



Traumatic Brain Injury (TBI) Advisory Board
November 3rd, 2023, Meeting Minutes
10:00 a.m. – 3:00 p.m.
In-person Meeting

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

Public Participants/Special Guests: N/A

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
Welcome and Introductions (Bridget Lowery)	Ms. Lowery chaired the meeting and welcomed Advisory Board members and participants. Introductions were made for individuals attending.	N/A	N/A
Formalities (Bridget Lowery)	<p>Approval of August Minutes- Kevin McDonald motioned to approved and Frank Notaro seconded it. The August meeting minutes were approved.</p> <p>Board Elections- Board members were asked to fill out ballots for the Board Officer Elections.</p>	N/A	N/A
DOH Administration for Community Living Grant Presentation	Nicole Adams and Erika Pae presented on the Administration for Community Living Traumatic Brain Injury State Partnership Grant that was awarded to the Department of Health in June of 2021. This is a five-year grant that started on 8/1/2021 and will end on 7/31/2026. The presentation covered the amount of funding received; what programs the grant funds; and the requirements of	N/A	N/A

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
	the grant regarding Board composition. Please see below for the PowerPoint slides.		
Individual with TBI Needs Assessment Survey Board Vote	Ms. Lowery called for a vote to approve the Individual Needs Assessment for dissemination. The Board moved to approve it. The Board discussed ways to disseminate it, including creating a flyer with a QR code on it to take the individual directly to the survey, sending it out via email to listservs, sending them out to support groups and hospitals.	N/A	N/A
Department of Human Services Q&A (Randy Nolen)	<p>Office Long-Term Living (OLTL) Update Mr. Nolen provided the following updates:</p> <p>Transportation Summit OLTL will be holding a virtual transportation summit on December 11th , 2023 from 1:00 PM- 4:00 PM. There will be staff from various programs on the call, including individuals from Medical Assistance Transportation Program (MATP) PennDOT, Office of Aging, Transportation Brokers, South Eastern Pennsylvania Transportation Authority (SEPTA), and Managed Care Organizations (MCO). They will be discussing their programs and answering any questions. This is open to anyone that would like to participate. There have been a lot of questions about MATP in relation to Managed Long-Term Services and Supports (MLTSS) that still need a great deal of clarification. It is recognized there are shortcoming with transportation within the Department of Health service system, not only getting people to appointments but also socialization. However, this summit is more about services and not about funding these services.</p>	N/A	N/A

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
	<p>Annual Re-evaluations</p> <p>Ms. Lowery discussed several concerns surrounding the annual re-evaluations all participants on the Community HealthChoices Waiver must go through to continue services. There are a lot of participants that have gone through the annual re-evaluation process and are now determined to be nursing facility ineligible (NFI). This means they are being dropped from their services because of a loss in waiver funding and potentially losing their insurance. These are people who have been nursing facility eligible (NFE) for years are no found ineligible because of this reevaluation. Ms. Lowery stated several providers met with a MCO about this issue. They stated they have no control over these re-evaluations and to contact OLTL about this. The MCO also stated their Service Coordinators do not need trained because they are now asking the questions the way they are required. Now that they are asking the questions appropriately, these individuals are found to be NFI.</p> <p>Randy stated OLTL recognizes there is an issue, and they are working on changing the processes. Every year participants must be re-evaluated to determine eligibility. When a participant enters into the system, they have to determine their level of care (LOC). This is a Centers for Medicaid/Medicare Services (CMS) mandate. The re-evaluation is done through a standardized test called the Inter-ARI. There are a subset of questions from the Functional Eligibility Determination Tool (FED) that are also used. The Service Coordinator fills out the re-evaluation and submits it through the system where it is automatically reviewed. Aging Well then</p>		

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
	<p>determines if the participant is NFE or NFI. It is the MCO's responsibility to request a physician's certification (PC) determination for the participant. The big part of the problem is getting the PC back from physicians. Previously, they had a timeline that if the PC was not returned in 60 days, the individual was found to be nursing facility ineligible.</p> <p>Currently, OLTL is in the process of implementing a new process as a way to avoid all of the appeals and overburden. If a participant is found to be NFI, there will be no changes to participants waiver benefit until the PC is obtained. If the PC comes in as NFI, the person is NFI. If it comes back as NFE, the medical director will review and decide. The biggest change is if on that 60th day, the PC did not come in, individuals will remain on the waiver and Aging well will complete a new FED. If it comes back as NFE, the medical director will review and make the determination at that point.</p> <p>This process was just sent to Aging Well for their review. They did have some questions so Randy will be looking it over and answering them. He estimates this to be in effect the following week. Aging Well will be given a timeline to go back and get these re-evaluations done, which will likely be done within three months.</p>		
Department of Education	Mr. Krushinski gave a presentation on an overview of Pennsylvania's Special Education. Please see below for the PowerPoint slides.	N/A	N/A

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
Presentation (Tim Krushinski)			
Written Updates Q&A	<p>Board Member Updates. George Palmer, Center For Independent Living (CIL) Representative and family member on the Board, shared that the Pennsylvania Statewide Independent Living Council (PA SILC), in partnership with the network of Centers for Independent Living (CILs) and the Office of Vocational Rehabilitation (OVR) is providing opportunities to hear directly from individuals about what their life experiences are as Pennsylvanians with disabilities. Information about these public forums were distributed to the Board through email.</p> <p>Brain Injury Awareness Day The 4th annual Brain Injury Awareness Day was held on October 17th, 2023 at the Capital. The day began with a rally containing 6 presentations. Upon completion of the Rally, there was time for Legislative visits in which Legislators were asked to both support HB1682 as well as to join their respective Brain Injury Caucus. A luncheon was held at which Senator Tim Kearney again addressed the crowd before the final event of the day began. After lunch, there was a Brain Injury Panel.</p>	N/A	N/A

