**Washington State Department of Social and Health Services**

**Washington State Traumatic Brain Injury Strategic Partnership Advisory Council**

**Updated: 12/06/2016**

**Washington State Traumatic Brain Injury Strategic Partnership Advisory Council**

**Background**

Chapter 74.31 RCW, also known as the Tommy Manning Act, addresses issues related to Traumatic Brain Injury (TBI). The statute recognizes that current programs and services were not funded or designed to address the diverse needs of individuals with traumatic brain injuries.

The intent of the statute is to bring together expertise from the public and private sector to address the needs and gaps in services for this community. This was carried out by creating the Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council). The council is composed of 25 members from the public and private sector and includes individuals with TBI, medical professionals serving individuals living with TBI, human service providers, family members of individuals with TBI, TBI caregivers and state agency representatives.

The legislation also created the traumatic brain injury account in the state treasury. Approximately three million dollars is deposited into the account each biennium. Revenue for the account is generated through a two dollar fee collected from traffic violations. The account is used to fund the activities included in the statewide TBI comprehensive plan, to provide a public awareness campaign, services relating to traumatic brain injury, information and referral services, and staff costs to support the council.

The department and council recognize that full system and resource development will not occur quickly. A multi-year strategy is necessary to achieve the long-term vision for persons in Washington State living with a TBI. The recommendations to the legislature address immediate and urgent needs for prevention, public awareness activities and a set of needed, targeted services. For the long-term, the council envisions a system that is characterized by:

* Public and private efforts to assure broad public awareness of TBI;
* Effective prevention programs for all age groups;
* Cultural competence in TBI service and programs;
* Outreach to underserved groups;
* Education for first responders and targeted early intervention;
* Effective screening and intervention for children and youth;
* Specialized services in public and private programs;
* Coordination of services across human service systems;
* Support for families and caregivers;
* Transitional supports for individuals with TBI and their family members; and
* Full community integration and participation for those living with TBI.

**TRAUMATIC BRAIN INJURY COUNCIL MEMBERS**

|  |  |
| --- | --- |
| **Name** | **Representing** |
| 1. **Jansen, Betsy**
 | **Aging and Long-Term Services Administration** |
| 1. **Mineshita, Taku**
 | **Children's Administration** |
| 1. **Osorio, Marisa**
 | **Physician with TBI experience** |
| 1. **Tassoni, Peter**
 | **Department of Commerce** |
| 1. **Hill, Heidi**
 | **TBI survivor** |
| 1. **Crawley, Deborah**
 | **Brain Injury Association of Washington** |
| 1. **Rainer, Karie**
 | **Department of Corrections** |
| 1. **Kucera-Thompson, Jane**
 | **Neuropsychologist** |
| 1. **Overton, Daniel**
 | **Washington State Veterans Affairs** |
| 1. **Vacant**
 | **Department of Social and Health Services**  |
| 1. **Santy, Bruce**
 | **Public Member with TBI Experience** |
| 1. **Mirkovich, Katie**
 | **Vocational Rehabilitation**  |
| 1. **Vacant**
 | **Social Worker or Clinical Psychologist w/ TBI Experience** |
| 1. **Schonberger, Jennifer**
 | **TBI Survivor** |
| 1. **Pullen, Katie**
 | **Native American Tribe in Washington State** |
| 1. **Carbary, Janet**
 | **One Mind Non-profit Organization** |
| 1. **Stone, Pete**
 | **National Guard** |
| 1. **Gonzalez, Felisa**
 | **Public Member with TBI Experience** |
| 1. **Claycamp, Teresa**
 | **Division of Behavioral Health and Recovery** |
| 1. **Bos, Sara**
 | **Rehabilitation Specialist** |
| 1. **Valdez, Andrea**
 | **Department of Health** |
| 1. **Schwieterman, Betty**
 | **Disability Rights Washington** |
| 1. **Ku, Nita**
 |  **Family Member with TBI** |
|  **24. Kaizuka, Karen** |  **Family Member with TBI** |
|  **25. Ashman, Sharon** |  **Individual with expertise working with children with TBI** |

