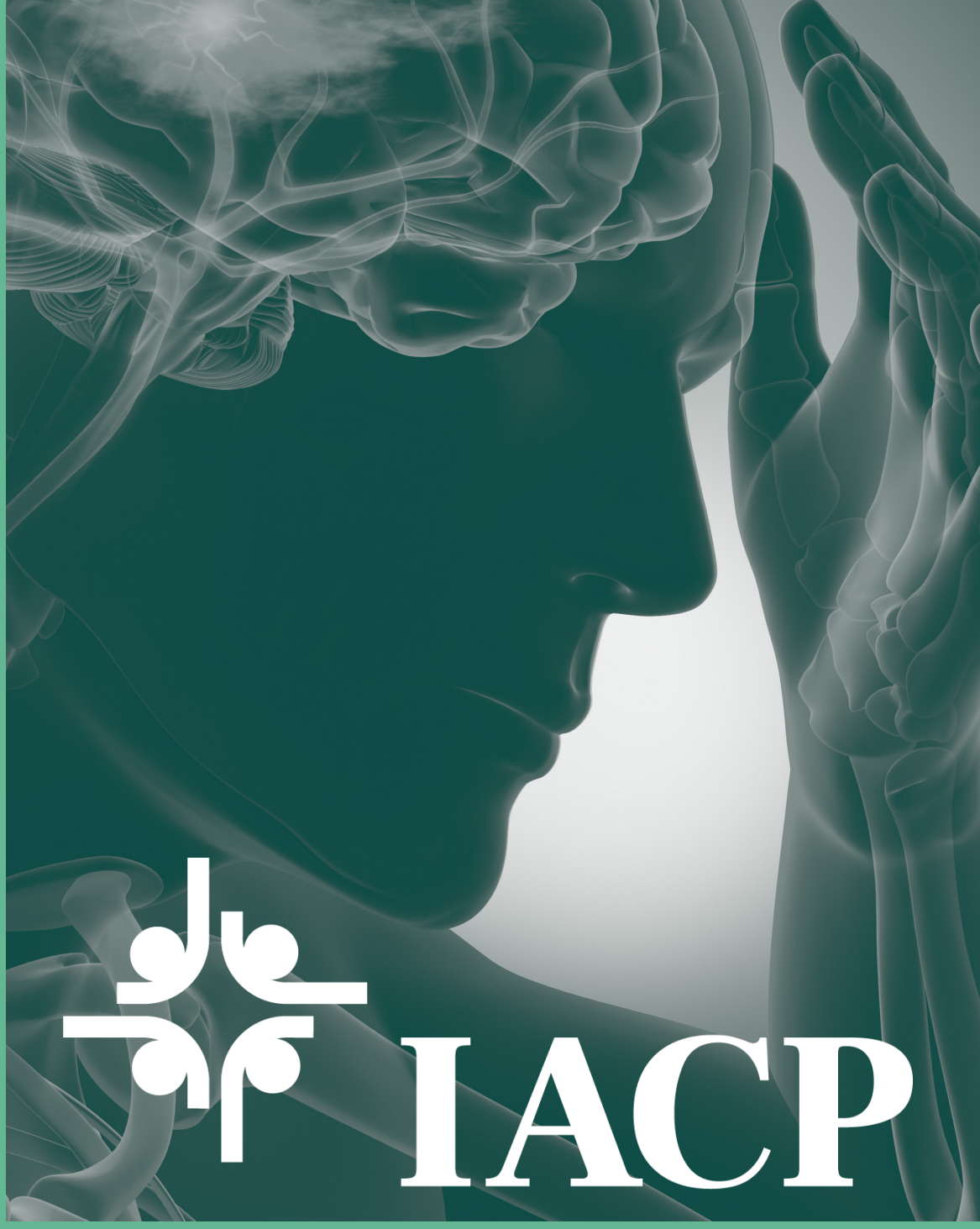
PREPARED BY MEGAN HARTWIG
IOWA ASSOCIATION OF COMMUNITY PROVIDERS



DECEMBER 2020

PROVIDER BRAIN INJURY NEEDS ASSESSMENT REPORT

INTRODUCTION

The Iowa Association of Community Providers (IACP) developed and completed a needs assessment for home and community-based brain injury, disability, and behavioral health providers in Iowa. This assessment was delivered in a survey and included 33 questions related to current brain injury services in Iowa and needs within the service delivery system for people experiencing brain injuries, their families, and provider staff. The assessment was sent to all of the Iowa Medicaid Home and Community-Based provider list, which includes provider organizations that are not members of IACP. The purpose of this report is to provide insights for the Iowa State Plan for Brain Injury and statewide training and technical assistance programs for brain injury services.