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
Board Member Expectations (Ms. Lowery and Stefani Bauman)	<p>Ms. Lowery and Stefanie Bauman reviewed Board member attendance requirements. Each Board member is required to attend and stay at each of quarterly Board meeting. If they are unable to attend, they must provide advance notice. Board members are also expected to join one of the four workgroups and attend 75% of the monthly meetings. Ms. Bauman stated if a Board member was not currently on a workgroup, they could sign up for one at the end of the meeting.</p>		
Workgroup Discussion	<p>Fundraising for Board Activities Ms. Adams and Ms. Pae updated the Board on the ability of the Board to fundraise for Board activities. The Department of Health’s Legal Office determined the Board would not have the ability to fundraise as it is under the Governor’s jurisdiction.</p> <p>Health Equity The workgroup is continuing to work on the board application process for potential new members and the recruitment flyer.</p> <p>Education and Resource Facilitation Mae Reale provided a brief update of the work the workgroup has been doing. They discussed wanting to do a poster contest to engage students in effort to promote brain injury awareness. Mae discussed a similar initiative the Department of Education did in partnership with the Moonshot Museum, and Penn State’s Readiness Institute, Astrobotic (Moonshot Poster Contest (pa.gov)).</p> <p>Systems workgroup</p>		

Agenda Item	Notes	Action Items /Recommendations	Party Responsible
	<p>The workgroup discussed efforts to apply for opioid funds to assist individuals with a brain injury as a result of an overdose through resource facilitation and screening.</p>		
<p>House Bill 1682 (Drew Nagele)</p>	<p>Mr. Nagele presented on the current legislative brain injury bill, House Bill 1682.</p> <p>This legislation would require commercial health insurers to include post-acute neurorehabilitation as a covered benefit in their insurance policies. By requiring this coverage, the Commonwealth of Pennsylvania would have substantially lower long term care obligations for its citizens with ABI.</p> <p>The Board discussed other legislative efforts to put a line item into the state budget for Resource Facilitation and screening. The Board also discussed other states with brain injury service and support line items in their budgets. Ms. Adams and Ms. Pae will be reaching out to the National Association for State Head Injury Administrators (NASHIA) to request this information.</p>	<p>Collect information on other states that have line item in their budget.</p>	<p>Ms. Pae</p>
<p>Review Upcoming Meeting</p>	<p>Next TBI Advisory Board Meeting: February 2nd, 2024 Time: 10:00 a.m. to 3:00 p.m. Location: PaTTAN (PA Training and Technical Assistance Network) 6340 Flank Drive Harrisburg, PA 17112</p>	<p>N/A</p>	<p>N/A</p>



Handouts: August Meeting Minutes, Agenda, HIP Activity Report and Referrals, Workgroup Summaries, ACL Presentation, Department of Education Presentation, Individual with TBI Needs Assessment Survey, Infographic on Funding Streams as it relates to the House Bill 1682.

Facilitator Signature: _____ Date: _____

Traumatic Brain Injury Advisory Board Meeting Attendance

November 3rd , 2023

First Name	Last Name	Role	Board Member
Bridget	Lowery	Chair/Family Member	Y
Stefanie	Bauman	Secretary	Y
Kevin	McDonald	Vice Chair/Individual with Lived Experience	Y
Frank	Notaro	Individual with Lived Experience	Y
Becky	Crambert	Individual with Lived Experience	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 Pennsylvania	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
Greg	Janik	Pennsylvania Athletic Trainers Society (PATS)	Y
Drew	Nagele	Neuropsychologist	N
Pat	Kautz	Family Member	N
Heidi	Champa	Department of Aging	N
Mary Margaret	Letteer	Individual with Lived Experience	N
Kaitlin	Salvati	Office of Vocational Rehabilitation	N
Mae	Reale	PA Coalition Against Domestic Violence (PCADV)	N
Bailey	Swaffer	Living Unlimited	N




Nicole	Adams	DOH, Bureau of Family Health	N
Tim	Krushinski	Department of Education	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

DEPARTMENT OF HEALTH'S AWARDED ACL TBI STATE PARTNERSHIP PROGRAM GRANT OVERVIEW PRESENTATION

Administration for Community Living's (ACL) Traumatic Brain Injury State Partnership Program Grant Presentation


Nicole Adams
Public Health Program Manager
PA Department of Health
&
Erika Pae
Public Health Program Administrator
PA Department of Health



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ACL Grant Purpose


Create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of people with TBI across the lifespan and the people who support them.



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ACL Board Requirements

- At least 50% of people with a brain injury (BI), including those from diverse and underserved populations
- Family member(s) of individuals with a BI
- Representation from Centers for Independent Living and/or the State Independent Living Council
- Representation from an Aging and Disability Resource Center
- Representation from the Protection & Advocacy agency
- Representation from the long-term care ombudsman
- Representation from a TBI Model System Center




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Ad-Hoc Membership

Per 42 U.S. Code §300d-52, the Board shall have the following representation present at Board meetings; but do not have to be voting members:


- The corresponding State agency involved;
- Public and nonprofit private health related organization;
- Other disability advisory or planning groups within the State; and
- Members of an organization or foundation representing individuals with traumatic brain injury.



