

Iowa Advisory Council on Brain Injuries

SFY 22-26 State Plan Goals and Objectives

April 23, 2021

The following goals and objectives are the result of key activities of the Council's State Plan Task Force:

- A December 2020 survey of the Advisory Council on Brain Injury, council subject matter experts, and key partners
- Review of the 2019 Needs Assessment Report commissioned by the Brain Injury Alliance of Iowa and conducted by Quester and the 2020 Provider Brain Injury Needs Assessment Report developed by the Iowa Association of Community Providers
- A public input process resulting in feedback from 22 individuals through an online survey
- Seven work sessions of the State Plan Task Force from November 2020 to April 2021

The Individual and Family Access, Service System Enhancement and Prevention task forces developed specific goals and objectives based on the needs assessment information, the council survey, and public input survey results. Goals and objectives falling into the scope of the Council were determined for inclusion within the State Plan.

Between now and July 1st, tactics and measures will be finalized and specific targets for year one will be established where appropriate. Annually, a review and updates to the State Plan, where appropriate, will be accomplished.

Goals	Detail on the Specific Results We Expect to Achieve (Objectives)
Focus Area One: Individual and Family Access (I&FA)	
Increase brain injury screening, assessment, and service coordination across systems of care that address multi-occurring conditions often experienced by individuals with brain injury.	 Annually, train an increased number of primary care or allied health professionals on the importance of, and the associated resources for, brain injury information, screening, and referral. Annually, train an increased number of yet unintegrated organizations on screening, referral to neuro resource facilitation (NRF), (e.g., lowa workforce, food pantries, Mental Health and Disability Services access centers) on the importance of, and the associated resources for, brain injury screening and referral for supports. Annually, deliver an increased number of community-based and virtual ABI 101 to lowans. Annually, increase access to professional assessments and treatment plans and ongoing services from therapeutic / rehabilitative providers (e.g., physical, occupational, and speech and language therapies, neuropsychological, MPAI).

Improve timely access to the appropriate medical and community-based services for people with brain injury. Increase utilization of Neuro-Resource Facilitation (NRF) services in Iowa among underserved populations.	 By year 2, review and prioritize strategies resulting from an evaluation of the current lowa service system to improve service access for Home and Community-Based Services (HCBS), Neuro Resource Facilitation (NRF), technology solutions including assistive technology, vocational rehabilitation and other long-term services and supports (LTSS). By year 1, identify specific targets and associated anchor data for underserved populations for focused outreach and service engagement. By year 4, increase service utilization by identified underserved populations. By year 4, evaluate effectiveness, efficiency, and accessibility of lowa's current NRF program and report to the Advisory Council.
Focus Area Two Service System Enhancement	
Develop a well-trained and culturally competent workforce of providers that serve and support individuals with brain injury.	 By year 2, update online brain injury training modules for brain injury providers and direct service professionals for use with all new hires and, electively, existing staff. By year 3, 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.
Develop service recommendations to meet the needs of lowans with brain injury.	 By year 2, complete an evaluation of the brain injury service system including gaps in care and barriers to services in lowa. By year 3, finalize report inclusive of findings and recommendations resulting from the brain injury service system evaluation. For the duration of the State Plan, prioritize actionable recommendations from the service system evaluation report to address service gaps and barriers.
Focus Area Three Prevention	
Reduce preventable acquired brain injury through implementation of sustainable, structural changes in lowa.	 By year 1, engage with the Iowa Department of Public Health (IDPH) Injury and 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. By year 2, develop at least one plan or initiative related to prevention of acquired brain injury (ABI) in collaboration with other IVP groups. By year 2, assess the data reporting system for brain injury statistics. By year 3, implement at least one shared strategy demonstrating measurable outcomes for prevention of ABI.
Increase utilization of best practices for concussion prevention and management.	 Annually, develop a data report on concussion and other traumatic brain injuries (TBIs). Annually, develop recommendations for concussion surveillance in Iowa. Annually, implement local and statewide training on screening, identification, and referral to reduce long term consequences of brain injury. Annually, expand utilization of Teacher Acute Concussion Tool by school personnel by 25%. Annually, expand athletic trainer reporting for youth sports concussions by 10%.

Focus Area Four Awareness and Education	
Increase awareness of brain injury within state systems and processes (e.g., Iowa VRS).	 By year 1, conduct an evaluation of the infusion of brain injury-informed practices within state agencies. By year 2, develop a BI competency-focused training framework or model for use with state agencies and other partners. Annually, state agency programs will be identified/targeted for partnership and increased brain injury awareness. By the end of year 3, produce a collaborative training plan in conjunction with key state leadership to meet the needs of VR counselors, disability coordinators, employment and other relevant providers. By year 5, re-evaluate infusion of brain injury informed practices within state agencies.
Expand information on non-traumatic brain injury and prevention, including emerging issues (e.g., COVID-19).	 By year 1, develop and distribute non-traumatic brain injury (NTBI) COVID-19 resources. By year 3, provide a data brief on NTBI associated with COVID-19 and other health-related issues to the council by IDPH.
Raise awareness about the incidence of traumatic brain injury related to motor vehicle injuries.	 By year 1, recommend policy briefs on prevention-related topics such as traffic-related brain injuries. By year 2, implement one or more public awareness methods related to TBI resulting from motor vehicle accidents.
Raise awareness about the incidence of traumatic brain injury related to sports/recreational injuries.	 Annually, increase the number of trainings delivered through the Iowa Concussion Speakers' Bureau by 10%. Annually, create sports/recreational injury prevention messaging for Brain Injury Awareness month and Concussion Awareness month.