The needs assessment included a skip-logic that reduced the number of questions for respondents that do not currently provide brain injury services. These respondents were still asked questions related to system needs. A series of questions focused on the following co-occurring circumstances, substance use disorder, homelessness, and refugee status. The following question categories included:

- Provider demographic information, including memberships and accreditation,
- Numbers of individuals receiving services and services provided
- Staffing, staff training, and certification
- Health and wellness issues experienced by persons with brain injury
- Co-occurring substance use disorder and multi-occurring disorder
- Barriers to providing brain injury services
- Services for special populations (i.e., individuals experiencing homelessness, refugees)

PROVIDER DEMOGRAPHICS

The survey was completed by 78 respondents representing 64 individual home and community-based disability and behavioral health providers in Iowa. Organizations responding to this assessment included individual providers, regions, and state institutions. Not every respondent provided answers to each question.

Forty-seven organizations identified they are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF); other accreditation bodies identified include Chapter 24 from Iowa's Human Service Code and the Iowa Department of Inspections and Appeals and the Accreditation Commission for Health Care.

Most respondents are members of the Iowa Association of Community Providers (88%). Thirty-eight percent of respondents are members of the Brain Injury Alliance of Iowa.

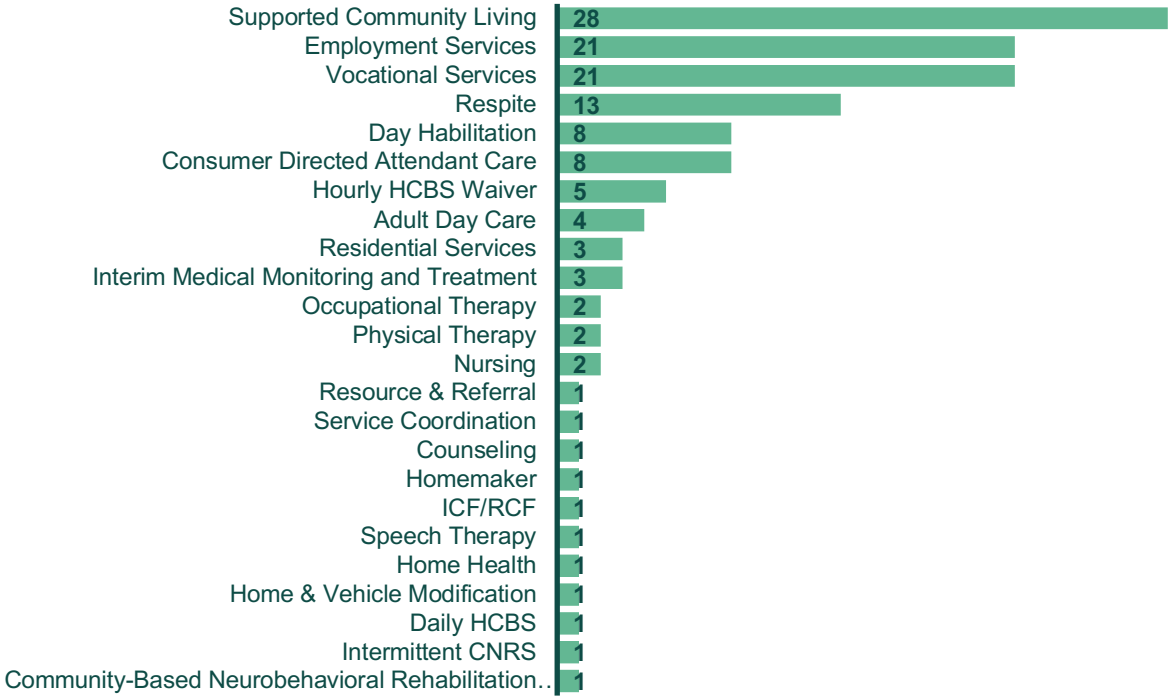
BRAIN INJURY SERVICES PROVIDED

Eighty-four percent of respondents currently provide services for individuals with brain injury. Of the respondents, 29% serve both children and adults, while 55% only provide services to adults. It is important to note that providers who identified they do not provide brain injury services were not asked specific questions on service provision but were skipped ahead in the survey to the series of questions related to barriers to providing services and needs within the service delivery system.

The average number of adults with a primary diagnosis of brain injury receiving services from individual organizations was nine. The number of adults receiving services from respective organizations ranged from two to forty-four. The average number of children with a primary diagnosis of brain injury receiving services from the individual organizations was six. The number of children receiving services from respective organizations ranged from one to twenty-one.

Organizations provide a range of home and community-based, Medicaid, and Employment services. The chart below provides information on the services identified across all organizations that completed the survey. It is important to note that organizations often provide more than one service. Employment services included career exploration, pre-vocational services, and supported employment.