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ACL Grant Overview


- The Department of Health (DOH), Bureau of Family Health was awarded the ACL grant, which is for five years. The grant began on August 1, 2021, and will end on July 31st, 2026.
- For this grant cycle, the DOH received a total of \$200,149 per grant year (total award is \$1,000,245). This was a reduction of \$99,851 per year from the previous grant cycle. This was because of an increase in state participation.



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ACL Grant Overview cont.

- ACL requires each state to have a full-time employee to oversee grant activities, which is Erika Pae.
- Although most states use ACL funding to pay for this employee, PA utilizes Title V Block Grant funds.
- The entirety of these funds are given towards our grantees, the Brain Injury Association of Pennsylvania (BIAPA) and Pennsylvania Coalition Against Domestic Violence (PCADV)




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Repercussions

ACL may take the following action regarding grantees who do not make significant progress toward meeting these requirements: within the first 12-months of the grant (particularly the requirement that your state TBI advisory board is comprised of 50% people with a TBI):


- Increased monitoring
- More frequent (quarterly) reporting
- Conversion from advanced to reimbursement payments
- Loss of funding



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Contact Information


- For additional information about the ACL grant or DOH initiatives please contact:
 - Nicole Adams
nicadams@pa.gov
717-772-2763
 - Erika Pae
epae@pa.gov
717-772-2763



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DOH Initiatives Funded by ACL

- NeuroResource Facilitation Program
- Juvenile Justice and Older Adult Traumatic Brain Injury Training and Technical Assistance
- Intersectionality of Domestic Violence and TBI



Brain Injury Advisory Board

- As an ACL grantee, Pennsylvania is required to establish and maintain a brain injury advisory board.
- It must be representative of the state and includes individuals from culturally and linguistically diverse populations from both rural and urban areas.



BOARD UPDATES

Brain Injury Association of Pennsylvania (BIAPA)

- **BIAPA Annual Conference**

BIAPA's annual conference is scheduled for June 24 and 25, 2024 at the Marriott Hotel in Lancaster, PA. The call for papers has been completed and distributed. Proposals are due back by November 22, 2023. In response to feedback from last year's attendees, a strong effort is being made to have two tracks, one focusing on professional CE's and the other being more focused on caregiver and survivor interests however, every presentation will be open to all attendees. We also will be having a child and adolescent focused track on one of the days from 10am-2pm. Please also look for invitations to submit award nominations for individuals who have made significant contributions to the brain injury community.

- **Brain Injury Awareness Day**

Congratulations to Kevin McDonald and Melissa Carmen for coordinating a successful Brain Injury Awareness Day on October 17, 2023. BIAPA is very grateful for this advocacy effort.

- **Virtual Support Groups**

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: 2nd and 4th Thursdays, 5pm ET

For a complete list of support groups, please visit this link: [Support Group Listing - Regional - Brain Injury Association of Pennsylvania \(biapa.org\)](https://www.biapa.org/support-group-listing-regional)

- **ReDiscover U**

Survivors are enjoying this program, which are Monday evening virtual “classes” and sharing for survivors, 6pm ET. For additional information and a link to join, please visit this link: [ReDiscoverU - Brain Injury Association of Pennsylvania \(biapa.org\)](https://biapa.org)

- **The Child and Adolescent workgroup of BIAPA**

They are coordinating increased focus on special topics and activities relevant to this population including as mentioned: conference presentations as well as activities for younger audience which will allow caregivers to attend the conference workshops; Brain Safety fairs; Caregiver support group; updated website resources.

- **DOH Initiatives**

BIAPA continues to implement DOH initiatives including BrainSTEPS, NeuroResource Facilitation, Education and Training and the Opioids Initiative.

- **BIAPA Employment Opportunity**

BIAPA is looking for a certified brain injury specialist to provide NeuroResource Facilitation in Central Pennsylvania. If you know anyone who might be interested in this part-time work (20-30 hours a month), please contact Monica Vaccaro at vaccaro@biapa.org. The posting can be found on the BIAPA website using this link: <https://biapa.org/employment-opportunities/>.

Pennsylvania Coalition Against Domestic Violence (PCADV)

- **Intersectionality of Domestic Violence (DV) and Brain Injury Toolkit and QR Codes**

PCADV has been developing a toolkit for use by DV advocates, EMS providers, substance use providers, and brain injury providers to assist in connecting DV survivors to brain injury supports. The toolkit will have sections for each of these professional roles that feature tangible information about the ways in which they can support the unique needs of DV survivors with a brain injury. They also been developing a badge-buddy and QR card that can be used by healthcare and EMTs to encourage them to discuss the possibility of a brain injury with DV survivors.

- **Brain Injury Training to DV Advocates**

PCADV held two successful training sessions on October 10th and 13th for DV advocates. There were eight advocates from six DV programs that attended the Western session and five DV advocates from four DV programs that attended the Northeastern PA session. These sessions focused on ensuring advocates are having additional discussions with survivors about brain injury. This will assist advocates to have conversations that are not completely siloed to just housing intakes and can be undertaken in natural way to ensure that survivors with brain injuries are connected to resources, including the Brain Injury Resource Line (BIRL) and DOH brain injury programs.

Pennsylvania Athletic Trainers Society

- **ConcussionWise Educational Video Update**

Sport Safety International has added [Spanish Subtitles](#) to the ConcussionWise Educational Videos. This will allow our instructors to have the ability to provide our Spanish speaking audience members the ability to follow along.

- The revised PATS ConcussionWise Educational Videos and can be viewed live at the following link: [Pennsylvania – ConcussionWise – Sport Safety](#)

- **ConcussionWise Training**

PATS provided 28 ConcussionWise presentations. Those presentations were attended by 488 youth sport athletes, 48 parents, and 61 youth sport coaches for a **total of 597** attendees.

