

# BRAIN INJURY ADVISORY COUNCIL (BIAC)

Date: December 12, 2018

Time: 9:30-3:30 pm

Location: The Arc 343 E Six Forks Rd, Large CR Raleigh, NC

TYPE OF MEETING	Quarterly Meeting			
FACILITATOR	Jerry Villemain, Cha	airperson		
ATTENDEES				
NAME	PRESENT	NAME	PRESENT	
Voting Council Members		Non-Voting Council Members		GUESTS
Jerry Villemain, Chair	$\boxtimes$	Alan Dellapenna	$\boxtimes$	Jill Hinton
Pier Protz	$\boxtimes$	Cindy DePorter	$\boxtimes$	Laurie Stickney
Jean Andersen		Amy Douglas		Michelle Merritt
Craig Fitzgerald		Travis Williams	$\boxtimes$	Vicki Smith
Martin Foil		Michiele Elliott	$\boxtimes$	Ranaa Radwin
Christine Fernandini	$\boxtimes$	Kenneth Bausell	$\boxtimes$	Lauren Costello
Carmaletta Henson		Dreama McCoy		Steve Strom
Thomas Henson, Jr.	$\boxtimes$	Lee Lewis		
Lynn Makor		Jeanne Preisler		
Karen McCulloch	$\boxtimes$	Jim Swain		
Sarah Stroud		Melinda Munden		
Donna White				
Jan White	$\boxtimes$			
Geana Welter	$\boxtimes$			
Diane Westbrook	$\boxtimes$			
Patricia Babin	$\boxtimes$			
Ryan Lamb		Staff to Council		
Dave Wickstrom	$\square$	Scott Pokorny	$\boxtimes$	
Jerome Frederick	$\square$	Sandy Pendergraft	$\square$	
Virginia Knowlton-Marcus	$\square$	Michael Brown	$\boxtimes$	
Murray Dunlap	$\square$	Stephanie Jones	$\boxtimes$	

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

1. Agenda topic: Welcome, Review of Minutes & Introd		uct	ions Jerry V	illemain	
Discussion					
Conclusions	Jerry welcomed everyone to meeting. Introductions were made by all in attendance. The minutes for March 2018, June 2018 and September 2018 were distributed, read and approved.				
Action Items	Action Items Person(s) Responsible Deadlin				
Teleconference a	ressed concern regarding the following issues: availability for all Brain Injury Council Meetings ess for financial reimbursement to council				

#### 2. Agenda topic: Brain Injury of NC Council Seats

2. Agenda topic	2. Agenda topic: Brain Injury of NC Council Seats Scott Pokorny							
Discussion	Scott Pokorny advised the following appointed BIANC council seats a	re open:						
	Executive Director from NC Council on Developmental Disabilities							
	<ul> <li>Executive Director from Brain Injury Association of NC</li> </ul>							
	<ul> <li>Stroke survivor or American Heart Association</li> </ul>							
	<ul> <li>Veteran or family member of veteran with TBI</li> </ul>							
	Representative from Department of Military and Veterans Affairs							
Conclusions	<ul> <li>Dave Wickstrom recommended that as many council seats as possible be filled by individuals with a lived experience.</li> </ul>							
	<ul> <li>Virginia Knowlton-Marcus provided the following language as the council's unanimous stance regarding filling vacant council seats: It is the intent of the Brain Injury Advisory Council, in filling vacant seats, to increase overall participation on the Council by persons with lived experience, including but not limited to adding a</li> </ul>							
	representative who is a stroke survivor, and a representative who is a veteran with a traumatic brain injury.							
Action Items		Person(s) Responsible Deadline						

### 3. Agenda topic: TBI Risks from Motorized scooters

3. Agenda topi	: TBI Risks from Motorized scooters	Laura Sa	ndt					
	Laura Sandt provided the following updates:							
	The Collaborative Sciences Center for Road Safety mission state	ment is:						
	• Research							
	<ul> <li>Education</li> </ul>							
	<ul> <li>Professional Development</li> </ul>							
	E-scooters are currently available in the following NC cities:							
	<ul> <li>Charlotte - Lime (May 2018) Bird (May 2018)</li> </ul>							
	• Raleigh - Lime (Sept 2018) Bird (Aug 2018)							
	• Greensboro - Bird (Aug-Nov 2018)							
	<ul> <li>Winston-Salem - Bird (Sept-Nov 2018)</li> </ul>							
	• Cary/Morrisville - Bird (Oct 2018)							
	• E-scooters main features are they cost about \$1 to unlock/15 ce	ents per minute to ride with an o	perating					
	speed of 20 mph.		, J					
	<ul> <li>According to Portland's Bureau of Transportation Survey e-scool</li> </ul>	ters are used primarily for recrea	tion and					
	<ul> <li>According to Fortunal's baread of Transportation Survey e-scotters are used primarily for recreation and amongst males ages 30-39.</li> <li>The following unresolved concerns exist with e-scooters:</li> </ul>							
	<ul> <li>Difficult to identify injuries using existing injury surveill</li> </ul>	ance system (especially non-sev	ere ones)					
	<ul> <li>Exposure data are difficult to obtain (e.g., how many p</li> </ul>		-					
	<ul> <li>Risk factors:</li> </ul>		juicuj					
	<ul> <li>Helmet use</li> </ul>							
	<ul> <li>Demographics and e-scooter user behaviors</li> </ul>							
	<ul> <li>Built environment and roadway conditions</li> </ul>							
Conclusions								
Action Items		Person(s) Responsible	Deadline					

## 4. Agenda topic: TBI Waiver Implementation

Discussion	•	Cristina Phillips thanked the council for their advocacy			
	٠	Cristina provided the following updates regarding the TBI Waiver:			
	• The TBI waiver process started with meetings with partners, community engagements,				

**Cristina Phillips** 

	0 0 0 0	<ul> <li>Be Contacted by a TBI Waiver ( Receive assistance in locating n accident report information. No be more than 3 years old.</li> <li>Once level of care is approved, the indiv develop an ISP with their assign reviewed by Alliance's UM Team sent to local DSS teams to have used to submit formalized Servi reviewed by UM team to approve The TBI Waiver Provider network include Community Partnerships Inc.</li> <li>ReNu Life</li> <li>A Small Miracle</li> <li>Lutheran Family Services</li> <li>EduCare Community Alternative Resources for Seniors</li> </ul>	proximately 43 people and over 15 de ist other MCO's in the TBI Waiver Imp have sustained their TBI at 22 years a of Interest that they are on the interest registry. Guide nedical records, diagnostic verification te: Psychiatric Evaluations used to de idual's paper work will be used for the ned TBI CC n ice Authorization Requests to Alliance ve or deny specific service authorization te the following:	Dementation process. fter will: n information and termine eligibility can't e following: UM team		
		EduCare Community Alternatives				
		<ul> <li>Ellen Scherling Morales – Solo F</li> </ul>				
		Community Work Force Solution     Decidential Support Services	ns			
	-	Residential Support Services     A Training Modules are being Developed	by BIANC for Allianco			
Conclusions	0 Intorna	9 Training Modules are being Developed I staff can email Cristina to gain free acces				
	Interna	i stan can eman cristina to gain free acces				
Action Items			Person(s) Responsible	Deadline		

## 5. Agenda topic: Medicaid Transformation Update

#### Kenneth Bausell

5. Agenda topic	: Medicaid	Transformation Update	Ke	nneth Bausell		
5. Agenda topic Discussion	The Sta	<ul> <li>developmental disabilities (I/DD</li> <li>serve other special populations, waiver enrollees and waitlist me</li> <li>contracts will be regional, not st</li> <li>LME-MCOs are the only entities years; after the first four years, Plan</li> <li>LME-MCOs operating Tailored Pl health plan (PHP) license and th standard benefit plan contract</li> <li>Tailored Plans will manage State -funded behavioral health, I/DD</li> <li>Eligibility for Tailored Plan will be determined to the standard Plans will provide comprehensive -term services and supports (L, pharmacy benefit package than Standard Plans.</li> <li>BH I/DD Tailored Plans will offer care ma DHHS is working to design responsive Tailor their populations and will be seeking standard seeking standard plans.</li> </ul>	eeting on Monday, December 3, 201 jarding the Tailored Plan: int behavioral health (BH) needs and s) including Innovations and Traumati mbers atewide that may hold a Tailored Plans cont any non-profit PHP may also bid for ans must contract with an entity that at covers the same services that muse , and TBI services for the uninsured ined by DHHS or self-identification. e benefits, including physical health, , and a more robust behavioral heat nagement ilored Plans that consider the varied takeholder input on how to best ens	<ul> <li>I8.</li> <li>d intellectual</li> <li>ic Brain Injury (TBI)</li> <li>ract during the first four</li> <li>r and operate a Tailored</li> <li>at holds a prepaid</li> <li>ust be covered under a</li> <li>I and underinsured</li> <li>, long</li> <li>alth, I/DD, and TBI</li> <li>d and specialized needs</li> </ul>		
	<ul> <li>protections are in place, and that enrollees have a positive experience.</li> <li>The next listening session is scheduled for January 2019.</li> </ul>					
Conclusions	N/A					
Action Items			Person(s) Responsible	Deadline		
None						

6. Agenda topic:	pic: NeuroBehavioral Health Jerry Villemain				
Discussion	<ul> <li>Jerry Villemain emphasized the need for neurobeh in the State which results to TBI individuals being</li> <li>The following subsets are established to progress         <ul> <li>Data Collection</li> <li>Coordination with Hospital Associates</li> <li>Program Development</li> <li>Funding</li> </ul> </li> <li>Jerry encouraged the council members to participate and TBI bylaw</li> <li>A taskforce is needed to support disabled parents</li> </ul>	stuck in hospitals for treatment. the initiative: ate in one of the above subsets. vs will need to be updated.	isn't enough providers		
Conclusions	sions N/A				
Action Items		Person(s) Responsible	Deadline		

7. Agenda topic:	ioid Action Plan	Alan Dellapenna
Discussion	ellapenna provided the following upda Visit the NC DHHS Opioid website for Plan at https://www.ncdhhs.gov/ab North Carolina among the top 13 st The availability of cheap heroin and Heroin or other synthetic narcotics NC. There were 457 Opioid deaths in M Almost 20% of North Carolina High recreationally. 50% of Opioid related emergency r The Opioid Action Plan focus on the create a coordinated infras reduce oversupply of press reduce diversion of prescri increase community aware make naloxone available a expand treatment and reco More than 5,700 individuals were tr	tes regarding the Opioid Action Plan: or county data, links, and details regarding the Opioid Action <u>out/department-initiatives/opioid-epidemic</u> . ates in prescriptions per person. I fentanyl results in more people dying. were involved in 60% of unintentional opioid deaths in 2016 in arch 2018 compared to March 2017. School Students have reported using prescription opioids oom visits were uninsured or self-pay patients. e following area: structure cription opioids ption drugs and flow of illicit drugs eness and prevention nd link overdose survivors to care overy-oriented systems of care e strategies based upon results eated thru the first year of the NC CURES Grant Funding. 2018 and provides law enforcement quicker access to
Conclusions		
Action Items	Person(s) Responsible	Deadline
None		

## Agonda topicy BIANC

Sandy Dondorgraft

o. Agenua topic:	DIANC			Sandy Pendergran	
Discussion	Sandy provid	Sandy provided the following updates regarding scheduled events:			
	0	hosting a webinar in December 2018 regarding Brain Injury Basics and Strategies			
	0	hosting TBI annual conference for families and survivors April 2019			
	0	hosting Camp Carefree in October 2019			
	0	hosting Professional conference in December 2019.			
Conclusions					
Action Items			Person(s)	Deadline	
			Responsible		
None					

#### 9. Agenda topic: Partnership Updates Discussion Legislative – Pier Protz advised the following initiatives are priorities: **Committee Chairs** • educate new legislators about TBI • educate support groups at grassroots

# 10. Agenda topic: Adjourn

Discussion	Jerry thanked everyone for their participation. The meeting was adjourned at 4:00 p.m.					
Conclusions						
Action Items Person(s) Responsible Deadlin						
Next meeting scheduled for Institute	- 3/13/19 from 9:30 a.m. – 3:30 p.m. located at Governor's	Jerry Villemain				

Respectfully submitted: Stephanie Jones, Michael Brown and Scott Pokorny.