



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Brain Injury Advisory Council

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

KODY H. KINSLEY • Deputy Secretary for Behavioral Health & IDD

VICTOR ARMSTRONG • Director

David Forsythe • Chair, Brain Injury Advisory Council

March 22, 2021

SENT VIA ELECTRONIC MAIL

The Honorable Roy Cooper, Governor
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Raleigh, NC 27699-0301
contactgov@nc.gov

Mandy Cohen, MD, MPH, Secretary
North Carolina Department of Health and Human Services
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Raleigh, NC 27699-2001

The Honorable Tim Moore, Speaker of the House
North Carolina General Assembly
16 West Jones Street, Rm. 2304
Raleigh, NC 27601-1096
Tim.Moore@ncleg.gov

The Honorable Phil Berger, President Pro Tempore
North Carolina General Assembly
16 West Jones Street, Rm. 2007
Raleigh, NC 27601
Phil.Berger@ncleg.gov

Dear Colleagues:

North Carolina General Statute § 143B-216.65, *North Carolina Brain Injury Advisory Council—creation and duties*, grants the Brain Injury Advisory Council (hereinafter NCBIAC) authority to *make recommendations to the Governor, the General Assembly, and the Secretary of Health and Human Services regarding the planning, development, funding, and implementation of a comprehensive statewide service delivery system.*

Consistent with that authority, the NCBIAC submits the attached report for your review and consideration. The recommendations reflected therein are the result of meetings with the Chair of the Council and the standing committee Chairs. All Chairs brought ideas and recommendations from their respective committees. Therefore, ideas and recommendations come from individuals with lived experience of brain injury, their families, brain injury providers, and other parties interested in brain injury in the State of North Carolina. The NCBIAC is proud of its service to those with brain injury in the state. We understand that there are many priorities to consider, however we feel that this underserved population has been overlooked for years and are excited to share our recommendations with you.

Thank you again for your consideration of the attached report and recommendations. Please do not hesitate to contact me at (336) 597-1545 or via email at, david.forsythe@pcghinc.org, should you have questions regarding the same.

Sincerely,
DocuSigned by:

A handwritten signature in blue ink, appearing to read "David Forsythe".

73BA99F94221473...
David Forsythe,
Chair, NCBIAC

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE
ABUSE SERVICES

LOCATION: 306 N. Wilmington Street, Bath Building, Raleigh, NC 27601

MAILING ADDRESS: 3004 Mail Service Center, Raleigh, NC 27699-3001

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cc: Via Electronic Mail Members, NC Senate
 Members, NC House of Representative
 Kody H. Kinsley

Victor Armstrong
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BIAC Members

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

ROY COOPER • Governor

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North Carolina Brain Injury Advisory Council

Created 2003 by NC Session Law 2003-114

2020 Annual Report

March 10, 2021

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

LOCATION: 306 N. Wilmington Street, Bath Building, Raleigh, NC 27601

MAILING ADDRESS: 3001 Mail Service Center, Raleigh, NC 27699-3001

www.ncdhhs.gov • TEL: 919-733-7011 • FAX: 919-508-0951

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North Carolina Brain Injury Advisory Council

North Carolina Brain Injury Advisory Council Membership

Chair of Council, *David Forsythe, Governor, Stroke Survivor/American Heart Association*

Committee Co-Chairs:

Children and Youth: Thomas Henson, Karin Reuter-Rice

Health Services: Martin Foil, Laurie Leach

Public Policy: Carol Ornitz, Pier Protz

Prevention: Rosanne Randall, Janice White

David Forsythe Governor, Chair of Council, Stroke Survivor/American Heart Association

Jerome Frederick Governor, Survivor of Brain Injury (Eastern)

Jordan Slade Governor, Survivor of Brain Injury (Central)

Geana Welter Governor, Survivor of Brain Injury (Western)

Pier Protz Governor, Family member of a person with Brain Injury (Eastern)

Carol Ornitz Governor, Family member of a person with Brain Injury (Central)

Beth Overby Governor, Family member of a person with brain injury (Central)

Martin Foil Governor, Family member of person with a brain injury (Western)

Laurie Leach Governor, Chair of the Board of the Brain Injury Association of NC

Thomas Henson Governor, ED of the NC Advocates for Justice or designee

Daniel Pietrzak Governor, ED of the Brain Injury Association NC

Virginia K Marcus Governor, ED of the NC Protection & Advocacy System

Erica Davis Governor, Brain injury service provider

Sarah Stroud Governor, LME Director

Christine Fernandini President Pro Tempore of the Senate, Nurse with expertise in trauma

