

Meeting Summary

Division: Public Health

Meeting Topic: Brain Injury Advisory Committee Brain Injury State Plan Development

Facilitator: Maggie Ferguson, Ellen Maahs, Gabby Tufts

Date: 11/06/2025

Time: 11 – 1 pm

Location: Zoom

Meeting Objectives

Update State Plan for Brain Injuries Focus Area 1 through review of goals and tactics.

Reference document: [2021-2026 State Plan](#)

Meeting Participants

| Community Voices Members | Organizational Representative Members | Iowa HHS Brain Injury Program Staff |
|--------------------------|---------------------------------------|-------------------------------------|
| Tia Clark ✓ | Marsha Burright ✓ | Maggie Ferguson ✓ |
| Brenda Easter ✓ | Catherine Johnson | Jim Pender ✓ |
| Andrea Gomez ✓ | June Klein-Bacon | Toby Yak ✓ |
| Eric Lietsch | Brooke Lovelace | |
| Ashley Smith | Krys Pursell ✓ | |
| Jim Torner ✓ | Margot McComas | |
| Jordan True | LeAnn Moskowitz | |
| | Laura Leise | |
| | Angela VanPelt | |
| | Melissa Walker ✓ | |

Others in attendance:

Gabby Tufts (Iowa HHS)

Ellen Maahs (Iowa HHS)

Agenda Topic and Topic Summary

1. Status of Current Plan – Focus Area 2

- Maggie Ferguson provided an update on current action steps.
- Training modules for direct service professionals are being revised for brevity and accessibility, with a launch planned for January 2025.
- A training academy is in development to offer in-person, on-demand, and fee-based trainings to support frontline workers in the brain injury system.

2. Review of Meetings 1 & 2

- Committee members discussed observations and impressions.

3. Focus Area 2: Service System Enhancements

Goal 1: Increase brain injury screening, assessment, and service coordination across systems of care.

- Carried over from Focus Area 1.
- Suggested revision: “Create brain-injury informed systems.”

Goal 2: Improve timely access to appropriate medical and community-based services.

- Carried over from Focus Area 1.

Goal 3: Develop service and policy recommendations to meet the needs of Iowans with brain injury.

- Policy briefs and best practices were proposed as a strategy.
- Emphasis on person-centered planning and public education.
- **Decision:** Retain and revise Goal 3 to include both service and policy recommendations.

Goal 4: Develop a well-trained and culturally competent workforce.

- Discussion on the appropriateness of the term “culturally competent” (originally from grant language).

- Concerns raised about data availability and the evolving nature of workforce needs.
- Suggestions included embedding brain injury content in staff training and leveraging existing resources.
- Evaluation of training impact was identified as a gap.
- **Decision:** Revise Goal 4 to “Provide customized educational resources to develop a well-trained workforce to serve and support individuals with brain injury.”

4. Tactics Discussion

- Emphasis was placed on collecting data, including lived experience, applying best practices, and leveraging existing resources.
- A “Keep, Update, or Remove” exercise was conducted to evaluate current tactics.

Goal 1: Brain Injury Screening, Assessment, and Coordination

Tactic 1: Train primary care or allied health professionals on brain injury information, screening, and referral.

- Discussion highlighted the need to broaden the target audience beyond primary care.
- Consideration was given to aligning tactics with areas of existing momentum and partnerships.
- Some overlap noted with other tactics; however, the group agreed the training types differ.
- **Decision:** Keep; revise language to reflect broader systems engagement.

Tactic 2: Train unintegrated organizations (e.g., Iowa Workforce, food pantries, MHDS access centers) on brain injury screening and referral.

- Recognized as a high-need area due to lack of screening in these settings.

- Recommendation to align with ongoing system changes within Iowa HHS.
- **Decision:** Keep; update terminology to “Brain Injury Resource Facilitation” and add a tactic on systems change.

Tactic 3: Provide community-based and virtual “Brain Injury 101” trainings.

- Viewed as essential for public engagement.
- Recommendation to incorporate the chronic condition classification into content.
- **Decision:** Keep as is.

Tactic 4: Increase access to professional assessments and services.

- Concerns raised about feasibility and influence over this area.
- **Decision:** Remove.

Tactic 5: Develop formal agreements with MHDS regions to increase referrals.

- Noted that MHDS regions no longer exist; concerns about relevance and influence.
- **Decision:** Remove.

Goal 2: Improve timely access to appropriate medical and community-based services.

- Carried over from Focus Area 1.

Goal 3: Evaluation and Recommendations

Tactic 1: Evaluate the brain injury service system, including gaps and barriers.

- Acknowledged as necessary despite uncertainty about implementation.
- **Decision:** Keep.

Tactic 2: Report findings and recommendations from the evaluation.

- **Decision:** Keep.

Tactic 3: Prioritize actionable recommendations from the evaluation.

- Discussion focused on defining the audience and scope of the “service system.”



- Emphasis on stakeholder involvement and preserving lived experience input.
- **Decision:** Revise wording to: “Explore opportunities to share recommendations from the service system evaluation report to address service gaps and barriers.”

No public comment was received.

Next meeting: November 21, 2025, from 10:30 – 12:30

For inquiries about this meeting, please email brain.injury@hhs.iowa.gov