# Building the Annual Report

**SWOT Analysis**
**SMART Goals**
**Timeline and Deadlines**
**Focus Areas**

Building the Annual Report

# SWOT Analysis and SMART Goals

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## Terminal Learning Objectives

- Develop a clear understanding of both the SWOT Anaylsis and SMART goals models.
- Create a common foundation of analyzing key topics, policies, issues on IDD, Mental Health, TBI and Substance Use Disorders across all regions in NC.
- Organize the important factors that support success and address failures within the State, Division, LME/MCO's at a systemic level.
- To provide a structure from the decision making process to the formal recommendations and Annual Report that both impact and drive the Department of Health and Human Services strategies.

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# SWOT Analysis

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## What is SWOT Analysis?

- **Planning tool** used to understand Internal and External factors involved in a project / business.
- Used as **framework for organizing** and using data and information gained from **situation analysis** of internal and external environment.
- Technique that enables a group / individual to move from everyday problems / traditional strategies to a **fresh perspective**.

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# SWOT Analysis

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## Strengths

**The key things you do well. Continuing to remember, build upon and augment your strengths may help maintain advantage and meet mission goals.**

- Characteristics of the business or a team that give it an advantage over others in the industry.
- Positive tangible and intangible attributes, internal to an organization.
- Beneficial aspects of the organization or the capabilities of an organization, which includes human competencies, work processes, financial resources, products and services
- **Examples** - Abundant financial resources, Culture, Reputation, Economies of scale, Superior management talent, Better marketing skills, Good distribution skills, Committed Staff

# SWOT Analysis



# Weakness

**Things you don't do well, that may hinder your success and growth. Identifying your weaknesses will allow you to make goals to minimize/mitigate them, turn them into future strengths, and determine if they expose you to external threats.**

- Characteristics that place the organization at a disadvantage relative to others.
- Detract the organization from its ability to attain the core goal and influence its growth.
- Weaknesses are the factors which do not meet the standards we feel they should meet. However, weaknesses are controllable. They must be minimized and eliminated.
- **Examples** - Limited financial resources, Weak spending on R & D, Very narrow product line, Limited distribution, Higher costs, Out-of-date products / technology, Weak market image, Poor marketing skills, Limited management skills, Under-trained employees.

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# Opportunities

**The changes occurring <u>externally</u> to your business that you could take advantage of, such as changes in regulations, social changes, or new products that don't currently exist. Opportunities help you identify areas where you can grow and focus your time and resources.**

- Chances to make changes that drive better outcomes and impact.
- Arise when an organization can take benefit of conditions of external factors in its environment to plan and execute strategies that enable it to become more flexible, thus profitable.
- **Examples** - Rapid market growth, Rival firms are complacent, Changing customer needs/tastes, Increase in Economy, Government deregulation.

*Organizations should be careful and recognize the opportunities and grasp them whenever they arise. Opportunities may arise from market, competition, industry/government and technology.*

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## Threats

**Any <u>external</u> factors that could have a negative impact, such as trends in the market, health pandemics and community or government regulations. These factors are likely out of your control, but your team should keep an eye on them and plan ways to mitigate their effects.**

- External elements in the environment that could cause trouble. External factors, beyond an organization's control, which could place the organization's mission or operation at risk.
- Arise when conditions in external environment jeopardize the reliability and success of the organization.
- Compound the vulnerability when they relate to the weaknesses. Threats are uncontrollable. When a threat comes, the stability and survival can be at stake.
- **Examples** – Entry of new competitors, Change in budget or federal funding, Increased government regulation, Economic downturn.

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# SWOT Analysis

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## ACTION STEPS

- **Decide** which opportunities we should pursue.

- **Keep your SWOT short and simple**, but remember to include important details. For example, if you think your communication skills are your strength, include specific details, such as verbal/written communication.

- **Get multiple perspectives** on your SWOT analysis. Ask for input from all team members.

- **Apply your SWOT analysis to a specific issue**, such as a goal you would like to achieve or a problem you need to solve. You can then conduct separate SWOT analyses on other individual issues and combine them.

- When you finish your SWOT analysis, **prioritize the results** by listing them in order of the most significant factors that affect the organization or project.

# SMART Goals

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## Why SMART Goals?

- Provides a framework to make recommendations from a SWOT analysis and build CFAC Annual Report and Recommendations.
- Clearly defines goals and outlines processes while keeping the end state in mind.
- Eliminates confusion and feeling of being overwhelmed by the scale of any project or idea.
- Stuctured model that tracks progress and keeps the focus on hitting deadlines, thus creating a sense of motivation and synergy to complete the tasks.