SERVICES PROVIDED BY RESPONDENTS BY NUMBER



BRAIN INJURY SCREENING AND ASSESSMENT

Provider organizations implement a variety of screening and assessment tools to develop service plans for individuals receiving services. All individuals who receive funding under the Medicaid Brain Injury program in Iowa are assessed by their assigned managed care organization. In January 2020, the Mayo Portland Adaptability Inventory (MPAI) became a required assessment in addition to the inteRAI assessment for both adult and pediatric populations. The CM Comprehensive Assessment is utilized in addition to the MPAI rather than the interRAI for children 0 – 3. These assessments are used to develop service plans during the interdisciplinary team planning process. Providers also utilize medical reports, including medical history and neuropsychological evaluations, when developing service plans for individuals experiencing brain injury.

Survey respondents identified a variety of assessment tools providers utilize to develop person-centered service plans. Tools identified in survey responses included:

- Therap's Personal Focus Worksheet
- Personal Outcome Measures Survey
- Risk assessment
- Agency-developed assessment tool
- Medical history and reports
- Psychological and Neuropsychological evaluations
- Functional needs assessment
- Behavioral analysis
- Nursing, physical therapy, occupational therapy, speech therapy assessments, and social history
- Health Risk Screening Tool
- My Life Assessment (addresses hopes, dreams, and desires)
- Crisis planning
- Mini-Mental State Examination
- Iowa brain injury screening tool
- Oasis assessment

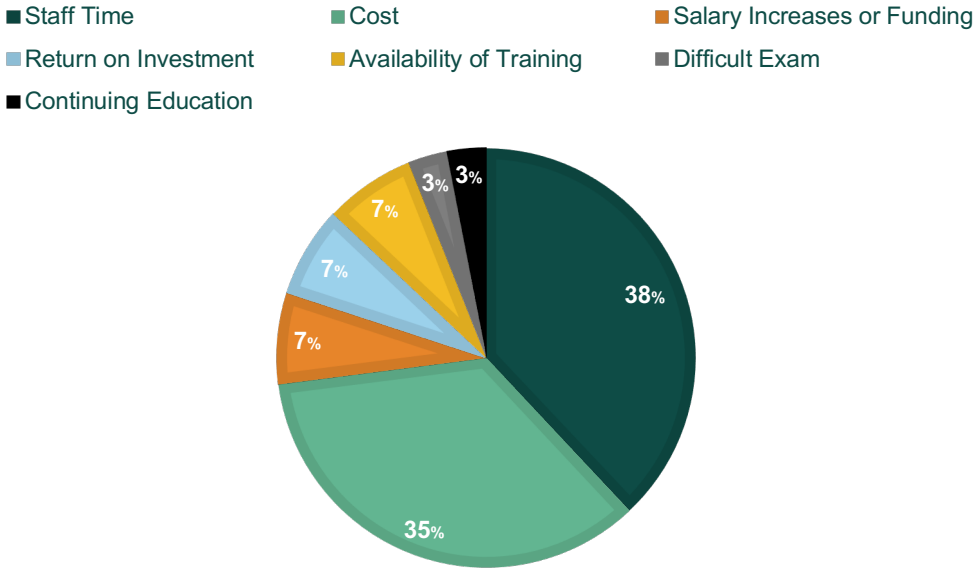
STAFFING, STAFF TRAINING, AND CERTIFICATION

Iowa provider organizations serving individuals who participate in the Medicaid Brain Injury waiver program have specific staff training requirements. Iowa Medicaid has an online brain injury training made up of modules that are required to be completed within 60 days from the beginning date of service provision. Staff who are certified by the American Academy of Certified Brain Injury Specialists (ACBIS) are not required to complete this training. Additionally, rule 441 Iowa Code 77.39(249A) outlines additional employees who are not required to take the training.

Providers utilize additional training programs within their organizations. Some providers have dedicated staff who are trained to work with individuals experiencing brain injury. Of the survey respondents, 19% of providers have dedicated staff to provide supports and services to individuals experiencing a brain injury, 81% do not have dedicated staff. A limited number of providers in Iowa have staff who are certified through ACBIS. Seventeen percent of providers have staff that has completed certification under the ACBIS program. One provider cited supervisors make up most of their certified staff.

