



BRAIN INJURY ADVISORY COUNCIL (BIAC)

Date: March 14, 2018

Time: 9:30-3:30 pm

Location: Alliance Behavioral Healthcare
5000 Falls of Neuse Road, Room 310
Raleigh, NC

TYPE OF MEETING		Quarterly Meeting		
FACILITATOR		Jerry Villemain, Chairperson		
ATTENDEES				
NAME	PRESENT	NAME	PRESENT	GUESTS
Voting Council Members		Non-Voting Council Members		
Jerry Villemain, Chair	<input checked="" type="checkbox"/>	Alan Dellapenna	<input checked="" type="checkbox"/>	Lauren Costello
Holly Heath-Shepard	<input type="checkbox"/>	Cindy DePorter	<input type="checkbox"/>	Carol Ornitz
Jean Andersen	<input checked="" type="checkbox"/>	Amy Douglas	<input type="checkbox"/>	Jeff Smith
Craig Fitzgerald	<input type="checkbox"/>	Chris Egan	<input checked="" type="checkbox"/>	Laurie Stickney
Martin Foil	<input type="checkbox"/>	Michiele Elliott	<input checked="" type="checkbox"/>	Dave Wickstrom
Jerome Frederick	<input type="checkbox"/>	Deb Goda	<input type="checkbox"/>	Steve Strom
Carol Gouge	<input type="checkbox"/>	Dreama McCoy	<input type="checkbox"/>	Diane Harrison
Carmaletta Henson	<input type="checkbox"/>	Jim Prosser	<input type="checkbox"/>	Jill Hinton
Thomas Henson, Jr.	<input type="checkbox"/>	Jeanne Preisler	<input type="checkbox"/>	Tara Sessom
Ken Jones	<input checked="" type="checkbox"/>	Jim Swain	<input checked="" type="checkbox"/>	Cristina Phillips
Lynn Makor	<input type="checkbox"/>	Dennis Williams	<input type="checkbox"/>	Beth Callahan
Karen McCulloch	<input checked="" type="checkbox"/>	Melinda Munden	<input checked="" type="checkbox"/>	Liz Newlan
Evelyn McMahon	<input type="checkbox"/>	Christine Fernandini	<input checked="" type="checkbox"/>	
Ana Messler	<input type="checkbox"/>		<input type="checkbox"/>	
Vicki Smith (Corye Dunn)	<input checked="" type="checkbox"/>			
Sarah Stroud	<input type="checkbox"/>			
Brandon Tankersley	<input checked="" type="checkbox"/>	Staff to Council		
Pier Protz	<input type="checkbox"/>	Scott Pokorny	<input type="checkbox"/>	
Donna White	<input type="checkbox"/>	Sandy Pendergraft	<input checked="" type="checkbox"/>	
Jan White	<input type="checkbox"/>	Michael Brown	<input checked="" type="checkbox"/>	
Kenneth Bausell	<input checked="" type="checkbox"/>			

1. Agenda topic: Welcome & Review of Minutes


Jerry Villemain

Discussion	<p>Jerry welcomed all to the meeting. Minutes from last meeting (12/13/17) required one correction – the previous minutes stated in Section 7: Nominations for Vice Chair and Committee Chairs – it was stated that committees should meet at least 3 times a quarter – the statement should read: committees should meet at least once a quarter. Minutes from December 13, 2017 meeting were approved with this correction. Introductions were made by all in attendance.</p> <p>Ken Jones discussed with group opportunities to participate in Stakeholder Engagement Small Group</p>
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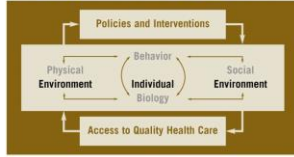
	<p>Discussion Sessions – CAP/DA – emphasized the need for TBI to be represented in these meetings. For dates and more information – go to website: https://dma.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-disabled-adults. Corye Dunn announced that the Medical Care Advisory Committee (MCAC) will be meeting Friday, March 16, 2018. Federal law requires that states have a Medical Care Advisory Committee (MCAC) to advise them about health and medical care services that may be covered by their local Medicaid programs. In North Carolina, MCAC advises the state about such issues as revisions to existing policies, policy development, and methods of assessing the quality of care, for both Medicaid and N.C. Health Choice. MCAC Subcommittees meetings to address Medicaid Transformation are scheduled. Subcommittees addressing Credentialing, Network Adequacy, Beneficiary Engagement and Managed Care Quality began in March 2018. The Behavioral Health/IDD and Provider Engagement subcommittees are not currently scheduled. All meetings are open to the public and are accessible via conference calls or webex. Some meetings have limited in person capacity. For more information - https://dma.ncdhhs.gov/meetings-and-notices/committees-and-work-groups/medical-care-advisory-committee.</p>		
Conclusions	<p>Encouraged council members and visitors to participate in stakeholder engagement small group discussion sessions. Information was given regarding Medicaid transformation. Corrections to be made in minutes from 12/13/17 BIAC minutes.</p>		
Action Items	Person(s) Responsible	Deadline	
Corrections to be made in minutes from 12/13/17 BIAC minutes	Sandy Pendergraft	6/13/18	

2. Agenda topic: Social Determinants of Health & TBI

Dr. Betsey Tilson

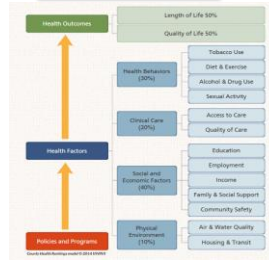
Discussion	 <p style="font-size: 24pt; font-weight: bold; margin: 10px 0;">North Carolina Vision for Buying Health</p> <p style="font-size: 18pt; font-weight: bold; margin: 10px 0;">North Carolina Brain Injury Advisory Council</p> <p style="font-size: 18pt; font-weight: bold; margin: 10px 0;">March 14th 2018</p> <p style="font-size: 14pt; font-weight: bold; margin: 20px 0;">Elizabeth Cuervo Tilson, MD, MPH, FAAP, FACPM State Health Director and Chief Medical Officer NC Department of Health and Human Services</p>
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DETERMINANTS OF HEALTH



ICM, Healthy People 2010

Social Determinants of Health (RWJ County Health Rankings)

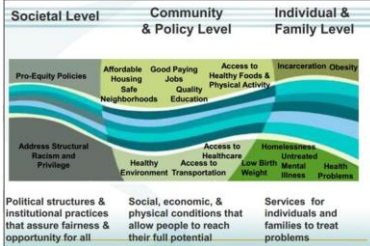


Social Determinants of Health

- Conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels and are mostly responsible for health inequities.