- PATS currently has **15 ConcussionWise Instructors** who are ready to provide in-person or virtual ConcussionWise presentations. If interested in having a PATS ConcussionWise course presented in your area, contact concussiongrantpats@gmail.com.

- **PATS Concussion Toolbox Application**

The Toolbox Application has a total of **415 app users**. The most popular used aspects of the app were the signs and symptoms, as well as frequently asked questions regarding concussions section.

- The app is available in IOS and Android formats by entering "PATS Concussion Toolbox" in the AppStore or Google Play or by utilizing the QR codes below or on the PATS website <https://www.gopats.org/concussions>



- **Promotional Campaign**

The PATS DOH Work Group has started the process of planning another Promotional Campaign with the DOH for 2023-2024 with efforts directed to promoting awareness about early recognition and intervention of concussions during athletic events.

Department of Health (DOH) Updates

DOH General Update

The Title V Five-Year Needs & Capacity Assessment is underway through the PA DOH, Bureau of Family Health. This assessment is required every five years as part of the Maternal and Child Health Services Block Grant (MCHSBG). The MCHSBG funds several of the bureau's brain injury programs, including BrainSTEPS, Acquired Brain Injury Program, and the Brain Injury and Opioid Training program. This state-level, comprehensive assessment of the health status of women, birthing people, children, adolescents, and children and youth with special health care needs (CYSHCN) identifies the priority health needs that will guide the bureau's public health work funded by Title V. The bureau's steering committee has been reviewing data to determine potential priority areas in each Title V domain: Women, Infants, Children, Adolescents, CYSHCN, and cross-cutting/systems building. The potential priorities will be presented to the public through prioritization events held across the Commonwealth, starting in late 2023. This is an opportunity for providers, families, and self-advocates to provide input into the bureau's Title V strategies and activities for the next five years.

Head Injury Program

2023 monitoring visits to HIP providers have been completed. A family engagement component was included in the monitoring visit this year which included interviewing clients/families to obtain input on HIP services.

Request for Application (RFA) for the Pre-Enrollment Assistance program was posted to the emarketplace on 10/10/23 with bid proposals due 12/12/23. Please see the link for more information or to share with anyone you think may be interested. [PA - eMarketplace \(state.pa.us\)](#)

Acquired Brain Injury Program (ABIP)



October 31, 2023, was the last day to submit applications to the ABIP. The ABIP will discontinue on May 31, 2024. In total, we have received 19 referrals to the ABIP since the program began in 2020.

Shaken Baby Syndrome (SBS)

The request to update the SBS brochure has been approved. DOH will be discussing this project with BIAPA.

Administration for Community Living Grant

The DOH is currently in the 3rd year of the grant cycle. Carryover funds will be requested to support the increasing amount of NeuroResource Facilitation Program referrals.

WORKGROUP SUMMARIES

Summaries of the Health Equity, Education and Resource Facilitation, and Systems Workgroup Meetings

Health Equity Workgroup Update

The Health Equity Workgroup has met every two to three weeks over the last two months to focus on the continued work to develop a process for on-boarding new members for the Board. The group's goal is to have this completed by end of 2023.

Potential New Board Member Applicant On-Boarding Process - DRAFT

When Board positions are open, all Board members are expected to work on recruiting efforts to fill the open positions.

1. At each Board meeting, DOH will provide the Board with a list of the current Board members and current vacancies.
2. Individual is identified, a Board Informational Flyer (yet to be developed) will be reviewed with interested individuals. The Board member encourages them to attend the next scheduled Board meeting.



3. For those who show interest and have had a discussion with a current Board member, confirmation with DOH and Board Officers will occur to be sure that there is a Board vacancy.
4. Board members and Peer Support Liaison (PSL) (see below for PSL duties) share information about the possible new applicant with Board officers and DOH. This may include the individual's interests, background, reason for their interest in becoming a Board member, a resume/CV if applicable, and other pertinent information.
5. Based on the individual's meeting attendance, Board vacancy needs and evaluation of their compatibility with the Board, Board officers will discuss putting this person forward to the full Board to vote on offering a new Board member an application. This should happen after the person has attended two meetings and the full Board vote should be conducted electronically by the Program Administrator. Results will be shared with the individual by the Board Chair, after the vote on a 1:1 basis and with the full Board at the next Board meeting.
6. Final step – the individual receives the DOH Board application which is completed by the individual (with Peer Support Liaison support if needed) and submitted to the Secretary for review/determination.

If an individual attends a meeting independently, without going through the above process:

It is the Vice-Chair's responsibility or their designee to identify new attendees as a potential applicant, introduce the individual at the meeting and then pair up each new attendee the potential applicant 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 potential applicant 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/other Board Members with the recommendation to receive offer 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.

New attendees 'Welcome Wagon'

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 two consecutive meetings prior to discussing applying for Board membership.

Peer Support Liaison

This role is 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. Their responsibilities include:

- 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 the Board member and Peer Support Liaison. The Board Membership List and Annual Report (which will include the Workgroup descriptions) will also be shared.

Education and Resource Facilitation Workgroup Update

Topic: Slide Decks



The workgroup continued working on developing a brief PowerPoint slide deck that can be used to share general information about brain injuries with people who might be working with someone who has a brain injury, but not a brain injury-related professional (i.e., attorney, teachers, advocates, etc.) and/or people who want to help support the needs of people with a brain injury. They will be sharing the slide deck with the DOH for review soon.

