

**APPENDIX D
CHARTERS FOR THE
IDAHO TBI REGIONAL ADVISORY COUNCIL
And
INTRA-DEPARTMENT WORK GROUP**

TRAUMATIC BRAIN INJURY REGIONAL ADVISORY COUNCIL (S) TBI-RAC

Northern/Southwest/Eastern

CHARTER

December, 2000

Goal: To develop a comprehensive, coordinated, community-based system of support for individuals with a traumatic brain injury and their families that addresses all age groups, levels of acuity, and racial and ethnic groups.

Purpose: To guide and advise the state in developing a system of supports for traumatic brain injury.

OBJECTIVES:

1. Support the completion of a thorough statewide assessment of needs and resources.
2. Support the development of a statewide action plan.
3. Increase both intra and inter-agency collaboration on TBI supports

AUTHORITY: Through the Institute of Rural Health at Idaho State University, the advisory councils report to and receive guidance and resources from the Director of the Department of Health and Welfare

DECISION-MAKING: Advisory council decisions will be made, when possible, by consensus or through the democratic process with a quorum needed to ratify a decision. Split decisions will be reported to the Executive Committee for action.

SCOPE: The advisory councils:

Are chartered until June 30, 2002 (and will at that time review its charter and either disband or revise its charter to reflect its updated purpose and goals);

Will at least bi-annually report its progress or barriers to progress to its authority entities and the advisory council members;

Will meet as necessary, but not less than quarterly to accomplish the scope of work;

Will limit its work effort to the above goal and objectives (as defined under the contract and within the scope of work and the appointing authority); and

May accomplish its tasks in small work groups, sub-committees and/or outside regularly scheduled meetings.

MEMBERSHIP:

- A. Members will be recommended for appointment in accordance with the TBI Act (P.L 104-166) and accompanying amendments Sec. 1252 (b) 3 –Advisory Council
- B. The Skills/Knowledge/Abilities members need is: knowledge and understanding of traumatic brain injury; ability to make decisions; ability to effectively solve problems; and basic group processing skills.
- C. Members’ Roles and Responsibilities will be: to attend all scheduled meetings unless excused by the chair; actively participate in a positive and helpful manner; complete assignments on time; seek assistance as needed; seek group consensus; manage conflict effectively; keep effective minutes or notes of advisory council activities and decisions; assist in developing an action plan for the state.

OTHER RESOURCES: These advisory councils will continually seek resources outside the group to advise, guide, assist and otherwise coordinate and partner with, such as: The Governor’s Office; legislators; other work groups or committees involved in traumatic brain injury or TBI related services; consumers, customers, clients and advocates; etc.

TBI Statewide Executive Committee: The chairs from each of the three regional advisory councils (3) and one additional person from each council and two members of the intra-department work group for a total of eight individuals will make up the statewide Executive Committee. At least three of these representatives will be individuals with a TBI or family members.

The Statewide Executive Committee shall meet as needed, either in person or via conference call, within budget parameters.

AUTHORITY: The Statewide Executive Committee through the Institute of Rural Health at Idaho State University is responsible for ensuring linkage with the Intra Department work group; provides leadership and direction to other regional advisory council members

DECISION-MAKING: Statewide Executive Committee decisions will be made, when possible, by consensus or through the democratic process with a quorum needed to ratify a decision. Split decisions will be reported to the Institute of Rural Health and Department of Health and Welfare for approval.

Statewide Executive Committee Roles/Responsibilities: Each of the three advisory council chairs along with one representative from each advisory council

will work closely with the project manager by assisting in making arrangements for all meetings, developing and circulating an agenda prior to each meeting, arranging as necessary for meeting facilitators, provide all handouts 10 days in advance of scheduled meetings, and otherwise provide the tools and resources to maximize the effectiveness of the business of the advisory council.

Statewide Executive Committee Chairs are responsible for: attending and participating in meetings of the advisory council and committee; developing and implementing a plan for communicating advisory council and committee recommendations back to their respective regional council, organizations or constituencies; developing and implementing a plan for gathering stakeholder comments on the advisory council and committees work and reporting outcomes to those stakeholders; provide the advisory council with information they or their organizations have gathered that affect council/committee decisions.

OTHER GUIDANCE OR CLARIFICATION - ADVISORY COUNCILS WILL:

1. Develop a common lexicon of words or terms that will increase communication effectiveness and minimize misunderstandings and miscommunications.
2. Keep any system design simple without unnecessary layers or complexity.
3. Consider the effectiveness of breaking into smaller workgroups or subcommittees based on priorities in accomplishing work.
4. In conjunction with the Intra-Department work group, and representatives from Inter Departmental agencies examine funding sources (including obtaining accurate data of amounts and sources) and availability for additional funds or other types and kinds of resources and report to the Statewide Executive Committee and make recommendations
5. Actively identify and coordinate/cooperate with other work groups or committees, interagency representatives engaged in similar TBI activities or in other activities that might impact TBI services (e.g., Medicaid, substance abuse, etc.).
6. Make certain the advisory councils products and processes are congruent with current as well as changing policies, procedures and processes of the Department of Health and Welfare's strategic plan, other state, county and local agencies, the Governor's Office, the legislature, and the various and involved associations.
7. Resolve issues that may create barriers to developing and implementing an effective comprehensive, coordinated system of supports by fully partnering with persons with TBI and their families toward participatory and inclusive person-centered solutions. Such as: finding ways and means to increase the effectiveness of communication between all involved parties; seek a common clarity of purpose, procedures and processes; challenge assumptions and seek common

understanding; find ways and means to increase coordination and integration of services in order to save resources and maximize services; and challenge statements and attitudes of “we can’t do that” and replace them with “how can we?”