**2017**

**Traumatic Brain Injury Council Meeting Schedule**

**2017 Traumatic Brain Injury Council Meeting Schedule**

**January 19 8:30am-3pm Seattle Airport Marriott Council**

**March 2 8:30am-3pm Seattle Airport Marriott Council**

**April 10-11 8:00am-5pm Seattle Airport Marriott TBI Conference**

**May 4 8:30am-3pm Seattle Airport Marriott Council**

**July 6 8:30am-3pm Seattle Airport Marriott Council**

**September 7 8:30am-3pm Seattle Airport Marriott Council**

**November 2 8:30am-3pm Seattle Airport Marriott Council**

**2017 Traumatic Brain Injury Executive Committee Meeting Schedule**

**January 11 1pm-3pm Blake West Executive Committee**

**February 15 1pm-3pm Blake West Executive Committee**

**March 8 1pm-3pm Blake West Executive Committee**

**April 12 1pm-3pm Blake West Executive Committee**

**May 10 1pm-3pm Blake West Executive Committee**

**June 7 1pm-3pm Blake West Executive Committee**

**July 12 1pm-3pm Blake West Executive Committee**

**August 9 1pm-3pm Blake West Executive Committee**

**September 13 1pm-3pm Blake West Executive Committee**

**October 11 1pm-3pm Blake West Executive Committee**

**November 8 1pm-3pm Blake West Executive Committee**

**December 6 1pm-3pm Blake West Executive Committee**

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Bylaws

**Article I: Name**

The name of the organization governed by these bylaws is the Washington Traumatic Brain Injury Strategic Partnership Advisory Council. This council is also known as the TBI Council or, in these bylaws, as the Council.

**Article II: Mission**

The mission of the Washington Traumatic Brain Injury Strategic Partnership Advisory Council is to advise and work in collaboration with the Department of Social and Health Services (DSHS) and other stakeholders to advise the Governor, the Legislature and the Secretary of the Department of Social and Health Services on the best ways to create and provide an array of coordinated, accessible services and supports which promote optimal quality of life for all individuals with traumatic brain injury and their families. This mission will be initiated through the design and implementation of a comprehensive statewide plan and pursued through ongoing comprehensive reports to the Legislature and Governor.

**Article III: Membership & Quorum**

A. All members of the Council are appointed by the Governor of the State of Washington.

B. The terms of appointed Council members shall be three years, except that the terms of the appointed members who are initially appointed shall be staggered by the Governor. No member may serve more than two consecutive terms.

C. Inability of Council members to regularly attend Council meetings may result in recommendations to the Governor for their removal from the Council. Concerns related to the attendance of any Council Member shall be referred to the Governance Committee (See Article V - Subsection B). A letter to the Governor requesting the removal of a Council member requires approval by a 2/3 vote of the Council.

D. A quorum, at any given meeting, consists of a majority of the Council members. A quorum at a Council meeting is required in order for the Council to take a vote.

E. All Council decisions, unless specified otherwise in the Bylaws, will be made by a majority vote.

**Article IV: Officers**

A. The officers of the Council shall consist of either two Co-Chairs and a Vice Chair or one Chair and two Vice Chairs.

B. Terms of officers shall be completed at the end of the first meeting after June 30, 2010 and every two years thereafter.

C. Officers shall serve a maximum of two terms (partial or full).

D. Vacancies will be filled at the first Council meeting subsequent to when the vacancy occurred.

E. A Council member elected to fill a vacancy shall serve until the end of the vacating officer’s term.

F. The election of all three (3) Council officers will occur at the first meeting after June 30, 2010 and every two years thereafter.

G. The Governance Committee shall present a slate of officer nominees to the Council the meeting immediately prior to the election or in the event of a vacancy. The Governance Committee shall make a reasonable effort to include a TBI survivor or caregiver among its officer nominees. On the day of the election, additional nominations will be allowed.

H. The Council shall have a written policy on the roles of its officers.

**Article V: Standing Committees**

The Council shall have two standing committees: 1. The Executive Committee and 2. The Governance Committee.

A. Executive Committee

1. The Chair(s,) Vice-Chair (s), and an Immediate Past Chair or Co-Chair (if available) shall constitute the Executive Committee.

2. The role of the Executive Committee shall include all functions specified in the Bylaws and any additional functions specified in the Council’s Policies.

3. The Executive Committee shall oversee the agenda setting process for Council meetings, act on behalf of the Council when action is required between meetings, supervise Council activities between regular meetings, and fulfill any other responsibilities assigned by the Council.

4. In performing its functions the Executive Committee will act in a manner consistent with the Council’s Bylaws and Policies.

5. The Executive Committee shall designate spokespersons for the Council when presenting reports and recommendations to the Legislature and Governor’s Office and other such occasions when the Council needs someone to represent it.

B. Governance Committee

1. The Executive Committee shall appoint three Council members to serve on the Governance Committee.

2. One member shall be appointed for a term ending June 30, 2008. Two members shall be appointed for terms ending June 30, 2009. Thereafter, members will be appointed for two year terms ending June 30th of the given year.

3. A Council member appointed to fill a Governance Committee vacancy shall serve until the end of the vacating Committee member’s term.

