



**Traumatic Brain Injury (TBI) Advisory Board**  
**August 4<sup>th</sup>, 2023, Meeting Minutes**  
**10:00 a.m. – 3:00 p.m.**  
**In-person Meeting**

**Attendees:** Please refer to the last page of this document for Board Members and Guests in attendance.

**Public Participants/Special Guests:** Caryn Decker, Department of Health

**Facilitator:** Bridget Lowery, Chair

**Notes Completed By:** Erika Pae, Department of Health (DOH), Bureau of Family Health

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
<b>Welcome and Introductions</b> <b>(Bridget Lowery)</b>	Ms. Lowery chaired the meeting and welcomed Advisory Board members and participants. Introductions were made for individuals attending.	N/A	N/A
<b>Formalities</b> <b>(Bridget Lowery )</b>	<p><b>Approval of May Minutes-</b> Monica Vaccaro motioned to approve and Melissa Dehoff seconded it. The May meeting minutes were approved.</p> <p><b>Change of Board Name-</b> It was proposed to change the Board name from TBI Advisory Board to Brain Injury Advisory Board. Ms. Lowery called for a Board vote and the Board agreed to the renaming of the Board.</p> <p><b>2022 Annual Board Report-</b> The Board approved the 2022 Annual TBI Advisory Board Report. Ms. Dehoff motioned, and Sherrie Shade seconded it. The 2022 Annual TBI Advisory Board Report was approved.</p>	N/A	N/A

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	<p><b>New Board Member-</b> Ms. Lowery called for the Board to vote Frank Notaro to become an official Board member. All Board members approved of Mr. Notaro’s Board membership. Steps will be taken by Department of Health to finalize his membership.</p>		
<p><b>Department of Human Services Q&amp;A (Randy Nolen)</b></p>	<p><b>Office Long-Term Living ( OLTL) Update.</b> Mr. Nolen provided the following updates on the Community HealthChoices (CHC) Waiver.</p> <p><b>Managed Care Organizations (MCO) Service Waitlist Update.</b> At the May 5, 2023 Board meeting, discussions were held with Mr. Nolen regarding the possibility of participants of the CHC Waiver being placed on a wait list for services. Mr. Nolen stated he would meet with the MCOs to discuss this. During this meeting, Mr. Nolen stated he spoke with the MCOs and they were not aware of any waitlists. Mr. Nolen instructed providers to send him the names of participants that state they have been told they are on a wait list so that he can address the issue with the MCOs.</p> <p><b>Provider Reimbursement Rates for Services.</b> Ms. Lowery expressed the need for providers to receive higher service reimbursement rates to maintain staffing and sustain the growing needs of individuals. She stated that MCOs are telling providers the set service reimbursement rates are not determined by them, OLTL makes this determination and OLTL is saying the MCOs make this determination. Mr. Nolen said OLTL pays MCOs a certain rate and a lot of factors are incorporated into that rate, including provider reimbursement. OLTL does have minimums the MCOs are required to pay. However, it does not restrict MCOs from paying providers more. OLTL has had discussions with MCOs about hiding behind those statements. He stated MCOs do have the discretion to pay more to the providers.</p> <p><b>Provider qualifications.</b> It was asked if Mr. Nolen had an update on the request to lower some of the employment qualifications or staffing ratios to assist with staffing retainment. Mr. Nolen stated he spoke with Jennifer Hale, OLTL’s policy director. Ms. Hale stated it would</p>		

