

## SOAR Dialogue Phone Call Notes

February 17, 2011

(Attendance: Emily Carmody, Spencer Cook, Terri Clark, TJ Reynolds-Emwanta, Violet Collins, James Davis, Grace Maynard, Liz Lumley, Jackie Bullock, Aundrey Freeman, Linda Mandell)

- I. Introductions and Updates:
  - a. Emily Carmody, NCCEH- LMEs are now interested in funding SOAR dedicated Case Worker positions, The Durham Center has hired two SOAR dedicated positions, and ECBH LME in Eastern NC is interested in having a SOAR Case Worker
  - b. Spencer Cook, PATH Durham- Excited about the two new SOAR Case Workers, expanded PATH budget to have some more funding for assessments (20) shared among three agencies by the end of this fiscal year
  - c. Terri Clark, PATH Fayetteville- Fayetteville Legal Aid is wanting to do an MOU with SOAR for referrals, Cape Fear Hospital is meeting with Terri to discuss an MOU on March 2<sup>nd</sup>, new initial case to get started on
  - d. TJ Reynolds-Emwanta, PATH Winston-Salem- Two approvals since last call, still have one that is a presumptive approval, 4 pending applications at DDS with 4 referrals and 2 applications in process, more interest in the community to do SOAR applications and collaborate with other service providers
  - e. Violet Collins, DSS Pitt County- new SOAR client in the hospital
  - f. James Davis, Men's Shelter in Charlotte- meeting with an attorney in the community who wants to volunteer her time with the SOAR project, CW Williams in Charlotte gives free IQ tests and was able to schedule a SOAR applicant for testing in March
  - g. Grace Maynard, Urban Ministries Center, Charlotte- started two weeks ago, in process of identifying applicants to work with
  - h. Liz Lumley, LATCH in Durham- Doing presentation at local SSA office tomorrow, had one more approval
  - i. Jackie Bullock, New Direction Ministries- working with first client on initial application, working to get her a social security card
  - j. Aundrey Freeman, Pisgah Legal- no new updates
  - k. Linda Mandell, Pitt County- no new updates
- II. Announcements:
  - a. SMART Trainings-
    - i. Tomorrow- Cherry Hospital training with discharge staff
    - ii. March 4, 2011- Central Regional Hospital- if any of the SOAR Case Workers in the Central region in NC, please contact Emily
- III. Organic Mental Disorder and Mental Retardation Listings
  - a. Sporadic treatment means these disorders are underdiagnosed and overlooked
  - b. Have SOAR Case Workers run across this issue of under-diagnosing?

- i. Aundry- I have run into this, one applicant's school records show IQ testing of 50 but did not have recent testing to show this, her last IQ testing was at 17 years old, going to request that DDS give her an IQ test
  - ii. Emily- difficult because people falling through the cracks who were in special education after leaving school
- c. Challenge in getting applicants IQ testing without Medicaid benefits
  - i. TJ- Try to get psychiatrist to do testing or was able to ask DDS to do IQ testing, also Vocational Rehabilitation program does IQ testing
    - 1. Case Managers on team will refer to Voc Rehab for testing
    - 2. Emily- Does Voc Rehab have an issue with these individuals being a part of their program and applying for benefits?
      - a. TJ- Voc Rehab does not know they are working with me about benefits
      - b. TJ- individuals are in referral process for SOAR when referred to Voc Rehab as well
      - c. TJ- able to get reports quickly from Voc Rehab for records
- d. Linda- Have an applicant who has gotten testing, but tests at various levels on different scales of test
  - i. Full score, verbal score, etc.- Can they still deny someone who scores higher than 59 on one of these scores?
  - ii. Emily- The way the listing is written is that a score of 59 or less on ANY of the scales qualifies for the listing
  - iii. Emily- The key is to attach functioning issues to the deficits shown in the testing
  - iv. Emily- A place for advocacy with DDS
- e. Linda- also important to get in touch with 3<sup>rd</sup> parties who know how applicants function and the difficulties they have seen the applicant having
  - i. TJ, Aundry- Definitely use these resources
  - ii. James- Had not been using these resources, but will now
  - iii. Emily- especially with the organic disorder, 3<sup>rd</sup> parties can be helpful in establishing a prior, higher level of functioning vs. the functioning level of the applicant after an outside event/substance/disease damaged the brain
- f. Organic Mental Disorders
  - i. Spencer- started a case with this listing but DDS stated that they needed evidence from when the TBI occurred
    - 1. Wanted a brain scan that did not exist from accident
    - 2. Aundry- was able to get two cases approved with TBI
      - a. Had previous x-rays to show damage
      - b. Current testing also showed brain damage
    - 3. Spencer- problem is that current testing does not always capture previous injuries
    - 4. Emily- especially hard for our population who does not seek medical attention after injury, does not stay for brain scans, or is overlooked