4. Governance Committee members shall serve a maximum of two terms (partial or full).

5. One of the three members will be designated by the Executive Committee as Chair of the Governance Committee.

6. The role of the Governance Committee shall include all functions specified in the Bylaws and any additional functions specified in the Council’s Policies.

7. The Governance Committee shall have jurisdiction over matters related to recommendations to the Council on membership, bylaws, policy making, and nomination of officers.

8. The Governance Committee shall recommend and implement policies related to attendance, as appropriate, assist the Governor in the recruitment of potential Council members, review Council member complaints pursuant to Council policy, and nominate officers for Council elections.

9. All proposed additions, revisions and/or deletions to Council Bylaws or Policies will first be reviewed by the Governance Committee. The exception being if a Technical Advisory Committee (See Article VI) is authorized by the Council to develop policy recommendations on matters related to their jurisdiction.

10. The Governance Committee will review all such proposals (excluding the exception described in paragraph V.B.9) and make a recommendation to the Council as to whether any given proposal should be adopted, adopted with revisions, or not adopted.

11. In performing its functions the Governance Committee will act in a manner consistent with the Council’s Bylaws and Policies.

**Article VI: Technical Advisory Committees**

A. The Council shall have a written policy with respect to the creation, scope and use of committees (also known as workgroups, ad hoc committees, task forces, etc.) to perform Council related work. Technical Advisory Committees must be authorized pursuant to the Council’s policy on Use of Committees.

B. All committees not required in the Bylaws will be considered Technical Advisory Committees.

C. The Council may create committees for one or more specific tasks (e.g. public policy activity, public awareness, cultural diversity outreach, outreach to veterans, Comprehensive Plan development, recommend policies related to their other authorized tasks, etc.) and may limit the duties and period of existence of such committees.

D. Technical Advisory Committees will perform the duties explicitly included in the written, approved authorization.

E. Technical Advisory Committees may, depending on its authorization, include persons who are not Council members but who have skills, experience and/or viewpoints that may be of use on such committees. However, the Chair of each Technical Advisory Committee shall be a Council member.

F. The Council may disband Technical Advisory Committees it deems no longer necessary for the purposes of the Council.

G. Technical Advisory Committees are advisory in nature with their primary responsibility being to make recommendations for consideration by the full Council. They cannot make final decisions on behalf of the Council. They must act only as explicitly authorized by the Council.

**Article VII: Bylaws & Policies**

A. The TBI Council may adopt, revise and revoke policies and bylaws as necessary to direct the work of the Council. A policy or bylaw change shall not be adopted if it is known to be in conflict with the enabling statute, federal or state law, or applicable state rules, regulations, policies and/or laws governing generic state councils.

B. Portions of the Council’s Bylaws or Policies in conflict with the enabling statute, state or federal law, or applicable state rules, regulations, policies and/or laws governing the council activity shall be considered null and void and removed from the Council’s policies at the first meeting after the conflict is discovered.

C. The Council shall have written bylaws. Initial adoption of the Bylaws and subsequent additions, deletions and/or revisions to the Bylaws require a 2/3 vote of the Council members present at a Council meeting for which the location, date and time was posted on the Council’s website no less than ten (10) work days prior to the meeting. Bylaw proposals must first be reviewed by the Governance Committee who shall present their recommendations to the full council for a vote.

D. Policies: Initial adoption of the Council’s policies and all subsequent additions, deletions and/or revisions to the Council’s policies require a majority vote of the Council members. Policy proposals must first be reviewed by a Standing or Technical Advisory Committee who has authorization to submit policy reviews before being considered for vote by the full Council. (See Article VI).

**Article VIII: TBI Council Meetings**

The Council shall have a written policy for the conduct and management of its meetings.

**Article IX: Conflict of Interest**

The Council shall have a written Conflict of Interest policy to guide the conduct of Council members.

**Article X: Accommodation**

The Council shall have a written accommodation policy for Council members with disabilities and a policy for facilitating the meeting participation of caregivers.

**Policy 1.5**

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Biennial second fiscal year strategic funds reallocation

**Purpose:**

In the second year of each biennium some amount of unbudgeted or unspent funds may be available for reallocation to council priorities within certain parameters. This policy clarifies the timing, process, and conditions for reallocation. This policy in no way implies that all appropriated funds must be spent in a given biennium.

**Policy Statement:**

This policy provides an efficient and transparent mechanism for the council to strategically recommend utilization of available appropriated funds to further the council’s mission. This policy mechanism for strategic reallocation of funds in the second fiscal year is subsumed by the full biennial council budgeting recommendation process; the policy is an amendment to, and not a replacement of, the regular budget recommendation process.

