

IACP Brain Injury Survey Analysis

Background: In the fall of 2006, the Iowa Association of Community Providers, in conjunction with the Iowa Department of Public Health, developed a survey regarding brain injury services in the state of Iowa. The purpose of the survey was to assess the extent of services currently being provided to individuals diagnosed with TBI, to identify the level of brain injury training in Iowa, and to uncover those barriers discouraging providers from offering services to individuals who have been diagnosed with TBI.

The survey was sent out twice via the internet, once in November and once in December, to the CEOs of 125 agencies that are members of the Iowa Association of Community Providers throughout Iowa. The Brain Injury Survey yielded a total of 60 responses.

Summary: When the survey results were compiled and evaluated, three major areas of concern stood out clearly from the information received. Those three concerns were:

HCBS/Funding

- Providers are hesitant to initiate services without appropriate reimbursements.
- TBI consumers are not able to earn wages under the Pre-Vocational Program.
- The wide range of services necessary to properly care for TBI consumers raises the question of exactly what should be covered and what shouldn't.

The BI Consumer Population

- The public needs to be better informed as to what TBI services are available.
- TBI consumers often require specialized service settings, and do not always integrate well into agencies serving individuals with MR, DD, and MI.
- From a practical standpoint, for many providers the lack of referrals for TBI services discourages the hiring of staff with previous brain injury training.

Training

- Approximately two-thirds of the respondents indicated that their agency does not have any designated staff members assigned to work on TBI issues.
- The amount of time that providers spend annually on staff training related to TBI issues and the quality of the training generally available is inadequate.
- There is a very clear need for more regionally sponsored, affordable, and high-quality TBI training to be made available to direct care providers.

1: Does your organization provide services for individuals or families who have experienced traumatic brain injury? If the answer is YES, please identify what services are currently being provided? Check all that apply

Adult Day Care	5
Behavioral Programming	4
Case Management	7
Consumer Directed Attendant Care	11
Respite	18
Transportation	8
Family Counseling and Training	6
Supported Community Living	33
Interim Medical Monitoring and Treatment	6
Prevocational Services	15
Personal Emergency Response System	0
Supported Employment	17

2: If your organization does not provide TBI services to consumers, please describe the reasons why:

License, staff, and facilities.

We are certified to provide BI waiver services but at this time we do not have anyone utilizing the services.

During my time at the Humboldt Workshop and Residential Services, we haven't had any people with TBI make an application.

There is inadequate funding for supported community living services.

In communities where we do not provide TBI services there are either other providers or no referrals for the service.

We do provide some services to persons with BI. However, we are not yet certified as a BI provider.

Our services are geared primarily to persons with chronic mental illness. We do not have the training or the expertise at this time to provide TBI services.

The services needed are not consistent with the current programs provided.

Not our business.

Our focus is on mental illness and mental health. We do not have the resources nor the expertise to provide TBI services. The demand for non-TBI services exceeds our staffing resources.

Our focus is primarily on children and adolescents with severe emotional disorders.

Too small of demand.

We are an ICF/MR, and we do not have capacity for the above items at this time. Such needs in this area are already covered.

We don't provide Pre-Voc services because they can't earn wages.

Not a mandated service and there are limited consumers in our service area. Also we have a BI service provider within 25 miles.

We have never been approached by anyone to provide services to individuals with TBI. I believe that a couple of other local providers offer the services.

We have no specialty staff for BI services at this time. We are assessing whether we will get into those services. We are looking at BI waiver services but much will depend on the reimbursements that are available.

3: *Through which agencies is your organization accredited?*

Commission on Accreditation of Rehabilitation Facilities (CARF)	31
Council on Accreditation (COA)	2
Council for Quality Improvement (CQI)	1
Joint Commission on Accreditation of Hospital Organizations (JCAHO)	2
Iowa DHS	29
DIA	16

4: *In what counties does your organization offer services for individuals with TBI?*

The survey indicated that TBI services are being offered in all 99 counties in Iowa.

5: Are there existing TBI services in your area?

YES	52	90%
NO	6	10%

6: What services not offered in your area do you believe would benefit persons with TBI? Check all that apply.

Adult Day Care	13
Behavioral Programming	11
Case Management	5
Consumer Directed Attendant Care	4
Respite	4
Transportation	13
Family Counseling and Training	10
Supported Community Living	4
Interim Medical Monitoring and Treatment	5
Prevocational Services	7
Personal Emergency Response System	3
Supported Employment	8
Medical Support (OT, PT, Speech, Other)	9
Neuropsychology	9

7: What was the total number of individuals served by your organization in the last year who had a primary diagnosis of Traumatic Brain Injury?

