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To the TRAUMATIC BRAIN INJURY SUBCOMMITTEE OF THE JOINT LEGISLATIVE OVERSIGHT
COMMITTEE ON HEALTH AND HUMAN SERVICES

October 16, 2014

A presentation on Eastpointe MCO's mission of stewardship for the citizens and communities of Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson Counties; and our vision for the future in service to individuals diagnosed with Traumatic Brain Injury and their families.

Eastpointe is dedicated to promoting evidence based services in an integrated model with a focus on cost and quality for the lifetime of every member served with Traumatic Brain Injury.

Eastpointe LME/MCO has taken a proactive approach to address the needs of individuals with TBI.

- Participation on the Statewide Brain Injury Council
- Membership and participation on Health Resources subcommittee
- Actively utilizing HELPS Screening Tool specifically for TBI through our Member Call Center a screening, triage and referral system is available 24 hours a day, 7 days a week, 365 days a year
- Maintain data on services provided/ and services needed
- Providing internal training to staff on TBI
- Supporting our Military through Veterans' Service Enhancement

The impact of TBI:

Individual cost is \$250 per day for Group Living. Total per year is \$91,250. With no raise in the cost the total for 10 years would be expected to be \$912,500. That cost is just for Group Living and does not include any medical costs, therapies, medication needs.

Barriers that need to be considered today:

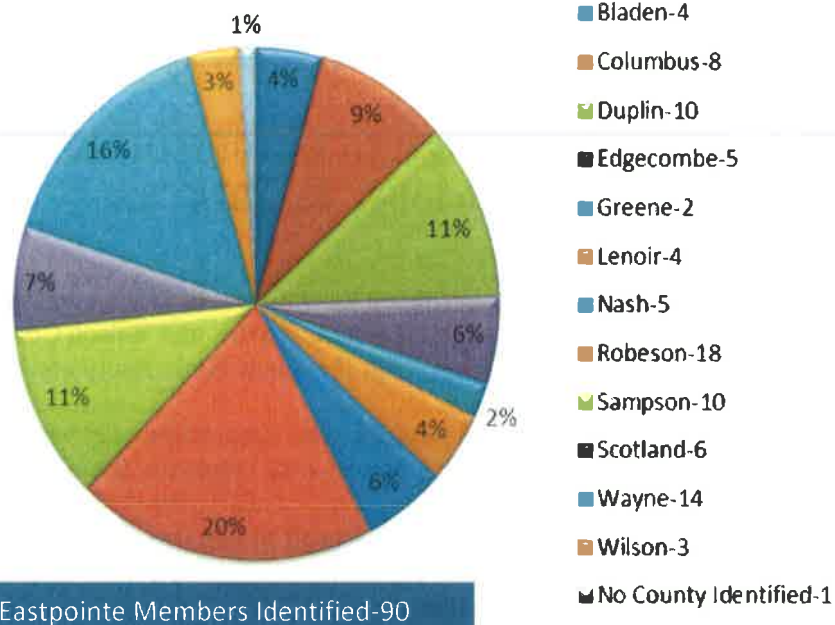
- Most requested service is residential placement. There are not an adequate number of residential settings for individuals with TBI.
- Providers are not knowledgeable of appropriate rehabilitative services for TBI. Great need for training statewide for providers.
- The Innovations Waiver is available for individuals with TBI occurring before the age of 22; however the waiver services are not developed for rehabilitation.

Assistance is needed today to address:

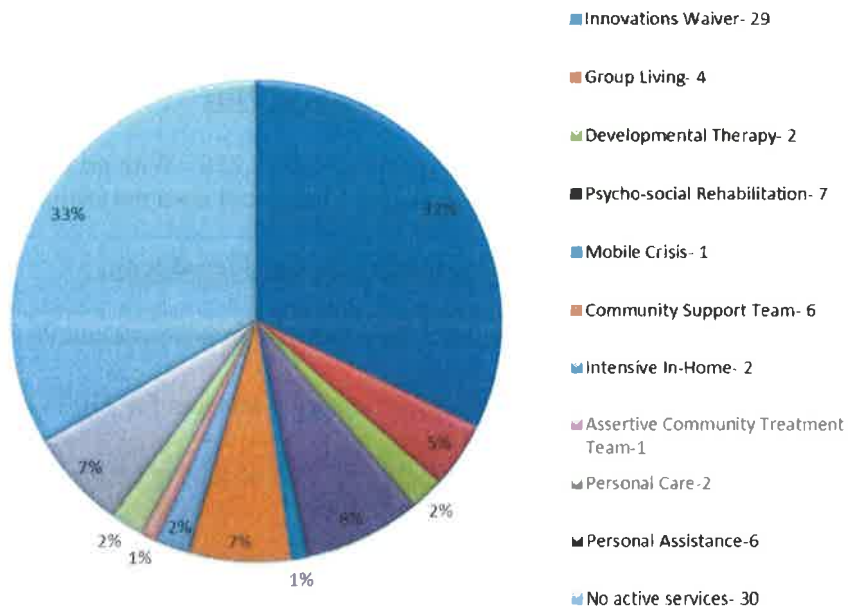
- Establish a Brain Injury Waiver and increase Medicaid funding to address the lifelong needs for individuals with TBI.
- Funding allocations to address barriers such as specialized residential facilities.
- A restructure of service arrays to meet all age group needs and complexities over the lifetime
- Training grants to improve care providers' knowledge of assessment, diagnosis, and treatment of TBI.