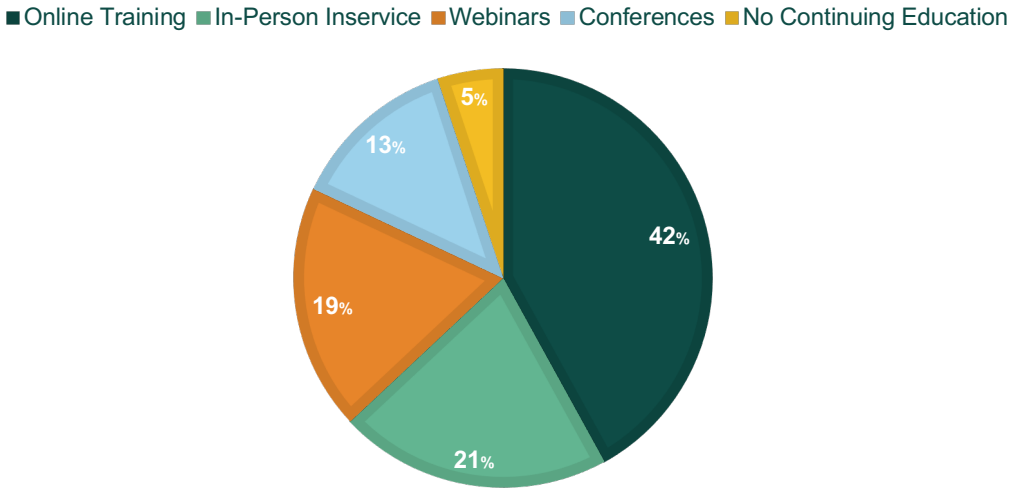
Some respondents provided additional comments related to ACBIS training programs. The most common comments are included below. Additionally, the difficulty of the certification examination and continuing education requirements for certification were also identified as barriers to ACBIS certifications. Thirty-two respondents provided comments related to barriers to staff ACBIS certification. Responses are below.

BARRIERS TO ACBIS CERTIFICATION BY PERCENT



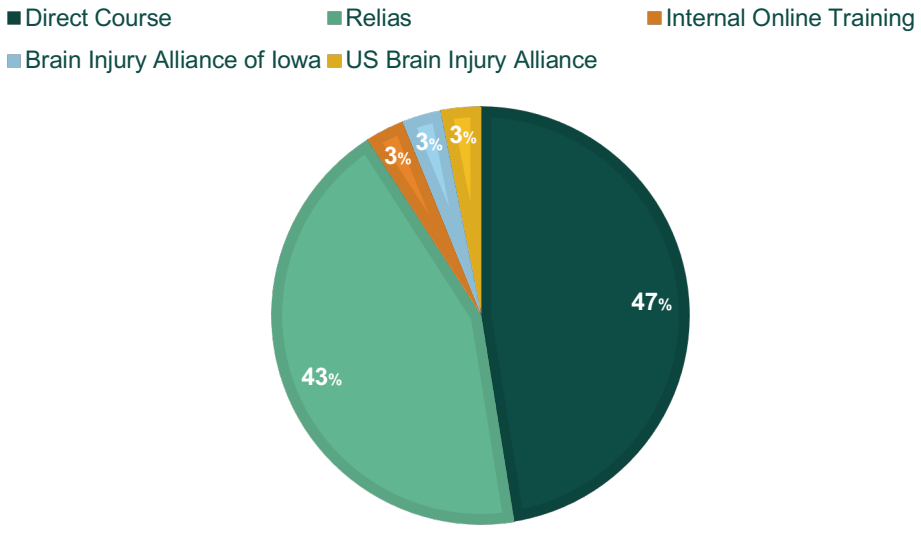
Providers utilize a variety of ways to provide ongoing training to staff. This training is above and beyond the training required by the Iowa Medicaid. Most providers use a variety of types of training. Below are the most common types of delivery for ongoing staff training.

TRAINING MODALITY BY PERCENT



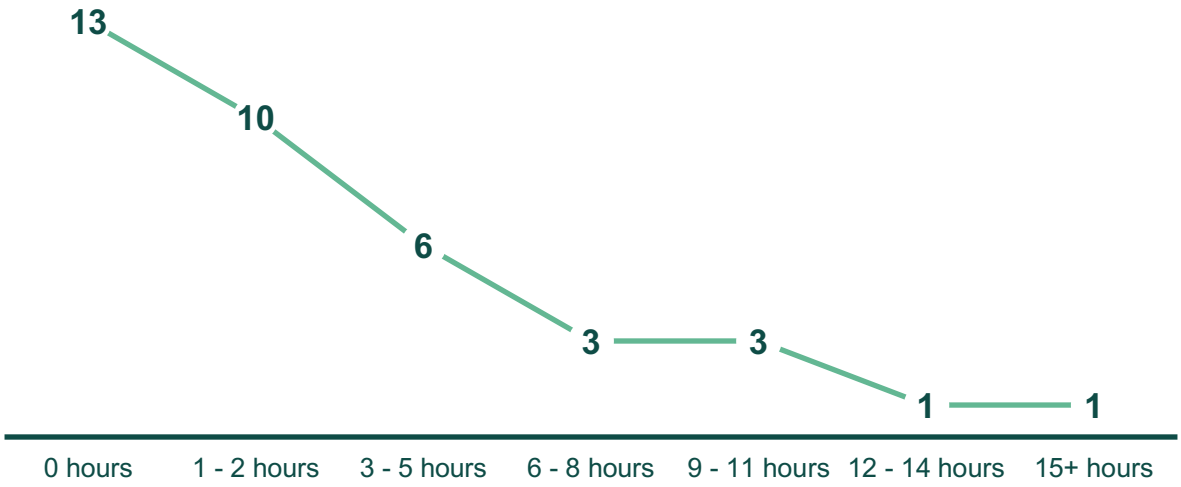
Online training is the most popular type of ongoing staff training. Below is a breakdown of the online training resources used.

