



STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
Margaret M. O'Neill Bldg., Suite 1, Room 311
410 Federal Street
Dover, Delaware 19901
302-739-3621

The Honorable John Carney
Governor

John McNeal
SCPD Director

BRAIN INJURY COMMITTEE MINUTES
June 3, 2019 – 2:00 PM
Smyrna Rest Area, Smyrna, DE

15 in attendance of 23 **QUORUM PRESENT.**

PRESENT:

Tammy **Clifton**, DOL/ DVR, Senior Vocational Rehabilitation Counselor and **BIC Chair** (obo Andrea Guest, Director); Christine **Applegate**, Nurse Navigator, Neurosurgery, Bayhealth Neurosciences; Andrew **Burdan**, Brain Injury Advocate/Former Support Group; Sue **Gamel-McCormick**, APRN, DHSS/DMS/Birth To Three; Jeffrey S. **Hysan**, Paralegal, Community Legal Aid Society, Inc., Disabilities Law Program; Kristin **Harvey**, DDC (obo Rick Kosmalski); Sharon **Lyons**, President of BIAD and **BIC Vice-Chair**; Miguel **Marcos**, TCM Program Manager, Wilmington VA Medical Center; Christina **Miller**, Insurance Investigator Supervisor, Department of Insurance/TBI Survivor; Dorothy **Prior**, Psychologist, (obo Marie Nonnemacher); Nancy **Ranalli**, Director of Community Outreach, Easterseals; Dr. Ron **Sarg**, DCVA/MOAA; Tiffany **Taylor**, Nurse Navigator (obo George **DelFarno**, Survivor and Director, Post-Acute Medical Rehabilitation (Dover); Jamila **Waigwa**, DHSS/DSAAPD; Megan **Witman**, Director of Therapy Operations, Encompass Health; and Dee **Rivard**, SCPD.

ABSENT:

Sybil **Baker**, GACEC (obo Wendy Strauss); Linda **Brittingham**, Christiana Care Health System (CCHS); Thomas **Cairo**, Bayhealth Neurosurgery (obo Christine Applegate); Nicholas A. **Duko**, Program Mgr., BCBS Highmark Health Options; Katie **Freeman**, Psychologist, DSCYF/DPBHS, (obo Robert Dunleavy LCSW); Dr. Charles **Jin**, Program Director, DSAMH, (obo Elizabeth Romero, Director); Dale **Matusevich**, DOE, ECE, Education Associate, Transition Services (obo Mary Ann Mieczkowski); Karen **McGloughlin**, Director of Women's Health (obo Dr. Karyl Rattay, Director); John **McNeal**, Survivor and Director SCPD; Ann **Phillips**, Parent of a survivor;

GUESTS: (Not able to vote or count toward quorum)

IN-PERSON – Carey Swartzentruber, TBI Survivor;

TELECONFERENCE PARTICIPANTS: N/A

CALL TO ORDER

Tammy Clifton called the meeting to order at 2:10 p.m., after a quorum of members arrived.

- Tammy's first order of business was confirming the removal of 2 BIC members by virtue of Article II. Membership, Section B3 of the BIC by-laws which states:
 - Any member under Sections A(10) - A(13) of this Article who misses either three (3) consecutive meetings or four (4) out of any twelve (12) consecutive meetings shall be presumed to have resigned from the committee.
 - Dr. Charles Jin – Representing Elizabeth Romero from the Division of Substance Abuse and Mental Health (DSAMH)
 - Jamila Waigwa – Representing Dava Newnam from the Division of Services for Aging Adults and Persons with Disabilities (DSAAPD); [NOTE: Jamila arrived later during the meeting] and

These three former members are welcome to rejoin in the future; however, they will have to meet the requirement of attending 3 consecutive meetings and maintaining attendance requirements. Two of the removed members will require appointment of new designees.

