

The purpose of the Traumatic Brain Injury Advisory Committee is to provide recommendations to the Commissioner of the Department of Human Services on program development and concerns regarding the health and human service needs of persons with traumatic brain injury

The DHS TBI Advisory Committee was designated by Governor Carlson in 1997 as the Statewide TBI Advisory Council and DHS as the lead state agency for purposes of the State TBI Grants funded by the federal Health Resources and Services Administration as designated through the TBI ACT of 1996 and related authorizations. A State TBI Advisory Council and lead agency are among the core components of state TBI infrastructure.

**Department of Human Services
Traumatic Brain Injury Advisory Committee
Operations Guide
Approved: June 10, 2010**

The Operations Guide is the procedural structure for the Traumatic Brain Injury Advisory Committee of the Department of Human Services (DHS.)

I. Authority Clause

The authority of the Traumatic Brain Injury Advisory Committee is established and empowered by Statutory Requirement 256B.093, as amended in 1991.

II. Purpose

The original and primary purpose of the Traumatic Brain Injury Advisory Committee is to provide recommendations to the Commissioner of the Department of Human Services on program development and concerns regarding the health and human service needs of persons with brain injury. The secondary purpose is to provide recommendations to any DHS unit or state department regarding brain injury.

The additional purpose and role of the DHS TBI Advisory Committee is to serve as Minnesota's Statewide TBI Advisory Board with respect to brain injury infrastructure expectations from the federal TBI Act and the Federal TBI Program and the State TBI Grants. With the inception of the State TBI Grant program in 1997, the DHS TBI Advisory Committee was designated by Governor Carlson as the Statewide TBI Advisory Board and DHS was designated as the lead state agency. Strong representation from individuals with brain injury and/or family members, and also organizations that serve individuals of various demographics with brain injury, other service providers representing the system continuum, medical and non-medical are required. State eligibility for federal funding for State TBI Grants is based on meeting all four 'Core Components': 1.) a Statewide TBI Advisory Board, 2.) a designated lead state agency, 3.) Needs & Resource Assessments that lead to 4.) periodic updating and prioritizing of the State TBI Action Plan, required at least every five years. Designated DHS TBI AC members shall participate in and collaborate with the Minnesota TBI Interagency Leadership Council to best meet this purpose.

III. Membership

The membership of this advisory committee shall consist of appointed and ex-officio members.

A. Appointment.

1. The members and Committee Chair shall be appointed by the Commissioner of the Department of Human Services.
2. A vacancy shall be filled by a new member with a full two year term regardless of the amount of the term left of the person that they are replacing.

B. Composition.

1. The Committee shall consist of no less than ten members and no more than thirty voting members in addition to the non-voting ex-officio members.
2. The Brain Injury Association of Minnesota shall retain a membership position on the Committee. This member shall be the Executive Director or recommended for appointment by the Executive Director of the Brain Injury Association of Minnesota. This member is to meet all membership requirements.
3. Committee members shall include people with brain injuries; family members of people with brain injuries; and other service providers representing the system continuum for people with brain injuries, medical and non-medical. It is suggested that representatives of the brain injury provider group; acute care hospital; acute rehabilitation hospital; post acute rehabilitation; community based services; people who represent children's interests; representatives of federal, state and local government; representatives of religious, charitable, fraternal, civic, educational, legal, veteran, welfare and other professional groups and organizations.
4. The Committee shall strive for cultural, geographic and gender representation.
5. The following people or their designees shall serve as ex-officio, non-voting members of the Committee.
 - a. The Commissioner of Health
 - b. The Commissioner of Employment and Economic Development
 - c. The Commissioner of Education
 - d. The Commissioner of Human Services and representatives from the following Divisions; Disability Services; Mental Health; Alcohol and Drug Abuse; and State Operated Services.

C. Terms.

Voting members shall serve for a two-year term unless otherwise appointed by the Commissioner. No member may serve more than three consecutive two-year terms, but may be re-nominated after one year off the committee.

As part of the Brain Injury Association's ongoing membership, the member representing the Brain Injury Association of Minnesota may exceed the term limits listed above.

D. Application.

An Advisory Committee Membership Application may be obtained through the Department of Human Services, Disability Services Division, PO Box 64967, St. Paul, MN 55164-0972 or downloaded through the [Traumatic Brain Injury Advisory Committee page on the DHS Web site](http://www.dhs.state.mn.us/id_003820#) at: http://www.dhs.state.mn.us/id_003820#.

