BRAIN INJURY ADVISORY COUNCIL (BIAC)

Date: March 13, 2019 Time: 9:30-3:30 pm Location: Governor's Institute
1121 Situs Court, Suite 325
Raleigh, NC 27606

TYPE OF MEETING	Quarterly Meeting
FACILITATOR	Jerry Villemain, Chairperson
ATTENDEES	

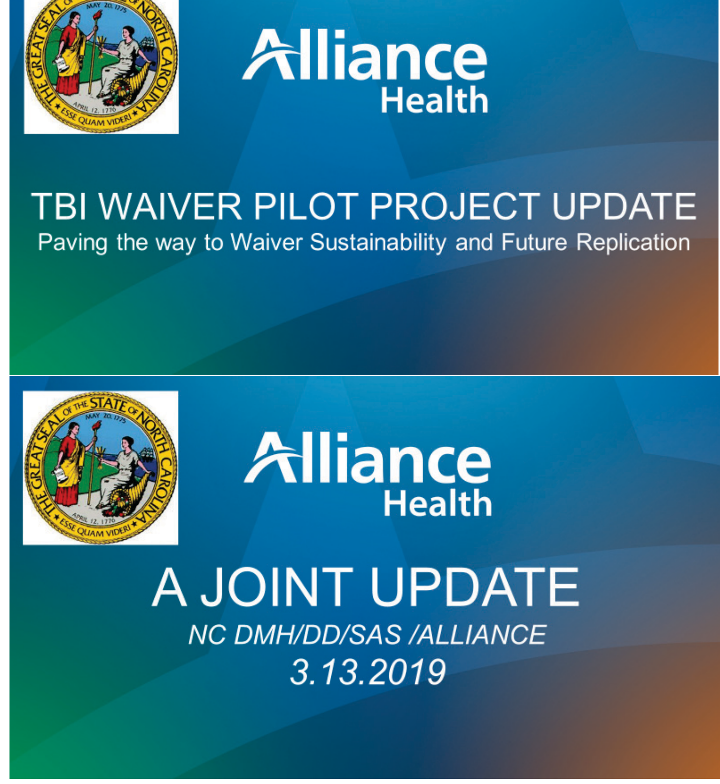
NAME	**PRESENT**	**NAME**	**PRESENT**	
Voting Council Members		**Non-Voting Council Members**		**GUESTS**
Jerry Villemain, Chair	☒	Jan White (proxy for Alan Dellapenna.)	☐	Liz Newlin
Carol Ornitz (proxy for vacant ED position)	☒	Cindy DePorter	☐	Michelle Merritt
Jean Andersen	☐	Amy Douglas	☐	David Forsythe
Craig Fitzgerald	☐	Travis Williams (proxy for Chris Egan)	☐	Debra Farrington
Martin Foil	☐	Michiele Elliott	☒	Laurie Stickney
Jerome Frederick	☐	Kenneth Bausell	☒	Sonia Padial
Geana Welter	☒	Dreama McCoy	☒	Jeffrey Luber
Virginia Knowlton Marcus	☒	Robert Johnson	☐	Cristina Phillips
Thomas Henson, Jr.	☐	Jeanne Preisler	☐	Steve Strom
Murray Dunlap	☒	Jim Swain	☐	Mya Lewis
Lynn Makor	☐	Lee Lewis	☒	
Karen McCulloch	☐			
Wes Cole	☐			
Sarah Stroud	☐			
Diane Westbrook	☒			
Pier Protz	☐			
Donna White	☐	**Staff to Council**		
Jerome Frederick	☐	Scott Pokorny	☐	
Christine Fernandini	☒	Sandy Pendergraft	☒	
Ryan Lamb	☐	Michael Brown	☒	
Melinda Munden	☐			

1. Agenda topic: Welcome, Introductions & Approval of Minutes **Jerry Villemain**

Discussion	Jerry welcomed everyone to meeting. Introductions were made by all in attendance.	
Conclusions		
Action Items	**Person(s) Responsible**	**Deadline**

N/A		

2. Agenda topic: TBI Waiver Update **Cristina Phillips & Kenneth Bausell**



TEAMWORK

coming together is a beginning
keeping together is progress
working together is success

- Henry Ford

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ROAD TO SUCCESS

- Continued Collaboration between Alliance, NC Medicaid, DMH/DD/SAS, DSS, BIANC,BIAC & Other Stakeholders
- Direct Feedback from members and their families
- Continued Assessment and Modification of Work Flows
- Continued, thorough and methodical review of barriers
- Continued Interdepartmental Coordination
- Continued Departmental malleability to change infrastructure as needed and adapt accordingly (Ex. RNs, Guide Role, Claims)
- Continued Community Engagement

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What Work Has Recently Been Accomplished?

- With assistance from NC DMH/DD/SAS, NC Medicaid, Alliance Legal departments-Created TBI WAIVER policy and procedures for MCO Access, Care Coordination, UM, Claims, Credentialing, Network Evaluation teams and more.
- Creation of TBI waiver Flyer, TBI Waiver Family Guide Book and TBI Web Sites
- Credentialed and Approved a strong, dynamic and collaborative TBI WAIVER Provider Network
- Secured funding to provide $500 CBIS training for 10 TBI WAIVER Provider Agencies.
- Collaborated with BIANC to Provided Monthly Clinical Training to TBI WAIVER Providers and Internal Staff
- Alliance Network Evaluations teams Ensured HCBS Compliance for all TBI WAIVER Residential, Day Supports, Adult Day Health and SE Providers. *–TBI Waiver Leading the way for HCBS in NC!*
- Ensured Community Engagement- By providing over 15 TBI Waiver Awareness Presentations within Alliance's Catchment area.

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As the Infrastructure was built the Reach Out Began

- Over 70 individuals have been placed on Alliance's TBI REGISTRY OF INTEREST
- TBI Guide has completed Out Reach to Over 35 Members
- 17 Members have been referred for LOC
- 5 Members actively enrolled
- Active Outreach Continues Daily
- Both TBI GUIDE Role and TBI CC Roles Fully Engaged
- Additional Support Coming to support Waiver Enrollment Process

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WHAT DOES OUTREACH ENTAIL?

- Continuous engagement with members and their families
- Seeking documentation from hospitals and clinicians
- Waiver education
- Support with the Medicaid application
- Guidance through eligibility process
- Attending critical appointments
- Meeting with existing team members

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LESSONS LEARNED
OUTREACH AND ONBOARDING BARRIERS

- **Diagnostic Information may be lost or unattainable**
- **Member may be in crisis and difficult to reach or engage**
- **Assets are too high and member is found NOT eligible for Medicaid**
  - **Life Insurance**
  - **Settlements**
  - **Other assets**
- **Member determines CAP/DA or other state program is more beneficial**
- **Member is Eligible for Medicaid, but not for the right type**
- **Member determines Co-Pay or Spend Down is too high-** ***Declines Waiver***

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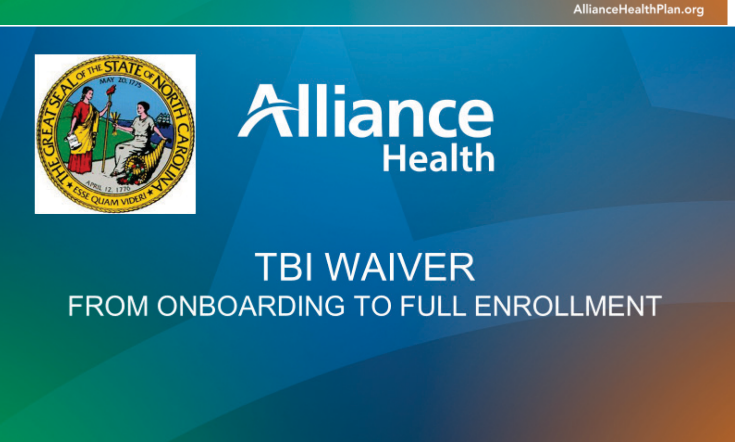
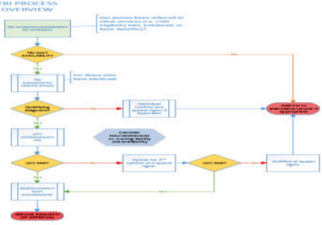
DISCUSSION

We can't prevent All Barriers, but how can we help lesson barriers?