20 World Health Organization

Social and Structural Determinants of Health



<http://www.dph.illinois.gov/topics-services/life-stages-populations/infant-mortality/toolkit/understanding-sdoh>

Abraham Flexner:
A Medical Education in the United States and Canada 1910

The physician has a duty to promote social conditions that conduce to physical well-being.

Healthcare in the 21st Century: Age of the New Morbidities

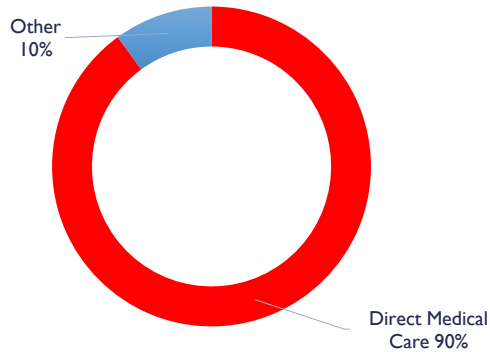
Components of Health



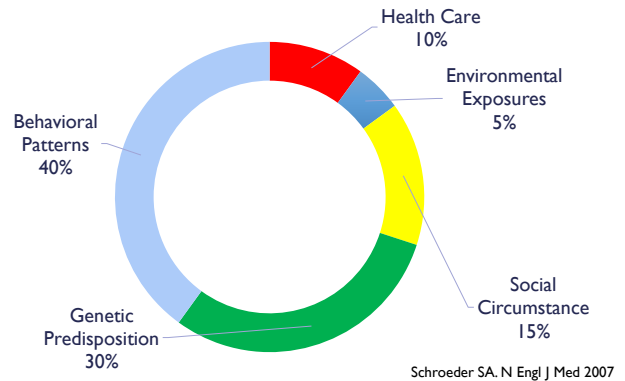
Joseph L. Wright, MD, MPH, DC Baltimore Research Center on Child Health Disparities

Buying Health

Health Care Spending



Drivers of Health

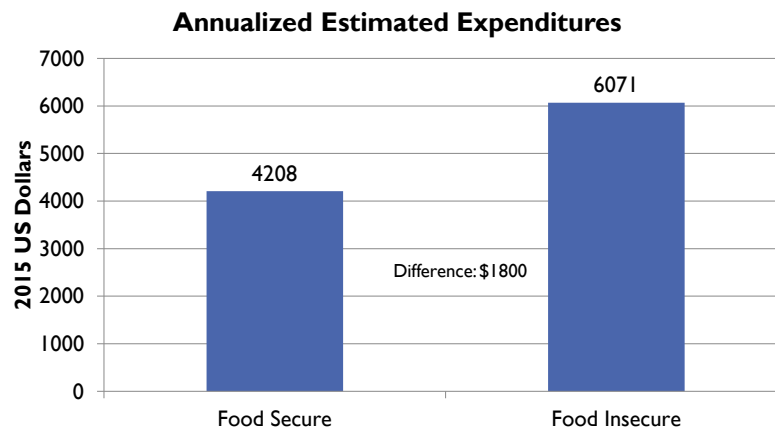


The opportunity to improve health lies in addressing a person's unmet health-related resource needs

North Carolina Health Indicators

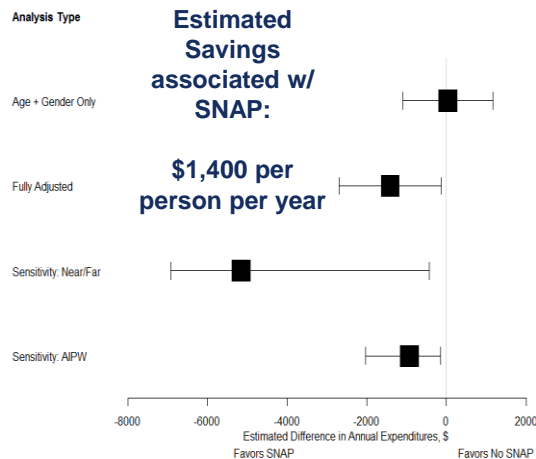
	<u>National Rank</u>
55% of births in NC are unintended	41
19% of North Carolinians smoke	33
30.1% of North Carolinians are obese	30
29% of low income adults in NC went without care due to cost	46
8.9% of NC infants are low birth weight	41
23.7% of NC kids live in poverty	43
16.7% of NC households are food insecure	42
47.3% of NC women have experienced intimate partner violence	47

Healthcare Costs Associated w/ Food Insecurity



NHIS/MEPS data adjusted for: age, age squared, gender, race/ethnicity, education, income, rural residence, and insurance. Berkowitz, Basu, and Seligman. Health Services Research: 2017.

SNAP Participation Associated w/ Lower Health Care Costs



Connecting Seniors with SNAP:

- Reduces the odds of nursing home admission by 23%
- Reduces the odds of hospital admission by 14%
- Estimated healthcare savings of \$2,120 per senior SNAP enrollee per year
- \$6,300 over 3-year recertification period

Berkowitz, Seligman, Rigdon, Meigs, and Basu. *JAMA Internal Medicine* 2017.