**Procedure:**

1. After the start of the second fiscal year of the biennium, the Council coordinator will work with DSHS fiscal staff to forecast the balance of unbudgeted funds as well as unspent budgeted funds.
2. The Council coordinator will bring the estimated fund balance to the September Council meeting. The estimated balance will provide council members a baseline for determining the scope of priority strategic funds reallocation; it is not a guarantee of funding.
3. At the September Council meeting the Council will:
	1. Conduct a reassessment of progress/status of current biennium Council priorities;
	2. Discuss and agree on concepts for decision packages to address strategic initiatives that move Council priorities forward, and
	3. Initiate a call for Council members and stakeholders to submit draft decision packages directly related to the concepts agreed upon.
4. Decision packages, deemed feasible by DSHS, will be presented to the Executive Committee for review at the October Executive Committee meeting for alignment with Council priorities.
	1. Decision packages must be submitted to the Council coordinator for DSHS feasibility review and approval.
	2. Draft decision packages must be submitted before the October Executive Committee meeting.
5. Questions or concerns of the Executive Committee will be noted, and the decision package will be returned to the writers for clarification.
6. Writers must revise and resubmit final decision packages to the Council coordinator no less than *ten business days* prior to the November Council meeting for inclusion in the meeting materials distribution.
7. At the November meeting Council members will vote on each decision package.
	1. Council members will then discuss and vote on decision package prioritization of all the decision packages that receive a vote of approval.
8. After the November meeting the Council coordinator will contact all decision package writers / responsible parties to discuss the status of the vote and ranking.
9. The Council coordinator will work with DSHS, and the decision package responsible party, to implement the decision packages by Council priorities.
10. Approved decision packages that do not get implemented may be resubmitted as part of the regular budget recommendation process for the next biennium.

**Conditions:**

* Decision packages must be consistent with the Statewide Comprehensive Plan and address Council priorities, emerging risks, or special opportunities.
* Decision packages must be feasible to implement in a short timeframe based on DSHS and state policies and procedures.
* Decision packages must be discrete, one-time funding proposals, with no expectation of continued funding beyond the end of the contract period.
* Approved funds must be accrued and transferred, from DSHS, to the responsible party before the end of the second fiscal year of the corresponding biennium. Due to limited time constraints this will exclude proposals that require competitive solicitation under state law.

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Accommodations Policy

**Full Participation**

The Council will include all kinds of people in its work. Council members should feel welcome and important. The Council should be the model for providing accommodations to people with disabilities. To meet the needs of people based on their specific concerns, accommodations include but are not limited to:

* Meeting places
* Transportation needs of individuals officially doing business on behalf of the council
* Scheduling issues and conflicts
* Directions to and regarding meetings will be provided in written and electronic formats
* Facilities will be comfortable and flexible to the needs of those attending
1. The Council DSHS staff person is in charge of accommodations.
2. Council members with disabilities may request a written accommodation plan.
3. Written plans agreed upon by the Council DSHS staff person and the person with a disability will be followed.
4. If a plan includes something that has to happen at a meeting the DSHS staff person will inform the chair persons and facilitator.
5. If there is a dispute over a plan, the member with the disability may go to the Governance Committee for help.
6. DSHS will decide if a disputed accommodation will be included in the plan but the council member may request the Governance Committee to advocate for them.
7. Orientation for all Council members will include training on how to accommodate people in meetings.
8. The training will include providing the most recent versions of the handouts: “Full Participation Guidelines” and “Accommodations Checklist” developed by the Traumatic Brain Injury Technical Assistance Center”. (See attached) Additional handouts may be used if available.
9. If a member with a disability wants help in reviewing any handouts, it will be provided.
10. The Council will adopt policies that improve participation by all members in the Council’s work.
11. Council members with disabilities will be invited to meet at least once a year with the Governance Committee to review how well the Council is following the “Full Participation Guidelines” and make suggestions for policy changes.

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Committee Expenses Policy

Committee work outside regular Council meetings is considered Council work. Travel and accommodation expenses will be reimbursed upon submission of the appropriate forms. DSHS may require pre-authorization of in person meetings held in between regular meetings in order to stay within the Council’s budget.

Speaker fees and expenses1 shall be a line item in the Council’s budget. In a timely manner and on at least an annual basis, the Executive Committee will set a deadline for the submission of committee requests for the use of funds in the speaker fee and expense account. Committee requests for funds submitted on or before the deadline will be given priority. Subsequent requests will be considered subject to the availability of funds.

The Executive Committee will review requests for use of funds in the speaker fee and expense account and make their recommendations known to DSHS staff. In the event that competing demands for the use of these funds exceed the availability of the budgeted funds, the Executive Committee will consult the Council if time allows.

