitol

HB 1046  
4/1/2015  
Job # 25674

- Subcommittee  
 Conference Committee

Committee Clerk Signature

*Alicia Snow for Alex Debever*

### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services for costs relating to expanded traumatic brain injury programming

### Minutes:

Testimony # 1 - 3

**V. Chairman Krebsbach** called the committee to order on Wednesday, April 01, 2015 at 8:30 am in regards to HB 1046. Roll Call was taken. All committee members were present except Chairman Holmberg, V.Chairman Bowman, Senator Erbele, Lori Laschkewitsch, OMB and Alex Cronquist, Legislative Council, were also present.

**Alex Cronquist, Legislative Council** testifying neither for or against HB 1046. The bill came out of Interim Human Services Committee. Section 1 of the bill provides an appropriation from the general fund of \$250,000 to the Dept. of Human Services for the purpose of providing life skill services, including an evidence-based return-to-work model for individuals with a traumatic brain injury. Section 2, provides an appropriation from the general fund of \$300,000 to the Dept. of Human Services for the purpose of coordinating services for individuals with traumatic brain injury in each human service region.

**Senator Mathern:** Could you please, Alex, give us a brief explanation of the change from how it was introduced by the interim committee to how it looks now.

**V. Chairman Krebsbach:** I see this is version .05000 and I don't know what the number was that was introduced but we can get a number of that for the committee. (Testimony Attached #1)

**Senator Carlisle:** So, why the split appropriation? Generally when we see appropriation bills, this is a little different concept.

**Alex Cronquist, Legislative Council:** The two separate appropriations is because it's two separate programs. Two different things for that traumatic brain injury and they wanted to be more specific about what type of services. I remember, for Senator Mathern's question, this bill originally had the traumatic brain injury registry and funding for that in it. That was removed. That was the main change.

**V. Chairman Krebsbach:** That was in addition to the other two sections that now exist?

**Alex Cronquist:** That's correct.

**V. Chairman Krebsbach:** Are there any questions, further, for Alex?

**Rebecca Quinn, Program Director at the Center for Rural Health, UND School of Medicine and Health Sciences:** (Attachment #2) And in that role, I manage the North Dakota Brain Injury Network that does oversee the resource facilitation program in the state. I'll start out by answering Sen. Mathern's question: yes, the original bill that came out of the interim committee did include funding for brain injury registry to keep track of numbers of individuals that are sustaining traumatic brain injury; and also to serve as a follow up for those individuals. That was the portion that was cut, and then it did also include additional funding for the resource facilitation program for that program to have a resource facilitator in each human service region. The appropriation for that that came out of human service committee was \$1.3M and that has been cut down since. To answer Senator Carlisle's question: that was the way the bill came out of the interim committee was with it designated delineated out different sections for different programs. During the testimony in the interim period, it was discussed, the different programming. As the bill was developed it was this idea of these were the different programming, so that was how the funding was put. Then in the House version of the bill, the funding for the registry was cut out but then the funding for the resource facilitation and the return-to-work were cut down to \$500,000 each by the human service committee and then appropriations actually cut the return-to-work down to \$250,000 and cut the resource facilitation programming completely and then it was in Senate human services that the funding for the resource facilitation program was added back in. I hope that clarifies some of the history over the last days. But beyond that, I just ask, as the director of the North Dakota Brain Injury Network that does oversee the resource facilitation program, one of the things was asking to maintain the funding that was set aside for that programming of at least adding one additional resource facilitator, particularly for the western region of the state. Another thing that is a part of that \$300,000 that was added back in by Senate human services is the importance for travel funding and operational overhead that was not originally allocated for this program, particularly the travel in working with brain injury, it is really important for the programming to have the option of meeting individuals where they are & travel the state and see how people are doing.

**Senator Robinson:** I am reading your testimony and you reference the statistical numbers, can you tell us, in terms of your data base, approximately how many folks we have across the state that are suffering with TBI, and, of that number, what percentage are veterans that have been injured in duty overseas?

**Ms. Quinn:** I appreciate the question and I can't tell you numbers, other than the people that we've had that we keep track of. One of the benefits that we had during interim testified about the importance of a registry was the idea of starting to collect some numbers. The best numbers we do have are related to CDC estimates as far as the numbers that would be having brain injuries. Based on those estimates, it's roughly about 4,000 individual a year, based on our population, that would be sustaining. As far as

veterans, we don't have an idea. I do quite a bit of work, outreach, with veterans. I do serve on the ND Cares committee and work with them but we have only had 6 referrals of veterans that we were actively working with

**Senator Robinson:** Just two miles down the road from where we live is the High Soaring Eagle Head Injury Ranch and they have a small population, a residential facility and we have been there many times. Do we have other similar facilities across the state?

**Ms. Quinn:** High Soaring Eagle Ranch is located in Valley City. It is licensed as a basic care, but it is run more like a group home. There is a second group home, located here in Mandan, that is run by HIT called Dakota Point, run by HIT, and then HIT also runs a skilled nursing facility that has that higher level of care, called Dakota Alpha. Those are the only 3 facilities. Particularly the 2 groups homes, High Soaring Eagle and Dakota Point have very frequently wait lists. For a lot of individuals they are looking for some level of support but don't want to be living in a skilled facility. I worked with Shelly Peterson, about doing a poll of basic care facilities, non-brain injury basic care facilities, and not all facilities answered but of those that did, there were about 16 individuals with brain injury living in our basic care facilities that are below age. One is a 23 year old living in Beach, ND which is not ideal for her or even the facility because they are not set up for that age of population.

**Senator Mathern:** What is the specific request from the ND Brain Injury Network for amendment to this bill?

**Ms. Quinn:** The specific request from the North Dakota Brain Injury Network is to maintain the amendment that was put in by the Senate Human Services committee for \$300,000.

**Senator Mathern:** So you are not interested in the other features that were in the program? That is officially what you want?

**Ms. Quinn:** Officially, what I would like, ideally so that the North Dakota Brain Injury Network would function at its best capacity of having a resource facilitator in each region of the state. One of the things that the resource facilitators do is they do outreach with individuals that are with brain injury, they work in connecting individuals to services but they also do quite a bit of maintaining support groups in the area. Yes, ideally the North Dakota Brain Injury Network would like it to be restored back to the initial \$1.3M for a resource facilitator in each region.

**Senator Kilzer:** The fiscal note I have is for \$550,000.

**V. Chairman Krebsbach:** If you look on section 1, there is a request for \$250,000 and in section 2, there's a request for \$300,000. That is where the \$550,000 comes from.

**Senator Kilzer:** Where does your money come from for the present biennium?

**Ms. Quinn:** The money for the present biennium comes from the Department of Human Services budget.

**Senator Kilzer:** And how much is that for the present biennium and what is in the budget that is over in the House now, within the Department of Human Services?

**Ms. Quinn:** Currently, what is in Department of Human Services budget is the \$554,000.

**Senator Kilzer:** And this would be an additional \$550,000?

**Ms. Quinn:** This would be an additional \$300,000 for this program that would go with the \$550 that's currently in their budget for that program and then an additional \$250,000 to create a new return-to-work program.

**Senator Carlisle:** Procedural question relative to Sen. Kilzer, if it's in the HS budget, would that get referred to his subcommittee again so he could blend it in with the HS budget when it comes back over? What will be the plan?

**V. Chairman Krebsbach:** I was thinking that it would perhaps be going to Sen. Kilzers' but I will let the chairman make that call.

**Senator Kilzer:** I assume all these bills will be coming together.

**Ms. Quinn:** I do think ideally it would be beneficial if they were put together.

**V. Chairman Krebsbach:** The subcommittee is Senator Kilzer, Senator Erbele and Senator Mathern. Is that correct, Sen. Kilzer?

**Sen. Kilzer:** That is correct and we did have a nice tracking chart that showed those originally and maybe we will update it when we get to conference committee.

**Chairman Holmberg:** I think it is important that the people who are most involved and understanding of this issue should have a review of that, if that is okay with the subcommittee, which would be the same subcommittee: Sen. Mathern, Senator Erbele and Senator Kilzer was the chair.

**V. Chairman Krebsbach:** Did some of the funding on this come from the study that was done in the interim on the overall human service issues?

**Ms. Quinn:** There were 3 studies done by the interim human service committee: one was the behavioral health study, then the brain injury services study, and then the long term care study. For those that were on that committee, that was quite a bit for one committee to bite off. We do also have a bill to continue the study into the next interim for the brain injury. This bill, 1046, did come out of that committee; 2044 which was to create a voucher program for brain injury that has failed. That was part of where it was confusing because the Department of Human Services budget had the existing funding for it, but the funding for the increase came out of the interim committee. I think that Chairman Holmberg's request of having the subcommittee look at that would be beneficial.

**Chairman Holmberg:** Any other questions? Anyone else testifying on 1046?

**Representative Dick Anderson, District 6:** Rep Mooney and I have been involved with the traumatic brain injury bill for most of the summer and I appreciate her help, but I would like to talk about the funding and what actually happened to the bill. Originally, the bill started out as a much bigger bill and realizing that in order to get something through the House it was chopped down. It's a pretty small bill compared to what it started at. We were just hoping to keep it alive so we could get it over to Senate. There are 2 parts in the bill, one is a resource facilitation and the other one is a return-to-work program. The resource facilitator part of the program is like a shop foreman for me; and the return to work program is like a mechanic. I would like to see more money in the return-to-work program because that is the part that will take an individual that has had a brain injury and, hopefully, get him back to the point where he can work some and provide a living for himself. To me that is underfunded.

**Senator Mathern:** Which section of this bill do you want changed and by what amount?

**Rep. Anderson:** I would like to see more money in the return-to-work program. I would like to get it up to \$500,000, if we could.

**Senator Mathern:** You are saying you want section 1 of this bill amended to add \$250,000?

**Rep. Anderson:** Yes, the return-to-work part, if that's the part you are referring to. I know it's underfunded.

**Denise Harvey with Protection and Advocacy:** We work with individuals with traumatic brain injury. We see areas where they need help in independent living. We would like to see increased services in funding along with this bill. Testified in favor of HB 1046 and provided written testimony # 3 in support of this bill. (Attachment #3)

Chairman Holmberg the hearing is closed on 1046.

# 2015 SENATE STANDING COMMITTEE MINUTES

## Appropriations Committee Harvest Room, State Capitol

HB 1046  
4/8/2015  
Job # 25918

- Subcommittee  
 Conference Committee

Committee Clerk Signature

*Emmery Brothberg for Alice Delger*

### Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for Traumatic Brain Injury (Dept. of Health)

### Minutes:

Attachment: # 1

**Chairman Kilzer** called the subcommittee hearing to order on Wednesday, April 08, 2015 at 10:00 am in the Senate Conference Room. All subcommittee members were present: chairman Kilzer, Senator Erbele and Senator Mathern. Lori Laschkewitsch, OMB and Michael Johnson, Legislative Council were also present.

The bill we are discussing is Second Engrossment with Senate Amendments # 15.0180.05000. Testimony Attached # 1.

Why is there a separate bill? The main bill relating to TBI is the Department of Human Services SB 2012 and that is on the other side.

**Rebecca Quann, UND Center for Rural Health:** The reason was this was a bill that came out of the interim committee so this was part of the interim study on traumatic brain injury services so it was introduced by legislative management as an interim committee bill and was not part of the Department of Human Services that came via the Governor's budget.

**Senator Kilzer:** So it was the interim committee that decided to fund this bill as a stand-alone bill?

**Rebecca Quann:** Yes, as far as I know.

**Senator Kilzer:** Have you been with the ND Rural health for quite a while?

**Rebecca Quann:** For 7.5 years now.

**Senator Kilzer:** So you are familiar with the funding in the past? How has your funding come?

**Rebecca Quann:** In 2009, the initial funding for brain injury was introduced as a separate stand-alone bill that was brought forward by stakeholders. That was funding appropriated to

the Department of Human Services (DHS) and then in 2011, the additional funding was again a separate stand alone bill that was introduced by stakeholder that had brought it forward as a separate bill and was introduced so that was funding the ongoing appropriations in 2011 was part of the Department of Human Services budget but then there was also additional funding that had come forward to increase that and that bill passed as well and so both of those went into the collective pool within DHS budget. In 2013, the funding was introduced via a group of stakeholder going to the governor's office prior to him formulating his budget and made a request to the governor's office and that was then included in his budget request so that additional money during 2013 included as an increase in funding as part of the governor's budget for DHS bill so in 2013 there was the ongoing appropriation of the money from 2009 and 2011 but then the additional funding included a base in the governor's recommendation at that point.

**Senator Kilzer:** So in 2009 and 2011 sessions, it was stand-alone bills brought by the stakeholders. In 2013 it was part of the governor's executive budget in DHS and those standalone bills?

**Rebecca Quann:** Correct.

**Senator Kilzer:** That is the reason I asked why a stand-alone bill approach again?

**Rebecca Quann:** I believe section 1 of the current version is new and not programmatically part of the current DHS budget at all, that would be new programming. For the section 2 of the bill that is part of the current appropriation for DHS, that is the way the interim committee determined to do an increase of the programming and did it as part of this standalone bill rather than work to make a recommendation to the increase to DHS budget.

**Senator Mathern:** Was it the legislators who wanted the change? They wanted to direct DHS to increase the funding. I believe one of these bills was a separate bill before or was this always together and if it was always together, is the funding adequate yet for both programs or has the funding changed since the bills were introduced and if so, how much?

**Rebecca Quann:** These have always been part of one bill that did come out of the interim committee based on the legislators recommendation. At that time the bill did have 5 different sections and the first three sections dealt with the creation of a traumatic brain injury registry and then a section dealt with the resource facilitation program and then a section dealt with its standing services including return to work programming. The House HS committee removed section 1-3 and then decreased the funding for the resource facilitation programming and the return to work programming down to \$500,000 each. I believe the original bill had the resource facilitation programming at roughly \$1.3M and the return to work programming was \$650,000 and so those were both reduced down to \$500,000. The House appropriations committee reduced it down again to remove the resource facilitation programming from the bill and leave only the return to work section of the bill and reduced that down to \$250,000. When the bill then went to Senate HS committee was when they added back section 2 the resource facilitation programming and put that in at \$300,00 based on questions and testimony from myself regarding the difference between the \$1.3M versus \$300,000 and what level of programming that would

be able to buy. So when I testified on that spoke with the Senators in the Human Services committee, I said that the 1.3M was based on the idea that there would be a resource facilitator for each DHS region and that would be expanding that program for the \$1.3M. However, the \$300,000 would be expanding to include a resource facilitator in the western region of the state and increase in travel and funding cost.

**Senator Mathern:** So section 2 with \$300,000 would be just enough for two resource facilitators?

**Rebecca Quann:** The \$300,000 that would be an addition to the funding over in the 2012, so yes the idea being that it would be adding at least one additional facilitator and then particularly increase travel and overhead costs.

**Senator Mathern:** If we funded section 2 and we got it through the House and the Senate, we would have 2 resource facilitators in ND?

**Rebecca Quann:** Currently we have 3 resource facilitators, so this would be increasing to add an additional resource facilitator for the western part of the state and then increasing training and travel cost.

**Senator Mathern:** We would expand to the west so we would then have more coverage but less than you had hoped at the beginning?

**Rebecca Quann:** Correct.

**Senator Mathern:** What about section 1, is this going to pay for this \$250,000? Is it enough to actually have the program start in this living skills area or are we on the edge about whether or not it is workable at this level?

**Rebecca Quann:** Your statement about whether it is on the edge of being workable, I think one of the things that is difficult programmatically is there is certain amount of cost that goes into funding a state wide program. You reach a point where it is not effective and not able to manage a program if the funding is low enough and I feel the \$250,000 based on conversations would not be enough to effectively manage that program across the state.

**Senator Erbele:** I looked it up and it started out at almost at \$2M at one time. My question is that the \$250,000 is a return to work so it would be an additional \$300,000 would be added to the \$554,000 money in 2012.

**Rebecca Quann:** Correct.

**Senator Erbele:** Below that you have \$299,467 left of \$300,000 for the proposed increase?

**Senator Kilzer:** The \$300,000 is an increase but what are the other funds?

**Rebecca Quann:** The increase would be that's based on the \$550,000 it would be an increase beyond what is currently in the 2012.

**Senator Kilzer:** The same \$550,000 for the return to work or is this another \$550,000?

**Rebecca Quann:** No that would be a separate \$550,000 that is currently in 2012. So the resource facilitation program is currently funded at \$550,000 as a line item within DHS budget bill 2012. So this would be an increase in that line funding and that is completely separate than the current return to work.

**Senator Kilzer:** I don't have the original bill but you said the House took out three of the five sections? I assumed each one of those had a funding appropriation in the original bill that was removed. Are they receiving funding from other sources besides the general fund?

**Rebecca Quann:** The original bill, sections 1, 2, and 3 were dealing with the establishment of Traumatic Brain Injury (TBI) registry in the state; there is not funding currently being allocated from any other mechanisms those were just cut and removed at the time being so they will not move forward. However, a lot of the question at the time regarding those was the establishment of a TBI registry and adding that to the broader discussion of a lot of the health care registries that have come along and how would that potentially fit into the developing idea of the health care information hub and so part of the idea with the sections 1-3 that dealt with the registry was removing those for the time being while it is examined over the next interim session is how would those potentially fit into an information health hub with the idea that making the most efficient integrated system and then coming back and revisiting that in 2017.

**Senator Kilzer:** Do you receive federal money?

**Rebecca Quann:** We did receive several funding from 2007 until 2010. However that federal programing has been cut and changed. We have applied every year that it's been available since then but have not been awarded since then. One of the complaints that I have made federally is that the last grant cycle that we did not get funding, part of the reason why we did not get funding was that it was listed as a low population state, the funding would not have as big an impact in the state so that is something I can't change in writing my grants. However, I did make note with the federal grant reviewers that that is unfairly holding ND accountable..

**Senator Kilzer:** When was the last year that you received any federal grants?

**Rebecca Quann:** In 2010.

**Senator Kilzer:** I also had the veterans budget and ND has one of the light percentage per capita of veterans in the country and this is one of their issues also and they are requesting money. Did you deal with the veterans and receive any funds from them?

**Rebecca Quann:** I do deal quite a bit with the veterans but I don't receive any funding from them. The work that I do with them is more of a collaborative nature of making sure that we're not duplicating services but also having our services work as efficiently and effectively together as they can.

**Senator Kilzer:** I know there have been quite a few TBI bills; we had one in the Senate that was defeated concerning developing work skills.

**Trina Gress, VP of Community Options:** SB 2044 was a flex fund that was brought forward during the interim by a parent and she wanted flex funding for her son who didn't quite make ends meet if when he was working needed to cover large expenses, he could apply for these flex funds. It had nothing to do with job coaching or helping him sustain his job it was just financial support so he could make ends meet until the next pay check.

**Senator Kilzer:** Is there any way that we can have an up to date summary of bills that are still alive relating to TBI? It is difficult to have a stand-alone bill in the Senate when the Human Services budget is in the House

**Rebecca Quann:** It has been very difficult to track the bills. What is currently alive is this stand-alone bill and the funding in the DHS budget. I believe at current standing based on yesterday afternoon, the line item for my programing has remained the same at \$550,000 and then funding for training has remained the same at \$57,000 a biennium and there is social and recreational programing around \$60,000 a biennium. The Prevocational programming is also an additional item in the 2012 budget and that is one that is on-going funding from the 2009 bill, however this session the DHS did an OAR request to increase that so that request was added to the budget based on the Governor's recommendation and that was introduced at \$422,000 but I understand that portion has been cut.

**Miss Gress:** I don't know the exact number but it was cut down to the \$200,000 mark. The prevocational piece is a little deceiving in the title because it says prevocational and you would think that means work, it does not but it is before work. Currently community options contracts with the department to provide those prevocational skills. It is life type skills: setting an alarm, helping them with social skill building and it is things before they go to the work site.

**Senator Kilzer:** Do they help with going to school?

**Miss Gress:** We have not had people in the educational world; if they want to pursue education, we send them over to vocational rehab because they have the financial means to do so. We work on getting them placed in a volunteer setting in the community so they can increase stamina and endurance and that is why the standalone return to work section of HB 1046 is so important because that would cover onsite job coaching. For once someone does get a job after they graduate from the prevocational piece that I currently have, then they can move on and actually earn a pay check and start paying tax dollars.

**Senator Kilzer:** But there is some funding in SB 2012?

**Miss Gress:** No there is not; there is prevocational funding but the way that the funding is defined and was set up in DHS is that money is for prevocational services. Once that person gets a job, I have to let them go and they might get a job but for them to sustain a job with a head injury is very unlikely. They usually use their job within ninety days. So

they might be ready to get a job, but to decrease that circle they need some support on the job coaching.

**Senator Kilzer:** Legislative council, can you put in a history of funding for TBI for the past several biennium? I am looking at the overall picture because we are getting a tremendous number of behavioral requests for additional money and I would like to follow the trail for the past biennium. I don't know if legislative council can sort that out, but I'd like to know the amounts that have been put into TBI in recent biennium and where we are at now. I know you give us very excellent up to date situation but I need to see the picture from a couple different angles. Are there any additional requests from committee members?

**Senator Mathern:** I would have one request and that would be what is the recommendation for section 1?

**Miss Gress:** I believe when it was in the House, the House had intended section 1 to be a statewide program and if that is the intention, \$250,000 is extremely low, \$500,000 would service the state that would pay for a job coach in every region to be on the job site with approximately 30-50 individuals per month helping them on the job, \$250,000 would barely pay for half of that.

**Michael Johnson, Legislative Council:** I will put together a summary for all of the TBI programs that are included in the budget for this biennium and the past biennium and then I will also include a summary of what bills are still remaining in this biennium for TBI.

**Senator Kilzer:** What kind of information were you given in the interim?

**Senator Mathern:** What we learned is that most of these folks are incorrectly mixed in with persons with mental illness or don't receive the proper services. The goal of the interim committee was to try to get these people with this special condition to actually get the service they need. So they are in a hospital or a facility with persons with mental illness; well that facility doesn't know how to treat a brain injury that is a trauma brain injury so the interim committee from all of that testimony came to the conclusion to do this in a more effective way, we need to be more specialized for the TBI folks and that was the general reason these bills came out.

**Senator Kilzer:** When you use the word traumatic brain injury with trauma, does that mean external blows to the head or does it mean strokes and things like that also where there is no external trauma but of course there is internal trauma. What are the restrictions on the definitions for people who qualify for TBI?

**Rebecca Quann:** Today, we work with HB 1256 which is a definition bill defining brain injury in our state. Currently the century code does define brain injury as an external blow to the head and then goes on and has other language regarding damage but it does specify that it must be an external blow. One of the things is that this a standalone introduced bill based on stakeholders coming forward and requesting was that that did leave out all of those other types of brain injuries that you yourself did mention. Those individuals don't have a population home at this point and are also included the service gaps that are existing. So based on recommendations from providers and stake holders was the desire

to introduce that would expand that definition to include those populations because it had become known that those individuals were not included in our current programming. That bill did not have any fiscal attached to it but it was purely just a definition bill of expanding that definition of brain injury. That bill did pass the House and it passed the Senate, but there was some amendment changes so it is currently in conference committee and working with the conference committee on getting a definition of brain injury that can be adopted by the conference committee moving forward.

**Senator Kilzer:** I can see the dilemma that decision makers have to make. I really do need the information that you can provide, and what legislative council can provide. We have to move the bill out by the end of the week.

The committee discussed getting information on all the TBI legislation from legislative council.

**Senator Kilzer** adjourned the subcommittee meeting on HB 1046.

# 2015 SENATE STANDING COMMITTEE MINUTES

## Appropriations Committee Harvest Room, State Capitol

HB 1046  
4/9/2015  
Job # 25991

- Subcommittee  
 Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A Subcommittee on Traumatic Brain Injury

### Minutes:

Attachment # 1-2

**Senator Kilzer** called the subcommittee hearing on Thursday, April 09, 2015 at 3:00 pm in the Harvest Room in regards to HB 1046. All subcommittee members were present: Senator Kilzer, Chairman; Senator Erbele and Senator Mathern, Nick Creamer, OMB and Michael Johnson, Legislative Council were also present. I appreciate the work about getting this work done for us.

**Senator Kilzer:** status with 2012 is there funding of any aspect of TBI in there?

**Michael Johnson,** Legislative Council attachment # 1 - Annual Cost to Social System- Handout 2. In the email on the attachment, it provided the amounts in the executive budget. These items still remain in the House version.

**Senator Kilzer:** so that is \$1.4M in general funds. The breakdown is \$48K for operating expenses, travel, etc... \$37.6K for training Mind Matters Conference; \$70K for recreational contract; and \$533K for NDBIN at UND rural health; how does that compare with the present biennium? Do they match up?

**Michael Johnson,** Legislative Council the 2015-17, the \$1.4 the total amount that is still in there. For 2015-17 biennium there \$791K, roughly about \$600K difference. The biggest things there is the prevocational contract increased by a little over \$400k and the extended services increased by about \$170K.

**Senator Mathern** the way I see it, this is an expression of the governor's budget not of the House. I am concerned we are assuming there is \$1.4M in there, I don't think there is. I received a printout about the cuts that were made, they cut into this TBI. So \$1.4M would not be in place.

**Senator Kilzer** is there a way we can find out what the house did and what the level is now?

**Rebecca Quinn, Program Director at the Center for Rural Health, UND School of Medicine and Health Sciences:** the final house amendment did amend the prevocational program down to \$239,782.

**Senator Kilzer** it was \$483k on the executive budget but on the House it was how much? (Was told by \$239,782 total), did they reduce any other categories in the executive budget?

**Ms. Quinn:** No

**Senator Kilzer** after what they took down that would still leave \$1.2M as it stands after it left the House. Is that correct? That was confirmed. So in the present biennium the general fund is \$791K and in the next biennium it's \$1.2M. Now we ask for the additional part that is in sections 1 and 2. The request for \$250K in section 1 and \$300K in section 2, that would be an additional \$500K, that would bring it up to \$1.7M for the upcoming biennium. I have difficulty with these stand-alone budgets. I think whatever we do here we balance these two House bill.

**Representative Gail Mooney, District 20,** I wanted to clarify that in the bill that is in front of you, the second one for \$300,000, that is an extension of an existing program in Sb 2012. This money would extend and expand this program thru the dept. of rural health, for people with brain injury in western part of the state. In the first one, the \$250K is not currently funded at all, it is a new program specifically with the intent of getting direct services for people with brain injury to get them back into the workforce. I wanted to clarify that while there is \$1.2M in the SB 2012, a major portion of that is related to prevocational as opposed to this other two programs. Each has different components as to the end results.

**Senator Kilzer** we received that understanding yesterday. I would welcome additional comments from JoAnne Hoesel,. As I understand prevocational is not part of the vocational rehab.

**JoAnne Hoesel, Director of Mental Health & Substance Abuse, Dept. of Health** It is a continuum of services that deal with the healing of the brain, it takes time. Through the UND contract, they are the ones who facilitate and help individuals find services. We have what is considered prevocational, \$483,893, that the House decreased by \$200some, that is really getting people ready for work, the soft skills, that increases the number of people served and the amount of time that can be provided.

**Senator Erbele:** so the \$250,000 would fit in the same category that was reduced, in section one.

**Ms. Hoesel:** that is a program after prevocational, you have the ready for work, they are not able to work as long as DR requires them to, they can do more than prevocational.

**Senator Erbele:** it is a work readiness bill.

**Senator Kilzer** in this prevocational gap are there individuals that would be able to successfully go back to work. Have you identified that population? Work not 50 hours a month, but some.

**Ms. Hoesel:** Yes, right now it is all or nothing, a lot of individuals have made gains, but don't have any support to get them further. It is shown to be effective.

**Senator Erbele** talk about the \$300,000, what does it get us: a person, expenses, training?

**Ms. Hoesel:** In the current contract with UND rural health they have 3 facilitators in the state plus Rebecca. This additional funding would allow for additional people to help connect people with services and provide some guidance. This would provide an additional person to do that work. It gets you a staff person with UND rural health, to be a facilitator in the western part of the state.

**Senator Mathern:** it gets us a facilitator, the overhead expense (salary, benefits,) it gets us a car to visit the people, mileage and hotel. I suspect this person would live in one of our larger cities and travel to see some of the clients, at their homes.

**Senator Kilzer** does each HS center have any of these type of services?

**Ms. Hoesel:** this is specific TBI, not a duplication of services. .

**Senator Kilzer** I think if someone shows up at a hospital or clinic and are suspected of TBI are they referred to GF or Bismarck for further testing.

**Ms. Hoesel:** there is a great difference across the state, in some cases they are and some are not. This and other efforts are attempting to develop a continuous seamless support system for individuals with TBI.

**Senator Kilzer:** In section 1, for the \$250K for providing life skill services, does this mean they are referred to a place where they can get the services or is this the institution of new services?

**Trina Gress,** Community Options. Life skills service and evidence based return to work program was conceptualized because the parents said that was a gap. Ideally if funds are allocated to the dept. The dept. would RFP that out to an agency that would be expected to deliver those types of life skills and return to work programs.

**Senator Kilzer** can't they do that now, do they need additional people and money? I thought that was in place.

**Gress:** Life skills parents were talking about are every day task that we take for granted (going thru the mail, opening a bank account, etc...)

**Senator Kilzer** wouldn't they be able to teach children and people that at places like HIT, Dakota Alpha?

**Gress:** the groups we were talking with none of their children were in group homes. The parents become the caretakers of those individuals. The families wanted something .

**Rebecca:** Dakota Alpha and Hit are for individuals who qualify for a Medicaid waiver. They need a Medicaid Qualification Waiver for functionality; for individuals with TBI it is quite difficult. Often individuals who are ready to work and are in eh community do not need the functional eligibility requirements. Often the criteria for medical waiver, requires 8 hours of direct supervision/day. Many are not at that level, they have higher independence than that but not fully independent. There is a gap. (25.06)

**Senator Erbele:** going back to the \$300,000, would it entail having an FTE ongoing or contracted work? We are not adding someone to the state payroll.

**Rebecca** that would be contracted work, it would include travel, mileage and overhead costs.

**Gress:** Community Actions. You asked if there was an identified group of individuals that would fall into section 1. We hold a contract for prevocational services. In the last biennium we have let go 29 people that said they were ready. So we have to close their case with us, and they are allowed to go on independently but we don't know if they succeeded. Ideally if this moves forward these individuals would go up to the next graduated step to get job coaching to ensure they are ready for the next step of 50hrs/mo.

**Senator Kilzer** would it be better to us some of that money increase to continue whatever what these people need rather than expanding it to the west? You described you have 20 some people that have been terminated.

**Gress:** if I had a choice I would recommend some money be put in the return to work section.

**Senator Mathern** I think your theory is correct in terms of the present moment. Trina identified those people because there were steps taken before. In the western part of the state there are people that have not been identified. I think that is why we need that other resource. We need to identify them to get them out of the quandary that nothing can be done. The best outcome would be that the conferees on 2012 and the conferees on 1046 be the same people.

**Senator Kilzer:** is there a TBI hierarchy in your department? Does autism has its own division? TBI could maybe have its own head?

**Ms. Hoesel:** I have one staff person. A portion of her job does 2 things: make sure all divisions within the Dept. , all which have pieces of TBI coordinate services and pulls together the TBI advisory committee and manages the contracts. Yes, autism has its own division. If I could be so bold that we need an FTE for that.

**Senator Mathern:** that is going to be another ingredient to hire a new employee.

**Rep. Schatz**, District 36: I would like to address the committee about stamina. People that have brain injuries, even though they can return to the work force, it can take a year or two to work an hour, I saw with my son, maybe a day, as far as full employment, a 40 hour week doesn't work. This is our experience, a very traumatic thing

**Rep. Gail Mooney**: one of the reasons the return to work program became such an important issue thru the interim. [Handed out diagram or chart of the different costs attributed to an individual with a brain injury if they were unemployed, incarcerated or in nursing care and comparing it to what it would be if the individual were employed. Looking at the ability to weight cost ratio benefits.

**Senator Kilzer** the subcommittee does accept your testimony.

**Senator Erbele**: the fact that the House is in agreement on section 1. We need to have a little more discussion. Take it to the full committee. I am in favor of moving it forward.

**Senator Kilzer**: be sure it goes with the senate conference committee, who will also determine the funding of TBI with 2012. I think the figures we heard today need to be taken into consideration. I am sure 2012 won't mesh up exactly. It does need discussion when we talk about 2012.

**Senator Mathern** I would agree to move this out as a do pass **Senator Erbele** 2<sup>nd</sup> that motion.

**Senator Kilzer**: do pass or without recommendation?

**Senator Mathern** I would say a do pass, and make your pitch

**Senator Kilzer** it will be unanimous a do pass. I will make the pitch to be in the conference with 2012 as the full committee. The hearing is dismissed.

Michael Johnson, Legislative Council submitted testimony # 2 History of approved legislation relating to services for individuals with traumatic brain injury, as was requested by **Senator Kilzer**.

# 2015 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Harvest Room, State Capitol

HB 1046  
4/9/2015  
Job # 25993

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services for costs relating to expanded traumatic brain injury programming (Do Pass)

## Minutes:

No testimony submitted

**Chairman Holmberg** called the committee back to order on Thursday, April 09, 2015 at 4:00 pm in regards to HB 1004. All committee members were present. Nick Creamer and Lori Laschkewitsch, OMB were present as was Sheila M. Sandness, Legislative Council.

**Senator Kilzer:** We did not add any further amendments. It ends up as a do pass. The only stipulation is that we also have the same people on the conference committee as were on the subcommittee. He was assured they will be. Senator Kilzer continued: There are two parts to it. The one is for \$200,000 the other is for \$300,000. Legislative Council checked on the amount of money in the present biennium its \$791,000 and in the upcoming biennium the amount in the executive budget was \$1.4M which was reduced \$200,000 by the House. If you figure the base is being \$791,000 in the present biennium and you figure the additional \$1.2M in 2012 and the \$500,000 in this bill, you would bring it up to \$1.7M. That's not totally apples to apples because some of it has to do with coordination and finding cases and there is a gap in treatment. One of the main complaints of the stakeholders is that people who have TBI, many of them are not able to work 50 hours a month and that is the minimum requirement for them to go to vocational rehabilitation so they can be trained to a certain level but they cannot go into vocational rehabilitation. One of the things, one of the 4 or 5 different things would be to try to take care of that problem so that these people could work at least part-time. The other good news is that the DHS has just hired a person who will be full time TBI and hopefully that person can do wonders for this whole thing. In short, this bill comes out of your subcommittee with a do pass with the stipulation that it be considered along with 2012. So I would move DO PASS. **2<sup>nd</sup> by Senator Mathern.**

**Chairman Holmberg:** Call the roll on a do pass on 1046. A Roll Call vote was taken. Yea: 13; Nay: 0; Absent: 0. Senator Axness from Human Services will carry the bill. The hearing was closed on HB 1046.

Date: 4-9-15  
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1046

Senate Appropriations 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 Kilzer Seconded By Mathern

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Heckaman	✓	
Senator Bowman	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator O'Connell	✓	
Senator Carlisle	✓		Senator Robinson	✓	
Senator Sorvaag	✓				
Senator G. Lee	✓				
Senator Kilzer	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Human Serv.

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

**REPORT OF STANDING COMMITTEE**

**HB 1046, as reengrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO PASS (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1046, as amended, was placed on the Fourteenth order on the calendar.**

**2015 CONFERENCE COMMITTEE**

**HB 1046**

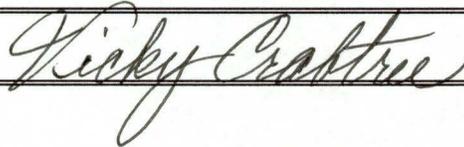
# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1046  
4/16/2015  
Job #26157

Subcommittee  
 Conference Committee

Committee Clerk Signature



**Minutes:**

Rep. D. Anderson: We will call the conference committee on HB 1046 to order. The Senate can explain their Section 2 that you added into the bill.

Sen. Dever: It came from the Senate to the House with \$250,000 in Section 1. I think Section 2 was in original bill and the Senate restored it. I think it was removed in the House.

Rep. D. Anderson: I would agree with that. We removed everything, but Section 1 as we hoped we could get the bill over to your side and eventually get into conference committee and try to work it out. I have to work with the House Appropriations and out of that \$300,000 I want to see how much they would like to fund. The other part of the discussion is how much we keep in resource facilitation and how much we switch over to back to work.

Sen. Dever: I would suggest that Section 1 we could increase that funding. It is my understanding that in Section 2 we would add an additional person to increase that effort. We don't see that as happening. My understanding is they need \$100,000 for the existing program to do what it needs to do. I suggest you go back to your people and tell them you really think that we should provide \$400,000 in funding in Section 1 and \$100,000 in Section 2 and that you think you might be able to convince the Senate of the same thing.

Rep. D. Anderson: I agree with you and I will try and do that. They have been dealing with TBI for 15 or 16 years now and we have to get something started here. We will meet again. Meeting adjourned.

# 2015 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1046  
4/20/2015  
Job #26249

Subcommittee  
 Conference Committee

Committee Clerk Signature



## Minutes:

Rep. D. Anderson: We will open the conference committee on HB 1046. I visited with Rep. Delzer this morning about the \$300,000 appropriation and they are set on \$150,000. Is it possible we can do more on the floor? That is a possibility. Unless Rep. Weisz tells me different we are probably set on the \$150,000 amount in Section 2. We will have to discuss how we will split that money up. I do know Resource Facilitation last year drove an additional 25,000 more miles and they need some money for the mileage end. With the back to work program I think that is an effective use of the money.

Rep. D. Anderson: We can discuss today how to split the money up and I can wait a couple of days to see if there is any other money that will show up. I know they are set on having a \$120,000,000 ending balance. If we did add another \$50,000; I could go on the floor and carry it and if they don't like it, they would reject the conference committee report. Is it worth fighting for another \$50,000? Two years ago we had nothing and now we have a foot in the door.

Sen. Dever: I think all six of us here want to see \$400,000 in one and \$100,000 in the other. The Senate has already approved \$550,000 total. This bill is not going to define the end of the session. We appreciate the work you have done and we can move forward as is or try to get more.

Rep. D. Anderson: I can't promise we can get that. I visited with Appropriations people this morning for about 15 minutes and they are stuck on the \$150,000 and it is up to us how we divide it out.

Rep. B. Anderson: I move with the \$150,000 we could put \$125,000 more into the Section 1 and put \$25,000 in Section 2.

Rep. D. Anderson: Is there a second?

Rep. B. Anderson: There is \$300,000 in Section 2 right now and Appropriations will agree to \$150,000 for that section, but to increase it and put the \$125,000 into Section 1 which would make it \$375,000 for expanded services and \$25,000 for the resource coordination.

Sen. Dever: I we talking a total of \$450,000?

Rep. D. Anderson: It would be \$375,000 on the back to work and \$125,000 onto \$250,000 and then \$25,000 back to the resource.

Rep. B. Anderson: It would be a total of \$400,000.

Sen. Dever: The Center for Rural Health program at \$50,000 in the current biennium?

Rep. D. Anderson: It is \$561,000 through UND in Grand Forks.

Sen. Dever: I'm not sure what their ability is for drawing from other funds for this.

Rep. D. Anderson: Through the university system?

Sen. Dever: Yes.

Rep. D. Anderson: That's a question I can't answer. What would you like to see Sen. Dever?

Sen. Dever: We would like to see \$400,000 and \$100,000

Sen. D. Anderson: I can try, but I know I won't get \$100,000 for Resource Facilitation. I might be able to get \$200,000 out of the \$300,000 in your section. They are agreeable to \$150,000 in Section 2 which you had \$300,000.

Sen. Dever: The frustrating part of this to me is that the two policy committees have an understanding and appreciation for what the Appropriation is looking at in black and white. It is a matter of this number and not prioritizing.

Rep. D. Anderson: I agree. I can try and fight for the \$200,000 out of the \$300,000 on the floor.

Sen. Dever: I appreciate the efforts you have made on this.

Rep. D. Anderson: I think I could get the votes.

Rep. Mooney: Could we not find out roughly what kind of consensus we could get on the floor.

Rep. D. Anderson: I think I can get 48 votes, but would like the backing on my chairman of the Human Services.

House Human Services Committee

HB 1046

April 20, 2015

Page 3

Sen. Dever: My understanding is that your Human Service chairman would like to see more money.

Rep. D. Anderson: Probably There is a motion on the floor, but no second, so Rep. Mooney and I will go see what we can do and meet again tomorrow.

Sen. Dever: I think the Senate is prepared to do with what the House comes up with where we are at as a minimum.

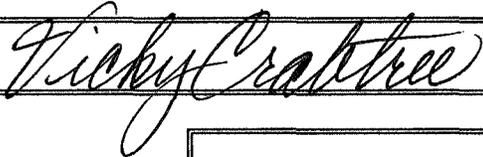
Rep. D. Anderson: Thanks Sen. Dever. We will adjourn and meet again.

# 2015 HOUSE STANDING COMMITTEE MINUTES

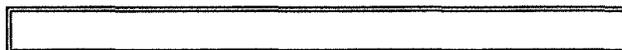
Human Services Committee  
Fort Union Room, State Capitol

HB 1046  
4/20/2015  
Job #26271

- Subcommittee  
 Conference Committee

Committee Clerk Signature 

## Minutes:



Rep. D. Anderson: We will call the meeting to order on HB 1046. I visited with Rep. Delzer and he gave me \$150,000 to put towards back to work and he gave me \$25,000 for the resource facilitation. I know we need to get more money. Rep. Mooney and I have been trying to find money through Rep. Pollert and he said they would try and find money someplace.

Sen. Dever: You are saying then that Section 1 would be \$400,000

Rep. D. Anderson: That is correct and there is a total of \$25,000 in Section 2 and \$150,000 in Section 1. That would be \$375,000 in Section 1 and \$25,000 in Section 2. We need to find another \$26,000 for Rebecca's program to keep in place.

Sen. Dever: Maybe we should sit on this to see if we are going to get that money.

Rep. D. Anderson: I've been told to get this one through and they would work hard to get that. The only other option there would be to possibly to take some money away from this, but I don't know if that would sit well.

Rep. Mooney: The other \$25,000 could come through SB 2012 the DHS budget.

Sen. Dever: It is in conference committee right now.

Rep. Mooney: We are seeing if there wouldn't be a way through the inflators or some other means. Rep. Pollert is trying to get \$25,000 into SB 2012 that would go directly to the UND Resource Facilitation program.

Sen. Dever: We started on \$50,000 on this.

Rep. Mooney: Right and that would be another solution to go to \$375,000 for the return to work and \$50,000 for Section 2. What Rebecca Quinn needs to be solvent in the next biennium is \$585,000 to make her program work. She will have a deficit of \$26,000 to make her program float.

Sen. Dever: I understand all that, but I don't know why they make the passage of this one so urgent.

Rep. D. Anderson: I can't go back and ask Rep. Delzer for any more money for this bill.

Sen. Denver: I like the \$400,000 in Section 1. I'd have more comfort with this if I could visit with the Senate conferees on SB 2012.

Rep. D. Anderson: That is fine and that is where Chet Pollert was going.

Sen. Denver: The danger is we started with \$50,000 on Section 2 and went backwards. If we don't act on this now are there people upstairs that will say if that is the way the Senate is going to be, we will chop the other Section too.

Rep. D. Anderson: I won't let that happen. I'll tell them you are looking at Senate Appropriations and see if there is funding elsewhere to fill the needs of the Resource program.

Rep. D. Anderson: Meeting adjourned.

# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1046  
4/21/2015  
Job # 26314

Subcommittee  
 Conference Committee

Committee Clerk Signature *Ticky Crabtree*

## Minutes:

Rep. D. Anderson: We will open the conference committee on HB 1046. Let the record show that all are present and accounted for. Since our last meeting yesterday I tried to get money from several sources with no success. I think Rep. Mooney has a motion.

Sen. Dever: We appreciate the work you have put in on this.

Rep. D. Anderson: It is frustrating to go this far and then have to deal with a minor sum of money to get final piece.

Sen. Axness: If your leader and Appropriations Chairman are so adamant that they just raised \$120,000,000 by a floor vote at 5 p.m. yesterday that I think we could find \$25,000 to serve this population that needs it.

Rep. D. Anderson: Your point is well taken.

Rep. Mooney: I agree with all of that 150%. I don't want to risk losing the bill because of \$25,000. Our shared goals are to have both the return to work and resource facilitation components to go forward to 2017. After talking to the providers, I am willing to get the bill moving forward and as such I make a Motion to Accede to the Senate Amendments and Further Amend. Section 1 would have \$375,000 and Section 2 to would include \$50,000.

Rep. B. Anderson: Second.

Rep. Mooney: I just want to say how much I have appreciated working with everybody through all of the traumatic brain injury. It has been nice to work collectively with you.

Rep. D. Anderson: I would ditto that.

ROLL CALL VOTE: 5 y 1 n 0 absent

MOTION CARRIED

House Human Services Committee

HB 1046

April 21, 2015

Page 2

Legislative Council corrected the motion from House Accede to Senate Amendment and Further Amend to Senate Recede from Senate Amendment and Further Amend because of the following changes; "programming" insert. They changed Section 2 appropriation to \$50,000.

(PER LEGISLATIVE COUNCIL)

April 21, 2015

JK  
4/21/15

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1046

That the Senate recede from its amendments as printed on page 1608 of the House Journal and page 922 of the Senate Journal and that House Bill No. 1046 be amended as follows:

Page 1, line 2, after "programming" insert "; and to provide an appropriation"

Page 1, line 7, replace "\$250,000" with "\$375,000"

Page 1, after line 12, insert:

**"SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC BRAIN INJURY REGIONAL RESOURCE COORDINATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$50,000, or so much of the sum as may be necessary, to the department of human services for the purpose of coordinating services for individuals with traumatic brain injury in each human service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department may contract for the provision of services under this section."

Renumber accordingly

**2015 HOUSE CONFERENCE COMMITTEE  
 ROLL CALL VOTES**

BILL/RESOLUTION NO. 1046 as (re) engrossed

**House Human Services Committee**

- Action Taken**
- HOUSE accede to Senate Amendments
  - HOUSE accede to Senate Amendments and further amend
  - SENATE recede from Senate amendments
  - SENATE recede from Senate amendments and amend as follows
  - Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Mooney Seconded by: Rep. B. Anderson

Representatives	4-21		Yes	No	Senators	4-21		Yes	No
Rep. Hofstad	x		x		Sen. J. Lee	x		x	
Rep. Weisz	x		x		Sen. Dever	x			x
Rep. Mooney	x		x		Sen. Axness	x		x	
Total Rep. Vote					Total Senate Vote				

Vote Count      Yes: 5                      No: 1                      Absent: 0

House Carrier No carrier                      Senate Carrier No carrier

LC Number 15.0180 . 04002 of amendment 05000

LC Number \_\_\_\_\_ . \_\_\_\_\_ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

In Section 1 replace \$250,000 with \$375,000  
 In Section 2 put \$50,000

**REPORT OF CONFERENCE COMMITTEE**

**HB 1046, as reengrossed:** Your conference committee (Sens. Dever, Larsen, Axness and Reps. D. Anderson, B. Anderson, Mooney) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ page 1608, adopt amendments as follows, and place HB 1046 on the Seventh order:

That the Senate recede from its amendments as printed on page 1608 of the House Journal and page 922 of the Senate Journal and that House Bill No. 1046 be amended as follows:

Page 1, line 2, after "programming" insert "; and to provide an appropriation"

Page 1, line 7, replace "\$250,000" with "\$375,000"

Page 1, after line 12, insert:

**"SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC BRAIN INJURY REGIONAL RESOURCE COORDINATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$50,000, or so much of the sum as may be necessary, to the department of human services for the purpose of coordinating services for individuals with traumatic brain injury in each human service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department may contract for the provision of services under this section."

Renumber accordingly

Reengrossed HB 1046 was placed on the Seventh order of business on the calendar.

**2015 TESTIMONY**

**HB 1046**

## House Human Services Committee

January 13, 2015

Chairman Weisz and other members of the Committee. I am Rebecca Quinn and am a program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network. This network provides a centralized, statewide source of information regarding traumatic brain injury and provides assistance to individuals with traumatic brain injury accessing services. My testimony today is on behalf of all the individuals and families impacted by brain injury I have worked with over the past seven years.

Access to brain injury services in North Dakota is inconsistent or nonexistent. Numerous studies have shown that failure to access appropriate services promotes disability, financial impoverishment, joblessness, homelessness, institutionalization and disease progression and undue financial burden to the public sector.

Today I would like to address the following:

1. The need to clarify the definition of traumatic brain injury in North Dakota to include all brain injuries.
2. The need to fund a registry for TBI
3. The importance of resource facilitation services.

I would be happy to answer any questions the committee have.

Respectfully submitted

Rebecca Quinn  
Center for Rural Health  
University of North Dakota

#1

### Additional Information Regarding Brain Injury

The Centers for Disease Control and Prevention reports that each year an estimated 1.7 million people sustain a traumatic brain injury (TBI) ([http://www.cdc.gov/traumaticbraininjury/pdf/blue\\_book.pdf](http://www.cdc.gov/traumaticbraininjury/pdf/blue_book.pdf)). TBI is a contributing factor to a third (30.5%) of all injury-related deaths in the United States. Children aged 0 to 4 years, older adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI. The highest rates of TBI-related hospitalization and death occur among adults aged 75 years and older. Nearly half a million (473,947) emergency department visits for TBI are made by children aged 0 to 14 years each year. TBI rates for males are higher than for females in all age groups.

Estimated numbers of individuals with brain injury:

Without a registry it is difficult to capture the numbers of individuals living with a brain injury in North Dakota. However there are some numbers that can be used.

- CDC estimates
  - Each year in North Dakota an estimated **3,693 individuals** sustain a Traumatic Brain Injury. *That's as if you took the population of Emmons County, including the towns of Linton, Strasburg, Hazelton, Braddock, Kintyre, Temvik, Westfield, and Hague.*
  - Nearly **14,000** North Dakotans are currently living with a long term disability from TBI. *Although similar to that for several other types of injuries, the percentage (15.7%) of injury-related productivity loss attributed to TBI is 14 times that associated with spinal cord injury.*
  
- ND DHS Screenings for Traumatic Brain Injury (TBI) July 1, 2013-June 30, 2014
  - These screens results are purely descriptive of the population screened at the regional Human Service Centers. This cannot be generalized to the entire population served by the HSCs, nor to the total population of North Dakota.
  - Of the 6,890 individuals screened, over one-quarter (26.2%; 1,807) reported TBIs with a loss of consciousness.
  - Among those individuals who reported a TBI with LOC (1,807), about 26% (460) reported having at least one TBI with LOC for 30 minutes or longer.
  - Of the 1,807 individuals with LOC, 3.8% (70) reported their first TBI with LOC to have occurred before age 5.
  - Almost 3 of 4 (73.6%) first TBIs with LOC occurred in children to young adults (ages 0-24).

### Veterans:

The National Guard does not collect data on the number of veterans who have sustained TBIs and the VA does not provide information regarding the number of screenings.

- Based on national veteran estimates
  - From 2002-2010, 219 North Dakota OEF/OIF veterans were diagnosed with a TBI related condition at a VA Facility

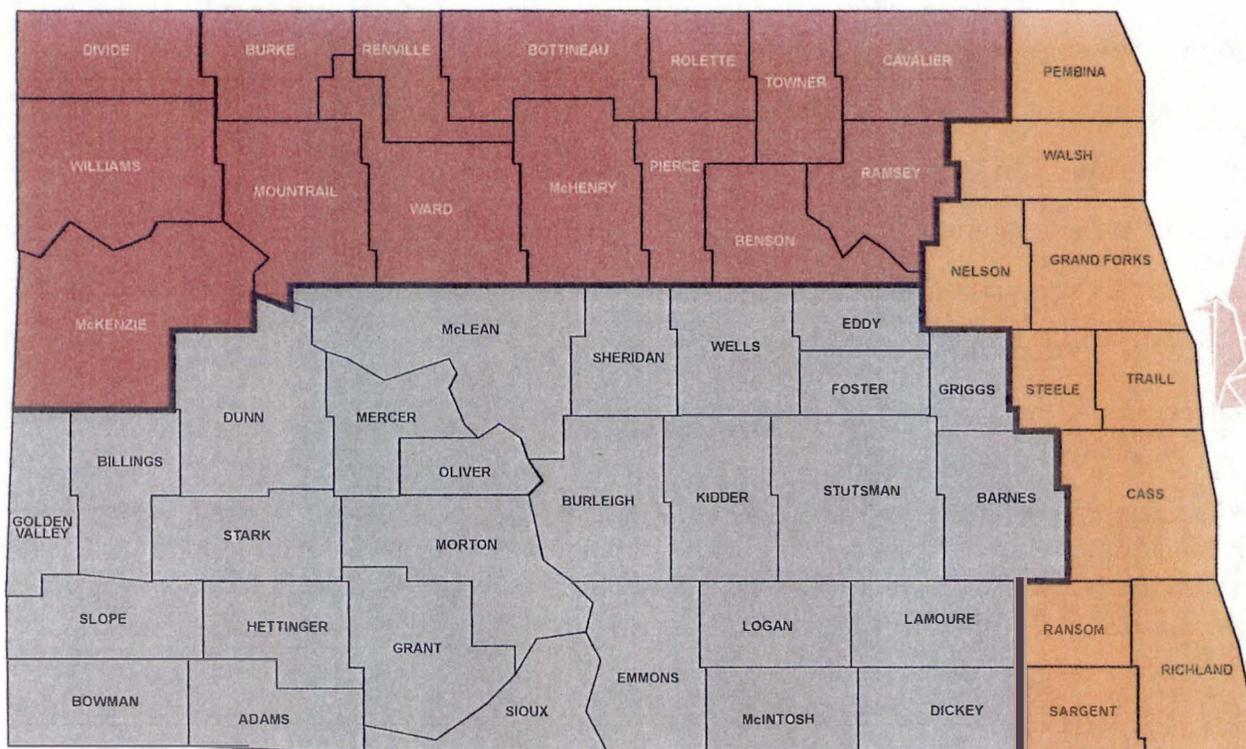
January 13, 2015 HB1046

#2

About the

# North Dakota Brain Injury Network (NDBIN) *Help for Today, Hope for Tomorrow.*

The North Dakota Brain Injury Network (NDBIN) is a statewide program that advocates for people following a brain injury. Resource facilitators for the NDBIN help people with brain injury, their families, and providers find answers to questions, receive ongoing support, and gain access to services. Staff can provide you with information and training about brain injury, assistance with locating and applying for services, referrals to pre-employment training, on the job supports, and support groups. For more information, contact a resource facilitator in your region.



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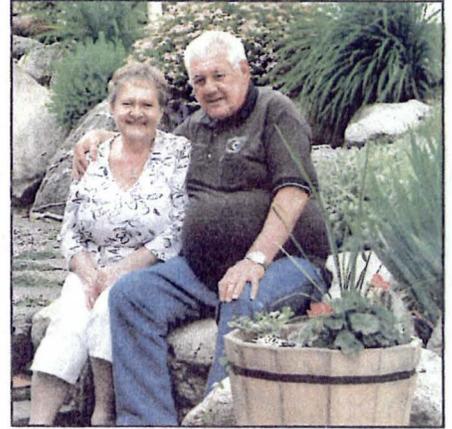
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## What is Resource Facilitation?

The North Dakota Brain Injury Network (NDBIN) is a statewide program that advocates for people following a brain injury. Resource facilitators for the NDBIN help people with brain injury, their families, and providers find answers to questions, receive ongoing support, and gain access to services. Staff can provide you with information and training about brain injury, assistance with locating and applying for services, referrals to pre-employment training, on the job supports, and support groups. For more information, contact a resource facilitator in your region.



## Support is Provided in a Variety of Forms

- Problem solving and emotional support
- Brain injury-specific information and resources
- Help identifying and accessing appropriate benefits and programs
- Facilitate the collaboration among various services and programs
- Outreach and training
- Encourage participants to advocate for themselves
- Work with participant to adjust and update goals, as appropriate

## Does the Program Provide Direct Services?

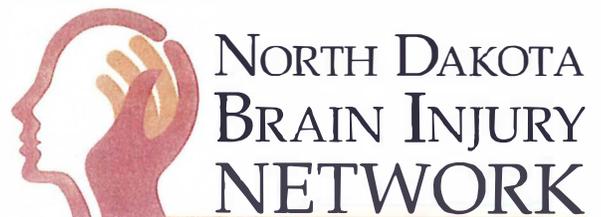
Resource Facilitation is only designed to provide support and assistance obtaining services. Resource Facilitators cannot provide more intensive ongoing direct services to individuals, such as managing finances, medication compliance, household organization, arranging transportation, etc.

## Who is Eligible?

- Legal Resident of North Dakota
- Have experienced a Traumatic Brain Injury

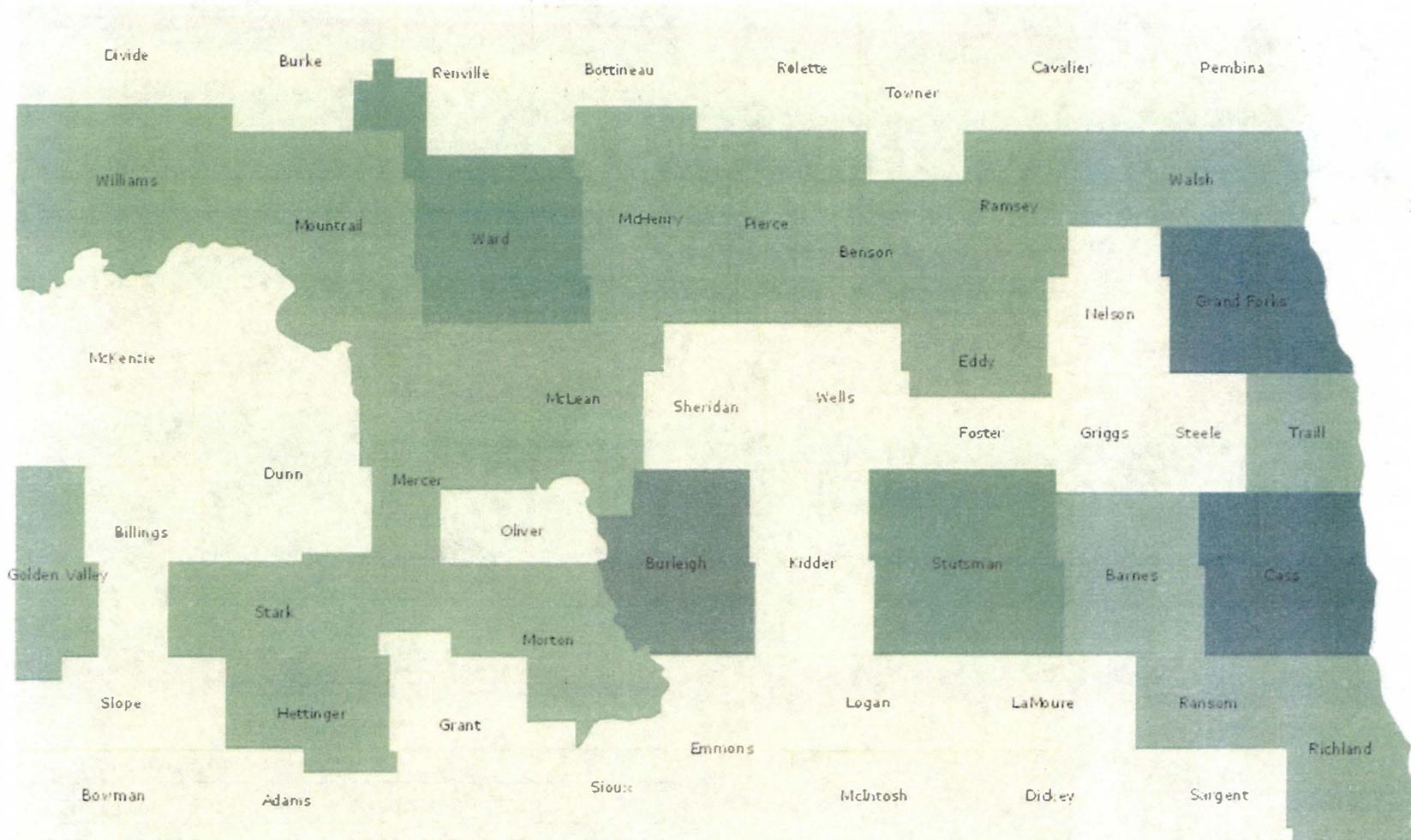
## Why is it a Free Program?

The Resource Facilitation Program is funded through a contract with the North Dakota Department of Human Services.



**Total New Client Referrals 111**

Aug 2013-Nov 2013	7	July 2014-Sept 2014	25
Dec 2013-March 2014	21	Oct 2014-Dec 2014	10
April 2014-June 2014	48		

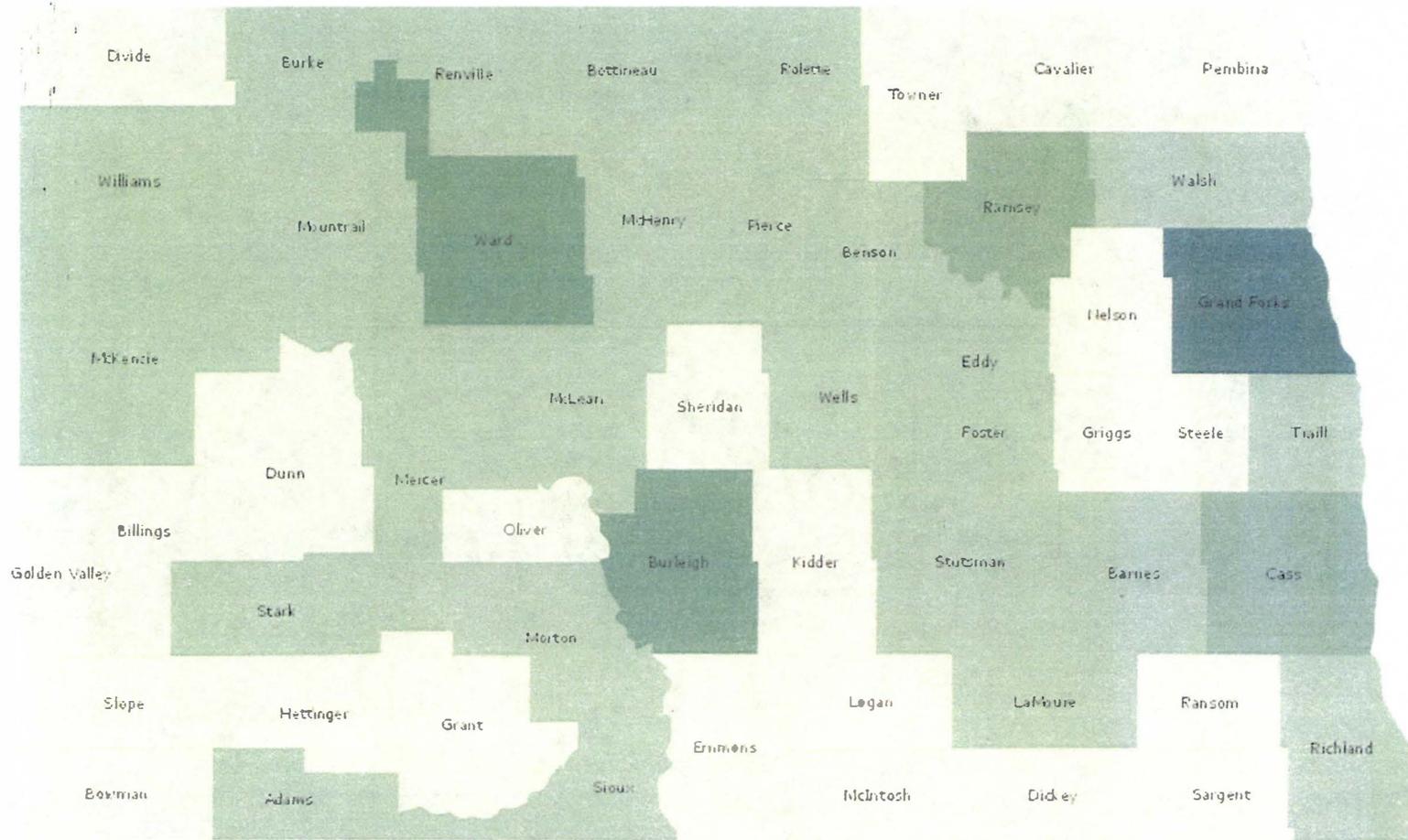


W

HB 1046

0 Activities    1-6 Activities    7-12 Activities    13-19 Activities    20-26 Activities

Total Program Activities 760			
Aug 2013-Nov 2013	16	July 2014-Sept 2014	348
Dec 2013-March 2014	63	Oct 2014-Dec 2014	297
April 2014-June 2014	384		



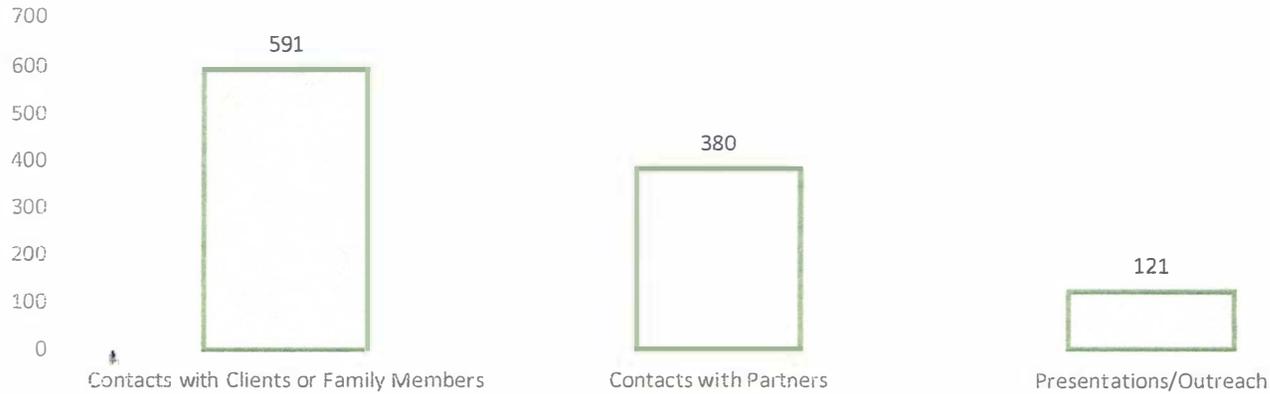
0 Activities    1-55 Activities    56-108 Activities    109-161 Activities    162-214 Activities    215-265 Activities

North Dakota Brain Injury Network August 2013-December 2014

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HB 1046

## ND BIN Total Activites Aug 2013-Dec2014



5

<b>Client Contacts Total 591</b>			
Aug 2013-Nov 2013	8	July 2014-Sept 2014	210
Dec 2013-March 2014	35	Oct 2014-Dec 2014	152
April 2014-June 2014	186		

<b>Contacts with Partners Total 380</b>			
Aug 2013-Nov 2013		July 2014-Sept 2014	90
Dec 2013-March 2014		Oct 2014-Dec 2014	117
April 2014-June 2014	173		

<b>Presentations/Outreach Total 121</b>			
Aug 2013-Nov 2013	8	July 2014-Sept 2014	48
Dec 2013-March 2014	12	Oct 2014-Dec 2014	28
April 2014-June 2014	25		

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**Mind Matters Conference:**

<b><u>Attendance</u></b>	
Professionals	40
Caregivers/family members	6
Survivors	17
Speakers	10
Exhibitors	9
Sponsors	2
ND BIN Staff	5
Students	2
Other	9
<b>Total in Attendance</b>	<b>100</b>

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HB 1046

For additional copies, contact:

  
**NORTH DAKOTA**  
**PREVENTION**  
RESOURCE AND MEDIA CENTER

North Dakota Department of Human Services  
Division of Mental Health and Substance Abuse Services  
Prevention Resource & Media Center (PRMC)  
1237 West Divide Avenue, Suite 1D  
Bismarck, ND 58501

Phone: 701-328-8919  
Email: [ndprmc@nd.gov](mailto:ndprmc@nd.gov)  
[www.nd.gov/dhs/prevention](http://www.nd.gov/dhs/prevention)



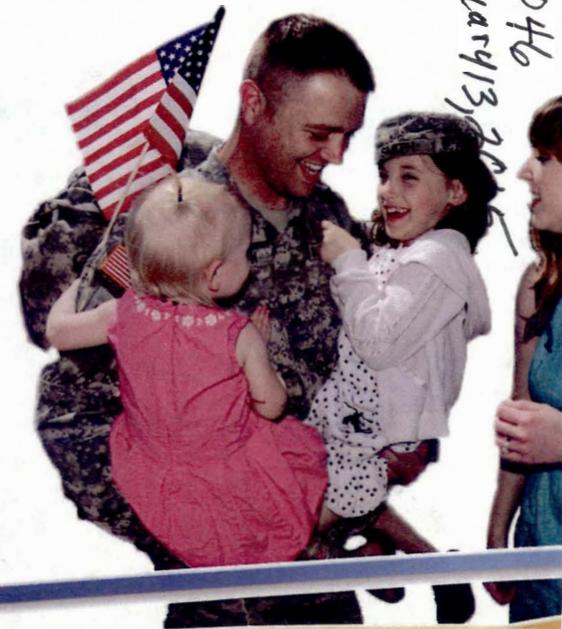
#3

NORTH DAKOTA  
**MILITARY**  
**DATA BOOK**

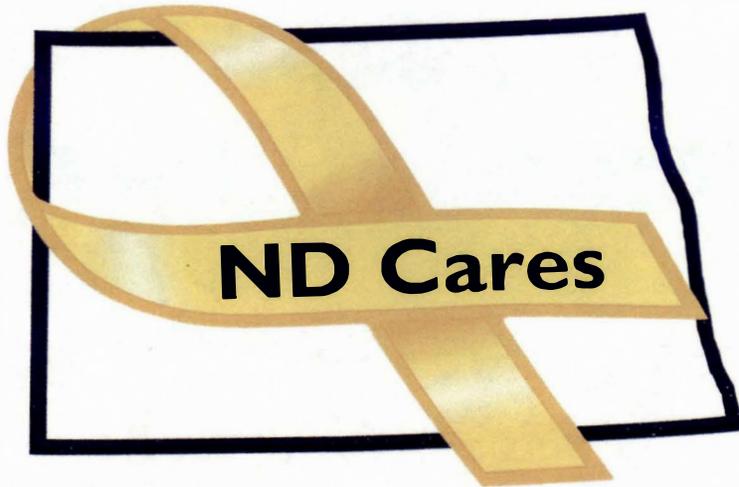


Service Members, Veterans, Families, and Survivors

HB 1046  
January 13, 2015



2014-2015



**Supporting All Who Have Served**

A Coalition Dedicated to Strengthening an Accessible, Seamless System of Support for Service Members, Veterans, Families, and Survivors in North Dakota