Rosanne Randall President Pro Tempore of the Senate, Veteran

Laurie Stickney President Pro Tempore of the Senate, Organization with BI prevention/treatment

Todd Bennett Speaker of the House, A Representative of NC Healthcare Association

Ryan Lamb Speaker of the House, MD w/expertise in trauma, neurosurgery, ER medicine

John Dickerhoff Speaker of the House, School nurse or rehab specialist

Kenneth Bausell Secretary of DHHS, Representative of NC Medicaid

Allan Dellapenna Secretary of DHHS, Representative of Division of Public Health

Cindy Deporter Secretary of DHHS, Representative of Division of Health Service Regulation

Amy Douglas Secretary of DHHS, Representative of Office of Emergency Medical Services

Talley Wells Secretary of DHHS, Representative of Council on Development Disabilities

Michiele Elliot Secretary of DHHS, Representative of Division of Health Service Regulation

Lisa DeCiantis Secretary of DHHS, Representative of Mental Health, DD, SAS

Tracy Buchanan Secretary of DHHS, Representative of the Division of Social Services

Marcia Gibson Secretary of DHHS, Representative of Division of Vocational Rehabilitation

Lynn Makor Superintendent of Public Instruction

Dreama McCoy Superintendent of Public Instruction, Division of Exceptional Children

Melinda Munden Commissioner of Insurance

Vacant Department of Military & Veterans Affairs

North Carolina Brain Injury Advisory Council

North Carolina Brain Injury Advisory Council Executive Summary of Report for 2020

Legislatively Established Statewide Brain Injury Advisory Council

- Created in 2003 by NC Session Law 2003-114; first meeting held in 2004
- Council strengthened in 2009 by passage of Bill 1309 which expanded membership and changed the name from Traumatic Brain Injury Advisory Council to North Carolina Brain Injury Advisory Council.

State Plan for Development of Full Continuum of Brain Injury Services

- A TBI State plan was reviewed, updated, and approved September 2020 for the year 2021

Committed Lead Agency with Adequate Funding

- TBI total funding of \$2,373,086M “recurring” in the state’s budget
- LME/MCOs allocated \$2,013,868M as well as using their own funds to supplement budget shortfall
- \$359,218 allocated to fund the Brain Injury Association of North Carolina state contract
- *Brain injury services continue to be severely underfunded*

Home and Community-Based Waiver for Traumatic Brain Injury

- TBI Waiver pilot approved for 3 years, effective 5/1/2018 thru 4/30/21
- Operational in Alliance Health catchment area only (Wake, Durham, Johnston, and Cumberland)
- Planned expansion of the waiver to other catchment area(s) within the next five years
- *TBI Waiver needs to be statewide to serve all North Carolinians*

Standing Committees

- The Council reorganized the standing committees to strengthen the focus on areas identified to be among the most critical. These standing committees include Children and Youth, Health Services, Prevention, and Public Policy.

Federal TBI Grant

- A three-year federal TBI grant was awarded to DHHS from the Administration of Community Living (ACL) to support the development of a continuum of care through the advancement of partnerships between primary health and behavioral health in relation to TBI. Grant initiatives focus on improving access to education, training, resource development, support, and assistance to individuals with lived experience, caregivers, family members and providers. The current grant period is 6/1/18 thru 5/31/21.
- *An application for the next TBI grant funding opportunity will be submitted in early Spring 2021.*

TBI Requests

- *Legislative increase of the TBI State Fund by \$1 million*
- *The Council requests an operating budget to hire, at least a half time staff person and have additional money for Council related expenses.*
- *There is a continued need for more TBI specific data on providers of TBI services across the state*

North Carolina Brain Injury Advisory Council

Introduction

Traumatic brain injury (TBI) is a serious public health issue in the United States. A TBI is caused by a bump, blow, jolt, or penetration to the head that disrupts the normal function of the brain. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability.

The Center for Disease Control (CDC) estimates that 2% of the population is living with a TBI. That equates to approximately 208,000 North Carolinians.

During 2018, there were 35,325 Traumatic brain injuries sustained by North Carolinians. Among those injured, 2,084 (20.1 per 100,000) were TBI-related deaths, 6,276 (60.4 per 100,000) were TBI-related hospitalizations, and an additional 26,965 (259.7 per 100,000) were TBI-related emergency department visits.