# SMART Goals

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## Specific

**What will be accomplished? What actions will you take?**

A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six “W” questions:

**Who:** Who is involved?
**What:** What do I want to accomplish?
**Where:** Identify a location.
**When:** Establish a time frame.
**Which:** Identify requirements and constraints.
**Why:** Specific reasons, purpose or benefits of accomplishing the goal.

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# SMART Goals

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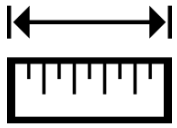
# Measurable 

**What data will measure the goal? (How much? How well?)**

Specificity is a solid start, but it's missing something important: numbers. Quantifying your goals (that is, making sure they're measurable) makes it that much easier to track progress and know when you've reached the finish line. Below are some examples:

| DATA TYPES | DATA COLLECTION METHODS |
|---|---|
| Quality – Accuracy Rates | Automated Reports |
| Amount (KPI's) | Audits |
| Revenue Generated | Reconciliations |
| Productivity | Work Flow Process Assessments |
| Customer Satisfaction | Surveys |

**Measuring goals can allows you to see progress and keep you and track. You can't improve what you can't measure.**

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# Attainable

**Is the goal Reachable? Do you have the necessary resources?**

Goals should be realistic — not high pedestals from which you inevitably tumble. Attainable means ensuring that your goal is within reach. Put simply, this is the point in the process when you give yourself a serious reality check. Questions that should be answered:

**Is the goal you've outlined attainable?**
**Is it something your team could actually accomplish?**
**Do we have all the resources and tools needed to reach this goal?**
**Do we have the right people, skills and attitudes?**

*This specific attribute is extremely important as when done correctly will inspire and motivate, thus creating a sense of positive energy*.

**Be challenging but not impossible. This also will force you to do inventory on the necessary resourced needed.**

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# SMART Goals

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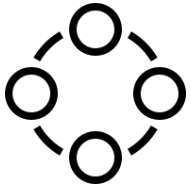
## Relevant 

**How does the goal align with our mission? Why is the result important?**

Nobody sets goals for the fun of it. There should be a real benefit attached to reaching your chosen objective.
That's what's meant by "relevant" here. During this step, you evaluate why the goal matters to you and how it supports the mission.

Be sure that the goal is in alignment and supports your organization's or project's overarching mission.

**To avoid wasting time, unnecessary stress and frustration ensure your goal is relevant to your mission and end state.**

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## Timely

**What is the time frame for accomplishing the goal?**

Anyone can set goals, but if it lacks a realistic time table chances are you're not going to succeed.
Providing a target date for deliverables is imperative.
Tips to follow when creating a timeline:

- ❑ Ask specific questions about the goal deadline and what can be accomplished within that time period.
- ❑ Create specific deadlines such as half-way marks.
- ❑ Be sure that ALL team members know these deadlines.
- ❑ Celebrate when these meet these marks!
- ❑ Regularly check progress to ensure accountability with team.

****Providing time constraints also creates a sense of urgency.**

# DMH/DD/SUS BIAC Update

**Kelly Crosby**
**DMH/DD/SUS Director**

**1/8/2026**

# Agenda—DMH/DD/SUS Updates

- State Updates
- ACL Grant Updates
- TBI State Action Plan
- TBI Waiver

# TBI State Partnership Program

GRANT CYCLE: 8/1/2021-7/31/2026

BIANNUAL REPORT: 2/1/25 – 7/31/25

# Grant Accomplishments 2/1/25 – 7/31/25

TBI SCREENINGS APPROVED TO IMPLEMENT AT CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