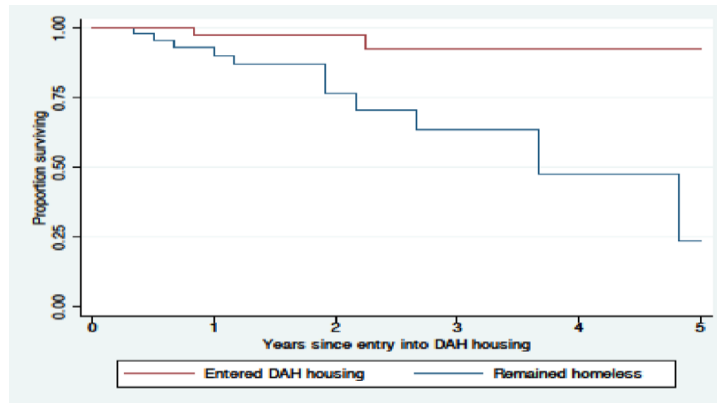
Housing is health care: Housing high cost/high risk people

- **New York Medicaid** 40% ↓ in inpatient days, 26% ↓ in ED visits and a 15% ↓ in overall cost.
- **Massachusetts' Pay for Success Housing Initiative** ↓ average of \$14,365 per tenant during the first 6 months.
- **Housing First Seattle** Median monthly costs ↓ from \$4066 per person to \$1492 and \$958 after 6 and 12 mos.
- **Bud Clark Commons Housing Initiative in Portland Oregon** In first year, 55% ↓ in average costs per month (\$2,006 to \$899) and significant improvement in health.
- **Pathways to a Healthy Bernalillo County, New Mexico Program** - Completion of the housing pathway is estimated to have ↓ healthcare cost savings by between \$555,500 and \$925,833.
- The **10th Decile Project in Los Angeles** - ROI 2:1 in first year, 6:1 in subsequent years.
- **Chez Soi/At Home Study-Canada** - ROI 10:1
- **SF Dept. of Public Health & Mercy Housing** - ↓ annual cost \$19,000 to \$29,000 per person
- **Randomized Trial of Supportive Housing in San Francisco** - After 1 year, treatment group medical costs ↓ 50%, control group costs rose.

■ Improved health outcomes

Chicago Housing Partnership housed homeless individuals with HIV. After one year, 55 percent of those receiving housing were alive, compared with 34 percent of those receiving "usual care."

San Francisco Housing Coalition- Housing homeless with AIDS increased survival rates by about 80%



Interpersonal Trauma/Adverse Childhood Events - ACEs

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Am J Prev Med 1998;14(4)
© 1998 American Journal of Preventive Medicine

Collaborative effort between Kaiser Permanente and Centers for Disease Control and Prevention

Adverse Childhood Experiences (ACEs)

Traumatic or stressful life events experienced before age 18

- **Childhood abuse**
 - Physical abuse*
 - Sexual abuse
 - Emotional abuse
- **Household dysfunction**
 - Household member who was depressed, mentally ill, or suicidal*
 - Alcohol or drug abuse in household
 - Incarcerated household member
 - Violence between adults in the household
 - Parental divorce or separation*

ACEs can have lasting effects on....



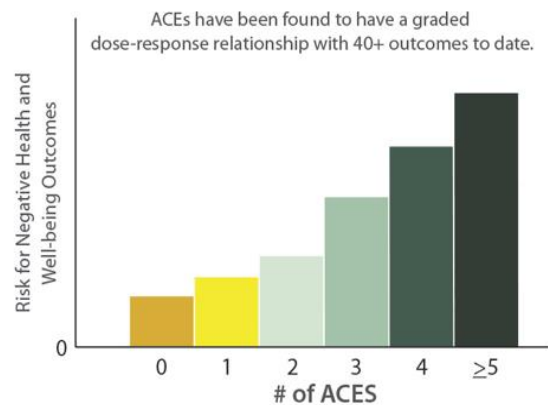
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

What *can* Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

Brain Injury population

- Health related factors impact that other populations also impact people with TBI, maybe even more
- Complex symptomatology that may not be diagnosed or treated
 - Physical motor and somatic
 - Cognitive (e.g. language, memory, problem solving, executive function)
 - Behavioral (e.g. lack of inhibition, difficulty reading social cues, emotional lability)
- New need for long-term impairment, functional limitation, disability, and reduced quality of life which may require long term complex support
- Can lead to academic issues, social isolation, and difficulty with both employment and relationships – harder to meet economic and resource need
- Overlay with ACEs

ACEs and Acquired Brain Injury

- Childhood physical abuse can lead to a brain injury
- Young person with a brain injury may be misdiagnosed, which may lead to more physical and emotional abuse.
- Violence in the household could also lead to a brain injury for the adult
 - may never be diagnosed
 - may cause changes in cognition/parenting that could lead to more abuse of the child
- Adults with brain injuries have a high rate of divorce.
- Household member with a brain injury may be similar to “Household member who was depressed, mentally ill or suicidal,”