IV. Meetings

A. Frequency.

1. The Advisory Committee shall meet bi-monthly.
2. At the first meeting of the fiscal year, a schedule of meetings for the year shall be established.
3. The Chair may call special meetings if necessary.

B. Voting.

1. All appointed members may vote on a motion before the Committee.
2. A majority of the appointed membership shall constitute a quorum for purpose of voting.

C. Meeting Notice.

1. Notice to members must be five working days prior to meeting date. A four-week notice is encouraged to accommodate schedules.

V. Responsibilities

A. The Advisory Committee.

1. Advise the Commissioner of the Department of Human Services on program service needs of persons with traumatic brain injury.
2. Advise the Department of Human Services on legislation regarding the development and provision of financing services to people with brain injury.
3. Encourage state departments and other agencies to conduct needed research in the field of brain injury and to provide necessary services.
4. Meet the requirements as the Statewide TBI Advisory Board for purposes of the State TBI Grants. Full participation in periodic Needs & Resource Assessments that result in the updating of the State TBI Action Plan are expected as well as involvement in State TBI Grant projects by engaging with DHS grant project administrators and key grant interagency partners with regard to accountability and quality; participating in planning and project implementation, communications and outreach, monitoring of outcomes and deliverables, and assisting with problem-solving about and support for sustaining efforts.

5. Participate as able in Learning Communities, training, and technical assistance offered for Statewide TBI Advisory Boards through the Federal TBI Program.

B. Officers

1. Chair (Commissioner appointed).
 - a. Manage the overall functioning of the Advisory Committee.
 - b. Facilitate input and communication from all committee and subcommittee members.
 - c. Serve as the primary communication channel between the Advisory Committee and the Department of Human Services.
 - d. Identify issues and concerns of the Advisory Committee and ensure they are adequately addressed.
 - e. Establish Advisory Committee agenda, prioritizing issues and ensuring pertinent information is presented.
 - f. Compile an Annual Report of the Advisory Committee for submission to the Commissioner of the Department of Human Services. The Annual Report will also be shared with the membership of the Minnesota TBI Interagency Leadership Council to best address Advisory Committee interagency accomplishments, concerns, and recommendations that involve other state agencies and are therefore beyond the scope of just DHS.
2. Vice Chair.
 - a. The Vice Chair shall perform the Chair's functions in the Chair's absence.

C. Election/Terms/Progression.

1. The membership shall recommend the Chair (appointed by Commissioner) and Vice Chair from a slate of officers prepared by the Steering Committee.
2. Elections take place at the June meeting.
3. The Chair shall serve a one-year term. A vacancy in the office of the Chair will be filled by succession of the Vice Chair. A vacancy in the office of the Vice Chair will be filled by election of a candidate selected by the Steering Committee.

VI. Steering Committee and Subcommittees

A. Steering Committee.

1. The Steering Committee shall be comprised of the Chair, Vice Chair, Past Chair, the Chairs of the Subcommittees, and the designated representative of the Brain Injury Association of Minnesota
2. The Chair, with the approval of the Committee, may appoint additional members to the steering committee to better meet annual goals.

3. The Steering Committee shall do the business of the Committee when the Committee is not in session.
4. The Steering Committee shall designate a member of the DHS TBI Advisory Committee as its representative on the TBI Interagency Leadership Council.
5. The Steering committee will recommend a member of the DHS TBI AC that has a brain injury to attend the TBI Interagency Leadership Council. The person recommended will be approved by the full committee.
6. The Steering Committee shall recommend, with the approval of the Full Committee, the appointment of one member with brain injury to represent the Committee in occasional State TBI Grant operations meetings and annual grantee meetings as required by Federal TBI Program. Additional representatives may be so appointed or specific project subcommittee(s) may be developed as indicated per grant projects.

B. Subcommittees.

1. The Chair, with the approval of the Committee, may create and appoint persons to work in subcommittees.
2. All members will participate in at least one Subcommittee.
3. In June of each year, the Subcommittees will submit an annual report to the Advisory Committee of their goals and accomplishments as well as recommendations for inclusion in the Advisory Committee's Annual Report to the Commissioner of Human Services that is also shared with the Minnesota TBI Interagency Leadership Council.

VII. Attendance

Members are expected to attend each full meeting and to join and to attend meetings for one Subcommittee. Minimally, attendance should be at least 50% of all full and subcommittee meetings. Efforts to provide a substitute to attend meetings are appreciated, however, continuity with the committee business and effectiveness is compromised. Attendance is calculated based on the member's attendance. If a substitute is provided, the member is still considered absent. In the event that they miss three consecutive meetings, a motion may be made by the Chair to remove the member from the Committee.