103 INDIVIDUALS RECEIVED RESOURCE FACILITATION

118 LIVE TRAINING EVENTS STATEWIDE WITH SIGNIFICANT GROWTH IN ATTENDANCE

BIANC ONLINE RESOURCE GUIDE: 4,286 USERS



COMPLETION OF GAPS & NEEDS ASSESSMENT

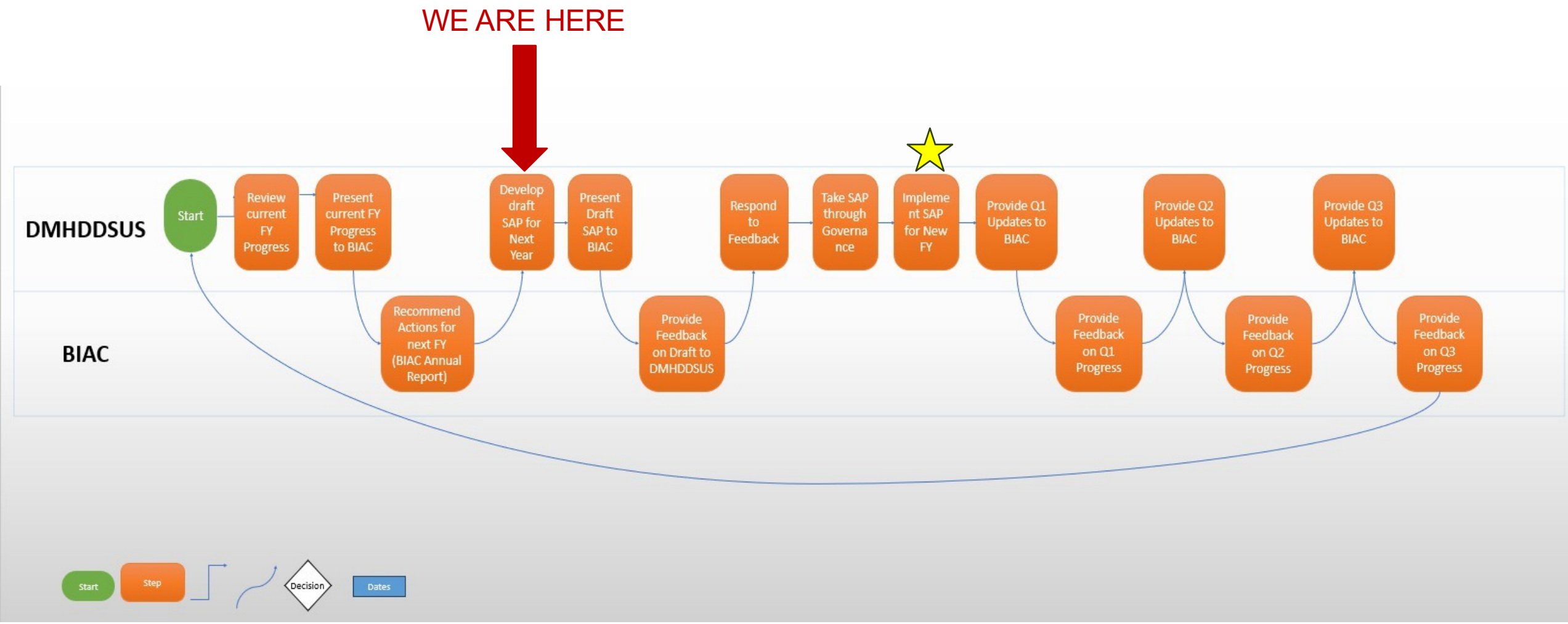
# ACL Grant Update Continued

- Current grant cycle **ends 7/31/2026**
- Expecting the Notice of Funding Availability (NOFA) to be announced soon – late winter or early spring. Expected to be three-year cycle.
- Grant Steering Committee meets quarterly - We want your input!
  - tbicontact@dhhs.nc.gov to attend