ONLINE TRAINING RESOURCES UTILIZED BY PERCENT



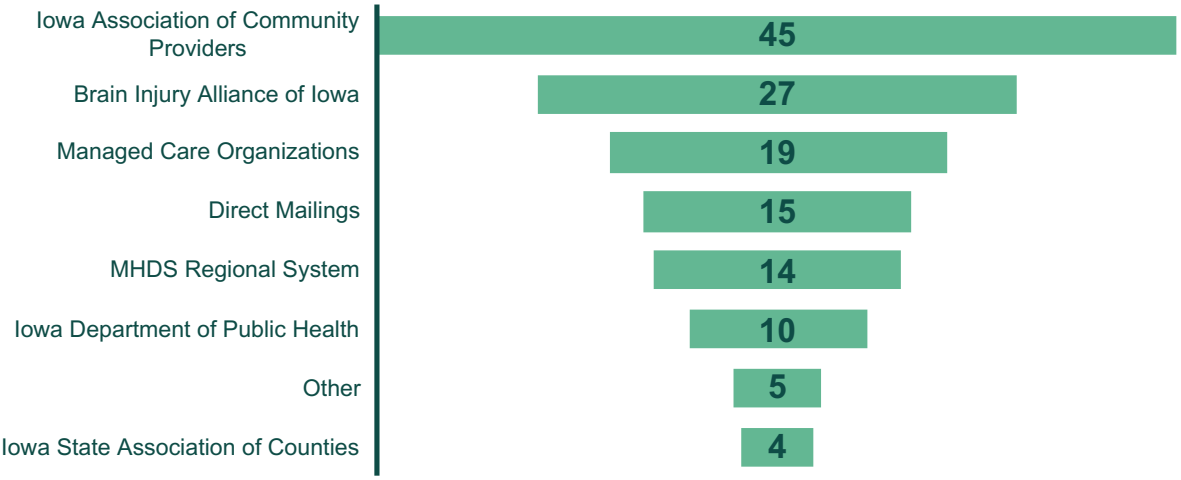
Many providers require ongoing brain injury training annually for their staff. The chart below illustrates the number of annual continuing education hours staff receive on brain injury. The numbers at the top of each bar correspond to the number of respondents.

NUMBER OF RESPONDENTS PER HOURS OF CONTINUING BRAIN INJURY EDUCATION ANNUALLY



Providers receive information about educational training programs from a variety of sources. Respondents identified receiving information from multiple sources. The chart below outlines these sources. Sources identified in the "Other" category include Polk County Health Services, internal opportunities, National Alliance of Mental Illness (NAMI), Iowa Medicaid Enterprise
Newsletter and internet searches.

WHERE PROVIDERS LEARN ABOUT EDUCATION AND TRAINING OPPORTUNITIES BY NUMBER OF RESPONDENTS



Providers were asked about the types of training, technical assistance, or information they need most to provide effective brain injury services. The following themes were discussed:

- Communication with family members is essential.
- In-person training opportunities are helpful, particularly when they are local.
- Understanding the differences between brain injury, intellectual disability, and mental illness.
- It is important to have strategies for practical and functional assessment.
- Recognition that challenges around memory, communication, impulse control, and anger management are often not purposeful behavior but rather a complication of the brain injury.
- Recognition that each brain injury is different.

Ongoing staff training is an integral part of service provision. Providers identified the following training topics would be helpful for staff:

- Strategies for assisting with activities of daily living
- Brain injury from stroke
- Anatomy, brain function, and changes in the brain post-injury
- Neuroplasticity and the relationship to brain injury recovery
- Managing challenging behaviors
- Assessment tools
- Multi-occurring disorders with brain injury including intellectual disability, behavioral health diagnosis, or substance abuse disorder
- Communication
- Community supports available for people experiencing a brain injury
- Innovative approaches to regaining independence post-injury
- Teaching and interaction strategies for working with people experiencing brain injury vs. intellectual disability
- Effects of aging on brain injury
- Service funding
- Effective treatment strategies
- Trainings for direct support professionals on brain injury

