0:05

Good morning.

0:08

Can everyone hear me OK?

0:12

Somebody not, yes. You're great.

0:17

I'd like to welcome everyone to this meeting.

0:20

I'd like to say that having been retired, my heart goes out to consumers and families and providers, and the state staff who have to monitor during this time of covert 19.

0:36

I think this is a unique challenge for our service system and I think we're going to have to have some unique solutions, but those people are my thoughts and prayers.

0:49

Now, let's go ahead and start our meeting.

0:52

Scott, I think your first one up.

0:56

OK, and Sandy, yes, Scott, you are you.

1:01

Michael, we can't see Michael At this time.

1:05

Hear hear.

1:09

Go ahead. OK, we have quite a few people that have joined now, OK? Well, good morning, everybody. Thank you for joining our second Burch for Council meeting.

1:19

I'm glad that you are able to make it today. So, Michael and I are going Stephanie was unable to participate today. As you know, she was largely the point person for doing the action Plan update co-ordination.

1:36

Um, so, Michael and I, on her behalf, will review, not the entire plan, but we'll review, um, some updates and some things that have been done since we last discussed, the plan, which was in June at the June meeting.

1:55

So just to kind of review, we did have a vote on the plan. In June. And we had 20 yeses and three no responses from voting members.

2:07

So, um, the plan passed, um, the Council review and voting process.

2:16

So also the idea, DMH management approved the plan as of August 31st. So they just approved it a couple of weeks ago. So we are good to go.

2:31

Now, officially, with this plan, we are going to be reviewing a few minor changes that they wanted to have made, but that does not impact the background of the plan, or the goals and objectives in any substantial way.

2:50

So, we're going to be going through that now.

2:54

If anybody has any questions, please just jump in, and ask.

2:58

Or if you have a question, please enter it in the chat in the question box on your screen, And we'll be sure to address that as they come up.

3:09

Hey, Scott, while you're while you are talking about that, I just want to lay some ground rules real quick, and let everybody know what the setup is. So, everybody who's not presenting is automatically muted, but can submit questions and add anything to the class that, I'm sorry, the chat and the questions box will respond to those as those come through. And also, any of the presenters, we have this PowerPoint up that we've made. So please just let me know when I should move to the next slide.

3:44

Thank you.

3:46

Thank you very much for that recap, for staying with us.

3:51

Is our IT person today, and thank you for doing that, mister Steven, absolutely has to be, we could not do this without her, for sure. At least, I definitely could not. So, I'm very appreciative.

4:05

OK, so, Michael, did you want to take that first bullet?

4:08

Um, for that really second bullet on our page, Did we want to, maybe we project the plan, Christina at all are.

4:21

Yep, Pulling that up.

4:22

Yeah.

4:33

Just let me know where you want me to be on that on here, OK, OK?

4:45

Yeah.

5:04

Hey, I, can you see my screen right now?

5:08

No, I just see the pictures of Jan give it in myself.

5:12

And then three black boxes underneath, OK, hold on, I'm sorry.

5:20

There we go. We gal, OK. All right, we're good.

5:26

So is there a way to make it a little bigger for folks?

5:28

Oh, there's an app, the format?

5:34

No.

5:38

You see. Is that a little bit? Yeah, that's good, Yeah, that's wonderful.

5:44

All right, and just let me know where you want me. Yeah, OK, so, just if we could just kind of scroll through everybody, We're not going to read every page, OK, but I just kind of just to refresh your, your memory a little bit.

6:01

About this.

6:04

Know, we had the, What we had decided to do was do an overall plan, but then have a section where it would just be the goals and objectives. So, we can actually pull the goals and objectives out of the plan, to use them as a working document, but still have a plan, overall plan, to provide background information and description of the different.

6:29

The different, you know, divisions and sections that work with brain injury in some capacity, um, so that all that background still was updated and it's still inclusive.

6:42

But today, we're not going to necessarily spend a lot of time on any one of those sections, but moreso focus on the goals and objectives section of the document.

6:54

Unless somebody really wants to review something else more specifically, certainly let us know.

7:02

This was sent out this morning and yesterday for you all to be able to review it, um, prior to the meeting. So, so, if we could scroll down to page six.

7:18

I believe it is, yep. Great six.

7:23

And, again, this is all just data.

7:26

I don't see the page numbers listed on here, Ah, hm, Hm, hm, OK.

7:34

Should be at the bottom, after you, after you stop, scrolling, I said we went a little bit too far. So we'll have to go back.

7:50

I'm sorry, North Carolina.

7:54

OK, wait, stop right there!

8:01

Yeah, so, OK, that was a total of.

8:07

So we included scroll up just like two more lines, if you would.

8:12

Yeah?

8:12

North Carolina Demographics, so, Michael, if you wanted to review that?

8:17

All right, good morning, everyone.

8:20

Thanks for joining us.

8:22

So we start a bullet point number two. So some of the revisions were made to the baseline DMH. It's management's feedback, and this is how we got to page six. So some of the data we took into consideration, or, 41,398, individual TBI, the risk. And we'll have services, 27,370.

8:52

We're over 21, one in four hundred, were between 18 and 21, 11,628. We're under 18.

9:04

So that's it pretty, the system spread, so 66% were over 21, 21%.

9:16

We're 6% were over 211.

9:21

5.9% were 18, and 19, 28% were on the 18. After 4140, one thousand, individuals with TBI will receive a real services, were approximately 22,066 females 50, 52% in 19,332 were males.

9:46

Guess what?

9:47

Some point.

9:48

We'll probably try to figure out, you know, more data to see, you know, why the numbers are like that. But, I mean, they're pretty close together, anyways.

9:59

Upon individuals with TBI, there were approximately 1848 Hispanic Latino.

10:09

34,000 were non hispanic.

10:12

5054 are known necessities.

10:16

All right, The North Island demographic Profile by race is similar percent white, when Cooper, so, but, 7% other race.

10:26

So, Rachel, people with TBI diagnosis by race, who receive behavioral services were approximately, 25,959, 60% were white, 13,202, 30% were.

10:41

But 1025% were other races, so based on demographics.

10:50

How to states that states made up, those numbers seems pretty consistent.

11:00

Oh, great, thank you, Michael.

11:01

So, basically, the idea here is that we were wanting to capture as much North Carolina, specific data, as we could, um, that isn't something that is readily available at this stage of TBI evolution, if you will.

11:18

So, um, we're very grateful to be able to at least capture this data from our, um, search and data analysis of the NC Tracks system, particularly, as well as some of the DMH behavioral health billing system databases that we have within the division.

11:42

So, this is sort of the initial kind of go around, if you will, with being able to start categorizing, categorizing, um, the data into the specific race and ethnicity areas.

12:00

And that is one thing, and we will see this a little bit more as we go through this section.

12:06

one thing that management really wanted us to try that incorporate better and to emphasize.

12:13

Are there differences in great race and ethnicity data.

12:20

In particular, I'm looking trying to identify the disparities in, um, in care and access for historically marginalized populations.

12:35

So, this is our first attempt at trying to get that data, and to try to incorporate it, not only into the plan, but certainly into all of the work and outreach that we do through the program and through our contractors and so forth.

12:51

So I've honestly, I feel like this. We are way beyond a lot of the other states in terms of being able to have access to this type of data.

13:00

So even though this is sort of, just the beginning of a baseline, if you will, it's a I feel like a good start for us.

13:07

Um.

13:10

To start with and move forward, Michael, did you want to do the next few bullets?

13:19

You pretty much touch on, you know, the goal of the data.

13:24

That's true, OK.

13:26

Barbara, I guess it's just that we had the citation page at the end of the document.

13:35

Management had requested that we do a footnote at the end of each page so that has changed from a citation page to footnotes for each page. So, again, not a content change, but just a formatting change that they wanted to have done. So, we went ahead and incorporated that.

13:55

Um.

14:00

So, again, I want to just really emphasize that as things evolve and different gaps and needs arise, which we will be talking about in the next presentation.

14:10

So, will our state plan evolve and continue to be a fluid document that we really plan to update annually?

14:17

So, again, just to re-iterate what we discussed at our last meeting, the plan, from here forward, if everybody is OK with it, is to really just type, have a placeholder at each meeting. To sort of review the goals and objectives of the plan. So that we can make sure that we are on track with the goals and objectives that we're working towards as a collective group.

14:41

Or if we have any changes recommended as a result of the work that we're doing towards meeting those. Or if something else comes out, that people want to focus differently on.

14:53

You know, the action of be part of the discussion at each meeting, but really trying to kinda use this as a real guide to help brain injury initiatives in North Carolina.

15:06

So again, this isn't set in stone, but, again, a guide that we can use so that, know, there are so many things that we could be doing.

15:16

Out in times, we have felt like we get involved in everything. And actually, nothing ever gets accomplished, because there's too many parts that we're putting our hands. And so this plan allows us to really decipher what we want to focus on now.

15:31

And then do periodic updates, you know, on an annual basis, for example, um, as we complete goals and objectives, and move to new ones.

15:41

So as many of you recall, you know, participating in the development of this plan over the past year, that's kind of where we have arrived at.

15:54

So if we could, um, go down to the goals and objectives section, if we can scroll, again, this is all. There we go.

16:10

Um.

16:13

So, obviously, we need data collection, so that was 1 of 1 of the four overarching goals that we collectively agreed upon.

16:23

So, again, the incidence and prevalence of TBI for all ages and levels of severity, um, so.

16:36

We want to measure creating that baseline, using all existing TBI data sources, and then determine what tools are being used to, identify individuals, North Carolina. So, for example, we've got our screening that's going on. We've got our NC tracks, data pools and analysis going on.

16:57

Um, we had been collecting, from the ... in the past.

17:01

We are able to access the, um, um, one of my, I'm thinking of, the trauma registry, if we want to. We can put in a request to get that information. So, there are data sources. So, we're looking at, you know, trying to routinely collect that data from these sources so that we can start to track and measure the incidence and prevalence aren't moving forward, and there might be other things that people come up with that we want to consider incorporating into trying to track and collect data.

17:39

Moving forward, those just are the things that are currently in place are currently available.

17:46

Of course, we would use that data too help inform the legislature and other initiatives that this group just decides to pursue.

17:59

So, without the data there really is no basis for no justifying your request for additional funding. Say for example. or expanding a program in any different other areas were starting up something new. So, the data really is the most critical piece.

18:16

And I would imagine that that would remain in some capacity, a goal well into the future.

18:27

So, you could scroll down a little bit.

18:32

So, um, Again, we're not, we don't necessarily need to read every single one of these, but just to kind of give you an idea.

18:40

Um, so looking at, again, objective three, Developing a process to identify people with TBI that are already in community settings, that we are already serving. So we we have seen, from the data that Apple was able to pull, you know, how many people were on innovations, waiver. With a TBI, how many people are on cap data, still yet to be determined with a TBI or any of these other service systems, and we do that by looking at paid claims data.

19:16

Because that, then, is associated with individuals, actual diagnosis, which is a little bit different than when we're screening, and those people have a potential TBI diagnosis. So, I think it's important to be clear on the distinction between those two.

19:36

Um, but there's the gamut of other places that we could look. Homelessness, you know, shelters. We've also talked about, you know, doing some prison work and all, all these different things, But, again, we need to do them, I think, in a step by step process.

19:51

So, we have the ability to actually do the research and collect that information, and complete that from each of these sources before we start adding more places to look, Because, obviously, all of this takes time, This is only one objective of several within the plan. So, I think, you know, just kind of identifying what these data sources are, and how would we go about accessing that information.

20:25

All right, if you could scroll to Goal two.

20:29

Hello Kitty.

20:31

Sorry.

20:32

And, Michael, if you want to do that one. Yes.

20:38

So, again, you know, are we continuing to try to engage with you guys, the stakeholders, different organizations, and agencies, to increase knowledge, you know, opportunities, enrollment, for individuals across the state.

20:55

You know, Scott talked about some of the unique places that we're looking at, trying to get into, such as, you know, the jails shelters or maybe hosts that are homeless, you know, so that it'll take, you know, somewhat of a partnership to get that information.

21:15

So, one of the things I want to identify stakeholders and agency with seats.

21:21

Advisory councils collaborate, councilor, TVR needs, and opportunities with their organization, or agency, again, you know, that that's what we just talked about. Folks are being folks, are in place where the TBI and some of them don't know that. They have a TBI, and even the organization themselves don't know that they have a TBI, so they're not really sure how to properly serve them. So that's where we come in. You know, where we can try to collaborate. You know, give them more information. More education on TBI, so that if you try to identify folks that they might have missed.

21:56

Connect and identify trends and patterns or consistent TBI needs across organizations, inform them, Know, about the State Action Plan Initiatives. You know, we're beyond, as part of that, was part of this, also, Christina from Alliance was a part of it. So, you know, those are two of the outside agency, that, you know, we brought in, and, you know, everyone was welcomed to come in and participate, but, you know, those are, just to remember off the, top of my head.

22:29

Explore individual stakeholders agencies within the council for collaboration with other stakeholders. Again, you know, collaboration is what's gonna help us, you know, to, to reach, you know, some of the folks with TBI that might have been marginalized in the past and have discussion about.

22:55

And that's also, Michael, if I may just jump in on that particular measure.

23:00

Also, if I recall on jan, jump in, please, if you, if you have any thoughts on this, as well, or anybody, for that matter, but that was also intended, I think, too.

23:09

Because we have of diverse representation of different divisions within state government, for example, and certainly, different agencies in the community on this council.

23:21

And so, the idea is to how do we kind of collaborate with those different divisions and those different agencies, so that we can make stronger connections and inroads, if you will, within each of those entities and organizations to promote and evolve brain injury within their respective rounds. So for example, taking no Division of Social Services, how do we, what areas within that division and we really try to partner with, to promote and develop TBI specific awareness, training, possible service initiatives. I mean the gamut there.

24:07

So really trying to use our collective Council resources that we all bring to the table to help promote brain injury within our receptive disciplines or work areas, if you will.

24:26

When we disburse. So that's something that I think is really going to be crucial and important.

24:32

And really, the whole purpose I believe, of having this diverse representation on the Council is so that we can start to reach out. So, on that measure, you know, really think about what is it that you could do as a representative of your organization to further the cause of brain injury within your specific organization?

24:54

What could your organization possibly do in terms of capacity building to accommodate additional in individuals or any individuals with brain injury under your service umbrella?

25:07

So, be thinking of that.

25:09

Um, those are the types of things that we really want to be proactively engaging with, so that we can continue to expand, inform, and grow the Brain Injury Service System for everybody's benefit.

25:27

Ah.

25:31

OK, if we can keep scrolling, I guess.

25:41

Oh, crime!

25:43

Again, if anybody wants to stop and talk about anything specific, one thing I will note here on goal three, on Objective one, measure one, um, there was a change.

25:59

And we had it in, as you can see at the end of that sentence. Or disparities for historically marginalized populations. So that's a good example of this, always, that management had us kind of update and refresh this plan to reflect those types of.

26:20

not reflect, too, work on those types of initiatives within the broader plan that this group has developed.

26:31

So, no, not certainly everybody with TBI has barriers to accessing services. We know that long term supports, residential options are limited, employment, transportation care co-ordination. All of those for anybody with a brain injury are limited, but is there an opportunity or plausibility?

26:53

Out of that limited access? Is there a way to identify a further subset of that limited access for that particular population group?

27:03

So that's where I think the thrust of what damage management was trying to get out by incorporating that into this plan.

27:19

OK?

27:23

So, again, the third thing, just being resource access and engagement. Michael, did you want to take that one?

27:31

Yup.

27:32

Again, you know, like we've mentioned throughout this action plan, you know, it will say, you know, a lot of co-ordination and, you know, working with other entities, stakeholders. So, again, you know, coming up after our presentation, Scott.

27:52

Center will be talking about, you know, gaps and needs, so that's one of the things that you want to investigate. We've done that through the enemy MCOs as well. So want to make sure that we figure out the areas that, you know, where we could do better, better, better, and help folks access services. So, you know, we talk about potential barriers.

28:16

Scott touch on some of them, but I think another one, which is a huge barriers, as folks, not getting services, that that's specific to their diagnoses, as far as a TBI, noticed and accessing services under the umbrella of e-mail, you know. Right now, you know, it's, it's something, we got to, you know, try to do better as far as getting folks where they need to be, so they could, you know, have a better potential outlook as far as you know, the future. All right.

28:49

Identified advocate for recurring funding opportunities. We do a lot of that here on the Council with the Council.

28:59

As well as the image as well. So, that's another area, you know, without everything that we've talked about, as far as collaborate, and then more services, more fun, more access, funding is a big part of it.

29:14

So, as you know, the two point one million dollars that, that we're working off of, that hasn't raised in the long term, so, you know, that where, that's where that comes in.

29:27

And, the different entities beyond, and CEOs and other, did a good job of trying to utilize that.

29:36

Objective number two, facilitate continued involvement, awareness and participation.

29:42

The TBI waiver or the community supports.

29:47

Later on, you know, we're going to talk about, you know, some different things as far as where to waiver is going, and where we're looking to go.

29:53

So, you know, that the presentation we're Agile out of that question is, again, you know, we talked about the gaps and needs. Continue to explore those and different pilots of the waiver or the North Carolina Medicaid programs with input from statewide stakeholders.

30:11

Yeah.

30:14

We'll just scroll down.

30:16

Scott, do you have anything to add there? I'm good.

30:19

All right, Let me just scroll down to Prevention.

30:27

You know, we've done a lot of work on that over the last few years.

30:32

one of the things we're expanding public awareness, that targeted prevention efforts.

30:40

So are the measures with the review of existing data determining the highest incidence of TBI.

30:48

Then we'll take that data based on the highest incidence of TBI. Determine the best practices to prevent them.

30:54

one of the areas that jan from ourselves when Scott been working on is the sports sports piece.

31:04

I think the good job with Deborah and a lot of expertise in the area from across the state, you know, just to bring everyone to the table to talk about, you know, ways to try to prevent concussion or brain injury in sports. And for a long time, you know, there was, there's nothing there as far as, you know, the sports world. We're connected to, the professionals in the area of the state. So, try to do a good job of trying to bring them to the table, explore ideas and see how we could help them know prevention. And education and awareness.

31:46

Oh, yeah, really ties in well with the work that Corinne, ...

31:53

and Lynn and all of the others on Children and Youth Committee have been doing and are currently doing to really target those prevention efforts and bring that education and awareness.

32:06

Not into just the school systems, but into all areas.

32:10

Like Michael said, you know, the, the work jam has been doing with a larger group of folks that would really be able to impact, certainly the schools, but also much wider group of folks that, you know, are often not thinking of prevention, are not necessarily aware of. What could be implemented to prevent these types of injuries seto?

32:37

Um, so, again, this is another large goal area that I think will probably remain a part of this plan for quite a long time. I would imagine.

32:48

Um, so I guess, I mean, the rest of this plan here, today, we can go through it, but I think part of what I wanted to just impress upon the group is that this is everybody's plan. It's not the state's plan, it's not the councils plan only. It's collectively for everybody. And so, it's up to everybody to make sure that we are implementing this plan, or making changes to this plan as the group feels is needed or necessary.

33:21

It's also up to the group to really implement this plan. So, looking at the four goal areas, we try to incorporate those areas into what the activities of the committees that are doing, what activities beyond is doing through our contracts with them.

33:42

And through their own independent advocacy organization endeavors, what things that we can kind of put the seed out there, and watch it grow in other areas.

33:53

For example, I have a real big desire to try to expand services for folks in the substance use and mental health arenas, particularly because they're right in my own division. But we need the data, which we are now getting to justify that need internally, so that we can hopefully get those services more up and running, and maybe start a pilot for TBI in some FUD arenas, if you will.

34:28

So, those are the types of things.

34:29

So, it's, you know, I'm not sure how this group, and this is a good discussion point, wants to proceed with, with carrying out this, or we want each individual in his collective group, how each person wants to participate in carrying out this plan. But it's really important.

34:47

I think, that we continually work towards these goals and objectives and, again, making changes as needed, but really focusing the energy on what is in this plan because this plan is now the guiding document for all activities that this and everyone involved and brain injuries should be working towards Noonan?

35:10

I don't know if anybody in the group, any of the presenters or anybody that's participating today and wants to put any thoughts in the Chat or questions or get that dialog started.

35:27

Hey, Scott. This is Christina. We don't have any questions yet, but I'll let you know if anything comes through.

35:35

Can I go ahead and add a few things?

35:39

Absolutely, please.

35:41

OK, so, I think, I think this is great, and I think one of the problem, if you well before, was that we didn't refer back to the state plan often enough.

35:55

And it was also lack a five year plan, which fell, sort of nebulous out there. So I really appreciate and just to let you guys know, I was on the subcommittee that worked on rewrite play on, but I felt like we really tried to focus on goals that could be achieved in one year. Because we're going to do this every year. I just would like for people to think about the fact that, you know, if you have ideas for this, you can be on the next, it will be like another Ad hoc committee, right, Scott, to update this next year.

36:41

So, I spoke that we tried to make it, that these were some things that could be done a year, And so, we'll always have something to refer to, and I feel like it gives more sort of guidebook for what we need to be doing. And, I'll give you an example, whenever we talk about prevention committee.

37:08

But, anyhow, so, I just think it's really good to have it at a year, so that we can say achievable time.

37:26

Do any of the committee chairs have any thoughts about any portions of the goals or objectives?

37:32

Are anything related to this plan that impacts your workgroup?

37:38

I think Carol had a question.

37:42

Sovereignty popup screen.

37:47

Carol, do you have a question?

37:51

Carol just posted that she thinks this is excellent.

37:54

OK.

37:56

Hi, so this is Karen Chair for the Children and Youth Committee. And I really like this plan. I love that there's actually that prevention goal, because you're right, Scott, It really does seem to our committee, because we are about prevention. Although, we're also about, once the injury happens, what can we do to optimize best outcomes? Right? So, I'm very pleased to see that there's a very comprehensive plan pulled together here, and I like that it gives us action steps for our committee.

38:30

That's great feedback, Thank you.

38:32

And I just want to re-assure and remind the group that just because these are what the goals and objectives are now, if you have other thoughts, like Jim was saying earlier, definitely keep those. And make sure that you're bringing those up.

38:45

So that when we do make updates to this plan and the focus areas shift, that those can be considered by the group to include in the next update of this plan. So as these goals and objectives are accomplished, those can be hopefully incorporated as new goals and objectives moving forward.

39:09

Scott, Todd Bennet just commented that he thinks the plan is great. It's detailed and actionable.

39:18

All right, thank you, Todd, for that input. I appreciate that.

39:27

And again, just one more time, I can't express enough that this is everybody's plan collectively. It's not just my plan. It's not just jan's plan or David's Planner. It's all of us.

39:39

So everybody has an equal say in what this plan includes and doesn't include and how we proceed with.

39:48

So, everybody's an equal partner here.

39:53

Carol just chimed in again, and she said that she's also pleased that we are including a broader look, too.

40:02

Um, you know what, I think there might be a little auto correct there. Carol, can you unmute yourself?

40:11

OK, can you hear me now?

40:15

Yes, yeah, I'm really delighted to see we're broadening the span of those children and even those being served under, that's been an ongoing concern that we don't have enough information, and those that are kind of outside the normal.

40:39

Existing structures, and I think this has actually been denied.

40:51

Great, Thank you for that impact, Carol.

40:58

All right, Well, are there any other final thoughts or questions or concerns or comments or anything related to this, this plan?

41:12

I have another comment from Todd Bennet. It says, Jan made a great point about routinely referring to the plan. That will help turn it into a, quote, living document that acts like, got guide rails for initiatives.

41:30

Very good. I would just like to add that I hope, as we move along the way. That we continue to consider TBI survivors and their families, making sure that we're dealing with the most up to date support, education. I say, walks the walk. This is a real gas system for that. And it's a very confusing journey, especially when you think of Shield care. It's extremely important that in each of these levels, to think about the implications are going to be in the front line.

42:24

Absolutely.

42:25

Thank you.

42:28

So what serves so for next steps, maybe I'm thinking, could it possibly be that each committee looks at these goals and objectives and looks at the work that they're currently doing?

42:42

And tie that work to whichever one of these, or more than one of these perhaps, is applicable to that work And then report back on that at the next council meeting in December.

42:58

I think that's a good one. But I'd also like to add the legislative committee the committee is working on that might have infiltrations, legislatively legislative committee, needs to be as to whether there's something to address. Because we have a ready by December.

43:25

So, the last session starts, We have already started dialog.

43:32

Right?

43:34

Want to be effective. So, That, I don't know the best way to do that, whether we have people, Some people. I think we have other communities credential ensure news. We have some folks are also on the Legislative committee. You see that it's a logical way with showing that we have some input, going back and see what? Questions about legislation? Or? you can contact the legislative committee. Because most people in developing the plan, so the legislature, we have.

44:22

I think that's a brilliant point, Carol.

44:25

And I'm wondering, would you, and peer be able to reach out to the chairs and co-chairs of the other committees, say, in November Timeframe, to see what their work is that may impact any type of legislative initiatives?

44:44

That would be pursued in January or, as you say, to be concluded in December, Um, as the legislative plan for this body for this next upcoming session. And would that be a fair thing?

44:59

We do have, we have a listing of all of the chairs and co-chairs, their e-mails and their phone numbers, and we'd be certainly happy to send that out again to all of the chairs and co-chairs so that you all will be able to more easily to get that information in that dialog going back and forth.

45:22

I'd like to ask, also, on occasion, I've been sending information. I think it might be pertinent to a particular committee.

45:29

And I wanted to show you, see those e-mails.

45:36

Yeah, sure. I mean, that's certainly part of the communication process, Absolutely.

45:43

So, what, what Michael And I will do after the meeting today, at some point, this week, is sent out to all of the chairs and co-chairs of the committees, that listing, other terrors and co-chairs so that you all can be sure to include each other on communications that you're sending out.

46:07

And then we'll probably touch base with all the committee chairs and co-chairs in late October, Early November timeframe, to see where you're at, if you all have any initiatives that you, your committee would like to propose to the larger group to consider for pursuing in the next session, does that make sense of our plan?

46:33

Yes.

46:35

Again, being tied back to these four goal areas. So, we want to keep always in mind that this is our focus right now, Doesn't mean, again, that we don't change it and pursue other things as things change or as objectives and measures are achieved. But this is a good roadmap, if you will, starting points for the group to begin with.

47:01

Got, make sure you thinks that definitely are getting this done, and we, thank you all, support getting this in place.

47:10

Absolutely. All right. Excellent. Well, thank you, everybody for the feedback on, that, If there's nothing else, then we'll go ahead and turn to the next topic for the day.

47:21

Ms. Sandy.

47:23

So this is Sandy and I both. Ms. Sandy? There. Can you hear me?

47:31

Yeah? Can we get the PowerPoint presentation?

47:39

Yeah, all right, we've got a second page.

47:46

So I think Scott's going to give us a little history about gaps and needs and what we've already done, and then lead into the steps and needs that was that was sent out in May and June.

47:59

OK, very good. So as you all know, we last year were very successful at getting the ...

48:05

and the MCOs to implement gaps and needs questions specific to the TBI population that they serve in each of their respective catchment areas.

48:16

So that was very exciting, when, for us, it was the initial introduction into real meaningful gaps and needs analysis for each of the MCOs with us specifically targeted and in mind. So they will be doing that again this year for us. But in the meantime, we wanted to do a gaps and needs assessment and ...

48:43

job of developing and implementing that.

48:47

As we'll see here in a moment, to really target other people that may or may not be affiliated with the MCO system folks that beyond may be connected with, or have served in the past, or currently serving that.

49:04

Maybe don't qualify for Medicaid, or haven't pursued any type of state funded services or supports. But that still have gaps and needs in their lives, and collecting that information.

49:20

So that we can try to begin to get as holistic a picture as possible of what the gaps and needs are over all continuums in North Carolina, not just a publicly funded service system.

49:35

So this was an attempt to get at some of that additional information.

49:42

So the plan, actually, the plan, is that the enhanced, Sandy? So, we'll stop there. I know we're gonna needs and gaps that beyond family conference, several years ago, as well, so this is sort of the updated version of that.

50:01

And I think the plan would be to continue with this types of needs and gaps conducted by ..., in addition to the MCO needs and gaps, or gaps and needs.

50:16

Moving forward, for just those purposes. Again, to get the folks that are in publicly funded services. and also to try to capture information from folks that are not on any publicly funded services, and there's going to be some crossover, and we know that, But that the general idea is, is, is to include both of those groups.

50:38

My question is: Will the MCOs do also collect information on non traumatic brain injury? They only look at trauma, because it would be useful if they qualify. Because it will know that.

50:58

Right, I mean, the only thing that I think we're seeing right now, is the in the screening data, I think they are, I identify no recording, people that have a brain injury, but that isn't necessarily a traumatic brain injury.

51:14

That is certainly an area that we will want to work towards strengthening in the future, because it isn't necessarily something that's front and center at the moment.

51:26

I think right now, we're trying to get our legs under us in terms of getting any TBI specific information. I want to remind the group though that with the MME MCOs, they do not use our questions specifically.

51:41

So the questions that bianco used in their surveys are not identical, but they are similar to the information that the MCOs collect. So unfortunately, the way the system works, we are not at Liberty to tell the MC our MCOs what questions they must use. But we do ask them to focus on certain content areas in the questions that they do use.

52:13

CMS is because they charge for the Council, brain Injury, and whether we should have a broader definition of brain injury, what kind of definition of brain injury, and try to begin to build this capacity, so that we can make them together, decide how we proceed. We have. To have strokes, will need to think about, you know, there are 65. I think, is worth a way they do.

53:01

This, just like this, may begin to start selecting this right away. Because. In people's minds, because it's going to be presented the gaps and needs in.

53:23

one short summary of gaps and needs, because, OK.

53:30

OK, so, I think you hit on several really key content areas there, and I absolutely agree. And I think the group here would certainly agree. I hope, people don't mind me saying that the brain injury should be considered. And I think that is certainly something that this group will want to be focusing on moving forward.

53:51

And I, I, welcome any dialog and further conversation about now, we can sure that we are in co-operating ABI while most of the services and programs are focused on TBI and what, how that data could best be collected to be considered moving forward as well to your second point.

54:22

This comparison, so this survey information will be analyzed and compared with the enemy MCO's survey information that they are going here. And so, by the end of this year, we will have, the end of this fiscal year.

54:41

that is, we will have, um, and now I've comparative analysis. And kind of an incorporation, if you will, of the major areas that we have identified as the primary gaps and needs based on all of these surveys. And the ... review outcomes.

55:01

And that will also, in turn, help this group determine what goals, objectives, and measures would be most appropriate to consider in the update of the state plan next spring.

55:18

The other piece is this. Goes and goes.

55:33

And the legislature, then this is the coolest stuff? Yes, we do. That is an ongoing thing, so that will improve. That should be an annual report.

55:53

Absolutely. And Jan is going to do a spectacular job layer, this, this meeting, to talk about the annual report. We weren't able to find the template for Carol. And so, she's going to be reviewing that, and I couldn't agree more.

56:08

That would be an excellent addition to that ongoing report.

56:15

Indian, Scott, what other things we'd all like to share with us about?

56:18

OK, yeah, so go ahead, Sandra, that was a long, Sorry about that.

56:23

So, we sent out 411 surveys and, we had 62 responses. one was a duplicate, seven, were non traumatic brain injury. So, we ended up with 54 that we kinda analogs.

56:40

If I could go to the next slide, please.

56:46

These are some of the questions that we ask. County residents calls a DVR square or your initial treatment for TV began. What age were you when you were diagnosed with TV on so long?

57:02

And for a total of 31 questions, which is a pretty long survey, so maybe next time?

57:10

if hopefully, it won't be as long. We can condense it a little bit, but as Scott was saying, we were going by Previous survey, so that we could we could compare what information we got before with this information.

57:26

Next slide.

57:30

Can you click on the result sare and seek that will come up?

57:46

Thank you.

57:48

So these are the results of the responses.

57:52

And you see that we had 34 people who were living with the TBI, and then 19.

58:03

We're either a family member or caregiver who completed the survey.

58:08

You scroll down a little bit, county.

58:13

I think Mecklenburg County had the most responses, I believe they were 11, 10.

58:23

And then we had White County Forsyth County.

58:29

Maybe Buncombe County, have 4 or 5, and then sporadic responses throughout the state.

58:40

So then we asked, what was the cause that we're TVR in? As you can see, motor vehicle, accident was way up there.

58:53

All, ...

58:53

and other, and also there was assault.

59:02

It's interesting because the national statistics footfalls now is the leading cause.

59:08

But here, based on the responses, it looks like motor vehicles is still the highest. At least within this group that was surveyed.

59:19

Can you just scroll down on Doodle?

59:24

So, there were various ages, 40, 429, If you can, on you just see in all three of the responses there. And then we ask for the current age, and then where do you currently live? Do you live a long? Do you live with your family? And you can see that most people, even though, all with their family, or lived alone in the house they owned, or they ran.

59:52

And then we asked, what was the initial treatment? Where did you get the majority? What's the hospital?

1:00:01

We back up just real quick to number six. I'm sorry. I just had a quick thought to kind of illuminate to the group how we might be able to use this. So if we look at live alone, in a home, or live with family, those are the types of variables that we would likely want to consider. As we look at the waiver design, and the types of services and supports that are available. So, that those folks that live with their family, maybe We're gonna. obviously want to make sure that Respite is very much available for the family.

1:00:35

And home personal care remains steadfast piece, Part of the waiver that, you know, supported living which is going to be discussed later on today, be a part of this waiver for those folks that live alone in their own home.

1:00:52

So, this data really is going to be helpful in lots of different ways, If we look, look at it through the lens of the different activity that we're doing, and how this can better inform how this group makes recommendations for movement forward within the service system, and so forth.

1:01:16

If we could go back to a question.

1:01:26

So we're a year TBS specific services and community based resources. There's valid discharge. You can see there's a variety of responses there with 25 sedna 18 years, and then 11 just didn't know, I can't recall.

1:01:44

And then the next one, were you satisfied with that guidance?

1:01:52

Very satisfied to neither satisfied nor dissatisfied and then very dissatisfied, like, team response.

1:02:04

Then we asked, Were you given content, we are the local management entity?

1:02:09

The MCO, and you can see that I found out in the responses, and a lot of people didn't even look on ....

1:02:21

That's the response we got from B to C to me, because that tells us that we actually are getting people that aren't a part of the ... system, or at least weren't a part of that system, or aware of that system, at the time of their injury.

1:02:39

So it'd be interesting to see, as we need to do this survey annually, How, what differences, and then, and those numbers are and how that might impact the education and outreach initiatives that Bianca and certainly others have, as they do outreach to hospital systems, long-term care facilities, and so forth.

1:03:04

The question 11, we ask what type of TBS specific community based resources where you provided you can see where were they provided a hospital.

1:03:18

The resources were not provided. Don't remember, don't recall, and then there were the highest pair.

1:03:28

OK, if you can scroll up to 12, what services were needed after being discharged for TV on, you can see there's a variety there, and they could click all that applaud. So, you know, there was more than one answer for a lot of people.

1:03:43

A lot of people said they didn't understand TVR, so brain injury and they need a more information.

1:03:50

Um, the medical providers may not have been familiar with CPMs response. Then we asked what kind of medical insurance you have.

1:04:02

And you can see there mostly private insurance. There were some Medicare and the Medicaid Indian.

1:04:11

Yay.

1:04:16

And then we asked, what kind of services are you currently receiving?

1:04:21

And you can see a lot of people are not receiving services in it, maybe because their services were completed or they may not be able to fund services in their area. There were different responses for that.

1:04:38

A question on this, and that is? Most of the people receive services in the hospital and discharge. The.

1:04:52

South Jane, This makes sense if we're not receiving services after the fact that they will. Receive. It, makes sense. What we're seeing here, because it was a hospital or do they get the services. Right.

1:05:15

That tells me, we need to do a better job at the hospitals to get this information in.

1:05:21

Most the, well, the rehab hospitals are getting this information, but I don't know if the people are overwhelmed at that point and don't read the materials.

1:05:31

Or if they have the materials and don't know they have them, I just don't know the answer to that. My experience, I've talked to, is that there's a whole lot of names, is staff. When you started calling, knowing they dealt with TBI, so the information was not value, basically, at the time, Of course, that Mars was 15 years ago. And that, that time, it was very, very little available, but if that's a factor.

1:06:07

So we're hoping to direct them more to the Brain Injury Association, so that we could give them more resources and more assistance. But with that, people need case management, which we can't provide maintenance.

1:06:23

It's a situation where we can't guide them through each step, but we can give them resources. Some people say that, and these are some of the responses.

1:06:32

I have these resources, Now, what do I do with the money?

1:06:35

I don't know how to content and, you know, people connected with the resources or services, my family member doesn't help me, and so there were a lot of responses to, I just got a message from mother to son is there a vascular said that the hospital there was no, there was no trauma case manager at the hospital where she lives.

1:07:06

This is Lori Liege, I would say I feel like we give a lot of resources out at the hospital base level. But oftentimes people are especially with mild brain injuries, concussion discharged pretty quickly. Or they are feeling just overwhelmed and not able to really use that information at that time. We often do yearly do an annual survivors panel where we try to gather information from survivors and their families and were often very surprised by them not recalling or knowing the information that we felt like. We did a really good job giving to them. So I think some of the need is really after discharge, when they're back in the community, being able to access that information. Again, we've tried to do a reunion day where we kind of give them those resources again as well too.

1:07:57

But again, I think a lot of it is A, they're overwhelmed at the time of the injury, or there is a large group of people who feel like they don't need the resources at that time because they're going to recover just fine and do OK, so they discard those resources and then don't know how to go back again and find that information.