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	<p>require OLTL requesting an amendment to the CHC waiver from the federal oversight agency, the Center for Medicaid/Medicare Services (CMS). A request for an amendment typically takes 12 to 18 months. Although it is a possibility to do an amendment, with the complexities that surround staffing ratios and employment qualifications, it is likely to take longer.</p> <p><b>Ending of Appendix K and Telehealth:</b> With the ending of Appendix K, it was asked if OLTL was monitoring the impact to participant services. Mr. Nolen stated OLTL is working with the MCOs to monitor the impact. CMS is also looking at continuing telehealth services. He stated when CMS allowed for telehealth services, they created a specific code for it. However, providers were not using it appropriately, therefore they do not have the needed encounter data. OLTL is currently working on collecting the data. Mr. Nolen also stated OLTL was holding “Listen and Learn” sessions to discuss CHC services and supports. There has been a lot of feedback surrounding direct care staffing, limited or lack of transportation, and lack of internet and phone access. Once these sessions are complete, a summary will be completed and distributed on their website and listservs.</p> <p><b>4. Independent Enrollment Broker Contract:</b> There are no new updates.</p> <p><b>5. CHC Enrollment Process:</b> Individuals and their families and caregivers continue to report significant challenges to apply to the CHC waiver, particularly the County Assistance Office (CAO) financial review. Some CAOs are requesting minimal financial documents and other CAOs are requesting a five-year financial review, which includes multiple financial documents. Mr. Nolen was asked if OLTL could improve the process to make it easier for individuals to apply. Mr. Nolen stated that all CAOs should be requesting a five-year financial review, as that is the federal requirement. With the ending of Appendix K, individuals need to complete the Medical Assistance re-enrollment application to continue their benefits, however, 3.7 million have lost coverage because they did not submit the required paperwork. He stated that if individuals apply as “Nursing Facility Ineligible,” OLTL is reviewing each one of them. Mr.</p>		

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	<p>Nolen stated individuals should be encouraged to appeal if they are denied and to Mr. Nolen know of this. He stated enrollment support will be part of the new Independent Enrollment Broker contract.</p> <p><b>6. Department of Aging Master Plan.</b> The Pennsylvania Department of Aging has embarked on the development of a 10-year strategic Master Plan, designed to help transform the infrastructure and coordination of services for Pennsylvania’s older adults and individuals with disabilities. For further information on the Master Plan and options for the Board to provide valuable input for the brain injury population:</p> <ul style="list-style-type: none"> <li>• A link to the Master Plan on Aging page that has all the information about what this is and how it will be used, as well as the calendar and links to leave comments. <a href="https://www.aging.pa.gov/publications/MasterPlan/Pages/default.aspx">https://www.aging.pa.gov/publications/MasterPlan/Pages/default.aspx</a></li> <li>• The link for the listening sessions, which is also on the main page. <a href="https://www.aging.pa.gov/publications/MasterPlan/Pages/Listening-Sessions.aspx">https://www.aging.pa.gov/publications/MasterPlan/Pages/Listening-Sessions.aspx</a></li> <li>• The link to the promotional materials for anyone to spread the word about the listening sessions. <a href="https://www.aging.pa.gov/publications/MasterPlan/Pages/AgingPlanMaterials.aspx">https://www.aging.pa.gov/publications/MasterPlan/Pages/AgingPlanMaterials.aspx</a></li> </ul>		
<p><b>DOH Title V Needs and Capacity Assessment (Caryn Decker)</b></p>	<p>Caryn Decker, Department of Health, provided a presentation on Pennsylvania’s Title V Maternal and Child Health (MCH) Services Block Grant (Block Grant) Needs and Capacity Assessment. The Block Grant requires the Bureau of Family Health (BFH) to conduct a state-level, comprehensive assessment of the health status of women, birthing people, children, adolescents, and children and youth with special health care needs to identify the priority health needs that will guide state and local public health work funded by Title V. During this</p>	N/A	N/A