No individuals diagnosed with TBI were served:	13
1 to 5 individuals:	23
6 to 15 individuals:	7
16 to 30 individuals:	5
More than 30 individuals: (39) (100)	2

8: Does your organization have designated staff members assigned to work on issues related to traumatic brain injury?

YES	19	33%
NO	38	67%

9: If you answered YES to the previous question, did any of these designated staff members come to your agency with previous brain injury training?

YES	4	21%
NO	15	79%

10: Identify the total number of staff members in your organization who work directly with individuals diagnosed with traumatic brain injury?

No one on staff works with TBI individuals:	9
1 to 5 individuals:	16
6 to 15 individuals:	10
16 to 30 individuals:	5
More than 30 individuals: (53) (57) (70) (80) (100) (100)	6

11: Estimate the number of hours spent per year in continuing education and training specific to TBI by staff who serves individuals with TBI (conferences, workshops, etc.):

No time is spent on TBI training:	14
1 to 5 hours:	28
6 to 15 hours:	9
16 to 30 hours:	3
Over 30 hours: (31) (35) (40) (50) (50) (60)	6

12: Please describe the education and/or training that your staff receives that is specific to traumatic brain injury?

I'm a member of the BIA Board Support Group, and Chair for the BIA Waiver Training In-service Training.

We use the training materials developed by the Iowa DHS.

In-service annually, some years our staff members attend BI conferences.

A 4-hour TBI approved training by DHS.

HCBS Training, BI Awareness.

HCBS Training and other appropriate workshops as they come up.

Specific training to meet the BI Waiver.

HCBS Brain Injury Waiver training and the Brain Injury Conference.

In-service from the Dept. of Public Health and some On With Life presentations.

Facility in-service training and updates.

Several years ago we sent two staff members to a three-day workshop on TBI. They trained all but the 3rd shift staff on the state's BI training.

Initial training from the Waiver program and on-site training.

Very little. Staff has completed the training necessary to get the waiver certification.

Nothing pre-determined. We just take advantage of different trainings that are offered in this specialty area.

The training mandated by HCBS only.

The Iowa Brain Injury Assoc. Annual Conference and BI Waiver Trainings.

Waiver training, which is not adequate. We look for whatever we can find.

Understanding how to work with someone with a Brain Injury training.

DHS Brain Injury training.

All staff providing services under the BI Waiver takes a training course (on CD) at the beginning of their employment to meet BI Waiver requirements for specialized training. We have no requirements for additional annual or periodic training thereafter.

DHS, Train the Trainer.

Certified Brain Injury Rehab. Professional training.

13: Does your agency offer in-service training programs on TBI?

YES	19	35%
NO	36	65%

14: If you answered YES to the previous question, please describe your agency's in-service TBI training?

It's just called BI Training.

Covers all the HCBS requirements.

To our internal staff.

In-service is provided any time there are new developments or a new service is offered. Also there is an in-service session when there is new staff to train.

We had a staff person from On With Life come to talk about brain injuries in general and providing vocational services specifically.

Staff trainer plus several others are certified to train.

Parents of people with BI helping staff to understand their issues.

Staff receives the required BI Waiver Training.

Understanding how to work with someone with a Brain Injury training.

BI Waiver training. "Pieces of the Puzzle: An Introduction to Brain Injury" video tape with handouts.

Not very thorough at this point due to serving only one person.

We have a speaker from a local agency.

Four hours of training on TBI as required by the HCBS Waiver BI rules. In-service training outside the agency also.

Modified HCBS training and what we have learned from other workshops.

HCBS Brain Injury Waiver training.

Brain injury definition, myths, effects, and services.

15: Does any member of your organization's staff regularly attend the Iowa Brain Injury Association's Annual Conference?

YES	8	14%
NO	48	86%

16: If you answered NO to the previous question, which choice best describes the reason for your answer?

I've not been made aware of any brain injury conferences	18
The cost to attend is too prohibitive	7
It would cause too many staffing problems at my agency	14

17: Are you, or is your organization a member of the Iowa Brain Injury Association?

YES	7	13%
NO	49	87%

18: How do you currently receive information on educational training programs?

IACP	53
ISAC	8
CPC	14
Direct mailing	32

19: What do you perceive as major barriers to providing services to people with TBI?

