



BRAIN INJURY ADVISORY COUNCIL (BIAC)

Date: September 6, 2023

Time: 9:00 am – 1:00 pm

Location: Hybrid: In-person and Webinar

TYPE OF MEETING		Quarterly Meeting		
FACILITATOR		Rose Randall, Chair		
ATTENDEES				
NAME	PRESENT	NAME	PRESENT	
Voting Council Members		Non-Voting Council Members		GUESTS
Rosanne Randall	<input checked="" type="checkbox"/>	Dreama McCoy	<input checked="" type="checkbox"/>	Alisha Pruett
Pier Protz	<input checked="" type="checkbox"/>	Glorina Stallworth	<input checked="" type="checkbox"/>	Arnecia
Beth Overby	<input type="checkbox"/>	Lisa DeCantis	<input type="checkbox"/>	Beth Field
Betty Lilyquist	<input checked="" type="checkbox"/>	Marica Gibson	<input type="checkbox"/>	Brad Blackwell
Carol Ornitz	<input type="checkbox"/>	Robin Sulfridge	<input type="checkbox"/>	Christine Phillips
Christine Fernandini	<input type="checkbox"/>	Talley Wells	<input checked="" type="checkbox"/>	Crystal Foster
Daniel Pietrzak	<input checked="" type="checkbox"/>	Tracy Buchanan	<input checked="" type="checkbox"/>	Denene Hinton
Dr. Edward Juach	<input checked="" type="checkbox"/>			Desiree' Gorbea- Finalet
Geana Welter	<input checked="" type="checkbox"/>			Ginger Yarbrough
Dr. Glenn Johnson	<input checked="" type="checkbox"/>			Gwen Sherrod
John Dickerhoff	<input checked="" type="checkbox"/>			James Osborn
Jordan Slade	<input type="checkbox"/>			Jean Andersen
Dr. Kevin Burroughs	<input type="checkbox"/>	Staff to Council		Dr. Joanne Barnett
Laurie Stickney	<input checked="" type="checkbox"/>	Michael Brown	<input checked="" type="checkbox"/>	John Giampaolo
Lynn Makor	<input checked="" type="checkbox"/>	Scott Pokorny	<input checked="" type="checkbox"/>	Karee White
Melinda Munden	<input checked="" type="checkbox"/>	Stephanie Jones	<input checked="" type="checkbox"/>	Lamia Davis
Renee Johnson	<input type="checkbox"/>			Dr. LaTanya Sobczak
Sarah Stroud	<input type="checkbox"/>			Laura Morris
Thomas Henson, Jr	<input type="checkbox"/>			Libby Wilhelmson
Todd Bennett	<input checked="" type="checkbox"/>			Lisa Nesbitt
Virginia Knowlton Marcus	<input type="checkbox"/>			Lynette Gordon
				Mamie Hutneck
				Michelle Merritt
				Molly Hastings
				Mya Lewis
				Nancy Kent
				Sharif Brown
				Stephanie Vinson
				Tamie Guerrier
				Wendy Church

1. Agenda topic: Welcome, Review of Minutes & Introductions

Rose Randall

Discussion	<ul style="list-style-type: none"> Rose Randall, Chair, welcomed everyone to the hybrid meeting. Rose advised per the bylaws, individuals sitting in proxy can't provide votes. Matters not voted upon during the scheduled meetings may be voted upon within 10 days via email. A quorum is necessary to vote. Rose asked that all public comment be held to the end of the meeting during the public comment period; however commentary can be placed in the chat box. Scott Pokorny welcomed and introduced Ginger Yarbrough, I/DD and TBI Section Chief, DMH/DD/SUS to the attendees. 		
Conclusions	•		
Action Items		Person(s) Responsible	Deadline
The meeting minutes will be sent out to voting members for approval.			