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DEMOGRAPHICS

EMPLOYMENT

HOUSING

BEHAVIORAL HEALTH

[mental health, substance abuse, suicide, traumatic brain injury,  
ND Department of Corrections and Rehabilitation]

RESOURCE DIRECTORY

SOURCES

ABOUT ND Cares

“Suicides challenge military services”

Bismarck  
Tribune

“Veterans Officers Ask for Medical Services”

Williston Herald



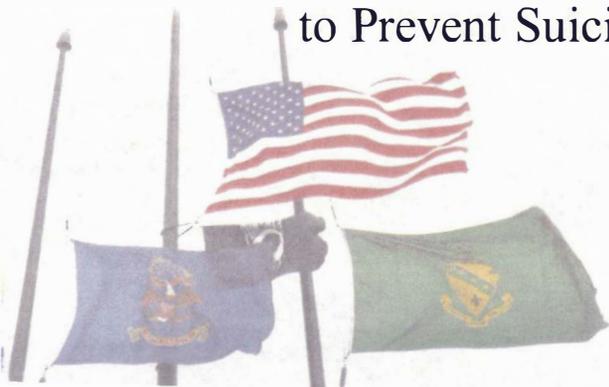
W

“Serving the military men and women after the fact”

Williston Herald

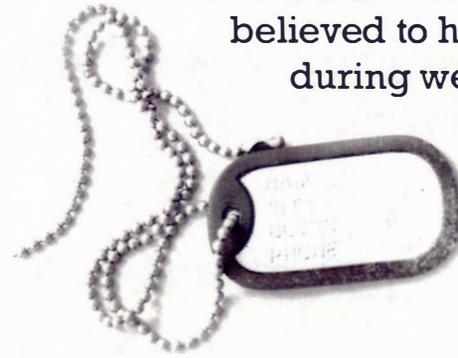
“US Officials Launch New Strategy to Prevent Suicide”

INFORUM



“North Dakota National Guard soldier believed to have died by suicide during weekend training”

WDAZ 8 abc  
TELEVISION



“New VA clinic in Williston helps to provide needs of area veterans”

Williston Herald



“Soldier’s Suicide Impetus for Effort”

INFORUM

“Event Helps Homeless and In-Need Veterans”

5  
KEYR  
Your News Leader

# DEMOGRAPHICS

**56,770**

Veterans in North Dakota

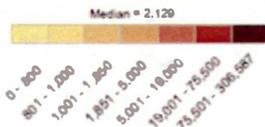
**11%** of the population

U.S. Census Bureau 2012 American Community Survey 1-Year Estimates

Veteran Population by County



Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop), 2011 as of 9/30/2013



## Dependents

Number of ND dependents by age<sup>1</sup>

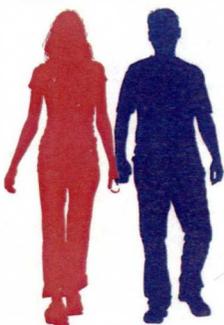
Age 0 - 5 = 3,251  
 Age 6 - 19 = 6,495  
 Age 20 - 29 = 4,285  
 Age 30 - 65 = 6,129  
 Age > 65 = 27

Number of Dependents for all Activated North Dakota Service Members<sup>1</sup>



## Gender

8.9% Female  
 91.1% Male



North Dakota

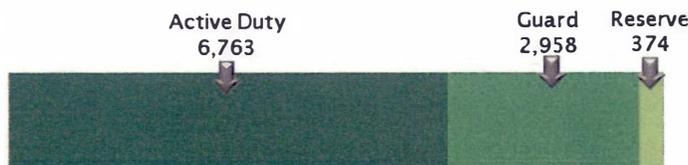
U.S. Census Bureau 2012 American Community Survey 1-Year Estimates

## Deployment

Deployed since 9/11<sup>1</sup>

[as of May 2012]

A total of **10,095** North Dakotans have been deployed since 9/11.



## Single Parenting

## Family Life



**142,000<sup>2</sup>**

Nationally, approximately 142,000 members of the U.S. Armed Forces (Active, Guard, and Reserve) are **single parents of minor children**.

Military family life is characterized by unique demands.

- Separation
- Risk of injury or death of the service member
- Long work hours and shift work
- Frequent relocation
- Unique organizational culture and norms
- Family separations due to military deployments

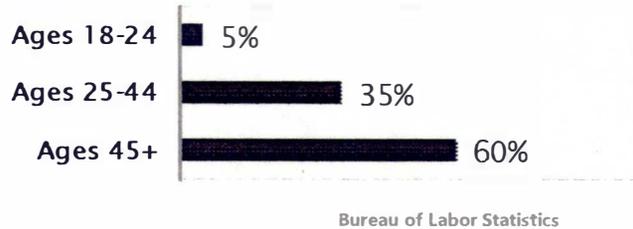
<sup>1</sup>U.S. Department of Defense, Department of Manpower Data Center. (Dependent Data as of August 2012) (Deployment: May 2012)

<sup>2</sup>Benchmark Institute: Guide to Veterans Legal Issues. (2011)

# EMPLOYMENT

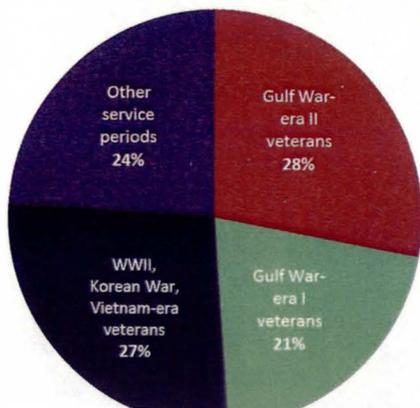
Unemployment Rate of Veterans 18 Years and Over [Bureau of Labor Statistics, 2013 annual averages]	
United States	6.6%
<b>North Dakota</b>	<b>3.2%</b>

**Unemployed Veterans in the US  
in 2013, by Age Category  
(n=722,000)**



While most veterans transition back to civilian life successfully, many still struggle. Securing steady employment in a rewarding, lucrative and long-term career is an enormous part of a successful transition.

**National Unemployment by Period of Service**



Bureau of Labor Statistics, Current Population Survey, annual averages 2013

# HOUSING

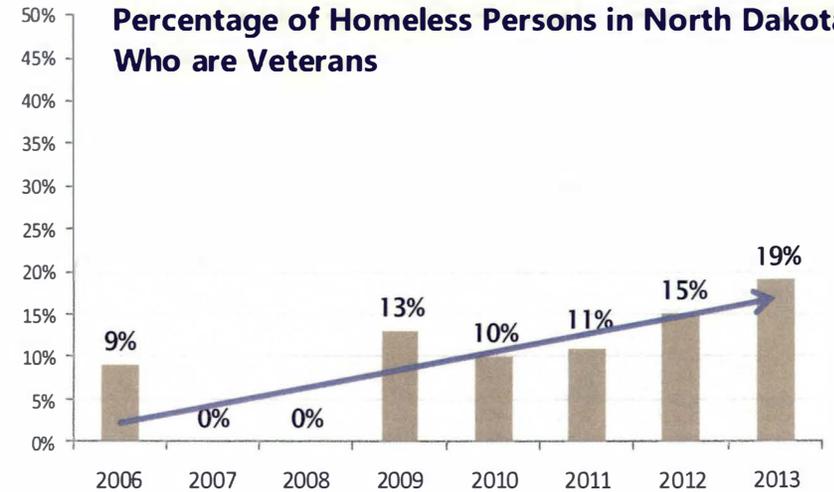
## 124

**Homeless Veterans in ND**

(121 sheltered and 3 unsheltered)

Housing and Urban Development (HUD)  
2011 Point in Time Count

**Percentage of Homeless Persons in North Dakota Who are Veterans**



North Dakota Homeless Population Point-in-Time Survey, 2006-2013  
According to HUD, a "homeless person" is an individual who lacks a fixed, regular, and adequate nighttime residence which includes temporary housing shelters.

Compared with other homeless adults, **homeless Veterans** are *more likely* to ...

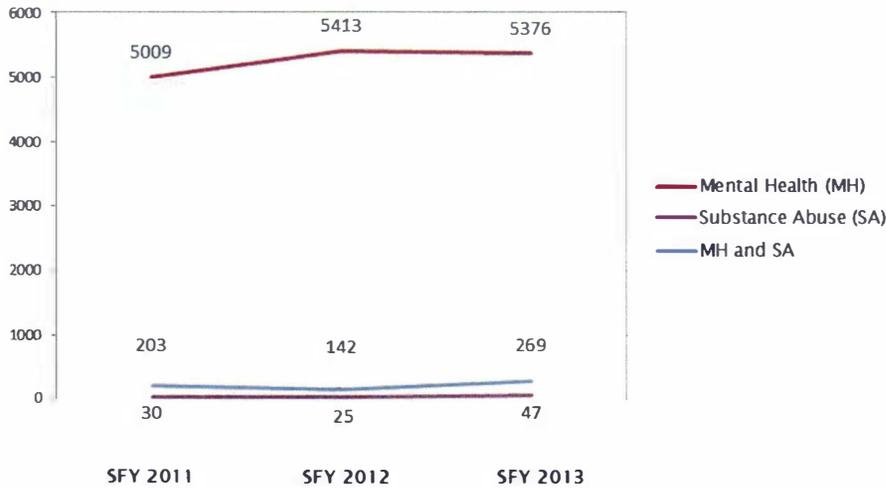
- ▶ Have **higher levels of education, military skills,** and employment experience that may be transferable
- ▶ Have a **mental illness, substance abuse and/or health problem** such as HIV/AIDS, cancer, or hypertension
- ▶ Be **living unsheltered** and experience **long-term homelessness**

# BEHAVIORAL HEALTH

Substance Use and Mental Health

## Veterans Health Administration

Number of Veterans Who Received Mental Health and Substance Abuse Services from Veteran Health in North Dakota



US Department of Veterans Affairs; Fargo VA Health Care System

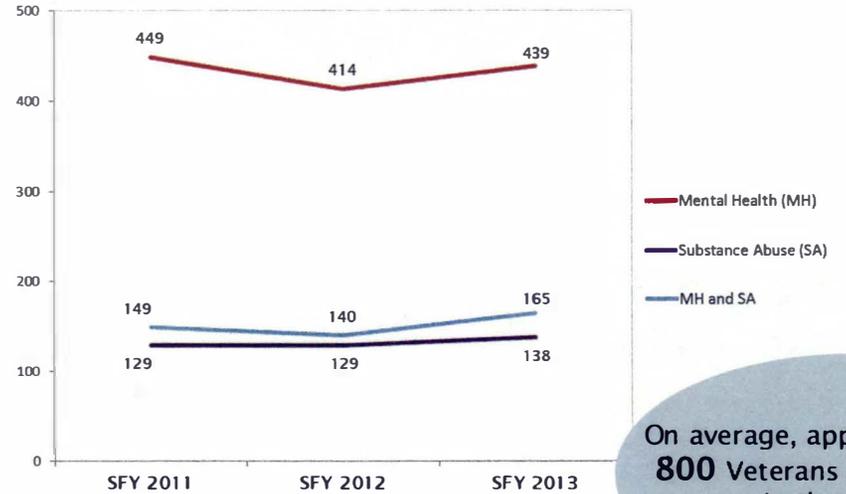
For the purposes of VA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a Veteran.

Nationally, about **half** of returning service members who **need treatment** for mental health conditions seek it, and **slightly more than half** who **receive treatment** receive adequate care!

<sup>1</sup> [http://www.rand.org/content/dam/rand/pubs/research\\_briefs/2008/RAND\\_R89336.pdf](http://www.rand.org/content/dam/rand/pubs/research_briefs/2008/RAND_R89336.pdf)

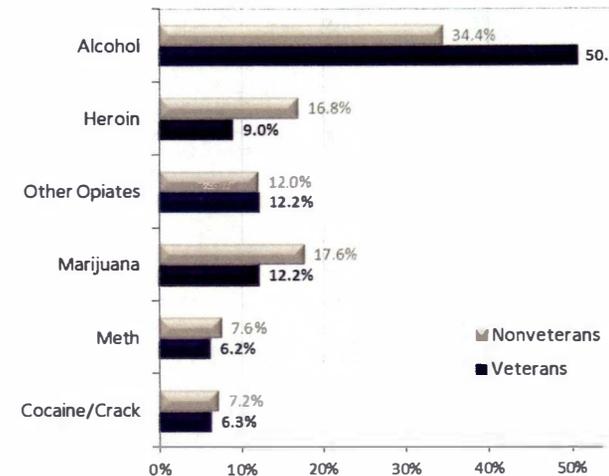
## North Dakota Human Service Centers

Number of Veterans or Those Served in the Military Who Received Services from the Human Service Centers in North Dakota



On average, approximately **800** Veterans are served per year in the ND Human Service Centers.

## National Primary Substance of Abuse in Treatment Admissions, Aged 21 to 39 [NATIONAL NSDUH, 2010]

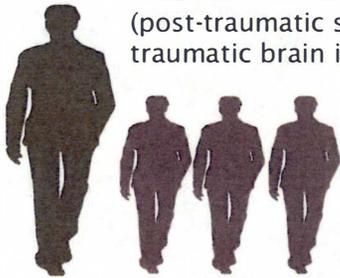


# BEHAVIORAL HEALTH

Substance Use and Mental Health

Nationally, mental and substance use disorders caused **more hospitalizations** among U.S. troops in 2009 than any other cause<sup>1</sup>

An estimated **1 in 4** (25-30%) of U.S. veterans of the wars in Iraq and Afghanistan have reported symptoms of a mental disorder or cognitive condition<sup>2</sup> (post-traumatic stress disorder, major depression, traumatic brain injury, etc.)



**Definition of Post Traumatic Stress Disorder** (Mayo Clinic): mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Nationally, approximately **19%** of service members returning from Iraq or Afghanistan have **post traumatic stress disorder (PTSD) or depression**<sup>3</sup>

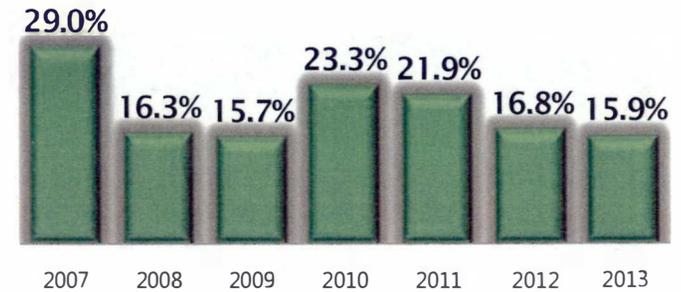
<sup>1</sup> Zoroya, G. (2010, May 14). Mental health hospitalizations up for troops. *USA Today*. Retrieved March 25, 2011, from [http://www.armytimes.com/news/2010/05/gns\\_mental\\_health\\_051410/](http://www.armytimes.com/news/2010/05/gns_mental_health_051410/) (Original source: Pentagon's Medical Surveillance Month Report.)

<sup>2</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (November 6, 2008). *The NSDUH Report - Major Depressive Episode and Treatment for Depression among Veterans Aged 21 to 39*. Rockville, MD.

<sup>3</sup> Tanielian, T. L., RAND Corporation & Center for Military Health Policy Research. (2008). *Invisible wounds of war: Summary and recommendations for addressing psychological and cognitive injuries*. Santa Monica: RAND.

Since the Global War on Terrorism began, **more** North Dakota National Guard members have died by **SUICIDE** than in **COMBAT**.

Percentage of Suicides Committed by Veterans in North Dakota



## Many Factors Influence an Individual's Likelihood To Develop a Behavioral Health Problem

The **RISK FACTORS** below are associated with a **HIGHER** likelihood of suicide and the **PROTECTIVE FACTORS** are associated with a **LOWER** likelihood of suicide.

### RISK Factors

- ▶ Some major physical illnesses, mental disorders, and substance use disorders
- ▶ Barriers to accessing health care
- ▶ Stigma associated with help-seeking behavior
- ▶ Easy access to lethal means (e.g., firearms or poison)
- ▶ Lack of social support and sense of isolation
- ▶ Cultural/religious beliefs that accept suicide

### PROTECTIVE Factors

- ▶ Effective clinical care for physical illnesses, mental disorders and substance use disorders
- ▶ Easy access to a variety of clinical interventions
- ▶ Support for help-seeking behavior
- ▶ Restricted access to lethal means (e.g., firearms or poison)
- ▶ Strong connections to family and community support
- ▶ Cultural/religious beliefs that discourage suicide

<sup>2</sup> Examples of risk and protective factors selected from U.S. Department of Health and Human Services (HHS), Centers for Control and Prevention (CDC), Injury Center: Violence Prevention, Suicide: Risk and Protective Factors, <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>.

SUICIDE

# BEHAVIORAL HEALTH

## Traumatic Brain Injury

Traumatic Brain Injury (TBI) has been defined as "an alteration in brain function, or other evidence of brain pathology, caused by an external force."<sup>1</sup>

About **1 in 5** service members, nationally, returning from Iraq or Afghanistan report experiencing a traumatic brain injury (TBI) during deployment<sup>2</sup>

**20%**

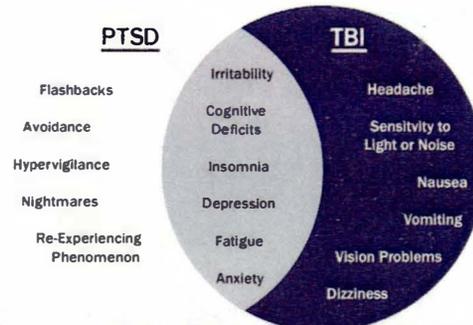
Traumatic brain injury (TBI) has become known as a "signature wound" of *Operation Enduring Freedom (OEF)* and *Operation Iraqi Freedom (OIF)*, because the incidence of TBI is higher in these conflicts than it has been in previous conflicts.<sup>1</sup>



From 2002-2010, 219 North Dakota OEF/OIF Veterans were diagnosed with TBI-related conditions at a VA facility.<sup>2</sup>

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Nationally, three-quarters of VA patients with a TBI diagnosis also had a diagnosis of PTSD.<sup>3</sup>



**1 in 10** (10.6%) male inmates in North Dakota

has some history of military service.

(1% of female inmates have some history of military service)

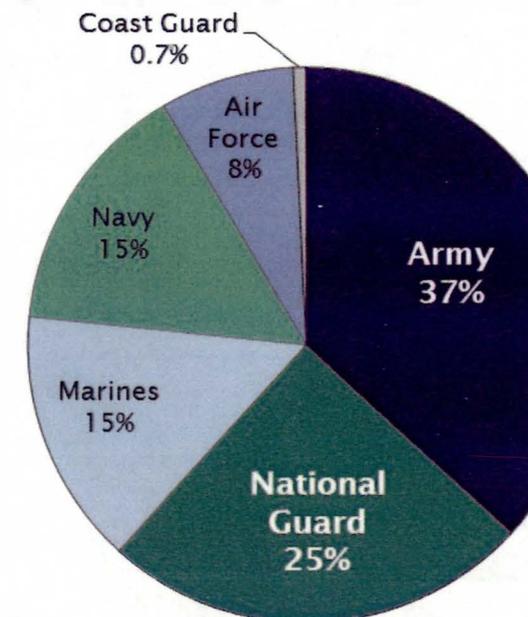
63 of the 141 male inmates have an honorable, medical, training, administrative, or general discharge status.

### ND Veteran Inmates →

**50.4%** have an **SUBSTANCE USE DISORDER** diagnosis

**14.2%** have a serious **MENTAL ILLNESS** diagnosis

### Military Branches Represented among Male Inmates



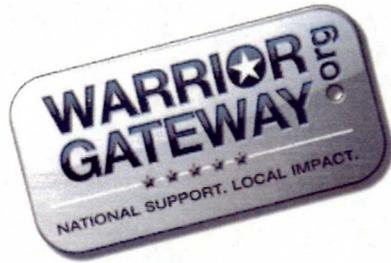
<sup>1</sup> Bagalman, Erin., Congressional Research Service. (Jan 2013). Traumatic Brain Injury among Veterans. Washington, DC: Library of Congress. [http://www.ncsl.org/documents/statefed/health/TBI\\_Vets2013.pdf](http://www.ncsl.org/documents/statefed/health/TBI_Vets2013.pdf)

<sup>2</sup> Tanielian, T. L., RAND Corporation & Center for Military Health Policy Research. (2008). *Invisible wounds of war: Summary and recommendations for addressing psychological and cognitive injuries*. Santa Monica: RAND.

<sup>3</sup> Congressional Budget Office. (Feb 2012). The Veterans Health Administration's Treatment of PTSD and Traumatic Brain Injury among Recent Combat Veterans.

# RESOURCES

National



[www.warriorgateway.org](http://www.warriorgateway.org)

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[www.militaryonesource.mil](http://www.militaryonesource.mil)

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[www.va.gov](http://www.va.gov)



[www.ndguard.ngb.army.mil](http://www.ndguard.ngb.army.mil)

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[www.nd.gov/veterans](http://www.nd.gov/veterans)

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north dakota  
department of  
human services

[www.nd.gov/dhs/services/mentalhealth](http://www.nd.gov/dhs/services/mentalhealth)

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NORTH DAKOTA  
DEPARTMENT of HEALTH

[www.ndhealth.gov/suicideprevention/?id=7](http://www.ndhealth.gov/suicideprevention/?id=7)

# SOURCES

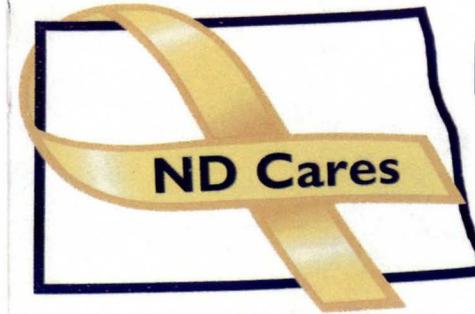
Please note that definitions may be different based on the source of the data or information. For more information on this or other methodology questions, visit the selected websites below.

*US Department of Veterans Affairs: National Center for Veterans Analysis and Statistics—[www.va.gov/vetdata](http://www.va.gov/vetdata)*

United States Census Bureau: American Community Survey—[www.census.gov/acs](http://www.census.gov/acs)

United States Department of Labor: Bureau of Labor Statistics—[www.bls.gov](http://www.bls.gov)

Substance Abuse and Mental Health Services Administration: National Survey on Drug Use and Health—[www.samhsa.gov/data/NSDUH.aspx](http://www.samhsa.gov/data/NSDUH.aspx)



## MISSION

Strengthening an Accessible Seamless Network of Support for Service Members, Veterans, Families, and Survivors

## ABOUT US

Coalition members share a common interest in strengthening a seamless, accessible network of support across the state. The coalition is not a service provider, but represents a broad spectrum of programs and providers whose work touches the lives of service members, veterans, families and survivors.

## PRIORITIES

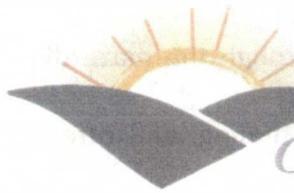
**Behavioral Health** is the focus of ND Cares, as these problems are far-reaching and exact an enormous toll on individuals, their families, communities, and the broader society.