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1. “Speaker fees and expenses” refers to expenses related to bringing in various experts for presentations or consultations with the Council for the purpose of furthering our work.

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Conflict of Interest Policy

The conflict of interest policy of the Washington State Traumatic Brain Injury Strategic Partnership Advisory Council is as follows:

* TBI council meetings are meant to gather ideas and feedback from TBI council members who share the expertise about needed services and resources in Washington State. All council members can participate in discussion of new TBI services and resources needed in Washington State.
* TBI council members and other members of the public who plan to bid on new TBI services must:
	+ Abstain from any council voting related to council service recommendations on services the person intends to bid on.
	+ Remove themselves or their organization from the room when council discusses specific recommendations regarding TBI service design, scope of service, and minimum standards of a service the person or their agency plans to bid on.
	+ Refrain from communication with voting TBI council members regarding services they intend to bid on.
* The department will work with the TBI executive committee to discuss anything related to Requests for Proposals (RFP) development. Members of the TBI Executive Committee may not bid on any TBI contracts.

* TBI council members and other members of the public who are likely to receive financial value from the new TBI service will not participate in the voting on TBI services or evaluation of RFPs related to these new TBI services.

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Meeting Agendas Policy

A standard Council meeting will have the agenda items listed below. The Executive Committee, however, may choose, in consultation with Council members, to disproportionately devote a particular meeting day to committee work when circumstances warrant it or make other changes as needed. Here are the standard agenda items:

* Welcome and Objective Review
* Approval of Minutes
* Agenda and Process Review
* Status reports on the results of public awareness efforts and/or contracted services
* Committee Reports (The Committees that have something to report will be specifically listed.)
* Next Steps:
	+ Agenda Building (Next & Future Meetings)
	+ Review of Parking Lots
	+ Other
* Session Evaluation

Agenda items including, but not limited to, the following will be scheduled as needed on a timely basis:

* The TBI Council Budget Review
* Financial Reports
* Committee Work Sessions
* Guest speakers
* Legislative Request
* Use of Committee Authorization or Revision of Authorization
* Review of Policy Initiatives
* Review of criteria for funding Council contracted activity
* Ice breaker / fun activity
* Tabled agenda items
* Items agreed upon in the Next Steps segment of the Council meeting agenda

The agenda will be distributed to Council members at least ten (10) working days prior to the meeting. Requests for time on the agenda are due to the Executive Committee fifteen (15) working days prior to the Council meeting, however, agenda items raised during the Next Steps session of the previous Council meeting will be given priority.

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Member Attendance Policy

*Regular and consistent attendance of Council members is critical to effective participation on the Council. The Council recognizes that there are a number of legitimate reasons for absences (disability or caregiver related, work responsibilities, illness, etc.) but believes, at a point, lack of attendance by a member even for good reason compromises the Council’s ability to do its work. This policy attempts to define that point and provide guidelines to the Council and its members on what to do when the point is crossed.*

In February 2009, the Governor’s office made a written request to all governor appointed councils to reduce costs associated with council activities. In accordance with this request the TBI council has agreed to reduce the total number of council meetings to six in-person meetings annually starting in January 2010. The DSHS staff person will maintain council attendance and tracking for all TBI council meetings. Council members must notify the DSHS staff person as soon as they know they are unable to attend a meeting and if they plan to send a designee in their place (see Use of Designee Policy).

Council members are expected to attend at least 2/3 of the TBI council meetings in a calendar year. When there are concerns regarding the attendance of a Council member, the DSHS staff person will contact the Council member in an effort to resolve the concerns in an informal manner. The DSHS staff person will notify a representative of the Governance Committee of attendance concerns.

Council members who are not able to make and keep a commitment to attend meetings on a regular basis will voluntarily resign so that the Governor can appoint a replacement as quickly as possible. If a Council member does not voluntarily resign, the Governance Committee will make a recommendation to the Council for further action in a manner consistent with the Bylaws.

In deciding on a recommendation to pursue the removal of a member, the Governance Committee shall take into consideration any extraordinary circumstances that may have caused a member to miss meetings in the past but are unlikely to reoccur and cause the member to miss excessive meetings in the future.

The priority is for all TBI council members to physically attend council meetings. However, Virtual attendance at TBI Council meetings may be used if council members cannot physically attend. “Virtual attendance” is defined as meeting attendance via conference call or GoTo meeting. This option should only be used when extraordinary circumstances prevent attendance in person and is extended only to allow members to maintain attendance of at least 2/3 of the meetings in the calendar year. Extraordinary circumstances include:

* Weather related emergency
* Contagious Illness
* Family emergency

Virtual access to TBI council meetings will be available starting in November 2099. Information about the virtual access to TBI Council meetings will be posted on [www.TBIWashington.org](http://www.TBIWashington.org) website and e-mailed to TBI Council members. The general public may also attend TBI Council meetings “virtually.”