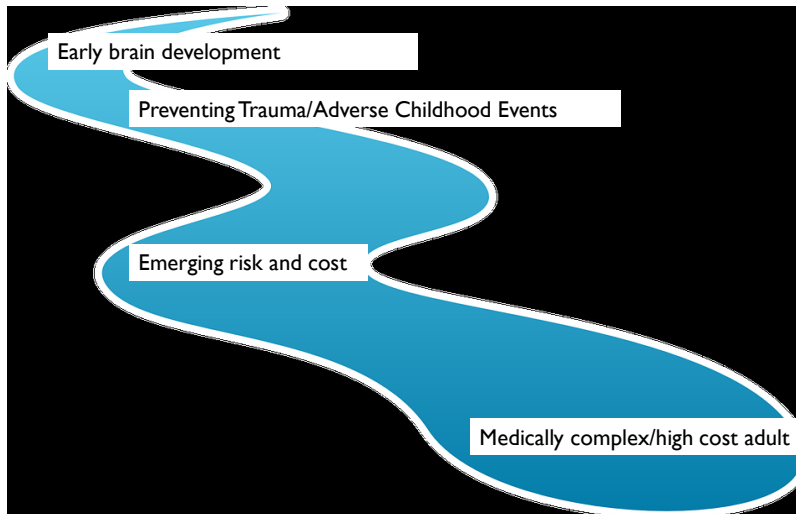
Other challenges

- Rural
 - Reduced access to providers with specialized training in trauma care and rehab
 - Fewer resources exist in rural communities to support independent living after a TBI, such as long-term rehabilitation facilities or community-based services
 - Transportation limitations further restrict service delivery in rural communities.
- Incarcerated Populations
 - It is estimated that the prevalence of TBI in imprisoned populations is 60.3%
 - Acts leading to incarceration, as well as “non-compliant” prison behaviors and subsequent recidivism, may be at least been partially influenced by the effects of a TBI

DHHS Vision

We envision a North Carolina that optimizes health and well-being for all people by effectively stewarding resources that bridge our communities and our healthcare system.

Go as far upstream as we can



Multi-layered Approach for Addressing Health-Related Resource Needs

- Mapping of Social Determinants Indicators
- Statewide Resource Database
- Standardized screening for unmet resource needs
- Medicaid Managed Care – 1115 Innovation Waiver
- TBI Waiver
- Work force
- Re-aligning or connecting existing resources where possible

Statewide mapping of SDOH indicators

- Statewide, but able to drill down to a region and to local/census tract level
- Identify and codify areas of disparity to inform and evaluate program planning and investment
- Inform Community Needs Assessments
- Facilitate integration and enhance partnerships between healthcare systems and community organizations

State Center for Health Statistics

- GIS/ESRI Story mapping of 12 SDOH indicators with a summary statistic

- **Social and Neighborhood** (% < HS Diploma, % Households with Limited English, % Single Parent Households, Low Access to Healthy Foods, Food Deserts)

- **Economic** (Household Income, % Poverty, Concentrated Poverty, % Unemployed, % Uninsured)

- **Housing and Transportation** (% Living in Rental Housing, % Paying > 30% of Income on Rent, % Crowded Households, % Households without a Vehicle)

- **Current Data Sources**

- American Community Survey five-year estimates

- U.S. Department of Agriculture

- **Completed map for New Hanover Medical Center**

- <http://nc.maps.arcgis.com/apps/MapJournal/index.html?appid=c2ff664f23b7416bb32e615d9d18d9ad>

- Will use updated December data to complete statewide one – expected in Spring 2018

- Work with UNC Institute of Public Health via AHEC support to refine indicators for mapping

New Hanover Regional Medical Center
New Hanover Regional Medical Center
Albemarle

Social and Neighborhood

People with higher incomes, more years of education, and who live in a safe environment have better health outcomes and generally have longer life expectancies (1). Persons without a high school diploma, non-English speaking households, single-parent households and limited access to healthy food are key social and neighborhood indicators.

Percent with Less Than High School Diploma

Percent Households Speaking Limited English

Percent Single Parent Households

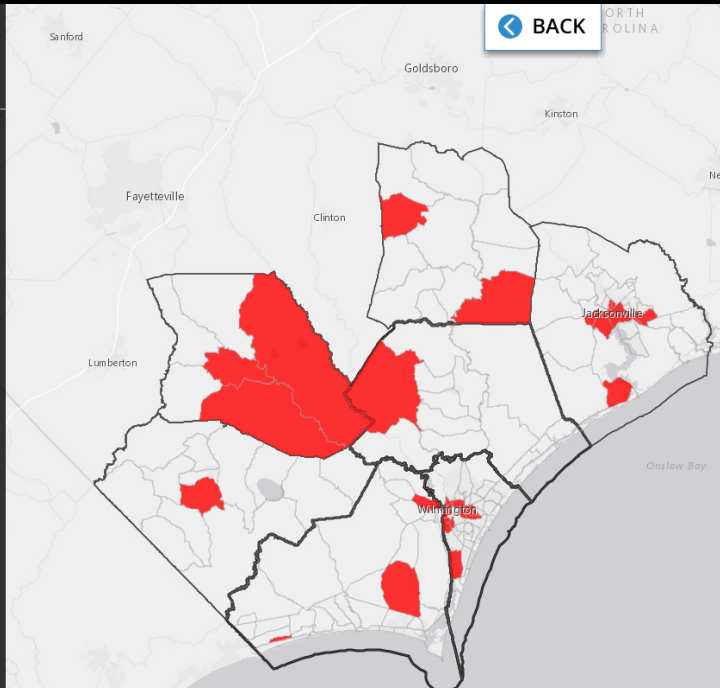
Low Access to Healthy Foods

Food Deserts

Turn All Layers Off

Education

An estimated 73,426 (13.1%) adult residents over the age of 18 did not have a high school diploma in the service region. There are great differences between