### ND Cares Goals:

- \* Conduct a comprehensive assessment of needs
- \* Integrate existing programs and resources to strengthen an effective and efficient system
- \* Develop a leader network to support collaborative efforts

ND Cares comprises a growing team of more than 40 military and civilian professionals throughout North Dakota.

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# Head Injury Association of North Dakota

#4

HB1046

January 13<sup>th</sup>, 2014  
Human Services Interim 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 Bill 1046 and urge a **DO PASS** recommendation.

As you have heard over the course of testimony by survivors of TBI and their families, brain injury is a misunderstood and often overlooked public health problem. It impacts the lives of thousands and thousands of North Dakotans every day.

Brain injury does not discriminate. It does not choose between the worthy and the unworthy. It does not hesitate to hurt a small child or spare an elderly Grandma. And it reaches out and affects every family member, friend and loved one of the brain injured person. No one, it seems, is left untouched. Brain injury changes lives. In one moment, a brain injury will change everything. Indelibly. And for all time.

What is also true is that even years after an injury, working one's way through the maze of services, resources and eligibility for brain injury is a confusing, time-consuming, and often frustrating process which is why you now hear a united call from the TBI community for a more coordinated and comprehensive system of care for long-term brain injury services and support.

HB 1046 covers many policy recommendations necessary to enhance the system of care in North Dakota.

One of our highest priorities is the establishment of the brain injury registry. Until we have a working registry in North Dakota, there will be no way to know the extent of what is needed in terms of adequate public policy. A registry would provide the necessary connection between registrants and entry into comprehensive system of care.

We are also in support of enhanced Resource Facilitation. This service could provide the type of lifetime case management services that are vitally important for persons with TBI and their loved ones. This would also simplify the process for brain injury services because Resource Facilitators would be the single point of entry for TBI services in North Dakota.

Again, I would like to 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**



64<sup>th</sup> Legislative Session  
Testimony  
House Human Services Committee  
January 13, 2015

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 HB 1046. Currently, Community Options contracts with the Department of Human Services to provide a statewide Traumatic Brain Injury (TBI) Pre-Vocational Skills program. Since July 1, 2013, Community Options has worked with 65 survivors with TBI. We assist individuals in a variety of ways including:

- Building Confidence
- Effective Communication
- Following Instructions
- Accessing Public Transportation
- Personal Appearance
- Job Shadows

Each section of HB 1046 is important, however we'd like to draw your attention to Section 5 – Expand Brain Injury Services. This section would ideally allow for expansion of services including a comprehensive Return to Work Program. Currently, there is only the Community Options Pre-Vocational Traumatic Brain Injury program and the HB 1046 would allow this Pre-Vocational program to expand and include Return to Work programming also. (Handout #1 – Continuum of Care for Employment Services) As the services exist today, once an individual successfully completes Community Options TBI Pre-Vocational Skills program, they are expected to go to Vocational Rehabilitation (VR). However, the issue becomes not everyone can successfully move through the requirements of VR thus not ever reaching Extended Employment Services. (Supportive Testimony)

It is important you support HB 1046 not only for the survivors and their family but to our North Dakota communities also. Please reference my handout for examples of the cost to social services system when an individual does not work. (Handout #3 – Annual Cost to Social System)

In conclusion, Community Options is asking for your full support on HB 1046 because North Dakota needs a comprehensive continuum of care and getting people back to work reduces the burden of cost on the states social system. Thank you for your time, are there any questions?

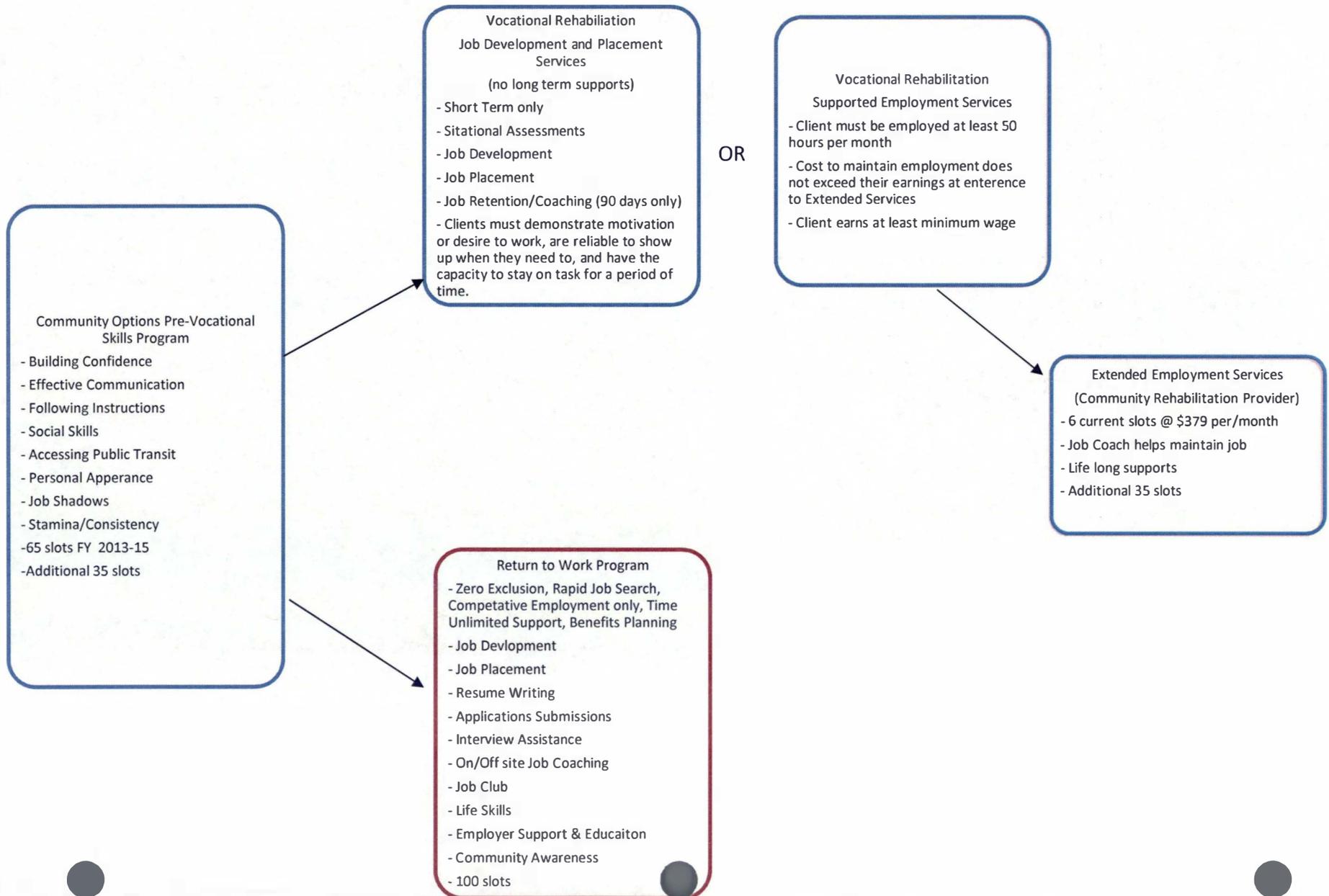
Sincerely Submitted,

Trina Gress

# Continuum of Care for Employment Services for Brain Injury Services – Handout #1

Blue outlined boxes = currently exist, Red outlined box = HB 1046 Expansion of Services

9/30/19  
HB 1046



2

Annual Cost to Social System - Handout #2

HB 1046

Unemployed		Incarcerated		Nursing Care	
<b>Earned Income:</b>		<b>Earned Income:</b>		<b>Earned Income:</b>	
Part-Time Job	\$0.00	Part-Time Job	\$0.00	Part-Time Job	\$0.00
<b>Services Received:</b>		<b>Services Received:</b>		<b>Services Received:</b>	
SSDI:	\$13,752.48	SSDI	\$0.00	SSDI	\$13,752.48
SSI:	\$8,652.00	SSI:	\$0.00	SSI:	\$8,652.00
Medicaid:	\$6,641.00	Medicaid:	\$0.00	Medicaid:	\$6,641.00
SNAP:	\$0.00	SNAP:	\$0.00	SNAP:	\$0.00
Housing:	\$3,756.00	Housing:	\$0.00	Housing:	\$91,140.00
LIHEAP:	\$1,800.00	LIHEAP:	\$0.00	LIHEAP:	\$0.00
<b>Annual Cost to Social System:</b>	<b>\$34,601.48</b>	<b>Annual Cost to Social System:</b>	<b>\$39,271.00</b>	<b>Annual Cost to Social System:</b>	<b>\$120,185.48</b>

Employed- Part Time		Employed - Full Time		Employed - Full Time	
<b>Earned Income:</b>		<b>Earned Income:</b>		<b>Earned Income:</b>	
Part-Time Job @ \$9.12/hr	\$9,480.00	Full-Time Job @ \$9.12/hr	\$18,960.00	Full-Time Job @ \$11.68/hr	\$24,300.00
<b>Services Received:</b>		<b>Services Received:</b>		<b>Services Received:</b>	
SSDI	\$13,752.48	SSDI	\$0.00	SSDI	\$0.00
SSI:	\$0.00	SSI:	\$0.00	SSI:	\$0.00
Medicaid:	\$6,641.00	Medicaid:	\$0.00	Medicaid:	\$0.00
SNAP:	\$0.00	SNAP:	\$2,328.00	SNAP:	\$0.00
Housing:	\$3,756.00	Housing:	\$3,756.00	Housing:	\$0.00
LIHEAP:	\$0.00	LIHEAP:	\$0.00	LIHEAP:	\$0.00
<b>Annual Cost to Social System:</b>	<b>\$24,149.48</b>	<b>Annual Cost to Social System:</b>	<b>\$6,084.00</b>	<b>Annual Cost to Social System:</b>	<b>\$0.00</b>

3

Sources:  
<http://www.vera.org/files/price-of-prisons-north-dakota-fact-sheet.pdf>  
<http://liheap.ncat.org/profiles/ND.htm>  
<https://www.nd.gov/dhs/snap/simplecalculator.aspx>  
<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/medicaid-actuarial-report-2013.pdf>  
[http://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/)  
<http://www.ssa.gov/oact/cola/SSIAMts.html>  
[http://www.bls.gov/oes/current/oes\\_nd.htm](http://www.bls.gov/oes/current/oes_nd.htm)  
 ND DHS - Economic Assistance  
 ND Housing Authority - phone call

HB1046

#6

**Testimony**  
**Human Services Interim Committee**  
**Tuesday - January 13, 2015**

Good afternoon Chairman Weisz and members of the Committee. My name is Jennifer Buresh, I live in Dickinson, ND. I sustained a traumatic brain injury due to domestic abuse and violence. Employment issues are causing a lot of stress in my life.

Since 2012, I have had 6 different jobs. Some of the issues I have had are discrimination and being exploited because of my brain injury. I was not given the necessary accommodations even after there had been training and education by Rebecca Quinn and Community Options for my employer. We also had multiple conference call meetings so that they could educate my employer and still I was not given the accommodations that I needed to maintain that job.

Maintaining balance in my life is a challenge and very difficult. There is a lack of support and understanding from employers and staff. When I do share my disability with my employer they do not know how to deal with someone with a brain injury. I have trouble maintaining my health. My work schedule is not the hours that are best for me as my current job has me working the evening shift. Living out here in oil patch country there are only a limited amount of jobs that I would be able to succeed at. Due to my disability I can only work a few hours each day because of my exhaustion, fatigue and trying to maintain a healthy balance in my life.

/

If I had a return to work program I would not be so exhausted with trying to keep up with everything at work all by myself. It is a struggle for me to keep up with things at work and maintain the pace that I am expected to work. Due to my brain injury my reaction time is slower than it used to be. I would like for my co-workers and boss to have an understanding of what I deal with. Looking at me, you cannot tell that I have a disability, however if I had a return to work program things could be better and in balance.

Thank you.

Jen Buresh

Dickinson, ND 58601

701-690-8684

#7

Testimony

HB 1046

## Human Services Committee

January 13, 2015

Good morning Chairman Weisz and member of the committee. My name is Lisa Anderson from Leeds, ND. I am testifying today in favor of HB 1046 and will explain why I support this bill.

In 2005, the UND Center for Rural Health published a 93 page report titled "Findings from the ND Assessment of Traumatic Brain Injury Needs and Resources".

[http://ruralhealth.und.edu/pdf/tbi\\_finalreport112005.pdf](http://ruralhealth.und.edu/pdf/tbi_finalreport112005.pdf) This report states that "efforts to address problems with TBI in ND began in the 1980's. So here we are 30 some years later and there is still no "comprehensive system of care" for survivors of a brain injury. It is time to do something about brain injury in ND. Our state needs a cohesive system for brain injury survivors and this registry would be a great start to establishing the necessary systems.

**Registry:** ND needs a brain injury registry with required reporting. By having a registry, we could link survivors to appropriate services as well as have a way to collect data. With a registry, we will finally be able to get some idea of the number of North Dakotans living with a brain injury and what types of services are needed. From the research I did, there are many states that currently have a brain injury registry - Alabama, Colorado, Florida, Iowa, Nebraska, Minnesota, Rhode Island, South Carolina, Tennessee, Texas and Virginia, just to name a few.

To me, the ultimate goal of the North Dakota Brain Injury Registry would be to link people to the necessary supports and resources. Just as an example, in Florida the law requires that all hospitals, attending physicians, public private or social agencies refer all new traumatic moderate-to-severe brain or spinal cord injuries to the Central Registry. A case manager will contact the reported individual within 10 working days.

As a parent of a child who survived a brain injury, it would have made things so much easier to know there was somewhere to turn, someone who I could go to with the hundreds of questions that I had and someone who actually understood what we were dealing with. We did not have that, we were up here in rural North Dakota not knowing what to do.

Expanded Brain Injury Services: The next section I would like to discuss is Section 5 - expanded brain injury services, specifically the return to work section. Returning to school or work is a major problem for many people with a brain injury. The failure to return to productive roles comes at a great economic and personal cost to people with a brain injury, to their families and to society. Brain injury survivors who are unable to return to work have many unmet needs socially as well as lost wages and an increased dependence on government programs. The pre-vocational program that is run by Community Options has done a wonderful job of not only understanding what it is like to have a brain injury, but also assisting the client become more "work ready".

Community Options was a great "stepping stone" for Hannah before she became employed. Hannah had very unrealistic goals for the jobs she thought she could do. With this pre-employment program through Community Options they were able to discuss Hannah's

strengths, weaknesses and help her determine a more suitable employment option. Hannah worked with her Community Options Counselor, then with her Vocational Rehabilitation counselor and in just a few days, Hannah's case will be closed with Voc Rehab as successfully employed. Hannah will continue to have the services of her job coach through the HCBS waiver. Hannah, not unlike many brain injury survivors, will continue to need a job coach in order for her to be successfully employed.. She doesn't need someone there all the time. Hannah's job coach comes in Monday morning to review everything she will be doing for the week and then she comes in on Fridays to assist Hannah in getting organized for the next week. With the cognitive issues that Hannah has, on-the-job supports are going to be crucial to her success. Seeing first hand what the pre-employment program has been able to do for us, I totally support additional funds so that they can continue working with survivors as well as enhance their program.

**Resource Coordination:** The resource facilitation program that is currently in place is the start of what I consider a great program. I say start, because the current program only has funding for 3 facilitators. My dream would be to have a brain injury resource facilitator located in each region of the state. There are brain injury survivors in each region - and having someone close to home that you could turn to with questions would be amazing. The Indiana Resource Facilitation program puts it like this, "Resource facilitation is individually tailored, participant-directed, flexible, and designed to create community partnerships - right where you live!"

As we see the need for brain injury services grow, it is more and more evident that we need a paid administrator to focus specifically on brain injury. This position will be key to move us forward. There should be a full time person to coordinate all brain injury programs and services in North Dakota. In order to create a cohesive system of care for brain injury

survivors, we need one point person who can focus all their efforts on creating a system of care for survivors.

In closing, not only would I like to thank you for your time, but also for your thoughtful consideration of HB 1046. The things that we are asking you to consider will make a huge impact on brain injury survivors. This is not a total fix, but it will go a long way in making progress towards a comprehensive system of care. Thank you. If you have any questions, I will be happy to try to 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](mailto:lisa.anderson@gondtc.com)

HB 1046  
January 13, 2015

#8

When you look at me what do you see? Just a woman asking for some money right? Well you are wrong. I'm not just a lady asking for some help, for the people that have lived through a brain injury, I'm a survivor! I survived a major Traumatic Brain Injury just 4 years ago. My chances of living from that accident was maybe 20%, but I made it. My chances of getting back to a normal adult state was 5%, and I did it. Now you can ask me how, who helped you, how did you do it? Or you'll say, no way you could have been that close to dying, or being mentally challenged you look fine. But I did survive it. You can see from photos of me just 4 years ago that I'm not kidding. So what did I do, to be the woman I am standing in front of you today. I had Faith and I prayed. Many people prayed for me, this simple Mom. My family asked every doctor what could they do to help me, and where I could go to relearn everything. Pretty much all that they heard was google TBI, now that is sad. So me being very stubborn helped a lot, and having total Faith that God kept me here for a reason, and there are things that He wants me to do. Things like reaching out to you, to help me provide help for those survivors that go through what I went through alone. If you don't believe me let me give you a peek, of what it's like.

Now you've got work with me on this one. Imagine waking up in a hospital and all you know is your name. And then to find out how lucky you are to know that. There is a nurse and a great doctor and they tell you that's all you have, and there's almost no chance of getting the memories of your life back. You have no idea how old you are, or where you are or how you got there. You can't read or even tie your shoes much less do anything else. So what do you need? A support system built for people that go through this. I know from going through it what that system needs, but I can't build it by myself. I have the North Dakota Brain Injury Network that has started helping people, but we need your help too. Nothing is cheap you know that, and we are now in a time where there is money to help fund something so important. Some brain injuries are semi minor, a concussion from a car accident or from a simple fall, but then you have the bad ones like mine. I was bucked off a horse and kicked in the head. Now you understand why my chances were so slim. Even a stroke or an aneurism really takes a tole on your brain. All the paths in your brain are like roads that get messed up and you can't use them anymore, so you need to build new roads to do even the simplest things. Can you build your road to work alone? No you can't, you need help and a place to do it from.

So what does a facility need to provide help for these survivors? Some of it is pretty basic physical help. Like simply walking or managing stairs. Even holding silverware so you can feed yourself is hard for some. Learning basic Kindergarten things like the alphabet, numbers even how to write again. I relearned how to tie my shoes at the same time my 3 year old son learned how to do it. Then when you get past those baby steps there are more things that you need help with. Knowing what's ok to do and what's not ok is big. I was very angry and swore all the time, so having my family to just say, whoa calm down, was what I needed. They helped me learn that it's not ok to scream at people when your not happy. Then there's having help getting back some control of your short term memory. Like remembering why you went to that store and that your anointment is at 10. Very simple things that we take for granted everyday are now lost to you. I was lucky and had a lot of friends and family to come home to that helped me, but many survivors don't have that support. So they need a place to stay, when they are healthy enough, and kind of test it see if they can live on their own. And if they can't, they will know that they have to set up a kind of assisted living arrangement. But you don't know if you can live

HB 1046

on your own if you don't have a place where you can test it.

Like I asked you before imagine waking up not knowing where you are, who you are, or how old you are and being told, sorry there's not much we can do for you, go figure it out yourself. That is crushing! You have almost nothing to help you rebuild your life. It's good we now have a bit of help for the brain injury survivors here in ND, but it's not much. And unless you go through it, you don't really know what it's like. But I do. I know how hard it is and what it feels like to be totally alone in this brain injury recovery world that I got thrown into. And yes I screamed WHY God WHY did this happen! Help me get over this, please help me prove those doctors wrong. Help me get better then everyone says I will every be. Help me rebuild those roads in my head so I can be normal again. So ya I prayed for brains and hair. And yes I recovered pretty much alone, and I don't want other people to have to go through it the hard way like I did. Not many are survivors are as lucky as I am. I started a support group in Dickinson just so these survivors don't have to feel so alone. How many kinds of support groups do we have in North Dakota, for so many different things, but nothing for and injury like this. With the one in Dickinson I give them hope that they can get better. And they ask me where did you go, what did you do, how long ago where you in the same place I'm stuck in right now? And I want to give them more then just some tips that worked for me. That's why I'm standing here begging you to please help. ND alone as over 13,000 brain injury survivors. That is a lot of people that need some help. Yes they are from ages 3 to 83 and there is not one specific thing that happens to each of them or one perfect way to fix everyone. We are each different and we each deserve an opportunity to stay here in this amazing little state and get the help needed to recover from a brain injury. So please consider helping us. I am proof that miracles happen so help us set it up so that more miracles can happen.

Shannon Binstock  
South Heart, ND  
701-677-5389

2

#9

Testimony

House Bill 1046 – Human Services Division

Representative Weisz Chairman

January 13, 2015

Good morning chairman Weisz and members of the committee. 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. Thank you for your time involving my testimony today.

I am here today to ask for your support for House Bill 1046 regarding the TBI Registry and Marketing, Regional Brain Injury Coordinator, and Expansion of Brain Injury Services. I have had twelve years of personal experience following my sons' traumatic brain injury. A registry that would begin when an individual sustains a Traumatic Brain Injury would be an amazing piece of the puzzle to have; actually it's the "beginning".

When an individual sustains a traumatic Brain injury, if the attending physician was required to report to the State Health Department the Traumatic Brain Injury this would get the Traumatic Brain Injury Survivor the appropriate treatment and rehabilitative services as soon as possible while hospitalized and following discharge. The information could be documented and the patient/family member will have support early on. The registry will also help to keep a more accurate count of traumatic brain injuries in the state of North Dakota. What we experienced was having to find our way through all the hoops and frustration of bewilderment and loss and I feel this would change completely if there was a Traumatic Brain Injury Registry in place in the State of North Dakota.

The Regional Resource Coordination is another very important and vital tool for Traumatic Brain Injury survivors and their families. If every Traumatic Brain Injury survivor that needs assistance in any way, would have a person assigned to them this might be the key to success in many ways! We again.....did not have anything like this available following Eric's discharge from the hospital; and are currently working on enrolling him with a resource facilitator. This would benefit everyone involved as it would take the unknown, the stress and the repetitive meetings of going from one office to the next for the Traumatic Brain Injury Survivor and family. The Regional resource coordinator would be most helpful to the survivor by assisting with appointments, applications for assistance programs, paperwork, mail, the daily living duties that they need help with from time to time. I took a leave of absence from my job, and several years later we sold out our family construction business because my life was dedicated to taking care of and helping Eric. Of course this is what every parent would do, but I maybe would have been able to keep my business and as Eric was becoming more independent a resource facilitator could have been there to help him with the many things that I did for/with him and I still am doing.

Expanded Brain Injury Services are needed in the state of North Dakota in many areas as I've talked about previously. Another area is the return to work program which is a huge struggle for Traumatic Brain Injury Survivors that are mid/high functioning level. I will share a small piece of Eric's personal story

of employment. He was in his 2<sup>nd</sup> year of trying college (which he tried 3 subsequent years but couldn't memorize any new information for tests); so college was looking very bleak for him, so he applied for a job at Sams Club. He was hired part time and did not note on his application he had sustained a Traumatic Brain Injury. This was okay for some time at work, as he got to know his co-workers and managers he told some of them and they obviously noticed he was having some memory and coordination issues. Then a new team lead came on board in his department, he didn't know about Eric's traumatic Brain Injury and before too he long called Eric into his office, said he was giving him a warning to have to let him go because he was not remembering things etc. Eric then told him it's because I have problems with my memory because of my Brain Injury.