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	<p>assessment, the BFH also evaluates its capacity to serve the MCH populations. The results from the assessment will be used to identify seven to 10 specific priorities that can be positively impacted by strategic public health work over the next five years. State and local Title V staff will identify and implement evidence-based strategies with the goal of making a positive impact on the selected priorities and the health of the MCH populations. The BFH will hold prioritization events to allow the opportunity for providers and clients/families to rank priority health needs to inform the final list. These events will be held in-person, virtual, and via survey. “Save the Dates” will be sent out in the upcoming months and will be provided to the Board.</p>		
<p><b>Written Updates Q&amp;A</b></p>	<p><b>Board Member Updates.</b> Nikki Adams stated Board updates will no longer be provided verbally and will only be given in written format. She explained the updates are needed to be present to the Board at least two weeks prior to the Board meeting to ensure attendees can review them in a timely manner. Before each Board meeting, Erika Pae will be sending an email to the Board that contains the due date for which the updates must be completed and sent to her. If updates are not received by the given due date, the updates will not be sent to the Board ahead of time or verbally provided during the Board meeting. However, the update may be written and printed by the author to be made available at the board meeting.</p> <p><b>Mandatory Updates.</b></p> <ul style="list-style-type: none"> <li>• <b>Workgroups.</b> Each workgroup must provide a summary overview of the meetings and work they have completed since the last Board meeting. If workgroups did not meet each month, it was requested to note that in the summary overview.</li> <li>• <b>DOH Grantees.</b> Any DOH Grantee is required to provide updates on the work they are doing for each of the programs in which they receive funding. This includes but is not limited to BrainSTEPS, NeuroResource Facilitation Program, Opioids and Brain Injury,</li> </ul>	<p>N/A</p>	<p>N/A</p>

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	<p>CJ/JJ and Aging Training and Technical Assistance, Safety in Youth Sports, and Intersection of TBI and Intimate Partner Violence.</p> <p><b>SharePoint Site.</b> The DOH is in the process of creating a designated SharePoint for the Board. Instead of sending out several emails with important documents, the Board members will have the ability to review documents in one central location. Each workgroup will also have its own page where they can upload their meeting minutes and any products they are developing.</p>		
<p><b>Workgroup Discussion</b></p>	<p>Any documents or processes that the workgroup is working on needs to be reviewed and approved by the Board. Board members must participate in at least one workgroup. It was clarified that all work should be sent to DOH first to review and then it will go to the Board for final review.</p> <p><b>Needs Assessment</b> The final draft of the survey for Individuals with a TBI was provided to the Board for review. It was requested Board members review and provide input by October 3<sup>rd</sup>, 2023. Surveys for caregivers and providers will be present prior to the November meeting. The DOH is anticipating that surveys will be distributed at the beginning of 2024. The DOH will be asking the Board and partners to assist in distribution.</p> <p><b>Bylaws</b> The only update provided was that the new Board Bylaws and Mission Statement workgroup met for the first time on July 14<sup>th</sup>, 2023. The purpose of the workgroup is to revise the Board Bylaws and Mission Statement</p> <p><b>Health Equity</b> The Health Equity workgroup is continuing to work on the Recruitment and Onboarding process for potential new Board members.</p>		

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	<p><b>Education and Resource Facilitation</b></p> <ul style="list-style-type: none"> <li>The workgroup is reviewing the standard TBI Training PowerPoint to ensure the trainings are in plain language. The goal is to provide enough information about BI that would allow individuals to support survivors in a meaningful way.</li> <li><b>Brain Injury Awareness Day.</b> Kevin McDonald provided the update that the Brain Injury Awareness Day is to be held on Tuesday, October 17<sup>th</sup> 2023, starting at 10:30 at the State Capitol’s atrium. He and Melissa Carmen are spearheading this effort. They are looking to bring awareness to legislation to ensure neurorehabilitation services are covered by private insurance. It was suggested they get talking points for people that are going to be meeting with their legislatures about this legislation and provide information about accessible parking.</li> </ul> <p><b>Systems workgroup</b> This workgroup is currently focusing on systematic screening in the mental health service system.</p> <ul style="list-style-type: none"> <li><b>Opioid Training.</b> Ms. Vaccaro stated she would like to make a change to the Systems workgroup summary from Chester County DDAP Task Force to the Chester County Opioid Task Force, which included the stakeholders, community members, professionals. The Opioid Task Force operates as a function of the Single County Authority (SCA), which is where a portion of the Opioid Settlement Funds will be distributed. The Opioid Task Force did not have any knowledge about opioid overdose induced brain injuries so she will be providing additional training for them in October.</li> <li><b>Fee for the Online Brain Injury Screening and Support System (OBISSS)</b> Ms. Vaccaro stated one of the previous concerns about using the OBISSS is that it utilizes the Ohio State University TBI Identification Method (OSU-TBI-ID), a brain injury screening tool. When this was initially being explored, the OSU-TBI-ID was not modified for individuals with a non-traumatic brain injury (nTBI). However, it has been recently modified to</li> </ul>		