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Use of Designee Policy

*The Council understands that there will be occasions when members will be unable to attend Council meetings that that on those occasions they may want to send a designee to the Council meeting in their place for their and/or the Council’s benefit. This policy is intended to provide guidelines for the use of designees on such occasions. However, there is a potential for the overuse of designees and when that happens, it may make sense for the member to be permanently replaced by the designee or someone else. This policy attempts to strike a balance between the use and overuse of designees.*

Council members must notify the DSHS staff person as soon as they know they are unable to attend a meeting and if they plan to send a designee in their place (see Member Attendance Policy).

If a Council member designates another person (designee) to attend one or more TBI Council meetings on his or her behalf, the designee may fully participate in the meeting. A designee’s attendance may count towards quorum. Expectation is that the Council member will brief the designee before the meeting on council business. If designee is not comfortable voting on behalf of Council member the designee should abstain from voting. Designee attendance does not count as attendance by the Council member.

A designee may be selected to serve on a Technical Advisory Committee and have full participation rights on that committee if the Committee is authorized to have non Council members. This is permissible because of the advisory nature of Technical Advisory Committees.

If the same designee attends more than 1/3 of Council meetings in a calendar year, it must be determined whether that Council Member’s designee should be appointed to the Council in his/her stead. The DSHS staff person will contact the Council member regarding attendance. If the Council Member wishes to continue in the appointment, he/she will be expected to resume attending Council sessions and meet attendance requirements as stipulated in the Bylaws.

If he/she is unable to attend the required number of meetings (See Attendance Policy), the Council Member will either resign or the Council may vote upon recommendation of the Governance Committee to remove this person from the Council. If the Council Member or the agency he or she represents wishes the member to be replaced by the designee, the TBI Council will vote whether to recommend to the Governor the expedited appointment of the designee into the vacated position. In such circumstance, the designee will complete and submit paperwork asking for official appointment to the Council. If this appointment is approved by the Governor, the designee may take the place of the Council Member with full participation and voting privileges.

**Washington Traumatic Brain Injury Strategic Partnership Advisory Council**

Website Linkage Policy

The purpose of providing links to our [www.tbiwashington.org](http://www.tbiwashington.org) website is to make a wide range of easily accessible information available to people interested in Traumatic Brain Injury.

Upon request of the webmaster of an external TBI related website and approval of the Executive Committee, that website will be linked to [www.tbiwashington.org](http://www.tbiwashington.org) on a web page that includes a clear disclaimer that DSHS and the TBI Council are not responsible for the content, do not guarantee its accuracy and may not be in agreement with stated opinions.

Requests for adding a linkage will be made in writing (or via e-mail) by the webmaster to the TBI Council Executive Committee. Requests will include a brief description of the website link and its relevance to individuals with TBI. Upon receiving a request, the Executive Committee will have 30 days to determine whether this linkage will be added to the website. Inclusion of the linkage is at the discretion of the Executive Committee. However, the Executive Committee may request that the full TBI Council vote on the proposed linkage. This vote should be placed on the next TBI Council Meeting agenda. The results of the Executive Committee's decision will be communicated to the webmaster making the request.

The criteria for linkage will be: 1. the website is TBI related; and 2. the person(s) and/or organization(s) responsible for the website is clearly identified on the website along with contact information.

A TBI related website does not have to be devoted exclusively to TBI, but rather, could be a website that includes pertinent information useful to persons with TBI, caregivers and professionals among its other offerings.

DSHS may remove a linkage if their policies, regulations or the law requires it.

Complaints asking for the linkage of a particular website to [www.tbiwashington.org](http://www.tbiwashington.org) that do not involve the violation of DSHS policies, regulations or law will be reviewed by the TBI Council Executive Committee. In the unlikely event the Executive Committee decides a link to another website should be discontinued, the decision may be appealed to the TBI Council.

A link may be temporarily disconnected while a complaint is being reviewed.

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| **Chapter 74.31 RCW**TRAUMATIC BRAIN INJURIES |  |

RCW Sections

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| [74.31.005](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.005) | Findings -- Intent. |
| [74.31.010](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.010) | Definitions. |
| [74.31.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.020) | Washington traumatic brain injury strategic partnership advisory council -- Members -- Expenses -- Appointment -- Duties. |
| [74.31.030](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.030) | Staff support -- Department powers and duties -- Comprehensive plan. |
| [74.31.040](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.040) | Public awareness campaign. |
| [74.31.050](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.050) | Support group programs -- Funding--Recommendations. |
| [74.31.060](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.060) | Traumatic brain injury account. |

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74.31.005
Findings — Intent.