***Developing new TBI State Action Plan in preparation of NOFA***

# TBI State Action Plan

# TBI State Action Plan Process & BIAC




**Originally shared March 2025**

# Focus Areas

Statewide Expansion of TBI Waiver

Increase Access to High-Quality TBI Services

Enhance Provider Capacity & Quality

More Support for People with Lived Experience & Families

# Common Themes

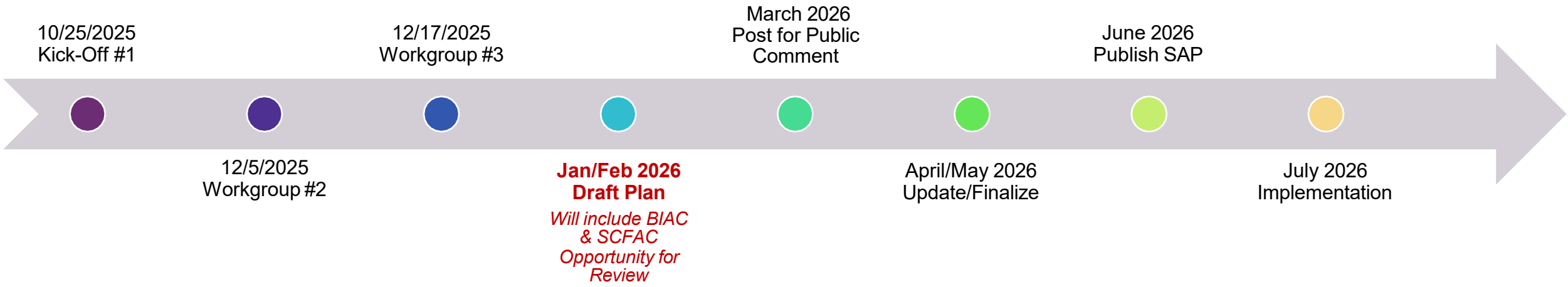
**Communication**

**Workforce training & provider support**

**Service coordination across systems**

**Policy revisions & development**

# State TBI Action Plan Advisory Workgroup Timeline



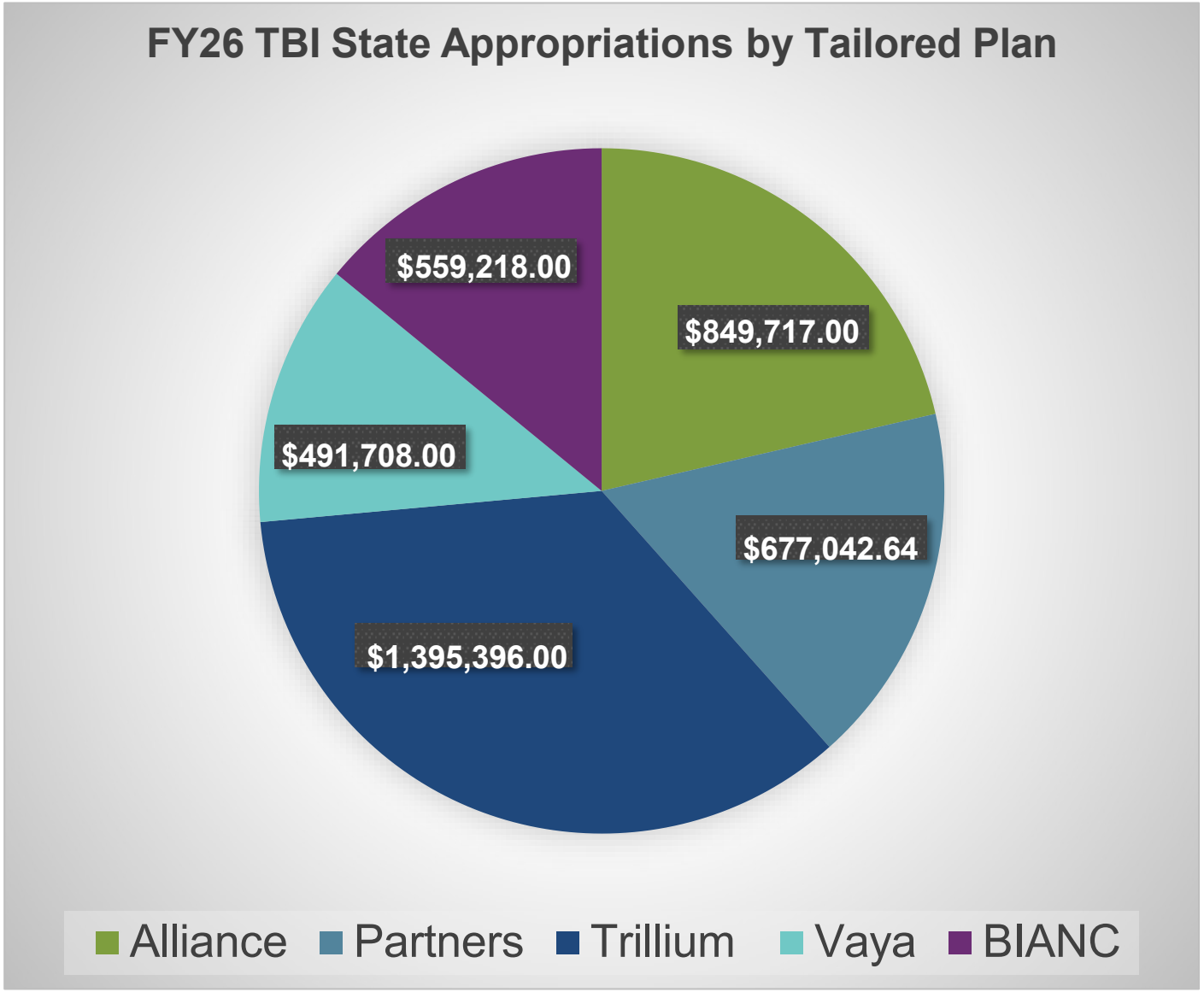

- **Representation:**
  - **People with Lived Experience**
  - **Family Members**
  - **Caregivers**
  - **Tailored Plans**

- **Advocacy Organizations**
- **BIAC Members**
- **SCFAC Members**
- **Providers**