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	include nTBIs. Barry Decker stated the Office of Mental Health and Substance Abuse Services is looking at electronic health records to determine if there is a way to embed the OBISSS or another brain injury screening, into them.		
<b>Cognitive Rehabilitation Therapy</b>	Ms. Lowery and Stefani Eichelberger presented on Cognitive Rehabilitation Therapy. Barry asked if the type of degree/cert is a barrier. Bridget said not in adults because it is not a Medicaid funded services, however, in children in EPSDT, they typically only will allow OTs to do it. American Congress Rehab Medicine, Society for Cog rehab INCOG 2.0.	N/A	N/A
<b>Review Upcoming Meeting</b>	Next TBI Advisory Board Meeting will be held on <b>November 3, 2023</b> Time: <b>10:00 a.m. to 3:00 p.m.</b> Location: <b>PaTTAN (PA Training and Technical Assistance Network)</b> <b>6340 Flank Drive</b> <b>Harrisburg, PA 17112</b>	N/A	N/A

Handouts: May Meeting Minutes, Agenda, HIP Activity Report and Referrals, Workgroup Summaries, BBVS Presentation.

Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Traumatic Brain Injury Advisory Board Meeting Attendance

**August 4<sup>th</sup>, 2023**

<b>First Name</b>	<b>Last Name</b>	<b>Role</b>	<b>Board Member</b>
Bridget	Lowery	Chair/Family Member	Y
Kevin	McDonald	Vice Chair/Individual with Lived Experience	Y
Kelly	Cappos	Individual with Lived Experience/Family Member	Y
Symme	Trachtenberg	Family Member	Y
Melissa	Carmen	Individual with Lived Experience	Y
Stefani	Eichelberger	Provider	Y
Melissa	Dehoff	Rehabilitation and Community Providers Association (RCPA)	Y
Sherrie	Shade	Disability Rights of PA	Y
Lisa	Tesler	Developmental Disabilities Council	Y
George	Palmer	Centers for Independent Living (CIL)	Y
Ann Marie	McLaughlin	Brain Injury Association of PA (BIAPA)	Y
Monica	Vaccaro	TBI Model Systems	Y
Pattiann	Berton	Impact Inc	N
Barry	Decker	Office of Mental Health and Substance Abuse Services	N
Pat	Kautz	Family Member	N
Heidi	Champa	Department of Aging	N
Caolinn	Martin	Department of Insurance	N
Jessica	Hoffmaster	Department of Drug and Alcohol Programs	N
Mae	Reale	PA Coalition Against Domestic Violence (PCADV)	N
Bailey	Swaffer	Living Unlimited	N
Nicole	Adams	DOH, Bureau of Family Health	N
Amy	Deiderick	DOH, Bureau of Family Health	N



Brad	Hartman	DOH, Bureau of Family Health	N
Erika	Pae	DOH, Bureau of Family Health	N
Danielle	Rhodes	DOH, Bureau of Family Health	N
Randolph	Nolen	Department of Human Services, OLTL	N
Caolinn	Martin	Department of Insurance	N
Randy	Loss	Department of Human Services, OLTL	N

# Traumatic Brain Injury Advisory Board Updates and Workgroup Summaries

## Board Member Updates

### Brain Injury Association of Pennsylvania (BIAPA)

**Contact Information:** Ann Marie McLaughlin, [amclaughlin@remed.com](mailto:amclaughlin@remed.com)

- **BIAPA Conference:** BIAPA gives thanks all who participated in the successful 2023 BIAPA conference held in Lancaster on July 27<sup>th</sup> and 28<sup>th</sup>. BIAPA raised enough scholarship funds to support about 65 survivors and caregivers to attend the conference. The silent auction raised about \$7000, which was donated to next year's scholarship fund. Feedback regarding the level of presentations has been very positive. There were essentially two tracks- one focusing on professional continuing education credits and the other being more focused on caregiver and survivor interests. However, every presentation was open to all attendees. The following special awards were presented at the conference:
  - **John Sears Inspiration award:** Michael Wright
  - **Dennis Minori Family Tribute award:** Reiter Family
  - **Organization Award:** IMPACTED, Inc.
  - **Service to the Brain Injury Community award:** Fighting Back
  - **Service to the Organization award:** Stefanie Bauman