2. Agenda topic DMH/DD/SUS Updates

DMH/DD/SUS Staff

Discussion	<p>The following updates were provided by Ginger Yarbrough re: DMH/DD/SUS</p> <ul style="list-style-type: none"> Ginger will be attending as many BIAC meetings as possible. <p>The following updates were provided by Scott Pokorny re: BIAC's seat composition</p> <ul style="list-style-type: none"> Council Seat Reappointments – Dr. Juach, Dr. Dickerhoff, Christine Fernandini., Rose Randall, Laurie Stickney, Melinda Munden and Renee Johnson will be reappointed. The Governor's office is moving forward to fill the stroke survivor with American Heart Assoc., The individual must be recommended by the American Heart Assoc. Pier Protz has ended her appointment and a family member of an individual with BI from Eastern NC is needed. The state appointees: <ul style="list-style-type: none"> NC Medicaid – one seat in process of being filled. DHSR – 2 seats with Robin Sulfridge will be appointed for one of the two seats. Emergency Management - Tom Mitchell will be appointed. DSS - Tracy Buchanan is retiring and looking for a candidate to fill seat. Veteran Affair – No candidates; This seat will transition off the council with new council's composition. Individuals who will not be going forward as a council member is able to vote until an individual is newly appointed by September 30, 2023. The Vice-Chair seat is available. The individual will be nominated. The individual will work the Chair, Rose Randall. The council is developing a plan for the composition changes. The action plan will be shared later in the meeting. <p>The following updates were provided by Michael Brown re: SFY 22-23 State Funds Program Expenditures Report</p> <ul style="list-style-type: none"> The total funds spent during SFY22-23 by LME/MCOs is \$3,394,041.17 The total funds spent during SFY22-23 by the BIANC-State and ACL is \$798,207.94 The total TBI screenings during SFY22-23 is 627 individuals. 		
Conclusions	<p>The following feedback was provided by a stakeholders:</p> <ul style="list-style-type: none"> Do the LME/MCOs get to rollover these funds into the next year? Trillium has a greater need for funding. My son was unable to receive needed therapies. Sandhills also has an unusually high number of TBI screening. I wonder why? What are they doing differently?? Are any individuals accessing TBI fund eligible for the TBI waiver when it expands? Knowing this info will help us in requesting both expansion and increasing TBI fund. Please keep stakeholders posted as I am in the Sandhills catchment area and I have an interest in what's going on there. All of Trillium's funds provide residential for about 13 people. The waiver would help open funds to others. The funding amount breakdown will bring a big amount of data. 		
Action Items			

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3. Agenda topic: Tailored Care Management (TCM)