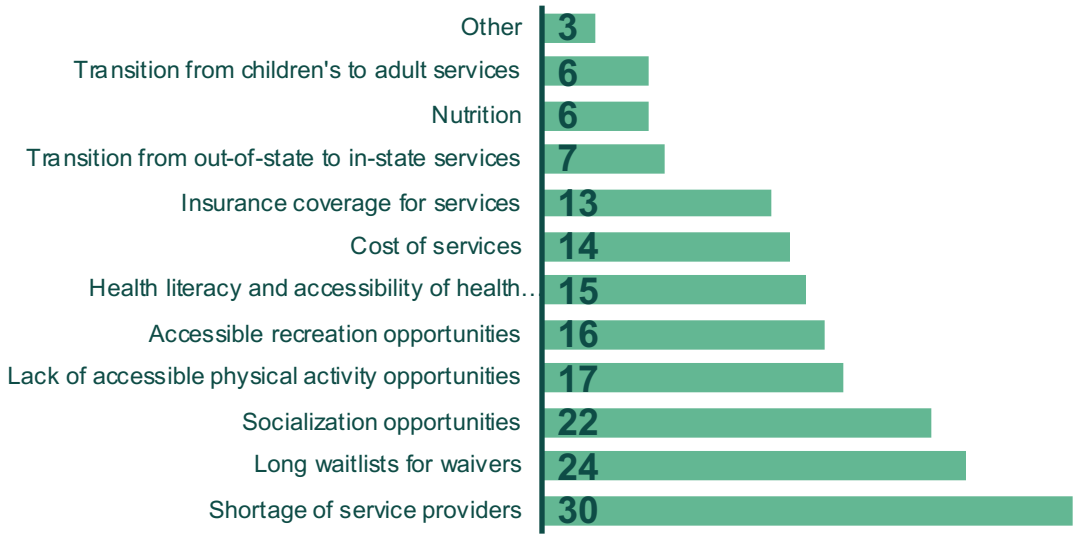
HEALTH AND WELLNESS

Most health and wellness activities provided by respondents are individualized for each person and based on the person's service plan. Providers cited encouraging activity, supporting health and wellness goals in the service plan, and individuals receiving Medicaid funding having access to local YMCAs. Most providers do not provide formalized health and wellness programming across the board but instead support individual health and wellness goals.

Respondents were provided a list of health and wellness categories and asked to identify items on the list they have observed as areas of need when working with people experiencing brain injury. The highest areas of need include a shortage of brain injury

service providers, long waitlists for the waivers, and socialization opportunities. Items noted in the "other" category included the need for more activity time with staff, as staff are often the only social support for individuals, a lack of services in communities of choice with appropriate peers, low reimbursement rates, the need for expanded day service opportunities, and additional physical health management. The following chart outlines the number of respondents that identified a particular area of need related to health and wellness for people experiencing brain injury.

AREA OF NEED BY NUMBER OF RESPONSENTS

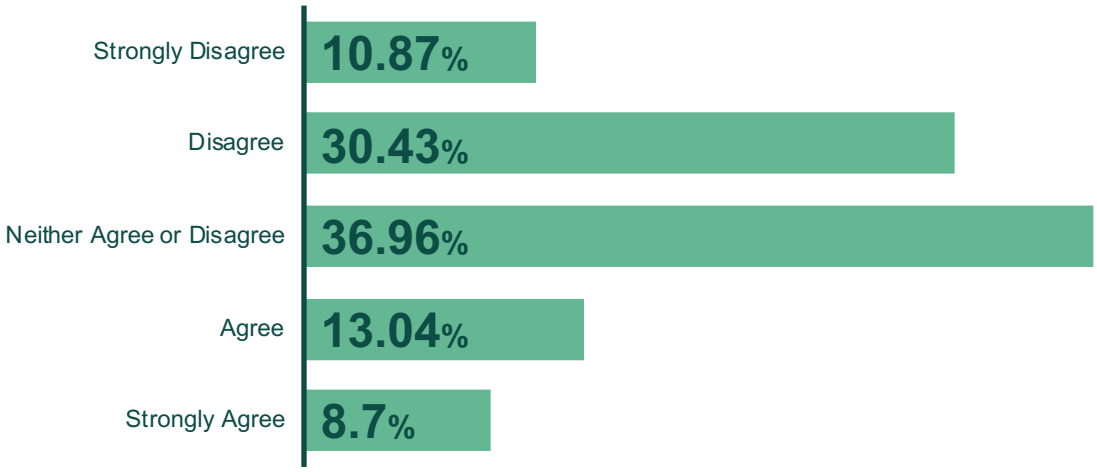


Reproductive health was addressed in separate questions. Respondents were asked to rank their comfort in discussing reproductive health with persons they are working with who have experienced a brain injury. Forty-eight percent of respondents strongly agreed or agreed they are comfortable discussing reproductive health issues, 48% neither agreed nor disagreed, 4% disagreed or strongly disagreed. Sixty-one percent of respondents stated they did not have access to materials to discuss reproductive health, while 39% stated they did. Planned Parenthood was cited as a resource for reproductive health care needs and information.

CO-OCCURRING AND MULTI-OCCURRING DISORDERS

Substance Use Disorder and other behavioral health disorders can co-occur with brain injury. Historically home and community-based service providers do not have as much experience working with individuals with substance use disorder; however, this is changing. Respondents were asked to rate the following statement: I feel well prepared to serve people who experience substance use disorder in addition to their brain injury. Twenty-two percent of respondents strongly agreed or agreed with this statement. The table below represents all responses.