- **Support Groups:** For a full list of support groups, please visit BIAPA’s website at [Support Group Listing - Regional - Brain Injury Association of Pennsylvania \(biapa.org\)](#). The following virtual support groups continue:
  - **Survivor Support Group:** Third Thursdays, 5pm ET
  - **Caregiver Support Group:** Second Wednesdays, 6pm ET
  - **Coping with COVID Support Group:** 2<sup>nd</sup> and 4<sup>th</sup> Thursdays, 5pm ET
- **ReDiscover U:** Survivors are enjoying Monday evening virtual “classes” and sharing for survivors. Classes begin at 6:00 PM eastern time. For additional information and to obtain the link to attend, please visit BIAPA’s website: [ReDiscoverU - Brain Injury Association of Pennsylvania \(biapa.org\)](#)

## **Pennsylvania Coalition Against Domestic Violence (PCADV)**

**Contact Information:** Mae Reale, [MReale@pcadv.org](mailto:MReale@pcadv.org)

PCADV held 9 networking and learning sessions across the Commonwealth with PCADV’s Medical Advocates and Emergency Medical Service (EMS) Providers to discuss the intersectionality of brain injury and domestic violence (DV) and how to support individuals possibly experiencing DV and symptoms of a brain injury. The sessions went very well. The main areas of need for both entities include guidance about how to connect survivors who might have a brain injury to necessary resources and cross training on DV and brain injury.

# Department of Health (DOH) Updates

## *DOH General Update*

- **DOH Secretary:** Dr. Debra L. Bogen continues to be the Acting Secretary of Health and will remain indefinitely.
- **Budget Impasse:** The Commonwealth was required to approve a budget by June 30<sup>th</sup>, 2023 to set funding levels for State Fiscal Year (SFY) 2022/2024, which began on July 1<sup>st</sup>, 2023. However, a budget has yet to be approved. For additional information about the budget impasse, please refer to this link: <https://rb.gy/w24ik>

## *NeuroResource Facilitation Program (NRFP)*

**Contact Information:** Erika Pae, [epae@pa.gov](mailto:epae@pa.gov)

Since the May 5<sup>th</sup> Board meeting, the NRFP has received 24 new referrals. Six of those referrals are individuals with a non-traumatic brain injury. In State Fiscal Year (SFY) 2022-2023, the NRFP received 124 referrals.

## *BrainSTEPS*

**Contact Information:** Erika Pae, [epae@pa.gov](mailto:epae@pa.gov)

BrainSTEPS is currently in the process of sending out promotional posters to all public schools across the Commonwealth. One will be posted in the main office and the other in the teachers' lounge. Transition binders are also being developed and will be provided to students of transition age.



### ***Brain Injury and Opioids***

**Contact Information:** Brad Hartman, [bhartman@pa.gov](mailto:bhartman@pa.gov)

During State Fiscal Year 22-23, BIAPA completed a total of 25 Brain Injury and Opioid trainings. Although the majority of these were with Substance Use professionals, but also included a few Children and Youth County Agencies. The Lunch and Learn “Ask the Expert” meetings for previous participants have been very successful and will continue once every two months. A greater focus on Brain Injury providers is expected in the next year.

### ***Safety in Youth Sports***

**Contact Information:** Brad Hartman, [bhartman@pa.gov](mailto:bhartman@pa.gov)

During State Fiscal Year 22-23, PATS finished with a total of 130 total presentations to athletes, coaches, and parents on concussion prevention and awareness. There were 2,219 athletes ages 7-12 years old, 187 coaches, and 58 parents attending for a total of 2,464 participants.