- *Educational Tools around NC Medicaid Eligibility*
- *Long Term Planning Resources*
- *Other?*



It's a Process…All Steps are Legally Required



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FROM WORK FLOWS, POLICY AND PROCEDURES TO OUR MEMBER'S EXPERIENCE

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MEET JOHN

- At age 54 was struck by a bus while on vacation with his children and wife in Malaysia.
- John received initial treatment in Malaysia and once stabilized was flown to University of Maryland's Shock Trauma Center
- Post discharge John and his wife moved to NC to be closer to his brother.
- John lived at home for 1 year. His wife and their local church members were primary care takers.
- However, due John's need for 24/7 care his wife made the difficult decision of moving John to a SNF.
- However, due to rapid regression in the SNF, John came back home.
- John and his wife were connected to Alliance 3 years post accident
- Prior to his accident, John was a professor and had never accessed public services such as Medicaid.

JOHN's FIRST CALL INTO ALLIANCE

1. **10/1/2018**-Access Center Completes Screening and Discusses Services Options.
2. **10/1/2018**-John placed on TBI Waiver Registry of Interest
3. **10/3/2018**-John receives letter stating he is placed on waitlist. Letter outlines next steps.
4. **10/9/2018**- John receives initial call from Alliance TBI Guide
5. **10/18/2018**- John, TBI Guide and Natural Supports are able to locate and compile John's paperwork. *(* John's wife had kept all of his initial accident reports in a file)*

- ✓ Accident Report
- ✓ 2 year old Neuropsychological Report
- ✓ Recent CPI ISP
- ✓ Additional Rehabilitation history

JOHN's NEXT STEPS

6. **10/22/2018**- TBI Guide Submits John's Packet to Alliance Medical Team
   10/24/2018- Medical Director refers John for Level of Care Review
7. **10/29/2018**- Level of Care Met (*Good for 90 days*)
8. **11/1/2018**- Alliance Care Coordinator assigned
9. **11/7/2018**- John's first TBI CC lead Team meting- ISP/Goals Developed
10. **11/14/2018**- ISP Complete and Submitted to ALLIANCE UM Team
11. **11/20/2018**- ISP Approved by UM
12. **11/26/2018**- ISP and John's complete packet sent to DSS- *post Thanksgiving*
13. **12/5/2018**- DSS Approves and Enrollment Complete
14. **12/14/2018**- Member Enrollment with Day Supports Provider Complete and first Date of Service 12/19/2019 1st day at Day Program

IMPACT OF INITIAL INJURY TIMEFRAME ON SCRENING/ELIGIBLITY PROCESS

- John was connected to Alliance 3 years after his accident.
- Members who were injured 12-15 years ago have found ways to quilt together services *(MH/SA/IDD state or Medicaid funded)* to meet their needs and often don't have diagnostic information readily available.
- Members who were injured in different states often struggle with finding documentation of injury.
- Ideally Members will have a smooth transition from Hospital or SNF settings to HCBS TBI WAIVER.

DISCUSSION

What can MCO's do to better support individuals with Co-Occuring Variables as they initiate TBI WAIVER screening process?

- What if John had extremely limited natural supports?
- What if John is actively engaged in Substance Use?
- What if right after John was placed on Registry of Interest John he is admitted to a Facility Based Crisis Center?
- What if John's Accident had occurred 15 years ago and he has misplaced his records?

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DISCUSSION

- How Can MCOs better help explain the screening and eligibility process for TBI Waiver?
- What types of Materials Might be helpful?
- When Should Materials be provided, to whom?

Alliance Currently offers:

An initial onboarding letter

TBI web Site

Coordination with TBI Guide

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HOW CAN BIAC HELP?

- Acute Care and SNF Outreach- Assist team in direct engagement with Acute Care hospitals and SNFs.- *Pipeline creation*
- Creation of Educational Materials about the NC Medicaid System for individuals with TBI.
- Continue to provide guidance to MCO's around TBI Continuum of Care- for those who exceed waiver level of care and those who do not meet.
- A voice at Quarterly TBI Waiver State Stakeholder Committee
- Attendance at Future Alliance TBI WAIVER stakeholder committee

(*to begin in April time period)*

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HOW CAN BIAC HELP?

- Assisting Alliance in ensuring Gaps and Needs assessments are reaching individuals with TBI within our catchment area
- Identification where outreach could be increased and to partner with Alliance for community outreach presentations.
- Encouraging Families to collect necessary documentation to assist with enrollment and eligibility process.
- Input on and Dissemination of Publications NC Division of MH/DD/SAS and ALLIANCE release to general public.

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Conclusions

In order for the TBI waiver to be sustainable and replicated in the future – there must be collaboration. A one-page flyer explaining the TBI waiver process – this will be in paper form and electronic form. Carol Ornitz stated that the electronic guidebook may not be accessible to those who do not have computers. Liz Newlin asked will the change in the definition of brain injury affect the TBI waiver – Cristina stated that there are very distinct criteria to follow for waiver – TBI after the age of 22 – poverty level at 100%, spousal income does not count. It was pointed out that families have turned down the waiver because of the spend-down requirement – DSS makes the requirement not Alliance or other LME's. Cristina stated that Alliance staff is reaching out to DHHS employees to educate about waiver.

Ideas on how BIAC can help with TBI waiver:

- Put TBI waiver information in patient guides in ICU & ICU step-down guides.
- Put TBI waiver information in BIANC skill packs.
- Encourage families to collect necessary documentation to speed up the process.
- Develop brochures specifically for skilled nursing facilities.
- Tailor brochures to target other specific audiences.
- Flyers to local churches.
- Advertise in media/social media.
- Talk with Pier Protz about low number in Johnston/Cumberland counties.
- Reach out to support group in Fayetteville.

