![IOWA Health and Human Services]

# Report to the Advisory Council on Brain Injuries

April 26, 2024

## COUNCIL UPDATES

- Council members Jordan True, Brenda Easter and Toni Reimers, attended the Brain Injury Alliance of Iowa's annual conference in March.
- Iowa Legislature passed SF2385 and it is expected to be signed by Governor Reynolds. This bill eliminates a number of councils, boards and commissions, including the Advisory Council on Brain Injuries.
  - o Terms will end effective immediately upon signature of the governor.
  - o Responsibilities of this council will be moved to the Health and Human Services Board.
  - o An advisory council is a requirement of our federal grant. We anticipate that the structure and activities of that group to be similar to the those of this council. Some modifications will be made to the composition of the advisory board, per requirements of the federal TBI Act and the requirements of our funding.

## BRAIN INJURY SERVICES PROGRAM UPDATES

| Budget: July 1, 2023 – June 30, 2024 | | |
|---|---|---|
| **Item** | **Budget** | **Expended** |
| **Personnel** | $ 129,620 | $ 71,317 |
| **Contractual** | 895,200 | 417,965 |
| **Other** | 30,180 | 20,138 |
| **TOTAL** | $1,055,000 | $ 509,420 |

- Two Master-level students from the University of Nebraska Medical Center's College of Public Health will be assisting with developing methods for updating the brain injury needs assessment, such as developing survey questions, facilitated discussion guide and key informant interview questions. Products that are developed will be shared with the council for feedback prior to finalization and implementation.
- Ferguson has been invited to participate in the Moody Center for Brain Injury Best Practices. This center is dedicated to creating a comprehensive Brain Injury Resource Facilitation Implementation Guide aimed at improving services for individuals living with brain injuries nationwide.
- Staff have started working on completing the state brain injury self-assessment tool. A draft of that report is attached to this report.

## TRAUMATIC BRAIN INJURY STATE PARTNERSHIP PROGRAM GRANT UPDATES

**Budget: August 1, 2023 – July 30, 2025 (year 3 of 5)**

| Item | Budget | Expended |
|------|--------|----------|
| **Personnel** | $ 84,713 | $ 70,164 |
| **Contractual** | 110,500 | 20,749 |
| **Other** | 4,787 | 2,393 |
| **TOTAL** | $200,000 | $ 93,306 |

- The carryover request for $51,196 was approved by the Administration for Community Living
  - *Training*
    - 10 Scholarships were provided to behavioral health providers to the Brain Injury Alliance of Iowa annual conference.
    - Ferguson and Diane Hernandez (Children's and Families of Iowa) will train 16 behavioral health providers on brain injury fundamentals.
    - To date no ethnic community-based organizations have come forward to work with us to develop culturally appropriate resources.
    - A summit on child welfare and brain injury will be held on August 2nd.
- The Public Health Division of the Department of Health and Human Services continues its partnership with the Family Well Being and Protection Division serving caretakers involved in the Neuro Resource Facilitation Child Welfare Collaborative Pilot Project (CWC Pilot Project)
  - Our work, over the last quarter, has been to strengthen our connection with direct service providers that serve caretakers in our pilot area. This is being done through the NASHIA's 2023 – 2024 Leading Practice Academy
    - Contracts to screen for a lifetime history of brain injury have been executed with two behavioral health providers that serve individuals in the catchment area of the pilot that serve individuals involved in the child welfare system
- Several grantee states: Iowa, Tennessee, Pennsylvania, and Colorado (with Iowa and Tennessee facilitating) have been providing training to states interested in the "Brain Injury and Child Welfare Best Practice Guide: Information and Tools for State Agencies" It is complete and the guide is available at: Brain Injury and Child Welfare Best Practice Guide
  - Iowa, along with our partner states, have been asked to present on this subject at the fall annual conference of the Brain Injury Alliance of Michigan and at the fall annual conference of the National Association of State Head Injury Administrators fall conference
- Pender continues to represent the Public Health Division on the Iowa Council on Homelessness

# Strong Infrastructure Components for Brain Injury (BI): State Self-Assessment Tool

Building a strong state infrastructure takes time, effort, and planning from many individuals and organizations. There are several key components necessary to create a comprehensive state system of services, partners, funding, and policy. Infrastructure building is a process and requires routine assessment, regardless of what level your state may have achieved. BI partners and collaborators identified the following 10 components necessary for building a solid system of sustainable services and supports:

1. Designated Lead State Agency
2. Advisory Board
3. Needs and Resources Assessment
4. State Plan
5. BI Advocacy for Policies for Services and Supports
6. Access to Services / Service Provision
7. Program Evaluation
8. Funding / Sustainability
9. Partnerships
10. Systems Data

## How to use this tool

1. **Check all the levels (basic, intermediate, and advanced) that describe your state's progress.** It is possible to have items checked across multiple levels; this is merely a general guide to assist you in reviewing your system.