Gwen Sherrod

Discussion	<p>The following updates were provided re: Tailor Care Management (TCM)</p> <ul style="list-style-type: none"> • TCM provides extra support for Medicaid beneficiaries. • The TCM will organize all of the individual's services. • Core Principals of TCM: <ul style="list-style-type: none"> o Broad Access to Care Management o Single Care Manager taking an integrated approach o Provider-based care management o Person and family centered planning o Community based CM o Choice of care CM o Community Inclusion o Consistency across the state o Harness existing resources • Tailored Plans (TP) will cover more robust behavioral health, I/DD and TBI package than Standard Plans • Under TCM, members have a single care manager equipped to manage all their needs, which may include physical health, behavioral health, I/DD, TBI, pharmacy, long-term services and supports (LTSS), and unmet health-related resource needs. <ul style="list-style-type: none"> o A care manager may contact your treatment provider's office to: o Identify the agency and the member they represent and present release of information documentation. o Explain their role in the member's care and talk about participation in the member's care team. o Ask questions about symptoms, medications and treatment. o Share concerns about/from the member. o Ask questions about lifestyle changes that would promote better health for the member. o Request support/assistance for referral to other providers. • An individual may contact their respective LME to determine if they're eligible for TCM or to change their TCM. • TCM option can be declined by the individual. • Certain NC Medicaid beneficiaries with more intensive behavioral health needs, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) will be eligible to enroll in a Tailored Plan. These members may also choose to enroll in the Standard Plan. • To transfer from Standard Plan to Tailored Plan submit a request to: https://www.ncmedicaidplans.gov/en/submit-forms-online • All TCM Care Management staff are required to undergo an intensive training curriculum, regardless of previous experience. The Tailored Plan / LME/MCO may require care managers, care manager extenders, and supervisors to complete additional region-specific trainings beyond those in the required Tailored Care Management domains. This is over 71 hours of training. • Transitioning to 1915(i) Services: <ul style="list-style-type: none"> o 1915(i) will serve individuals with SED, MH, Severe SUD, IDD and TBI. o b(3) authority is ending with Tailored Plan launch and 1915(i) Services are replacing b(3) o As part of the transition to 1915(i), the Department is either retaining benefits in their current form or expanding the scope of existing benefits, such as making some benefits available to additional populations. • For questions that are health-plan specific, please see contacts at link: https://medicaid.ncdhhs.gov/providers/provider-contracting-health-plans. • The NC Medicaid Ombudsman is a resource for members to learn more about Managed Care, understand their rights and responsibilities and assist with resolutions.
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	<ul style="list-style-type: none">NC Medicaid Ombudsman 1-877-201-3750 or visit their website at https://ncmedicaidombudsman.org/.	
Conclusions	<p>The following feedback was provided by a stakeholders:</p> <ul style="list-style-type: none">Is there a date for Tailored Plan (TP) implementation? Not at this timeDo you have to be on a waiver to receive those services under Tailored Plan? NoI thought Tailored Plan provides the same service definitions as Medicaid Direct? No, the TP is a health plan which will provide behavioral health and physical health services. The TP is more robust array of services.Can an individual utilize Medicaid special assistance In-Home with both Tailored and Standard plans? See local DSS to determine eligibility.Scenario: A person is qualified and has tailored care when there is no provider/facility that accepts Medicaid standard but does accept Medicaid direct plan. Can a member go back to Standard Plan in order to receive the service and then move back to Direct? Rather, accepts provider accepts standard plan, but not direct. Can individuals move from direct to standard to receive service and then back to direct? The individual will have to opt out of TP to go to SP and then go back to TP or the provider could contract with TP.CMAs were certified based on population groups, including TBI. Assignments are not based on TBI diagnosis--instead, TBI members are categorized as I/DD. Is the state considering looking at this to recognize TBI at assignment to ensure services provided by qualified, specialty providers when possible? (The brain injury community was pleased to see TBI recognized separately.)Can you give more background on this: Additional trainings for care managers, care manager extenders, and supervisors serving children<ul style="list-style-type: none">Child and family-centered teams;Understanding of the System of Care approach, including knowledge of child welfare, school, and juvenile justice systems; andMethods for effectively coordinating with school-related programming and transition-planning activities."So once the Tailored Plan launches, there won't be a need for waivers? All of the waivers will still operate under the TP.When is the TBI Waiver proposed to expand statewide? Unable to advise a definitive date. The General Assembly would have to approve additional slots.	
Action Items	Person(s) Responsible	Deadline

4. Agenda topic: BIANC Updates

Daniel Pietrzak

Discussion	<p>The following updates were provided re: BIAC projects</p> <ul style="list-style-type: none"> Development of course catalog for all trainings and webinars As a part of the ACL grant, BIANC is expanding collaboration with two Domestic Violence Sites named Safe Alliance and Family Network. Expanding to Pediatric Screenings Digital Advertisement Reviewing how to handle non-TBI and how to serve those individuals. 508 Complaint website is live in multiple languages. Upcoming speaker information can be located in BIANC's newsletter. Conference is scheduled on June 27-28 located in Charlotte, N.C. in-person. Brad Blackwell is the statewide training coordinator and will be improving upon DEI initiatives. Continuing to work and collect data to inform decisions. 40th Anniversary tickets to the celebration on Oct. 21, 2023 can be purchased at bianc40.net. CBIS and Fundamentals Training classes will be available this fall.
Conclusions	The following feedback was provided by stakeholders:

	<ul style="list-style-type: none"> • The events hosted aren't consumer friendly. • Don't forget the quarterly workshops at Moss Flower Farm, the Statewide Brain Injury Survivor and Family Day at the farm in October. Inviting community and political representatives from across the state as well. • Champions and Community Day is October 14 (Saturday) between 10 a.m. - 4:00 p.m. Everyone welcome: bring your family and friends. Put this date on your calendar and invite someone to bring you for the day. Come for all or part of the day or spend the night in the area with friends, at a hotel or at Moss Flower Abbey. Let us know if you need to discuss options. This is a free event to showcase talent in the brain injury community. Champions are those with personal experience with brain injury. Please plan to come to the farm and share your talents. We will have a tent, microphone and you can read a story, share a skill, show your art...and you may be able to sell some of your work if desired. There will be sports competitions, medals to be won, food trucks, a fire pit with s'mores and so much more. Duke University students will be on hand to video and record some of your amazing stories and parts of your journey that could help others or shine a light on brain injury. 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Can we get the Needs survey results in a clear format? The multi-color background prevents legibility. 			

5. Agenda topic: TBI Waiver Updates

Alliance Health Staff

Discussion	<p>The following updates were provided re: TBI Waiver</p> <ul style="list-style-type: none"> • CMS renewal approved for TBI Waiver services effective 4.1.2023 with expansion to Mecklenburg and Orange counties effective 6.1.2023. • Individuals may inquire about the waiver at 800-510-9132 or Behavioral Health Crisis Line @ 877-223-4617. • When Alliance receive interest calls about the TBI Waiver the following activities occur: <ul style="list-style-type: none"> ○ Staff need consent (permission) to share information with anyone other than a legal guardian. ○ Staff will ask initial TBI information such as how old the person was when the injury happened, how it happened, and if the person was unconscious. • Alliance identifies individuals possibly eligible for TBI Waiver by: <ul style="list-style-type: none"> ○ When a caller appears to meet BASIC TBI waiver qualifications, they are placed on Alliance's TBI Waiver Registry of Interest and Alliance outreach begins. ○ Referrals for TBI Waiver may also come in from external agencies, such as DMH or BIANC or Alliance internal teams, such as Care Coordination or Medical Team Staff. • Alliance currently has a network of providers who offer treatment and support for mental illness, substance use disorders, intellectual/developmental disabilities (I/DD) and traumatic brain injury (TBI). • TBI Waiver applications are carefully reviewed. Some providers have NOT been accepted into the network, due to lack of understanding of the TBI Population and/or needing more training before entering Alliance's TBI Network. Some have also been denied, due to not holding the correct type of National Accreditation required by TBI Waiver Policy. • Alliance strongly encourages all TBI Waiver Providers to ensure they have a CBIS staff on their team who is available to help train Direct Support Staff. Alliance recognizes this is the first TBI Provider Network, under Medicaid C, built in North Carolina. • Two new services added to the services array: Remote Supports and Supported Living • Onboarding Success include the following activities: <ul style="list-style-type: none"> ○ Members are now able to exceed traditional Medicaid financial limitations - 300% poverty level. ○ When Medical records are NOT readily available, Alliance has been able to utilize an alternative procedure to verify injury date and impairments. ○ Alliance is now able to (per CMS approval) bring Orange and Mecklenburg County members onto the waiver. • Onboarding Barriers include the following: <ul style="list-style-type: none"> ○ Obtaining documentation to verify occurrence of a traumatic brain injury from
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	<ul style="list-style-type: none"> medical records. <ul style="list-style-type: none"> Requesting historical medical records from hospitals takes time and may not include the specific information needed. Members not having current evaluations available to demonstrate the level of care or member deficits. Lack of natural supports when members are onboarding. Individuals applying for TBI waiver, who are not covered by Alliance Medicaid (Standard Plan or uninsured) or who do not wish to apply for Medicaid. TBI Waiver Update as of Sept. 1, 2023: <ul style="list-style-type: none"> 60 individuals are currently active on the waiver. 118 individuals are currently interested in the waiver and receiving waiver education from Alliance staff, seeking supporting documentation, or have ISPs in development. This makes a total of 178 members receiving support or direct outreach about the waiver. Community Health and Well Being (CWHB) Team has made amazing strides in reaching community members and stakeholders in Orange and Mecklenburg Counties. <ul style="list-style-type: none"> Over 70+ TBI Waiver Community Education and Awareness presentations have occurred since June 1, 2023. CHWB Team continues to provide TBI Waiver trainings month. Alliance Health like to have a training for their group or agency or hospital system, we are more than happy to coordinate one with you!
Conclusions	<p>The following feedback was provided by stakeholders:</p> <ul style="list-style-type: none"> Coup Conte-Coup brain injuries where the brain is shaken inside the skull and is injured for example, the percussive injury from an explosion or a fall where one does not hit their head but the brain is severely shaken, are certainly traumatic injuries even those they are not blunt force trauma. Where does Alliance stand in serving these people that suffer from these injuries? Rear end vehicle collisions can also cause this injury. It has very difficult to tap into the Justice System, but the TBI team does have a justice related contract forthcoming. More information will be shared in future meetings. How do they determine what counties are covered? The counties approved by CMS. What needs would extend beyond the limits of the waiver that prevent eligibility? If an individual with higher needs to be served in a facility-based setting instead of a setting in the community.
Action Items:	<ul style="list-style-type: none">