Action Items	Person(s) Responsible	Deadline
Educate and get information about waiver to Johnston, Wake, Durham, and Cumberland counties.	Alliance staff, BIANC staff, BIAC	Ongoing

3. Agenda topic: Medicaid Transformation **Debra Farrington**

Managed Care Regions and Rollout Dates

REGION 2
NOV. 2019

REGION 4
NOV. 2019

REGION 6
FEB. 2020

REGION 1
FEB. 2020

REGION 3
FEB. 2020

REGION 5
FEB. 2020

Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

Overview of Eligible Population

TP Populations:

- Qualifying I/DD diagnosis
- Innovations and TBI Waiver enrollees and those on waitlists
- Qualifying Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) diagnosis who have used an enhanced service
- Those with two or more psychiatric inpatient stays or readmissions within 18 months
- Qualifying Substance Use Disorder (SUD) diagnosis and who have used an enhanced service
- Medicaid enrollees requiring TP-only benefits
- Transition to Community Living Initiative (TCLI) enrollees
- Children with complex needs settlement population
- Children ages 0-3 years with, or at risk for, I/DDs who meet eligibility criteria
- Children involved with the Division of Juvenile Justice of the Department of Public Safety and Delinquency Prevention Programs who meet eligibility criteria
- NC Health Choice enrollees who meet eligibility criteria

Benefit Packages

Only BH I/DD TPs will cover a subset of high-intensity State Plan BH services; TBI, Innovations and 1915(b)(3) waiver services; and State-funded BH, I/DD, and TBI services

BH, TBI and I/DD Services Covered by Both SPs and BH I/DD Tailored Plans	BH, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
Enhanced behavioral health services are italicized	
State Plan BH and I/DD Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • *Partial hospitalization* • *Mobile crisis management* • *Facility-based crisis services for children and adolescents* • *Professional treatment services in facility-based crisis program* • Peer supports (move from(b)(3) to state plan)* • *Outpatient opioid treatment* • *Ambulatory detoxification* • *Substance abuse comprehensive outpatient treatment program (SACOT)* • *Substance abuse intensive outpatient program (SAIOP) pending legislative change* • *Clinically managed residential withdrawal (aka social setting detox)** • *Research-based intensive behavioral health treatment* • *Diagnostic assessment* • EPSDT • *Non-hospital medical detoxification* • *Medically supervised or ADATC detoxification crisis stabilization*	**State Plan BH and I/DD Services** • Residential treatment facility services for children and adolescents • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities* • *Assertive community treatment* • *Community support team* • *Psychosocial rehabilitation* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • *Clinically managed low-intensity residential treatment services** • *Clinically managed population-specific high-intensity residential programs** • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services (excluding peer supports if moved to state plan) **State-Funded BH and I/DD Services** **State-Funded TBI Services**

*DHHS will submit a State Plan Amendment to add this service to the State Plan

Overview of BH I/DD TP Care Management Approach

NC DHHS

Establishes care management standards for BH I/DD TPs aligning with federal Health Home requirements

The BH I/DD TP will act as the Health Home and will be responsible for meeting federal Health Home requirements

BH I/DD TP Health Home

All approaches will be subject to one set of requirements and will provide care management across physical health, behavioral health, I/DD, and other services and the enrollee's unmet health-related resource needs.

Care Management Approaches

BH I/DD TPs have flexibility in how they provide care management, as long as the approach meets DHHS standards and care management is provided in the community to the maximum extent possible

Approach 1: Tier 3 AMH with BH and/or I/DD Certification*	Approach 2: Care Management Agencies (CMAs)*	Approach 3: BH I/DD TP-Employed Care Managers
DHHS will create specialized BH and I/DD certifications for Tier 3 AMHs that serve a substantial number of BH I/DD TP enrollees and have experience serving these populations	BH I/DD TPs contract with agencies such as those that provide BH or I/DD services (e.g., mental health or substance use agencies, home care agencies, etc.) that obtain CMA certification	BH I/DD TPs may provide care management in certain circumstances that will be outlined in more detail by DHHS.

What beneficiaries can expect

Understanding MC Impacts to Beneficiaries

What's New

1. Beneficiaries will be able to choose their own health care plan
2. Most, but not all, people will be in Medicaid Managed Care
3. An enrollment broker will assist with choice

What's Staying the Same

1. Eligibility rules will stay the same
2. Same health services/treatments/supplies will be covered
3. The beneficiary Medicaid Co-Pays, if any, will stay the same
4. Beneficiaries report changes to local DSS

Beneficiary Experience – Auto Assignment

Beneficiaries who don't choose a health plan will be assigned one automatically, consistent with the following components in this order:

1. Where the beneficiary lives.
2. Whether the beneficiary is a member of a special population (e.g. member of federally recognized tribes or BH I/DD Tailored Plan eligible).
3. If the beneficiary has a historic relationship with a particular PCP/AMH.
4. Plan assignments of other family members.
5. If the beneficiary has a historic relationship with a particular PHP in the previous twelve (12) months (e.g.,"churned" off/into Medicaid Managed Care).

Overview of Approved Pilot Services

North Carolina's 1115 waiver specifies services that can be covered by the Pilot.
Pilots will address priority domains for unmet social needs.

Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month's rent and security deposit)
- Short-term post hospitalization housing

Food

- Linkages to community-based food services (e.g., SNAP/WIC application support, food bank referrals)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery

Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
  - Public transit
  - Taxis, in areas with limited public transit infrastructure

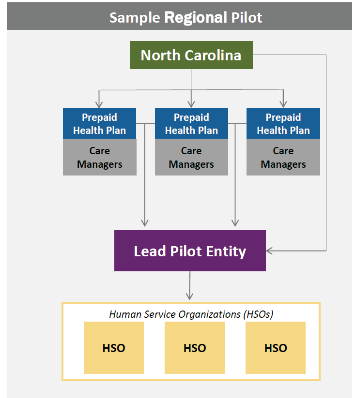
Interpersonal Violence

- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

NC MEDICAID | February 14, 2019

Healthy Opportunities Pilots: Overview

Sample Regional Pilot



Pilot Overview

- Pilots will test evidence-based interventions designed to reduce costs and improve health by more intensely addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries.
- Key pilot entities include:
  - North Carolina DHHS
  - Prepaid Health Plans
  - Care Managers (predominantly located at Tier 3 AMHs and LHDs)
  - Lead Pilot Entities
  - Human Service Organizations (HSOs)

Managed Care and DSS Workers

County DSS will CONTINUE:

- Processing Medicaid applications, changes of circumstance, and redeterminations.
- NEMT for FFS Beneficiaries
- Updating PCP for FFS Beneficiaries

County DSS will not be responsible for:

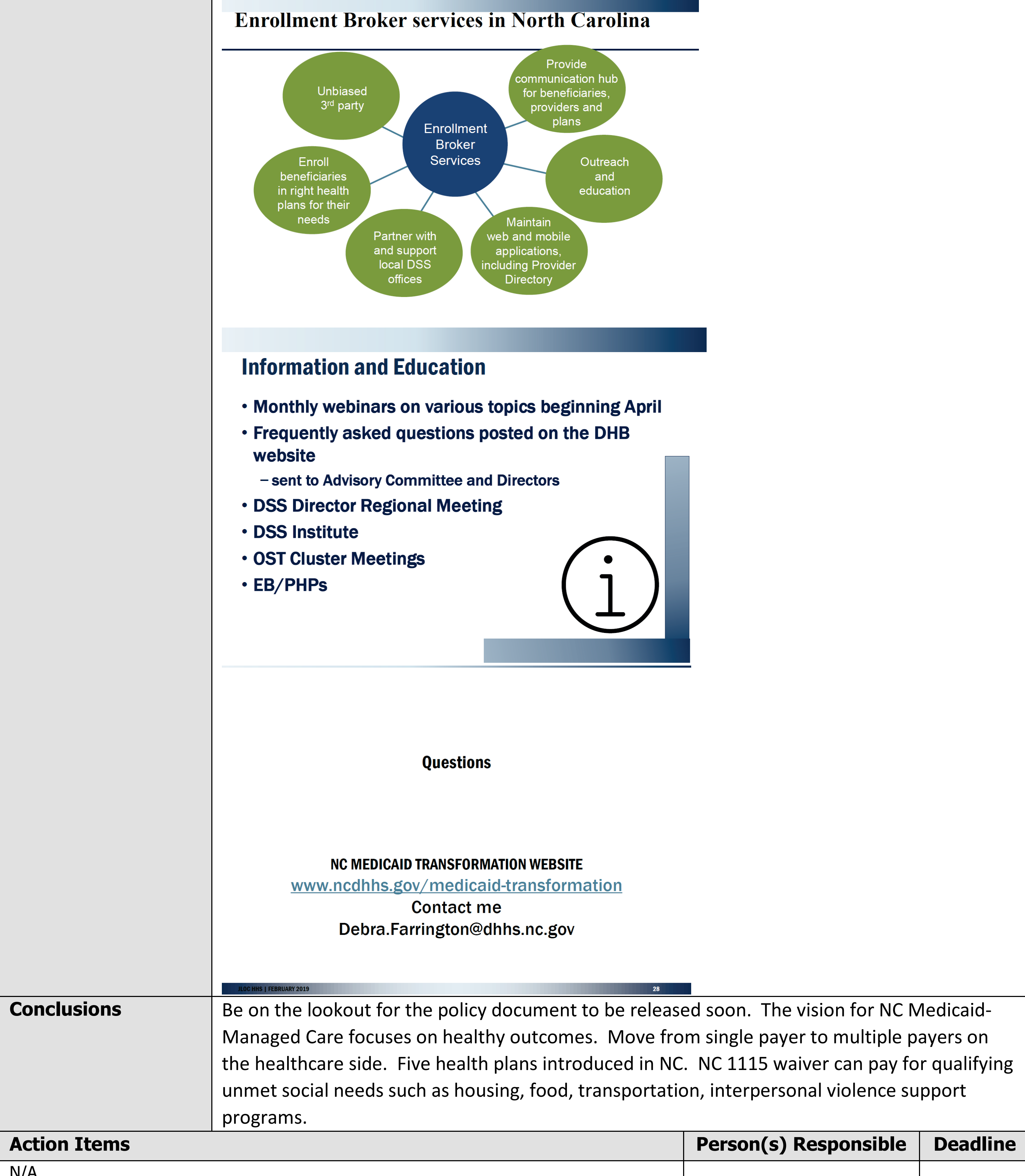
- Choice Counseling
- Enrolling Members in Plans
- NEMT for Managed Care Members (*unless contracted with PHP*)
- Updating PHP/PCP for Managed Care Beneficiaries

County DSS will START:

- Referring beneficiaries to the enrollment broker for PHP counseling & assignments.
- Referring beneficiaries to their Plan for PCP selection or changes

Managed Care Impacts on DSS

Staff Time	Operational
• Increased in-person/walk-in contacts • Increased telephone calls • Training time for all staff • Maintenance of scripts, information, updates • Participation in outreach events	• Non-Emergency Medical Transportation (NEMT) changes • Potential changes in agency layout/traffic flow • Potential fiscal impacts re: staff, NEMT vehicles, contracts • Potential additional phones/interview areas to connect beneficiaries to the EB



Conclusions	Be on the lookout for the policy document to be released soon. The vision for NC Medicaid-Managed Care focuses on healthy outcomes. Move from single payer to multiple payers on the healthcare side. Five health plans introduced in NC. NC 1115 waiver can pay for qualifying unmet social needs such as housing, food, transportation, interpersonal violence support programs.

Action Items	Person(s) Responsible	Deadline
N/A		

4. Agenda topic: Qmetis **Jack Fitzgibbons**

Discussion

The Brain Injury Advisory Council
March 2019

Pediatric and Adult Traumatic Brain Injury
2018 – 2020 Pilot Program

Today

- Provide Update on North Carolina TBI Pilot Program
- Next Steps
- New Developments

Qmetis Overview, Again

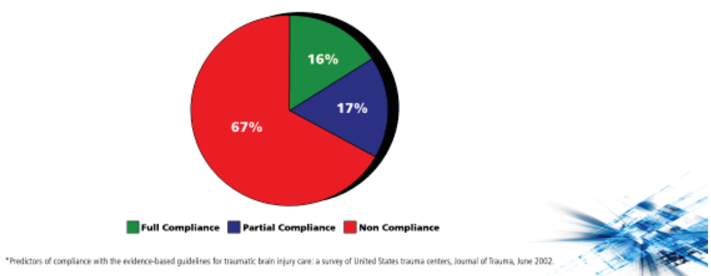
- A Health Care Technology Company
- Grounded in the Science of Evidence-Based Medicine
- Building Real-Time, Interactive, Point-of-Care Decision Support
- Better Long-Term Outcomes / Lower Costs
- Initial Focus Adult and Pediatric Traumatic Brain Injury

Mission Statement

To Help Doctors, Nurses, and Hospitals, Achieve the Highest Levels of Compliance Possible with the Latest Standards of Care, for Every Patient, for Every Shift, for Many Conditions.

The Critical Issue of Compliance

In 2002, the *Journal of Trauma* published the results of a national study of over 500 trauma hospitals that documented an enormous pattern of non-compliance with guidelines showing that the highly regarded severe head injury guidelines were fully followed in only 16% of all cases.



*Predictors of compliance with the evidence-based guidelines for traumatic brain injury care: a survey of United States trauma centers, Journal of Trauma, June 2002.

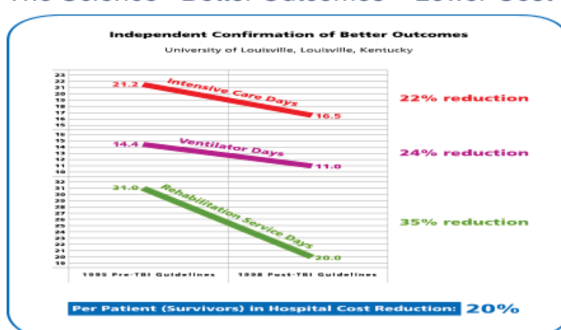
Traumatic Brain Injury

Incidence Trending Down

Awareness Trending Up

Outcomes…

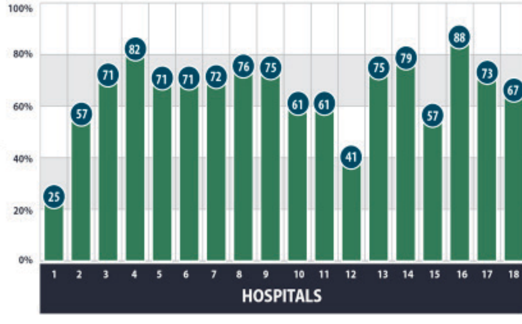
The Science - Better Outcomes ~ Lower Cost



Reference: Spain et al. J. trauma 45: 101-104. 1998/Mcilvoy et al. J. Neuroscience Nursing 33: 72-78. 2001

Variance in Care – Low Compliance

Initial Levels of Compliance with the Severe Head Injury Guidelines - 2016



Our Solution:

<u>Change Long-Term Outcomes in the Acute Care Phase</u>

Provide Clinical-Decision Support *(Early)*

Real-Time • Interactive • The Standard of Care • *Always*

The State of North Carolina
Adult and Pediatric Traumatic Brain Injury
2018 – 2020 Pilot Program