2. **Please select items if the statements mostly fit for your system.** Please note, you do not have to meet all the conditions for an item listed below to be checked. Again, this is just meant to be a guide.

3. **A state should consider re-assessing at various points of time to assist in state planning efforts.** Examples of opportune times may include:

   - Conducting a new needs assessment
   - Developing, revising, or updating a state plan
   - Applying for a significant grant opportunity

| Person Completing Form: | |
|---|---|
| Name of Lead Agency/Organization: | |
| State: | Date Form Completed: |

| Component 1 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Designated Lead State Agency**<br><br>A designated lead agency demonstrates a commitment to assist people with BI and their families, supports the advisory board, and seeks funding opportunities to create and sustain these supports at a state systemic level. | **The lead agency:**<br><br>☐ Is selected<br><br>☐ Selects/contracts for staff and/or other resources to assist with activities<br><br>☐ Communicates with other agencies to develop awareness of the need for resources and services<br><br>☐ Supports full participation of people with BI, family/caregivers<br><br>☐ Supports diverse representation in planning, policy, and program development | **The lead agency:**<br><br>☐ Is recognized by multiple entities as having expertise and access to resources for BI<br><br>☐ Collaborates with multiple organizations<br><br>☐ Collaborates on development of an infrastructure to coordinate state BI services and supports<br><br>☐ Builds relationships for assistance in data collection/analysis, strategic planning, program development, and state plan implementation<br><br>☐ Participates in development and dissemination of resources | **The lead agency:**<br><br>☐ Is proactive in seeking/ maintaining funding and resources outlined in the state plan<br><br>☐ Works with broader disability or healthcare organizations on issues related to BI<br><br>☐ Invites people with BI to participate in broader disability-related activities<br><br>☐ Provides other agency staff opportunities to receive BI-related training<br><br>☐ Includes BI-related information and resources in other agency programs and services<br><br>☐ Offers opportunities for screening and identification of BI for populations with a high prevalence rate of BI, for example, those experiencing homelessness<br><br>☐ Enters into memoranda of understanding (MOUs) for sharing records, data, or funding<br><br>☐ Holds legislative authority for services, resources, and funding |

| Component 2 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Advisory Board**<br><br>The advisory board provides an opportunity to ensure a variety of stakeholders participate in determining the needs of individuals with BI, their families, and support systems. It creates structure for statewide cross-systems collaboration, which is essential for systems change work. | **The Advisory Board:**<br><br>☐ Determines an effective number of board members<br><br>☐ Represents individuals with BI, families/caregivers, providers, vulnerable and underserved populations, key state agencies, disability community-at-large, and other collaborators statewide<br><br>☐ Agrees on a shared vision and an established mission statement<br><br>☐ Hosts a regular schedule of meetings | **The Advisory Board:**<br><br>☐ Establishes operational procedures<br><br>☐ Routinely reviews the mission statement and board goals<br><br>☐ Establishes a formal planning process for board development<br><br>☐ Establishes work groups, committees, or other working bodies to share the work<br><br>☐ Involves members who serve as liaisons to relevant collaborative partners<br><br>☐ Maintains a focus on the current state plan to guide board priorities and activities | **The Advisory Board:**<br><br>☐ Establishes formal bylaws<br><br>☐ Involves members working as a unified board and as individual liaisons to and from their respective agencies, associations, or advocacy groups in carrying out the mission<br><br>☐ Uses an ongoing process to identify and address BI policy issues<br><br>☐ Is instrumental in moving the State Plan forward<br><br>☐ Operationalizes within the state's governmental system, ideally with adequate staff and funding support<br><br>☐ Includes individuals with lived experience in positions of leadership and decision making<br><br>☐ Engages in regular monitoring of state plan implementation progress |