6. Agenda topic: Justice: Re-Entry & Reintegration Initiative

Sharif Brown

Discussion	<p>The following updates were provided re: Justice: Re-Entry & Reintegration Pilot</p> <ul style="list-style-type: none"> Alliance of Disability Advocates North Carolina (ADANC) is a center for independent living located in Raleigh, NC. Alliance of Disability Advocates has a catchment area of 5 counties: Wake, Durham, Johnston, Orange, and Franklin and is currently expanding to Beaufort Pitt and Greenville counties. In order to be a center for Independent Living, there are certain requirements and regulations that must be followed: <ul style="list-style-type: none"> 51% of the staff must have a disability. 51% of the board of directors must have a disability. All programs and services are consumer (client) controlled. Alliance of Disability Advocates does not require any medical documentation or proof of having a disability in order for consumers clients to obtain services or resources. The consumer (client) must self-identify with having a disability but is not required to divulge the nature of the disability. Five Core Services includes:
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- Information and referral services is provided in accessible formats to all individuals who contact ADANC.
- Independent Living Skills Training
- Peer Support (including cross-disability peer support)
- Individual and Systems Advocacy
- Transition Services: Youth, and Transition from Institution and Diversion (keeping consumers out facility-based care)
- Despite the occasional success story of a former inmate building a successful life, research continues to show that as many as 75% of Justice-involved individuals find themselves back in the criminal justice system within the first year. Successful performance management of reentry programs and other resources are critical to change those outcomes. At the end of the day, successful reentry is important for both individuals and communities.
- ADANC has a history of providing Reentry Transitional Services since 2016. The IRP model was first tested at Butner FCI, which is located in Butner, NC. Currently to date, over 200 individuals in Butner have benefitted from ADA Reentry IRP services, with many of the justice-involved individuals being released to the Triangle area and continuing with their Post-release Reentry Services.
- Of all the individuals enrolled in the ADA Reentry Program at Butner, only two have reoffended and returned in the first 2 years of release. That is a 98% success rate.
- The Individualized Re-entry Plan (IRP) includes:
 - The IRP begins at the initial meeting with the justice involved-individual. Prior to Covid, ADANC had the ability to meet face to face with our justice-involved consumers. During Covid, ADANC was still able to facilitate the IRP model with assistance from the Department of Public Safety (Now known as the Department of Adult Corrections). ADANC recognizes that successful reentry doesn't start the day someone is released from prison or jail. The best outcomes occur when there are preparation and supports before, during, and after release.
 - The most important facet of the IRP is listening to the individual when it comes to reentry as far as what they think they need to be successful and not return to prison. This approach allows anxieties about reentry to be expressed. ADANC will sit with them, listen to their story, ask about their goals. Empowering individuals to make decisions in their reentry now gives them a voice, which is something they lost as soon as incarceration began. They are no longer a number or another face during count. Empowering individuals shows that ADANC is invested in THEIR plan for success. There is no such thing as "one size fits all," which is why ADANC reentry offers a commitment to individualized reentry plans.
 - In practice, that might mean matching them with a therapeutic approach that appeals to their individual needs/wants. It can mean providing a range of educational and vocational opportunities, or it can mean integrating the client back with family to help create a more supportive and successful home environment.
 - Programs and strategies that are built on this framework targets resources to those offenders who are at higher risk of reoffending and provides individualized services to address barriers that each consumer may be expecting or experiencing.
 - Once the IRP is constructed, it is hand delivered and discussed at the prison to facilitate and support our consumers with a successful reentry plan.
- ADANC provide and connect individuals to:
 - Housing Opportunities/ Information
 - Employment Assistance / Interview Prep Training
 - Suitcessful (ADANC provides free business and business casual clothing to our consumers in need)
 - Food Pantry Resources
 - Benefits Assistance and Counseling
 - Independent Living Skills Training
 - Free Individualized GED Training and Testing with Duke University
 - Behavioral / Mental Health Resource information
 - Peer Recovery Support Services and Mentoring
 - Vital Records (Birth Certificate, Social Security Card)

	<ul style="list-style-type: none"> ○ Post-Release wrap-around services • In 2020, the NCCDD awarded ADANC a 3-year grant to test this IRP model in state prisons targeting individuals with an I/DD diagnosis. Under the initiative from NCCDD, ADANC Reentry to date has: <ul style="list-style-type: none"> ○ Received 194 referrals for Individualized Reentry Plans (IRPs). ○ Even with the pandemic the success rate for this initiative is 88% without ever being able to see/contact our consumers directly until April 2022. ○ Many pre-release consumers are now actively receiving post-release wrap-around services and have obtained housing, have sustainable employment; have applied and received state benefits; and, most importantly, have not reoffended. • According to NCDPS, only 55% of inmates with an intellectual disabilities diagnosis have aftercare plans developed prior to leaving the prison system. We assume there are many inmates with I/DD who are not identified/diagnosed based on this language. • With a recidivism rate of 47% for all inmates within the first 13 months of release, the likelihood of successful transition to productive community life for an incarcerated individual with I/DD is extremely low without proper planning, training, and supports. • DHHS will be partnering with ADA in the 8-county service area.
Conclusions	<p>The following feedback was provided by stakeholders:</p> <ul style="list-style-type: none"> • Do you work with Re-entry Councils in your 8-county service area? Yes, for Wake, Orange and Durham counties. • Can an individual who was released some time ago but still struggling participate in the program? As long as the individual live in NC, they can get a referral from ADANC but if they are located in the counties served ADANC can complete an IRP. • Do you have connections with Veteran Courts throughout NC? I think it would be mutually beneficial. Yes, in Orange County. ADANC is still trying to collaborate with federal and veteran courts. • Great work that you are doing! • Wonderful presentation.
Action Items:	<ul style="list-style-type: none"> • Sharif Brown can be contacted at sharif@adanc.org.

7. Agenda topic: Standing Sub-Committees Update

Committee Chairs

Discussion	<ul style="list-style-type: none"> • Service Delivery Sub-Committee – Laurie Stickney advised - focus on TCM activities. • Public Policy Sub-Committee – Pier Protz advised – the committee split into two subcommittees to focus on: <ul style="list-style-type: none"> ○ Recreating the language in statutes for BIAC composition changes prior to the December meeting ○ Creating a plan for meeting with legislators. • Beth Overby advised the Policy committee can cross support the other sub-committees as there is initiative overlap. • Children and Youth Committee – Lynn Makor advised - Unfortunately, there has not been an interest in others taking over leadership of this committee, so Lynn will rejoin and resume co-chairing of this committee with Karin, who has agreed to remain in a co-chair role. We will have more of an update when we are able to convene later this Fall. We expect to have a report out in the December meeting.
Conclusions	•
Action Items:	•

8. Agenda topic: Public Comment Period

Attendees

Discussion	<p>Jean Anderson provided the following public comment:</p> <ul style="list-style-type: none"> • Four representatives from TBI State Consumer and Family Advisory Committee (SCFAC) were present in the meeting. It would be helpful if individuals could attend both meetings. This would require moving three BIAC meeting dates. In addition, what are the goals and objectives that the council will focus on?
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	<ul style="list-style-type: none"> • There is no BI representation on the NCCDD council. • Crystal Foster - The SCFAC has sub-committees that is open to recommendations. •
Conclusions	<ul style="list-style-type: none"> •
Action Items:	<ul style="list-style-type: none"> •

Respectfully submitted: Stephanie Jones, Michael Brown and Scott Pokorny