- Tammy welcomed our new member Jeffrey S. Hysan, Paralegal from the Community Legal Aid Society, Inc. (CLASI), Disabilities Law Program (DLP) is replacing former member Brian Eng, who resigned to accept a new position with the State of Delaware, Department of Justice. Jeffrey is with the Sussex County Office of CLASI in Georgetown and is a Patient Advocate at the Delaware Psychiatric Center. One of his focuses is the protection and advocacy of persons with mental illness.
- Tammy also welcomed brain injury survivor Carey Swartzentruber who is joining us again this month to provide committee members additional input from the perspective of a survivor.
- Tammy thanked everyone for attending requesting members to introduce themselves for everyone's benefit.

ADDITIONS/DELETIONS TO THE AGENDA

Tammy inquired if there were any additions or deletions to the agenda. Dee mentioned that the Agenda was numbered incorrectly without a Roman numeral two (II) requiring everyone to make the existing Roman numeral three (III) a Roman number two (II) and subsequently renumbering the agenda from that point forward. Tammy inquired if there was any discussion and hearing none called for approval of the agenda. Ron Sarg made a motion to approve the agenda that Christine Applegate seconded. Committee members in attendance unanimously approved the agenda.

APPROVAL OF PREVIOUS MEETING'S MINUTES

Tammy inquired if everyone had sufficient time to review the minutes of our last meeting on May 6 and whether or not members had any additions, deletions, or corrections to the minutes.

- Ron Sarg requested one correction on page 3 to change the phrase “medical dentistry” to the phrase “tooth restoration” and one correction on page 5 to add a dollar sign (\$) in front of the 9,000 to denote that it is \$9,000 of unencumbered funds remaining in the 2018 TBI Funds.
- Christine Applegate made a motion to approve the minutes as amended that Sharon Lyons seconded. The voting committee members in attendance unanimously approved the minutes as amended.

SURVIVOR INPUT

Tammy welcomed Carey Schwartzentruber, TBI Survivor back to the BIC meeting stating that he provided a really good summary of his injury and some issues that he encountered with his treatment and she is glad that he returned. Carey attended today's meeting to provide members with additional information on his personal experience with traumatic brain injury. For everyone's benefit he again shared how he obtained his TBI stating that it was the result of his getting in the way of a moving airplane propeller and was hit 3 times in 2003 causing him issues with his short and long term memory. Carey shared some additional issues he encountered.

- **What could we do to educate public and private policy makers on how to help brain injury survivors?** Carey did not have any suggestions for this question.
- **Did you run into any legal or insurance issues?** Carey stated that right now he is having trouble with the timeliness in receiving approvals for TBI care due to physician's wording not matching the insurance company's expectation or

requirements. Patients should not have to act as a go between with their doctors and insurance companies. The communication between the doctors and insurance companies is not good and insurance companies tell him that they are not allowed to call the doctors.

- **How could this committee help brain injury survivors learn more about brain injury services in Delaware and to get the word out?** Carey heard about Delaware's TBI Fund on a local radio station close to them: WGMD 92.7 Radio during Brain Injury Awareness Month this past March. He believes that additional Public Service Announcements (PSAs) would help people learn about Delaware's fund.
- **How did you find out about particular services that you needed, when you were discharged from acute rehab and needed other services in the community?** Carey stated that following his surgery, he was on his own and did not receive information on available Delaware resources. His original injury occurred 15 years ago and he was kind of on his own and left to get better. Now, 15 years later, Carey is just now starting to find additional information and was not previously aware of what was available. There is a whole other dimension that he is dealing with currently with his family. He decided to go the way of self-treatment. Carey was not even aware of what was available in Delaware. Andrew Burdan started sharing information with him after meeting Carey and his family. No one at his acute care hospital or his rehabilitation center provided Carey any information on available services in Delaware.
- Nancy Ranalli shared that this is what the BIC is trying to figure out is how we can help get the word out to survivors about brain injury services in Delaware. Who do we reach out to in order to let them know about services for brain injury survivors? How do we work with these entities to make them aware of available services so survivors don't have to try to recover, hold their families together, and search for services at the same time? How do we get the information out to the right entities?
- **How did you find out about the Amen Clinic?** Because of the situations that Carey is currently dealing with, someone suggested that he try to get an appointment at the Amen Clinic located at 10701 Parkridge Blvd., Suite 110 in Reston, VA 20191. He decided to try it as a last ditch effort to see if it works. It is a very reputable clinic and they are sharing information with him. They found out a lot of information. Over the past 15 years, Carey received treatment from his primary care physician with symptoms as they occurred, not by a medical provider trained in treating brain injuries and his symptoms were getting worse. There are no medical providers readily available in Delaware who are versed in brain injuries in Sussex County. Carey spoke about his experience with physicians advising that it is frustrating for a medical provider to ask him how he feels and to say: Tell me what we can do for you. The Amen Clinic is well versed in traumatic brain injuries

