Meeting Minutes
Hybrid Meeting | Thursday, May 14, 2026, 9:00 AM – 1:00 PM

ATTENDEES					
Voting Council Members					
Name	**Present**	**Proxy**	**Name**	**Present**	**Proxy**
Beth Overby - Chair	x		Laura Morris	x	
Tracy Hayes – Vice-Chair	x		Laurie Stickney	x	
April Groff	x		Leila Hicks-Jarmusz	x	
Christine Fernandini			Lynn Makor		
Glenn Johnson			Melinda Munden	x	
Jen Kimbrough	x		Patricia “Kay” Reyna	x	
Jordan Slade	x		Renee Johnson	x	
Joseph Propst	x		Rick Long	x	
Kevin Burroughs	x		Rosanne Randall	x	
Kristen Barboza			Virginia Knowlton-Marcus	x	
Non-Voting Council Members					
Name	**Present**	**Proxy**	**Name**	**Present**	**Proxy**
Abigail Coffey	x		Robin Sulfridge	x	
Molly Hastings			Stephanie Jones		
Dreama McCoy			Tom Mitchell		
Juanita Hooker	x				
Marcia Gibson					
Guests					
Name	**Staff**	**Guest**	**Name**	**Staff**	**Guest**
Badia Henderson	x		Kelly Crosbie	x	
Crystal Dorsey	x		Lisa Jackson	x	
Erica Asbury	x		Stacey Harward	x	
Ginger Yarbrough	x				
Jennifer Meade	x				

Agenda Topic:	**Welcome/Roll Call/Approval of Minutes**
Presenter(s):	**Beth Overby, Chair**

- Roll call was conducted, and the presence of a quorum was confirmed.
- March meeting minutes were unanimously approved
  - Motion by Beth Overby
  - Second by Rick Long
- Vice-Chair Hayes recognized Crystal Foster for her impactful Legislative Day presentation on behalf of SCFAC, noting its strong advocacy with legislators.
- Jen reported that the Brain Injury Association’s Needs and Gaps survey went out and already received several hundred responses.
  - Survey link was shared in the chat, request for input from survivors, caregivers, providers, and brain injury professions.
  - Survey Link: https://qualtricsxmy8nxp329d.qualtrics.com/jfe/form/SV_390MnFAq0xJoKge

Agenda Topic:	**Public Comment**
Presenter(s):	**Beth Overby, Chair**

- No public comments were submitted.

- Chair Overby reviewed upcoming term expirations:
    - Chair Overby's second term is concluding; a new Governor-appointed Piedmont family representative will be required.
    - Glenn Johnson is eligible for a second Governor-appointed term.
    - Jordan Slade's second term is ending.
    - Joey Probst's first term ends in September; he is eligible for a second term.
    - Lynn Makor's second term is concluding; she was appointed by the Superintendent of Public Instruction.
    - Richard Long's first term ends in September; he serves in a statutory veterans' representative role.
    - Virginia Knowlton-Marcus' second term ends in September; she serves in a statutory protection and advocacy organization seat.
- Chair Overby reminded members of the open seat for anyone considering the chair position.
- Current Vacancies:
    - One appointment with the Speaker of the House
    - One appointment with the Governor
    - Note: Non-voting members are not subject to term limits.

Agenda Topic:	**Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) Update**
Presenter(s):	**Kelly Crosbie, Assistant Secretary for DMH/DD/SUS** **Ginger Yarbrough, Chief Clinical Officer-I/DD, TBI & Olmstead**

Chief Clinical Officer Yarbrough:

- Reviewed the four priorities of the TBI State Action Plan:
    - Improving access to services
    - Supporting providers and clinicians
    - Supporting individuals with TBI and caregivers
    - Strengthening community prevention
- The Plan will be published in June, implemented in July, and reviewed quarterly
    - BIAC will receive regular updates
- Current TBI State Partnership Grants (ACL funded) run through July 31, 2026
    - NC receives $205,000 annually
    - New NOFO is expected in June, and Ms. Yarbrough is confident of reapplying
- ACL grant core activities include screening, workforce development, family/caregiver support, and resource facilitation.
    - Some members raised concerns about the level of support; Ms. Yarbrough will follow up.
- The TBI website has been revised to improve access to services, advocacy, data, and training, with continued updates planned.
- BIAC contributed significantly to shaping the State Action Plan.
- Discussion occurred about shifting from "TBI" to "Brain Injury" terminology for inclusiveness, though statutory requirements may limit changes.