Topic: Poster Contest for Brain Injury Awareness

The workgroup has revisited the idea of a contest for students to raise awareness of brain injury. In October, they began generating ideas about prizes, reviewed a rubric created by a workgroup member for scoring, and what the workgroup would be asking students to do. They are considering what the contest would look like for elementary, middle, and high school students to ensure that what the workgroup is asking for would be most beneficial in each category.

Systems Workgroup Update

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: Cross Systems Collaboration

A training held for Bucks County Drug Court employees resulted in a Judge there being interested in screening. They consulted with BIAPA, and it was recommended the Judge send them to treatment with a provider who has training in brain injury. There are only about six Rehabilitation Hospitals across PA who work with individuals that only have Medical Assistance as their primary insurance. A question was asked about how to move forward with this information. The workgroup came up with the following ideas:

- Ways to assist Behavioral Health and Substance Abuse providers to develop skills in working with people who have cognitive impairment. It was asked if there would be a possibility for brain injury providers to work with the Psych Rehab Centers, outpatient, and work ordered day (Clubhouses)? Barry Decker stated he would provide the workgroup with a contact for the over-arching organization.
- Target the ERs regarding improving the linkage to brain injury services.

Topic: Presentation on Brain Injury Association of New Hampshire's (BIANH) Brain Injury/Substance Use Disorder (SUD) Task Force



Krystal Chase, BIANH Director of Programs, presented on the BI/SUD Task Force. This task force was initiated after BIANH had several discussions with community leaders and members regarding the state's ongoing opioid epidemic. Through these conversations, it was found that there was a growing group of people who were largely not being recognized as potential members of the brain injury community. These included individuals who had sustained brain injuries from one or multiple opioid overdoses, especially those who were revived with Narcan and may have been without oxygen to their brain for minutes or more. In 2018, the task force was formed and included individuals from BIANH; Dr. Deepak Vatti, the Medical Doctor for the ER at St Joseph's Hospital; the State Brain Injury Administrator; the Bureau of Developmental Services; Veterans Affairs; and an individual living with SUD. They began by brainstorming what could be done with no funding. They focused primarily on opioid overdose, developed some initiatives and began to look for funding. After a lot of research and hard work, they were awarded a small grant of \$80,000 through New Hampshire Foundation for Health Communities, which is specific to a hospital substance use initiative. With these funds, they developed a program to screen for BI in the ER by implementing the modified version of the Ohio State University- Traumatic Brain Injury Identification (OSU-TBI ID) method to be used in the ER. All overdoses were screened and referred to NeuroResource Facilitation (NRF). BIANH hired an individual to work one day per week to be physically present in the hospital and work with care coordination staff. Through a secure messaging system, he was notified of individuals who met the SUD criteria and would follow-up with them. The BI/SUD Program Trajectory was as followed:

1. The individual experienced an opioid overdose.
2. Narcan was administered to stop the overdose.
3. The individual was transported to the ER.
4. The individual was screened for BI.
5. Was referred to NRF.
6. Follow-up was provided in community, next day or two, and would try to get them connected to SUD treatment, such as detox or an intensive outpatient program.
7. Follow-up to see if challenges in those programs were caused by brain injury. The Neuro Resource Facilitator was available for SUD treatment providers to call and get strategies working with brain injury. Dr. Vatti did trainings with medical staff with pre and post testing.

Currently, BIANH has obtained a 2nd grant through New Hampshire's Bureau of Drug and Alcohol Programs (BDAP). This primarily focuses on training and education materials about the connection between overdose and brain injury. Home health, hospitals, corrections, SUD treatment recovery centers, presented at BIANH annual conference. They have developed RAC card with infographics, one for medical providers/first responders/medical providers, educators, high school teens, and for survivors of



overdose. It was noted that BIANH formed a relationship with the Commissioner of Health and Human Services HHS, which allowed for the award of the grant, which may have come from the opioid settlement funds. New Hampshire may be administering opioid settlement monies at the state level. BIANH is currently in their second grant year, which will focus on educators, school nurses, and school social workers. They did purchase OBISSS through NASHIA to work with their Mental Health Center to identify brain injury in that population. Maine is also doing a similar project with their Office of Alcohol and Drugs Services (OADS).

Topic: Opioid Settlement Fund

- **PA Opioid Trust Fund Website**

This year, Pennsylvania (PA) received \$78 million in opioid settlement funds, and some settlements are yet to be made. These funds will be coming in over the next 10-15 years. Pennsylvania set up a trust specifically for the opioid settlements. As part of the oversight of these funds, this website <https://www.paopioidtrust.org/> was created. Amy Deiderick and Erika Pae provided this website to the workgroup. The workgroup reviewed it and found a lot of funding opportunities. The workgroup determined the need to find a mechanism to access these funds. Uses where our proposed project should fit. The workgroup will be looking for a mechanism to access the funding.


- **Berks County Opioid Settlement Proposal**

There is an on-line application for funding through Berks County that Monica Vaccaro found. The workgroup discussed putting funds for the NeuroResource Facilitation Program into the proposal as the current funding for that program is limited. The workgroup tentatively fleshed out the following proposal that could be submitted, however, additional information is needed on the estimated cost and need more info on costs:

- **The Berks County Pilot Brain Injury Identification Project will include:**
 - Systematic screening conducted at intake at the Substance Use Centers of Excellence (COE). Develop a procedure to identify and establish likely cognitive impairment. For example, using OBISSS at \$6500, with an additional \$500 for additional screens. Jessie will check on how many COEs there are in Berks County, costs for training on how to screen, and technical assistance on fidelity of screening. The workgroup discussed bringing Brad Hartman, the DOH Brain Injury and Opioid Training Program Administrator into the conversation about this.