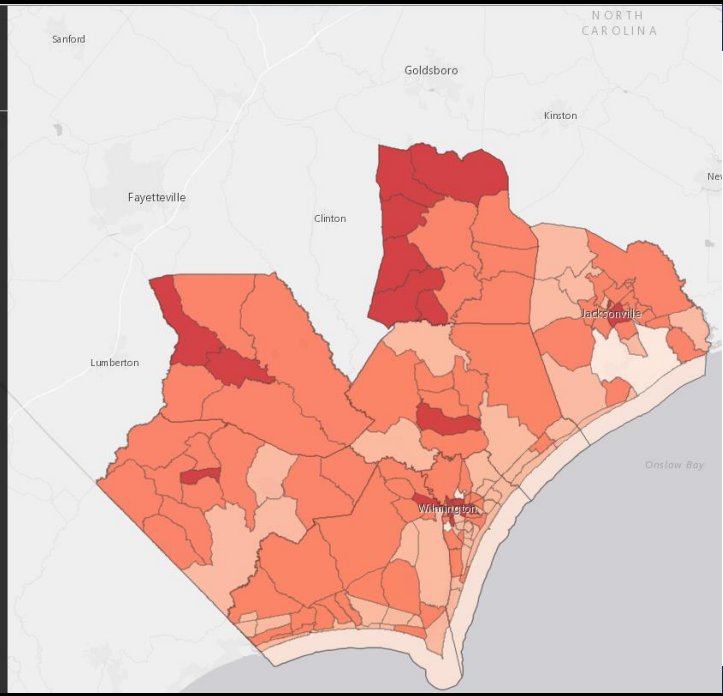
Putting it Together

Looking at 12 different maps of the Social Determinants of Health (SDOH) at the same time can be hard. By using an index, the maps can be combined into one map in order to view the indicators together. The SDOH Index combines the indicators within the three domains: Social & Neighborhood, Economic, and Housing & Transportation. The overall index is an average of the three domains.



Z-scores were used to create the index, which allows for standardization among all of the variables. A z-score is a measure of how many standard deviations above or below an estimate is from an overall mean. So, the index is a metric of whether the SDOH in a census tract are above or below the regional average and by how much. High values indicate tracts with the highest disparities among the social determinants of health.

(1) NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC: NC Institute of Medicine; 2011.



Standardized Screening

- **Statewide, standardized screening to consistently identify possible unmet health-related resource needs**
- **Convened a Technical Advisory Group of stakeholders**
- **Screening domains**
 - Housing instability
 - Food insecurity
 - Transportation access
 - Interpersonal safety
- **Design Principles**
 - Derived from other validated tools (e.g. Health Leads, PRAPARE, Hunger Vital Sign, PMH)
 - Simple & streamlined to be accessible to broadest audience/ settings
 - Consistent to help with data collection, community investment, risk-adjustment
- **Implementation Considerations**
 - Public Review March 2018
 - Phased in – Piloting first in ready settings
 - PHPs at launch of managed care
 - AMH with advancing capabilities

Statewide Resource Platform

- **State-wide, well-curated data base of community resources**
 - Centrally standardized and overseen to ensure data quality & consistency
 - Public utility open to communities, people, providers, care managers across payers and systems
 - User-friendly web-site and a Call Center component for “warmer” help
 - Interface capabilities with existing local, regional, agency data bases
- **Capacity to do referrals, close the loop, and track the outcome of referrals**
- **Integration and interface capabilities with EHRs for referral tracking**
- **Analytic functions to assess demand, timeliness of referrals, unmet need**
- **Ability for social services providers to use platform internally to manage their internal clients**
- **Ability to connect to external social service providers, have a shared client record, improve efficiency of resource**
- **Provide technical assistance and training to providers and community organizations**
- **Start launch summer 2018**

Medicaid Transformation

- **Care management**
 - Training on Trauma Informed Care, Resource Navigation
 - Standardized screen as part of initial care needs assessment upon enrollment into plan
 - Those with unmet resource needs → care management/patient navigation/community health worker to navigate to resources
 - PHP share specific patient data with PCPs and aggregate with state (e.g. % of enrollees screened, % with unmet needs)
- The State's **Quality Strategy** encourages PHPs to focus on their effectiveness in screening for and addressing social issues;
- **Withhold-based** incentives to encourage plans to conduct SDOH required screenings and follow up
- **Use of In lieu of services** and **value-based payments** offer tools and strategies to PHPs for financing health-related services
- **Investment requirements or rewards** to PHPs to make some level of investment in community-based resources
- **Evolving role of AMH and care management platform** in screening and linking to resources
- Possible **risk-adjustment** on social risk in futures

Public-Private Pilots Projects

- Investment to test, scale, strengthen and sustain evidence-based, public-private initiatives in ~3 regions to closely link healthcare and social services systems
- Asking for CMS expenditure authority of ~\$350- \$700 of Medicaid/Medicaid match dollars to support pilots in amended 1115 waiver application
- Combination of DHHS (Medicaid), philanthropic, PHP, health system, county (DSS, LHD, community organization), and other investment and participation
- Focus on core domains (Housing, Food, Transportation, Interpersonal Safety)
- Regions reflect geographic diversity of state (rural/urban)
- Design, evaluation, stakeholder engagement and expertise
- Goal of evaluation and ability to move forward evidence base to sustainable financing

NC TBI waiver

- Under review by CMS
- Resource Facilitation will be available to assist with social supports/health-related resources
- Transportation will be built into the service definitions
- Personal Care and Life Skills training can support people in their homes and can assist with meal prep
- Residential Option for housing
- Violence prevention could be addressed through Life Skills Training and Cognitive Rehabilitation

Workforce

- **Develop, train and strengthen workforce needed to support SDOH initiatives/Trauma Informed Care**
- **Community health workers, case managers, staff of AMHs, etc.**

Re-aligning or connecting existing resources

- **Examine ways to better align existing resources**
 - Medicaid, WIC, Head Start, Pre-K, SNAP, Low Income Heat and Energy Assistance Program
 - Can we streamline or improve effectiveness of enrollment strategies
- **Identify opportunities**
 - E.g. Of the 57,650 births in which NC Medicaid paid for prenatal care and delivery in 2016, 28.8% of women (17,000) did not have prenatal WIC.
- **Learn from ongoing efforts**
 - Only 1/3 of eligible older NC adults are enrolled in Supplemental Nutrition Assistance Program (SNAP)
 - Starting December 2017, Benefits Data Trust began working with NC DSS to do enhanced outreach and enrollment for dual Medicare/Medicaid recipients

Questions?

