

Meeting Minutes

Hybrid Meeting | Thursday, July 9, 2026 9:00 AM – 1:00 PM

ATTENDEES					
Voting Council Members					
Name	Present	Proxy	Name	Present	Proxy
April Groff	x		Laura Morris	x	
Beth Overby - Chair	x		Laurie Stickney	x	
Christine Fernandini	x		Leila Hicks-Jarmusz		
John Dickerhoff			Lynn Makor		
Geana Welter			Melinda Munden		
Glenn Johnson			Patricia Reyna	x	
Jen Kimbrough	x		Renee Johnson		
Jordan Slade			Rosanne Randall	x	
Joseph Propst	x		Tracy Hayes	x	
Kevin Burroughs			Virginia Knowlten-Marcus (Lisa Nesbitt served as proxy but Desiree Gorbea-Finalet was also present to serve in this regard if needed)		x
Kristen Barboza	x				
Rick Long					
Non-Voting Council Members					
Name	Present	Proxy	Name	Present	Proxy
Abigail Coffey			Tom Mitchell		
Dreama McCoy			Azzie Conley		
Stephanie Jones	x		LaKecia Cates		
Marcia Gibson	x		Laurel Vick		
Robin Sulfridge	x				
Juanita Hooker					
Guests					
Name	Staff	Guest	Name	Staff	Guest
Badia Henderson	x		Crystal Dorsey	x	
Erica Asbury	x		Lisa Jackson	x	
Jennifer Meade	x		Ann Marie Webb	x	
Moe Ebson	x				
Agenda Topic:	Welcome/Roll Call/Approval of Minutes				
Presenter:	Beth Overby, Chair				
Roll was called, and a quorum was not present; therefore, all actions requiring a vote were delayed. After the lunch break, a quorum was confirmed. The motion to approve the May meeting minutes received a first and second and was unanimously approved.					
Agenda Topic:	Public Comment				
Presenter:	Beth Overby, Chair				
No public comments were submitted.					
Agenda Topic:	Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) Update				
Presenter(s):	Scott Pokorny, TBI Team Lead				

- **TBI State Action Plan launches August 2026.**
- **Overview of NC and federal brain injury definition history:**
 - 2003: NC Brain Injury Advisory Council created.
 - 2009: Council name changed to broaden inclusion.
 - 2018: NC reviewed other state/federal TBI definitions.
 - Congress distinguishes TBI from other Acquired Brain Injuries (ABI).
- **Federal focus on TBI:**
 - More accessible TBI data.
 - Increased awareness among military, athletes, advocates.
 - TBI is a subset of ABI.
- **CDC no longer funds TBI data collection.**
- **TBI Act reauthorization (expired 2024):**
 - Proposed inclusion of ABI.
 - Increased federal funding.
 - Federal definition of TBI established.
 - Funds State Partnership Grants, Disability Rights, research, data, TBI Model Systems.
 - Florida and Wisconsin added; 31 states funded; competitive process.
 - Reduced state match; reviewed every five years.
- **NASHIA State Resource Guide (2024):**
 - Includes definitions, state waivers, trust funds.
- **Current NC TBI definitions:**
 - Definition 1: Located in NC Statute Chapter 122C.
 - Definition 2: DPI definition for school-aged children (2013).
 - Definition 3: 2019 statute widened eligibility.
 - Importance of distinguishing brain injury types for eligibility/funding.
- **Considerations for defining ABI and TBI:**
 - Impacts on eligibility and service access.
 - Avoiding unintended barriers (e.g., Innovations).
 - Aligning with service systems; current TBI definition matches TBI Waiver.
 - Geographic/fiscal considerations for rollout.
 - Year 3 grant data will inform statewide ABI estimates.
 - ABI screenings may occur via Tailored Plans, CCBHCs, and IPV programs.
 - ABI includes both TBI and non-TBI.
 - Need clear distinctions for General Assembly.
- **TBI State Action Plan (2026–2029) priorities:**
 - Improve service access.
 - Strengthen provider/clinician support.
 - Increase support for individuals and caregivers.
 - Expand community injury prevention.
 - Public Health receives trauma registry data.
- **Plan recommendations & feedback:**
 - 185 comments received.