- Providing training to Behavioral Health and Substance Use Disorder professional staff to allow them the ability to integrate cognitive strategies into their practice to improve outcomes of those consumers who have cognitive impairment. Monica stated she will estimate cost per training, which includes fee to trainer, coordinator of training, and travel costs.
- Offer technical assistance and training to follow-up with therapists who are trying to modify their program. The workgroup felt they would need leadership involvement. The cost would need to be an estimate because this would include booster sessions at three to six months later for problem solving.
- Hosting a summit to bring stakeholders together, such as people who have taken training and perhaps a provider would supply space to bring other others together.
- Provide linkage to existing DOH programs, other available brain injury services (Navigation Services), and higher-level care management through NeuroResource Facilitation. The workgroup discussed working with Erika Pae to determine cost to provide NRF to an additional 75 individuals per year.
- Hire a Project Director/Project Manager.

PENNSYLVANIA DEPARTMENT OF EDUCATION POWERPOINT PRESENTATION



Overview of Special Education

11/3/23



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PA State Hierarchy

State Education Agency (SEA):

- Pennsylvania Department of Education (PDE)
- Bureau of Special Education (BSE)


Local Education Agency (LEA):

- School Districts, Charter Schools

Superintendent, Director of Special Education, and Principals

↓

Special Education Teachers and Related Services Providers




3

Free Appropriate Public Education (FAPE)

300.101 Free appropriate public education (FAPE)

(a) General. A free appropriate public education must be available to all children residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school, as provided for in §300.530(d).




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Special Education Federal Hierarchy

Federal:


- United States Department of Education (USDE)
- Office of Special Education Programs (OSEP)
- Office Civil Rights (OCR)



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IDEA and PA Chapter 14 Overview

***The following slides are not inclusive of all IDEA and PA Chapter 14 regulations.




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Child Find

§ 14.121 Child Find

Child Find requires all school districts to identify, locate and evaluate all children with disabilities, regardless of the severity of their disabilities.



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22 Pa. Code § 14.121 Child Find

(a) In addition to the requirements incorporated by reference in 34 CFR 300.111 (relating to child find), each school district shall adopt and use a **public outreach awareness** system to **locate and identify children thought to be eligible for special education within the school district's jurisdiction.**

(b) **Each school district shall conduct awareness activities to inform the public of its early intervention and special education services and programs and the manner in which to request services and programs.** Written information shall be published in the school district handbook and school district web site. The public awareness effort must include information regarding potential signs of developmental delays and other risk factors that could indicate disabilities.

(c) **Each school district shall provide annual public notification, published or announced in newspapers, electronic media and other media, with circulation adequate to notify parents throughout the school district of child identification activities and of the procedures followed to ensure confidentiality of information pertaining to students with disabilities or eligible young children in accordance with this chapter.**


(d) **Intermediate units are responsible for child find activities necessary to provide equitable services consistent with 34 CFR 300.130–300.144, regarding children with disabilities enrolled by their parents in private schools.**

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Timelines


- Initial Evaluation- 60 days
- Reevaluation- 60 days
- Copy of ER or RR to parent 10 days prior to IEP Meeting
- Evaluation/Reevaluation Procedure- 60 days from consent

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Change in Identification/Evaluation/Placement/FAPE

Law	Action	Timeline	
		School Days	Calendar Days
332.923(a)	Prior to the local educational agency (LEA) proposing a change in the identification, evaluation, or educational placement of a child or the provision of FAPE to the child, the LEA must provide prior notice using the NOTICE/PPWV form.		

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Timelines

Key Terms

Reasonable amount of time is generally considered to be 10 calendar days; however, there may be individual circumstances that would require additional days to respond to the parents' request for an evaluation (e.g., when a student has recently enrolled in the district).

School term is the period of time elapsing between the opening of the public schools in the fall of one year and the closing of the public schools in the spring of the following year. **Note:** The time starts when the entire staff is present, not the first instructional day for students.

- Calendar days
- School days


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IEP Meeting

Law	Action	Timeline	
		School Days	Calendar Days
300.322(a)	The local educational agency (LEA) must provide advance notice to the parent when scheduling an Individualized Education Program (IEP) meeting.		
300.323(c)	The LEA must convene the IEP meeting after the completion of an Evaluation Report (ER) or Reevaluation Report (RR).		30
300.303(a)	Written notice must be provided to the parent, recommending educational placement or provision of FAPE.		**
34.1315(a) 300.303(b)	An initial IEP for a student will be implemented as soon as possible after receiving parental consent for initial services.	No later than 10	
34.1315(b)	For any IEP completed after an initial IEP the IEP must be implemented.	No later than 10	


*Enough time to ensure that parents will have an opportunity to attend
**Within a reasonable time before services begin

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Related Services in IEPs

- What are Related Services?
- How are Related Services included in IEPs?
- How do Related Services work in schools?
- Who delivers Related Services in schools?

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IEP and 504 Plan

- IDEA IEP
- Requires an [individualized education program \(IEP\)](#).
- "Appropriate" education means a program designed to provide "educational benefit" for a person with disabilities.
- Placement may be any combination of special education and general education classrooms.
- Provides related services, if required. Related services may include speech and language therapy, occupational therapy, physical therapy, counseling services, psychological services, social services, and transportation.