Lack of financial resources and lack of appropriately trained personnel.

The HCBS/ABI funding cap.

The major barrier related to vocational services is that they can't earn a wage while in Pre-Voc.

Funding to cover all the services.

Education and direct support reimbursement.

Training expectations.

Cost, training, and the number of clients needed to serve.

Funding.

Due to the few referrals we receive, we do not do a very good job of keeping up on the latest ways of providing services to these folks.

None.

The group has not been well defined thus far as they are usually comorbid with other psych problems, which we may be more involved with, e.g. via med management or psychotherapy, when appropriate.

Reimbursement issues and finding specialty trained therapists.

Transportation, memory deficits of individuals, and cost of services.

We haven't had many referrals. The rate to do daily SCL services is not cost effective.

Lack of funding and lack of specific training.

Getting the information out to the families to know that services are available, educating health care providers i.e. doctors.

Lack of training and lack of wide range of medical expertise and support services that are specialized to the needs of TBI.

Funding.

License, staff, and facilities.

Do not create TBI beds for persons within facilities that serve people with developmental disabilities. Their needs are entirely different. Training should be a necessary component; training that is exceptional, in order for existing providers to provide BI services.

There is difficulty with the funding source for TBI, it doesn't allow for the consumer to be paid for work while in PreVoc. This means that staff must come up with show skills in a work environment because they cannot be paid, but they cannot work and not be paid.

Funding and training.

The people we serve are somehow on the MR Waiver - despite the title, we do have people with BI. Our leisure program serves a number of them.

Training for our staff. We serve them, but probably not very well.

HCBS SCL services for Brain Injured consumers do not offer what the individuals say they really need. Primarily, this falls within what HCBS would typically view as "academic".

I don't feel there are any barriers. We are opening new homes and considering providing services to people with TBI.

Funding and accreditation issues.

Funding, we have referrals on a waiting list. Dollar caps limit the services.

Behavior Problems.

Properly trained staff and adequate funding.

The difference in needs compared to other populations.

Transportation limitations, ineffective compensation strategies, and lack of follow-through in accessing additional supports.

Lack of training and lack of people with TBI knowing that they are eligible for services.

Time needed to train staff appropriately.

Their cooperation in order to utilize workable and necessary tools for that disability.

Training, current trends, and behavior problems.

Pre-Voc: Cannot pay wages to persons receiving BI Waiver services. Overall: Monthly funding cap is not sufficient for some who require higher levels of services and supervision. Often, persons with TBI require more specialized service settings; services, and approaches that do not integrate well with folks with MR, DD, and MI.

Funding Cap strain.

If a person with a brain injury cannot work in the community, it is difficult to provide day programming without a temporary workshop component.

Current funding issues, as well as sending individuals out of state for neurobehavioral services, when providers in the state are qualified and willing to do so with the proper reimbursement.

Staffing issues and transportation availability.

20: What training, technical assistance, or information regarding TBI do you feel would benefit Iowa providers the most?

Our staff needs additional training on understanding persons with TBI and how to work with them in a residential and vocational setting.

Information on people with TBI aging.

Training focused on the service delivery differences between TBI and others with developmental disabilities.

The changes that are coming about that will enable more people with brain injuries to receive funding for services.

What expectations are for integration of this population into output CMHCs. Note: we don't track patients with TBI and/or list that as a primary diagnosis, even though we view TBI as directly related to psych problems. Thanks.

Raise the daily rate for BI.

Our entire curriculum.

The basics on what to teach and how to teach the skills that are needed.

Behavioral management training and enhanced understanding of BI issues and their implications. Resolve the payment issues for prevocational training and increase the resource materials that are made available.

Specific training for direct service staff on how to work with persons with brain injuries.

Training on the specific services that are appropriate for kids with BI vs. adults with BI.

I would say anything and everything.

We need more overall training. There doesn't seem to be a lot of training in the state that we are aware of besides the annual BI conference.

Any training pertaining to the topic and/or consumers, any up-to-date information.

Behavioral programming. Appropriate vocational supports.

Basic intervention strategies.

Intervention strategies for individuals with significant motivation and memory deficits. Strategies for individuals with both mental illness and mental retardation.

Anything, our choices are so slim.

Web-based training.

Incentives to utilize some of the simple tools available.

Any type of training for this area.

A reasonably priced training package for new staff and a continuing education package for existing staff that can be obtained and provided locally. Start-up funds along with TA to help establish new service settings and services.

Other issues are much more pressing for us.

For additional information please contact:

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