and they already knew and were familiar with a lot of what he feels and what he is dealing with because they say it and that was very refreshing. Carey feels that the BIC is really his last ditch effort because it seems like there is nothing else out there to help him. Where do you go? Who do you talk with? Delaware needs more physicians and clinics experienced with brain injuries and their myriad symptoms. He tried counseling; however, they told him that they didn't really know the right answer, they just didn't know what to do because they are not familiar with brain injuries. This is where Carey is right now.

- Nancy Ranalli told Carey that this information was very helpful in letting the BIC members know that these are the types of groups that we need to try to reach out to because the Prevention & Outreach Subcommittee was just talking about this in a meeting prior to the BIC meeting. Who do we reach out to in order to let them know about services for brain injury survivors?
- Carey believes that brain injury survivors should receive a packet of information upon discharge because every brain injury is different and every circumstance is different. It should contain contact numbers and information about where to start.
- Andrew Burdan added that this is exactly what we are working on right now in one of our subcommittees. Getting those resources in some sort of form so that when a brain injury survivor is discharged they receive a packet with all of the resources in the State of Delaware that they survivors can tap into – websites, links, PDFs, offices, state agencies, etc.; however, we need to know specifically what sort of services that you are looking for specifically what should be in the packet so we can brainstorm what needs to be included in the packet. Sometimes we miss what a survivor actually needs because each brain injury is different in specifics and their circumstances are different in the environment and demographics. That is why survivor input is important. Especially your input about not being able to get help with insurance issues and needing someone you could call for assistance to help act as a go-between the insurance companies and the doctors. These are the kinds of things that the BIC members need to hear about because then we can include resources on insurance assistance in packets of information provided to brain injury survivors being discharged and what we address when we are reaching out to medical providers.
- Carey shared that the only information he received when he was discharged from the hospital rehabilitation facility was information on his appointments with physical therapy (PT), speech language therapists (SLT), and occupational therapist (OT). Once he was cleared with each of the PT, SLT, and OT appointments that was kind of it, other than check-ups. He does not remember being offered any resources to obtain any additional help. Fortunately, his Dad really helped him a lot with private insurance. His Dad was able to get things paid and help Carey collect on insurance

because for him to try to think through insurance following his brain injury would have been impossible.

- **Did you receive any type of neuropsychological testing?** No, medical providers just scanned the structure of his brain to see how well they got his brain back together, not how well his brain was working. He did not receive neuropsychological testing until recently when he went to the Amen Clinic that is what they focused on was how well his brain was doing and what Carey was experiencing. There was a lot of stuff that they were able to see with different test like a CT scan and that was extremely helpful. The Amen Clinic told him that with his age, as young as he is now (he is 40 years old) they gave him a lot of hope. There is a lot of hope for people with brain injuries to understand a lot of the new situation with brain injuries because he is just now experiencing a whole different side of things.
- **When you were released from PT, SLT, and OT, you are saying that you weren't really assigned to see a brain injury specialist, so your primary care physician treated you? Who was treating you?** That was kind of it. I was seen by my primary care physician who would ask how I was doing. Hey what are you struggling with? Other than my balance and gait being kind of off. They probably figured that I received treatment for that in physical therapy which I kind of excelled in that because I could walk; however, I got tired a lot. Basically you can tell your primary care physician that and as long as you kind of look normal like he does now they don't know how much of a struggle it is to bring your "A" game. As BIC committee members know there are a lot of things that people with brain injuries struggle with when they have a brain injury. It is just really hard.
- **Did anyone ever refer you to the Brain Injury Association or were you ever provided information about the Association?** Carey stated that the first time he ever even knew about the Brain Injury Association was not that long ago. He never received information or referrals to the Brain Injury Association of America, the Brain Injury Association of Delaware, Delaware's Traumatic Brain Injury Fund, or for a brain injury support group. Andrew Burdan stated that it was probably just before Christmas when he and Carey spoke about the upcoming Brain Injury Conference. Andrew has known Carey in the community for years but was unaware of his brain injury until someone asked Andrew about working with the people with brain injuries.
- **Lack of Rehabilitation Physicians Specializing in Brain Injuries.** Sharon Lyons believes that one of the problems is that there are not many rehab physicians who deal specifically with brain injuries. She knows of one in New Castle County that she refers everyone to her to the point where she recently had to go because she had a concussion last June. When she walked in Dr. Mack's Office the staff was excited to finally be able to put a face with her name. Sharon provides everyone