- Some feedback was given for future cycles.
- Completion dates reordered (not shown in presentation).
- **BIAC recommendations revised into SMART goals:**
 - Goal 1: By June 30, 2029, increase TBI screening and access to services.
 - Goal 2: By June 30, 2029, build high-quality workforce; aim for 85% satisfaction on access to providers/care managers.
 - Goal 3: By June 30, 2029, improve access to information, respite, peer support; metrics include 75% information access, 75 peers certified in year one, 2% respite service increase.
 - Prevention added as a key goal.
- **Combined press release (mid-July) for State Action Plan & OBISS:**
 - OBISS: Free confidential NASHIA platform (ages 13+, possibly lowering to 10).
 - Public webinars in July/August.
 - Launch date: August 1, 2026.
 - Helps refine ABI identification and service development.
- **TBI ECHO program:**
 - Collaborative “all-teach/all-learn” model.
 - Strengthens whole-person care.
 - Connects SMEs with frontline providers using case-based learning.
 - Primary audience: physical health, mental health, substance use providers.
 - Tailored Plans funding year one.
 - Partnership with Washington and Alaska.
 - Crystal Foster recognized for contributions.
- **Ms. Jones updates on State-Funded services:**
 - Services: Residential Supports, TBI Long-Term Residential Rehabilitation, Community Living & Support (CLS).
 - Sunsetting some services; gathering feedback from TPs, providers, individuals, families.
 - Tentative implementation: July 1, 2027.
- **Residential Supports (IDD/TBI) revisions:**
 - Added TBI assessments as approved tools for age 22+.
 - Provided assessment tool link.
 - Clarified which professionals can complete assessments.
 - Removed Medicaid PCS as limitation.
 - Assessments now are part of eligibility screening for state-funded residential services.
- **TBI Long-Term Residential Rehabilitation revisions:**
 - Updated respite guidance; removed unlicensed AFL.
 - Identified assessment-approved professionals.
 - Removed CCA requirement.
 - Updated physical exam provider criteria.
- **Community Living & Support (CLS) revisions:**
 - Added Relative as Provider (RAP) guidance for minors with extraordinary needs and adults.
 - Added RAP monitoring requirements.
 - Updated exceptional needs criteria; max 40 hrs/week.
 - Definitions still under review; tentative timeline unchanged.

- BIAC feedback needed by year-end.
- RAP not allowed for state-funded respite.
- IDD Benefit Plan funds CLS and Residential Supports; changes impact funding.
- Clarified RAP limitations (cannot cover typical appropriate activities).
- Activities must align with PCP/ISP.
- Added TBI assessments for individuals age 22+.
- Added RAP billing modifiers.
- **TBI services being terminated (sunsetting by June 30, 2027):**
 - Developmental Therapy
 - Personal Assistance
 - Personal Care
 - Family Living
 - Group Living
 - Supervised Living
 - Outpatient MH/SUD Therapy
 - Alternatives will be available.
- **Proposed TBI State Appropriations Program – Service Array:**
 - Allied Services (OT, PT, Speech)
 - Cognitive Rehabilitation
 - Community Living & Supports
 - Day Supports
 - Neuro-behavioral/psychological evaluation
 - Equipment, home/vehicle modification, transportation, medication
 - Residential services (Residential Supports, Long-Term Rehab, Supported Living Periodic)
 - Respite
 - Supported Employment
- **Additional notes:**
 - No duplicative services are allowed across waivers.
 - Concern raised about prioritization for individuals without Medicaid/Innovations; to be clarified.
 - Early discussions on developing a TBI State Appropriations Benefit Plan.
 - More updates at next BIAC meeting.
 - Contact: TBContact@dhhs.nc.gov