Discussion

- Brandon – SNAP, has our state done anything with food thrown away in lieu of money
 - Not statewide but there are business models available to identify the location of additional food and ways to disperse those resources (potentially something to explore regionally)
 - Resource: Interfaith Food Shuttle
 - Carol O – TBI not included in ACEs, opioid data – is that something we are looking at with prevention and interconnection with adverse traumatic effects
 - Intergenerational component that often cycles with opioid and adverse experiences demands need for intervention and prevention
 - Needed assessment of community resources – limited in NC after hospitalization
- Jerry – TBI Medicaid Waiver & group are instrumental in identifying unmet needs
- Brandon – comparison of Mecklenburg with other counties (increased economic drivers that are less abundant in rural areas)
 - Spreading out funding and resources – Mecklenburg and 13 surrounding counties (Carolinas workers, crescent desert on map, and disparity among cost of living led to increase pay)
- Carol O – crisis of frontline workers (reduced participation); internships among allied health may increase participation, increase certification, and investing in social and economic health that will then affect health of individuals with brain injury/disability

Conclusions

Social determinants of health are significant in determining health outcomes and have an impact financially to the state of NC as well. By assessing unmet needs, connecting people with resources, and making these resources accessible despite location and transportation can have drastic effects on health outcomes medically and socially. There are numerous projects that the State is involved in to reduce instability and increase access to care in NC.

Action Items	Person(s) Responsible	Deadline
N/A		

3. Agenda topic: NC Start & Respite Services

Jill Hinton

Discussion




*University of New Hampshire
Institute on Disability/UCED*

NC START

Jill Hinton, PhD
Clinical Director

www.centerforstartservices.com



*University of New Hampshire
Institute on Disability/UCED*

What is START?

Systemic, Therapeutic Assessment, Resources and Treatment

- The START Model provides prevention and intervention services to individuals with developmental disabilities and complex behavioral health needs through crisis response, training, consultation, and therapeutic supports. The goal is to create a support network that is able to respond to crisis needs at the community level. Providing supports that enable an individual to remain in their home or community placement is the first priority.
- START does not replace existing services in the community. START provides training and technical assistance to enhance the ability of the community to support individuals with DD and co-occurring mental illness/complex behavioral needs.



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START
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The START model:

- Developed in 1989
- KEY: Enrich the system (avoid strain)
- Systemic approach
- Resources allocated to promote linkages
- Resources allocated to fill in service gaps
- Services provided across systems from bio-psycho-social perspective
- Expertise, training, mentoring improves capacity
- Outreach is key
- Positive psychology/strength based approach
- Develop a common language

Joan B. Beasley, Ph.D. Director



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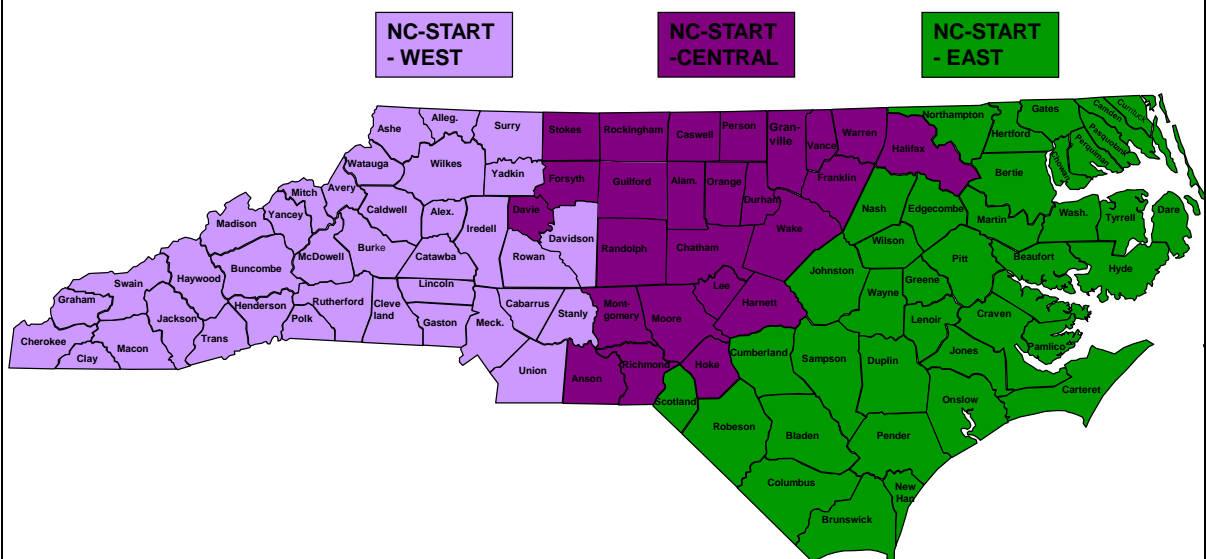
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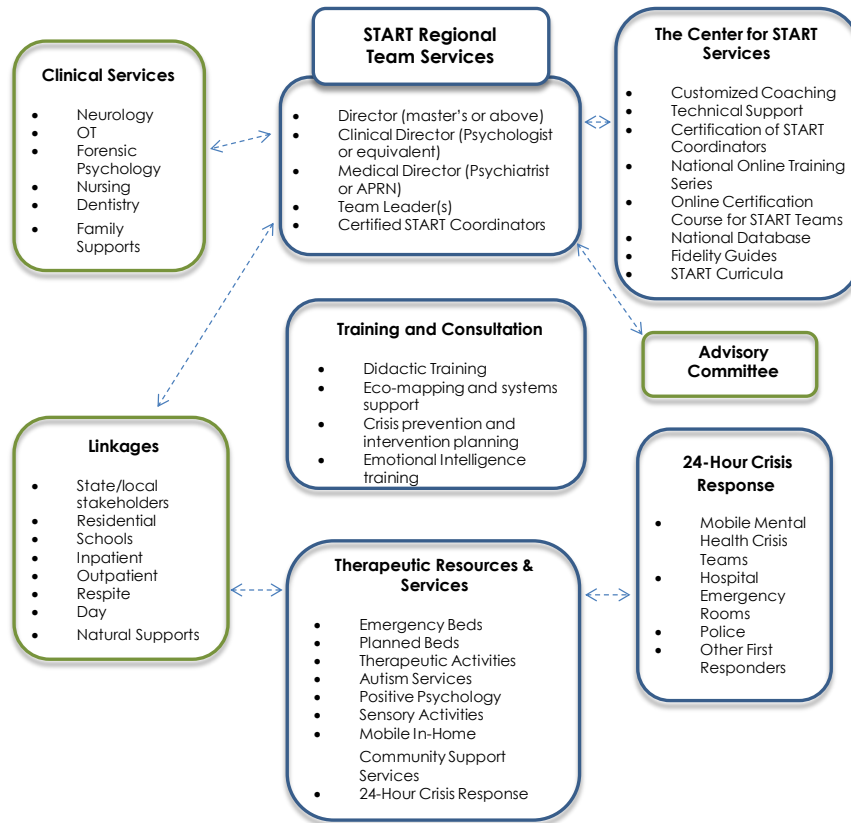
Role of START

- Provide support and technical assistance to community MH crisis and intervention supports
- Create and maintain linkages and relationships with community partners
- Coordinate support meetings and cross systems crisis plans for individuals
- Provide on-going consultation to providers and/or families
- Provide training and technical assistance to community partners
- Provide short-term therapeutic crisis supports – both emergency and planned

History of NC START

- START Model was recommended by the DD-PIC to the Division of MH/DD/SA
- START Model was presented to the Legislative Oversight Committee in February 2008
- Funds were appropriated for community based crisis for adults 18 and over
- Division held a training with Dr. Joan Beasley on START for eligible providers and LME's
- Two providers were designated to implement this community based model





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Outcomes

- Reduction in symptoms as measured by ABC
- Reduction in use of emergency departments
- Reductions in psychiatric hospitalizations
- Increased community capacity
- More stable living situations
- Families supported

Expansion to Children

- In 2015-2016, additional legislative funds appropriated to begin expansion to children. Some LME/MCOs have supplemented this funding in order to provide a full array of START supports for children.

Clinical Outcomes

NC START (N=383)	Percent of individuals with Improvement	Mean Score Initial Administration	Mean Score Most Recent Administration
Hyperactivity/Noncompliance	67%	17.75	13.38
Inappropriate Speech	47%	3.50	2.74
Irritability/Agitation*	68%	19.36	14.19
Lethargy/Social Withdrawal	58%	9.37	7.27
Stereotypic Behavior	42%	3.64	2.68
Alpha= 0.05			

*Irritability has been shown to correlate with increased risk for hospitalization

Hospitalizations and ED Visits for Individuals Enrolled in NC START

	Adult		Child	
	Pre START Enrollment	Post START Enrollment	Pre START Enrollment	Post START Enrollment
Psychiatric Hospitalizations	48%	22%	45%	8%
Emergency Department Visits	65%	32%	47%	11%

NC START Criteria

- Documented ID/DD diagnosis
- Co-occurring MH diagnosis and/or complex behavioral needs

Adults

- 21 years and older
- Referrals made by calling crisis/referral line

Children

- 6 -21 years old
- Currently, referrals made through Access Specialists at the MCOS



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INDIVIDUALS WHO TYPICALLY BENEFIT FROM NCSTART SERVICES...

- IDD diagnosis with co-occurring mental health and/or complex behavioral challenges
 - multiple hospitalizations, developmental center stays
 - consistent challenges at school (bips, multiple suspensions, extended periods of home/hospital due to behavioral challenges, day treatment)
 - support teams who have strained communication (parents, teachers, community providers all have difficulty staying on the same page)



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HOW DOES NCSTART WORK WITH TEAMS?

- START coordinator is assigned to the case
- Coordinator gathers all members of the individual's system (family members, community providers, teachers, etc) to discuss successes and challenges
- Team decides what help is needed (extra education, strategies to use across environments, ways to improve communication, medical assessments, etc)
- Coordinator works with team to develop a cross system crisis prevention and intervention plan to utilize consistent strategies across environments



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SERVICES

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WHAT CAN WE OFFER?

- Direct study of environments to figure out what is working and what can be improved
- Diagnostic training and education for families, schools, communities (free, individualized or globally)
- 24/7 crisis line
- Therapeutic coaching: coaches who can work one on one with care givers (families, teachers, support providers) to maximize successes across environments
- Work to streamline communication between team members
- Resource Center: for adults 18+; home with crisis stabilization beds where individuals can stay up to 30 days



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WHAT CAN WE OFFER, CONT'D.

- Helping teams to increase capacity to work with students with complex behavioral health needs
- Consultation from medical director, clinical director, consulting psychologist, nurse
- Most importantly....hope



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Referrals

- Adults (22 and older)
 - Contact teams
- Children (6 – 21)
 - Contact LME/MCO
- NC START West
 - 888-974-2937
- NC START Central
 - 919-865-8730
- NC START East
 - 888-962-3782

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Conclusions	<ul style="list-style-type: none"> • NC Start and Respite Services need to collaborate with BIAC and Alliance when TBI Waiver is approved. • Get number of individuals currently enrolled in NC Start & Respite Services who have a TBI diagnosis 				
Action Items	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Person(s) Responsible</th> <th style="width: 50%;">Deadline</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	N/A	
Person(s) Responsible	Deadline				
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4. Agenda topic: Waiver/CMS and Medicaid Transformation Update