| Component 3 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Needs and Resources Assessment**<br><br>The lead agency facilitates a statewide needs assessment, starting with a vision of what the system should be, what it currently is, measurement of the gap and short and long-term recommendations to close the gap. | **The lead agency:**<br><br>☐ Demonstrates knowledge of methods to assess needs<br><br>☐ Creates plan to disseminate surveys etc., to ensure diverse input including multiple methods of dissemination<br><br>☐ Involves individuals with BI and their family members in development of the assessment tool<br><br>☐ Uses plain language and provides alternative formats<br><br>☐ Disseminates assessment using culturally sensitive methods<br><br>☐ Identifies existing services, gaps, or barriers to services in both the private and public sectors<br><br>☐ Uses a process for reviewing the assessment results leading to state plan recommendations<br><br>☐ Establishes a method for disseminating the results | **The lead agency:**<br><br>☐ Represents the state's diversity, cultural needs, and underserved populations within the assessment<br><br>☐ Involves individuals with BI and family members in evaluating the tool and recommending improvements | **The lead agency:**<br><br>☐ Commits resources to fund an ongoing assessment process (3-5 year cycle)<br><br>☐ Provides information about the costs of existing services and supports in the private and public sectors in order to assist with state plan development<br><br>☐ Considers and implements targeted needs assessments as needed to gather information about specific infrastructure components |

| Component 4 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **State Plan**<br><br>The state plan determines how to best improve the services and supports for people living with BI. Plans include goals for addressing unmet needs and sustaining current initiatives in the state. State plan oversight lies with the lead state agency; however, full implementation requires multiple partners. | **The Plan:**<br><br>☐ Incorporates specific timeframes<br><br>☐ Reflects the needs and resources assessment results and other available data<br><br>☐ Involves strategic partners, individuals with BI, family members in development<br><br>☐ Reflects the needs prioritized by people with BI and family members<br><br>☐ Describes a person-centered, person- and family-directed, and culturally competent framework related to desired service delivery | **The Plan:**<br><br>☐ Describes a process for measuring and documenting actions that build collaboration and sustainability of services and supports<br><br>☐ Utilizes SMART (Specific, Measurable, Attainable, Relevant, and Time-based) objectives<br><br>☐ Provides strategies to support collaboration among relevant partners and agencies<br><br>☐ Cites relevant historical information and justification for activities<br><br>☐ Incorporates a mechanism for structured feedback to promote continued dialogue and evaluation among partners<br><br>☐ Includes recommendations for policy development for coordinated systems of services and supports<br><br>☐ Incorporates available data in the assessment of needs and resources | **The Plan:**<br><br>☐ Promotes and reflects interagency buy-in through MOUs or MOAs, letters of commitment, or mandated involvement from other agencies involved<br><br>☐ Identifies a collaborative interagency structure for building and maintaining interagency support, planning, and problem-solving<br><br>☐ Functions as a living document and is reviewed on a regular basis<br><br>☐ Becomes a vehicle to assess potential feasibility, relevance, and evaluation of existing efforts and new initiatives.<br><br>☐ Includes components to address sustainability of programs, services, and supports |

ACL
Administration for Community Living

TBI TARC
Traumatic Brain Injury
Technical Assistance and
Resource Center

| Component 5 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **BI Advocacy for Policies for Services and Supports**<br><br>The lead state agency is positioned to partner with the appropriate entities to promote state policies that ensure access and support for people with BI. | **The State:**<br><br>☐ Incorporates items from the needs assessment to develop an agenda for policy change and evolution of services/ supports<br><br>☐ Identifies key agencies/ individuals to collaborate and advocate for policy improvements<br><br>☐ Builds partnerships with organizations, individuals with BI, and their families to advocate for and foster the development of BI public awareness and policy agenda | **The State:**<br><br>☐ Uses the assessment and the State Plan to advocate for increased collaboration/focus on policy<br><br>☐ Facilitates the implementation of the State Plan by developing a working knowledge of State governmental structure and functions<br><br>☐ Establishes mutually beneficial relationships with champions in state agencies, legislature, associations, and communities<br><br>☐ Enlists commitment from key agencies/individuals to strengthen focus and build strategies for development and implementation of policy<br><br>☐ Seeks agencies and organizations who represent unserved/ underserved, vulnerable, and/or ethnic/racial and minority populations<br><br>☐ Creates a comprehensive policy agenda and action plan that reflects the consensus of key partners and has been vetted by the broadest possible community including individuals with BI and Families/Caregivers<br><br>☐ Benchmarks policy issues identified against national data and evidenced-based/best practice research | **The State:**<br><br>☐ Integrates the State Plan elements into the strategic initiatives/plans of relevant State agencies<br><br>☐ Actively engages key collaborators in ongoing processes of evaluation of policy impact and advocating for evolution of policy<br><br>☐ Consults with policy analysts or state strategic planners to optimize opportunities to include BI policy and program policy language and recommendations<br><br>☐ Pursues public-private partnerships to maximize access to establish long-term sustainable funding<br><br>☐ Addresses and integrates BI at all levels within the state's laws, regulations, and funding systems<br><br>☐ Seeks opportunities to pilot service approaches |