### ***Acquired Brain Injury Program (ABIP)***

**Contact Information:** Amy Deiderick, [adeiderick@pa.gov](mailto:adeiderick@pa.gov)

The ABIP will be terminated effective of May 31, 2024. Referrals will be accepted until 8/31/23, with new services beginning by 10/31/23. Since the last update, the ABIP has received three referrals. One of the referrals decided to pursue the Community Health Choices Waiver due to long term needs. Another referral stated insurance was covering needed therapies and was no longer interested.

### ***Head Injury Program***

**Contact Information:** Amy Deiderick, [adeiderick@pa.gov](mailto:adeiderick@pa.gov)

Site visits are complete for nearly half of the participating providers. Remaining providers are in the process of being scheduled for the fall.

## HIP Referral Sources Report

May 2023	
Referral Source	Referred
HIP Providers	2
Brain Injury Association of PA	2
HIP website	3
Excelsa Health/Dr. Masterson	3
Allegheny Valley Hospital	1
Brook Glen Behavioral Hospital	1
Neurologist	1
Family	1
SCI Greene	1
Penn Highlands DuBois	1
Social Worker	1
Therapist	1
NRFP	1

June 2023	
Referral Source	Referred
HIP Providers	6
Excelsa Health/Dr. Masterson	4
Internet	2
Encompass Health	1
HIP website	1
Nurse	1
Counselor	1

July 2023	
Referral Source	Referred
HIP Providers	4
Internet/HIP website	3
Excelsa Health/Dr. Masterson	2
Inglis House State Nursing Facility	2
Brain Injury Association of PA	2
BIAPA Conference	1
BrainSTEPS	1
Penn State Hershey Rehab	1
Lehigh Valley Hospital/ Muhlenberg	1
York-Adams MH-IDD	1
Penn Medicine	1
Brain Injury Support Group	1
Friend	1
Therapist	1
Doctor	1







	2022					2023							Total
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	
<b>County of Residence for New Referrals</b>													
Pike			1			1							2
Lycoming						1							1
Crawford				1					1				2
Perry													0
Venango	1												1
Somerset													0
Clearfield										1			1
Wyoming			1										1
Wayne								1					1
Jefferson													0
Greene													0
Clarion	1									1			2
Juniata	1	1	1										3
Bradford									1				1
Huntingdon													0
Susquehanna													0
Bedford													0
Warren													0
Clinton													0
McKean													0
Elk													0
Tioga													0
Fulton													0
Forest													0
Potter													0
Sullivan													0
Cameron													0
unknown													0
<b>Definitions:</b>													
Applications in Process - Application sent to individual, waiting on return or waiting on additional information from the individual to determine if eligible for an assessment.													
Approved for Assessment - Application received and approved. Individual has been found eligible for a HIP assessment. Reflects either notification to select provider or notification to provider and individual of assessment approval.													
Approved for Services - Individual has been determined to be clinically/functionally eligible. DOH is awaiting rehabilitation start date from the provider. Application received, assessment completed and approved, rehabilitation services recommended, service plan approved.													
Total Eligible/Enrolled - The number of individuals currently receiving HIP services + the number of individuals who are approved for HIP but are waiting on a rehabilitation start date from the provider.													

## WORKGROUP SUMMARIES

### Summaries of the Health Equity, Education and Resource Facilitation, and Systems Workgroup Meetings held before July 21<sup>st</sup>, 2023

#### Health Equity Workgroup Update

##### **Topic: New Board Member On-Boarding Process**

The Health Equity Workgroup worked on developing a process called the “New Attendees Welcome Wagon.” The following is the drafted process:

- The Health Equity Workgroup is responsible for welcoming all attendees at the entrance of the meeting.
- Each new attendee would need to follow the process to apply for Board membership, so at no time should Board membership be offered or indicated as a ‘for sure’ for new attendees.
- Applicant attends 2 consecutive meetings prior to discussing applying for Board membership.