Implementation

1. Assemble List of Potential Hospital Participants

2. Contact Hospitals, Present and Explain Program, Gauge Interest, Continue

3. Multiple Hospital Meetings, Begin to Secure Commitments to Participate

4. Advise State on Commitments, Begin Staff Training for Program

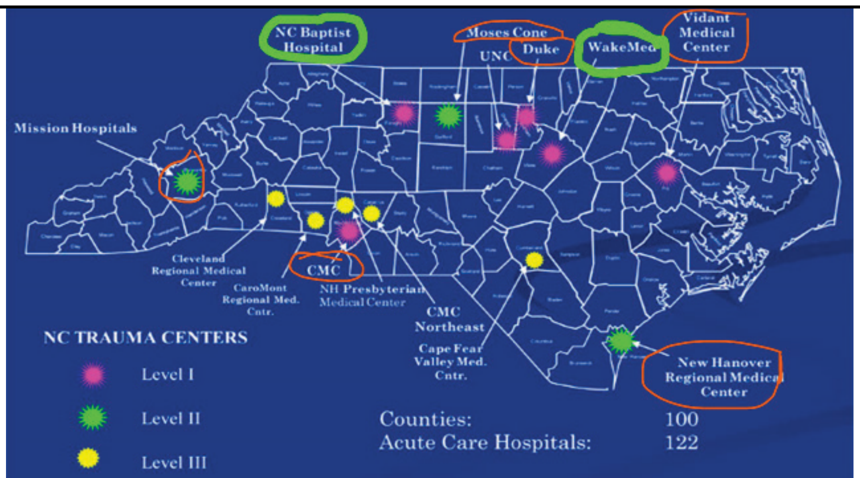
5. Complete Training (Rolling Process), Implement, Patient Monitoring Begins, Additional Staff Training

6. All Hospitals on Board, Ongoing Reporting to State, Regular Interaction With Hospitals

7. Final Measurement Reports Hospital Study of Long-Term Outcomes-Actuarial Analysis of Savings

Pilot Status, March 2019:

- Met With, Briefed, 8 North Carolina Trauma Hospitals
- Introduced Qmetis, Introduced Program
- “This Could Help Our Patients”
- Introduced 4th Edition Guidelines, Discussion New Ped Guidelines
- Two Hospitals Committed, (Wake Med, Wake Baptist)
- Five Pending



Next

The State of North Carolina
Adult and Pediatric Traumatic Brain Injury
2018 – 2020 Pilot Program

New Developments

The State of North Carolina
Adult and Pediatric Traumatic Brain Injury
2018 – 2020 Pilot Program

"…This 4th Edition of the guidelines is transitional. We do not intend to produce a 5th Edition. Rather, we are moving to a model of continuous monitoring of the literature, rapid updates to the evidence review, and revisions to the Recommendations as the evidence warrants. We call this the Living Guidelines model. This is driven by several trends, including advances in technology, the increasing volume of available information, and the corresponding changes in expectations among clinicians and other stakeholders. A static document that is updated after several years no longer responds to the demands of the community we serve."

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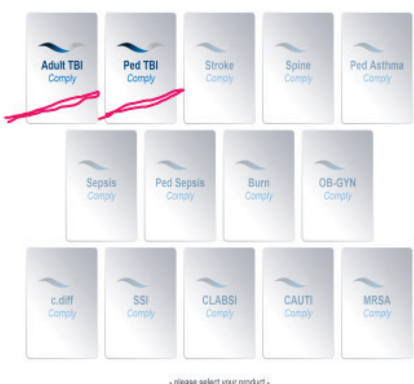
Qmetis



- please select your product -

Next Meeting

Confirmation of Software in Use

Multiple Hospital Participants

First Data

Updated Pediatric TBI Module

Qmetis.com

Thank You!

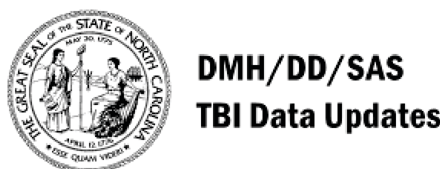
Qmetis.com

Conclusions	Update on NC TBI Pilot Program • WakeMed and Wake Baptist committed to using the Qmetis software. • Introduced 4th edition guidelines. • New pediatric guidelines.

Action Items	Person(s) Responsible	Deadline
N/A		

5. Agenda topic: TBI Data **Abha Varma – DMH/DD/SAS**

Discussion



Abha Varma, Quality Management Analyst

March 13th, 2019

Traumatic Brain Injury (TBI) - Evaluation Agenda

- New grant - data driven, emphasis on developing an evaluation agenda that defines program planning and implementation
- Purpose - to use data for better policies, goal setting, program planning, and implementation
- Primary question - how many individuals with a documented TBI are accessing service systems such as Mental Health (MH) and Substance Use Disorder (SUD).
  - Screenings at entry into the system
  - Diagnosis data from NC Tracks
  - Access to care
  - Available services (Medicaid and DMH funded)
  - Gaps in service infrastructure
  - Need for additional services
  - Tailored plans to address the gaps

RETRIEVED FROM TBI PROGRAM UPDATES 9-12-2018 2

Evaluation Questions

- Who gets screened – under-reporting or over-reporting?
  - Is data consistent with expectation?
  - Is it consistent with other data sources?
  - What can be done to improve screening information
- Is the self identification substantiated with DX – need for diagnosis data
- Are individuals with TBI accessing and receiving needed services (Medicaid and DMH funded)
  - Number of services accessed and received by individuals with TBI
  - Relevance of services accessed
  - Comprehensiveness of services accessed

3

Exploring Data Sources

- TBI Screenings – LME/MCO Reports (Self Reported on Screening Questions)
- BIANC Reports
- Network Adequacy and Accessibility Reports – TBI question added, starting July more information will be available from all LME/MCOs
- Diagnosis and Service Utilization Profile of NC Tracks clients diagnosed with TBI
- NC TOPPS – Consumer Survey (Self Reported)
- NC DETECT – Real time access to North Carolina Acute Care Emergency Departments, Pre Hospital Medical Information System
- Behavioral Risk Factor Surveillance System (BRFSS) – conducted by the CDC and includes NC questions on TBI

4

LME/MCO TBI Screenings – SFY 2018

- 5 LME/MCOs submitted data on 1,385 screenings for TBI during State Fiscal Year 2018 using the Ohio Screening Tool (not a formal DX tool but can be used to indicate that the individual may have likely sustained a TBI:

LME/MCO	Count	Percent
Alliance	99	7.15
Cardinal	516	37.26
Eastpointe	413	29.82
Sandhills	40	2.89
Trillium	317	22.89
Total	1,385	100

- LME/MCO Conducted TBI Screenings By Quarter - SFY 2018

LME/MCO	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Alliance	29	38	22	10	99
Cardinal	173	145	116	82	516
Eastpointe	81	56	160	116	413
Sandhills	13	6	13	8	40
Trillium	60	61	104	92	317
Total	356	306	415	308	1,385

5

LME/MCO TBI Screenings – Cause of Injury

- Of the 1,385 individuals who received screening, 300 (22%) indicated motor vehicle accident as the cause of injury
- Cause of injury was not recorded for 359 out of 1,385 screenings administered Statewide. This is 26% of all screenings reported during the fiscal year.