| Component 6 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Access to Services / Service Provision**<br><br>Individuals with BI and families are supported through an array of services that address needs across recovery and over a lifetime.<br><br>Needs are identified and support is person-centered and customized. | **The State:**<br><br>☐ Implements core components (Advisory Board, Lead Agency, Needs and Resources Assessment, and State Plan) as the foundation for coordinating state systems of services and supports<br><br>☐ Researches existing service models for use based on current assessment data | **The State:**<br><br>☐ Develops easily identified and user-friendly points of entry to the state's service delivery systems<br><br>☐ Develops in-service basic training programs that may include screening, support, referral, basic information for the state's service providers, administrators, community providers and decision makers<br><br>☐ Develops a state plan that outlines the mechanism and methods for coordinated systems of services/supports<br><br>☐ Develops a BI screening process of new applicants and existing clients for the state's systems of services/supports<br><br>☐ Formalizes state agency and other key partner commitments to coordinate the State's systems of services/supports | **The State:**<br><br>☐ Implements BI screening of new applicants and existing clients for the state's systems of services/supports.<br><br>☐ Implements the state plan for coordinating systems of services/ supports<br><br>☐ Develops a collaborative interagency structure devoted to ongoing coordination of system services/ supports<br><br>☐ Establishes an evaluation plan to review, revise, and/or expand system coordination as needed<br><br>☐ Captures client satisfaction<br><br>☐ Captures provider satisfaction and practices<br><br>☐ Coordinates the development and delivery of an advanced curriculum for in-service education programs and updates on emerging practices and advances in the field for service providers, administrators, and decision makers |

| Component 7 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Program Evaluation**<br><br>The lead state agency guides and ensures that program evaluation is a central component for assuring effective supports, for individuals with BI and their family members/ caregivers. | The lead agency:<br><br>☐ Facilitates recognition that evaluation is a necessary process<br><br>☐ Creates a team to make recommendations for developing an evaluation process<br><br>☐ Develops a process to gather data associated with goals, objectives, initiatives, and programs<br><br>☐ Incorporates the results of customer satisfaction surveys or other feedback mechanisms on a continuous basis as a measure of accountability | The lead agency:<br><br>☐ Ensures that dedicated resources are available for a periodic evaluation process<br><br>☐ Conducts evaluations routinely to assure the most current and relevant information<br><br>☐ Utilizes outcome measures to gauge progress, effectiveness, value, and significance of programs and services<br><br>☐ Uses data gathered for multiple purposes such as strategic planning, evaluation of existing services and supports, state plan revisions, and the development of proposed policies and initiatives<br><br>☐ Documents progress in the development of services and supports.<br><br>☐ Provides justification for development, expansion, or revision of services and supports<br><br>☐ Shares information with leadership and relevant partners | The lead agency:<br><br>☐ Ensures independent evaluation process is in place<br><br>☐ Ensures quality feedback loops and action item development<br><br>☐ Encourages service delivery decisions that are based on evidence generated from data collection/cost analysis.<br><br>☐ Promotes multiple service systems collaboration<br><br>☐ Anticipates the need to justify funding challenges affecting services and supports<br><br>☐ Ensures a process is in place for periodic review and analysis of programs and supports<br><br>☐ Shares results with the public, e.g., use of a dashboard |

