

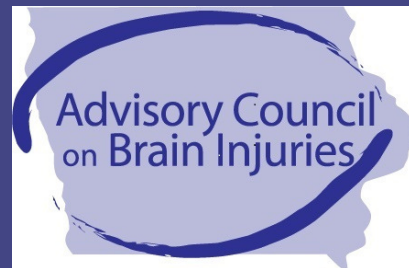
STATE PLAN FOR BRAIN INJURY

2021 - 2026



Advisory Council
on Brain Injuries

Executive Summary

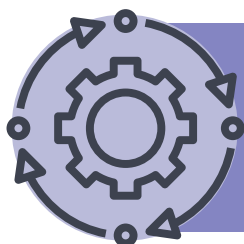


Brain injury significantly impacts the lives of thousands of individuals living in Iowa each year. Injury to the brain can be caused by an external force such as an injury from a fall, motor vehicle crash or assault or from conditions such as a stroke, infection, poisoning or lack of oxygen. Concussions, sometimes referred to as mild traumatic brain injury, are also a type of brain injury which can have long-term consequences for an individual.

Iowa's Advisory Council on Brain Injuries seeks to reduce the impact of brain injury by recommending policies and programs to reduce the occurrence of brain injury and to improve outcomes for those who have sustained one. This **State Plan on Brain Injury 2021 - 2026** includes their recommendations for Iowa for the next five years.



Individual & Family Access



Service System Enhancements



Prevention



Awareness & Education

Introduction

Approximately 27,500 traumatic brain injury-related emergency department visits, hospitalizations, and deaths occurred each year in Iowa. This does not include non-traumatic brain injuries (such as stroke, poisoning or lack of oxygen) or when care was either provided in a setting other than the hospital or emergency department or when care was not sought.

A brain injury can result in physical, cognitive, emotional and behavioral changes. While brain injuries may be classified as mild, moderate or severe, this classification does not always reflect the degree to which the brain injury will impact the life of the individual over the long-term. Adjustment to disability after brain injury can be extremely difficult. In addition to injury-related challenges, individuals and families may experience difficulties and stresses associated with navigating various systems related to receiving and paying for services. Without appropriate care management, rehabilitation, and long-term services and supports, individuals who have sustained a brain injury frequently experience unemployment, social isolation, re-occurring hospitalizations, institutionalization, and homelessness. Their family members may experience social and economic challenges as a result as well.

To address these and other issues, **Iowa's Advisory Council on Brain Injuries** (the Council) publishes a state plan outlining their recommendations for improving the brain injury system in Iowa for the next several years. The plan is then used by the Council, state decision-makers and stakeholders to guide their work.

Prior to developing this plan, the Council's State Plan Task Force reviewed the Brain Injury Alliance of Iowa's (BIAIA) 2019 Needs Assessment Report, the 2020 Brain Injury Providers Needs Assessment Report developed by the Iowa Association of Community Providers and Council reports summarizing progress made on the current state plan. A survey of the Council's members, subject matter experts and key partners regarding priority areas the plan should address was also conducted in preparation of developing a new plan.

A consultant from the National Association of State Head Injury Administrators facilitated the process, which included seven task force meetings from November 2020 to April 2021, to work on the plan. The State Plan Task Force determined the current plan would be used as the framework for the next iteration as the foundational focus areas remained relevant with the addition of a fourth focus area. These included: 1) Individual and Family Service Access, 2) Service System Enhancements, 3) Prevention of Brain Injuries, and 4) Awareness and Education.

Public input on the draft plan was sought using both an online survey and a teleconference public hearing prior to finalizing the plan.



Focus Area 1:

Individual & Family Access

Appropriate services can be extremely difficult to locate and access after an individual has experienced a brain injury. NeuroResource Facilitation (NRF) data mirrors what has been shared by individuals with brain injury and their family members during needs assessments: access to information about brain injury, assistance with systems navigation, and care coordination are key elements to maximizing recovery and reestablishing quality of life following brain injury.

Service needs following brain injury are unique from person to person and family to family. For example, for individuals who access specific services, such as mental health or substance use treatment, it is important their treatment plan be adapted to address the physical and cognitive challenges caused by the brain injury through individualized supports and accommodations. Increased awareness of brain injury and person-centered planning leads to increased service success, better clinical outcomes, improved quality of life, reduced recidivism and reduced costs to individuals, families, their communities and the State of Iowa.

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

- Train primary care or allied health professionals on the importance of, and the associated resources for, brain injury information, screening, and referral.
- Train unintegrated organizations on screening, referral to NRF, such as Iowa workforce, food pantries, Mental Health and Disability Services (MHDS) access centers, on the importance of, and the available resources for, brain injury screening and referral for supports.
- Provide community-based and virtual Brain Injury 101 trainings to Iowans.
- Increase access to professional assessments, treatment plans and ongoing services from therapeutic or rehabilitative providers (e.g., physical, occupational and speech and language therapies and neuropsychology).
- Develop formal agreements with MHDS Regions to increase referrals to NRF Services.



Focus Area 1:

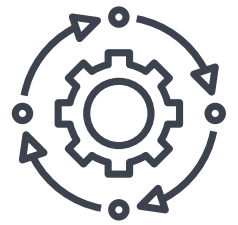
Individual & Family Access

Goal 2: Increase brain injury screening, assessment, and services coordination across systems of care that address multi-occurring conditions often experienced by individuals with brain injury.

- Review and prioritize strategies resulting from an evaluation of the current Iowa service system to improve service access for Home and Community-Based Services (HCBS), NRF, technology solutions including assistive technology, vocational rehabilitation and other long-term services and supports (LTSS).

Goal 3: Increase utilization of Neuro-Resource Facilitation (NRF) services in Iowa among underserved populations.

- Identify available data for determining underserved populations for focused outreach and NRF engagement.
- Increase NRF utilization by identified underserved populations.
- Evaluate effectiveness, efficiency, and accessibility of Iowa's current NRF program and report to the Council.



Focus Area 2:

Service Systems Enhancements

In recent years, Iowa has made improvements for meeting the needs of individuals with brain injury, specifically for treating neurobehavioral symptoms, improving treatment outcomes and reducing out-of-state placements. However, individuals with brain injury, their families and many service providers continue to report a variety of unmet needs. Training of direct support professionals about the unique needs and challenges individuals with brain injury and their family experience remains a priority.

Goal 4: Develop service recommendations to meet the needs of Iowans with brain injury.

- Evaluate the brain injury service system including gaps in care and barriers to services in Iowa.
- Report findings and recommendations resulting from the brain injury service system evaluation.
- Prioritize actionable recommendations from the service system evaluation report to address service gaps and barriers

Goal 5: Develop a well-trained and culturally competent workforce of providers that serve and support individuals with brain injury.

- Update the online brain injury training modules for direct service professionals providing brain injury services for use with all new hires and, electively, existing staff.
- Create additional brain injury training modules for case managers, care coordinators, utilization managers and LTSS planners for use by the Medicaid managed care organizations and other case management service providers in person centered planning.



Focus Area 3:

Prevention

Acquired brain injuries (ABIs) are commonly referred to as either a traumatic brain injury (TBI), which is caused by an external force or a non-traumatic brain injury (nTBI) which results from an internal cause such as poisoning, an infection, a lack of oxygen or a stroke.

Through the use of public health data, prevention strategies can be developed, and tailored for specific populations, to reduce the risk for sustaining a brain injury and developing long-term disability related to the injury.

Goal 6: Reduce preventable brain injury through implementation of sustainable, structural changes in Iowa.

- Engage with the Iowa Injury & Violence Prevention (IVP) Advisory Committee to recognize opportunities for prevention-focused collaboration and identify at least three IVP groups that align with the prevention priorities of the State Plan.
- Develop at least one plan or initiative related to prevention of brain injury in collaboration with other IVP groups.
- Assess the data reporting system for brain injury statistics.
- Implement at least one shared strategy demonstrating measurable outcomes for prevention of ABI.

Goal 7: Increase utilization of best practices for concussion prevention and management.

- Develop a data report on concussion and other traumatic brain injuries (TBIs).
- Develop recommendations for concussion surveillance in Iowa.
- Implement local and statewide training on screening, identification, and referral to reduce long term consequences of brain injury.
- Expand utilization of Teacher Acute Concussion Tool by school personnel.
- Expand athletic trainer reporting for youth sports concussions.



Focus Area 4:

Education & Awareness

Individuals with brain injury and their families continue to identify a lack of brain injury awareness and education among professionals as a barrier to accessing appropriate services and supports. Both general awareness about the impact of brain injury as well as education on creating brain injury-informed programs and systems is needed. This includes reaching people who work in settings where individuals with brain injury are likely to be seen, such as law enforcement and correctional officers, behavioral health professionals, educators, and professionals. And includes those who work with individuals who are at high risk for brain injury including individuals who have or currently experience homelessness or violence, participate in athletics or are refugees.

Goal 8: Increase awareness of brain injury within state systems and processes.

- Evaluate the infusion of brain injury-informed practices within state agencies.
- Develop a brain injury-competency focused training framework or model for use with state agencies and other partners.
- Identify state agency programs for partnership and increased brain injury awareness.
- Produce a collaborative training plan in conjunction with key state agency leadership to meet the needs of staff in roles such as vocational rehabilitation counselors, disability coordinators and employment providers.

Goal 9: Expand information on non-traumatic brain injury and prevention, including emerging issues (e.g. COVID-19).

- Develop and disseminate information on non-traumatic brain injury (NTBI) due to COVID-19.
- Develop a data brief on NTBI associated with COVID-19 and other health-related causes.



Focus Area 4:

Education & Awareness

Goal 10: Raise awareness about the incidence of traumatic brain injury related to motor vehicle injuries.

- Develop policy briefs on prevention-related topics such as traffic-related brain injuries.
- Disseminate public awareness messages about TBI resulting from motor vehicle accidents.

Goal 11: Raise awareness about the incidence of traumatic brain injury related to sports/recreational injuries.

- Increase the number of trainings delivered through the Iowa Concussion Speakers' Bureau.
- Adapt evidence-based programs for reducing brain injury health risk factors, behaviors, or exposures, for the inclusion of people with brain injury and other disabilities.
- Create sport/recreational injury prevention messaging for Brain Injury Awareness month and Concussion Awareness month.

Acknowledgements

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Thank you for taking the time to share your experiences and opinions with us!

Questions regarding this document, the Brain Injury Services Program or Iowa-specific brain injury data should be directed to the **Iowa Department of Public Health's Brain Injury Services Program** by calling 515-281-8465 or by emailing brain.injury@idph.iowa.gov



To learn more about the **Advisory Council on Brain Injuries**, including how to apply to be a member or participate in the state plan process, please visit

<http://idph.iowa.gov/brain-injuries>

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