Cause of Injury	Frequency	Percent
Accident	81	5.85
Domestic Violence	45	3.25
Infant and Child Abuse	8	0.58
Military	3	0.22
Motor Vehicle Accident	300	21.66
Non-Motorized Vehicle	5	0.36
Not Applicable	153	11.05
Self Harm	3	0.22
Slips and Falls	140	10.11
Sports Related	46	3.32
Struck by/Against Events	194	14.01
Unknown	359	25.92
Other	48	3.47
Total	**1,385**	**100**

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Implications – Cause of Injury

- Targeted interventions based on community need
- Strategic partnerships based on stakeholder engagement with the cause
- Better data collection to resolve the “unknowns”

RETRIEVED FROM TBI PROGRAM UPDATES 9-12-2018 7

LME/MCO TBI Screenings – Insurance

- 478 of 1,385 individuals screened for TBI indicated that they did not have any insurance. This is 35% of all screenings for the fiscal year. 45% indicated that they were on Medicaid whereas 12% indicated they had private insurance

Insurance	Frequency	Percent
Medicare/Medicaid	1	0.07
Medicaid	616	44.48
Medicare	58	4.19
Private	171	12.35
Veterans	4	0.29
Uninsured	478	34.51
Unknown	57	4.12
Total	**1,385**	**100**

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Implications – Insurance

- Large number of uninsured or with insurance unknown
- What implications does it have for access to services
- How do we use allocated resources to maximize benefits
- Have tailored plans factored in access to services issues

LME/MCO TBI Screenings – Self Identified TBI

- 468 (34%) of 1,385 individuals screened for TBI self identified themselves as with TBI. 47% indicated that they did not have TBI
- Question – accurate identification or over or under reporting based on Diagnosis data
- Next Data Step – check against Dx data (NC Tracks) and plan for resource allocation and access to services accordingly

Self Identified TBI	Frequency	Percent
Yes	468	33.79
No	657	47.44
Unk	178	12.85
N/A	82	5.92
Total	**1,385**	**100**

LME/MCO Screenings – Referral to Treatment

- 1,026 of 1,385 (74%) individuals screened for TBI received referral for mental health services.

Mental Health Referral	Frequency	Percent
Yes	1,026	74.08
No	295	21.3
Unk	61	4.4
N/A	3	0.22
Total	**1,385**	**100**

- 532 (38%) individuals received referral for substance abuse treatment services

Referral - Substance Use Treatment	Frequency	Percent
Yes	532	38.41
No	718	51.84
Unk	105	7.58
N/A	30	2.17
Total	**1,385**	**100**

LME/MCO Screenings – Referral to Treatment

- Of the 1,385 screenings, 41 (2%) individuals received referral to IDD services. This number includes the very small percentage who declined the referral.
- Data collection issue with the number of unknowns

IDD Referral	Frequency	Percent
Yes	41	2.96
No	485	35.02
Unknown	613	44.26
N/A	246	17.76
Total	**1,385**	**100**

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BIANC – Training Events

- A total of 4,295 individuals participated in 104 training events scheduled during the first two quarters of the Grant Year 2018-19; 1,297 participants received training during the first quarter and 2,998 participants received training during the second.
- In addition, 74 survivors/family members/caregivers/professionals were advised by the Neuro-Resource Facilitator during the first six months of the grant year.
- 288 participants of the 422 individuals enrolled in on-line training, completed the online training during the first two quarters of the 2018-19 Grant Year.

Online Training	First Quarter		Second Quarter	
www.bianteach.net/ Replaced NCTBITraining.org	Number Enrolled	Number Completed	Number Enrolled	Number Completed
Cognitive & Behavioral Consequences of TBI in Adults	88	56	58	44
Pediatric TBI	21	11	15	8
Primary Care & TBI	61	44	44	38
Public Service & TBI in NC	24	18	11	7
Substance Use & TBI	28	16	17	11
Crisis Management & De-Escalation for First Responders	41	28	14	7
Totals	263	173	159	115

*Emails, Phone Calls, Face-to-Face not put in Salesforce due to HIPPA (Carolinas Rehab - Charlotte)

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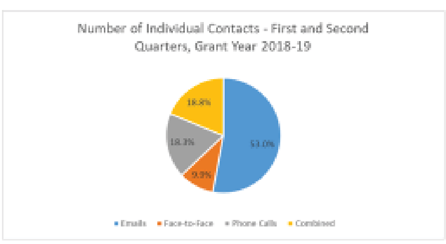
BIANC – Individual Contacts

- Overall 1,268 individual contacts were established during the first two quarters of Grant Year 2018-19; these included in-person, email and phone contacts.

Number of Individual Contacts	First Quarter	Second Quarter	Total	Percentage
Emails	314	358	672	53.0%
Face-to-Face	69	57	126	9.9%
Phone Calls	109	123	232	18.3%
Combined*	136	102	238	18.8%
Total	628	640	1268	100.0%



*Emails, Phone Calls, Face-to-Face not put in Salesforce due to HIPPA (Carolinas Rehab - Charlotte)

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BIANC – Individual Contacts Summary

- Overall email contact increased by 14% during second quarter (contact with survivors and families went up by 21% and with professionals it went up by 10%
- Overall face to face contact indicated a downward trend – went down by 17% when compared with first quarter. Face to face contact with survivors decreased by 10% whereas with professionals decreased by almost 23%
- Overall phone contact increased by almost 13%. The interesting thing is it increased by almost 30% with survivors and families whereas it decreased by 14% with professionals

Information & Referrals	Quarter 1	Quarter 2	Total	Percentage Change from Last Quarter
Emails - Survivors/Families	103	125	228	21.36%
Emails - Professionals	211	233	444	10.43%
Email - Totals	**314**	**358**	**672**	**14.01%**
Face-to-Face - Survivors/Families	29	26	55	-10.34%
Face-to-Face - Professionals	40	31	71	-22.50%
Face-to-Face - Totals	**69**	**57**	**126**	**-17.39%**
Phone Calls - Survivors/Families	67	87	154	29.85%
Phone Calls - Professionals	42	36	78	-14.29%
Phone Calls - Totals	**109**	**123**	**232**	**12.84%**
Combined	136	102	238	-25.00%
Emails, Phones Calls, Face-to-Face not put in Salesforce due to HIPPA (Carolinas Rehab - Charlotte)	**136**	**102**	**238**	**-25.00%**
Grant Total	**628**	**640**	**1268**	**1.91%**

Emails, Phones Calls, Face-to-Face not put in Salesforce due to HIPPA (Carolinas Rehab - Charlotte)

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BIANC – Website Access and Social Media Summary

- Overall, 7,368 individuals accessed BIANC website during the first six months of the grant year for a total of 26,878 hits in the first half of the grant year; 2,099 individuals accessed the TBI resource guide within the same period.
- Of the 7,368 unique users who accessed BIANC website in the first two quarters, the number of new users per quarter was 2,944 for the first quarter and 2,656 for the second. The number of new users accessing the TBI Resource Guide was 97 for the first quarter and 94 for the second.

BIANC WebSite	1st Quarter	2nd Quarter	Total
Number of Hits	15,487	11,391	26,878
Total Number of Users	4,535	2,833	7,368
Number of New Users Per Quarter	2,944	2,656	
Number of Returning Users	1,590	177	
Pageviews	15,052	11,215	26,267
Resource Guide on BIANC Website			
Number of hits	1,052	1,047	2,099
New Users Per Quarter	97	94	
Social Media			
Facebook Followers	4,587	4,627	
Twitter Followers	2,813	2,845	

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Building the Evaluation Agenda – Why Data

- Integrating information from multiple sources for the purpose of
  - Informed decision making
  - Data driven policy decisions
  - Targeted interventions
  - Strategic partnerships
  - Community Capacity building
  - Leveraged resources

Questions?