I FEEL WELL PREPARED TO SERVE PEOPLE WHO EXPERIENCE SUBSTANCE USE DISORDER IN ADDITION TO THEIR BRAIN INJURY (RESPONSES BY PERCENTAGE)



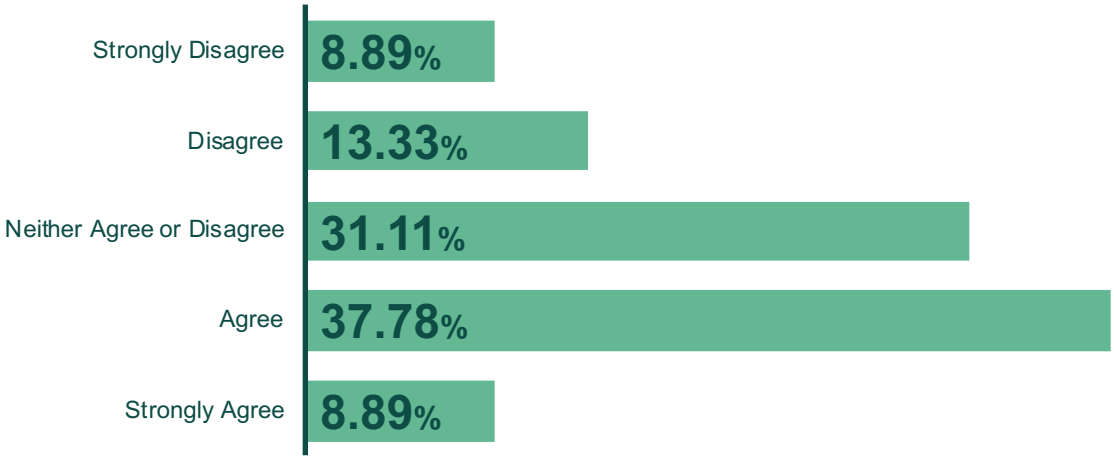
Respondents were asked the following open-ended questions: What resources do you need to feel prepared to serve people who experience substance use disorder in addition to their brain injury? Responses were categorized into the following main themes:

- Training on substance use disorder
- Online tools to work with co-occurring brain injury and substance use
- More addiction and recovery service providers
- A directory of recovery resources and current providers
- Collaboration with substance use disorder providers
- Printed resources
- Training for substance use disorder providers

It was mentioned that there had been issues around getting people into substance use treatment and recovery programs in the past. Respondents have been told in the past that treatment and recovery providers are not able to work with a person because of their brain injury.

Respondents identified they felt more prepared to work with individuals who experience multi-occurring disorders in addition to their brain injury. The graph below illustrates responses related to working with individuals with multi-occurring disorders in addition to brain injury.

I FEEL WELL PREPARED TO SERVE PEOPLE WHO EXPERIENCE MULTI-OCCURRING DISORDERS IN ADDITION TO THEIR BRAIN INJURY (RESPONSES BY PERCENTAGE)



Respondents were asked the following open-ended question: What resources do you need to feel prepared to serve people who experience multi-occurring disorders in addition to their brain injury? The following themes were identified in responses:

- More training on multi-occurring disorders and brain injury
- Active and involved case managers
- More staff
- Information on the impacts of multi-occurring disorders and brain injury
- Access to subject matter experts
- Print resources
- Online training options
- Access to applied behavior analysis
- Referrals (currently not serving enough individuals with brain injury)
- Increased Medicaid reimbursement rates
- Effective diagnosis

BARRIERS TO PROVIDING SERVICE

Barriers to providing or receiving services are experienced across the system of care for individuals experiencing brain injury in Iowa. The two most common obstacles identified are staffing shortages and low reimbursement rates. The following is a list of organizational barriers to providing services to adults or children with brain injury. The items in this list are comments taken directly from the needs assessment responses.