| Component 8 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Funding / Sustainability**<br><br>The lead state agency maintains program sustainability as a priority. The goal is to ensure that capacity building and systems change activities continue, yielding positive outcomes for individuals with BI. | **The lead agency:**<br><br>☐ Applies available state funding to leverage federal funding streams<br><br>☐ Researches and compares eligibility and program standards of system services to determine programs for which individuals with BI may be eligible<br><br>☐ Explores the concept of developing a network of collaborators to examine promising practices related to funding<br><br>☐ Develops collaborations with coordinated messaging to provide outreach, data, and education to state leaders<br><br>☐ Identifies quality improvement and outcome-based measures for determining success in service delivery with the aim of funding for continued or expanded services/supports | **The lead agency:**<br><br>☐ Researches best practices related to cost effective and efficient approaches to service delivery<br><br>☐ Develops a plan for implementing best practices in funding services identified<br><br>☐ Explores multiple sources of funding (this includes grant funding) to prevent sole dependence on one funding source<br><br>☐ Engages collaborators to help implement the funding of the State Plan into the State's systems of services/supports<br><br>☐ Develops a strategic plan on how quality improvement and outcome-based measures can be used to justify continuation or expansion of funding | **The lead agency:**<br><br>☐ Implements best practices in funding cost effective and efficient approaches to service delivery.<br><br>☐ Implements the state plan and incorporates funding for quality improvement and outcome-based measures<br><br>☐ Uses outcome-based information to justify continuation or expansion of funding for services/supports.<br><br>☐ Facilitates opportunities for innovation related to cost sharing, coordinating services/supports, and working creatively with funding sources<br><br>☐ Incorporates suggestions from individuals with BI, their families/caregivers, and providers |

| Component 9 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Partnerships**<br><br>The lead state agency creates and maintains partnerships to share resources (products, staff, and expertise), increase impact, decrease challenges, and improve systemic sustainability. | The lead agency:<br><br>☐ Identifies partners and areas for potential cooperative ventures<br><br>☐ Develops relationships with other groups sharing similar missions and/or needs as a way to build service delivery systems responsive to everyone<br><br>☐ Develops a working understanding of the mission, vision, and goals of collaborating agencies and organizations<br><br>☐ Establishes a mechanism for identifying issues of mutual interest between partners | The lead agency:<br><br>☐ Creates new partnerships that are mutually beneficial to agencies and other disability groups<br><br>☐ Increases visibility and awareness of needs resulting from BI and related issues within relevant health and human service agencies and councils<br><br>☐ Engages in a variety of informational and educational opportunities, joint projects, and regular interactions | The lead agency:<br><br>☐ Establishes partnerships and shares resources through formal contracts and other written statements of commitment that support joint strategies and approaches<br><br>☐ Develops processes to evaluate and strengthen the effectiveness of the collaboration<br><br>☐ Collaborates on federal program funding opportunities that could enhance services and supports |

| Component 10 | Basic | Intermediate | Advanced |
|---|---|---|---|
| **Systems Data**<br><br>The state lead agency promotes the use of systems data to identify individual and state BI incidence and prevalence and provide rationale for prioritizing and increasing funding. | **The lead agency:**<br><br>☐ Assesses data needs for surveillance, service planning, and/or linking individuals to services<br><br>☐ Determines available sources of data<br><br>☐ Determines additional data needs and processes for obtaining the data<br><br>☐ Determines which agencies are involved in collecting data<br><br>☐ Determine if legislation or regulatory procedures are needed for new data sources<br><br>☐ Defines the purpose or intended use and type of data collected<br><br>☐ Obtains buy-in and collaboration from organizations that collect or would benefit from data | **The lead agency:**<br><br>☐ Ensures a process for confidentiality through MOUs, MOAs, or other processes<br><br>☐ Identifies who receives information and how information will be used<br><br>☐ Develops a process to collect and analyze data<br><br>☐ Develops a budget needed to collect and analyze data<br><br>☐ Develops and pilots methods for linking people to services based on the data<br><br>☐ Develops information on resources and assistance that may be available for people with BI and families/caregivers<br><br>☐ Expands existing service coordination systems for people with other types of disabilities to include individuals with BI<br><br>☐ Uses data to develops a plan for resource facilitation or service coordination to link people to services | **The lead agency:**<br><br>☐ Ensures there is authority in place (for example, legislation) to implement the registry and mandate reporting<br><br>☐ Uses data to link people with BI to appropriate services/supports and/or service coordination<br><br>☐ Institutes a surveillance system for service delivery issues that examines the magnitude of the problem, identifies the causes, and identifies high-risk groups<br><br>☐ Implements a service linkage system to link people with BI to resources, services, and supports<br><br>☐ Implements a plan to identify individuals with BI in institutional settings who may be eligible for home and community-based services<br><br>☐ Implements a multi-data system review for comparing data across organizations and systems |