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Conclusions

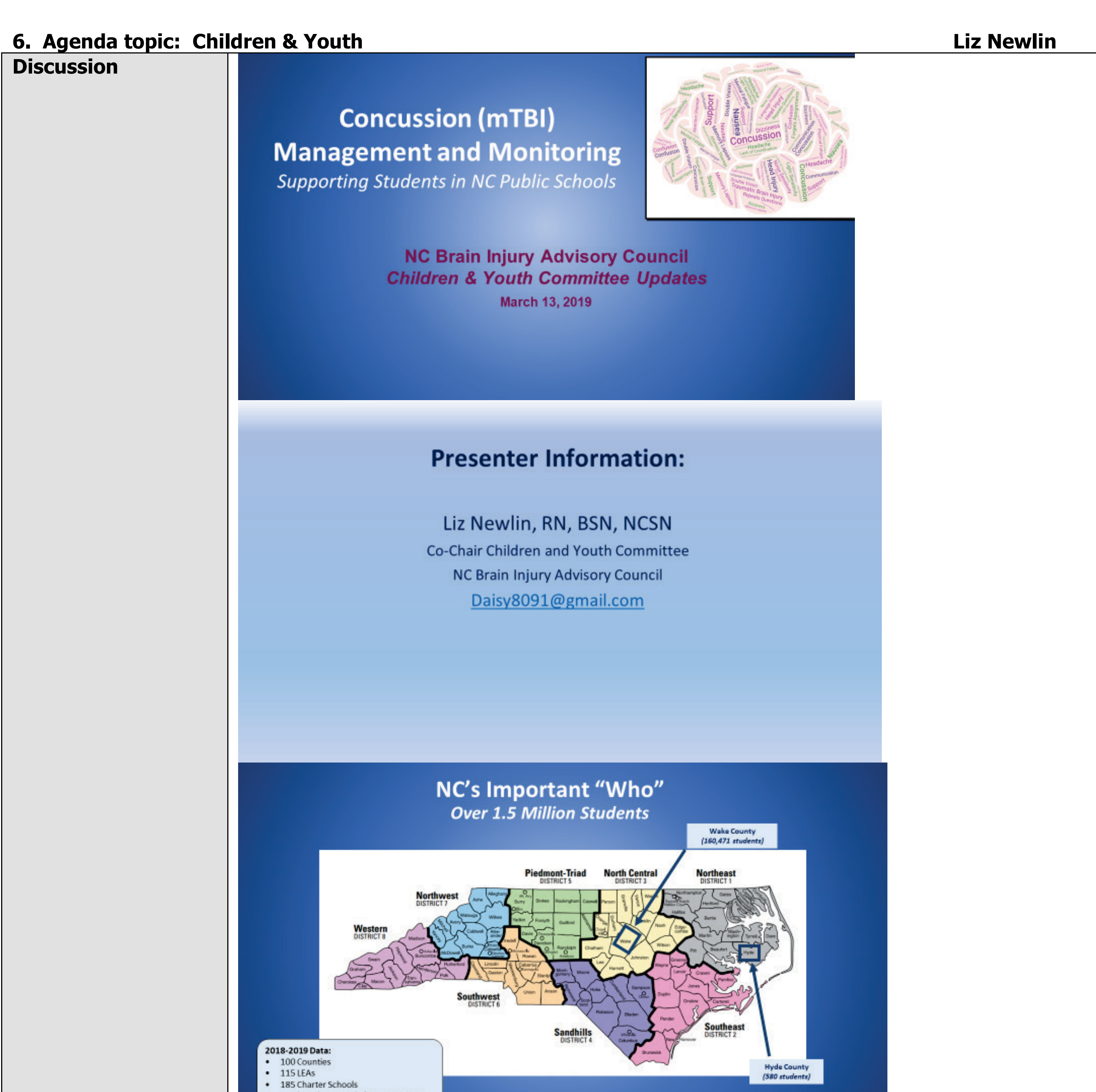
There was discussion regarding who is being screened for TBI and if the LME/MCO's are screening the same way. It was noted by Cristina that the LME's have different ways of collecting information. There was also

	discussion whether the trauma center data should be used. There was consensus that there needs to be a standardized way to screen for TBI as well as collect data and clarification of the categories of cause of TBI.

Action Items	Person(s) Responsible	Deadline
TBI Screening procedures to be looked at and discussed with the LME's with monthly feedback from the LME's. Investigate ways to collect additional data	State TBI Program Staff Quality Management	Ongoing

6. Agenda topic: Children & Youth **Liz Newlin**

Discussion



Care Approach

Most symptoms will resolve within a few weeks

- However, may get worse before they get better

Cognitive rest

- Difficult to 'rest' your brain – more intentional awareness needed

Individualized approach

Presence of pre-existing mental/behavioral health conditions is more likely to extend symptoms

Centers for Disease Control and Prevention (CDC) recently released Pediatric mTBI Guideline.

This information provides essential recommendations for healthcare providers.

NC's Why: *Protections Existed for Student-Athletes Only*

The **Gfeller-Waller Concussion Awareness Act** was drafted and implemented to protect the safety of **student-athletes** in North Carolina and was signed into law on June 16, 2011

Gfeller-Waller Concussion Awareness Act

Major area covered:	What is not addressed under GWCA Act
All student athletes who sustain a concussion within the realm of school related sports	ALL students who sustain a concussion…anywhere (in or outside of school)
Education of coaches, school nurses, volunteers, student athletes, parents	Educational information/materials for ALL educators working in NC public schools
Emergency Action Plan to include a post-concussion protocol (specific to removal from play for student athletes)	Removal from play/physical activity for ALL students who sustain a concussion
Return-to-play procedures for student athletes	Protocol specific to the return to the educational environment (for ALL students who sustain a concussion)

NC's "What": Education Policy to Support ALL Students

Item	Description
Policy Title	Return-to-Learn After Concussion
Policy Category	Student Health Issues (SHLT)
Policy ID	SHLT-001
Policy Date	2015-09-01
Statutory Reference	GS 115C-12(12)

SHLT-001 – Key Components:

NC Public Schools must:

A. Develop a plan, to include four main requirements

B. Identify a team responsible for identifying and monitoring students who sustain concussion

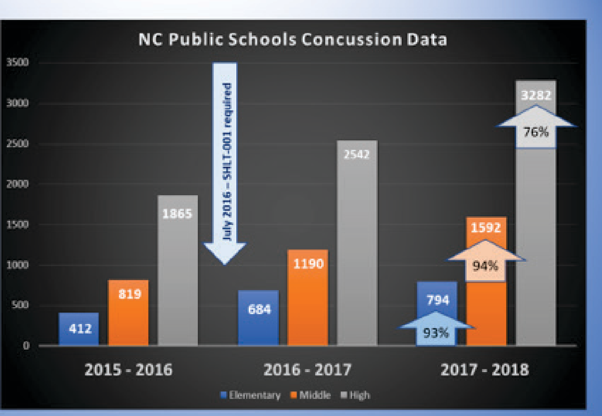
C. Provide relevant staff development on concussion and district/school procedures (annually)

