

Testimony
Long-Term Care Interim Committee
Representative Kreidt, Chairman
July 14, 2010

Chairman Kreidt and members of the Long-Term Care Interim Committee, I am Susan Wagner, Human Service Program Administrator, with the Division of Mental Health and Substance Abuse Services, for the Department of Human Services (DHS). I am here to provide information on the number of individuals with traumatic brain injury (TBI) served and the types of services received under infant development, Medicaid, developmental disabilities, and other department programs.

North Dakota does not have a TBI registry or surveillance program so it is very difficult to determine the exact number of individuals with TBI. The early development of DHS data collection systems did not include the ability to collect and retrieve TBI data. Unless consumers self-report they have a TBI or if background information includes mention of a TBI, we have no reliable way to collect this information. In addition, it has only been within the past three years that the DHS has been educating and training staff and raising awareness about TBI and related issues.

The infant development program is provided through the developmental disabilities division and serves children up to three years of age. The infant development program does not use a diagnostic-based data system. Functionality and developmental milestones are used to determine eligibility. Because of these factors and the fact that the current data system for developmental disabilities does not collect TBI in a way that can be retrieved or be considered reliable, it is difficult to determine the number of individuals receiving services in this program.

However, the DD case managers do enter some data into the Regional Office Automated Project (ROAP).

Information gathered to date from the data collection tool completed by the county Home and Community Based Services case managers indicates that 32 individuals with TBI are receiving Home and Community Based Services. The types of services received include TBI transitional living, case management-other, TBI case management, TBI residential care, TBI case management-team meeting, non-medical transportation, emergency response situation- lifeline, transportation, homemaker services, respite care, personal care, nurse education care, adult day care, and family home care.

The developmental disabilities division provides a myriad of services to include adult foster care, case management, congregate care, corporate guardianship, day supports, extended services, family subsidy, family support services, adult day health/day care, homemaker, individualized supported living arrangement (ISLA), infant development, intermediate care facility for the mentally retarded (ICF/MR), minimally supervised living arrangement (MSLA), supported living arrangement (SLA), and transitional community living facility (TCLF). As mentioned above, the DD data system does not collect TBI in a way that can be retrieved or considered reliable so it is difficult to know the number of individuals receiving services from this division. However, the DD case managers do enter some data into the Regional Office Automated Project (ROAP). Information will follow as to the number of individuals with TBI receiving services at the regional human service centers.

Data gathered from the ROAP system indicates that 229 individuals with possible TBI received services at the regional human service centers in SFY 2009. Of the 229 individuals, 26 received specific DD services, i.e., MR-DD case management, DD targeted case management, and DD self-directed support. The types of services other individuals received included 24 hour emergency services, family therapy, group therapy, individual therapy, SMI day treatment, behavioral assessment, behavioral intervention, case management, foster care case management, SED care coordination, addiction evaluation, DUI evaluation, substance abuse residential services, psychiatric evaluation, psychological evaluation, medication review, medication management, drug screens, TB testing, nursing services, inpatient care, initial hospital care, case aide, extended services, information and referral, client/parent education, residential services, social detoxification, and prevention/public information. The data gathered for SFY 2010 to date indicates that 201 individuals with possible TBI received services. Of those 201, two received specific DD services, i.e., DD targeted case management. The types of services the other individuals received were previously mentioned.

Funding the department received from the SB 2198 provides some services to individuals with TBI. Those services are:

- The social and recreational services program provided by HIT, Inc. is currently serving four individuals. Activities including bowling, going out to eat, walking, crafts, and movies are provided on an individual and group basis.
- The pre-vocational skills and mentoring program provided by Community Options, Inc. is currently serving two individuals with an additional four pending referrals. Specific services provided to date include intake and pre-skills inventory. Topics scheduled for

discussion and training this month include being professional, interviewing, finding your skills, personal interest and skills assessment, time management, working with difficult people, goal setting, and employer expectations.

- One of the services provided by the Head Injury Association of North Dakota is information and referral to individuals with TBI and family members. To date, the association has had 50 consults. The association has participated in a Talking Circle at Three Affiliated Tribes and continues to foster those relationships. The association is working on two specific initiatives, the first is to establish a statewide mentoring program for individuals with TBI and the second is the establishment of an educational taskforce to help address the problems that occur when a student returns to school after sustaining a TBI. In addition, the association continues to distribute information and materials to clinics, hospitals, and community service providers such as Open Door Center, High Soaring Eagle Ranch, Bismarck 4-H group, North Dakota Veterans Hospital, Barnes County Rehabilitation, Army One Source, Protection and Advocacy, Red River Resiliency Project, and ministerial alliances in Bismarck and Mandan. Both of these initiatives and the ongoing public awareness and education efforts have potential to positively impact the lives of many North Dakotans. The association sponsored a TBI symposium in May that was attended by 23 individuals who provide services to individuals with TBI.
- Rehabilitation and Consulting Services, the DHS Division of Vocational Rehabilitation, served 174 individuals with a primary and or secondary disability of TBI in FFY 2010, that is from 10/1/2009 –

7/7/2010. Of those 174 individuals, 13 have been employed. Of the 13, nine are receiving extended employment support.

This concludes my testimony. I would be happy to answer any questions the committee might have. Thank you.