Kenneth Bausell

Discussion	<p>C-Waiver portion has been approved. There is a scheduled call on March 26, 2018 to discuss B-Waiver. Kenneth explained the difference between the B and C waivers. B and C waivers have to be approved at the same time because the C-Waiver sits inside the B-Waiver, as Kenneth has illustrated in previous presentations. Kenneth also gave an update on the Medicaid Transformation. For more information – www.ncdhhs.nc.gov/medicaidtransformation. The tailored plans have not been implemented – waiting on legislative approval.</p> <p>Alliance Behavioral will continue Listening Sessions until the TBI Waiver is approved and implemented. For more information about the Alliance Behavioral/TBI Waiver - https://www.alliancebhc.org/consumers-families/traumatic-brain-injury-tbi/</p>				
Conclusions	Waiting for the TBI Waiver to be approved.				
Action Items	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Person(s) Responsible</th> <th style="width: 50%;">Deadline</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	N/A	
Person(s) Responsible	Deadline				
N/A					

5. Agenda topic: BIANC Update

Ken Jones

Discussion	<p>Ken Jones presented updated information about the Brain Injury Association of NC.</p> <ul style="list-style-type: none"> • Strategic Plan – requirement to address TBI information to help develop our needs assessment.
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	<p>Working with DHHS to include questions related to TBI on Needs and Gaps assessment.</p> <ul style="list-style-type: none"> • TBI Screening Process – screening taking place at 5 of the 7 LME/MCOs and at one FQHC, which has three locations. • Training/Education – webinar, online modules, face-to-face trainings • Five Resource Centers throughout the State (Raleigh, Charlotte, Winston-Salem, Asheville, Greenville) • The State will be applying for two grants. Discussed the two grants and areas that are being addressed. 				
Conclusions	In the process of applying for ACL grants. The grants are due first of April, 2018.				
Action Items					
Complete the ACL grants by first of April, 2018	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>DMH/DD/SAS & BIANC</td> <td>4-1-18</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	DMH/DD/SAS & BIANC	4-1-18
Person(s) Responsible	Deadline				
DMH/DD/SAS & BIANC	4-1-18				

6. Agenda topic: Update from Partners

Discussion	<ul style="list-style-type: none"> • NC Council on Developmental Disabilities – Chris Egan <ul style="list-style-type: none"> ○ Three RFA's (leadership development; cross system navigation; NC ADA Network) - https://nccdd.org/nccdd-announces-three-more-rfas.html?highlight=WyJyZmEiLCJyZmEncyJd ○ Three More RFA's (Innovative Employment; I Get Around: Improving Transportation Options; Using Natural Supports) - https://nccdd.org/general-content/nccdd-announces-three-new-rfas.html?highlight=WyJyZmEiLCJyZmEncyJd ○ Encouraged everyone to visit NCCDD website on a regular basis and sign up for newsletter - https://nccdd.org/ • NC Governors Working Group – Jeff Smith gave an update. https://ncveteransworkinggroup.org/ • Disability Rights NC – Corye Dunn gave update. <ul style="list-style-type: none"> ○ Kids with Complex Needs Case – Implementation Phase – Kids and families' lives are changing. ○ Annual Disability Advocacy Conference scheduled for April 19, 2018 in Chapel Hill, NC. ○ Rethinking guardianship – go to http://www.disabilityrightsncc.org/ for more information. 				
Conclusions	For updated information from partner agencies – visit websites.				
Action Items					
N/A	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
Person(s) Responsible	Deadline				

7. Agenda topic: Updates from Council Committees

Committee Chairs/Co-Chairs

Discussion	<p>Children & Youth Concussion – Getting information out to parents – youth sports. Concussion guidelines – looking for funding to send out information in electronic form.</p> <p>Legislative – Continue talking to Legislators about the TBI Waiver. Committee asking legislators to include TBI wording in legislation. Long-term care needed for persons with brain injury. Neurobehavioral beds are needed for some individuals with TBI. Push to create solutions in psychiatric hospitals regarding neurobehavioral issues. Asking for more money this session for the TBI fund. Also, asking for one-time money for resource development (neurobehavioral care) and asking for insurance coverage for cognitive rehabilitation. Legislators return May 15th – short session.</p> <p>Promotion, Prevention, and Analytics – No Report.</p> <p>Health Service & Service Delivery – Committee just getting started.</p>				
Conclusions	Committees continue to meet at least quarterly and give report at BIAC meetings.				
Action Items					
N/A	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
Person(s) Responsible	Deadline				

8. Agenda topic: Public Comment

Discussion	<ul style="list-style-type: none"> • ARC Conference – March 23, 2018 - http://www.arcnc.org/arc-nc-conference • Child Fatality Task Force – seat belt safety -
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	http://www.ocme.dhhs.nc.gov/nccfpp/index.shtml <ul style="list-style-type: none"> • NC Museum of Natural Sciences – Brain Awareness Night - http://naturalsciences.org/calendar/event/brain-awareness-night-3/ • BIANC webinar – Brain Injury Basics & Strategies – March 27, 2018 – www.bianc.net • CMS – sending out new Medicare Cards with social security numbers removed • Independent Living Centers – Dave Wickstrom from Alliance of Disability Advocates – Alliance of Disability Advocates strives to enable people with any disabilities to fully participate in their communities without boundaries in the Raleigh-Durham and surrounding area. https://adanc.org/ 	
Conclusions	Visit websites for updated information	
Action Items	Person(s) Responsible	Deadline
N/A		

9. Agenda topic: Adjourn

Discussion	There being no further business, the meeting adjourned at 3:00 p.m.		
Conclusions	Next meeting is scheduled for June 13, 2018 at The ARC – 343 E. Six Forks Rd., Suite 320, Raleigh, NC		
Action Items	Person(s) Responsible	Deadline	
N/A			

Jerry Villemain thanked everyone for their participation. There being no further business, the meeting adjourned at 3:00 p.m.

Respectfully submitted: Sandy Pendergraft.