# TBI State Appropriations

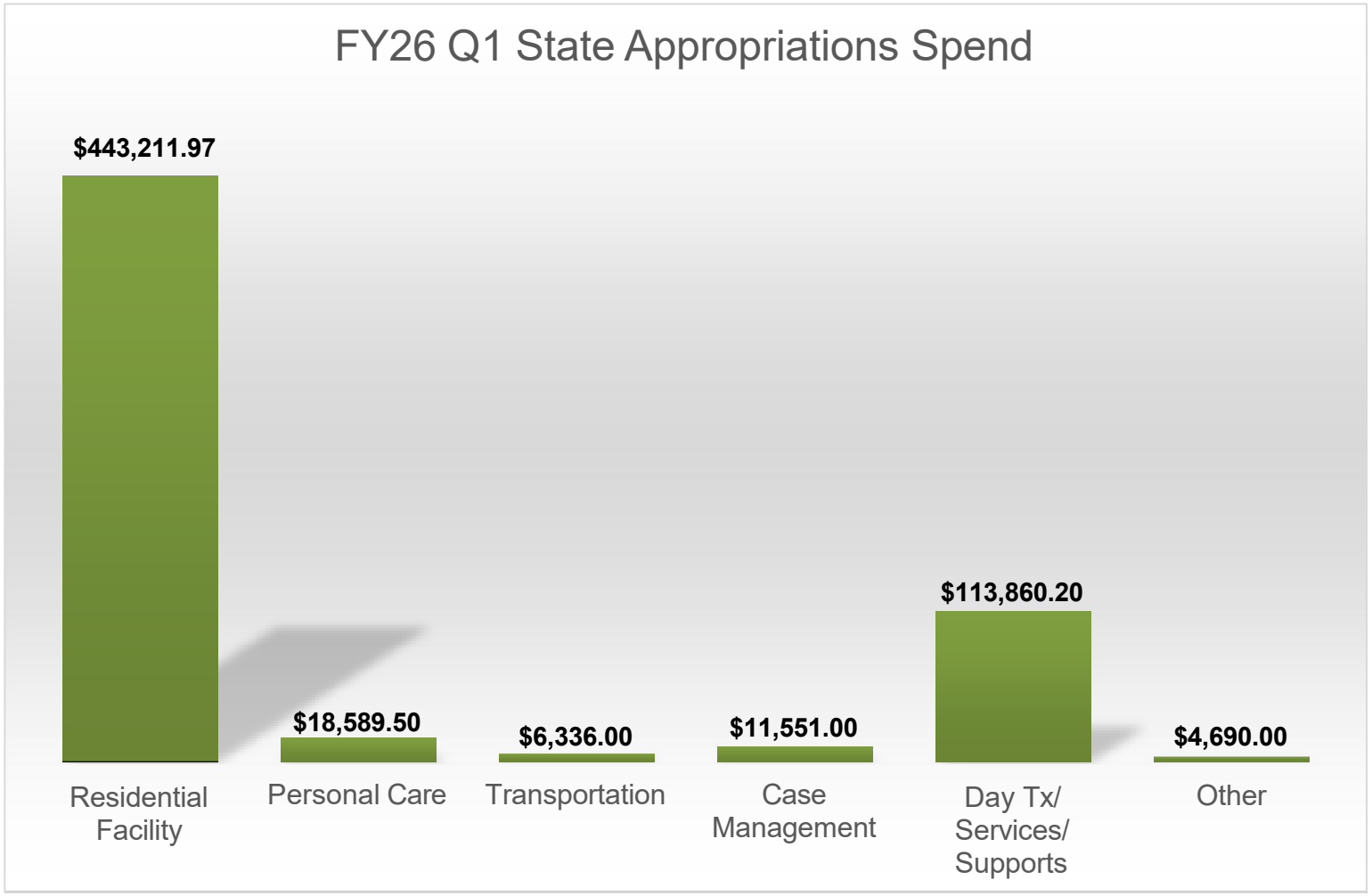
# FY2026
# TBI Appropriated State Funding

- **Approx $3.4m** to Tailored Plans to provide services and supports including residential services, day programs, transportation, respite services, and home modifications to people with TBI.
- **Approx. $559k** to BIANC to assist families in accessing the continuum of care and to provide educational programs on prevention, intervention, & care.
- **Total appropriation: $3,973,086**



# FY26 Q1 Tailored Plan Spend by Service

- July-September 2025
- Combined spend across Tailored Plans in Q1 is: **$598.238.67**
- 18% of total appropriated to Tailored Plans