Assistant Secretary Kelly Crosbie:

- Encouraged BIAC to directly inquire how the Division is educating providers and communities about TBI.
- Reported limited and uneven use of state funds by LME/MCOs; emphasized need for better funding strategies and increased use of Medicaid 1915(i) services.
- Noted that training funds may be available even when service funds are not; highlighted significant underfunding across TBI resources.
- Requested ideas within one month on how workforce training funds should be used; suggestions may be sent to the Advocacy & Empowerment Team.
- Emphasized the need for substantial TBI training for providers, including I/DD and care managers; early screening groups such as Social Security Disability screeners are beginning to receive attention.

- Stressed the importance of identifying funding priorities; current surveys (Gaps and Needs) are helping highlight needs, especially in education.
- Training examples discussed included statewide CIT training for first responders
    - Safety related training (e.g., construction)
    - Proposed resources for hospital social workers
- Members noted how long it takes to understand brain injury without adequate education.

Agenda Topic:	Division of Health Benefits (DHB)/NC Medicaid Home Health Care Services
Presenter(s):	Greg Daniels, Deputy Director of Long-Term Services and Supports Shewunn Pittman, LTSS Nurse Operations Manager

- DHB is updating its LTSS landing page to include TBI and NC Innovations; related staff are being transitioned under LTSS to align with Home and Community-Based Services (HCBS).
- Waiver updates are underway for the Community Alternatives Program for Children (CAP-C) and potentially the Community Alternatives Program for Disabled Adults (CAP-DA; 1915(i) crossover work continues with the Behavioral Health Team.
- Mr. Daniels requested a separate planning meeting with BIAC to realign priorities, review data practices, improve dashboard accuracy, and ensure all beneficiaries are captured, including those in rural areas.
- Mr. Daniels is awaiting internal clarification on Medicaid subrogation questions raised by Glenn Johnson; any statutory changes would require legislative and Attorney General review.

HCBS Overview:

- CAP-C: supports children remaining at home or returning to community settings.
- CAP-DA: provides similar support for adults.
- Personal Care Services (PCS): hands-on assistance with Activities of Daily Living (ADLs).
- Home Health: skilled nursing, therapy services, and medical supplies.
- Hospice: interdisciplinary care for individuals with terminal illness and their families.
- Private Duty Nursing (PDN): supplemental skilled nursing for adults and children.

PDN Dashboard:

- Relaunched May 1 with a simplified format.
- Datar elated questions will be taken back to analytics for clarification, including whether dashboard information reflects billing, referrals, denials, and the number of approved but unstaffed referrals.
    - Contact information:
        - CAP & PCS: NCLIFTSS at NCLIFTSS@acentra.com or 833-522-5429
        - Home Health, Hospice, PDN: NC Medicaid Contact Center at 888-245-0179

Connecting Communities and Medicaid (CCM):

- Promote partnerships to improve access and address health disparities; meetings occur the second Wednesday of each month.
- Recent meeting covered H.R.1 Medicaid eligibility and enrollment changes.
    - Mr. Daniels suggested DHB staff present to BIAC on H.R.1 implementation.

Additional Discussion:

- Vice-Chair Hayes requested that future presentations clearly identify data sources, billing codes, and calculation methods.
- Members asked about brain injury screening during enrollment/certification, potential H.R.1 work requirement exemptions, and whether DHB staff receive brain injury training
    - Mr. Daniels will follow up.
- Mr. Daniels was unfamiliar with Trillium's new technology supported program, the Trillium Ultimate Living Assistant (TULA), developed by Cindy Ehlers.
    - BIAC expressed interest in receiving a TULA presentation from Trillium staff.

Agenda Topic:	Employment and Independence for People with Disabilities (EIPD) 101
Presenter(s):	Kathie B. Smith, EIPD Division Director

- New survey feedback slogan introduced: “Your goals. Our support.”