1:08:17

I assume the same family member saying, don't make the case manager, because, at the time of discharge, we're just trying to help. Families survive, challenge. That's a very good point. It is overwhelming when someone comes home, especially if they're severely.

1:08:44

So, that's something to think when we look at what services, get people where they need.

1:08:52

Yeah, we had a lot of comments on how to navigate the systems, and that's one of the questions we asked.

1:09:01

OK, if we can go, oh sorry, Sandy, I have a lot of feedback. Do you want me to go through our whole?

1:09:08

Yeah, yeah, OK, so we have a mom on the line, and I've actually worked with her in the program that I and other Medicaid program, so I'm familiar with her. She's an incredible act of advocates. There is. So she said, there is a new family, just home from Shepherd Center with ABI.

1:09:28

Are, I think, am I supposed to be TBI? They have immediate help, no gaps. We need to find out what they are doing, not just from a BI, but also for TBI, either way, the severe cases need immediate help and attention, who, at the advisory committee would like to investigate how they are ensuring the new North Carolina TBI survivors, not having to wait for services?

1:09:56

Well, that's a good question.

1:09:59

We currently do not have case managers to navigate through the system.

1:10:05

And that has been brought up several times.

1:10:08

And we don't have them score that either I think gathering the information and present it to our legislators and hopefully get funding for that, is in the near future, I'm hoping.

1:10:22

Because there are a lot of comments on case management.

1:10:25

If someone could help somebody, could they assign the case manager and guide them through the services? The wonderful thing about the state.

1:10:35

Yeah.

1:10:37

I'm actually on the on the list of things that Carol and Jean, I think actually have introduced to upper management.

1:10:46

And I think will continue to be pursued internally as well as legislatively to try to get that care management piece integrated in for TBI or for all brain injuries.

1:11:02

Scott, I know this only applies to the waiver, but how many different providers are providing resource facilitation?

1:11:12

Isn't that one of the service definition? It is, And that's an excellent question, And I don't know offhand, so I don't want to just make some thoughts. But I know it's very limited. And I'm not clear we're not clear on why part of what we're going to be doing is conducting a survey with families, so that could very well be one of the survey questions to get at, Why isn't this service being used more readily among labor participants?

1:11:43

All right.

1:11:45

So another comment that goes along the same line is, I have a thought about county caseworkers helping the families fill these surveys out. No one newly discharge can truly say that they are satisfied. They don't know the long term needs. So, something else to consider there.

1:12:03

Um, then we have I know every family I've helped personally and even the new one in Wilmington have no idea what enemy about the enemy MCOs? I also know a man 15 plus years post his son's TBI and running a TBI support group, and didn't know about the enemy NCOs. We need a trauma caseworker for trauma cases.

1:12:29

Hmm.

1:12:33

All of that is really good, feedback and good ideas, in that everybody is part of what I think really needs to be looked at as we, as a collective group.

1:12:45

Look at what goals and objectives we have in the plan.

1:12:49

And then how does that translate into actionable legislative items that Carol here and others on the public policy committee would gather and work towards the legislative process to try it again.

1:13:05

Additional funding or augment existing services to be able to include that specifically for TBI. Because I know that is severely lacking right now.

1:13:16

And I think that care co-ordination piece is so vital in being able to link people, new people and people that have had injuries for some time to the services and supports that they need so much.

1:13:34

Excellent, Scott. I just want to let you know, I have a whole lot of other comments that are coming through, there really suggestions, and there's so many. I don't think we have time to go through all of them, But I will print a report for you that have, or that has all of these suggestions on it. So y'all can review them and, and, and address them as, as you can.

1:13:57

Wonderful. Thank you. And I want to thank everybody so much for all of that feedback.

1:14:01

It will be read, and it will all be considered. And it will also be sent out to the, to the committees for their review.

1:14:10

And there consideration in their committee work, And, you know, unfortunately, this format isn't necessarily the best to lend itself to a whole lot of interactive dialog, but your, your confidence arm, so much, appreciate it and very important as we look to how we shape the system moving forward.

1:14:39

Can we go down to 15, please.

1:14:46

So, this is our satisfaction general satisfaction with services, as you can see on, the most were not applicable, Muslim Were not receiving services.

1:15:00

Now, let's go to the next one.

1:15:02

Briefly, explain your answer, and I have to pay for counseling services in Mecklenburg County, receive services after first happened.

1:15:13

Obviously, it will now do not, and they may not have answered the question, so some people are saying they need someone to guide them through the system, Any support for caregivers, family members, Medical providers for me with TBI need more information about understanding, um, TVR, and I have one comment staffing group home ...

1:15:39

trying, but no evidence that there are a lot of comments that came through around those responses.

1:15:48

Then we just ask about current travel to the services, and you can see results there, Then, how do you get back and forth to the services, and some people drove themselves, and then others have family members, and then some are not receiving services in a non applicable, OK, ....

1:16:15

These are the reasons why they are not receive quality services ended.

1:16:21

Treatment was completed, non African still receiving more than Other, And some of the other comments were the insurance would no longer pay, or that kind of thing.

1:16:36

OK, number 20: Some of the challenges when searching for the services, you can see there's a large variety of each category there, understanding, locating professionals, assist, setting the appropriate services.

1:16:58

OK, and then number 21, are there any services needed, but not receiving, and you can see there's overwhelming. Yes.

1:17:09

Peer support services, community support services are some of the responses, as you can see in 22.

1:17:18

How to manage the challenges of brain injury? So those are some of the general comments.

1:17:27

And then we asked, who was helping you navigate the system?

1:17:32

Majority was a family, member or caregiver or friend.

1:17:38

OK?

1:17:41

Then we ask, When you contact me MCO, where you get enough response and majority that we're using the enemy is MCO say Yes. Then we ask about employment or you employed, or are you seeking employment?

1:17:58

And you can see the results there.

1:18:03

17 were employed, 31 are not seeking employment, and then we ask law the reason for unemployment, and you can see the responses. So you don't feel like I can work currently searching for employment would like to work, and then not Apple.

1:18:23

And then how could your TBS services and supports be improved without a lot of responses on that?

1:18:31

Um, hmm.

1:18:33

Having one person who can arrange for services and help the person, which we've heard a lot.

1:18:40

And then they talk about, maybe not have an inaccurate diagnosis once they were injured.

1:18:49

Then some challenges and aspects of recovery.

1:18:53

Losing your supportive services once you move, once that person moved our county coping with the changes, knowing what to do, where to get help.

1:19:04

And then the question was, We asked if we would like to be contacted by the Brain Injury Association, and you can see the results there, and make a list of all, because some of them gave me their contact information, and some did. So the once again, be contact information, which was 30, 31.

1:19:30

Asked, made sure I contacted each person, like a Contact and 31 people, to try to give them resources, and found out what they needed.

1:19:44

So that's the end of the results for this survey.

1:19:48

OK.

1:19:51

Then, we go to the next slide.

1:19:56

Now, I think, Scott's. I kind of hit on some of this already, but just to recap. So let me MCOs.

1:20:07

This year are slated to include questions on TBI, again, in their Needs and Gaps Analysis, which I believe starts in November, if I'm not mistaken. But it will certainly be, of course, sometime this fiscal year.

1:20:21

And so we're gonna compare their results with these beyond results, and then, look, I have the results for implementation and the next TBI state plan.

1:20:31

Um, so that would be, of course, this spring.

1:20:35

So that's sort of, that's the plan, and that this information is going to be, of course, vital in helping us collectively determine what goals, objectives, and measures the group wants to pursue for the next year.

1:20:54

OK, next slide, so I think we've already had some comments and questions.

1:21:00

So, what we'll do is get a list of all that, and hopefully, we can incorporate maybe in our next survey, or answer some of these comments.

1:21:14

Absolutely.

1:21:17

What we can do to is, is all of these into a listing and send it out to everybody, so that you can see, later on when we're not under our time situation, and have a chance to review what all the feedback was during the meeting.

1:21:38

A great idea, Scott, there's tons of good feedback here, so, we definitely don't want to lose any of that opportunity to, to receive that, and be able to really process that. Thank you all for your input on this. Such a huge, important topic. That really is the basis of anything that we do.

1:21:57

I think, for TBI, the group.

1:22:01

Thank you, Danny, has. Got You, Could do.

1:22:03

And anyone who has comments or questions, go ahead and interim, Christina will get to the group later on OK?

1:22:13

Is that about it?

1:22:14

Yes, that's it for that topic. We can move on.

1:22:18

All right, now we're to the committee updates.

1:22:22

Do you have a list of who we don't go for, Scott?

1:22:25

Yeah, it's up on the screen.

1:22:27

We'll just go through as is, OK.

1:22:31

Thank you so much.

1:22:35

Hi, everyone. It's Karen Reagor, Rice from the Chair from Children and Youth. And I think I have a slide. Michael.

1:22:45

There we go. So I think just a brief update. We'd been working really hard to try to disseminate the printed posters and brochures that we have. And there is a really easy to follow request for actually, accessing these materials. You can both download them, or make arrangements to pick up hard copies. And so we've included the information here. We're also working with the Brain Injury Organization to make sure that they have it on their website to access as well. We've got a couple other, very, I would say our committee is very active and very engaged, and so, we recently met last month. And so, we have a number of activities that we're currently exploring and have some foundational work with. With the help of jan. So, thank you again, Jan.

1:23:39

We have found some volunteers who will help organize and sustain our sports database to keep it active and up to date.

1:23:51

And then also, too, we plan to complete a distribution timeline based on sports and seasons, so that will be something that we will also provide the council access to once we have it a little more organized. The third item on our agenda, right, sorry, on our committee. In our committee work is really the working to provide comments to the 2020 and ... return to learn implementation guide, which Lynn Makers shared with our committee for feedback. And so, that's in process.

1:24:29

We have, I think, another week on that document before it will be solidified, and then in planning stages with the child around child safety restraint, specifically to reduce the incidence of TBI in children. Liz Newland is organizing a group that would include the governor's highway safety, North Carolina Public Health, and then Safe Kids, and then of our committee as well.

1:24:56

To start thinking about what are some best approaches around restraint options, whether those are to provide signage or others. So we'll be bringing back more information around that as well, after we have our, our meet and greet, and then the last item on the list is working. We're developing a task force, which will come together in October and to talk about really specific concussion discharge instructions for children.

1:25:27

And we'll be looping back to involve the Brain Injury Council, both from the hospital organization, point of view, and then all other membership to get some great feedback on how we can kind of go forward with trying to customize more discharge instructions. Right now, they're very templated. They aren't very specific to children with concussions and so many children just fall through the loop with good follow-up care.

1:25:55

I know that Lynn is on the call, and Jan I see is on the call. So any other committee members want to chime in with anything I might have left off? Please feel free to do so.

1:26:07

See.

1:26:11

Other comments.

1:26:14

Yeah.

1:26:17

Great work. Thank you.

1:26:19

Fantastic.

1:26:20

I would just also encourage you all to take a look at the plan and see where all this wonderful work, Fitz and with the goals and objectives. Thanks Scott. I think now that we actually have the plan, we can actually start looking at it to see where we can cross pollinate the ideas that we've already got. Either, you know, some early foundation work on or some, you know, some interest in, to see how we can cross-pollinate that with the plan. So, thank you for pointing that out again.

1:26:54

Fantastic, this is wonderful. Thank you so much. Thank you, Kent.

1:27:00

Who's next, mister Scott?

1:27:05

Jan, why?

1:27:11

Can you need to unmute you? Unmute yourself.

1:27:17

OK, now, out, there now, OK, Karen, I don't have a nice little slide developed. But we have had to move or getting yourself organized. We're pretty small but mighty and go to kind of that's up right now.

1:27:45

In our first two meetings sort of brainstorming, talking about different ideas that we were very interested in and we did.

1:27:57

Motorcycle helmet is related to the fact that pretty much every year in legislation there's a group Carolina called a baby.

1:28:11

Nay.

1:28:12

Pretty much always tried to put in legislation to say that we don't have to have a motorcycle helmet at least over the age of 21 So we are going to explore that idea, but I kind of put the brakes on because.

1:28:34

Was part of the state planning committee. I kind of didn't remember to relate it back to that, A play. And then, we were waiting for the final approval. So, now that we have that, we're going to go back and look at those prevention goals where we can fit. I do believe that fault is still the leading causes of TBI in the state.

1:29:03

Just to demographically review that, that's not to say that we will work on a motorcycle idea, but we want to look at our, our planning in relation to the state plan. So now that, that is complete, we will have another meeting. And that's exactly what we'll do.

1:29:24

We'll try to get that data from public health to see what the leading causes of TBI are. So I should have a better report about that at R. And then we will have our committee will have gotten together again. Carol and peer tutors on Public Policy Committee that will probably a motorcycle helmet issue will come up again session.

1:30:01

So what we may consider doing is updating materials that public health has done in the past.

1:30:09

But I hope that Lauren Association had a really good idea and she and writers are hopefully going to work together on will perhaps putting together a video about motorcycle helmet usage or usage. We just to really looked at how that's gonna fit in.

1:30:35

Several that were going to be working on, and I'll be getting a committee together again, obviously, before the December meeting have another report, then, that would be very helpful.

1:30:52

Not sure, Right, now, it's very common among us. Just say this after school, going wrong and stuff.

1:31:07

So what comes up again? So concerned about shaping. Other systems of transportation, the people. Because that's another thing that's going to be a real, serious issue as time goes on, but yes. So nation is so so important, some recent articles, keeping a list of articles on excellence things. I've got better in North Carolina would be helpful to be ready to speak up again, like Missoula.

1:31:52

Sure, we'll unpack.

1:31:55

So so two things are the bill introduced last year? That initially tried to?

1:32:05

Scooter because we are this is going to be an issue, but the state has yet to define that code or in law. But by the time that Bill went through many, many, many, many revisions, there was nothing different about E scooters ended up being sort of a budget. But we know that this will come up again, and we'll want to carefully track that to see how they meet that definition of what that will look like, and we may have to have input to that. So, you know, keep each other updated, public policy and prevention. The other thing I didn't say, because this was part of a plan.

1:32:55

The state plan talks about making connections with other entities and organizations. And Scott and I are all potential coalition. And it falls is still the leading cause. It doesn't matter. It will still be a high cost of TBI in our state.

1:33:17

So, Scott, what I have been working with the Falls Prevention Coalition to keep focused on geriatrics. But we have We keep kind of inserting traumatic brain injury to that so that they kind of don't forget about that. So I'm working on that, sort of, just as a sideline to keep falls and TBI. And everyone thought. Notice moves back, and also there's going to get into a swimming pool. Just came home and she saw days in the hospital was on the edge or a combination of consciousness is drowning those factors and cause them to survive.

1:34:21

So, yeah, just just really, as a matter of fact, rather died of a brain injury. What happened with him even though they kind of kept it under wraps, was that he fell and hit his head. And so you know, there's so many instances of this happening, it may or may not kind of make public. So we just continue to be vigilant about listening to those stories.

1:34:58

All right.

1:35:00

Yeah. And knowing when to use them. Exactly.

1:35:11

That's all I have, Scott.

1:35:14

Or David, Scott, you can add anything.

1:35:22

I think I'm good.

1:35:25

I'm going to do I have a few comments if you are ready for them. Sure. Yeah.

1:35:31

OK, first one is from Carrie, Why. She says she loves all of this. Are there any efforts to begin concussion protocol testing earlier than high school?

1:35:48

Yes. Our sports group includes about 35 different organization who can, of course, Department of Public Instruction is part of that. Their person that is with middle school is part of that. It's really a matter of the strain on the Public Education system. We have a lot, and I'm sure can attest to Karen.

1:36:26

But, that these things come out, But they're.

1:36:32

So the high schools have a little more. Trying to keep some data and that sort of thing. But we know that it needs to happen for middle school, so we just haven't figured out how to make that happen.

1:36:55

OK, the next comment, This is a comment. Not a question. I helmets need to be mandated for bikes, motorcycles, skateboards and scooters.

1:37:04

Maybe even an age. Maybe even an age group if over the age 16, ticketed offense. Another, another comment is Fine TBI, survivors of these brain injuries and presented need to do need to do investigation now, before they ask, we have to go and prepared.

1:37:24

Those are all the comments we have. Thank you. OK, thank you. You'll give us those comments as well, Cristian.

1:37:32

Yes, I will do a record of all the comments. Oh, and Gary just said Thank you, Jan.

1:37:39

Sure. Thank you, OK!

1:37:42

All right.

1:37:44

Who's next, mister Scott?

1:37:46

So, next slide, please.

1:37:55

I haven't seen Marti on here unless I missed him.

1:38:00

Doctor Moore, to the other day, there's not going to be a report. He is his wife's mother has had a stroke and they've been really busy with those things and he said, Yeah. He apologized.

1:38:13

But it had anything he had the report today is doctor Leach own here today.

1:38:21

I am here to report ma'am. No, we don't have anything additional either. I think we've just had some initial discussions about trying to figure out a way to get a better sense of all the service delivery providers in the state, and the challenge is just kind of gathering that information, but no other updates right now.

1:38:44

All right.

1:38:47

Down to Carolyn here. Today, but we've had a couple of meetings, just. Silently said, Continue Long sessions, and assert this short session, so. There's a lot, and watch it. And it's. Something that. Had last time. I'll continue to consume news.

1:39:33

Opening is a position for a family member only survivor of TBI on the state side, which is the Consumer and Family Advisory Council to the state. That's an important, because it gets you at the table, is also a mental health substance abuse.

1:39:56

So. Those folks, other consideration is to get to sit on the council seat on the Council for several instances, facts, so that we would have those voices in both places. Big concerns is that in the past, both in terms of councils and committees, and in terms of information and training, to be true of detailing the dog and often. moves to his Medicaid transformation is crucial. And I'm speaking to the should affect population. The second thing they wanted to work on.

1:40:55

Representation of brain injury related to consumer engagement and science at this point. This point is to how those plans are for TBI.

1:41:16

Like, now, it seems that we're more on the way to the eye.

1:41:29

And in the tailored, plan, tailored plan, and what happens to you? So, ... discussion on this, and talks are ongoing, so I don't have an answer yet just, as we move forward in the Medicaid transformation, is it going to be crucial issues?

1:41:53

Made a State navigation guide for families leaving acute care settings to assist them in accessing services, and we would like to encourage people, to some way, we can make that we need to have our policymakers at the legislature that that's an issue, that's an important issue for ourselves.

1:42:20

Also, need a mechanism for sharing information between saving plan members and members and the ... system. So, that's meant to say, was to continue to go for more money. On any information that you can collect, that will help us justify removes the additional meetings, would be greatly appreciated. Working with whatever, change, let us know, so that we can use ... for more money.

1:42:56

And, finally. Council membership. At some point in the report to the legislature, we would also include some information about changes, membership to the Council. This is a time to begin to look at that. I can send people copies of dialog. When we first attempt to do change the council, we were trying to increase the number of survivors, representation now.

1:43:41

Need to have probably recommend subcommittee of some kind on that topic so that we can membership. So the Public Policy Committee will be happy to help you work with that.

1:43:59

Because increasingly heavy, more effective, reimburses, it is a major go to put together some search, essentially, A few people. I say something. And one thing that, Scott, I'll ask you, I think I said it to you, to 4 or 5 items. I'd like to share some of them waiting for post acute care principles to guide will decide, payment system development, similar brain injury rehab, pushed to the Brain Injury Association of America. And it's quite good. Counsel ought to have a copy of that. So I'm so I can talk to you later about what the other individual items are and what would be best to send out yourselves, but just know that we'll be sending you more information. We're trying to keep you updated, so we have an understanding of luck.

1:44:58

Guess, as, as we move into this new system, as Medicaid transformation, concern that everybody, make sure that our voices are very easily and has been troubling. Me continue to sign times. Because anything to the legislature where they talk about, I do, they talk about, has to be, we'll talk about.

1:45:32

Yes, there is no contaminant recommendation as it relates to including TBI and will continue to push that language. Always include TBI. So they must be moved to come. In and take your roles are assigned that. Somebody forgot to put a similar way that we now have no voice. So, this is, this is important. And that's within the next week or so, and I hope to have more information to send to you, asking that as well.

1:46:14

Thank you very much, Carol. I had two comments for you. one is, would it be helpful if we tried to get somebody from the Medicaid transformation team at ... at Medicaid to come and provide an update to the council?

1:46:32

Yes.

1:46:33

Maybe at the next meeting, or two.

1:46:36

And then, and, and to also make sure that we are engaging, you are in that transformation process, whenever there are public forums are so forth, that everybody is aware of that.

1:46:52

Yeah?

1:46:56

Fact, it can be an ongoing. Ongoing set of meetings in which all of us what's going on with transformation present. Because they are there so can anybody attend a C fac meeting? Or do you have to be a member to Go?

1:47:25

Genius? At this point.

1:47:27

I mean, she will be Dialog on that particular subject. We did have, some days when we solve our legislature, just never put it and past it last time. So we came not, so, sure that says, show me, just say, it's an oversight. Let's get it done. So much Like that is going to happen, so we gotta go back to the present that says it all over again. Shows. That this is a good example of why it's important for us to have representation on these kinds of groups. Developing trainings are awesome, TBI has never been the same resource.

1:48:23

Survivors have not been able to develop advocacy skills and so forth. So that's a real hope that we need to continue to work on.

1:48:37

Absolutely. I thought I had to, Carol was, you had mentioned the convening a workgroup or a subgroup group to discuss the Council, seat composition and that kind of stuff. Right.

1:48:54

And I'm wondering that probably needs to get moving sooner than later, and so I'm wondering how you and your public policy committee foresee getting that going.

1:49:09

I mean, do you want us to take a poll or kind of reach out and see who on the Council, and certainly, you know, the invested stakeholders would want to participate on that kind of a committee or somehow try to get moving committee as a Public Policy Committee committee.

1:49:32

I said, I didn't have information for anyone who'd like to work on that because I have the rationale. Was at that time, just to give people around. So, moving forward, but those change after that, because nations, in the sense that they wanted more survivors and family members on the Council, Oh, yes, that's still their priority, but that's all part of the discussion.

1:50:05

Um, so maybe, you worked with you, and Peter, then if you don't mind, Michael and I can work with you all on.

1:50:13

Getting that going, just try to, I can get off mute, but I put some things in the chat.

1:50:21

Sure.

1:50:22

So I would be willing to go over kind of how TBI fits into Medicaid transformation, maybe, with this subgroup. And, from there, we can get information on how, that works, our questions, and then take that back to, maybe have someone else from the transformation team come to the council meeting. But, I think that might be good to have some of those questions come through.

1:50:45

No, Right? Or how it fits you. And, I mean, it's not great.

1:50:53

Then, from my understanding, and we can, I don't know if we want to reach out to doctor Laws, but I think anyone and attend the ... meeting, I believe that, those are open to the public.

1:51:04

And I think there's one, you know, I think, it might even be fast.

1:51:13

Coincides the Council meeting.

1:51:24

Sorry, just just to re-iterate candidates that we got a few comments from people that said the Seatback is an open meeting, so anybody can do OK.

1:51:37

OK, so, so I'd like to not lose sight of that, kind of what you said about getting comments and taking that back.

1:51:44

Could we just kind of briefly review again, how you envision that process occurred?

1:51:49

What I was thinking is kind of having a group, meeting with that subgroup to kinda map out how traumatic brain people with traumatic brain injury would fit into the tailored plan, the standard plans, and then the carve outs, Right? Because there are some populations carved out. So everyone kind of understands on that subgroup and can think about what additional questions they may have, or where they may see the holes, and then we can ask.

1:52:16

Someone from the transformation team, I'm thinking that we can maybe get Kelsey Nick to come. or Denver Farrington to the next meeting, and then they'd have those kind of questions on the front end so they can speak to it more from a TBI perspective would. Be much discussion.

1:52:40

That's what I was thinking, too, and I might be more meaningful that way. OK, so do you think that that would be something that's possible between now and December meeting, or what do you think the timeline on that would be realistically?

1:52:54

I think we could probably meet in October, and then get that information, too, people within our agency who may be the ones who are presenting, OK, Sounds great. That's a doable timeline. Thank you.

1:53:08

All right. Thank you so much.

1:53:10

Carol, is that it?

1:53:12

Gotcha.

1:53:13

Well, thank you, Carol, that was very informative.

1:53:20

Oh, I've got about 50, but probably be on every subcommittee that comes out. So, you. Know, I agree with that. we should have questions prepared beforehand and really target this because we've had a general presentation from them before. But.

1:53:42

Yeah. There's just, there's a ton to do, and we need to make sure the committees really talk to public policy, so that everybody knows what everybody else is doing.

1:53:52

Yep.

1:53:55

Right, before we jump into the next topic, unless there's other comments about the Public Policy Committee, before we move on.

1:54:05

OK, so before we jump into Danielle's presentation, I wanted to just take a few minutes to talk about, you know, their committees, and the wonderful progress a lot of you are having.

1:54:21

I also wanted to kind of discuss, as a group what what has been a challenge.

1:54:30

In order to meet consistently, and to kind of process and digest the information, and, and group thoughts that are occurring in, and to really kind of move things forward for each of the topic areas. I know, certainly was over, there has been challenges, I know. People have had personal situations occur. Life happens. We all certainly get all that.

1:54:55

But we also just want to be mindful of how can we keep moving the different initiatives and the different kind of missions, if you will, of these committees forward.

1:55:06

And what can DMH do to provide support or to help facilitate the movement of these of these different committees or help you move any of your work forward?

1:55:22

Hmm.

1:55:26

Do I have any comments from the committee chairs about that question?

1:55:31

Hi, Mrs. Karen.

1:55:33

I'm going to say that I think the State plan will be really helpful, because I think one of the things that has been challenging, being a newer member to the, know, the committee itself, but also to the, just as a, as a guest, to the Council, is understanding kind of direction. And I think the State Plan helps with that tremendously. I think it allows, now, when we have our follow-up meeting in October, which is kinda timely, we have a meeting before we have a meeting after you, after this meeting, to kind of really take that plan and then see where they're actionable items from our committee. And so I think instead of blindly going forward, it will help us kind of be a little more intentional about types of activities we're going to pursue. I also think that, you know, they're probably wonderful stakeholders.

1:56:23

And whether or not there's an opportunity to consider some stakeholder discussions where we're not, you know, maybe it's a topic area, much like you posed just right now, but maybe within the agenda of the Council. There is an opportunity to really do some stakeholder vetting about ideas or concerns. Because I think the biggest problem we have is that we're all volunteers, and we all have very busy lives. And so finding additional meeting times to meet with stakeholders to try to that ideas is really not as, It sounds great, but it's really not real life. And so if there would be an opportunity within the council to have some stakeholder venting.

1:57:05

So when, you know, when our committee comes forward with an idea around, you know, could we really look at an action item that had to do with no specific concussion discharge instructions for health organizations. You know, we have, we have perfect people who sit on this council who can give us some really good feedback around that. But there really isn't any time built into the agenda to do those type of activities. And I think, you know, certainly, if you put a call out to, hey, does any committee have something they'd like to get some feedback on. I'm certain our committee will take advantage of that. So, that's just my thoughts. That's fantastic input, and we actually had that.

1:57:50

going or starting, when we had been meeting in person, remember, David, we would do the breakout.

1:57:57

And the work groups would meet collectively together as part of the Standing Council agenda.

1:58:04

And we have gotten away from that now with it being virtual, but I'm wondering if there's some way that, you know, we can brainstorm and figure out how that might be able to work in this virtual environment.

1:58:19

Somehow.

1:58:20

But I definitely liked that idea, and I think it's very important not to just get council member input, but also all of the stakeholders, And people that are invested in these different topic areas point. Well.

1:58:33

Other areas, thoughts concerning this issue?

1:58:38

From the committee chairs, or committees or this? Meeting.

1:58:56

Maybe. There are some the white papers on the stakes she's supporting. TBI representation is hot off the presses folks, self support, ... on this.

1:59:20

OK, and not only other comment, David, before we go for an unfinished anyway, I just wanna put out a reminder to all of the committee chairs, chairs that you will be needing to submit a report.

1:59:37

See, David, by the December meeting, at the latest E electively, the group of us can put together the annual report for the legislature. It'd be great if we could actually submit a written report, as were actually supposed to do every year for this next long session, so we don't really have a template for committee reports.

2:00:01

So, I would just encourage all the chairs and co-chairs to just do a summary, whether it's a couple of paragraphs several bullets or what have you just kind of, what you have accomplished this year? Maybe what have the challenges been? And if you've been able to overcome any of those, how that?

2:00:23

how was that accomplished, um, but just overall kind of a summary of your activity for the year, would be very helpful and go a long way in helping to generate that annual report.

2:00:42

OK, oh, the committee chair here that we were doing a report this year and will need your input and the things that you're working on, or that reported to be completed, and we'll send out a reminder.

2:00:54

Yeah, can you give us a deadline for that, if we could have it by the 15th of November?

2:01:01

That would be, what are the first of December?

2:01:04

First of December would be a week or two before the meeting, So, it's December first, OK with everyone?

2:01:12

Sure, Yeah, that sounds good.

2:01:18

All right.

2:01:20

Got to think up. Thank you for committee chairs, for reporting. And for presenting the information. I think. Next up is Daniel, Linda Brain Injuries. OK, good, morning everybody, it's good to talk with everyone. I'm going to not go on camera, because my workspace here feels like Grand Central Station with my kids constantly coming in and out of the room. So if I go silent for a moment, it's because they barged in and shouldn't just a couple of quick things.

2:01:48

I had sent them over earlier, so I don't know if we can put them up, but I just kinda wanted to give you guys just kind of a what we have kind of on the horizon. So the first thing to talk about is, next week, we are actually going to be doing our very first virtual camp. It's going to be the cipher Daniel.

2:02:13

Oh, I'm sorry. That was one of the handouts. I don't have now, to have it right here, and I'll open it.

2:02:22

Thank you so much. I'm sorry for interrupting, and I just want to make sure that I appreciate that being up there.

2:02:27

So, this is, again, going to be one of our very first virtual camps, and we're pretty excited. We've, we've got several great things going on, and we've got cooking, We have music, we have arts and crafts, so a lot of the same stuff we usually do, minus the physical activities, but we're quite excited to see how this is gonna work. We're going to use, actually, YouTube is our platform, but currently, you know, so far, we have well over 200 survivors registered, we're very excited about that. And then we actually had some of the folks and they've been volunteers in the past, but kids from western, UNC, working with us, you know, to kind of participate and chime in with with different folks just for conversation. So we're we're going to be pretty interesting to see how, how it goes and You know, just excited to again continue our tradition of camp even if in the in the virtual platform.

2:03:19

Of course, we're hoping very soon that we'll be able to not just have virtual camp but also in person camp one of the things we've begun to talk about is what organization is you know? When things eventually return back to normal and hopefully they will. We want to continue to? Keep this virtual platform alive and running. For those people who are unable to attend those people who can't, or for whatever reason, we want to make sure that we are really be inclusive of everybody. So, you know, despite a lot of the challenges that Covert has brought, You know, we want to view some things as, as opportunities as well for, for those that we serve.

2:03:57

And if we can open up the other handout for our conference.

2:04:04

On November 17th, we're going to be having our conference, it's going to be a combination for families, survivors, and professionals.

2:04:15

Very excited about that. The hope is to have registration open next week, and so we give people a couple of months to go ahead and sign up. But, again, you know, it's a huge learning curve for us. We have been working with a person who is kind of an expert in digital conferences. But, really, we want to give all of our users a great experience, And, again, this is something that we don't see going away. We want to continue to offer this for people who, you know, in the future, in cannot get to conferences, can't afford to come to conferences. We want to make an affordable platform available for them moving forward, again, you know, reaching as many people as we possibly can. So, one of the things we will do is, as soon as registration opens up, we will send a link out to everyone on .... And, of course, we're hoping that you all will share it with all of your colleagues as well.

2:05:04

Um, so, just kind of wrap this up. I do want to have a shout out to my staff. I know Lauren and Sandy are around here today, but everyone has done just such a great job of really trying to step up and meet the challenges that we've, we've faced, as imagine all of you have. But, you know, really getting kinda thinking outside the box, thinking about how we integrate more of a virtual presence within the community, and, it's just been absolutely great. And, just a really quick example, I think the last time we got together, we mentioned some Facebook Live sessions that we've been doing What is called ... from sorry, Friday at five, which is every other Friday at five o'clock. Karen Cheating on our staff. Who's located in Asheville, does a virtual Facebook session for about 15 minutes talking. Mainly addressing caregivers and what they can do to to make sure that they keep themselves mentally and physically healthy and what tips they can kind of put an implement in place and that has been great.

2:06:02

And then Kitty Berenger on our staff who's located in winston salem does follow the turtle and you'll have to check with her about her story behind that but it's it's a pretty. It's pretty fun ones. But, you know, just to let you all know, that we have had an average of 207 viewings per session. We have not advertized it to the great degree that we would like to, so that I think is going to be continuing to increase, but 16 sessions, again, 207 average views. And, again, just kind of put that in perspective, Over the course of a year, we're looking at between 511,000 additional views that the organization can tell that we're able to have an impact.

2:06:44

And, you know, just kind of, you know, what, we do understand that. This virtual, and, you know, many of our offices have kind of, they've been used to being able to go into the hospitals and interact with people one-on-one. And so, on. While we're not able to provide that same type of, you know, one-on-one interaction, you know, we definitely know that we're able to reach a lot of people and continue to stay connected with them. But, you know, again, just a big kudos to the staff and everything. They've done to continue ensuring that we are reaching the community the best we can, and really just, you know, letting people know about all the services that are available to them, if they've just done a fantastic job.

2:07:24

Oh, and you all should be members, That's going to continue to pitch that one to Marty would be disappointed me. If I didn't say that, please, you know, visit our website joint. You know, as you all have heard me say this is, you know, we need to be a collective community moving forward. We need to be a movement, and so you know, we do feel that being able to keep your connected with, what we're doing is one of the important components of that as well.

2:07:51

That's a stuff. Great stuffed animal. I'm wondering. Is there how would folks that are interested connect with or get information on how they can join?

2:08:02

It's like stuff like Karen or kitties group.

2:08:07

Right, yes, so, what you just simply need to do is just go ahead and find us on Facebook. And let me go ahead and let me say what we are located at.

2:08:17

So if you search for us on Facebook, we are at B, I, a, North Carolina, BIA, North Carolina, and that should pop right up there, and if you just follow us, we typically, you know, put the sessions, advertize for the sessions just a couple of days prior to the sessions themselves. So I believe that this week on Friday will be Karen session, addressing caregivers, and then next Tuesday will be will be kitty.

2:08:52

Fantastic. Thank you.

2:08:58

All right. Those are good at Michelle's Reading. Daniel, thank you for doing that.

2:09:09

Yes, We're, well, Michelle, are you ready?

2:09:15

Good morning, folks. I'll get started, and I kinda thought jumpin', I hope everyone's doing well. We wanted to provide the council, and I think David had asked for this update to be provided about our North Carolina TBI pilot waiver. And we're gonna kinda get into a little discussion on the next steps for this pilot waiver, Christina. If you could go to the next slide, please.

2:09:44

So, just a reminder that we are currently in year three of a three year pilot. And the TBI waiver has been operational for 25 months. So it took a few months months, CMS made the final approval for alliance to operationalize it. So, we're in month 25. And it continues to be a really collaborative process. Of course, NC Medicaid. We are the ones that get the waiver approved by Medicaid and operationalize the policy and work closely with Alliance, but we also have DMH. Scott's team really involved. We work with the local DSS is in the four Counties of alliances area. We partner with the Brain Injury Association, as well as on the Council that we're speaking to today and other stakeholders. So thank you for everyone's help.

2:10:36

Next slide, please.

2:10:39

So our year three ends April 30th, 2021, which awhile ago sounded far away, but it's coming closer, and at least I'm surprised. It's already September. So during this year three, it's really important that we review what we've learned from the current pilot. We look at TBI data in North Carolina. I know I was on for the beginning for a few minutes, when you guys were reviewing the plan. And Scott talked a little bit about data, and how important it is. And then we need to look at making recommendations for the next steps. The waiver actually does need to be approved by CMS, it, because it does have the end date of July 30th. So we're working right now to make those recommendations, and also, it's important to point out the DHHS is committed to serving those individuals currently on the waiver.

2:11:33

So, all of our discussions with Next steps are looking at serving those folks currently active, and those onboarding, as well as looking at serving more individuals in the future. Next slide, please.

2:11:50

So, as we looked at what we need to do to renew our move forward with this waiver, we wanted to receive input from our stake State Stakeholder Workgroup, which that group has met several times in. The past. Most recently, we met at the very end noon, and we actually have a meeting coming up on Monday What To have at the end of the slide. in case anybody wants to join. I know. A few people we've heard from our planning to join, and David is regularly participated. But we want to also include this Brain Injury Council to help us look at the next steps on recommendations will go to our leadership at DHHS. Some of it has presented been presented already to our Medicaid leadership, and depending on the final recommendations in the fiscal impacts, General Assembly approval may need to be sought at this time.

2:12:45

We're not sure whether we're going to need more slots are not, so it'll depend and on how many slots we need to request. And then, because the pilot waiver has an end date, as I mentioned before, we are going to have to submit an application for a new waiver to our federal partner, which is the Centers for Medicare and Medicaid Services, or week, what we call CMS, for short. So the work on that drafting the updated application will begin soon.

2:13:14

Next step. Slide, please.

2:13:18

So some of the things that we've really considered, our pilot waiver numbers, the rollout successes, and barriers, as well as the data regarding TBI in North Carolina, we've worked on the, especially close with Scott's team and that was previously with Jimmy to she helped us look at some data. And really looking, working with the on the MCOs to look at what their data is currently looking like. It doesn't mean, for sure, will know that they'll be qualified for the waiver. But at least getting an idea of numbers of folks with TBI that are connected to Ami MCOs, was important for us to look at. And we're trying to determine the most responsive to meeting the needs of our TBI population in North Carolina.

2:14:07

Next slide, please.

2:14:11

Some of the ways that we're evaluating and learning about the waiver, and about this population, is, we're in the process of looking at how, some of, the plans, of care of looked, that are for folks currently on the waiver. We're looking at the service utilization data, So that's what services have been most frequently used. If they have been authorized, how many have they used? All of those other services on. We're looking at claims in connection with that, as well as, Stakeholder Feedback Alliance does have a regular committee, stakeholder committee, related to the waiver. that meets monthly. And then there's the DHHS statewide committee as well.

2:14:53

Our team meets regularly with Alliance. We meet at least monthly. At the beginning, we're meeting or almost weekly. So over time, we've really continue to evaluate. Also, lines has a quality management department. And when, some of the things that we're looking at are the level of care process and how long that's take, how long that is, from start to finish, and if there's any changes that could be made. also consideration. Different risks and needs, evaluation tool. So they had 100. Lives moving towards. In the next few months, I'm going to a different risk risk, and needs management, and evaluation tool that will be put in place in the near future. And we've been involved in all of those discussions. Next slide, please.

2:15:46

So what we're looking at, based on our review and our discussions with the stakeholders so far, is the option to expand our TBI waiver. And what our end goal is, to to expand it statewide within five years. However, based on how long it's taken to operationalize and get to folks active that are currently active. What the group is looking at right now is starting with just adding one catchment in the near future on, which will probably be through an RF P or RF, a process that we're working on determining in the near future. How that application will look, and how that will go.

2:16:32

But the hope is, we're going to start by adding one more in with this renewal and then continued to build on how many are on the MCOs or what will future be called tailored plans? Have this waiver active? So, the goal is, five years from renew, also, our renewal will start in May, that within five years, from the May 2021 date, that will, we hope to be live across the whole state at that point. I think it's really important to know that our leadership is really in support of this plan, and really wants to see this waiver go statewide, But we also want to make sure it's being done in a way that folks are learning from this steps, to get folks onboard. Learning how to grow the service, their network of service providers properly, and, and really roll it out in a way that's going to be successful, long term, is our hope.

2:17:33

And I think one of the kind of important thing is we're going to talk about on the next couple of slides and some other changes that we've talked about in this group before, that we felt like we wanted to make to the waiver. And some of those, we feel like we all have different implications in terms of enrollment and people coming on. So giving one additional catchment area, and the near future with the renewal will give us a chance to kind of see how effective those changes are. Or even if we need to make additional changes, don't give us a better sense of what we need to ask for in terms of slots as well. As Michelle was talking about earlier, Will came a lot, with DMH on the data related to TBI, right? So, some part of the RFP process will be, you know, who has that. You who have screen, has people who are screened for TBI. What that looks like.

2:18:27

Also, what they have in terms of TBI providers already in their catchment area, and what is their plan to support the process so that we can kind of compare and contrast. And then, as we start expanding across the state, we can hopefully have the correct assumptions.

2:18:43

I think that one of the thing, too, is that, you know, waivers are initially approved for three years, and we can get that five year approval. The plan is within that five year to get the approval so radically if things went really well with that secondary catchment expansion.

2:19:01

And we were able to kind of get a better idea of how long it's taking people to get on things like that, and we might not go one catchment area out of time. We might be able to fund or some of those as well. So, really looking after the experience of that additional catchment area and then making decisions. For me, how this is going to work.

2:19:23

So assuming you get started in May, Say, five years, do you have to go back to the Feds for each additional, uh, expansion? Without checking in with them?

2:19:46

So, what we're planning on doing is writing that into the way of our application as the goal so that when we do go to a different catchment area, we can just do a brief update.

2:19:57

And potentially update Appendix. J, which is kind of the cost per county and what the funding as. We'll be able to have that in our discussions with CMS as the plan. So, I won't be large kind of change, and it'll be something that they're aware is coming.

2:20:14

So, the assumption would be that we could be potentially regions, five years, right?

2:20:25

Golf correct? Yes, 20 26 By 2026.

2:20:35

That's five years. Yeah.

2:20:39

Her question was, do you think it would be statewide in five years, if you go live, May first, 2021, then you would have end of April 2026, the end of the year, five years?

2:20:56

All right.

2:20:59

Then, again, you know, we want to do it within that time period.

2:21:03

So if, you know that secondary, you know, that the changes that we're making, if that all is going well, we're having a better understanding of what the amount of slots we need to ask for could potentially expand quicker than, you know, the five year point.

2:21:19

So that's always a possibility.

2:21:24

Do you want to go to the next slide? And then we can take questions.

2:21:28

Jan, I see that you had a couple of questions. You want to address them now?

2:21:38

Yeah. Well, one more answer during the presentation doing now, what the next area will be.

2:21:45

Right. So that will go up, fire, RFP, or RFI. So again, I'm going to kind of assess based on the numbers that they have screamed at provider networks, and then also their responses to how they'd support program.

2:22:01

OK, thank you, Ken.

2:22:03

Kevin, if I have another question, can I go ahead and ask it?

2:22:07

Sure, OK, when asking for slots, or numbers, are individuals with non traumatic brain injury being considered for future, as those individuals B will be integrated into legislation.

2:22:23

So, right now, we are keeping this as a recommendation, and, I mean, we can have these discussions with the recommendation is to keep this as a traumatic brain injury waiver.

2:22:35

You know, if, down the line, we decide to look at that for brain injuries that are non traumatic and made sure we can have that conversation. But, at this point, we're trying to keep a traumatic brain injury traumatic cost paradigm.

2:22:51

OK, one more question: What is the timeline for the RFP, announcement, deadline and decision?

2:22:56

So we're still working on all that. We're still getting stakeholder feedback, so I can't give a hard number right now.

2:23:05

OK, thank you.

2:23:07

If you want to go onto the next slide, please, Christina.

2:23:11

So some of the other recommendations, and this has been something that's been discussed, especially with our stakeholder group, statewide stakeholder group, is that we are going to recommend that the age be lowered down from 22, which is the current age to 18. We think that people that are 18 might have more similar needs to an adult TBI population than maybe some of the IDD folks on our innovations waiver, on it. There's also a long waitlist for innovations waiver, so they may be able to be served quicker. This was also a recommendation from Alliances Medical Team, so it falls in line with what they were recommending. We also hope to change the eligibility requirement to 300% of the federal poverty line. So, my understanding is, when the waiver was first discussed, that was hoped to be implemented at the beginning.

2:24:09

However, that didn't work out at that time, but we're hoping we can move forward with that change. We've seen another waiver. Our cap DEA waiver recently be able to make this change. So we're hoping it'll be successful with our TBI waiver. This really takes into consideration that these are adults with TBI who may have had work, experience, and wages in the past and other assets. We don't want them to be excluded because of their past working experience. We want to make sure their needs are met. Another piece that's not on this slide, It's a newer recommendation, but we think it's a great one, and I'll let tennis expand on it a little a few months. But our leadership is suggesting we look into presumptive eligibility with Medicaid for folks that are in the hospital, which we think could be a really great change to be able to maybe get some folks newer to their injury on to the waiver quicker.

2:25:09

So that Army MCO would work with the hospital and work to make sure that there's that Medicaid presumptive eligibility in place and really get those LLC or level of care documents. Work with the hospitals, Get what's needed to hopefully have some folks come right from the hospital or their acute rehab settings onto the waiver is our goal. So that, that could be a really exciting change. And, Christina, if you could go to the next slide.

2:25:38

Just to say, one more thing about that, too, is that, you know, right now, if someone has an injury and didn't have Medicaid before, they would have to go through the Medicaid process. Right. So presumptive eligibility means that if someone doesn't have Medicaid, they have an injury or an acute care subacute rehab type of thing. Can potentially get them onto Medicaid right away.

2:25:59

Then back and transition them into the waiver. And, of course, they would have to make the decision later on, whether or not they meet that Medicaid eligibility can kind of talk about what that may be. And that may be an easier way, or we do some of the barriers for people just getting on the services anyway.

2:26:19

Then, one another change that we're looking to make to the waiver is to add, supported living as a service definition. This is a service available through innovations, but at the time, the waiver, the initial labor was being worked on. It was very new to innovations. But we've seen some success. And we think this could be really successful for the TBI population. It's really supporting people to live in their own homes or apartments or their own setting, and receive services. And we know that there are some folks with TBI that would fit into that. It allows individuals to be part of their community, but still receive those necessary supports. So we look forward to that being a possibility for this population, as well.

2:27:03

Next slide, please.

2:27:07

This is our last slide and then I'm sure we'll take some questions. We just wanted to let folks know that our TV ice stakeholder group is meeting this coming Monday, the 14th, from 2 30 to 4. It is going to be a goto meeting. A few folks have already told me they're interested, But if you want to join as well on my e-mails on this slide, you're welcome to e-mail me, so I can send you the goto meeting information.

2:27:34

Hi, I have This is Christina. I have one question. It says, under Supported Living, will the beneficiary be able to exceed the waiver cost cap?

2:27:46

So, are you asking, with supported living, will they be able to exceed the cost cap?

2:27:52

135%. A question. That's what it sounds like. Yeah. Will they be able to exceed the waiver cost cap?

2:28:00

Right. So right now, I'm the innovation wave aside. We recently had a revision to waver update, effective May. First of 2020. Individuals using supported living could exceed the 135,000 who are using supported living level. Why? I believe that our plan is to carry over that same recommendation. So again, for people who have the most intense needs, are being stabilized in their homes. I can potentially exceed the 135. We're also going to have to do a little bit of work and talented that definition to the TBI population. Right now, for innovations, supported living means that someone leaves off licensed facility, leaves a group home, or use their family to live in their own home.

2:28:49

For the TBI way, what we're thinking, too, is that a number of people, because this is going to involve wave entry and the involved, here, is we're going to actually see people who have families, and who are married, or have, you know, live in kind of partners, things like that. So the supported living services could come in and stabilize the situation in a different way than it's typically done on the innovation side. On the innovation side, there are people who are living with their partners or who are married. But I don't think we, typically, see, as many people who have family established stabilizing more I'm trying to move in the community. This. one would have kind of that kind of dual aspect of stabilizing the person where they actually are, instead of necessarily bringing someone to be.

2:29:44

And so, we'll have to do a little work on that definition, And definitely bring things to a combination of that language back. I hope that makes sense.

2:29:58

You can.

2:30:09

Is for, for a show or in Canada.

2:30:15

Update.

2:30:18

Thank you all for having us.

2:30:22

I'm so sorry, David, we just had one more question come through. Kenneth and Michelle will individuals' between 18 and 22, be subject to lower limits, onsets of services if they do not graduate with a high school degree or occupational course of study.

2:30:39

So we have not really had that discussion on the TBI side. I I think that we're going to have to have that discussion. And this is someone who's asking the questions. As much more familiar with kind of the inner workings of innovations. So what happens is that an individual who is on the innovation wave are under the age of 22. They can theoretically be an old school, So we have hours during the school year, which is basically 50 out a few more hours a week, And then our isn't out of school situation. So we're thinking about the summer holidays banks like that, where it's roughly 89 hours per week. And what we have in that kind of paradigm is that individuals who either graduate or have an occupational course of study.

2:31:34

Or fill their requirements of the public school system and make him go to the adult limit.

2:31:41

And then individuals who may leave school prior to their 22nd. birthday, no. Chemically. people may have the employee to lead a team. They're still with them, maybe child limits, or the non as off limits, because fat, free, and appropriate education benefit is still there. I think that we have to think about that. a little bit more on a traumatic brain injury side, if someone had their injury at 18.

2:32:12

They could have potentially already graduated, right.

2:32:16

If they were having, and during their eight year plan and they were coming up to graduation, I think, that we would want to think about in terms of the longitude, there needs lifelong. And we can quickly and get them. Rehab package probably doesn't make sense to try to complete their high school education. So, I think we'll have to have that discussion. But I think, again, we're seeing where the population.

2:32:44

You know, for many people on the animations waiver, people may leave school at 22, because the school system provides that help validation, and provides that job training. But it also provide supervision, right? For someone who's non disabled, who hasn't had a traumatic brain injury, yet, if they had that injury at age 18, they may have been on a trajectory to leave school and a team, know.

2:33:10

Based on their injury and the amount of rehab they have, That might still be a goal to get them through, so that when they do, you know, having their capabilities and get some of their skills back, like they can go on with whatever their employment goals and things like that war. So we might have to have a little bit more leeway on the TBI.

2:33:33

Does that make sense?

2:33:36

That makes sense. And Jan also said, Thank you. These changes are. Great.

2:33:42

Alright, thanks, Jeff.

2:33:48

Are we ready for the roof, the Annual Report and the Council ball?

2:33:55

Everybody, for sticking with us. I know this is kind of a long meeting.