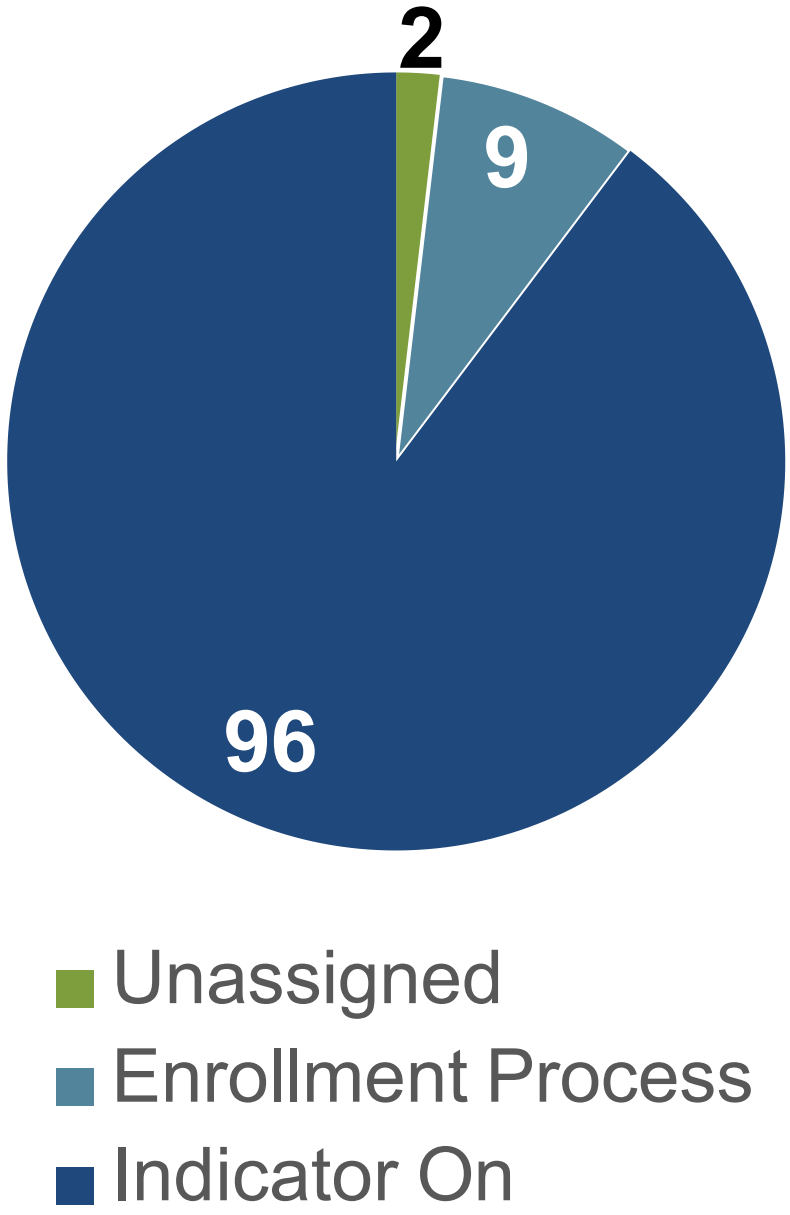


# TBI Waiver Pilot

ALLIANCE HEALTH CATCHMENT: CUMBERLAND, DURHAM, HARNETT, JOHNSTON, MECKLENBURG, ORANGE, WAKE

# Total 107 TBI Waiver Slots

As of 10/31/2025



# TBI Waiver Pilot Data – 10/31/2025

230 people are on the Registry of Interest

244 people have disengaged from Waiver Enrollment Process

**Reminder**: Alliance will be presenting at the March 2026 BIAC

NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

# NASHIA Membership Offer

- Looking for **two** BIAC members who would like a **one-year membership** to NASHIA.
- **Benefits:**
  - National networking & collaboration
  - Professional & personal development and resources
  - Advocacy & influence

# Needs and Gaps Committee

Collective research and coordination with partners and other external councils, committees, and public/private programs to identify prevention, mitigation, transition, service/support, and education/ training needs and gaps and report to BIAC.

This committee will utilize breakout workgroups to cover determined needs and gaps for categories including but not limited to Prevention, Service Delivery, and Special Populations as determined by the Committee leaders and members.

# Legislation and Policy Committee

Collective research and coordination with partners and other external councils, committees, and public/private programs to identify legislative and policy needs and issues, discuss, and report to BIAC. This group will interface with NCDHHS representatives and members of the General Assembly as needed.

This committee may utilize breakout workgroups to cover specific policy and legislation needs as determined by the Committee leaders and members.

# Operations Committee

Supports all committees and the BIAC as a whole with improving community and professional engagement as determined by BIAC Chair/ Vice Chair and Chairs/ Co-Chairs of Committees, including ensuring a strong relationship with the Brain Injury Association of NC, State CFAC, and NCDHHS liaisons. Identify, propose, and develop in coordination with BIAC leadership professional needs including but not limited to member orientation, support measures for BIAC members who are Brain Injury survivors, and ensure structure, efficiency, and effectiveness of the BIAC.