Agenda Topic:	SCFAC (State Consumer and Family Advisory Committee) Report Out: State Fiscal Year (SFY) 2025-2026 Annual Recommendations
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Presenter:	Crystal Foster, SCFAC Member
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- **Ms. Foster provided an overview of the ten Annual Report Recommendations, including deliverables and State Consumer and Family Advisory Committee (SCFAC) due dates:**
- **Overview of ten Annual Report Recommendations, including deliverables and SCFAC due dates.**
 - **Recommendation 1 (Long Session)**
 - Increase DSP wages to at least \$20/hour.
 - NCDHHS request includes raising Waiver capitation rates for inflation and wage competitiveness.
 - **Recommendation 2 (Due: March 30, 2027)**
 - Prioritize Innovations Waiver slots; complete full waitlist review within six months.
 - Track quarterly: waitlist size, wait times, removals with reasons, new additions.
 - Clarify that individuals refusing services should not keep their position without valid justification.

- Consider tiered system based on consumer needs.
- **Recommendation 3 (Due: October 1, 2026)**
 - Develop and fund statewide TBI ECHO using available grants; partner with NC academic institutions.
 - Supported by BIAC; Tailored Plans fund year one.
- **Recommendation 4 (Due: June 30, 2029)**
 - Allocate funding and adopt guidance to integrate AskMeNC statewide across government operations.
- **Recommendation 5 (Due: December 31, 2026)**
 - Create a Stakeholder Workgroup to standardize terminology across Innovations, CAP-C, CAP-DA, and TBI Waivers.
- **Recommendation 6 (Due: October 1, 2026)**
 - Add Relative as Provider (RAP) option to CAP Waivers.
 - Supports individuals staying at home, ensures fair reimbursement, coordinates Waiver and State Plan services.
 - Establish a CAP Waiver Advisory Committee.
- **Recommendation 7 (Long Session)**
 - Expand Medicaid to cover TMS for major depressive disorder and treatment-resistant depression.
 - Request for General Assembly funding.
- **Recommendation 8 (Long Session)**
 - Fund TCL to expand housing resources, tenancy supports, and mental health wraparound services.
 - Assess needs for individuals with disabilities, TBI, and mental illness supported by aging caregivers.
 - Plan long-term housing and support; prevent unnecessary institutionalization.
 - Fund emergency/supportive housing and offset costs in areas with limited affordable housing.
- **Recommendation 9 (Long Session)**
 - Expand TBI Waiver statewide; increase access to specialized, medically necessary services.
 - Include funding in biennial budget for full implementation.
- **Recommendation 10 (Due: December 31, 2027)**
 - Create and fund ICF and Community Waiver Home Study focused on families and caregivers age 60+.
 - Collect structured feedback from affected families.
 - Goals: expand family-based placement options; assess long-term use of residential facilities and populations served.

Agenda Topic:	BIAC Work/Committee Review
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Presenter:	Beth Overby, Chair
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- Committee Review
 - **Policy and Legislative Committee:** Jen Kimbroug
 - The Committee did not meet most recently but held email discussions regarding the Brain Injury Trust and drafted a handout for the General Assembly for next year's Legislative Day. Vice-Chair Hayes is developing a similar handout on the Traumatic Brain Injury (TBI) Waiver Expansion request
 - Action Item: Both draft handouts will be sent out for review and input before the next Brain Injury Advisory Council (BIAC) meeting.
 - The next Policy and Legislative Committee meeting is August 5 at 3:00 PM.
 - **Needs and Gaps Committee:** Laurie Stickney
 - The Committee met last month and meets every other month, alternating with BIAC meetings.
 - Forty individuals expressed interest; meeting attendance averages 15–16 participants.
 - The next Needs and Gaps Committee meeting is August 18 at 1:00 PM.
 - Recent meeting focus: brain injury definitions and funding; Crystal Foster provided a State Consumer and Family Advisory Committee (SCFAC) update.
 - Next meeting focus: review of the Brain Injury Association of North Carolina (BIANC) needs and gaps assessment recently finalized.
 - The Committee serves as an umbrella for prevention, research, special populations, service delivery & funding, and really anything that ties to needs and gaps.
 - **Operations Committee:** Dr. Rosanne Randall