2:34:00

Ms. Christina, could you move the black box off from other place if it's possible?

2:34:06

Uh, do you all see that? Now, we don't see that, David, I see you just fine.

2:34:13

OK, please see in a black box, I do it.

2:34:19

Well, we can go ahead and do the report. I'm OK, OK. So, this has actually been touched on already twice throughout the morning, and I'm really glad so, Scott.

2:34:33

And I have been talking a lot lately about kinds of things that used to happen and things that have sort of fallen by the wayside and who knows how or why. But a lot of what has changed with the advisory council over the years.

2:34:55

Because our bylaws are really not clear and I want to be real real clear, just say they don't need to be a whole bunch older. A lot about that. They need to have sort of moved. So.

2:35:15

Scott?

2:35:18

Touched on this when he talked about. Report by the chairperson, yearly reports by the committee chairs. Carol touched this whenever she talked about changing the council seats.

2:35:35

So, that the bylaws work slowly reviewed that change was in 2000.

2:35:46

That, I don't even remember what year was Carol, I remember what year, but there was a lot of work done on the bylaws.

2:35:57

Were ever formally changed, it wasn't voted on. So, we really believe that the bylaws, to have some update.

2:36:10

Reminder of last fall, there was a small group of us, myself, so Collier, Diane Westbrook.

2:36:20

one other person.

2:36:24

There you go, OK.

2:36:26

and our charge was just to look at the piece of the bylaws that had to do with committee But we did get some feedback from other council members at that time about wording and things throughout the bylaws. And we know they've got to be updated.

2:36:48

Something that we need to kind of really enumerate and bylaws is the voting requirement. What stuck or unmet needs to be stated exactly. That there needs to be an annual report that needs to be ready to change some of the sea.

2:37:12

They looked at, now the trickiest part of this is that when we make recommendations for changes, then there has to be legislation to actually change the shape.

2:37:29

So did not happen the last time, and then we didn't even vote on all the bylaws.

2:37:40

So I propose that we have some sort of an ad hoc committee, This would be a lot of forever committee just to work on these bylaws, and we'll need to figure out exactly how we do this, where are we, if we're making changes to receive recommendation, how we vote on the bylaws, to make the other changes, and then wait for this to be changed by legislation or that happen.

2:38:17

What's happened in the past? But what happen this way?

2:38:24

If you have presented, it's the largest site, your membership is OK. Change. At that time, to finalize the membership to pieces, I don't think you need the legislature to any changes. The. Membership. Should say, so certain parts, one, changing, Changing then the membership, because I said so. Did shows says Our Membership and proposing comparison.

2:39:24

True for you all in one spreadsheet. So the committee would need to review those seats again and see if they still agree with that.

2:39:38

Bad, But, but I think that, you know, definitely needs to be updated 2009 as a long time ago. Carol really hit the nail on the head. We can recommend the other changes that we can, because we don't need legislative approval for that, and we can handle that. If there are changes that would have to go to legislation. So, I do think we're going to need an ad hoc committee for this.

2:40:14

I don't know if people have questions about this, before we talk about possible volunteers'. Scott, did I forget anything?

2:40:23

So, as you guys are talking, I was thinking, why would this maybe sit nicely with the other Ad hoc group? Carola And I were talking about earlier.

2:40:35

Kind of just do a review. And so, this, it would just be one group that would do all of those things. Right, That's what I said you guys had already started, started talking about.

2:40:46

OK, so that's what I'm saying, right, then, OK, very good.

2:40:51

Yeah, and it can be, it can be a sub committee.

2:40:57

Policy, public policy, or I can just be an ad hoc downforce, whatever we want to call it and however, we want to do it. It doesn't matter, but it definitely needs attention and of course, at this point, it's going to all have to be done virtually. But, like I googled, What's the difference between bylaws and policies and procedures? And it basically said, I wasn't just higher level policy and procedures and you don't need to have policies and procedures, your bylaws have some specific open lunch so I want us to try to keep this as simple as possible.

2:41:40

But get the information, because I think this, for example, this annual report got lost along the way, because it isn't written. So, I mean, it wasn't a failure, wasn't whatever. Pointing fingers, just want to make sure that we have an annual report, so that we are getting the information out to people that we work on all year.

2:42:07

But I think it's also important to recognize jan that the bylaws are typically supposed to be based on the statute. The statute actually indicates an annual report to the legislature, might not indicate that the statute does in the statute always takes precedence.

2:42:29

In the past, there have been times when we went to the legislature and the powers that be.

2:42:39

Castle. Request by those entities, and assigned to them. So it's not seeing in terms of the poorest. But we need to make it so that it comes with all the time. Domain, so, so much.

2:43:08

Right, so Scott, you did bring up a huge point that I did not say. And so we'll have to look at the statute as we're looking at this, But. No.

2:43:21

We want to make sure that we're doing everything correctly and that we are getting all the information that we weren't going out to the proper people, so that they know what our annual recommendations are or what we've accomplished.

2:43:40

Say this encountered, we need to also make sure the concerns or issues.

2:43:50

Exactly. Yeah. So how do we want to form this group?

2:43:57

Do we want to do it today?

2:43:59

Do we want people to e-mail somebody if they're interested, or process volunteers for the Public Policy Committee to be working on this? Folks involved?

2:44:12

Because ... committee input would be larger? Than just the Public Policy Committee? So, it would be involved. But a manageable amount so that there isn't too much.

2:44:35

I think there may be people on public policy committee that may not want to be involved in their bylaws and policies and procedures. Some people want to stick a needle in there.

2:44:46

I really don't want to be part of that, but I Chair to be part of it because I think that, you know, I do represent a lot of history, so so I will be part of the bylaw Committee, who else would love to volunteer and just sit on their hands?

2:45:13

Of course, we knew Carol Wired.

2:45:17

Yeah, Rosanne randall's, she's one of our attendees, and she's asked to be a part of it as well.

2:45:25

Great.

2:45:30

OK, all right.

2:45:37

Scott, would you sit on this committee also?

2:45:40

I sure will.

2:45:41

Good. More as an advisory function, No, but yes.

2:45:45

All right, Said she too.

2:45:49

theater, OK.

2:45:53

Here.

2:45:56

Caren would like to participate as well.

2:45:59

Oh, good, OK.

2:46:03

If there are any other people who would like to participate, I would be happy to appoint everyone to that committee.

2:46:09

I need to get to that committee.

2:46:12

This, Jan, do you feel like you could those responsibilities? She'll, or?

2:46:22

Will you be able to have a report back in November, so we can have it at the December meeting?

2:46:29

I actually do, so, We will try.

2:46:31

Certainly, have at least one, by the way, but I'd say, I don't know that we'll be done, but we'll definitely have a report for the December meeting on what we've discussed thus far, but I do think that we want to try to do it in a timely manner, and not try it out too low.

2:46:52

So, OK, well, I'm here because Carola correct me if I'm wrong, but I thought we had discussed about possibly having something done by March.

2:47:08

Yes. That's. A good. Point to the legislature. On this council. So. This summer.

2:47:39

Review the overall structure mission of the council was a big one.

2:47:45

Um, we've already defined TBI, like, years and years ago, so that could be changed, maybe.

2:47:59

Counsel and chief has really changed brain injury. And now it's because I'm not just traumatic brain injury. And so that would mean the data submission, this council.

2:48:25

Well, that would be all part of the process of this workgroup automatically right.

2:48:33

OK, all right.

2:48:33

We've got a group that we need to figure out the frequency of the meeting and so forth so that we can try to get it done by then if possible, OK? So let me clarify, Why were you guys doing this?

2:48:51

Now it's out there that did not end up passing last session. But that I think, the group, correct me if I'm wrong.

2:48:59

Carol Felt that the spirit of the intent behind it was still valuable because we needed to kind of bring this by X statutes more current and reflective of today's realities of the Council and so forth. And so that was something I think we still wanted to pursue even though it wasn't formally, legislatively mandated activity.

2:49:25

The fact that there's more? Opportunity. To update? But also to entertain and just providing it to in any way. Can. I ask one question for clarification? When? one? About the long session. We start.

2:50:08

It's changing. Because a lot of things have changed with common usually. A slider is sometimes not so sure, it's afternoon Session.

2:50:28

Stick more and more to the latest, I say February, but maybe not.

2:50:39

Really look.

2:50:40

And I see, right, because if there needs to be. And then we would need to find the legislative sponsors that, right, Carol? Yes, we can do everything. So December, we got time.

2:51:00

That gives me a timeline. Thank you. We can feed in October and November both. Another might be watching it, but that would help. so if there are going to be seat requests. Somebody can be a sponsor and get that rolling before the holidays come.

2:51:21

Because we have the background Sass shouldn't say. Office and the legislature and DHHS. Proposal, which means they shouldn't be along the lining more classification for new style.

2:51:53

Asking for.

2:51:58

We'll talk about all of those details, certainly during the meetings. Absolutely.

2:52:03

Yep, Yep, OK, All right, the other thing I just wanted to mention briefly, and I know we're almost out of time here, but I did some digging and we did find the, um, one of the old council annual reports.

2:52:21

And, so I, I did go through and, and pull out sort of the main header and sub header sections of the template itself.

2:52:33

And so, that's something that at some point, I don't know that we need to necessarily do it today, but we may want to take a look at to see if that still makes sense to folks.

2:52:45

If there are any changes, If we want to just go ahead and do a report this time around and then kind of get everybody's feedback on it for ongoing template purposes, or how y'all want to handle all that? I don't know. And, yeah. Just because of the way it was structured. Was one till I was going to need to change, because you say, exactly the same topics. just sit and read it. So, we need to be sure.

2:53:32

Sir, has.

2:53:36

They do really. Well, so there is some redundancy that I saw, but I didn't change anything, because I want everybody to see it. As it has been, then changes could be made collectively, but maybe that's something that this group would want to look at, too.

2:53:57

I think the Committee can take a look at that one. It back to the Council, for example.

2:54:04

OK, very good.

2:54:06

Anything else, mister Scott?

2:54:09

Um, now, I think, I think we've got it all.

2:54:17

That I can think of.

2:54:20

Does anybody else have anything pressing or anything that we missed today?

2:54:25

or anything that you would like for us to possibly try to include at the next meeting or in the next couple of meetings, this fiscal year that we haven't normally done lately, or that you're particularly interested in, other than the transformation stuff, of course.

2:54:47

If anybody thinks of anything, please e-mail Michael Ryan. Let us know so we can try to get that all incorporated into the agendas.

2:54:58

Our next meeting is December ninth.

2:55:03

Not like that.

2:55:08

Yeah. It's nice.

2:55:12

Yes.

2:55:16

Jan, could you add one more person to your list for the committee? It looks like Beth Overby would like to join y'all.

2:55:22

OK, Got it.

2:55:27

All right, All right, thank you.

2:55:33

All right, talk about Scott.

2:55:36

I'm good! I don't have anything else.

2:55:40

Anybody else does?

2:55:43

I'll tell everybody out there to stay say, No, this is not why we normally do business, but at least we can do some business. Oh, I do have one more thing. I'm sorry. David.

2:55:54

We need you do the meeting minutes and take a vote. So just to remind everybody that, we're going to be doing that again by e-mail that we did the last time and this will be for the meeting minutes from the June meeting.

2:56:08

So be on the lookout for that as well.

2:56:12

To do that, we've just decided.

2:56:14

I think that's voting is a lot easier to do by e-mail, at this point, with the way the meetings are held virtually.

2:56:22

Right now, I don't really know of a better way to do it, at this point, but we are certainly open to ideas, but for now we're gonna, we're gonna plan to do it that way.

2:56:32

Oh.

2:56:35

OK, I'm sorry.

2:56:39

So, all the council members need to vote. What's the timeframe, Scott? two days. We'll be putting that in writing when we send it out and give a due date, but it'll be probably a week, or something like that, I'm not sure about.

2:56:53

It would be a reasonable amount of time, and I know people have other obligations, obviously, and stuff like that. So, we don't want to be too stringent about it, but we do want to make sure it gets done.

2:57:04

We used to have a session. We had some support for the Council membership voting members, and we'll just say, Yes. So, she will the reins.

2:57:34

Then you just, at the top, you will put the request, minutes, or whatever, was used at any time, whether it was for something small or something.

2:57:47

Many pages have managed to pull out OK, Yes.

2:57:57

All right, Well taken.

2:58:01

OK, is that it, folks? That's it, really.

2:58:06

All right, thank you all for your attendance. Thank you, guys, Very much, Appreciate it.

2:58:16

I, miss Christina.

2:58:21

Now, thank you so much, how many folks that we have an attendance today. I believe the total was 36. I'll do a report, that details. All right, Thank you very much, Christina. Very, very much, no problem. You'll have a great day. Thank you.

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