- Adequate referral sources. Resistance for out-of-state placements to be referred to us as they stay within their network.
- As with any healthcare provider, getting qualified interested parties to apply with the state setting our rates so low. If we were able to pay our staff more, we would be able to offer a wider variety of staffing to our clients.
- Training and authorization for children
- Staff
- For most individuals with a brain injury, it is not apparent they have a disability (invisible disability), and their limitations and behaviors can be challenging for both staff working with them as well as employers to accept and accommodate for.
- The cost of providing specialized services is a barrier.
- Knowledgeable and trained staff.
- Prevocational services would have a positive impact; however, subminimum wage rules hinder individuals accessing this service.
- Direct support professional shortage.
- Lack of adequately qualified staff.
- Training on serving aging individuals with brain injury.
- Funding for services.
- Lack of adequate funding for services and opportunities to collaborate with subject matter experts.
- Lack of funding for day habilitation services for brain injury.
- Reimbursement rates.
- Training for brain injury and enough employees to provide the service.
- Lack of referrals to service.
- Brain Injury Waiver reimbursement rates are lower than rates for the Intellectual Disability Waiver.
- Low reimbursement rates related to behaviors experienced.
- The additional staff training requirements and historically low reimbursement rates are a barrier.
- Lack of local access to professionals to help with behavior concerns.
- Providing services to children in Iowa in the Residential Based Supported Community Living (RBSCL) program is very difficult, and it was set up more for the intellectual disability population. Rules are contradictory between the Department of Inspections and Appeals and Iowa Code. The cost to provide services to children is high due to reimbursement rates. School systems could use more training on brain injury and do not understand RBSCL services.
- Appropriate funding for daily Supported Community Living (SCL) services is one of the most significant barriers. Hourly SCL and respite services are experiencing staffing shortages. It is a struggle to find staff with brain injury experience. We have had several referrals but are unable to serve any due to funding.
- Lack of training.
- Limited staff available.
- Lack of staff with training.

- General staff shortages, inadequate insurance payments, and prior authorization processes.
- Funding, affordable/accessible housing, staffing shortages.
- Obtaining employees that are willing to work for such low wages related to inadequate reimbursement.
- Funding, accessible housing, transportation.
- Waiver approval.

Respondents were asked to identify services not offered in their service area that would benefit individuals experiencing brain injury. The most common answers included access to local support groups, increased employment options, socialization opportunities, increased access to mental health services, and access to applied behavior analysis services. Day habilitation was also identified as a barrier, particularly in relation as a need to wrap-around services for individuals as they work to transition back to the community or employment.

SPECIAL POPULATIONS

The Iowa Department of Public Health brain injury grant currently focuses on refugees and individuals experiencing homelessness as target audiences. Questions were included to help understand how home and community-based service providers are interacting with these populations.

Forty-nine percent of respondents stated their organization provides services to individuals who experience homelessness. Provider organizations are usually interacting with this population on an incidental basis through crisis stabilization. Providers have helped individuals who are nearly homeless to find new places to live in the community, and others have been able to provide guidance on where services such as shelter can be accessed. A couple of respondents offered that if a person was experiencing homelessness, community-based supports could still be provided if the person qualified for one of the state's Medicaid waiver programs.

Few organizations provide services to the refugee population. Of respondents, 29% provide refugee services, but similarly to the population experiencing homelessness, these services on an incidental basis and do not have specific refugee-based service programs. There were no needs identified related to serving refugee populations.

RECOMMENDATIONS

Several themes are repeated through the responses for the needs assessment. These recommendations focus on three of the main themes that were identified by respondents. These recommendations, along with brief background information, are discussed below.

The first repeated theme has to do with staffing shortages. Staffing shortages are experienced by community providers across the state of Iowa. One of the main reasons

provider organizations struggle to find staff is the organization's starting wage. Often there are jobs that are perceived as less stressful that pay a similar or higher starting wage. These jobs include convenience store positions, grocery store or warehouse positions, and fast-food restaurants. Increasing wages for Medicaid brain injury services to support direct support professional wage increases can help organizations attract and retain staff who desire to work in community-based services.

A second theme focused on staff is training. The current Medicaid required training program provides a foundation but expanded on-demand training options would help providers help their staff build skills and meet ongoing training requirements. The existing Iowa Medicaid online brain injury training modules were developed several years ago. The training should be reviewed and updated to reflect any information changes. Additional training modules could be developed to address special populations or specific challenges so that providers have a library of resources for staff training.

The third area of focus is the need for expanded services for individuals experiencing brain injury. Day habilitation is not a service that is currently covered under the brain injury waiver program in Iowa. Expansion of this service line would allow individuals to continue to focus on their recovery in supported community group settings. It may provide a bridge to returning to living more independently or competitive employment.

CONCLUSION

IACP is the premier state trade association for Iowa disability service providers, representing over 130 community-based organizations. IACP member organizations employ more than 30,000 people supporting Iowans in need of mental health and disability services in all 99 counties. In total, this represents an impact of over $1.3 billion to Iowa's economy.

Iowa home and community-based provider organizations are a vital part of Iowa's brain injury service delivery system. There are opportunities within the service delivery system to ensure that Iowa providers remain strong resources within their communities. These opportunities include reviewing the Medicaid reimbursement rates, training programs, and expanding behavioral health and brain injury services.

SUPPORT

This needs assessment was developed by staff at the Iowa Association of Community Providers; Megan Hartwig authored this report. The development of this publication was supported by Grant #90TBSG0037 from the Department of Health and Human Services (DHHS) Administration for Community Living, AOD Traumatic Brain Injury State Demonstration Grant Program. The contents are the sole responsibility of the authors and do not necessarily represent the official views of DHHS.