That team lead said there was nothing noted in his employee file about a Brain Injury and Eric called me very hurt and upset. I then contacted Rebecca Quinn and talked to her, and she said you need to get an Accommodation Form completed for his disability noting his Traumatic Brain Injury and the deficits he has, and submit to his employer. We completed that and Eric's file reveals his cognitive, memory and physical limitations and seven years later he is still working at Sams Club. If Eric would have been able to work with Vocational Rehab, Community Options or some provider comparable he most likely could have avoided the disappointment and frustration we went through. The thing is.....he didn't know.....he has a brain injury and didn't think it would make any difference. This is how individuals with Traumatic Brain Injury think most often; and because the injury is most often "invisible" and unnoticeable to others and it is a huge challenge.

There are many more personal and common issues to every Traumatic Brain Injury Survivor the reasons why this bill is so important.

I am asking you to please support House Bill 1046.

Thank you for your time and opportunity to testify to you today.

No brain injury is too small to ignore....or too severe too lose hope.

2

Feb 12, 2015

15.0180.03000

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/05/2015**

Amendment to: HB 1046

- 1 A. **State fiscal effect:** Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$2,366,092		\$2,366,092	
Appropriations			\$1,366,092		\$2,366,092	

- 1 B. **County, city, school district and township fiscal effect:** Identify the fiscal effect on the appropriate political subdivision.

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).

Engrossed HB 1046 provides for appropriations to the Department of Human Services for costs relating to traumatic brain injury regional resource facilitation and expanded traumatic brain injury programming.

- B. **Fiscal impact sections:** Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.

Section 1 of engrossed HB 1046 includes a general fund appropriation of \$500,000 for TBI regional resource coordination. Based on a request from the Brain Injury Network, the Department of Human Services would need an additional \$1,200,000, all of which is general fund, to fully execute the coordination of services in all human service regions. Section 2 of the bill includes a general fund appropriation of \$500,000 for additional services provided to individuals with a traumatic brain injury. In addition, not appropriated in the bill but necessary would be an FTE with a cost of \$166,092, all of which would be general fund, to administer the objectives in this bill as well as those identified in SB 2044.

- 3. **State fiscal effect detail:** For information shown under state fiscal effect in 1A, please:

- A. **Revenues:** Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for HB 1046 for the 2015-2017 biennium for the Department of Human Services is \$2,366,092, all of which is general fund. \$1,000,000 of this was appropriated in the bill; the remaining \$166,092 and \$1,200,000 are for an FTE that will be necessary to carry out the requirements of this bill as well as administer the objectives of SB 2044 and to fully execute the coordination of services in each human service region, respectively. The fiscal impact for 2017-2019 for the Department of Human Services is \$2,366,092, all of which is general fund, to fund the continuation of services outlined in the bill, as well as for the continuation of the FTE.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

In addition to the \$1,000,000 appropriated to the Department of Human Services, an appropriation increase of \$1,366,092, all of which is general fund, would be necessary for the 2015-2017 biennium. The Department of Human Services will need an appropriation increase of \$2,366,092, all of which is general fund, for the 2017-2019 biennium to fund the continuation of services in the bill as well as the FTE.

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 02/06/2015

15.0180.03001  
Title.04000

Prepared by the Legislative Council staff for  
Representative Pollert  
February 18, 2015

HB 1046  
2/19/15  
Attachment 1

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1046

Page 1, line 1, replace "appropriations" with "an appropriation"

Page 1, line 2, remove "traumatic brain injury regional resource facilitation and"

Page 1, remove lines 5 through 11

Page 1, line 15, replace "\$500,000" with "\$250,000"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

This amendment removes Section 1 which would have provided a \$500,000 general fund appropriation to the Department of Human Services for coordinating services for individuals with traumatic brain injury and reduces the general fund appropriation in Section 2 from \$500,000 to \$250,000 for providing life skill services for individuals with traumatic brain injury.

15.0180.02000

Sixty-fourth  
Legislative Assembly  
of North Dakota

HOUSE BILL NO. 1046

Attach #1  
HB 1046  
03/18/2015  
J# 25067

Introduced by

Legislative Management

(Human Services Committee)

1 A BILL for an Act to provide for a traumatic brain injury registry; to provide an appropriation to  
2 the state department of health for the establishment and administration of a traumatic brain  
3 injury registry; and to provide appropriations to the department of human services for costs  
4 relating to a traumatic brain injury registry, traumatic brain injury regional resource facilitation,  
5 and expanded traumatic brain injury programming.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 SECTION 1.

8 Traumatic brain injury registry - Required reporting.

9 The state department of health shall establish and maintain a central registry of persons  
10 who sustain traumatic brain injury in order to facilitate the provision of appropriate treatment and  
11 rehabilitative services to those persons by the department of human services or other providers.  
12 Attending physicians in the state shall report to the department within seven days after  
13 identification of any person sustaining a traumatic brain injury. The report must contain the  
14 name, age, residence, and diagnosis of the injured person and any additional information  
15 determined necessary by the department. A report submitted pursuant to this section and all  
16 information contained in the report is confidential, but the state department of health shall  
17 furnish a copy of the report to the department of human services for the purpose of assisting in  
18 the provision of services for the injured person.

19 SECTION 2. APPROPRIATION - STATE DEPARTMENT OF HEALTH - TRAUMATIC  
20 BRAIN INJURY REGISTRY. There is appropriated out of any moneys in the general fund in the  
21 state treasury, not otherwise appropriated, the sum of \$251,083, or so much of the sum as may  
22 be necessary, to the state department of health for the purpose of establishing and  
23 administering a traumatic brain injury registry, for the biennium beginning July 1, 2015, and

Sixty-fourth  
Legislative Assembly

1 ending June 30, 2017. The state department of health is authorized one full-time equivalent  
2 position for this initiative.

3 SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC  
4 BRAIN INJURY REGISTRY. There is appropriated out of any moneys in the general fund in the  
5 state treasury, not otherwise appropriated, the sum of \$20,000, or so much of the sum as may  
6 be necessary, to the department of human services for the purpose of marketing and training  
7 relating to the traumatic brain injury registry, for the biennium beginning July 1, 2015, and  
8 ending June 30, 2017. The department may contract for the provision of services under this  
9 section.

10 SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC  
11 BRAIN INJURY REGIONAL RESOURCE COORDINATION. There is appropriated out of any  
12 moneys in the general fund in the state treasury, not otherwise appropriated, the sum of  
13 \$1,305,000, or so much of the sum as may be necessary, to the department of human services  
14 for the purpose of coordinating services for persons with traumatic brain injury in each human  
15 service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The  
16 department may contract for the provision of services under this section.

17 SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - EXPANDED  
18 BRAIN INJURY SERVICES - REPORTS TO THE LEGISLATIVE MANAGEMENT. There is  
19 appropriated out of any moneys in the general fund in the state treasury, not otherwise  
20 appropriated, the sum of \$650,000, or so much of the sum as may be necessary, to the  
21 department of human services for the purpose of expanding the level of services, including  
22 return to work programming, provided for individuals with a brain injury, for the biennium  
23 beginning July 1, 2015, and ending June 30, 2017. The department of human services shall  
24 report to the legislative management on the use of the funds under this section by July 1, 2016.

64<sup>th</sup> Legislative Session  
Testimony  
Senate Human Services Committee  
March 18, 2015

Attach # 2  
HB 1046  
03/18/15  
J# 25067

Good afternoon 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 HB 1046 as a DO PASS. Currently, Community Options contracts with the Department of Human Services to provide a statewide Traumatic Brain Injury (TBI) Pre-Vocational Skills program. Since July 1, 2013, Community Options has worked with 66 individuals with TBI. We assist individuals in a variety of ways to improve their skills in a volunteer setting/community environment. The skills include; building confidence, effective communication, following instructions, personal appearance, etc.

In December 2014, Community Options conducted a survey with the current clientele. (See handout – TBI Pre-Vocational Skills Program Survey – Dec 2014) There are comments such as “the only focus is on pre-vocational help. I would like to find a job” or “would like help for job applying and finding a job, not on pre-vocational work”, this survey proves the need for HB 1046 – Return to Work program. Of the people surveyed, 88% stated they no longer needed pre-vocational services or they have gained enough skills to work a minimum amount of hours per week. Of the 66 people we have assisted to this date, 29, have been ready to move out of pre-vocational services and on to paid employment. See handout - Supportive Testimony)

As the TBI Pre-Vocational Skills program exists today, once an individual successfully completes Community Options TBI Pre-Vocational Skills program, they are expected to go to Vocational Rehabilitation (VR). However, the issue we have seen is that not everyone can successfully move through the requirements of VR without trying work first at a reduced amount of hours. HB 1046 would meet this need. It would allow a stepping stone in the continuum of care so individuals with TBI could work up to 50 hours per month = 12.5 hours per week before needing to be referred to Vocational Rehabilitation. (See handout – TBI Continuum of Care)

It is important you support HB 1046 not only for the individuals with TBI and their family but also for our great state of North Dakota. Please reference my handout for examples of the cost to social services system when an individual does not work. (See handout – Annual Cost to Social System)

In conclusion, Community Options is asking for your full support on HB 1046 however we do ask that you please consider a larger fiscal note if this is intended to be a statewide program. HB 1046 completes the continuum of care of employment services for individuals with TBI and it makes North Dakota people become tax payers not tax liabilities.

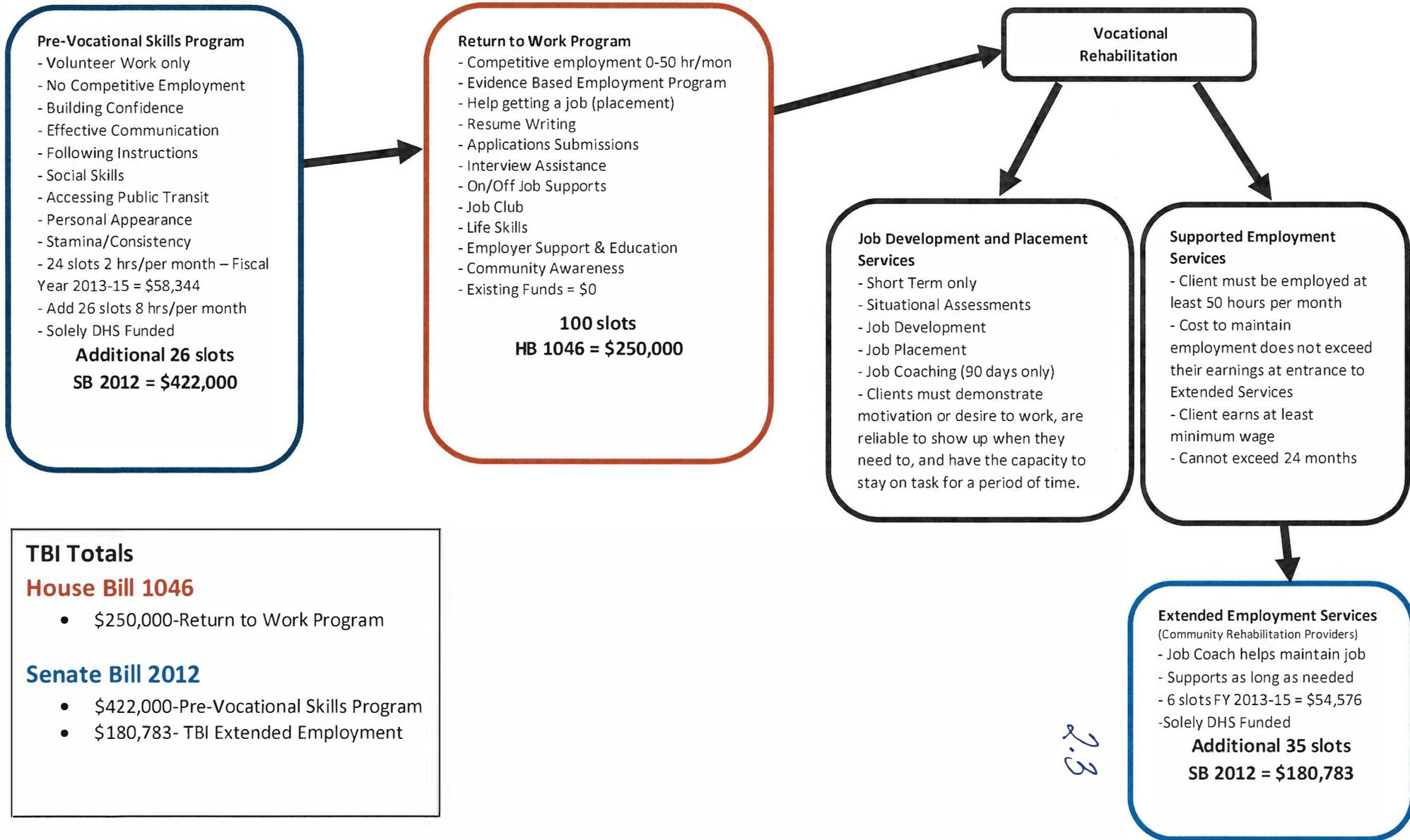
Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress  
(701) 391-8523  
trinag@coresinc.org

Question	Answers:
<p>How has the program been helpful:</p>	<p>Gives me hope and Self Confidence</p> <p>Helps me work on money management and time management</p> <p>Helps me know how to talk to potential employers about my disability.</p> <p>Helped me find a job.</p> <p>Helpful with resume building.</p> <p>Helpful in identifying job interests. I am not interested in pre-vocational work.</p> <p>Helped me start my business through supports such as, creating a website, figuring prices, referrals, art shows, registering with secretary of state, business cards, connecting with NDBIN.</p> <p>Has made me want to work.</p> <p>Has helped with transportation and applying for jobs.</p> <p>Helped with finding a job and completing paperwork for job related issues.</p> <p>Has helped immensely with career goals.</p> <p>Gives me hope and confidence</p>
<p>What has not been helpful:</p>	<p>Answers:</p> <p>Have not found a job</p> <p>Was unable to find me housing. The only focus is on pre-vocational help. I would like to find a job.</p> <p>Not meeting as frequently because the focus is on pre-vocational work.</p> <p>I need help getting interview clothes, work clothes, and shoes.</p> <p>I need help with transportation</p>
<p>What would you like changed:</p>	<p>Answers:</p> <p>Sometimes difficult to reach job coach. They always return calls but they are not answering when I call.</p> <p>Focus on finding jobs.</p> <p>Help for job applying and finding a job, not on pre-vocational work.</p> <p>Would like more vocational work assistance instead of the focus on pre-vocational work.</p>

# Traumatic Brain Injury Continuum of Care



**TBI Totals**

**House Bill 1046**

- \$250,000-Return to Work Program

**Senate Bill 2012**

- \$422,000-Pre-Vocational Skills Program
- \$180,783- TBI Extended Employment

## Annual Cost to Social System Factsheet

<b>Unemployed</b>	
<b>Earned Income:</b>	
Part-Time Job	\$0.00
<b>Services Received:</b>	
SSDI:	\$13,752.48
SSI:	\$8,652.00
Medicaid:	\$6,641.00
SNAP:	\$0.00
Housing:	\$3,756.00
LIHEAP:	\$1,800.00
<b>Annual Cost to Social System =</b>	<b>\$34,601.48</b>

<b>Incarcerated</b>	
<b>Earned Income:</b>	
Part-Time Job	\$0.00
<b>Services Received:</b>	
SSDI:	\$0.00
SSI:	\$0.00
Medicaid:	\$0.00
SNAP:	\$0.00
Housing:	\$0.00
LIHEAP:	\$0.00
<b>Annual Cost to Social System =</b>	<b>\$39,271.00</b>

<b>Nursing Care</b>	
<b>Earned Income:</b>	
Part-Time Job	\$0.00
<b>Services Received:</b>	
SSDI:	\$13,752.48
SSI:	\$8,652.00
Medicaid:	\$6,641.00
SNAP:	\$0.00
Housing:	\$91,140.00
LIHEAP:	\$0.00
<b>Annual Cost to Social System =</b>	<b>\$120,185.48</b>

<b>Employed- Part Time</b>	
<b>Earned Income:</b>	
Part-Time Job @ \$9.12/hr	\$9,480.00
<b>Services Received:</b>	
SSDI:	\$13,752.48
SSI:	\$0.00
Medicaid:	\$6,641.00
SNAP:	\$0.00
Housing:	\$3,756.00
LIHEAP:	\$0.00
<b>Annual Cost to Social System =</b>	<b>\$24,149.48</b>

<b>Employed - Full Time</b>	
<b>Earned Income:</b>	
Full-Time Job @ \$9.12/hr	\$18,960.00
<b>Services Received:</b>	
SSDI:	\$0.00
SSI:	\$0.00
Medicaid:	\$0.00
SNAP:	\$2,328.00
Housing:	\$3,756.00
LIHEAP:	\$0.00
<b>Annual Cost to Social System =</b>	<b>\$6,084.00</b>

<b>Employed - Full Time</b>	
<b>Earned Income:</b>	
Full-Time Job @ \$11.68/hr	\$24,300.00
<b>Services Received:</b>	
SSDI:	\$0.00
SSI:	\$0.00
Medicaid:	\$0.00
SNAP:	\$0.00
Housing:	\$0.00
LIHEAP:	\$0.00
<b>Annual Cost to Social System =</b>	<b>\$0.00</b>

Sources:

<http://www.vera.org/files/price-of-prisons-north-dakota-fact-sheet.pdf>

<http://liheap.ncat.org/profiles/ND.htm>

<https://www.nd.gov/dhs/snap/simplecalculator.aspx>

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/medicaid-actuarial-report-2013.pdf>

[http://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/)

<http://www.ssa.gov/oact/cola/SSiamts.html>

[http://www.bls.gov/oes/current/oes\\_nd.htm](http://www.bls.gov/oes/current/oes_nd.htm)

ND DHS - Economic Assistance

ND Housing Authority - phone call interview

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**Testimony**  
**Senate Human Services Committee**  
**March, 2015**

*Attach #3*  
*HB 1046*  
*03/18/15*  
*J#25067*

Good afternoon Chairman and members of the Committee. My name is Jennifer Buresh, I live in Dickinson, ND. I sustained a traumatic brain injury due to domestic abuse and violence. Employment issues are causing a lot of stress in my life.

Since 2012, I have had 6 different jobs. Some of the issues I have had are discrimination and being exploited because of my brain injury. I was not given the necessary accommodations even after there had been training and education by Rebecca Quinn and Community Options for my employer. We also had multiple conference call meetings so that they could educate my employer and still I was not given the accommodations that I needed to maintain that job.

Maintaining balance in my life is a challenge and very difficult. There is a lack of support and understanding from employers and staff. When I do share my disability with my employer they do not know how to deal with someone with a brain injury. I have trouble maintaining my health. My work schedule is not the hours that are best for me as my current job has me working the evening shift. Living out here in oil patch country there are only a limited amount of jobs that I would be able to succeed at. Due to my disability I can only work a few hours each day because of my exhaustion, fatigue and trying to maintain a healthy balance in my life.

3.2

If I had a return to work program I would not be so exhausted with trying to keep up with everything at work all by myself. It is a struggle for me to keep up with things at work and maintain the pace that I am expected to work. Due to my brain injury my reaction time is slower than it used to be. I would like for my co-workers and boss to have an understanding of what I deal with. Looking at me, you cannot tell that I have a disability, however if I had a return to work program things could be better and in balance.

Thank you.

Jen Buresh

Dickinson, ND 58601

701-690-8684

64<sup>th</sup> Legislative Session  
Testimony  
Senate Human Services Committee  
March 18, 2015

Attach #4  
HB 1046  
03/18/2015

Madame Chair and other members of the Committee. I am Rebecca Quinn and serve a program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network. My testimony today is on behalf of all the individuals and families impacted by brain injury I have worked with over the past seven years.

In order to continue to develop the TBI service system in North Dakota I ask that you please restore funding for an increase in resource facilitation services to HB 1046. The increase in funding would allow the addition of a resource facilitator for the western region of the state and account for the difference in the actual travel and operational costs verse the estimated cost originally budgeted. I have attached a chart that shows possible increases in funds for travel, supplies and overhead.

The North Dakota Brain Injury Network provides a centralized, statewide source of information regarding traumatic brain injury and delivers resource facilitation services to individuals with traumatic brain injury. Resource facilitation for brain injury is an evidenced based service that assists individuals along the path of recovery and increasing independence.

To this date, in the current biennium, the North Dakota Brain Injury Network has received 111 referrals for the program, provided a total of 587 individual or family member contacts, had over 300 contacts with collaborative partners and provided 122 trainings or program outreach events. The program has developed a comprehensive website with over 6000 page views and manages a toll-free number. Individuals accessing the program range from individuals in the community to those in skilled nursing facilities.

The program is set up with three resource facilitators located regionally across the state to provide regional contact with clients, facilitate the creation of peer-support programs, and provide outreach and training to increase the understanding of TBI. The largest difficulty with the current program is overcoming the large geographic nature of North Dakota. To meet the needs of individuals with TBI the resource facilitators must be able to have face-to-face meetings with individuals, attend meetings with other community providers, and travel to provide trainings.

Thank you for your time and I welcome any questions.

Respectfully submitted

Rebecca Quinn  
Center for Rural Health  
University of North Dakota, School of Medicine and Health Sciences

FY 2014 Actual Expenses

Travel	\$26,765
Rent	\$7,000
Training/conference	\$6,000
Phone	\$6,000
Supplies & Outreach	\$15,000

Current Amount for Program in SB 2012. Includes 60% FTE Program Director and 3 Facilitators

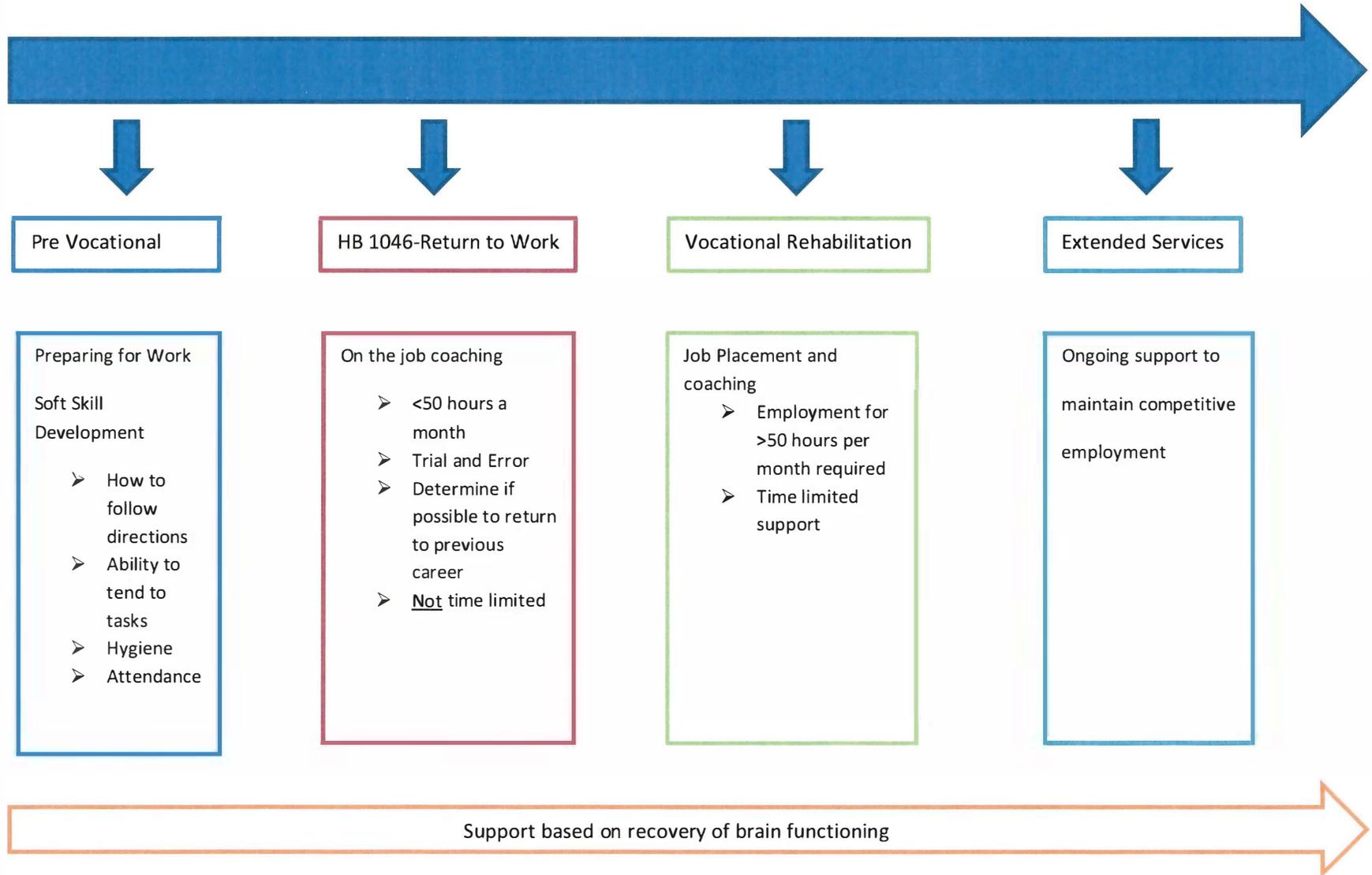
<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$234,262	\$241,291	
Travel	\$9,000	\$9,000	
Rent	\$4,000	\$4,000	
Training/Conference	\$500	\$500	
Phone	\$5,000	\$5,000	
Supplies & Outreach	\$500	\$500	
Indirect rate 8%	\$20,261	\$20,823	<i>Biennium Total</i>
<b>Total</b>	<b>\$273,523</b>	<b>\$281,114</b>	<b>\$554,637</b>

Proposed Increase--One additional facilitator for coverage in western region, increase program director FTE and increase in operating based on fy 13-15 actual expenses

<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$87,086	\$89,699	
Travel	\$21,250	\$21,250	
Rent	\$11,000	\$11,000	
Training/Conference	\$5,000	\$5,000	
Phone	\$4,000	\$4,000	
Supplies & Outreach	\$9,000	\$9,000	
Indirect rate 8%	\$10,987	\$11,196	<i>Biennium Total</i>
<b>Total</b>	<b>\$148,323</b>	<b>\$151,144</b>	<b>\$299,467</b>

# TBI Support Continuum

Attach #5  
HB 1046  
03/18/2015



**From:** Quinn, Rebecca [<mailto:rebecca.quinn@med.und.edu>]  
**Sent:** Friday, March 20, 2015 10:47 AM  
**To:** Lee, Judy E.  
**Subject:** HB 1046 TBI

HB1046  
Attach # 1  
03/23/2015  
JH 25288  
Rebecca Quinn

Senator Lee

Thank you for the time you have put toward brain injury over the years and your compassion with the individuals who testify before you. Ms. Ostream was amazed about how kind you were and commented that for the first time she felt like she was being listened to.

I have attached the following information:

- Information regarding the personal care with supervision that has been cut from SB 2012.
- My testimony from Wednesday digitally for you to have on hand.
- Additional funding options for the resource facilitation program. I share this with you as you move forward in the negotiation process. Ideally I would love it to be restored to the \$500,000 from the House Human Services Committee. This option would allow hiring an additional resource facilitator and a coordinator to oversee the statewide training effort. If not that generous, then the \$300,000 to hire an additional resource facilitator would be of great assistance.

Thank you again for your efforts and let me know if I can be of any assistance to your committee.

**Rebecca Quinn, LCSW, MSW**

Program Director | Center for Rural Health

The University of North Dakota School of Medicine and Health Sciences

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CRH Update [www.ruralhealth.und.edu/listserv](http://www.ruralhealth.und.edu/listserv) | [www.facebook.com/CRuralHealth](http://www.facebook.com/CRuralHealth)

| [www.twitter.com/CRuralHealth](http://www.twitter.com/CRuralHealth)

HB 1046

1.2

from Rebecca Quinn

Current Amount for Program in SB 2012. Includes 60% FTE Program Director and 3 Facilitators

<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$234,262	\$241,291	
Travel	\$9,000	\$9,000	
Rent	\$4,000	\$4,000	
Training/Conference	\$500	\$500	
Phone	\$5,000	\$5,000	
Supplies & Outreach	\$500	\$500	
Indirect rate 8%	\$20,261	\$20,823	<i>Biennium Total</i>
<b>Total</b>	<b>\$273,523</b>	<b>\$281,114</b>	<b>\$554,637</b>

Possible Proposed Increase--One additional facilitator, statewide training and outreach coordinator and increase in operating based on fy 13-15 actual expenses

<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$167,000	\$167,000	
Travel	\$30,000	\$30,000	
Rent	\$15,000	\$15,000	
Training/Conference	\$6,000	\$6,000	
Phone	\$4,000	\$4,000	
Supplies & Outreach	\$9,000	\$9,000	
Indirect rate 8%	\$18,480	\$18,480	<i>Biennium Total</i>
<b>Total</b>	<b>\$249,480</b>	<b>\$249,480</b>	<b>\$498,960</b>

Possible Proposed Increase--One additional facilitator for coverage in western region, increase program director FTE and increase in operating based on fy 13-15 actual expenses

<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$87,086	\$89,699	
Travel	\$21,250	\$21,250	
Rent	\$11,000	\$11,000	
Training/Conference	\$5,000	\$5,000	
Phone	\$4,000	\$4,000	
Supplies & Outreach	\$9,000	\$9,000	
Indirect rate 8%	\$10,987	\$11,196	<i>Biennium Total</i>
<b>Total</b>	<b>\$148,323</b>	<b>\$151,144</b>	<b>\$299,467</b>

HB 1046

1.3

From Rebecca Quinn

Information Regarding Medicaid HCBS Personal Care with Supervision

Submitted at the request of the Senate Human Services Committee

March 19, 2015 Rebecca Quinn, UND Center for Rural Health, rebecca.quinn@med.und.edu

#### 2013 Legislative Session

Was included in the departmental budget as an optional adjustment request in 2013 "to allow individuals with a primary diagnosis of dementia or traumatic brain injury (TBI) to receive 24 hour supervision within the daily rate." Budgeted was \$141,112 of which \$70,556 is from the general fund.

#### FY 2013-2014

DHS developed the policy and applied for a Medicaid approval.

#### January of 2015

Home and Community Based Services policy manual was updated and the service became effective. Rather than a set daily rate the service was set at a rate of \$2.31 per 15 minute increment and could only be provided by individual Qualified Service Providers. The reasoning was if an individual needed a service requiring the higher rate they could switch to that rate for the unit. I have been told that this new service is being used by some individuals. To the best of my knowledge they are not individuals with brain injury; at least not ones with who I have worked.

In trying to find providers I have found the following for implementing this service for brain injury:

1. It is difficult to find individual QSPs wanting to take on younger cognitive need patients; particularly with the rate set extremely low compared to other personal care tasks.
2. If individuals QSPs were to be found who would organize the scheduling and supervision of them if the individual receiving the service is by definition cognitively impaired.
3. This is in direct conflict with Transitional Care Service; which is the other service most commonly used under HCBS for TBI. Transitional care can only be provided by an agency at \$6.79 a 15 minute unit rate, but this is a client active service and cannot be used for overnights.
  - This would mean finding an agency to do 16 hours a day at \$27.16 an hour and then finding individuals able and willing to do the over nights for \$9.24 an hour.
  - The agency would be responsible for the individual's welfare until the overnight staff showed up, but would not have any supervisory control over that individual QSP schedule and assuring they were going to show up.

I have been told that the rate is so low because the funding did not allow it to be higher and the department submitted an OAR to raise the amount. In SB 2012 OAR #39 from DHS was to increase the amount for this service. General Fund \$649,118, Federal Fund \$649,118; Total \$1,298,236. This OAR was cut from SB 2012 by Senate Appropriations.

I do think that even with this funding there is a difficulty with DHS Long-Term Care Division understanding the needs of individuals with brain injury and being unable to develop services to meet these needs. My desire is that the interim study to continue to study the needs for individuals with brain injury will be selected and will provide an opportunity to explore options for developing services to match the this unique population's needs.

**Supervision 525-05-30-63****(NEW 1/1/15 ML #3428)**iew Archives*From: Rebecca Quinn*Purpose

Supervision may be provided to assist eligible recipients who live alone or with an individual who is not identified as a relative within the definition of family home care under subsection 4 of N.D.C.C. 50-06.2-02.

If the individual who is requesting supervision services lives with their ex spouse or one of their following relatives, or the current or former spouse of one of their following relatives, they are not eligible for supervision: Parent, grandparent, adult child, adult sibling, adult grandchild, adult niece or adult nephew.

- If a client lives with a relative but the relative is unable to provide supervision because of a physical or cognitive impairment contact a HCBS Program Administrator to discuss potential eligibility.

Up to 24 hours of supervision may be provided to individuals who because of their disability need monitoring to assure their continued health and safety. Recipients must have a need for supervision as described in this chapter.

Service Description

An individual could be considered to have a need for supervision if because of their impairment they have delusions, hallucinations, severe depression, emotionally labile (severe mood swings) and or other behaviors like screaming, hitting, kicking, biting, wandering, hyperactivity, aggression, inappropriateness, elopement (running away), or frequent falls that may require human intervention to safeguard the individual from harm. (The list of behaviors/needs is not an all-inclusive list).

- If a client requires supervision 24 hours per day, the case manager must justify in the narrative why the client needs the support of staff to assure health and safety needs are met at night. Providers, who provide supervision at night while the client is sleeping, must stay awake while providing supervision.
- Payment for supervision cannot be claimed while ADL & IADL supports or homemaker task are being provided. Those tasks would be billed under personal care or homemaker.

Service Eligibility, Criteria for

The individual receiving supervision will meet the following criteria:

1. Must be eligible for the HCBS Medicaid waiver program;
2. Lives alone or with an individual who does not meet the definition of relative

1.5 under N.D.C.C. 50-06.2-02(4);

3. Be at least age 18;
4. The care needs of the client must fall within the scope of supervision as described in this service chapter.
5. If a client requires supervision 24 hours per day, the case manager must justify in the client narrative why the client needs the support of awake staff to assure health and safety needs are met at night. Providers, who provide supervision at night while the client is sleeping, must stay awake while providing supervision.
6. Prior approval from a HCBS Program Administrator is required before this service may be authorized.

### Service Tasks/Activities

Allowable supervision tasks include: Having the knowledge of, and account for, the activity and whereabouts of the recipient at all times to allow immediate provider intervention as necessary to safeguard the individual from harm. During the time that the provider is supervising the recipient and is not actively providing personal care or homemaker tasks etc., they may play games, visit, read, and participate in activities with the client. If the client is physically able, they may also participate in activities on or around the recipient's home such as gardening, or going for short walks etc.

The following tasks are not considered allowable tasks under this chapter because they would be provided under personal care or homemaker:

Bathing, dress/undress, eye care, feeding/eating, hair/care/shaving, incontinence, mobility, nail (finger) care, skin care, teeth/mouth care, toileting, transferring/turning/ positioning. The global endorsements of exercise, hooyer lift/mechanized bath chair, indwelling catheter, medical gases, prosthetic, orthotics, suppository, bowel program, ted socks, Temp/BP/pulse/respiration rate. The client specific endorsements of apnea monitor, jobst stockings, ostomy care, postural /bronchial drainage, ric bed care. Communication, housework, laundry, meal preparation money management, and shopping are not allowable service tasks under this service. Clients, who live alone, or with a non-relative, are still eligible for home maker services. Medication assistance is not an allowable task under this service.

### Supervision outside of the client's home

Payment cannot be made for time performing authorized supervision tasks outside of the client's home/grounds.

1. Exception: When the client is required to seek essential services i.e. medical care etc. outside of North Dakota, contact the HCBS Program Administrator for prior approval.

- o If a supervision client needs transportation to an essential community service non-medical transportation with escort may be authorized.

### Cognitively Impaired Clients, Services to

For cognitively impaired clients who are receiving less than 24 hours of personal care with supervision, the care plan must identify how the daily care needs are being met (including supervision) during the time no provider is in the home. During those periods of time when personal care with supervision service is not being provided, cooperative and coordinated efforts of meeting the needs of the client by the family, other informal providers, must be identified.

### Service Activities, Authorized and Limits

1. Clients who live alone or with someone who does NOT meet the definition of family member as defined in N.D.C.C. 50-06.2-02(4) may qualify for supervision.
  - o If a client lives with a relative but the relative is unable to provide supervision because of a physical or cognitive impairment contact a HCBS Program Administrator to discuss potential eligibility.
2. Under Supervision, Community Integration, Social Appropriateness, and Transportation are tasks which cannot be authorized under this chapter. If a client needs these tasks they must be authorized under transitional care.
3. Supervision can be combined with adult day care, chore, environmental modification; extended personal care, homemaker, home delivered meals, non-medical transportation, non-medical transportation w/escort, personal care, transitional care, specialized equipment and supported employment.
4. Supervision cannot be combined with, respite care, emergency response system, adult family foster care, residential services, and family personal care.
5. For unusual or unique circumstances, prior approval from the HCBS Program Administrator must be obtained.

### Authorizing Service

1. The service tasks/activities within the scope of this service chapter must be identified on the Authorization to Provide Service, SFN 404.
2. The amount of units allocated for supervision of the client is determined by subtracting the amount of time the client is receiving informal supports and authorized services i.e. personal care, homemaker etc. from a 24 hour period.

**Example:** a client receives 4 hours of informal supports and 6 hours per day of personal care they would be eligible for 14 hours of supervision.

3. The supervision provider may also be the personal care, homemaker provider etc. However, there must be more than one QSP identified on the care plan as it is not reasonable to allow one provider to be responsible for 24 hours of care

1.7  
**CODES FOR HCBS BILLINGS (Dec 01 2014)**

*Dec 2014*

MW ONLY	DD	MW/SPED EXSPED	Medicaid St Plan	SERVICE	UNIT	MAX DOLLAR AMOUNT	SERVICE MONTHLY MAXIMUM
	00096	00012		Respite Care	15 min		\$1,039.00
		00013		Respite Care, Institutional	Daily	Swing bed rate	\$1,039.00
	00050	00010		Homemaker Service	15 min	\$6.79 Agency \$4.94 Ind	\$346.00
		00020		Chore - Snow Removal	Per job	\$26.28	
		00021		Chore - Labor	15 min	\$6.79 Agency \$4.94 Ind	
		00023		Installation ERS	1 time	at cost	
		00045		Emergency Response System (ERS)	1 month	at cost	
		00017		Case Management - Assessment	Month	\$223.89	
		00015		Case Management - Other	Month	\$114.77	
T2024				Tech Dependent Case Management - Assessment	Month	\$318.30	T.D. Waiver only
T2022				Tech Dependent Case Management - Other	Month	\$122.04	T.D. Waiver only
00014				Higher Level Case Management - Other	Month	\$122.04	HCBS Waiver Only
00016				Higher Level Case Management - Assessment	Month	\$318.30	HCBS Waiver Only
	00057	00026		Adult Family Foster Care	Daily	\$87.35	HCBS Waiver Only
		00001		Family Home Care	Daily	\$43.70	SPED & EXSPED Only
		00030		Personal Care Service - SPED	Daily	\$75.12	SPED only
		00040		Personal Care Service - SPED	15 min	\$6.79 Agency \$4.94 Ind	SPED only
		00043		Personal Care - Assisted Living - SPED	Daily	\$75.12	SPED only
			T1019	Personal Care Service - MSP	15 min	\$6.79 Agency \$4.94 Ind	MSP-PC Only
			T1020	Personal Care Service - MSP	Daily	\$82.49	MSP-PC Only
		00031		Environmental Modification	Per job		
		00032		Specialized Equipment	Per item		
	00055	00041		Adult Day Care	1/2 day		
00042				Residential Service	Daily		HCBS Waiver Only
		00018		Non-Medical Transportation (out of town)	Passenger Mile	\$0.36	
		00019		Non-Medical Transportation (Carrier-bus, taxi)	at cost		
		00028		Non-Medical Transportation (local round trip)	Flat rate/Round Trip	\$32.16	
		00039		Non-Medical Transportation (Escort)	15 min	\$3.27	
00068				Supported Employment	15 min	\$6.79 Agency \$4.94 Ind	HCBS Waiver Only
00076				Transitional Living	Unit	\$6.79 Agency	HCBS Waiver Only
T1000				Nurse Management	15 min	\$13.10 Agency \$11.98 Ind	T.D. Waiver only
S5125				Attendant Care	15 min	\$6.79 Agency \$4.94 Ind	T.D. Waiver only
		S5170		Home Delivered Meals	1 meal	\$8.37	
		00065		Nurse Education Care	15 min	\$15.10 Agency \$11.98 Ind	HCBS Waiver & SPED Only
		S5115		Extended Personal Care	15 min	\$6.79 Agency \$4.94 Ind	HCBS Waiver & SPED Only
S5136				Family Personal Care	Daily	\$71.19	HCBS Waiver Only
S5135				Supervision	Unit	\$2.31 Ind Only	HCBS Waiver Only

Monthly Maximum per month - HCBS Highest NH Rate, SPED and ExSPED \$3367, Board & Room \$682, (7/1/14), PC/Med St Plan (Capped by Units)

**64<sup>th</sup> Legislative Session  
Testimony  
Senate Human Services Committee  
March 18, 2015**

HB 1046

1.8

*Rebecca Quinn*

Madame Chair and other members of the Committee. I am Rebecca Quinn and serve a program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network. My testimony today is on behalf of all the individuals and families impacted by brain injury I have worked with over the past seven years.

In order to continue to develop the TBI service system in North Dakota I ask that you please restore funding for an increase in resource facilitation services to HB 1046. The increase in funding would allow the addition of a resource facilitator for the western region of the state and account for the difference in the actual travel and operational costs verse the estimated cost originally budgeted. I have attached a chart that shows possible increases in funds for travel, supplies and overhead.

The North Dakota Brain Injury Network provides a centralized, statewide source of information regarding traumatic brain injury and delivers resource facilitation services to individuals with traumatic brain injury. Resource facilitation for brain injury is an evidenced based service that assists individuals along the path of recovery and increasing independence.

To this date, in the current biennium, the North Dakota Brain Injury Network has received 111 referrals for the program, provided a total of 587 individual or family member contacts, had over 300 contacts with collaborative partners and provided 122 trainings or program outreach events. The program has developed a comprehensive website with over 6000 page views and manages a toll-free number. Individuals accessing the program range from individuals in the community to those in skilled nursing facilities.

The program is set up with three resource facilitators located regionally across the state to provide regional contact with clients, facilitate the creation of peer-support programs, and provide outreach and training to increase the understanding of TBI. The largest difficulty with the current program is overcoming the large geographic nature of North Dakota. To meet the needs of individuals with TBI the resource facilitators must be able to have face-to-face meetings with individuals, attend meetings with other community providers, and travel to provide trainings.

Thank you for your time and I welcome any questions.

Respectfully submitted

Rebecca Quinn  
Center for Rural Health  
University of North Dakota, School of Medicine and Health Sciences

**NDLA, S HMS - Mueller, Don**

Attach #2  
HB1046

03/23/2015

J# 25288

**From:** Anderson, Maggie D.  
Wednesday, March 18, 2015 12:58 PM  
Lee, Judy E.; Dever, Dick D.; Larsen, Oley L.; Anderson, Jr., Howard C.; Axness, Tyler;  
Warner, John M.

**Cc:** NDLA, S HMS - Mueller, Don; Tescher, Karen E.

**Subject:** HB 1046 (TBI) - Medicaid Personal Care with Supervision

**Importance:** High

Senator Lee and Members of the Senate Human Services Committee, I understand some concerns were raised this morning about the Personal Care with Supervision service.

The Department did submit an OAR to increase the rate and to provide for growth of the service (I have copied the narrative from the OAR below). The OAR requested \$1.3 million (\$650,000 general funds/\$650,000 federal (Medicaid funds)) and was funded in the Executive Budget Recommendation. This funding was removed through the Senate Amendments on the Department's appropriation bill (SB 2012).

.. you would like Karen Tescher or me to stop down to discuss this, please let us know.

Thank you.

Maggie

---

OAR Narrative:

Personal Care with Supervision was approved by the 2013 Legislative assembly. Up to 24 hours of supervision may be provided to individuals who need monitoring to assure their continued health and safety. This OAR will add funds to provide for an increased rate to assure providers (Qualified Service Providers - QSP's) are available and willing to provide the service and also includes funding for growth of the program over the biennium from 13 individuals to 20 with an anticipated start date July 1, 2015.

2.2

Maggie Anderson  
ND Department of Human Services  
[manderson@nd.gov](mailto:manderson@nd.gov)  
701-328-2538

-----Confidentiality Statement-----

This transmission is intended only for the use of the individual to whom it is addressed and may contain information that is made confidential by law. If you are not the intended recipient, you are hereby notified any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please respond immediately to the sender and then destroy the original transmission as well as any electronic or printed copies. Thank you.

# TBI Program Costs

Current Staff	Current Salary	% Increase	Increase Amt	Total	% Increase	Increase Amt	Total	Biennium Total	Total with .33% Benefits
1 Supervisor	\$ 20.00	4%	\$ 0.80	\$ 20.80	4%	\$ 0.83	\$ 21.63	\$ 88,258.56	\$ 117,383.88
1 staff	\$ 17.00	4%	\$ 0.68	\$ 17.68	4%	\$ 0.71	\$ 18.39	\$ 75,019.78	\$ 99,776.30
								X 8 regions=	\$ 798,210.42
								<b>Total</b>	\$ 915,594.30

Rent	
8 offices	\$250 per month X 8 X 24 = \$ 48,000.00

Office Supplies	
8 offices	\$100 per month X 8 X 24 = \$ 19,200.00

Mileage	
1 staff mileage per month = .55 cents per mile x 200 = \$110 per staff	
8 staff	\$110 per month X 8 X 24 = \$ 21,120.00

Communications	
8 staff	\$60 per staff X 8 X 24 = \$ 11,520.00

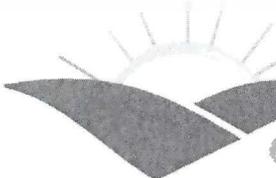
Total Biennium Cost	\$ 1,015,434.30
---------------------	-----------------

HB1046  
 Attach #3  
 03/23/2015  
 J# 25288

HB 1046  
Attach #4

03/23/2015

J# 25288



# Head Injury Association of North Dakota

**March 18th, 2015**

**Senate Human Services Committee**

Chairman Lee and members of the Senate 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 provide resources and tools in order to enhance the quality of life for individuals and their families who have been affected by head injuries.

While HB 1046 was amended to remove most of the policy recommendations included by the interim committee, we support this legislation and hope this committee restores the important provisions of the original bill and we urge a **DO PASS** out of committee.

The purpose of HB 1046, as it originally came out of the interim committee, was to enhance and create a more coordinated and comprehensive system of care for long-term brain injury services and support. Unfortunately, as this bill currently stands, it would accomplish little of its original intent. Therefore, we encourage you to restore aspects of the bill, particularly the enhanced Resource Facilitation. This service could provide the type of lifetime case management services that are vitally important for persons with TBI and their loved ones. This would also simplify the process for brain injury services because Resource Facilitators would be the single point of entry for TBI services in North Dakota. Eliminating this enhancement to the TBI system of care would be a significant set back for the brain injured community.