- The Committee was unable to meet in May but plans to meet later in July (date pending).
- As a new committee, they are establishing leads for subcommittees: standardization, orientation, and bylaws.
- Leila Hicks is leading the bylaws review.
- The Committee has 9–15 members, averaging about nine per meeting.

Agenda **BIAC Open Seats and Interest for Chair**

Topic:

Presenter: **Beth Overby, Chair**

Chair Overby's second term ends in September; a new Chair will be elected by the end of July to allow onboarding with Chair Overby and Vice-Chair Hayes in August.

- Chair Overby reviewed BIAC's role (summarized): to study the causes and impacts of traumatic and other acquired brain injuries in North Carolina and provide recommendations to the Governor, General Assembly, and the Secretary of Health and Human Services on statewide planning, funding, and service delivery. She also reviewed Chair responsibilities.
- Technically, virtual attendance is permitted for the Chair, but in-person attendance is preferred. The Chair meets with Department of Health and Human Services (DHHS) leadership for strategy discussions and agenda review.
- The Chair also participates in the monthly Executive Committee meeting with committee chairs/co-chairs and DHHS leadership.
- Greater involvement by the Chair improves leadership effectiveness.
- Bylaws were updated so the Chair is no longer required to attend every committee meeting.
- The Vice-Chair role does not automatically transition to Chair; Vice-Chair Hayes is willing to continue serving.
- Nominations or self-nominations for Chair are due Friday, July 17 at 5:00 PM with a short bio and statement of interest. Support staff will distribute materials on Monday, July 20th. Voting will occur July 20–30, closing at 5:00 PM on July 30.
- Support staff will meet with the General Assembly/Governor's Office next week to confirm application status for vacancies.
- Recommendations may support applicants who are not yet members. Discussion addressed the need to revise statute language to incorporate advisory body input during appointments; several non-voting members are highly active.
- BIAC may provide letters of recommendation or general endorsements in application packets.
- Jennifer Meade and Erica Asbury will meet with House and Senate appointees to reintroduce committees/councils and discuss streamlining the appointment process.
- A suggestion was made to use a single DHHS application portal, routed through Advocacy and Empowerment support staff, vetted by BIAC, and forwarded—with BIAC recommendations—to the appointing authority. Appointing bodies would need to agree to this process.
- **Assistant Attorney General Joonu-Noel Coste will analyze whether DHHS has authority to implement such a process;** further action depends on meetings with General Assembly contacts.
- Assistant Attorney General Coste clarified that statute limits members to two consecutive terms, after which they may roll off and later serve additional consecutive terms.
- She further clarified that switching seats (e.g., veteran/survivor vs. family member) does not extend term limits; bylaws define limits by consecutive terms, not seat type.
- Vice-Chair Hayes requested a written clarification from Assistant Attorney General Coste regarding term limits and eligibility across successive seats.

Action Items	Responsible	Deadline
Disseminate SCFAC Recommendations Presentation (by Crystal Foster) to BIAC for feedback	Advocacy and Empowerment Support Staff	8/3/2026
Email nominations list for Chair and accompanying information (bios, reasons for interest in serving, etc.) to BIAC members	Advocacy and Empowerment Support Staff	7/20/2026

Complete analysis to determine whether DHHS has authority to implement a more streamlined appointment process	Assistant Attorney General Joonu-Noel Coste	Not specified
Request by Vice Chair Hayes for a written clarification regarding term limits and eligibility across successive seats	Assistant Attorney General Joonu-Noel Coste	Not specified