Program Overview:

- Vocational Rehabilitation (VR) is NC’s largest EIPD program, established in 1920 with an initial focus on physical disabilities and returning soldiers.
- State funding also supports Independent Living (IL) and Assistive Technology programs.

Funding:

- EIPD funding consists of 22% state and 87% federal dollars.
- Insufficient state match results in a loss of $22M in federal funds; an additional $5.8M in state funding is needed.
- BIAC may consider advocating for increased state funding; Director Smith will share this information with supportive legislators.

Division Transition:

- VR became EIPD in April 2024 following youth feedback regarding the program’s name.
- Services are offered statewide in all 100 counties through 70 offices, with expanded regional support.
    - Client Demographics
    - Primary impairment: 44% Cognitive/Autism.
    - Secondary: 29.6% Social-Emotional.
    - Tertiary: 22% Physical.
    - Quaternary: 4.4% Deaf/Hard of Hearing; partnerships being explored to improve hearing-aid access.
    - Largest age groups served: 25–54 (43.4%) and 14–24 (41.7%).
- Visual impairments are served through the Division of Services for the Blind.

Top Employment Barriers:

- Long-term unemployment
- Low income
- Low literacy
- Ex-offender status

Vocational Supports:

- Counseling and assessments
- Training and work-based learning
- Job search and placement assistance

Employment Process:

- Referrals, application, eligibility, plan development, services, and employment
- Eligibility determination within 60 days
- Individualized Plan for Employment (IPE) completed within 90 days
- Average case duration is approximately two years.
- Employment must be maintained for 90 days for successful closure.
- Training/college may be funded if linked to the employment goal.
- Individuals receiving SSDI/SSI are presumed eligible.
- Some employers have demonstrated higher willingness to hire individuals with disabilities.
- Pre-Employment Transition Services (Pre-ETS)
    - Required under the Workforce Innovation and Opportunity Act (WIOA).
    - Available to students with disabilities (IEP, 504, or secondary enrollment).
- Five required services
    - Self-advocacy
    - Workplace readiness
    - Job exploration
    - Post-secondary counseling
    - Work-based learning
- Services are free to schools.
- A minimum of 15% of VR funds must be allocated to Pre-ETS, and currently spending is approximately 30%.

- Pre-ETS cannot replace school-provided services.

Independent Living (IL) Rehabilitation Program:

- Provided statewide across all 100 counties.
- Services include guidance, counseling, assessments, personal assistance, housing and community integration, rehabilitation and assistive technology, and skills training.
- Program goal is to maintain independence, not employment.

Assistive Technology Program:

- State-and federally funded, providing statewide access to assistive technology for all ages and disabilities.
- Devices can be tested before purchase.
- More than 12,000 individuals have gained access to technology supporting independence.

DB101: Disability Benefits 101:

- Website: www.db101.org
  - Helps individuals and providers understand how work and benefits interact.
  - No personal identifying information collected.
  - Features user-friendly tools and calculators.
  - Youth version recently launched; Spanish version launching later this year.

Individuals Served with a Primary TBI Diagnosis:

- FY 7/1/24–6/30/25: 401 served; 37 successful employment closures.
- FY 7/1/25–5/11/26: 389 served; 34 successful employment closures.

Staffing Challenges:

- Counselor vacancy rate is approximately 27%, largely due to low pay for master's-level positions, resulting in turnover to higher-paying roles elsewhere.

Brain Injury Support Services:

- Contact: Marcia Gibson, marcia.gibson@dhhs.nc.gov
- Services provided by CBIS-certified Cognitive Rehabilitation Therapists.
- Supports offered include assessment, therapy, case management, and occupational exploration.
- Providers include Community Workforce Solutions Gateway to Work and Community Partnerships Inc.

Closing Notes:

- Director Smith will provide BIAC with the latest annual report data.
- She was asked about staff training on brain injury screening and recognition; she will follow up offline and expressed strong interest in pursuing this training.