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**

15.0180.02000

Sixty-fourth  
Legislative Assembly  
of North Dakota

HOUSE BILL NO. 1046

# 1

HB 1046

4-1-15

Introduced by

Legislative Management

(Human Services Committee)

1 A BILL for an Act to provide for a traumatic brain injury registry; to provide an appropriation to  
2 the state department of health for the establishment and administration of a traumatic brain  
3 injury registry; and to provide appropriations to the department of human services for costs  
4 relating to a traumatic brain injury registry, traumatic brain injury regional resource facilitation,  
5 and expanded traumatic brain injury programming.

6 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

7 **SECTION 1.**

8 **Traumatic brain injury registry - Required reporting.**

9 The state department of health shall establish and maintain a central registry of persons  
10 who sustain traumatic brain injury in order to facilitate the provision of appropriate treatment and  
11 rehabilitative services to those persons by the department of human services or other providers.  
12 Attending physicians in the state shall report to the department within seven days after  
13 identification of any person sustaining a traumatic brain injury. The report must contain the  
14 name, age, residence, and diagnosis of the injured person and any additional information  
15 determined necessary by the department. A report submitted pursuant to this section and all  
16 information contained in the report is confidential, but the state department of health shall  
17 furnish a copy of the report to the department of human services for the purpose of assisting in  
18 the provision of services for the injured person.

19 **SECTION 2. APPROPRIATION - STATE DEPARTMENT OF HEALTH - TRAUMATIC**  
20 **BRAIN INJURY REGISTRY.** There is appropriated out of any moneys in the general fund in the  
21 state treasury, not otherwise appropriated, the sum of \$251,083, or so much of the sum as may  
22 be necessary, to the state department of health for the purpose of establishing and  
23 administering a traumatic brain injury registry, for the biennium beginning July 1, 2015, and

1 ending June 30, 2017. The state department of health is authorized one full-time equivalent  
2 position for this initiative.

3 **SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC**  
4 **BRAIN INJURY REGISTRY.** There is appropriated out of any moneys in the general fund in the  
5 state treasury, not otherwise appropriated, the sum of \$20,000, or so much of the sum as may  
6 be necessary, to the department of human services for the purpose of marketing and training  
7 relating to the traumatic brain injury registry, for the biennium beginning July 1, 2015, and  
8 ending June 30, 2017. The department may contract for the provision of services under this  
9 section.

10 **SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC**  
11 **BRAIN INJURY REGIONAL RESOURCE COORDINATION.** There is appropriated out of any  
12 moneys in the general fund in the state treasury, not otherwise appropriated, the sum of  
13 \$1,305,000, or so much of the sum as may be necessary, to the department of human services  
14 for the purpose of coordinating services for persons with traumatic brain injury in each human  
15 service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The  
16 department may contract for the provision of services under this section.

17 **SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - EXPANDED**  
18 **BRAIN INJURY SERVICES - REPORTS TO THE LEGISLATIVE MANAGEMENT.** There is  
19 appropriated out of any moneys in the general fund in the state treasury, not otherwise  
20 appropriated, the sum of \$650,000, or so much of the sum as may be necessary, to the  
21 department of human services for the purpose of expanding the level of services, including  
22 return to work programming, provided for individuals with a brain injury, for the biennium  
23 beginning July 1, 2015, and ending June 30, 2017. The department of human services shall  
24 report to the legislative management on the use of the funds under this section by July 1, 2016.

**64<sup>th</sup> Legislative Session  
Testimony  
Senate Appropriations Committee  
April 1, 2015**

# 2  
HB1046  
4-1-15

Chairman Holmberg and other members of the Committee. I am Rebecca Quinn and I serve as program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network. My testimony today is on behalf of all the individuals and families impacted by brain injury I have worked with over the past seven years.

In order to continue to develop the TBI service system in North Dakota I ask that you please maintain funding for resource facilitation services in HB 1046. This funding will provide for the addition of a resource facilitator for the western region of the state and provide for the funding to cover the actual travel and operational costs required to fully operate the program. I have attached a chart that shows possible increases in funds for travel, supplies and overhead.

The North Dakota Brain Injury Network provides a centralized, statewide source of information regarding traumatic brain injury and delivers resource facilitation services to individuals with traumatic brain injury. Resource facilitation for brain injury is an evidenced based service that assists individuals along the path of recovery and increasing independence.

To this date, in the current biennium, the North Dakota Brain Injury Network has received 111 referrals for the program, provided a total of 587 individual or family member contacts, had over 300 contacts with collaborative partners and provided 122 trainings or program outreach events. The program has developed a comprehensive website with over 6000 page views and manages a toll-free number. Individuals accessing the program range from individuals in the community to those in skilled nursing facilities.

The program is set up with three resource facilitators located regionally across the state to provide regional contact with clients, facilitate the creation of peer-support programs, and provide outreach and training to increase the understanding of TBI. The largest difficulty with the current program is overcoming the large geographic nature of North Dakota. To meet the needs of individuals with TBI the resource facilitators must be able to have face-to-face meetings with individuals, attend meetings with other community providers, and travel to provide trainings.

Thank you for your time and I welcome any questions.

2.1

FY 2014 Actual Expenses

Travel	\$26,765
Rent	\$7,000
Training/conference	\$6,000
Phone	\$6,000
Supplies & Outreach	\$15,000

Current Amount for Program in SB 2012. Includes 60% FTE Program Director and 3 Facilitators

<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$234,262	\$241,291	
Travel	\$9,000	\$9,000	
Rent	\$4,000	\$4,000	
Training/Conference	\$500	\$500	
Phone	\$5,000	\$5,000	
Supplies & Outreach	\$500	\$500	
Indirect rate 8%	\$20,261	\$20,823	<i>Biennium Total</i>
<b>Total</b>	<b>\$273,523</b>	<b>\$281,114</b>	<b>\$554,637</b>

Proposed Increase--One additional facilitator for coverage in western region, increase program director FTE and increase in operating based on fy 13-15 actual expenses

<i>Expense</i>	<i>Yearly Total 2015-16</i>	<i>Yearly Total 2016-17</i>	
Salary/Fringe	\$87,086	\$89,699	
Travel	\$21,250	\$21,250	
Rent	\$11,000	\$11,000	
Training/Conference	\$5,000	\$5,000	
Phone	\$4,000	\$4,000	
Supplies & Outreach	\$9,000	\$9,000	
Indirect rate 8%	\$10,987	\$11,196	<i>Biennium Total</i>
<b>Total</b>	<b>\$148,323</b>	<b>\$151,144</b>	<b>\$299,467</b>

Respectfully submitted

Rebecca Quinn  
 Center for Rural Health  
 University of North Dakota, School of Medicine and Health Sciences

2.2

**House Human Services  
April 1, 2015  
HB 1046  
Testimony by Denise Harvey  
Protection and Advocacy Project**

#3,  
HB 1046  
4-1-15

I am here today to express support for HB 1046. The Protection and Advocacy Project (P&A) works with individuals with Traumatic Brain Injuries and has seen how vulnerable these individuals are due to a lack of comprehensive services to meet their needs. These individuals often have difficulty accessing services and can face serious issues without appropriate services and supports. P&A has seen the need for supports for individuals with a Traumatic Brain Injury in areas including housing, education, independent living, home and community based services, employment, mental health, substance abuse and criminal justice. P&A supports the need for the provision of additional funding for resource coordination that is critical in assisting individuals with Traumatic Brain Injury to access essential services.

P&A also supports the need for additional funding for return to work services, which will allow a greater number of individuals with Traumatic Brain Injury to become successfully employed.

Thank you.

15.0180.05000

Sixty-fourth  
Legislative Assembly  
of North Dakota

**SECOND ENGROSSMENT  
with Senate Amendments  
REENGROSSED HOUSE BILL NO. 1046**

# 1  
1046  
Subcomm  
4-8-15

Introduced by

Legislative Management  
(Human Services Committee)

1 A BILL for an Act to provide an appropriation to the department of human services for costs  
2 relating to expanded traumatic brain injury programming; and to provide an appropriation.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - EXPANDED**  
5 **BRAIN INJURY SERVICES - REPORTS TO THE LEGISLATIVE MANAGEMENT.** There is  
6 appropriated out of any moneys in the general fund in the state treasury, not otherwise  
7 appropriated, the sum of \$250,000, or so much of the sum as may be necessary, to the  
8 department of human services for the purpose of providing life skill services, including an  
9 evidence-based return-to-work model, provided for individuals with a traumatic brain injury, for  
10 the biennium beginning July 1, 2015, and ending June 30, 2017. The department of human  
11 services shall report to the legislative management on the use of the funds under this section by  
12 July 1, 2016.

13 **SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC**  
14 **BRAIN INJURY REGIONAL RESOURCE COORDINATION.** There is appropriated out of any  
15 moneys in the general fund in the state treasury, not otherwise appropriated, the sum of  
16 \$300,000, or so much of the sum as may be necessary, to the department of human services  
17 for the purpose of coordinating services for individuals with traumatic brain injury in each human  
18 service region, for the biennium beginning July 1, 2015, and ending June 30, 2017. The  
19 department may contract for the provision of services under this section.

**FISCAL NOTE**  
**Requested by Legislative Council**  
**03/25/2015**

Amendment to: Reengrossed HB 1046

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$550,000		\$550,000	
Appropriations					\$550,000	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed HB 1046 provides for an appropriation to the Department of Human Services for costs relating to expanded traumatic brain injury programming.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 of engrossed HB 1046 includes a general fund appropriation of \$250,000 for additional services provided to individuals with a traumatic brain injury. Section 2 of the engrossed bill includes a general fund appropriation of \$300,000 for the purpose of coordinating services for individuals with traumatic brain injury in each human service region.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for engrossed HB 1046 for the 2015-2017 biennium for the Department of Human Services is \$550,000 all of which is general fund and all of which was appropriated in the bill; The fiscal impact for 2017-2019 for the Department of Human Services is \$550,000, all of which is general fund, to fund the continuation of services outlined in the bill.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the appropriation needed for the Department of Human Services is included in the engrossed bill. For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$550,000, all of which is general fund, to fund the continuation of services in the bill.

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 03/27/2015

# /  
1046  
Subcome  
4-9-15

Annual Cost to Social System - Handout #2

Unemployed		Incarcerated		Nursing Care	
<b>Earned Income:</b>		<b>Earned Income:</b>		<b>Earned Income:</b>	
Part-Time Job	\$0.00	Part-Time Job	\$0.00	Part-Time Job	\$0.00
<b>Services Received:</b>		<b>Services Received:</b>		<b>Services Received:</b>	
SSDI:	\$13,752.48	SSDI	\$0.00	SSDI	\$13,752.48
SSI:	\$8,652.00	SSI:	\$0.00	SSI:	\$8,652.00
Medicaid:	\$6,641.00	Medicaid:	\$0.00	Medicaid:	\$6,641.00
SNAP:	\$0.00	SNAP:	\$0.00	SNAP:	\$0.00
Housing:	\$3,756.00	Housing:	\$0.00	Housing:	\$91,140.00
LIHEAP:	\$1,800.00	LIHEAP:	\$0.00	LIHEAP:	\$0.00
<b>Annual Cost to Social System:</b>	<b>\$34,601.48</b>	<b>Annual Cost to Social System:</b>	<b>\$39,271.00</b>	<b>Annual Cost to Social System:</b>	<b>\$120,185.48</b>

Employed- Part Time		Employed - Full Time		Employed - Full Time	
<b>Earned Income:</b>		<b>Earned Income:</b>		<b>Earned Income:</b>	
Part-Time Job @ \$9.12/hr	\$9,480.00	Full-Time Job @ \$9.12/hr	\$18,960.00	Full-Time Job @ \$11.68/hr	\$24,300.00
<b>Services Received:</b>		<b>Services Received:</b>		<b>Services Received:</b>	
SSDI	\$13,752.48	SSDI	\$0.00	SSDI	\$0.00
SSI:	\$0.00	SSI:	\$0.00	SSI:	\$0.00
Medicaid:	\$6,641.00	Medicaid:	\$0.00	Medicaid:	\$0.00
SNAP:	\$0.00	SNAP:	\$2,328.00	SNAP:	\$0.00
Housing:	\$3,756.00	Housing:	\$3,756.00	Housing:	\$0.00
LIHEAP:	\$0.00	LIHEAP:	\$0.00	LIHEAP:	\$0.00
<b>Annual Cost to Social System:</b>	<b>\$24,149.48</b>	<b>Annual Cost to Social System:</b>	<b>\$6,084.00</b>	<b>Annual Cost to Social System:</b>	<b>\$0.00</b>

Sources:

- <http://www.vera.org/files/price-of-prisons-north-dakota-fact-sheet.pdf>
- <http://liheap.ncat.org/profiles/ND.htm>
- <https://www.nd.gov/dhs/snap/simplecalculator.aspx>
- <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/medicaid-actuarial-report-2013.pdf>
- [http://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/)
- <http://www.ssa.gov/oact/cola/SSlamts.html>
- [http://www.bls.gov/oes/current/oes\\_nd.htm](http://www.bls.gov/oes/current/oes_nd.htm)

ND DHS - Economic Assistance  
ND Housing Authority - phone call

**NDLA, S APP - Delzer, Alice**

# 1. A  
HB 1046  
Subcom  
4-9-15

**From:** Johnson, Michael C.  
**Sent:** Thursday, April 09, 2015 3:36 PM  
**To:** NDLA, S APP - Delzer, Alice  
**Subject:** FW: House Bill No. 1046 - Traumatic Brain Injury - Follow-up Questions  
**Attachments:** www.legis.nd.gov\_files\_resource\_committee-memorandum\_15.9089.01000.pdf

Michael C. Johnson  
North Dakota Legislative Council  
600 E BLVD AVE  
BISMARCK, ND 58505  
(701) 328-2916  
[michaelcjohnson@nd.gov](mailto:michaelcjohnson@nd.gov)

**From:** Johnson, Michael C.  
**Sent:** Wednesday, April 08, 2015 7:20 PM  
**To:** Kilzer, Ralph L.; Erbele, Robert S.; Mathern, Tim  
**Cc:** Knudson, Allen H.  
**Subject:** House Bill No. 1046 - Traumatic Brain Injury - Follow-up Questions

Chairman Kilzer and members of the Senate Appropriations - Human Services Subcommittee,

This email is regarding your request to receive information on bills relating to traumatic brain injury services currently being considered by the Legislative Assembly for the 2015-17 biennium, funding appropriated in prior bienniums for traumatic brain injury services, and prior legislative action on traumatic brain injury programs. Attached to this email is additional information relating to prior legislative action on traumatic brain injury programs. The following information provides a list of bills currently being considered by the Legislative Assembly for the 2015-17 biennium, the Legislative Appropriation for the 2013-15 biennium, and the Executive Budget for the 2015-17 biennium:

The following bills relating to traumatic brain injury are currently pending action by the Legislative Assembly for the 2015-17 biennium.

- **House Bill No. 1046** - Expands the traumatic brain injury program by providing an appropriation of \$250,000 from the general fund for brain injury services, including an evidence-based return-to-work model, and an appropriation of \$300,000 for regional resource coordination of services for individuals with traumatic brain injury.
- **House Bill No. 1256** - Relates to the definition of brain injury.
- **House Bill No. 1323** - Relates to the creation and implementation of a stroke system.

The following table provides total funding appropriated by the Legislative Assembly during the 2013-15 biennium for traumatic brain injury services.

Division	Program / Account	General Funds	Other Funds	2013-15 Legislative Appropriation
Mental Health/Substance Abuse	Operating expenses for traumatic brain injury program (Travel, materials, professional Development, etc.)	\$47,720		\$47,720

*i.A*

Mental Health/Substance Abuse	Training-Mind Matters conference, etc.	26,580		26,580
Mental Health/Substance Abuse	Social recreational contracts	42,542		42,542
Mental Health/Substance Abuse	Facilitator and I&R mentoring North Dakota Brain Injury Network (NDBIN) (UND)	561,502		561,502
Mental Health/Substance Abuse	Pre-Vocational contract with Community Options	58,344		58,344
Vocational Rehabilitation	Extended services	54,576		54,576
Total 2013-15 Legislative Appropriation		\$791,264		\$791,264

The following table provides total funding recommended in the 2015-17 Executive Budget for traumatic brain injury services.

Division	Program / Account	General Funds	Other Funds	2015-17 Executive Budget
Mental Health/Substance Abuse	Operating expenses for traumatic brain injury program (Travel, materials, professional Development, etc.)	\$48,220		\$48,220
Mental Health/Substance Abuse	Training-Mind Matters conference, etc.	37,600		37,600
Mental Health/Substance Abuse	Social recreational contracts	70,000		70,000
Mental Health/Substance Abuse	Facilitator and I&R mentoring North Dakota Brain Injury Network (NDBIN) (UND)	533,494		533,494
Mental Health/Substance Abuse	Pre-Vocational contract with Community Options	483,891		483,891
Vocational Rehabilitation	Extended services	238,677		238,677
Total 2015-17 Executive Budget		\$1,411,882		\$1,411,882

Please let me know if you have any questions or need any additional information.

Thank you.

Michael C. Johnson  
 North Dakota Legislative Council  
 600 E BLVD AVE  
 BISMARCK, ND 58505  
 (701) 328-2916  
[michaelcjohnson@nd.gov](mailto:michaelcjohnson@nd.gov)

## HISTORY OF APPROVED LEGISLATION RELATING TO SERVICES FOR INDIVIDUALS WITH TRAUMATIC BRAIN INJURY

This memorandum provides information regarding the history of major legislation relating to services for individuals with traumatic brain injury (TBI) approved since the 1993 legislative session.

#2  
1046  
Subcom  
4-9-15

### 1993 LEGISLATIVE SESSION

Senate Bill No. 2473 approved by the 1993 Legislative Assembly:

- Established the Department of Human Services as the lead agency in the state for the purpose of coordinating services to persons with TBI.
- Directed state agencies and political subdivision agencies to cooperate with the Department of Human Services to permit the department to efficiently coordinate services to persons with TBI while avoiding duplication of services.
- Allowed the department to seek appropriate waivers of the requirements of federal statutes or regulations as authorized by federal law.
- Allowed the department to apply for and accept any funds, grants, gifts, or services made available for the purpose of providing or coordinating services to persons with TBI.

### 1997 LEGISLATIVE SESSION

Section 29 of House Bill No. 1012 approved by the 1997 Legislative Assembly allowed the Developmental Center to establish a TBI program, including up to 20 full-time equivalent employees if the program could be established at the same or at a reduced cost and funded from other departmental and third-party resources.

### 1999 LEGISLATIVE SESSION

Section 35 of Senate Bill No. 2012 approved by the 1999 Legislative Assembly appropriated \$200,000, including \$140,000 of federal funds and \$60,000 from the general fund, to be spent by the Department of Human Services only if additional beds for persons with TBI were established in western North Dakota.

Senate Bill No. 2109 approved by the 1999 Legislative Assembly repealed North Dakota Century Code Sections 23-01-20 and 23-01-21, relating to the TBI central registry. These sections were created in 1987 (Session Laws Chapter 291). Section 23-01-20 defined traumatic head injury and Section 23-01-21 directed the State Department of Health to establish and maintain a central registry of persons who sustain traumatic head injury in order to facilitate the provision of appropriate treatment and rehabilitative services to those persons by the division or other providers. The Department of Human Services was to use the information to carry out the purposes of the Act and was to notify the attending physician and the injured person or immediate family of the rehabilitative services for persons sustaining traumatic head injuries.

Senate Bill No. 2038 approved by the 1999 Legislative Assembly required the Director of the Department of Human Services to report periodically to the Legislative Council, or an interim committee designated by the Legislative Council, during the 1999-2000 interim regarding the establishment of a TBI facility in western North Dakota. The reports were required to include information regarding the number of beds available and the location of any beds available for conversion to a TBI facility in western North Dakota and the status of the number of beds that had been converted for a TBI facility in western North Dakota.

### 2003 LEGISLATIVE SESSION

Senate Concurrent Resolution No. 4008 approved by the 2003 Legislative Assembly directed the Legislative Council to study the need for guardianship services, standards and practices for guardians, and funding for programs for individuals with mental illness, vulnerable elderly individuals, and individuals with TBI. The study was assigned to the interim Criminal Justice Committee which recommended Senate Bill Nos. 2028, 2029, and 2030 to expand guardianship services, to provide for the appointment of a guardian, and to change reporting requirements. The 2005 Legislative Assembly approved Senate Bill Nos. 2028 and 2030 expanding guardianship services and changing reporting requirements.

### 2005 LEGISLATIVE SESSION

House Bill No. 1171 approved by the 2005 Legislative Assembly amended Section 65-01-02 relating to definitions for workforce safety and insurance law to identify a medically documented TBI as a potential cause of permanent total disability.

### 2007 LEGISLATIVE SESSION

Senate Bill No. 2108 approved by the 2007 Legislative Assembly amended Section 15.1-32-01 relating to the definition of a student with a disability for special education purposes to include TBI.

### 2009 LEGISLATIVE SESSION

Section 16 of House Bill No. 1012 approved by the 2009 Legislative Assembly directed the Legislative Council during the 2009-11 interim to consider studying the impact of individuals with TBI, including veterans returning from wars, on the state's human services system. The study was to include an analysis of the estimated cost of providing human service-related services to the individuals with TBI. The study was assigned to the Long-Term Care Committee for the 2009-10 interim. The committee made no recommendations regarding its study of the impact of individuals with TBI.

Senate Bill No. 2198 approved by the 2009 Legislative Assembly:

- Required the Department of Human Services to provide outreach services and conduct public awareness efforts regarding the prevention and identification of TBI.
- Allowed the department to accept and expend money from public or private sources for any purpose involving TBI or the provision of services to individuals with TBI and their families.
- Directed the department to contract with public or private entities for the provision of informal supports to individuals with TBI.
- Amended Section 50-06.4-02 to provide the department is to annually call a joint meeting of the Adjutant General, the State Department of Health, the Department of Veterans' Affairs, and the Superintendent of Public Instruction to discuss the provision of services to individuals with TBI.
- Directed the department to provide or contract for the provision of social and recreational services for individuals with TBI.
- Directed the department to provide or contract for the provision of increased and specialized vocational rehabilitation and consultation to individuals with TBI.
- Required the department to provide home and community-based services to individuals who have moderate or severe impairments as a result of TBI as a part of the department's personal care services program and as a part of the department's services for eligible disabled and elderly individuals. The department was to provide outreach and public awareness activities regarding the availability of home and community-based services to individuals who have moderate or severe impairments as a result of TBI, and the department was to conduct quality control activities and make training available to case managers and other persons providing services to individuals with TBI.
- Provided a \$330,000 general fund appropriation to the department for providing services to individuals with TBI.

### 2011 LEGISLATIVE SESSION

Senate Bill No. 2163 approved by the 2011 Legislative Assembly appropriated \$110,000 to the Department of Human Services for the purpose of providing TBI case management services in eastern North Dakota.

### 2013 LEGISLATIVE SESSION

House Bill No. 1424 approved by the 2013 Legislative Assembly directs the Legislative Management to consider studying the feasibility and desirability of participating in the provision of nontraditional healing therapies, including massage, healing touch, reflexology, stress management, yoga, and hyperbaric chamber treatments, for North Dakota veterans, military personnel, and their families. The Legislative Management did not choose to conduct this study.

Section 16 of House Bill No. 1012 approved by the 2013 Legislative Assembly (attached as an appendix) provides for a Legislative Management study of the need for a comprehensive system of care for individuals with brain injury. Consideration is to be given to input from the Department of Human Services Traumatic Brain Injury Advisory Committee and stakeholders from the private and public sectors. The Human Services Committee has been assigned this responsibility for the 2013-14 interim.

ATTACH:1

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