An unknown number of individuals sustained injuries that were treated in other settings or went untreated (NC Division of Public Health, Special Emphasis Report, 2018).

Of the 365,719 individuals receiving Behavioral Health Services during SFY 2018, 36,068 (10%) indicated a TBI diagnosis (NC Tracks). These 36,068 clients are unduplicated across both systems, Medicaid and DMHDDSAS. *Many individuals within the DMHDDSAS system have not been screened for TBI, therefore the true number is unquestionably higher.*

1) Legislatively Established Statewide Brain Injury Advisory Council

Background (brief history):

The NC Traumatic Brain Injury Advisory Council was established in the 2003 Legislative Session and became operational in July 2004. After legislative changes in 2009 the Council's name was changed and now has 33 members (23 voting and 10 non-voting) including a Chair and Co-chair. The Council meets quarterly. DMHDDSAS continues to provide full administrative support to the Council.

No funds have been allocated by the General Assembly for the operation of the Council.

Progress in 2020:

Despite the challenges faced due to COVID-19, the Council continued to meet virtually, which has allowed the Council to continue its work. The Council continues to identify ways to attract and retain persons with lived with experience, family members and relevant professionals. The Council improved its attendance and member participation for its quarterly meetings, most likely due to virtual meetings due to the pandemic. Despite COVID-19, the Council has continued its quarterly meetings as well as committee meetings.

The Council successfully reorganized its standing committees which has allowed a more concentrated focus on areas in need of development or improvement as identified by Council membership. All committees have updated their guidelines to reflect current committee description, purpose, and objectives. Goals of standing committee activities can be found in the updated [TBI state plan](#).

Barriers in 2020:

One of the Council's goals, as recommended by the ACL, is to reconfigure membership to increase the number of seats for individuals with lived experience or family members to fifty percent. The Council will continue to work towards that goal in a gradual manner and changes will need to occur legislatively. Other seats that may

North Carolina Brain Injury Advisory Council

be included are an Ombudsman, a representative of the State Consumer and Family Advisory Council (SCFAC), a representative of a Native American community, a representative from a Center for Independent Living and a representative of the Aging and Disability Resource Center. Additionally, as systems have changed, some Council seat designations have become outdated. Efforts to update seat designations were not successful in 2020 because of the significant focus on COVID-19 related legislation and activity. The Council would like to conduct an independent review of Council seat designations culminating in a report with recommendations to the legislature. No money has been dedicated to this activity.

Additionally, the Council does not have a dedicated staff person, as do many other Councils and Commissions.

The Council requests an operating budget to hire, at least a half time staff person and have additional money for Council related expenses.

2) State Plan for the Development of a Full Continuum of Brain Injury Services Statewide

Background:

The TBI State Plan is the foundational document which guides virtually all TBI initiatives. It is reviewed at a minimum of annually with updates occurring as needed. All proposed updates are voted on by the Council. This plan is required by the Administration for Community Living (ACL) to be eligible to apply for the TBI grant program. The initial plan was developed in 1996, with significant updates occurring in 2009, 2016 and most recently in 2020.

Progress (current year):

The TBI State Plan for 2021 was most recently reviewed, updated, and approved by Council in September 2020. This was a collaborative effort achieved over the course of numerous meetings with input from individuals with lived experience, family members, providers, LME/MCOs, DMHDDSAS and DHB (NC Medicaid) staff and other TBI stakeholders.

3) Committed Lead Agency with Adequate Funding

Progress (current year):

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) is the designated lead state agency for TBI. The Division maintains two and a half full time employees to administer all TBI programming. This is an increase of one and a half staff since 2015.

The TBI state funded service program has maintained an annual allocation of \$2.3 million dollars for TBI programming since 2009 despite the numbers of individuals with TBI increasing each year. This money is not part of Medicaid or the TBI Waiver but is allocated to the LME-MCOs for use with individuals with TBI who may not qualify for Medicaid. Adults who sustained a TBI may qualify for Social Security Disability Insurance, if they do, they often do not then qualify for Medicaid. This is a problem noted in our state as well as across the US. The Division provides administrative oversight of these state funds through the review of quarterly reports submitted by each LME-MCO and a monthly call with all LME-MCO's.

These monitoring activities help ensure that appropriate services and supports are provided to as many individuals with TBI as possible statewide and in a fiscally responsible manner.

DMHDDSAS has also provided administrative support for all Council activities throughout the year.

North Carolina Brain Injury Advisory Council

The Division also manages two contracts with the Brain Injury Association of North Carolina (BIANC). Oversight includes compliance with state and federal regulations, that deliverables are achieved, and funding is expended in accordance with contracts scope of work and requirements.

Barriers (current year):

COVID-19 has required that some changes be made in service provision to ensure the health and safety of both direct support providers and individuals being served. Council meetings have transitioned to a virtual format in response to COVID-19. The transition from in-person to virtual has caused some delays in meeting some goals and objectives of the Council and the standing committee's activities.

There continues to be a growing number of individuals with TBI in need of services each year. Many individuals cannot access services due to limited program funding and a lack of knowledge of where to seek services.

The Council wishes to thank the Division of MHDDSAS and the LME-MCOs for completing an end of year report which has yielded the information bulleted below.

The state TBI program has not received an increase in appropriations since 2008.

- In SFY20, due to funding constraints, only 160 of the 240 individuals identified as needing TBI services were able to access needed supports
- In SFY19, due to funding constraints, only 151 of the 239 individuals identified as needing TBI services were able to access needed supports
- In SFY18, due to funding constraints, only 145 of the 187 individuals identified as needing TBI services were able to access needed supports
- In SFY17, due to funding constraints, only 142 of the 197 individuals identified as needing TBI services were able to access needed supports

The Brain Injury Association of NC (BIANC) is the only non-profit whose sole mission is to provide education, training, awareness, and advocacy for individual's living with brain injury, their families, and professionals statewide. As education, awareness and TBI specific programming grow across the state, so to do the requests and needs for the services provided by this vital organization. BIANC has not seen an increase in legislative appropriation in over a decade. This prevents the organization from meeting the growing needs and requests of the brain injury community.

As the population of NC continues to grow, and TBIs continue to occur, BIANC will have an ever increasing demand to serve individuals with brain injury, their families and the professionals who assist them, therefore will require more resources.

The Brain Injury Advisory Council (BIAC) has never had a legislatively appropriated operating budget in its nearly two decades of existence. The Council receives administrative support from DMHDDSAS, which is greatly appreciated. This support is primarily available for the quarterly Council meetings. The remaining member meetings and overall Council organization/function is the responsibility of the appointed Council members who are all volunteers. This type of Council structure is not conducive to strong or effective management and function. Additionally, there is a perceived conflict of interest for the lead state agency for TBI services to also provide administrative support functions to the very advocacy Council charged with critiquing and making recommendations to the Governor, the General Assembly, and the Secretary of Health and Human Services regarding the planning, development, funding, and implementation of a comprehensive statewide service delivery system to address the needs of survivors of brain injury.

The Council needs to have a separate operating budget with independent staff, not affiliated with the dissemination of services to the TBI community.

4) Community-Based Waiver for Brain Injury

Background:

A Home and Community Based Services (HCBS) waiver gives the Secretary of Health and Human Services the authority to waive Medicaid provisions to allow long-term care services to be delivered in community settings rather than in institutional settings. In SFY2015, the General Assembly approved a TBI Waiver pilot. The Waiver pilot was implemented in SFY 2019 in collaboration between DMHDDSAS, DHB and Alliance Health.

Progress (current year):

The TBI Waiver pilot is in its third and final year of the initial three-year pilot period. A provider network continues to strengthen throughout the Alliance Health catchment area. Individuals continue to onboard onto the Waiver. A state-Alliance Health TBI Waiver implementation team meeting occurs monthly to discuss progress, discuss resolution to challenges and other pertinent topics. Alliance Health also hosts monthly TBI Waiver stakeholder meetings and provider collaboratives. A TBI Waiver pilot statewide stakeholder group is held regularly with stakeholders, representatives of all LME-MCO's and other interested parties. An application to the Centers for Medicare and Medicaid Services (CMS) will be submitted by DHB to renew the pilot Waiver. The TBI Pilot Waiver renewal includes changes based on stakeholder feedback as an attempt to address barriers discovered during the current TBI Pilot Waiver.

To assist with provider education within the pilot area, the Brain Injury Association of NC provided training to assure competency in skills and knowledge about TBI. Alliance Health, the pilot LME-MCO, contracted with the organization to accomplish this vital task and assure that service providers had sufficient knowledge to provide the best services to those with a TBI.

Training will need to increase each year, commensurate with the growth of provider networks across the state, throughout the TBI Waiver expansion.

Barriers (current year):

There have been some challenges with onboarding individuals onto the Waiver for a variety of reasons such as, challenges with individuals following through with the eligibility process, not meeting income requirements, and inability to locate medical records. An additional issue is the wording of service provision to be completed at a facility (i.e., physical therapy) as opposed to in the community (i.e., home). A full report is provided by the Division of Health Benefits. Additionally, there are many individuals with TBI that need these services but are unable to access them because they do not live in the Alliance Health catchment area. Development of a strong TBI provider network has also been a challenge.

There is a significant need to offer this Waiver statewide and to develop a statewide TBI provider network.

5) Brain Injury Advisory Council Standing Committee Activity

Background:

The Council reorganized the standing committees two years ago based on identified need and TBI State Plan goals/objectives. The standing committees and their purpose are as follows:

North Carolina Brain Injury Advisory Council

Children and Youth- The Children and Youth committee is charged with looking for opportunities to assist children, youth, and their families after the diagnosis of a brain injury. The settings for this assistance will vary from school, to foster care to home or community placement.

Prevention- To help advance and disseminate best evidence and best practice regarding the prevention of brain injury in the state. The committee will collaborate with other organizations for the purpose of primary, secondary, and tertiary prevention of brain injury through education, research, and policy.

Public Policy- Knowledge of and involvement with public policy issues pertaining to brain injury at the state level. The committee will follow policy and legislation which may affect individuals with brain injury, their families, and or providers of brain injury services. They may educate governmental agencies and legislators and their staff about brain injury and how certain policy may affect others. The committee may work with supporters to propose new policy or legislation. This committee will make recommendations regarding policies or bills to support, changes that may need to be made, or issues to oppose.

Service Delivery System- To review existing brain injury services in the state and to make recommendations for improvements and/or new services. To assist and accept input from providers of services on actions which affect brain injury service delivery models statewide.

Progress (current year):

Children and Youth Committee:

- Successful transition of in-person meeting to online format. Despite the overwhelming challenges faced by committee members, who cross all sectors of state government, healthcare, legal and regulatory occupations, 3 well-attended meetings occurred. These virtual meetings provide time for the committee to continue to work on existing and plan new projects.
- Goals completed:
 - The committee was invited to present a two-part series of webinars for the Brain Injury Association of North Carolina. <https://www.bianc.net/resources/education-training/webinars/>
 - The above link also provides the public with access to the slides and recordings of the presentations by:
 - Karin Reuter-Rice presented on: "Concussion/Mild TBI in NC Children & Youth" on March 24, 2020
 - Lynn Makor presented on: "Return to Learn After Concussion" on April 21st, 2020
 - The Department of Public Instruction (NC DPI) requested the link for the Concussion Return-to-Learn materials (English & Spanish) with the following information: The materials that the Council's Children and Youth Committee has produced on NC's Return-to-Learn (RTL) Policy can be viewed on the NC DPI sponsored "[Concussion website](#)"
 - Thirty requestors with distribution rate as of September of over 600 posters and over 3,000 brochures
 - BIANC has agreed to and is hosting the Concussion RTL materials on their website and also share it in their Concussion Awareness Day "[blog post](#)".
 - Invitations to access and request concussion materials have been sent to: Boys and Girls Club, NC Athletic Trainer Association, NC Pediatric Nurse Practitioners, and YMCAs

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Prevention Committee:

- Developed a focused list of possible prevention initiatives to pursue such as bike helmets, E scooters safety/helmets, sports, child maltreatment, opioids TBI & ABI, and domestic violence/intimate partner violence
- Background research will be conducted on each of these focus areas
- Collaborated with Children and Youth committee on potential car seat project

Public Policy Committee:

- Potential Goal Identification
 - Establishing brain injury representation in all meetings discussing Medicaid Transformation (Tailored Plans) as well as in advisory committees dealing with consumers and families (State Consumer & Family Advisory Committee).
 - Establish a TBI Registry to include all degrees of severity, including concussion
 - Helmet laws for E-scooter rentals
 - Explore a study (through UNC) to study the financial impact of brain injury in North Carolina
 - Update NC Legislators spreadsheet
 - Monitor impact of COVID-19 on brain injury populations
 - Reevaluate Council appointment composition
 - Explore and develop a request for an independent staff person and operating budget for the Council
 - If the Federal grant is not received, additional funding from the North Carolina General Assembly will be necessary to maintain and increase present state TBI infrastructure
 - Engage University and the Community College systems to develop curriculum for brain injury Workforce Development
- Increased awareness/acknowledgement of brain injury at state level meetings
- Represent brain injury in all Olmstead meetings
- Identify Legislative committee member's areas of interest/assignments
- Goals for long-session (2021)
 - Increase the TBI State Fund by \$1 million
 - Work with DHHS to add brain injury seats to the State and local CFACs
 - Continue to monitor Medicaid Transformation and the brain injury community to ensure that those individuals under either Standard or Tailored Plans will continue to receive access to the benefits available from TBI State Fund dollars.
 - Continue to be a part of the discussion around the TBI Medicaid Waiver and its expansion statewide.

Service Delivery System Committee:

- Appreciates NCDHHS providing additional supports and flexibilities in service delivery during the COVID-19 crisis.
- Continue to identify all brain injury service providers across the state.
- Continue to identify new service providers being added due to TBI Waiver in Alliance Health catchment area.

North Carolina Brain Injury Advisory Council

Barriers (current year):

Children and Youth Committee:

- COVID-19 restrictions did impact the committee's ability to share newly updated concussion information with important stakeholders, including the ability to deliver tangible information regarding Concussion Return-To-Learn to schools and other agencies in a timely manner.
 - Dissemination constraints of materials due to COVID-19 restrictions.
 - Annual NC Public Schools concussion data will not be available this year due to demands for data to be collected in response to COVID-19.

Prevention Committee:

- Challenges carrying out initiatives due to a significant COVID focus and related restrictions.
- Committee had new co-chairs to reorganize committee and provide information on prevention

Public Policy Committee:

- Challenges carrying out legislative initiatives due to the need for a significant COVID focus during each session last year.

Service Delivery System Committee:

- There is a need for additional data collection and review.
- There is a need for standard data collection system of all TBI service providers within the DMHDDSAS provider network

6) ACL Grant:

Background:

This is the final year of a three-year federal TBI grant focused on the continued development of a continuum of care through the advancement of partnerships between primary health and behavioral health in relation to TBI. Improving access to education, training, resource development, support, and assistance to individuals with lived experience, caregivers, family members and providers are some of the grant focus areas. The current grant period is 6/1/18 thru 5/31/21.

A competitive application for the next TBI grant funding opportunity will be submitted in Spring 2021.

Progress (current year):

- Completion of several online training modules including Cognitive and Behavioral Changes in Adults with TBI, Substance Use and Opioids, and TBI and Employment
- Development of a statewide online TBI support group
- Completed Needs and Gaps Assessment
- Update Brain Injury Association of NC website and Resource Book
- Neuro Resource Facilitation statewide
- TBI Screening
- Education and training on a variety of topics impacting the TBI community

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Barriers (current year):

- Vaya LME-MCO is not willing to participate in TBI screening. The Council appreciates that the remaining six LME-MCO's are actively screening for TBI.
- This is a competitive grant in which the Federal allocation only funds 28 states, therefore the grant is not guaranteed for North Carolina.

Conclusion:

There has been an increase in recognition and acknowledgement of TBI at the state level. DHHS is increasing their identification of TBI as a distinct disability group and including TBI in program planning efforts. Despite this increase in recognition, there is still a significant gap in funding and limited brain injury specific services. Strengthening existing TBI service systems while creating additional service sectors to provide for the continuum of care for this population will not only help provide healthy, safe, and appropriate care settings but will likely be a cost savings to the state in the long term.

For additional information or inquires regarding brain injury services in North Carolina, please contact or go online to:

NC Department of Health & Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Traumatic Brain Injury Program:

Phone: 984-236-5040

Email: TBIContact@dhhs.nc.gov

<https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury>

Brain Injury Association of North Carolina (BIANC) Family Help Lines

Toll-Free Statewide: 800-377-1464

Raleigh: 919-833-9634

<https://www.bianc.net/>

Disability Rights North Carolina

Hours: 8:00 a.m. – 5:00 p.m. Monday through Friday.

Local: [919-856-2195](tel:919-856-2195); Toll Free (within NC): [1-877-235-4210](tel:1-877-235-4210); TTY: [1-888-268-5535](tel:1-888-268-5535)

<https://disabilityrightsnc.org/>

The North Carolina Brain Injury Advisory Council meetings are open to the public.

If you would be interested in attending a meeting, please contact:

Phone: 984-236-5040

Email: TBIContact@dhhs.nc.gov