Agenda Topic:	**BIAC Work/Committee Review**
Presenter(s):	**Beth Overby, Chair**

Policy & Legislative Committee:

- The committee met to begin planning next year's Legislative Advocacy Day.
- The Brain Injury Association's 2-day March conference will add a 3rd day dedicated to Advocacy Day.
- Short-term priority: build a coalition of supportive legislators; Vice-Chair Hayes will work with Vaya Health's legislative staff to schedule introductory meetings.
- Key information legislators need:
  - Differences between I/DD and TBI, noting that the Developmental Disability Council receives more federal funding.
  - The significant service and support needs of individuals with brain injury in NC.
  - The value of establishing a brain injury trust fund, potentially funded through vehicle registration fees or assessments tied to DUI/reckless driving convictions.
- BIAC may advocate for increased state funding for EIPD to draw down additional federal match and broaden services to more individuals with brain injury.
- Advocacy Day may also address revising the brain injury definition, encouraging use of "brain injury" rather than "TBI" and ensuring counting methods include all brain injuries.

- BIAC may need to revisit statutory language; earlier work (2020–2022) paused due to ACL grant requirements. Terminology changes may raise funding concerns.
- Other states have broadened definitions; NC should consider expanding beyond "a blow to the head," excluding stroke, and broadening trauma categories.
- Vice-Chair Hayes suggested preparing a recommendation before the next meeting.

Action Item:

- DMHDDSUS staff will review definitions from other states and report back (approved by Jennifer Meade).
    - Discussion addressed whether to include stroke; if excluded, rationale must be documented. Stroke seats already exist on the Council.
    - Considerations include medical definitions, funding implications, and staying within BIAC's scope without duplicating efforts of stroke-focused groups.
    - Consensus: begin the process of updating definitions, understanding it will take multiple discussions to reach a majority recommendation.
- Next Policy & Legislative Committee meeting: June 3 at 3:00 PM.

Needs and Gaps Committee:

- Committee now meets in months when BIAC does not; next meeting is June 16 at 1:00 PM.
- Three subcommittees:
    - Prevention and Research
    - Service Delivery and Funding
    - Special Populations
- Meetings include full-group discussion, subcommittee breakout sessions, and reconvening for updates.
- Committee is reviewing community needs to inform State recommendations and coordinating with SCFAC.
- Subcommittees are beginning to identify gaps in services.
- Participation is open to anyone
    - BIAC membership is not required.

Operations Committee:

- Committee meets monthly and has established a Google SharePoint site for ongoing work.
- Subcommittees:
    - Standardization: developing SMART goals, creating mission statements, clarifying advisory vs. Council roles.
    - Orientation: defining subcommittee structure, membership, purpose, and development.
    - Bylaws: led by Leila Hicks; reviewing documents and proposed updates.
- Certificate of Appreciation: recognizing member service; securing appointing-authority signatures (Governor, Secretary, Senate, and House)
    - Jennifer Meade can assist.
- For vacant seats, BIAC has historically advised appointing bodies for membership recommendations and engaging non-members who regularly attend meetings.

Adjournment:

- Following a motion by Beth Overby, the meeting was adjourned at 1:04 PM.
    - Second by Vice-Chair Hayes

Action Items	Responsible	Deadline
Provide examples of caregiver and family support services available through the ACL grant.	Ginger Yarbrough	By next meeting
Submit recommendations for the use of limited training funds.	BIAC	One month (6/14/2026)
Request to schedule a BIAC planning meeting outside the regular meeting cadence.	DHB Staff/Greg Daniels	Not specified

Clarification regarding the PDN Dashboard data, specifically whether the data reflects actual billing or referrals/denials. How many approved referrals remain unstaffed and outside the beneficiary's control.	DHB/Shewunn Pittman	Not specified
BIAC requested a presentation from Trillium on the TULA program.	DMH/DD/SUS Staff	Not specified
Annual report data from EIPD/VR.	EIPD/Kathie Smith	Not specified
Conduct a review of other states' definition of Traumatic Brain Injury, Acquired Brain Injury, and Brain Injury	DMH/DD/SUS Staff	By next meeting
Signatures obtained for Certificates of Appreciation for BIAC members completing term limits.	DMH/DD/SUS Staff	Not specified