

**Traumatic Brain Injury Services Coordinating Council (TBISCC)**  
**Meeting Minutes**  
**Thursday, December 9, 2021; 11:00 am – 1:00 pm**  
**Meeting Conducted Via Web Ex**

Topic	Discussion	Action/Next Steps/Who/When
<b>Attendance</b>	<p><b>Council Members Present:</b> Dr. Jeffrey Bazarian (Chair), Crystal Collins, Michael Davison, Michael Kaplan, Esq., Clifford Hymowitz, Ed Devitt, Dennis Barlow, Susan Montgomery</p> <p><b>Council Members Absent:</b> Megan Clothier, Paul Novak, Earl Schmidt (resigned), Maxine Smalling            Note: Earl Schmidt resigned as a Council member prior to the meeting.</p> <p><b>DOH Staff:</b> Maribeth Gnozzio, Trudy Menard, Esq. (Division of Legal Affairs), Teri Schmidt, Anna Ko, Carla Nazaire, Thomas Rees, Andrea Juris</p> <p><b>Presenters:</b> Ryan White, Amanda Saake, Harvey Rosenthal, Douglas Hovey, Len Statham, Kelly Scholl</p> <p>Note: the meeting was conducted via Webex.</p>	
<b>Welcome / Approval of September 30, 2021 Meeting Minutes</b>	<p><b>Dr. Bazarian</b> called the meeting to order at 11:03 am. <b>M. Gnozzio</b> stated this meeting is being recorded. Due to the Open Meeting Law, all Council members must be seen and heard. <b>There was not a quorum of members present</b> due to cancellations by Council members. As such, the meeting proceeded without official action(s) taken by the Council. <b>M. Gnozzio</b> stated there had been some changes to how we conduct business and opened the floor to <b>T. Menard</b> to discuss further.</p> <p><b>Dr. Bazarian</b> shared his screen and wanted to remind the Council of its mission, which is trying to find gaps in what is currently being provided to those with TBI, and fill those gaps and make recommendations to the DOH. He asked if anyone had questions regarding the mission of the TBISCC. There were none.</p> <p><b>T. Menard</b> disclosed that due to two new pieces of legislation, certain administrative aspects of the TBISCC meetings have changed. The first is that the agenda for the meeting will be posted 24 hours before the meeting, to increase transparency regarding the topics discussed at the meeting. The second is the meeting minutes will be posted within two (2) weeks of the meeting. They will be posted as a draft to comply with the new timeline and will be voted on at the next meeting. <b>S. Montgomery</b> asked if an agenda item can be added and addressed after it is publicly posted. <b>T. Menard</b> stated that posting 24 hours beforehand is for transparency to ensure the public is aware of upcoming Council business. The Council can choose to amend the agenda, as needed. <b>M. Gnozzio</b> inquired if the Council by-laws require amendment to address the new timeframes associated with the new public meeting requirements. <b>T. Menard</b> responded that she would review the by-laws but did not believe amendments are required at this time. <b>M. Kaplan</b> asked if the Council would receive the draft meeting minutes when they are posted to the DOH website and <b>M. Gnozzio</b> said the DOH will email the draft to Council members as they are posted.</p>	

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	<p><b>Dr. Bazarian</b> highlighted that he would like the Council to prioritize three (3) goals/issues for future consideration/action/recommendation by the Council. <b>M. Davison</b> presented that in the past Council members participated in focus groups throughout the state to identify service needs of individuals impacted by TBI. Transportation was identified as a big need, especially in rural regions of the state. The need for housing has now intensified, as well as need for sufficient home care providers. He would like to have the Council consider these issues as a priority. <b>M. Kaplan</b> requested that <b>M. Gnozzio</b> send an updated list of Council members so he can email historical reports he has in his records. <b>M. Gnozzio</b> indicated this would be addressed.</p> <p><b>Dr. Bazarian</b> circled back to the next agenda item and turned to <b>M. Gnozzio</b> to introduce the first speaker. <b>M. Gnozzio</b> stated the first presenter(s) today are a Person Centered Planning (PCP) group, working with professionals in the field. They are going to share a very active and engaging training initiative so the Council can see activities being provided to professionals, caregivers, and stakeholders across the state, about care planning and the influence of person-centered thinking. <b>A. Juris</b> introduced Ryan White from Public Consulting Group (PCG) the contractor responsible for the program.</p>	
<p><b>Introduction to Person-Centered Planning and Thinking NY Person-Centered Planning Training Project</b></p>	<p><b>M. Gnozzio</b> began the presentation by highlighting this new training initiative. She discussed that the DOH was able to receive funding through the Money Follows the Person Program (MFP) to work to redesign the professionals'/caregivers'/service recipients' thinking in developing a care plan and ensuring the service recipients are actively involved in the process.</p> <p><b>R. White</b> introduced himself to the Council and said he works for PCG, who are contracted by the DOH to discuss this PCP training. His PowerPoint presentation commenced with the PCP initiative overview, which included what this Statewide Training Initiative is about and why this work important. <b>R. White</b> discussed the content of the virtual trainings, what training topics are offered, and showed a summary of the different trainings provided, and attendance at the sessions. He presented the demographics of these participants sorting them by job title/role, setting, and various service sectors. <b>R. White</b> indicated the positive impact of the training through an evaluation of their "Virtual Trainings Outcomes." This evaluation showed that "99% of participants answered that the information and tools presented in the training were relevant to them" and that "96% of participants said that they felt more confident in their person-centered skills as a result of the training they attended." Finally, <b>R. White</b> discussed the various learning institutes provided through this training which are Introductory and Advanced. He described the different timeframes for each institute, what is taught in each, and the demographics of the attendees.</p> <p><b>R. White</b> opened the floor to questions once his presentation had concluded but there were none. <b>M. Gnozzio</b> thanked Ryan White and Andrea Juris for their efforts in putting together this presentation. She also noted that DOH will post these slides with the meeting information.</p>	

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<p><b>Introduction to the Most Integrated Setting Coordinating Council (MISCC)</b></p>	<p><b>H. Rosenthal</b> from MISCC introduced himself and the mission of MISCC. He stated that since 2002 they have been working to help individuals reside and lead successful lives in the community.</p> <p><b>D. Hovey</b> started the PowerPoint presentation, giving a background on how the Americans with Disabilities Act (1990) and the Olmstead Decision impacted the lives of individuals with disabilities. He discussed how New York State’s Olmstead Implementation Plan (2013) focused on four major areas: housing, employment, transportation, and community engagement. This plan is in line with the MISCC mission which is to ensure people of all ages with intellectual, physical, mental, and developmental disabilities are receiving care in a setting fitting the individual’s needs. <b>L. Statham</b> explained that the MISCC has four subcommittees: The Community Services and Supports Committee, Deinstitutionalization, Employment, and The State Plan Update Committee. He detailed the recommendations of each committee, and suggestions for implementation of each recommendation. <b>H. Rosenthal</b> indicated that the need for data appears to be consistent throughout the service system. Recommendations will be made by the sub-committees and brought to the Governor. He reviewed plans in both Minnesota and New Jersey, and the success of their programs. He closed the presentation by informing the council of their next MISCC meeting on 2/02/2022 and opened the floor to questions.</p> <p><b>C. Hymowitz</b> commented that he would like to see more public engagement and an expansion to the committees offered. <b>H. Rosenthal</b> said he would investigate further and attempt to collaborate with the TBISCC. <b>C. Hymowitz</b> asked <b>Dr. Bazarian</b> if he sees future collaboration between the TBISCC and MISCC. <b>Dr. Bazarian</b> responded that he does once the TBISCC has clearly established its own goals and recommendations. <b>M. Kaplan</b> agreed that he sees both Councils working together in the future, since they do have an overlap, but not until the TBISCC focuses on specific issues. <b>S. Montgomery</b> noted that the subcommittees associated with the MISCC are different from the TBISCC and it may require more coordination of goals/efforts.</p>	
<p><b>Member Updates</b></p>	<p><b>M. Gnozzio</b> reviewed the proposed the 2022 TBISCC meeting dates. Those dates are: 3/24/2022, 6/23/2022, 9/22/2022 and 12/15/2022. No Council members presented any objections to these dates at this time. <b>M. Kaplan</b> shared news that 75 Iraq veterans were awarded purple hearts that were previously denied by the prior administration. <b>D. Barlow</b> expressed that he will be sharing Minnesota’s data, from the MISCC presentation, to his manager in an attempt to secure comparable information for New York State. <b>M. Gnozzio</b> indicated that staff for the Council are making some progress with contacts regarding general TBI data statewide. New information: the TBI Waiver renewal will be at the start of the new year. The DOH will be scheduling public meetings to discuss proposed changes to the waiver application and related services. <b>M. Gnozzio</b> concluded the updates, reminding the council that there will be two meeting minutes to vote on at the next meeting as today’s meeting did not have a quorum.</p>	
<p><b>Public Comment</b></p>	<p>No public comments.</p>	

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<b>Adjournment</b>	<b>M. Kaplen</b> made the motion to adjourn. <b>E. Devitt</b> seconded the motion. Meeting was adjourned at 1:39 pm.	
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