# Division of Health Benefits Updates

Dr. David Clapp

January 2026

# Agenda

- TBI Waiver Updates
- TBI waiver Comparisons Overview (NY,MA, IN and NC)
- TBI Dashboard Overview

# TBI Waiver Expansion

- DHB will be submitting  the TBI Waiver to CMS for approval on 10/1/2026 for a 4/1/2027 effective date
- DHB is currently working toward promulgation of the TBI Waiver Policy, which  will be assigned as Clinical Coverage Policy 8Q.

# TBI Point of Contact Calls

- DHB  will continue to hold monthly meetings with TBI SMEs to provide updates and gather feedback on updated service definitions and other initiatives.

## TBI Expansion Advisory Committee

**DHB continues to hold monthly meetings with TBI stakeholders to provide updates and gather feedback on updated service definitions and other initiatives.**

- The Division of Health Benefits (DHB), in collaboration with the TBI Advisory Committee Workgroup, has been conducting a series of meetings to review service definitions selected by the Workgroup for potential waiver renewal amendments. These discussions focus on evaluating current service language and assessing whether revisions to service parameters—such as scope, limits, or clarifying language—are needed to better support individuals served under the waiver.

- The service definitions that have been discussed or are scheduled for discussion include:
  - Respite
  - Specialized Consultation Services
  - Cognitive Rehabilitation
  - Supported Employment / Benefits Counseling
  - Mental Health Enhancements

- DHB has requested Technical assistance from CMS to implement Mental Health Enhancements to the waiver.

## TBI Waivers Comparison

- As part of ongoing waiver oversight and continuous quality improvement, DHB examined selected state TBI waivers **(North Carolina, New York, Massachusetts, and Indiana)** to identify variations in service structure, utilization controls, and operational approaches. The intent of this review is to inform discussion of North Carolina's waiver design and support responsible program management.

The comparative review of the **North Carolina TBI Waiver**, **New York TBI Waiver**, **Massachusetts TBI Waiver**, and **Indiana TBI Waiver** identified meaningful differences in waiver structure, service definition design, and utilization controls. These differences help contextualize how North Carolina's waiver is operating within its authorized framework.

## Key Findings from the Comparison

### Service Definition Design

- North Carolina's service definitions generally allow for **broader functional application** within clearly defined parameters.
- Other states tend to include:
  - More prescriptive eligibility thresholds
  - Tighter limits on service overlap
  - Narrower descriptions of allowable activities

- **Resulting Observation**
- North Carolina's definitions provide operational clarity while allowing services to be delivered across a range of participant needs.

## TBI Waivers Comparison cont..

### Overlap & Coordination of Services

- North Carolina permits complementary services to operate concurrently when they address distinct needs.
- Other states apply stricter non-overlap rules, particularly involving:
  - Cognitive rehabilitation
  - Specialized consultation
  - Respite-related services

**Resulting Observation**

North Carolina’s structure supports coordinated service delivery while maintaining program guardrails.

## TBI Waivers Comparison cont..

### Service Limits & Utilization Controls

All states use limits on amount, frequency, or duration; however:

- North Carolina's limits are structured to support **ongoing service engagement**
- Other states rely more heavily on **restrictive caps or exclusions** to manage utilization

- **Resulting Observation**
- Differences in utilization controls reflect varying approaches to balancing access and cost containment.

### Breadth vs. Restriction of Service Arrays

- North Carolina maintains a service array that supports:
  - Cognitive, behavioral, and functional needs
  - Both skill development and maintenance activities
- Some comparison states restrict certain services to:
  - Specific settings
  - Narrow provider types
  - North Carolina's waiver design emphasizes flexibility within defined service categories.

## TBI Waivers Comparison cont..

Overall, the comparison found that North Carolina's TBI waiver is structured to support active service utilization, coordinated delivery, and ongoing program review, while other states employ more restrictive or narrowly defined approaches to service design.

# Traumatic Brain Injury

## Year to date Updates

The Traumatic Brain Injury (TBI) Waiver is approaching full capacity. Of the 107 authorized participant slots, 97 individuals are currently enrolled and have active indicator codes. An additional six individuals are in the enrollment process, including one individual awaiting an appeal decision and five individuals awaiting assignment of an indicator code.

As a result, the total number of individuals actively enrolled or in the onboarding process is 103, indicating limited remaining capacity within the waiver.

“Service utilization data across multiple waiver years demonstrates active use of core services, reflecting operational stability and participant engagement.

Service definition reviews are informed by observed utilization patterns, reinforcing data-driven program management.

