

Meeting Summary

Division: Public Health

Meeting Topic: Update of State Plan for Brain Injuries

Facilitator: Maggie Ferguson, Ellen Maahs, Gabby Tufts

Date: 11/21/2025

Time: 10:30am-12:30pm

Location: Zoom

Meeting Objectives

Update State Plan for Brain Injuries Focus Area 2 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 Burrigh	Maggie Ferguson ✓
Brenda Easter ✓	Catherine Johnson	Jim Pender ✓
Andrea Gomez	June Klein-Bacon ✓	Toby Yak ✓
Eric Lietsch	Brooke Lovelace	
Ashley Smith	Krys Purscell	
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 Summary of Discussion Items

1. Status of Current Plan – Focus Area 2: Service System Enhancements

- Updates were provided on the progress of action steps under Focus Area 2.

- Training modules for direct service professionals are being updated and are expected to launch in January 2025. These will be shorter and more accessible.
- A training academy is in development to offer in-person, on-demand, and fee-based training options to support frontline workers in the brain injury service system.

2. Review of Meetings 1 & 2

- There is an opportunity to align Goal 2 with initiatives like Healthy Hometowns and to promote awareness of brain injury as a chronic condition.
- Initial concerns about missing individual access issues have been addressed through ongoing discussion and clarification.
- The group emphasized the importance of inclusive terminology, noting that the plan should address both traumatic and non-traumatic (acquired) brain injuries.
- It was suggested that references to COVID-19 in the plan be reconsidered for relevance.
- The need for a system-wide assessment was discussed, including identifying service deserts, workforce shortages, and infrastructure gaps.

3. Goals Discussion. Focus Area 2: Service System Enhancements

Goal 1: Increase brain injury screening, assessment, and services coordination across systems of care that address multi-occurring conditions frequently experienced by individuals with brain injury.

- This goal was carried over from Focus Area 1.
- The group discussed reframing the goal to emphasize the creation of “brain injury-informed systems.”

Goal 2: Improve timely access to the appropriate medical and community-based services for people with brain injury.

- This goal was carried over from Focus Area 1.

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

- The group agreed this goal should remain, with emphasis on continuous refinement based on emerging best practices.
- Suggestions included developing policy briefs and incorporating person-centered planning.
- **Decision:** Retain the goal with updated language, “Develop service and policy recommendations to meet the needs of Iowans with brain injury.”

Goal 4: Develop a well-trained and culturally competent workforce of providers that serve and support individuals with brain injury.

- The group discussed whether “culturally competent” remains appropriate language and agreed to simplify the goal while addressing specifics in the tactics.
- Concerns were raised about the availability of data to inform workforce development and the need for sustainable strategies.
- The importance of evaluating training effectiveness was noted, including tracking usage and outcomes (e.g., school nurse training participation).
- The group acknowledged that while the committee may not be responsible for ensuring all providers are trained, it can support the development and dissemination of educational tools.
- **Decision:** Update the goal to, “Provide customized educational resources to develop a well-trained workforce to serve and support individuals with brain injury.”

4. Tactics Discussion

- Emphasis on collecting data, including lived experience, and aligning with best practices.

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- The group conducted a “Keep, Update, or Remove” review of existing tactics.
 - There was consensus on leveraging existing resources and aligning efforts with broader system initiatives.

Goal 1: Increase brain injury screening, assessment, and services coordination across systems of care that address multi-occurring conditions frequently experienced by individuals with brain injury.

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

- Discussion highlighted the need to broaden the audience beyond primary care and allied health.
- Suggestion to reframe the tactic to focus on targeted systems and disciplines.
- **Recommendation to change goal** to “Establish consistent, system-wide practices for brain injury screening, assessment, and coordinated services for individuals with multi-occurring conditions”.
- **Decision:** Keep – with potential refinement to clarify audience and scope.

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

- Recognized as a valuable tactic due to the high number of unscreened individuals in these settings.
- **Decision:** Update,
 - Revise terminology from NeuroResource Facilitation (NRF) to “Brain Injury Resource Facilitation” and
 - Add a tactic focused on system-level changes.

Tactic: Provide community-based and virtual Brain Injury 101 trainings to Iowans.

- Viewed as a foundational engagement tool.

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- Recommendation to incorporate messaging about brain injury as a chronic condition.
 - **Decision:** Keep as is – with content updates as needed.

Tactic: Increase access to professional assessments, treatment plans, and ongoing services.

- Concerns raised about feasibility and influence over this area.
- Determined to be aspirational but not actionable within the committee's scope.
- **Decision:** Remove

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

- Noted that MHDS regions no longer exist in the same form.
- Discussion emphasized the need to clarify what service coordination looks like and what is within the committee's influence.
- **Decision:** Remove

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

Tactic: Evaluate the brain injury service system, including gaps in care and barriers to services.

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

Tactic: Report findings and recommendations from the service system evaluation.

- Seen as a logical follow-up to the evaluation process.
- **Decision:** Keep

Tactic: Prioritize actionable recommendations from the evaluation to address service gaps and barriers.

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- Discussion focused on defining the audience for recommendations and the scope of the “service system.”
 - Emphasis on stakeholder engagement and inclusion of lived experience.
 - **Decision:** Change 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: December 12, 2025 from 10:30am-12:30pm

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