**This tool is adapted from:**

## ABOUT TBI TARC

## Component 1. Designated Lead State Agency: A designated lead agency demonstrates a commitment to assist people with brain injury (BI) and their families, supports the advisory board, and seeks funding opportunities to create and sustain these supports at a state systemic level.

### Strengths:
- Iowa Health and Human Services (HHS) Division of Public Health (formerly Iowa Department of Public Health) is designated Lead State Agency for brain injury in Iowa Code 135.22A
- The Brain Injury Program includes staff for the management of state funded Brain Injury Services Program and the Administration for Community Living's Traumatic Brain Injury State Partnership grant and brain injury surveillance.
- These staff are also responsible for providing administrative support to the Advisory Council on Brain Injuries
- Screening tool for brain injury is promoted and available online at https://yourlifeiowa.org/brain-injury

### Opportunities: None identified.

## Component 2. Advisory Board: The advisory board provides an opportunity to ensure a variety of stakeholders participate in determining the needs of individuals with BI, their families, and support systems. It creates structure for statewide crosssystems collaboration, which is essential for systems change work.

### Strengths:
- The Advisory Council on Brain Injury (Council) is established in Iowa Code 135.22A
  - Requirements regarding who shall serve as voting and non-voting members are outlined, including the minimum number of members appointed.
    - Individuals with lived experience make up the majority of voting members
    - Brain injury providers, state agency representatives and other key partners serve on the council or are regularly engaged in the meetings.
  - Purpose and activities of the council are described.
  - Frequency of meetings is determined (quarterly).
  - Additional information regarding the council's mission, membership and officers, duties, meetings, minutes, task force groups and expenses are further established in IAC 641.55
- Individuals with lived experience make up the majority of
- Key activities of the council include developing, supporting, and monitoring a State Plan for Brain Injuries.

### Opportunities:
- Establish a formal planning process for board development. While the council has a handbook and new member orientation process, more could be done to support ongoing board development.

## Component 3. Needs and Resources Assessment: The lead agency facilitates a statewide needs assessment, starting with a vision of what the system should be, what it currently is, measurement of the gap and short and long-term recommendations to close the gap.

### Strengths:
- Iowa HHS Brain Injury Program staff, in partnership with the Council, regularly conduct needs assessment activities to gather input and feedback from individuals with lived experience, providers and others interested in brain injury services and systems in Iowa.
- The Council has had opportunities to review assessment questions and provide recommendations for improvement.

### Opportunities:
- Review and ensure tools use plain language, are available in alternate formats and are disseminated using culturally appropriate methods.
- Assessment implementation plan should include strategies for gathering input from individuals from traditionally under-represented populations.
- Targeted needs assessments could be used to gather specific information about specific infrastructure and service systems components.

## Component 4. State Plan: The state plan determines how to best improve the services and supports for people living with BI. Plans include goals for addressing unmet needs and sustaining current initiatives in the state. State plan oversight lies with the lead state agency; however, full implementation requires multiple partners.

### Strengths:
- A variety of individuals are involved in the development of the state plan, including individuals with lived experience, state agency representatives, brain injury providers and other partners.
- Findings from needs assessments and other surveillance data are reviewed and utilized during the development of the state plan.
- The state plan is utilized by Iowa HHS and the Advisory Council for prioritizing work, including grant funded initiatives.

### Opportunities:
- The current state plan describes overarching goals with recommended strategies for making progress on those goal areas. Utilization of SMART objectives could help drive progress on the plan.
- A format similar to the one used for Iowa's State Health Improvement Plan, Health Iowans, could be used to better engage partners statewide in the development, implementation and reporting of progress on the plan. This could also promote and reflect commitment and engagement within HHS and across state agencies.

## Component 5. BI Advocacy Policies for Services and Supports: The lead state agency is positioned to partner with the appropriate entities to promote state policies that ensure access and support for people with BI.