- ii. Spencer- will the new DSM-V provide a clinical picture for TBI so that it can be diagnosed without brain scans
  - 1. Emily- this would help in getting TBI diagnoses in medical records
- iii. What are some characteristics that you are looking for with applicants that may fit the Organic Mental Disorder Listing?
  - 1. Aundry- sexual abuse
    - a. Clients that when you talk to them have had a low developmental levels all their lives
    - b. Sexual abuse often comes up in childhood, organic mental disease from the way they were treated when they were young
    - c. Spencer- two different forms of trauma
    - d. Emily- some abuse would be categorized as psychological trauma and not fit under Organic Brain Disorder
    - e. Emily- However, lower functioning children are more at risk for abuse from families especially in regions that have little resources- more of a correlation
    - f. Emily- psychological trauma = PTSD, while brain injury (physical injury) = TBI
  - 2. Terri- history of domestic violence or veteran history
    - a. Increases chances of exposure to brain injuries
    - b. History is key in uncovering TBI
  - 3. Liz- I ask applicants if there are incidences of falling or hitting head when they blacked out, also ask about childhood abuse, etc.
    - a. Emily- great! Looking for times when ears rung, black out, unconscious, etc. after hitting head
    - b. Spencer- the follow up question is did they seek medical attention after the injury
  - 4. Spencer- Look for a lack in the ability to connect actions and consequences
    - a. Impulsivity is common
    - b. Cognitive deficits that are hard to measure
    - c. Not "learning" is very common with applicants
    - d. Emily- Also, individuals who often express regret for impulsive behavior is a sign for a possible TBI vs. antisocial behavior
  - 5. Emily- Yvonne Perret presented a good verbal tool for screening for brain injury at a conference that can be used as a screening tool
    - a. Verbal Fluency Test
      - i. Give an individual a letter to list as many words beginning with that letter in a minute
      - ii. Repeat this exercise with different letters several times
      - iii. Individuals that have difficulty in naming more than 10 words may have some cognitive deficits

- b. Emily will send out details about this screening tool to the group
- 6. Aundry- what if the TBI occurred in childhood and don't remember it?
  - a. Emily- also pertains to individuals who are alcoholic or drinking and black out and hit their head and don't remember it
  - b. Emily- childhood- school records may show change in functioning, infancy- family or pediatrician may have information
  - c. Aundry- hard to get records from a long time ago
    - i. Linda- school records are kept
    - ii. Aundry- grades are kept but other notes are not stored
    - iii. Spencer- has had a friend who is an attorney ask for records on his behalf
    - iv. Linda- checked on records for an applicant in NY, but the IEPs were still in the records
      - 1. They were stored separately from other records
      - 2. Best to be as specific as possible records departments so they know what you are requesting
    - v. TJ- Specifically lists what she needs in school records
      - 1. Able to get records for 60 year old applicants
      - 2. Good to familiarize the county school system records department with SOAR
      - 3. Goes in person to speak to the records departments
- g. Aundry- Why are CEs shorter or longer in time spent with the doctor?
  - i. Emily- ongoing challenge with CEs
    - 1. Depends on the doctor providing the CE as to how much time they take to meet with the client
    - 2. Unfamiliar doctors are a challenge to cases
  - ii. SOAR emphasizes providing enough evidence with your case to avoid CEs
  - iii. Emily- there are times when you can request that DDS use a treating doctor to perform a CE, but DDS does not have to comply with this request
  - iv. Terri- Are there times when you can request a CE?
    - 1. Emily- if you are unable to get testing in the community, you can request DDS do the testing, however it is up to DDS to determine if they need the testing to make a decision
    - 2. Emily- requests for CEs should be done as soon as possible with DDS

Next Phone Call, March 17<sup>th</sup>, 10-11 am, Topic: Presumptive Disability; Kristin Lupfer from PRA will present the new Hospital Tool Kit on the April dialogue phone call  
(Call time will potentially change for April call)