she speaks with on the phone Dr. Anne Mack's contact information telling that that she does specific brain injury treatment looking at the person as a whole. She is a PM & R physician with Christiana Care who is phenomenal with the brain injury population in Delaware. However, we need someone like her in every county.

- **Have you attend a brain injury support group?** Carey attended one brain injury support group one time that Annie led; however, the time that he went, the word did not get out that they cancelled the meeting so that was a frustrating experience for both him and another guy that had a brain injury. Instead of attending the support group meeting he got to spend an hour with another individual with a brain injury in Lewis in the winter time when it was cold. Since then the other guy had an accident or something happen and unfortunately he passed away about a month or so ago. Since he had known the man's family for quite some time he got to speak with him a little bit before he passed. Carey didn't know if he was going to be next because you never know what is going to be next. He heard that brain injury survivors are more susceptible to dementia and Alzheimer but doesn't know if that is necessarily true or not because he heard some mixed reviews about it. It could be due to just the breakdown of the brain. He feels like he suffers from this more recently along with some other things going on that cause him to be more and more forgetful which makes it really, really challenging for him to do things.
- **What do you feel is the best way the Brain Injury Committee can get the word out to survivors?** Carey stated that he has not seen any signs, billboards or literature displayed publicly to let people know that there is a Brain Injury Committee in Delaware, Brain Injury Association of Delaware (BIAD), Delaware Traumatic Brain Injury (TBI) Fund and brain injury support groups.
 - The Prevention and Outreach Subcommittee of the Brain Injury Committee (BIC) is working on getting the word out to survivors, hospitals, rehabilitation centers, medical providers, and the families of survivors.
 - Perhaps the Prevention & Outreach Subcommittee could try to obtain use of Fire Department Marquees to get the word out about brain injury resources when they are not using it for their own messages. However, this committee wants to ensure that we have all of our education and materials together prior to sharing our message on a billboard or marquee. Once the information is shared, we need to be ready to take the calls, provide the resources and accept the applications. Once people realize who we are, what we are and what we can do we need to ensure that we are ready with resource packets to send out.
 - Dr. Ron Sarg suggested that the Prevention & Outreach Subcommittee investigate mobile applications instead of just providing online services. He advised that we have to get down to the patient's level because people are so tuned into their reliability to looking on line. We need to take people one step further and tap into their reliance on smartphones. Now everything is on

someone's phones. The patient as the recipient of our services is the lowest common denominator with all of the service agencies that are members of BIC. Discharge planners at treatment centers should have access to resources for brain injury survivors to provide the resources available to them with a checklist for them.

- **Thank you for attending and sharing information with the BIC members.**

- Tammy thanked Carey for attending another meeting and sharing his story to provide specific information. She encouraged him to attend as often as he likes. She invited Carey to consider becoming a member of the Brain Injury Committee and if he feels up to the challenge to help BIC address some of the issues that he raised and the challenges that BIC is having in getting the word out.
- Sharon Lyons invited Carey to write something for inclusion in the Brain Injury Association of Delaware's Newsletter. If he would like to share his story, they are happy to include it in their newsletter.
- Andrew shared that Carey has a really good family support group that Andrew has now brought them up to speed with everything that is available and what he is now involved in. He shares information with them like Brainline.org. They are more up to speed with information on brain injuries so they are better able to help Carey.
- Carey shared that that he has two people recently, in the past year that anytime something happens now he is sharing information with them and is now forwarding information to them right away so they can help give him advice so he is not making bad decisions. However, he is unsure if everyone with brain injuries has this type of support available to them. Prior to this past year he did not have this type of support available himself.
- Tammy advised that one of the things this committee knows is that not everyone has this level of support from their families for whatever reason which makes things more challenging and more important than ever that we try to do what we can do so that people realize that there are resources out there to tap into and how to make use of it. Carey shared how he feels like he is a middle man and has to be the middle man between his doctors and insurance company and on a personal level Tammy agrees that this is not something that anyone as a patient, especially someone with a brain injury should have to find themselves doing. It is enough to be your own advocate. But someone with a brain injury should not have to be trying to navigate the insurance companies. You don't even know what you are looking for and what is available from anyone else at that point.
- Christiana Miller from the Insurance Commissioner's Office advised that she met Carey just last month for the first time. The Insurance Commissioner's Office is going to try to assist him with issues with his disability and such to

determine who has jurisdiction and what services they can provide to help him. This is a resource that is available to anyone. With regard to an information packet Christina thought that perhaps they can assist by providing an Insurance Commissioner's Office service brochure that they hand out from their office. Perhaps if everyone else sitting around the table shares their brochures and pamphlets from their agencies it could be the start of the Brain Injury Committee's Informational Packet.

- Dee requested anyone who wants to share their brochure or pamphlets in PDF form to please send them to her to add to the SCPD website under resource links.

OLD BUSINESS

FOLLOW-UP ITEMS

- **TBI Policy Review & Vote**

- Dee provided members numbered copies of the confidential internal TBI Fund Policy for their review and approval stating that changes requested by members at our last meeting were in red text. She also informed members that Director John McNeal respectfully requested that members vote on this revised document today. There were no additions past page 7.
- Tammy gave committee members time to review the document changes prior to discussion and vote.
- One member questioned if "Medically necessary" was as defined "by" instead of "my" Medicare on the top of page 6. Dee will correct the typo.
- Another member inquired about the definition of children as a Delaware resident on page 3. Committee members agreed to add to the definition on page 3 a line from "Title 14, Chapter 34, Section 3404" of the Delaware Code where students (who are children) are defined for funding for grant eligibility as:
 - "The place of residence of a student who is either under 18 years of age or dependent on parental financial support shall be the legal residence of his parent or guardian who must have qualified as a registered voter in Delaware and who is subject to payment of Delaware income tax."leaving the phrase "under 18 years of age or" so that the sentence will now read.
 - "The place of residence of a student who is dependent on parental financial support shall be the legal residence of his parent or guardian who must have qualified as a registered voter in Delaware and who is subject to payment of Delaware income tax."
- Nancy Ranalli asked for removal of a typo on page 5 to remove the phrase "as defined by" to correct the phrase to read "as defined in."

- Dr. Ron Sarg made a motion to approve the TBI Fund Policy as amended that Kristin Harvey seconded and voting members in attendance unanimously approved.
- **School Nurse Training on Concussions/Brain Injuries**
 - The Outreach and Prevention Committee discussed training for school nurses with regards to the sports clubs. Unfortunately, Karen was not able to join us today and she was going to look into that for us. Tammy decided to table this discussion until the July meeting.

COMMITTEE & SUBCOMMITTEE UPDATES

- **TBI Fund Application Review Committee Update**
 - Nancy Ranalli announced that this committee had not met formally since its meeting last month.
 - Nancy shared that as of today, for calendar year 2019, the TBI Fund had 5 inquiries and 10 applications submitted. Of these, 6 of the 10 applications are in progress, which is really good. Four applications are awaiting additional supporting documentation with two applications awaiting Committee review.
 - Some of the marketing that we are doing is beginning to work as noted from the receipt of 10 applications in only ½ a year, which is really good compared to receipt of past applications.
 - The 2018 applications were closed out.
 - At this time there is one application completed and paid, one approved application awaiting issuance of invoice with another waiting for the applicant to attend Day Camp in July before we receive their invoice. Two applicants are awaiting assessments. Nancy shared that the Committee is having a professional perform assessments in order to make recommendations as to what is most beneficial for the applicant.
 - TBI Fund Committee members would love to have a waiting list of survivors for services offered.
- **Data Development Subcommittee (DDS) Update**
 - Andrew Burdan announced that the DDS subcommittee members recently met with Randy Farmer, COO and Terri Lynn Palmer, Project Manager from the Delaware Health Information Network (DHIN) to inquire about specific legislation necessary for SCPD/BIC to access DHINs data. This is the first step.
 - Andrew advised that DHIN told DDS members that there were two ways that we could accomplish accessing DHINs data.
 - Piggy back off of another group who already has access to the data. Currently only the Office of Management & Budget, the Division of Medicaid & Medical Assistance (DMMA), the Division of Public Health

- (DPH), and the State Employee Benefits Committee (SEBC) are codified to receive unfettered access to DHINs data. Or,
- Find a way to obtain access for ourselves.
 - The DDS committee member's ultimate goal is to have access to a website portal where we can access the brain injury data in real time. This may need to happen more on our own. Randy Farmer and Terri Lynn Palmer are very creative in both figuring out what kind of data it is that we want and how we can receive it.
 - Committee members previously gave DHIN representatives a list of the types of data that we would like to receive, all with non-identifiers. Terri Lynn is the expert there and she believes that she is able to get us the data.
 - COO Randy Farmer, Scott Perkins, Esquire and Kyle Hodges from SCPD will have a meeting to work on the legislation within the next week if possible. Once DHIN completes the legal agreement for us to access their data, and once SCPD/BIC is codified as being able to receive the data from DHIN, we need to figure out how we are going to pay for it. The DDS members hope to move forward analyzing what we received in order to figure out additional information that we may need. DHIN is very optimistic about our ability to get access to the most amount of information with the least cost. When there is funding available in July in we should be able to move forward with whatever it is that we have to pay out in order to receive the data.
 - DDS is starting with a request for 2 years of data and are trying to obtain the important categories right from the beginning; however, DDS members really want the committee to have outright access to the data as soon as feasible. We are trying to request the most important categories initially so we have something to work from prior to discovering what additional data we need to request.
 - Randy Farmer the COO of DHIN asked DDS members to request BIC members to send to Karen McGloughlin and Dee a short sentence blurb what would you like to do with the information that we receive from DHIN.
 - DHIN is showing great promise for us being able to get data from them on TBIs, but the legalities need to be worked out first.
 - Dr. Ron Sarg previously discussed a recommendation from the Delaware Commission on Veterans' Affairs (DCVA) for Delaware's need to create a TBI database during a BIC meeting earlier this year. He presented the recommendation to the Joint Military Affairs Committee at Legislative Hall. Earlier this morning he emailed Representative Earle Jaques, Chair of the House Education and Veteran Affairs Committees who also serves on the Joint Finance Committee and Appropriations Committee to find out the status of this

recommendation and was told that Rep. Jaques is still working on details with the hospitals. Dr. Sarg also spoke with Lieutenant Governor Bethany Hall-Long who is supportive of this recommendation. He recommended including the Lt. Governor in our discussions. Ron suggested that it might be advantageous to invite the Lt. Governor to join in on the discussion and communications on this sometime in the July/August timeframe after set the budget down on paper. Legislative members don't meet during the month of April. The finance committee decides how big of a budget the members are going to vote on in June. The Ways & Means Committee decides how much money is going toward Grant & Aid. In reality, to get legal authorization you have to go through Legislative Hall in this way so that they have all of this information when it goes to through the finance committees. This is the reason that he coordinated with Representative Earl Jacques on this recommendation under the umbrella of the DCVA. In order to get this information. We don't have a handle on the number of veterans in the state who are being treated by the VA for TBIs in Delaware.

- Miguel Marcos told BIC members that the Veterans Affairs (VA) does not provide long term treatment for brain injuries in the State of Delaware preferring instead to send them for treatment in VA or PA. Only 40% of veterans use the VA for treatment with 60% of veterans preferring instead to use private care. The Mission Act was supposed to increase the availability and interaction of spending care for veterans. Miguel stated that they have approximately 38 brain injury survivors that they continually follow. Most TBI Centers offer short-term treatment.
- Tammy inquired if during the conversations between DHIN and the DDS members if anyone offered a dollar amount of what a registry would cost.

- Andrew stated that DHIN is trying to obtain the data without cost; however, if we go with portal access of the data, the cost would be between \$2,000 and \$5,000 for access and analysts. This is the reason why what we are going to do with the information is so important. This information would not include data on veterans. Perhaps this is something that could be handled with an MOU.

- **Prevention and Outreach Subcommittee Development**

- Christine announced that the Prevention and Outreach Subcommittee met briefly prior to the BIC meeting today and got off to a good start. Christine was unanimously elected as Chair of this subcommittee.

- She advised that subcommittee members are working to begin coming up with uniform talking point set of information that we can get out to anybody that we come into contact with. She asked members for suggestions prior to this subcommittee's next meeting.
- Subcommittee members will also work on developing a set of information that they can disseminate to acute care facilities, rehabilitation providers, and medical providers.
- Christine told BIC members that it might be beneficial to have a 3rd person from each county on the subcommittee.
- This subcommittee is returning next week with information about what we would like to see and then start a plan of attack in order to move forward with educating Delawareans about brain injuries.
- Christine told Carey that she got a lot of good ideas from listening to his input today.

NEW BUSINESS

- Tammy announced that BIC members were invited to tour the Post-Acute Medical (PAM) Rehabilitation facility in Dover prior to our July 1 meeting. PAM Rehabilitation also graciously offered to allow us to use their large conference room for the July BIC meeting following the tour. The tour will take 30 minutes. Tammy inquired whether BIC members wanted to gather early for the tour in order to keep our meeting start time at 2:00 p.m. or if members wanted to begin the tour at 2:00 p.m. and cut the July meeting a half-hour short.
- Following a brief discussion Kristin Harvey motioned to begin the tour at 1:30 p.m., and start the BIC meeting at 2:00 p.m., Ron Sarg seconded the motion, which was unanimously approved by voting committee members in attendance. BIC would meet in a very large room off the outpatient gym. **[NOTE: While facilitating arrangements for the tour and meeting PAM Rehabilitation Center announced the need to move the start time back to 1:00 p.m. so the July tour will take place in two-groups beginning at 1:00 p.m., Dee sent a revised meeting request to all voting committee members. Please arrive in sufficient time for the tour to begin at 1:00 p.m. promptly.]**

ANNOUNCEMENTS

- Nancy Ranalli announced that Easterseals' FREE Annual Caregiver Conference is scheduled for Wednesday, August 28.
 - Information is available for exhibitors.
 - The conference is being held from 8:30 a.m., until 2:30 p.m., in the Embassy Suites Hotel in Newark across from the University of Delaware Stadium.
 - The Keynote speaker is Jennifer Fitzpatrick, author of Cruising through Caregiving.

- Sharon Lyons announced that the Brain Injury Association of Delaware's Annual Brain Injury Conference is scheduled for March 4 - 5, 2020 which is a Wednesday and Thursday. The Brain Strong Grant Awards will take place on Wednesday evening while the Brain Injury Conference will take place on Thursday at Dover Downs Hotel & Conference Center. BIAD is accepting exhibitors for this conference as well.

ADJOURNMENT

- Ron Sarg made a motion to adjourn that Sharon Lyons seconded. Tammy called for discussion and hearing none, called for a vote by committee members present who unanimously approved the motion to adjourn at 3:45 pm.

NEXT MEETING

- The next scheduled Brain Injury Committee meeting is on:

Monday, June 1 at 1:00 p.m.,

Post-Acute Medical Rehabilitation Center
Conference Room

1240 McKee Road, Dover, DE 19904

Exit 104 for those coming off of Route 1.