Strengths:

- While state employees are limited in the ability to advocate for legislative policy change, they are able to engage in education and may be able to influence informal policies within state government. Examples of this have included development of concussion guidelines in partnership with the Department of Education and the inclusion of language to raise awareness of available supports through Neuro-Resource Facilitation.
- Iowa HHS is currently piloting a process for developing brain injury informed systems through increased screening for brain injury and referral to Neuro-Resource Facilitation.
- Iowa HHS has increased surveillance and analysis to identify high priority populations for interventions and support.
- Iowa HHS is partnering with University of Iowa to conduct evaluation of concussion return to learn and return to play policy.
- The Brain Injury Alliance of Iowa has been a long-standing partner of the Council in driving legislative policy to establish state funding for the Brain Injury Services Program and establishment of brain injury services funded through Iowa Medicaid.

Opportunities:

- Iowa HHS, the Council and other partners should contribute specific objectives to the Health Iowans plan, based on goals outlined in the State Plan.
- Increase development and utilization of data briefs to educate decision makers.

## Component 6. Access to Services/Service Provision: Individuals with BI and families are supported through an array of services that address needs across recovery and over a lifetime. Needs are identified and support is person-centered and customized.

Strengths:

- Being positioned in Iowa HHS, particularly within Public Health Division, allows for easier access to brain injury surveillance data.
- Recently we have been working with the Brain Injury Alliance to develop a data dictionary for their resource facilitation program and to support utilization of a tool for assessing potential client needs related to social drivers of health as a means for identifying trends for common areas of need and possible measure for program outcomes.

Opportunities:

- Continue to identify opportunities, and garner agreement, for integrating brain injury screening into various state systems
- Develop in-service training and education for Iowa HHS staff and partners.
- Identify opportunities for program evaluation for quality improvement and assessing strengths and weaknesses of various brain injury systems.

## Component 7. Program Evaluation: The lead state agency guides and ensures that program evaluation is a central component for assuring effective supports, for individuals with BI and their family members/ caregivers.

### Strengths:

- A logic model for the Brain Injury Program was developed in partnership with our primary contractor, the Brain Injury Alliance of Iowa, and shared with the Council.
- The Brain Injury Program implemented an evaluation component in the current grant project and has an evaluation requirement in the current NRF contract.
- We are working with the Brain Injury Alliance to leverage their new data system to generate data visualizations, which could be shared via a brain injury data dashboard which is currently in development.

### Opportunities:

- Need to be more intentional about evaluation and ensuring there is adequate funding budgeted for that activity.
- We have quality improvement tools and expertise available within Iowa HHS, which has shown success in identifying areas for improvement in our outreach. Similar strategies can be used in other areas of our work and technical assistance could be provided to our partners.

## Component 8. Funding/sustainability: The lead state agency maintains program sustainability as a priority. The goal is to ensure that capacity building and systems change activities continue, yielding positive outcomes for individuals with BI.

### Strengths:

- The Brain Injury Services program is supported by state and federal funds, including a variety of grant programs.  The program routinely seeks input from individuals with lived experience.

### Opportunities:

- We are currently working on developing outcome measures to demonstrate the value of the program.

## Component 9. Partnerships: The lead state agency creates and maintains partnerships to share resources (products, staff, and expertise), increase impact, decrease challenges, and improve systemic sustainability.

### Strengths:

- Partnerships are diverse and regularly nurtured with other statewide programs and have been expanded to community-based organizations.

### Opportunities:

- Expand partnership with community-based organizations, especially culturally-specific programs and programs where individuals with brain injury are likely seen (e.g. homeless, behavioral health, domestic violence)

## Component 10. Systems Data: The state lead agency promotes the use of systems data to identify individual and state BI incidence and prevalence and provide rationale for prioritizing and increasing funding.

Strengths:

- Iowa has legislatively mandated a brain injury reporting and registry (Iowa Code 135.22) that is used to conduct outreach for connecting people with brain injury to resource facilitation for support in finding appropriate services and supports.

Opportunities:

- With the new HHS alignment recommendations, there are likely opportunities to partner with the Aging and Disability Services Division as they develop the new multi-sector plan and update the Aging and Disability Resource Centers to improve systems for linking people with brain injury to services and supports.