The center for disease control estimates that at least five million three hundred thousand Americans, approximately two percent of the United States population, currently have a long-term or lifelong need for help to perform activities of daily living as a result of a traumatic brain injury. Each year approximately one million four hundred thousand people in this country, including children, sustain traumatic brain injuries as a result of a variety of causes including falls, motor vehicle injuries, being struck by an object, or as a result of an assault and other violent crimes, including domestic violence. Additionally, there are significant numbers of veterans who sustain traumatic brain injuries as a result of their service in the military.

     Prevention and the provision of appropriate supports and services in response to traumatic brain injury are consistent with the governor's executive order No. 10-01, "Implementing Health Reform the Washington Way," which recognizes protection of public health and the improvement of health status as essential responsibilities of the public health system.

     Traumatic brain injury can cause a wide range of functional changes affecting thinking, sensation, language, or emotions. It can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age. The impact of a traumatic brain injury on the individual and family can be devastating.

     The legislature recognizes that current programs and services are not funded or designed to address the diverse needs of this population. It is the intent of the legislature to develop a comprehensive plan to help individuals with traumatic brain injuries meet their needs. The legislature also recognizes the efforts of many in the private sector who are providing services and assistance to individuals with traumatic brain injuries. The legislature intends to bring together those in both the public and private sectors with expertise in this area to address the needs of this growing population.

[2011 c 143 § 1; 2007 c 356 § 1.]

74.31.010
Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

     (1) "Department" means the department of social and health services.

     (2) "Department of health" means the Washington state department of health created pursuant to RCW [43.70.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=43.70.020).

     (3) "Secretary" means the secretary of social and health services.

     (4) "Traumatic brain injury" means injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, and physical assaults. Documentation of traumatic brain injury shall be based on adequate medical history, neurological examination, mental status testing, or neuropsychological evaluation. A traumatic brain injury shall be of sufficient severity to result in impairments in one or more of the following areas: Cognition; language memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; or information processing. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

     (5) "Traumatic brain injury account" means the account established under RCW [74.31.060](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.060).

     (6) "Council" means the Washington traumatic brain injury strategic partnership advisory council created under RCW [74.31.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.020).

[2007 c 356 § 2.]

74.31.020
Washington traumatic brain injury strategic partnership advisory council — Members — Expenses — Appointment — Duties.

(1) The Washington traumatic brain injury strategic partnership advisory council is established as an advisory council to the governor, the legislature, and the secretary of the department of social and health services.

     (2) The council shall be composed of:

     (a) The following members who shall be appointed by the governor:

     (i) A representative from a Native American tribe located in Washington state;

     (ii) A representative from a nonprofit organization serving individuals with traumatic brain injury;

     (iii) An individual with expertise in working with children with traumatic brain injuries;

     (iv) A physician who has experience working with individuals with traumatic brain injuries;

     (v) A neuropsychologist who has experience working with persons with traumatic brain injuries;

     (vi) A social worker or clinical psychologist who has experience in working with persons who have sustained traumatic brain injuries;

     (vii) A rehabilitation specialist, such as a speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist who has experience working with persons with traumatic brain injuries;

     (viii) Two persons who are individuals with a traumatic brain injury;

     (ix) Two persons who are family members of individuals with traumatic brain injuries; and

     (x) Two members of the public who have experience with issues related to the causes of traumatic brain injuries; and

     (b) The following agency members:

     (i) The secretary or the secretary's designee, and representatives from the following: The children's administration, the division of behavioral health and recovery services, the aging and disability services administration, and the division of vocational rehabilitation;

     (ii) The secretary of health or the secretary's designee;

     (iii) The secretary of corrections or the secretary's designee;

     (iv) A representative of the department of commerce with expertise in housing;

     (v) A representative from the Washington state department of veterans affairs;

     (vi) A representative from the national guard;

     (vii) The executive director of the Washington protection and advocacy system or the executive director's designee; and

     (viii) The executive director of the state brain injury association or the executive director's designee.

     In the event that any of the state agencies designated in (b) of this subsection is renamed, reorganized, or eliminated, the director or secretary of the department that assumes the responsibilities of each renamed, reorganized, or eliminated agency shall designate a substitute representative.

     (3) Councilmembers shall not be compensated for serving on the council, but may be reimbursed for all reasonable expenses related to costs incurred in participating in meetings for the council.