Managing Behavioral Healthcare for the Citizens of Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson Counties

TBI Members By County



TBI Services Provided to Eastpointe Members



For assistance for anyone with a TBI contact Eastpointe through our 24/7 Direct Access to Services: 1-800-913-6109.

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INSTRUCTIONS FOR USE OF THE HELPS BRAIN INJURY SCREENING TOOL

Traumatic Brain Injury (TBI), an alteration in brain function or other evidence of brain pathology, caused by an external force, is a common problem. Often traumatic brain injuries are undiagnosed. Not everyone who experiences a TBI will have long term impairments or problems. Alternatively, some people who do suffer from a TBI will not realize that subsequent problems are due to the earlier injury. Even a minor injury can result in lasting problems. Depending on your agency's policies and procedures, the screening tool can be administered to all persons applying for services, or it can be used as needed in the following situations: 1) When there is any suspected trauma that could have caused a brain injury; 2) When a consumer is having difficulty functioning or is exhibiting unexplained behaviors; 3) When you suspect the possibility of a dual diagnosis, such as substance abuse and TBI. This screening may also be helpful for community professionals such as, mental health providers, family violence organizations, and homeless shelters in addition to substance abuse providers.

If screening leads you to suspect Traumatic Brain Injury

- ✓ Confer with the client about the possibility that the brain injury and current problems or symptoms are linked
- ✓ Document reasons for suspecting a TBI
- ✓ Continue with the normal eligibility and assessment protocols of your agency or organization
- ✓ Refer the client to a medical provider who can do further evaluation and recommend a neuropsychological evaluation and medical treatment of the TBI **Consider possible funding sources for care: Medicaid, Medicare or private sources such as, medical insurance, workers compensation, etc.*
- ✓ Refer to the Local Management Entity (LME) for assessment of needs and eligibility of services such as Care Coordination (contact information found below). *The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) oversees TBI public services in NC through Local Management Entities/Managed Care Organizations (LME/MCOs).*
- ✓ As always, when appropriate, refer your client for other services for which they may be eligible.

Resources:

North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (NC DMH/DD/SAS)

Local Management Entities/Managed Care Organizations, known as LME/MCOs are local offices of the Division of MH/DD/SAS and can be found by county at this link:

<http://www.ncdhhs.gov/mhddsas/lmeonblue.htm>

Brain Injury Association of North Carolina
www.bianc.net
1-800-377-1464

NC Department of Social Services
www.ncdhhs.gov/dss
919-733-3055

NC Vocational Rehabilitation
<http://dvr.dhhs.state.nc.us/>
919-855-3500

Social Security Administration
www.ssa.gov
1-800-772-1213

INSTRUCTIONS FOR USE OF THE HELPS BRAIN INJURY SCREENING TOOL

Screening Questions:

H Have you ever Hit your Head or been Hit on the Head? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as whiplash or being shaken as a baby or child.

E Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your Head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention. Be sure to ask your client if he/she feels he/she should have been seen by a doctor for the injury even if he/she was not.

L Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these Problems in your daily life since you hit your head? Yes No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

headaches	difficulty reading, writing, calculating
dizziness	poor problem solving
anxiety	difficulty performing your job/school work
depression	change in relationships with others
difficulty concentrating	poor judgment (being fired from job, arrests, fights)
difficulty remembering	

S Any significant Sicknesses? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

- 1) An event that could have caused a brain injury (yes to H, E or S), and
- 2) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), and
- 3) The presence of two or more chronic problems listed under P that were not present before the injury.

Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties – other possible causes may need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning