GOVERNOR'S PERMANENT ADVISORY COMMISSION
ON TRAUMATIC BRAIN INJURIES

Meeting Date: June 20, 2013 8:30 am @ Brain Injury Association of Rhode Island, Cranston

Attendance:
Kate Sherlock          RI Disability Law Center
Leslie Mahler         Cognitive Rehab Specialist
Kim Ripoli            Governor's Office
Richard Muto          TBI Survivor
Robin Etchingham      Nurse Case Manager
Michelle Szylin       Office of Health and Human Services
Theresa Brophy        Family member of TBI survivor
Sharon Brinkworth     BIARI Executive Director

Motion to accept minutes from 4/18/13 was seconded and approved.

Discussion/Old Business:
1. Kate will ask an Ethics Commission representative to attend a future meeting of the commission to determine whether members of the Commission need to complete a financial statement. Jason Gramitt is the attorney for the Ethics Commission; 222-3790 Ext 17 who will be invited.
2. Kate Sherlock introduced a bill to change ‘Psychiatrist” to “Physiatrist’
   a. Bill # H 5679 Substitute A (see appendix)
      i. Delete Psychiatrist and replace with Physiatrist
   b. A second bill was introduced to add someone from the Executive Office of Health and Human Services to the Commission since that is where the TBI fund resides
      i. Bill S 0645 (see appendix)
      ii. Included also is a name change of “Behavioral Healthcare, Developmental Disabilities and Hospitals” to replace “Mental Health, Retardation and Hospitals”

New Business:
1. Specifics in the Commission’s bylaws were discussed and edits were made including what the reporting structure will be.
   a. A vote on the bylaws was tabled until the Commission is able to post meeting notices and minutes on the Secretary of State website.
   b. Leslie Mahler will contact Kim Merolla-Brito at kmerollabrito@ohhs.ri.gov (462-6238) to determine if she is the filing coordinator for our Commission. All paperwork for designating a person to post notices and minutes must be submitted to the SOS filing coordinator
2. There have been 25 responses received from the nursing home survey. Preliminary analysis of the data revealed the following:
a. 26 nursing homes responded, 20 of which serve people with TBI
b. There were 0 patients in nine nursing homes; 1 patient in six nursing homes; and 2 patients in five nursing homes. These data indicate that TBI survivors represent a very small population in nursing homes, which could make access to appropriate services more of a challenge.
c. The top three barriers to discharge identified in the questionnaires were:
   i. Financial reasons/limited benefits
   ii. Access to services
   iii. Family support
d. The top type of discharge environment identified was:
   i. Home of family or a friend (62.5%)
   ii. Followed by group home (25.0%) and own home (25%)

3. Kim Ripoli presented on TBI in the military.
   a. The mechanism of injury varies for the majority of military injuries compared with noncombat brain injuries, which are characterized by a type of blast injury.
   b. Military personnel are sent to a medical facility in Germany and then triaged to the appropriate level of care in the United States.
   c. There is a TBI center at the VA in Providence. The team consists of a nurse or social worker who does the intake, a neuropsychologist who does an evaluation and a neurologist who does a medical evaluation.
   d. The VA partners with military treatment facilities such as NICO (National Intrepid Center of Excellence in Bethesda, MD and the Defense Veterans Brain Injury Center in Johnston, PA and the VA Polytrauma Center in Alexandria, VA.
   e. There is also a branch of Spaulding Rehabilitation in East Greenwich that treats veterans as well as the Naval Health Clinic at the Groton campus.
   f. Veterans may also access TAMP (Transition Assistance Medical Program) to help them transition to resuming their prior level of function.

Next meeting date & location: Thursday July 18, 2013 @ 8:30 am
Brain Injury Association of Rhode Island
935 Park Avenue, Suite 8
Cranston, RI 02910

Agenda for upcoming meeting -
   o Approve meeting minutes from 5-30-13 and 6-20-13
   o Review and approve bylaws with changes
   o Ethics Commission update on financial disclosure statement
   o Nursing home survey data follow-up with nursing homes who didn’t respond
   o Create a continuum of care for persons with TBI in RI; create a system profile
   o New business
Upcoming Meetings:

Meeting Dates/Times (8:30 at BIARI office, unless otherwise noted):

- Thursday July 18
- Thursday August 22
- Thursday September 19
- Thursday October 17
- Thursday November 21
- Thursday December 19

Prepared by:
Leslie Mahler
lmahler@uri.edu
6/21/13
June 20, 2013

The Honorable Senator Michael J McCaffrey Chairperson, Senate Committee on Judiciary, and Members of the Senate Committee on Judiciary

RE: 2013 -- H 5679 Substitute A

Dear Senator McCaffrey and Members of the Senate Committee on Judiciary:

The Governor's Permanent Advisory Commission on Traumatic Brain Injuries (GPACTBI) was established by state law in 1986 and the membership is set forth in the statute. Unfortunately, when the law was last amended in 2006 to expand the membership, a technical error was made. Line 27 on page 6 of 2013 -- H 5679 Substitute A would correct the error and we support passage of that portion of the bill.

The GPACTBI's goal in 2006 was to include a physiatrist as a member of the Commission. A physiatrist is a rehabilitation physician who treats individuals with a variety of conditions including brain injuries. Physiatrists assist individuals with brain injuries to use their strengths to overcome their limitations and better function after their brain injuries. Somehow, after the 2006 bill passed, physiatrist was changed to psychiatrist in error. We support amending the statute to correct this error as a physiatrist will help us to better fulfill our statutory mandate as a Commission.

We also support the technical changes on page 6 which would update the name of the state department formerly known as Mental Health, Retardation and Hospitals, to its current name of Behavioral Healthcare Developmental Disabilities and Hospitals. These changes appear on lines 3-5, 9-11, and 16-18 of page 6.

We appreciate your attention to this matter in the waning days of this legislative session.

Sincerely,

Kathleen A. Sherlock
GPACTBI Chairperson
June 20, 2013

The Honorable Representative Joseph M. McNamara
Chairperson, House Committee on Health, Education and Welfare, and
Members of the House Committee on Health, Education and Welfare

RE: 2013-S 0645

Dear Representative McNamara and Members of the House Committee on
Health, Education and Welfare:

The Governor's Permanent Advisory Commission on Traumatic Brain Injuries (GPACTBI) was established by state law in 1986 and the membership is set forth in the statute. Since that time, the state has established the Executive Office of Health and Human Services. As the Executive Office of Health and Human Services' budget currently includes the traumatic brain injury (TBI) fund, we support the expansion of the GPACTBI to include the secretary of the Executive Office of Health and Human Services or his or her designee as a member of the GPACTBI and agree that it is appropriate for the Commission to advise the Executive Office of Health and Human Services, in addition to the other departments, regarding the development of priorities and criteria for the disbursement of monies from the TBI fund. Similarly, we agree that it is appropriate for the Commission to also advise the Executive Office of Health and Human Services on all matters regarding TBI.

We also support the technical changes which would update the name of the state department formerly known as Mental Health, Retardation and Hospitals, to its current name of Behavioral Healthcare, Developmental Disabilities and Hospitals. However, we note that these changes also appear in 2013- H 5679 Substitute A, on lines 3-5, 9-11, and 16-18 of page 6.

We appreciate your attention to this matter in the waning days of this legislative session.

Sincerely,

Kathleen A. Sherlock
GPACTBI Chairperson