     (4) No member may serve more than two consecutive terms.

     (5) The appointed members of the council shall, to the extent possible, represent rural and urban areas of the state.

     (6) A chairperson shall be elected every two years by majority vote from among the councilmembers. The chairperson shall act as the presiding officer of the council.

     (7) The duties of the council include:

     (a) Collaborating with the department to develop and revise as needed a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries;

     (b) Providing recommendations to the department on criteria to be used to select programs facilitating support groups for individuals with traumatic brain injuries and their families under RCW [74.31.050](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true" \l "74.31.050);

     (c) By January 15, 2013, and every two years thereafter, developing a report in collaboration with the department and submitting it to the legislature and the governor on the following:

     (i) Identifying the activities of the council in the implementation of the comprehensive statewide plan;

     (ii) Recommendations for the revisions to the comprehensive statewide plan;

     (iii) Recommendations for using the traumatic brain injury account established under RCW [74.31.060](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.060) to form strategic partnerships and to foster the development of services and supports for individuals impacted by traumatic brain injuries; and

     (iv) Recommendations for a council staffing plan for council support under RCW [74.31.030](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.030).

     (8) The council may utilize the advice or services of a nationally recognized expert, or other individuals as the council deems appropriate, to assist the council in carrying out its duties under this section.

[2011 c 143 § 2; 2007 c 356 § 3.]

74.31.030
Staff support — Department powers and duties — Comprehensive plan.

(1) In response to council recommendations developed pursuant to RCW [74.31.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true" \l "74.31.020), the department shall include in the comprehensive statewide plan a staffing plan for providing adequate support for council activities for positions funded by the traumatic brain injury account established in RCW [74.31.060](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.060) and designate at least one staff person who shall be responsible for the following:

     (a) Coordinating policies, programs, and services for individuals with traumatic brain injuries; and

     (b) Providing staff support to the council created in RCW [74.31.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.020).

     (2) The department shall provide data and information to the council established under RCW [74.31.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.020) that is requested by the council and is in the possession or control of the department.

     (3) The department shall implement, within funds appropriated for this specific purpose, the comprehensive statewide plan to address the needs of individuals impacted by traumatic brain injuries, including the use of public-private partnerships and a public awareness campaign. The comprehensive plan should be created in collaboration with the council and should consider the following:

     (a) Building provider capacity and provider training;

     (b) Improving the coordination of services;

     (c) The feasibility of establishing agreements with private sector agencies or tribal governments to develop services for individuals with traumatic brain injuries; and

     (d) Other areas the council deems appropriate.

     (4) The department shall:

     (a) Assure that information and referral services are provided to individuals with traumatic brain injuries. The referral services may be funded from the traumatic brain injury account established under RCW [74.31.060](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.060);

     (b) Encourage and facilitate the following:

     (i) Collaboration among state agencies that provide services to individuals with traumatic brain injuries;

     (ii) Collaboration among organizations and entities that provide services to individuals with traumatic brain injuries; and

     (iii) Community participation in program implementation; and

     (c) Have the authority to accept, expend, or retain any gifts, bequests, contributions, or grants from private persons or private and public agencies to carry out the purpose of this chapter.

74.31.040
Public awareness campaign.

In collaboration with the council, the department shall conduct a public awareness campaign that utilizes funding from the traumatic brain injury account to leverage a private advertising campaign to persuade Washington residents to be aware and concerned about the issues facing individuals with traumatic brain injuries through all forms of media including television, radio, and print.

74.31.050
Support group programs — Funding — Recommendations.

(1) The department shall provide funding from the traumatic brain injury account established by RCW [74.31.060](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true" \l "74.31.060) to programs that facilitate support groups to individuals with traumatic brain injuries and their families.

     (2) The department shall use a request for proposal process to select the programs to receive funding. The council shall provide recommendations to the department on the criteria to be used in selecting the programs.

74.31.060
Traumatic brain injury account.

The traumatic brain injury account is created in the state treasury. Two dollars of the fee imposed under RCW [46.63.110](http://apps.leg.wa.gov/RCW/default.aspx?cite=46.63.110)(7)(c) must be deposited into the account. Moneys in the account may be spent only after appropriation, and may be used only to support the activities in the statewide traumatic brain injury comprehensive plan, to provide a public awareness campaign and services relating to traumatic brain injury under RCW [74.31.040](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.040) and [74.31.050](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.050), for information and referral services, and for costs of required department staff who are providing support for the council under RCW [74.31.020](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.020) and [74.31.030](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.31&full=true#74.31.030). The secretary of the department of social and health services has the authority to administer the funds.