It is the Vice-Chair’s responsibility or his/her designee – to identify new attendees present at the meeting and then pair up each new attendee with a current Board member at the second meeting (Peer Support Liaison). Executive Team members are not eligible to serve as Peer Support Liaisons.

**First meeting** - is not a time to offer Board membership or even application, but a time for the new attendee to experience the meeting.

**Second meeting** - this should be more of an exploration of how this person may be a good match for what our Board needs to meet our ACL requirements.

### **Following Second Meeting:**

- Input will be received from the Peer Support Liaison with the recommendation to receive application.
- The Executive Team will consider all input from Board members to determine final recommendation for new applicant to receive application or not.
- Peer Support Liaison will support applicant to complete TBI Advisory Board Application, as needed.

**Peer Support Liaison** – to assist interested individuals through the introduction to Board activities/processes. To be assigned at second meeting by the Vice-Chair. Peer Support Liaisons will be volunteers from the current Board.

- Welcome them to the meeting, sit with them, eat lunch, provide support.
- Share knowledge and experiences with being part of the Board.
- Answer questions.
- Make introductions to other Board members and other attendees.
- Foster a sense of belonging and inclusivity.
- Share the expectations of the Board/Workgroups.
- Share the benefits of being part of the Board – including financial support for attendance including travel/hotel. Free lunch at meetings.
- Participate in helping the potential Board member in identifying their strengths to determine if they will make a good addition to the Board.
- Exchange contact information between potential Board member and Peer Support Liaison. Board Membership List and Annual Report (which will include the Workgroup descriptions) will also be shared.

Following the engagement with the potential Board member, the Peer Support Liaison will give their feedback/thoughts to the Executive Board and representative from DOH for their consideration.

## **Education and Resource Facilitation Workgroup Update**



### **Topic: Slide Decks**

The Education and Resource Workgroup has been working on developing a brief slide deck that can be used by anyone to provide general knowledge about brain injury. This can be widely shared to ensure that people are getting consistent information about brain injury. The group is in the process of reviewing the current draft, which can be found at: [TBI General Information PPT.pptx](#). The workgroup is interested in having two versions of this training, one that could be shared with people who are non-brain injury professionals, but who work with individuals with a brain injury (i.e.; teacher, attorney, advocate) to provide general information about the ways in which they could support a person with a brain injury. The other version would be to share with people who have a personal connection with someone with a brain injury who are looking for ways they can provide brain-injury informed support to that person.

## **Systems Workgroup Update**

### **Topic: Presentation by April Turner at the BIAPA Conference**

April came from Alabama to present on their Brain Injury Screening Program in Behavioral Health. The workgroup would like to see her slides to understand the difference between Navigators and NeuroResource Facilitators. Drew Nagele will ask April for her slides for workgroup review.

### **Topic: Online Brain Injury Screening and Support System (OBISSS)**

The workgroup discussed revisiting the use of OBISSS. It is felt this tool could be used in different ways and not just having individuals take the online screening and get an email with the symptom questionnaire recommendations. The workgroup discussed OBISSS's limitation of only addressing TBI and the need to understand whether there are costs associated with customizing the screener to include non-traumatic causes of brain injury, such as unintentional overdose. It was discussed using all the additional non-traumatic questions that have been added to the OSU TBI-ID.



**Topic: Chester County Department of Drug and Alcohol Programs (DDAP) Presentation**

Monica Vaccaro made a presentation to Chester County DDAP Task Force on Brain Injury.

**Topic: Opioid Settlement Fund**

The workgroup discussed how the Opioid Settlement Funds were being used and if there could be a pilot done at the County level. Jessie Hoffmaster, the Board's DDAP representative, reported that the Single County Authority (SCA) varies by County. Monica will contact Jamie Johnson from Chester County DDAP, as this may be the person to contact about making a proposal. The workgroup also discussed the possible need to allocate funds in the proposal for NeuroResource Facilitation, as the current funding is limited. The workgroup would like to explore this with multiple counties. Jessie will see if there are other options to access these funds.