# TBI Dashboard

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

FOR INTERNAL USE ONLY

## NC Traumatic Brain Injury (TBI) Dashboard

### Traumatic Brain Injury Summary [UAT/Dev v7-no maps]

*Last update: 6/18/2025. This data represents individuals with a TBI diagnosis who have accessed services through Medicaid and State-Funded programs. The dashboard displays service utilization over the past six months and may include overlapping services. Sometimes not all data is shown because of delays or program rules. Additionally, to protect privacy, some numbers may be hidden or shown as "<11".*

*Select a health plan below to view statistics*

Summary | NC Medicaid Direct | Tailored Plan | Standard Plan | DMHDDSUS Services | Definitions

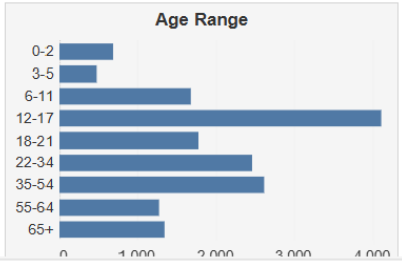
*Data for Fiscal Year:* 2024 *Filter dashboard by LME/MCO/TP:* *Include All LMEs*

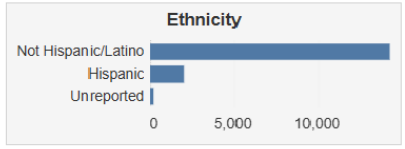
**Summary of Individuals With TBI Who:**

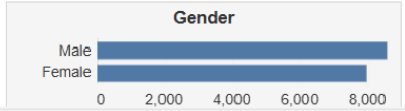
| Received Medicaid | Received Private Duty Nursing (PDN) | Accessed TBI State or Other Funding via DMH/DD/SUS |
|---|---|---|
| 16,489 | 84 | 139 |

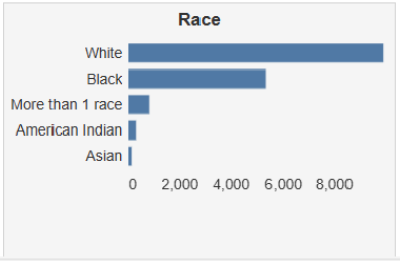
**Program Enrollment:**

| Community Alternatives Program for Children (CAP/C) | Community Alternatives Program for Disabled Adults (CAP/DA) | NC Innovations Waiver | NC TBI Waiver | 1915i Services |
|---|---|---|---|---|
| 115 | 199 | 164 | 66 | 58 |



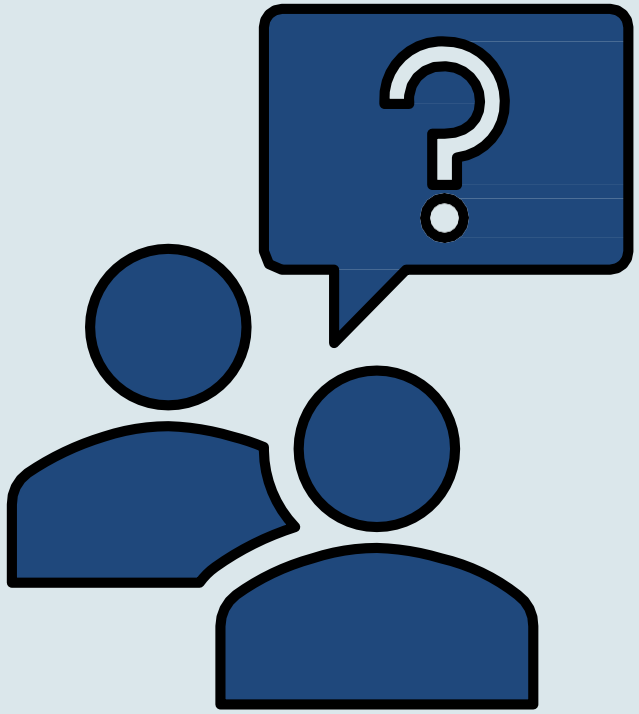




Totals reflected in the TBI dashboard may be impacted based on individuals living with TBI receiving one or more of these services, transitioning between Medicaid plans, and/or being undiagnosed or misdiagnosed.

The N.C. statutory definition of TBI requires functional impairment. This dashboard includes a mix of individuals who meet the N.C. statutory definition of TBI and some who have a TBI diagnosis, but do not have ongoing functional impairments from the TBI event.

The diagnosis list has been developed based on ICD-10 codes from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Defense (DOD).

For comments or questions regarding the dashboard, please email DHHS at IDDListeningSessions@dhhs.nc.gov

# Suggestions/Questions?