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IEP/504 Plan

- Section 504—504 Plan
- Does not require an IEP but does require a plan.
- "Appropriate" means an education comparable to the education provided to those students who are not disabled.
- Placement is usually in a general education classroom. Children can receive specialized instruction, related services, or accommodations within the general education classroom.
- Provides related services, if needed.

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Special Education - Topics

1. Cyclical Monitoring
2. Caseload for Classrooms
3. Least Restrictive Environment
4. Professional Development
5. Support to Schools
6. Federal and State Resources

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IEP and 504 Plan

- IDEA is a federal law that governs all U.S. special education services.
- Section 504 is a civil rights statute requiring that schools, public or private, that receive federal financial assistance for educational purposes, do not discriminate against children with disabilities.

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Who Qualifies for a 504 Plan?

- Section 504 broadly defines someone who qualifies for a 504 plan as an "individual with a disability ... which substantially limits one or more of such person's major life activities." They are often granted to students who may have medical needs or a disability that requires support but not specialized instruction.
- The school team should take into account information from the child's doctors, family members, teachers, and other relevant service providers to determine whether a 504 plan is needed.

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Cyclical Monitoring (CMCI)

- The Bureau of Special Education (BSE) monitors all school districts and charter schools in the state to ensure that they are complying with federal and state special education regulations and are improving performance outcomes of students with disabilities.
- All programs are monitored at least once over a **six-year** cycle.
- Monitoring is conducted onsite by a team of trained personnel.
- Following the onsite monitoring, BSE sends a report of findings to the school district or charter school. If noncompliance has been found, it must be corrected as soon as possible but no later than one year from the report. School districts and charter schools may also be required to engage in improvement planning to address substantive changes over time (e.g., improvement in graduation rates).
- Improvement plans may require more than one year from initiation to completion.
- BSE works with the local program to ensure that resources are in place to assist the local education agency and verifies completion of all corrective action and improvement plans.
- Additional information and resources are available at:
 - [PaTTAN - Cyclical Monitoring and Special Education Programmatic Improvement Resource](#)
 - <https://www.education.pa.gov/K-12/Special%20Education/CompMon/monPages/default.aspx>

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Caseloads 22 Pa. Code § 14.105. Personnel

	Itinerant (20% or Less)	Supplemental (Less Than 80% but More Than 20%)	Full-Time (80% or More)
Learning Support	50	20	12
Life Skills Support	20	20	12 (Grades K-6) 15 (Grades 7-12)
Emotional Support	50	20	12
Deaf And Hearing-Impaired Support	50	15	8
Blind And Visually Impaired Support	50	15	12
Speech And Language Support	65	X	8
Physical Support	50	15	12
Autistic Support	12	8	8
Multiple Disabilities Support	12	8	8

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Technical Assistance – PaTTAN and Intermediate Units


Technical Assistance (34 CFR § 300.704)

BSE utilizes PaTTAN and Intermediate Units to provide federally mandated Technical Assistance. Special Education Advisor role is to connect LEAs with required TA.

PaTTAN provides a full array of indicator aligned professional development and technical assistance targeted to improving student results.

Intermediate Unit provides support to LEAs.

- Transition Technical Assistance Consultant (TAC)
- Inclusive Practices TAC
- Interagency Coordination

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Federal Site Resources (continued)

Select Education Federal Regulations:

NOTE: ALL parts of Title 34, Education, can be found [online](#).

The parts listed below are frequently used sections:

[Part 76: State Administered Programs](#)

[Part 99: Family Educational Rights and Privacy Act](#)

[Part 104: Nondiscrimination on the Basis of Handicap In Programs or Activities Receiving Federal Financial Assistance](#)

[Part 200: Improving the Academic Achievement of the Disadvantaged](#)

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Least Restrictive Environment (LRE)

Sec. 300.114 LRE requirements

(a)(2) Each public agency must ensure that—

- (i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
- (ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.


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Federal Site Resources

Individuals with Disabilities Education Act (IDEA) Statute
[Statute page \(includes search function\)](#)
[Part B Statute](#)

Individuals with Disabilities Education Act (IDEA) Regulations
[Regulations page \(includes search function\)](#)
[Part B Regulations \(also referred to as Part 300\)](#)
[Part B Regulations-Electronic Code of Federal Regulations](#): Regulations for Part B are codified in the Code of Federal Regulations (CFR), Title 34, Part 300 (commonly referred to as 34 CFR pt. 300). The CFR is continually updated.

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Federal Site Resources (continued)

[Office of Special Education and Rehabilitation Services \(OSERS\) website](#)


[Office of Special education Programs \(OSEP\) website](#)

[OSEP Resource Centers](#). Information and technical assistance to families, schools, and states.

OSEP Memos, Dear Colleague Letters, and Policy Letters: OSEP provides information, guidance and clarification regarding implementation of the Individuals with Disabilities Education Act (IDEA) in a number of ways including OSEP Memos and Dear Colleague Letters, and OSEP Policy Letters.

- [Policy Guidance Issued from 2001 to present](#)
- [List of Policy Guidance Issued Prior to 2001](#)
- [PaTTAN's OSEP Letter Searchable Database](#) (PaTTAN has organized OSEP letters from 1997 through the present and archived them in a searchable format.)

[Office for Civil Rights](#)

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▶ Pennsylvania Site Resources

PA Education Statute
[Public School Code of 1949 : §1-101 -- §27-2702](#)

Pennsylvania School Code
[Title 22- Education Regulations](#)

Select Frequently Used Chapters:

- [Chapter 14: Special Education Services and Programs](#)
- [Chapter 15: Protected Handicapped Students](#)
- [Chapter 18: Special Education for Gifted Students](#)
- [Chapter 711: Charter School and Cyber Charter School Services and Programs for Children with Disabilities](#)
- [Chapter 171: Standards for Approved Private Schools](#)




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▶ Q&A

Questions?



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▶ Pennsylvania Site Resources (continued)

PDE Basic Education Circulars (BECs): PDE guidance on the implementation of law, regulation, and policy

Office for Dispute Resolution

- **ConsultLine:** information helpline for families and advocates of children with disabilities (**good resource for parents and families)
- **Hearing Officer Decisions database**




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▶ Contact/Mission

For more information on Special Education, please visit PDE's website at www.education.pa.gov

The mission of the Department of Education is to ensure that every learner has access to a world-class education system that academically prepares children and adults to succeed as productive citizens. Further, the Department seeks to establish a culture that is committed to improving opportunities throughout the commonwealth by ensuring that technical support, resources, and optimal learning environments are available for all students, whether children or adults.



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HEAD INJURY PROGRAM REPORT

HIP Activity Report:													
	2022		2023										Total
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	
Total Enrollment	103	102	107	111	112	119	121	122	118	113	115	108	
Residential	6	6	6	6	5	7	7	6	5	6	5	4	
Outpatient	33	31	32	33	37	38	42	42	41	37	38	36	
Home/ Community Based	39	42	47	46	42	43	45	46	42	41	46	45	
Transition	25	23	22	26	28	31	27	28	30	29	26	23	
Gender Distribution - Clients Receiving Services													
Male	58	57	57	59	59	61	62	62	58	57	55	53	
Female	45	45	50	52	53	58	59	60	60	56	60	55	
Total In Process	133	133	121	115	101	106	106	111	126	144	136	134	
Applications in Process	91	81	80	71	64	75	82	85	93	102	108	97	
Approved for Assessment	25	30	24	30	21	15	11	18	23	23	19	28	
Approved for Services	11	15	9	7	10	7	4	1	2	7	0	3	
Re-Enrollment applications	6	7	8	7	6	9	9	7	8	12	9	6	
Ineligible	5	1	3	4	1	1	3	0	2	1	3	2	
Ineligible by Application	4	1	3	4	0	0	2	0	2	0	2	2	
Ineligible by Assessment	1	0	0	0	1	1	1	0	0	1	1	0	
Total Eligible/Enrolled	114	117	116	118	122	126	125	123	120	120	115	111	
Results over past 12 months													
Moved to Waiver System	0	0	0	0	0	0	0	2	0	0	0	2	
Ended- No future funding	3	0	7	7	7	0	4	6	7	3	5	49	
Moved to Other Funding	0	0	0	2	0	0	0	0	0	1	1	4	
In Waiver Process	0	1	0	2	1	0	0	0	0	0	0	4	
Re-Enrollment	1	1	2	1	0	3	0	2	1	2	1	14	
Other (deceased, moved, etc)	0	0	0	0	0	0	1	0	0	0	0	1	
Average Age of New Referrals	50.3	45.2	46.4	49.2	40.1	42.3	44.6	44.3	38.6	41.5	48.9	49	
Median Age of New Referrals	48	43	49.5	48	41	41	44	44.5	37	39	42	43	
Wait List for Start Date													
Approved to begin services	5	5	9	8	16	11	8	2	4	8	7	6	
Closed	4	0	5	2	6	2	3	1	2	2	5	2	
Assessment Wait List													
Approved for Assessment	10	9	10	13	13	6	6	11	7	11	7	16	
Respite	0	0	0	0	0	0	0	0	0	0	0	0	

County of Residence for New Referrals	2022		2023										Total
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	
Philadelphia	2	3	3	2	3	5	3	3	9	5	7	4	49
Delaware		1			1		1			2			5
Montgomery	5	3	3	1	3	2		1	3	2	1	1	25
Allegheny	1		1		1	2	6	1		3	2	2	19
Lehigh			1	1					1	1		1	5
Bucks	1	4	1	1	2	1	1		2	1	1	1	16
Northampton						1			2				3
Chester	1	1	2			1		1		3			9
Lancaster			1		1	3		1	2	1	2		11
Dauphin	1						1		2	1	2		7
York						2			1				3
Berks		1				1	1				1		4
Lackawanna	1	1											2
Cumberland						1						2	3
Beaver			1										1
Lebanon			1			1			1	1			4
Luzerne			1				1	1	1		1		5
Westmoreland	3	1	2		3	4	2	2	2	5	1	2	27
Monroe		1											1
Lawrence													0
Washington			1				1		1	1	1		5
Blair						1							1
Butler			1					1			1	1	4
Cambria									1		1		2
Northumberland			1					1		1			3
Franklin													0
Adams			1										1
Schuylkill									1				1
Erie		1				1							2
Fayette		1				1		1					3
Mercer													0
Carbon											1		1
Union													0
Centre			1					1					2
Montour													0
Columbia													0
Snyder													0
Mifflin													0
Indiana								2		1			3
Armstrong													0

County of Residence for New Referrals	2022		2023										Total
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	
Pike				1									1
Lycoming			1								2	1	4
Crawford	1						1				1		3
Perry												1	1
Venango													0
Somerset													0
Clearfield									1				1
Wyoming													0
Wayne						1							1
Jefferson													0
Greene													0
Clarion										1			1
Juniata													0
Bradford							1						1
Huntingdon													0
Susquehanna													0
Bedford											1		1
Warren													0
Clinton													0
McKean													0
Elk													0
Tioga													0
Fulton													0
Forest													0
Potter													0
Sullivan													0
Cameron													0
unknown													0

Definitions:
 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.