I Karl B. Kurtz charter this group effective December 15, 2000.

Karl B. Kurtz, Director
Department of Health and Welfare

Date

TRAUMATIC BRAIN INJURY INTRA-DEPARTMENT WORK GROUP (TBI-IDWG)

Charter
December, 2000

Goal: To assess, determine and complete the necessary procedures and guidelines to solidify and institutionalize the role of the Department of Health and Welfare, Division of Family and Community Services, as the lead coordinating agency for a TBI support system and to insure the ongoing operation of the TBI program.

Purpose: To review areas for internal service coordination, identify service needs, determine areas for improved collaboration, explore coordination of resources, participate in the assessment and action planning process in collaboration with the three regional advisory councils.

AUTHORITY: Through the Institute of Rural Health at Idaho State University, the workgroup reports to and receives guidance and resources through the Director of the Department of Health and Welfare.

Product/Result: A written collaboration agreement will be developed to assure defining what each party can contribute to the system, how information will be shared, and a defined set of actions to include in the TBI action plan for the state.

DECISION-MAKING: TBI-IDWG decisions will be made by consensus or through the democratic process with a quorum needed to ratify a decision.

SCOPE: This workgroup:

Is chartered until June 30, 2002 (and will at that time review its charter and either disband or revise its charter to reflect its updated purpose and goals);

Will at least bi-annually report its progress or barriers to progress to its authority entities and the three regional advisory councils through the Executive Committee;

Will meet at least quarterly to accomplish the scope of work;

Will limit its work effort to the above goal and purpose (as defined under the contract and within the scope of work and the appointing authority); and

May over time include representatives consisting of other interagency personnel consisting of agencies that have an interest/responsibility in serving individuals

with TBI (e.g. Office of Highway Safety –Transportation Department, Vocational Rehabilitation, Law Enforcement, etc.)

COMPOSITION: The TBI Intra - Department Work Group (TBI-IDWG) will consist of (8) persons representing the following:

Members will consist of representatives from the following Divisions within the Department:

Division of Family and Community Services:

The Chief of the Bureau of Developmental Disabilities or their designee
The Chief of the Bureau of Mental Health and Substance Abuse or their designee
The state’s Manager of the Infant Toddler Program
The Administrator of the Idaho State School and Hospital or their designee

Division of Health:

The Chief of the Bureau of Emergency Medical Services or their designee
The state Manager for the Bureau of Health Promotion, Injury Prevention Program
The Chief of the Bureau of Vital Statistics and Health Policy or their designee

Division of Medicaid:

The Administrator of the Division of Medicaid or their designee

D. The **Skills/Knowledge/Abilities** members need is: knowledge and understanding of traumatic brain injury policy within their respective authority; ability to make decisions; ability to effectively solve problems; and basic group processing skills.

E. Members’ **Roles and Responsibilities** will be: to attend all scheduled meetings unless excused by the convener of the meeting; actively participate in a positive and helpful manner; complete assignments on time; seek group consensus; manage conflict effectively; keep effective minutes or notes of TBI-IDWG activities and decisions; model effective service coordination and integration principles; assist in developing an action plan for the state.

Members of the Intra-agency group, when practical, may also participate in meetings involving the Northern, Eastern, and Southeast regional advisory councils.

OTHER RESOURCES: This TBI-IDWG will continually seek resources outside the group to advise, guide, assist and otherwise coordinate and partner with, such as: The Governor’s Office; legislators; other TBI-IDWGs or committees involved in traumatic brain injury or TBI related services; consumers, customers, clients and advocates; etc.

OTHER GUIDANCE OR CLARIFICATION – TBI INTRA-DEPARTMENT WORK GROUP MEMBERS WILL:

8. Develop a common lexicon of words or terms that will increase communication effectiveness and minimize misunderstandings and miscommunications.
9. Keep any system model simple without unnecessary layers or complexity.
3. In conjunction with the regional advisory councils, examine funding sources (including obtaining accurate data of amounts and sources) and availability for additional funds or other types and kinds of resources for the action plan.
4. Actively identify and coordinate/cooperate with other TBI-IDWGs or committees, interagency representatives engaged in similar TBI activities or in other activities that might impact TBI services (e.g., Medicaid, substance abuse, etc.).
5. Make certain the TBI-IDWGs products and processes are congruent with current as well as changing policies, procedures and processes of the Department of Health and Welfare's strategic plan, other state, county and local agencies, the Governor's Office, the legislature, the regional TBI advisory boards and the various and involved associations.
6. Resolve issues that may create barriers to developing and implementing an effective comprehensive, coordinated system of care for persons with a traumatic brain injury and their families, such as: find ways and means to increase the effectiveness of communication between all involved parties; seek a common clarity of purpose, procedures and processes; challenge assumptions and seek common understanding; find ways and means to increase coordination and integration of services in order to save resources and maximize services; and challenge statements and attitudes of "we can't do that" and replace them with "how can we?"

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