D. Include a system of surveillance (question about head injury) collected annually

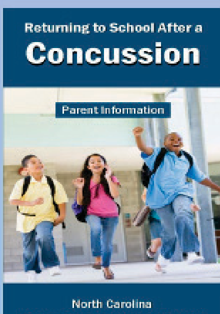
OUTCOME DATA:

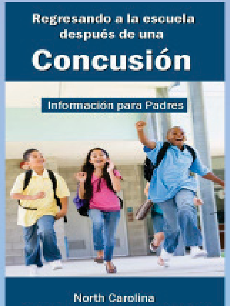
Return-to-Learn Policy SHLT-001

SHLT-001 Implementation
2016-2017: 96/115 LEAs
2017-2018: 111/115 LEAs



https://www.surveygizmo.com/s3/4536303/School-Health-Services-Resource





Suggestions for Concussion Diagnosis Discharge Instructions

- Determine who the "Concussion Contact" is at your child's school
- Provide the paperwork from your health care provider in order to facilitate their safe return to the classroom/school environment and any suggested accommodations for school
- Talk with your child's teacher, school nurse, coach, school psychologist, and/or counselor about your child's concussion and symptoms they are experiencing.
- Provide ALL follow-up documentation from the health care provider to the Concussion Contact
- Communicate with school staff members about any concerns you have regarding your child's recovery and/or functioning

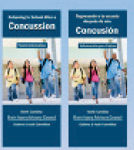
Exceptional Children Division

Information/Resources

NC DPI Concussion Webpage

Developed to support effective concussion management and monitoring for **ALL** NC public school students who sustain a concussion, in accordance with State Board of Education Policy SHLT-001.

Return-to-Learn Implementation Guide – This resource was developed to support teams of professionals in establishing and delivering their response, support and monitoring protocol to ensure a student's healthy and safe return to the school environment after sustaining a concussion.



Concussion Information Brochures (English and Spanish versions available) These educational resources were developed in partnership with the *NC Brain Injury Advisory Council, Children and Youth Committee.*

Sports Notification of mTBI Return-to-Learn components

Standardized letter developed for notification

- Compilation of all county-lead sports associations in NC
  - By type

Football	Soccer
Cheering	Softball
Soccer	Lacrosse
Wrestling	Hockey
Basketball	Mountain biking
Gymnastics	Rodeo
Baseball	Equestrian

  - By season
  - By leadership

Thank you for your support

Children and Youth Committee of the North Carolina Brain Injury Council

LaTangee Dickens	Eastern Carolina injury Prevention Program Vidant, Coordinator
Peter Duquette	Assistant Professor , Pediatric Neuropsychologist, UNC
Janna Fonseca	Supervisor of Clinical Operations/Head Athletic Trainer, Duke
Joseph Grover	Assistant Professor UNC Emergency Department
Thomas Henson	Personal Injury Attorney concentrating on Brain Injury
Dale Hill	RAC Coordinator-Capital Area
Stephen Hooper	Professor, Department of Allied Health, Neuropsychologist UNC
Lynn Makor	Consultant for School Psychology, Dept. of Public Instruction NC (Chair)
Dreama McCoy	Department of Public Instruction, Exceptional Children Division
Liz Newlin	Retired Trauma , ED, Flight and School Nursing (Co-Chair)
Jeanne Preisler	NC DHHS Trauma and Behavioral Health Coordinator
Karin Reuter-Rice	Associate Professor Duke School of Nursing and Medicine, Dept. of Pediatrics for Brain Science
Ethan Schilling	Asst. Professor Psychology Western Carolina University
Sandie Worthington	Eastern Region Community Outreach Coordinator, Brain Injury Association of NC

Conclusions	There has been an increase in the identification of concussion due to parent/staff/teacher education. Gaps have been identified between hospitals and medical providers and the school system. The Children and Youth Committee is currently going to every Regional Trauma Group in NC suggesting emergency departments and medical providers follow the concussion diagnosis discharge instructions as presented in the presentation. The Children and Youth Committee is also reach out to county-led sports associations in NC to address the gap. Sandy Pendergraft asked is committee has reached out to parent-teach associations and was told yes. Michael Brown stated that the soccer league that he is affiliated with has agreed for someone from BIANC to come out and set up booths to educate about concussions. There was a question if REAP was still being considered. Currently, REAP is not being implemented in NC due to duplicate efforts.

Action Items	**Person(s) Responsible**	**Deadline**
Children & Youth Committee educating and making recommendations to regional trauma groups in NC and county-led sports associations.	Children & Youth Committee	Ongoing

7. Agenda topic: TBI Action Plan and Council By-laws Update

Discussion	Volunteers are needed to assist with updating the TBI State Action Plan.
Conclusions	

Action Items	**Person(s) Responsible**	**Deadline**

8. Agenda topic: Public Comment

Discussion	BIANC Update – Sandy Pendergraft gave an update on BIANC's upcoming training, webinars, family conference, events, etc. BIANC still in search of executive director. Go to www.bianc.net for updated information. TBI Waiver – there were some concerns from BIAC regarding	

	the rollout of the Medicaid TBI waiver. It was pointed out that the waiver has been slow to get started – due to procedures that have to be followed in order for approval for waiver. The momentum has picked up. Michelle Merritt updated group on provider training for the TBI waiver. Jerry Villemain reminded group that this is a pilot program and there are a lot of lessons to be learned. Jeffrey Lube announced that the will be a Brain Injury Awareness Night event at the NC Museum of Natural Sciences on March 15, 2019 from 5:30 – 9:00 p.m. The event is free. Carol Ornitz – Legislative Update • HB 50 Hyperbaric O2 – Veterans TBI • HB 77 Electric Stand up Scooters – Letter from council about safety without helmets. • HB 257 Motorcycle/facemask bill – motocyclists will be permitted to wear facemasks while operating motorcycles. • HB 267 Requires safety helmets under age 21 • HB 269 NC Caregivers Act - designate a caregiver Liz Newlin – mentioned HB 76 – Arming teachers bill Jerry Villemain asked for a motion for a consensus of council that legislative committee could respond on behalf of council on legislation related to TBI. Due to a lack of a quorum – Mr. Villemain decided that the legislative committee would respond on behalf of the council on legislation related to TBI. There was also discussion about HB250 • Definition of TBI • DHHS wrote this bill • Debate about whether to include the definition of ABI or stick with TBI. • Opportunity to get a definition of TBI into state law • Statement of how TBI fits in the different systems • TBI must be included whenever policy changes made including Medicaid Transformation. Jean Andersen stated that CFAC is adding six seats to State CFAC. Jerry Villemain announced that he will be stepping down as Chairperson of BIAC. Elections will be held at the June meeting.	

Conclusions	Continue legislative efforts on legislation related to TBI.

Action Items	**Person(s) Responsible**	**Deadline**
Continue legislative efforts on legislation related to TBI.	Legislative Committee	Ongoing

9. Agenda topic: Adjourn

Discussion	There being no further business, the meeting adjourned at 3:13 p.m.
Conclusions	Next BIAC meeting scheduled for June 12, 2019 at the Governor's Institute.

Action Items	**Person(s) Responsible**	**Deadline**
Send out reminders to council members regarding next BIAC meeting	State TBI Program Staff	6/5/19

Respectfully submitted: Sandy Pendergraft.