



Iowa Advisory Council on Brain Injuries Member Handbook



Contents

<i>Iowa Advisory Council on Brain Injuries</i>	3
<i>Mission Statement: Iowa Advisory Council on Brain Injuries</i>	4
<i>History of the Advisory Council on Brain Injuries</i>	4
<i>Brain Injury in Iowa</i>	4
<i>Brain Injury Defined</i>	5
<i>Expectations for Council Members</i>	5
<i>Meetings</i>	7
<i>Officers</i>	8
<i>Task Forces</i>	8
<i>Advisory council office and staff</i>	10
<i>Legislative information</i>	11
<i>Appendix A: Code of Iowa Chapter 135</i>	13
<i>Appendix B: Roberts's rules cheat sheet</i>	14
<i>Appendix C: Traumatic brain injury in Iowa report</i>	15
<i>Appendix D: Acronyms often used in the ACBI Meetings</i>	15
<i>Appendix E: Travel Reimbursement Rates for Council Members</i>	16
<i>Appendix F: Link to the State Plan for Brain Injury 2018 - 2021</i>	17

Iowa Advisory Council on Brain Injuries

Congratulations on your appointment to the Iowa Governor's Advisory Council on Brain Injuries!

As an appointed member of the council, you are responsible for representing the needs and interests of Iowans with brain injury, their families and all Iowans impacted by brain injury.

In order for the council to fulfill its mission, its members need to be actively involved in council initiatives, activities, and administration. Your leadership abilities, knowledge, and experience are the resources on which the council and Iowans with brain injury depend.

This handbook will serve as a resource to provide information about the role of the Advisory Council on Brain Injuries and your role as one of its appointed members.

If you have any questions about the contents of this handbook or responsibilities as a council member, you can contact the council staff at **(515) 281-8465** or **braininjury@idph.iowa.gov**.

Thank you for your commitment!

Mission Statement: Iowa Advisory Council on Brain Injuries

The mission of the Advisory Council on Brain Injuries is to represent individuals with brain injury, their families and all Iowans through advocacy, education, training, rehabilitation, research and prevention.

The council will accomplish this mission through the following activities:

- Studying the needs of individuals with brain injury and their families.
- Making recommendations regarding the planning, development and administration of a comprehensive statewide service delivery system.
- Promoting and implementing injury prevention strategies.

History of the Advisory Council on Brain Injuries

In 1989, the Iowa Legislature established the Advisory Council on Head Injuries, now referred to as the Iowa Advisory Council on Brain Injuries. The council was created in response to the needs of Iowans with brain injury to have a comprehensive service delivery system.

The council was originally assigned to the Department of Human Rights in the Division of Persons with Disabilities. In 1992, responsibility was transferred to the Department of Public Health in the Bureau of Disabilities and Injury Prevention, now referred to as the Office of Disability, Injury and Violence Prevention.

Brain Injury in Iowa

Brain Injury impacts the lives of thousands of Iowans every year. Brain injury has been described as the “Silent Epidemic” because so often the scars are not visible to others. The effects of brain injury are cognitive, emotional, social, and can result in physical disability. In addition to the overwhelming challenges individuals with brain injury experience, families also face many difficulties dealing with their loved one’s injury and in navigating a service delivery system that can be confusing and frustrating.

Brain Injury Definitions*

Acquired Brain Injury (ABI) describes all types of brain injuries, which can be caused by conditions such as trauma to the brain, strokes, infections, poisoning or toxic exposures, or lack of oxygen to the brain.

Traumatic Brain Injury (TBI) is a subcategory of ABI and can be caused by an external force such as hitting your head during a fall or car crash, from a collision with an object or another person during activities such as participating in sports, or when assaulted. Concussions are a type of traumatic brain injury. Brain Injuries not hereditary, congenital, degenerative, or caused by birth trauma.

Iowa Code 135.22A

“Brain injury” means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to a degenerative disease or aging process, which temporarily or permanently impairs a person’s physical, cognitive or behavioral functions, and is diagnosed by a physician. The diagnoses of clinically evident damage to the brain used for a diagnosis of brain injury shall be the same as specified by rule for eligibility for the home and community-based services waiver for persons with brain injury under the medical assistance program.

*disclaimer that brain injury is defined differently in various settings sometimes based on eligibility requirements

Brain injury data

- See appendix C - Traumatic Brain Injury in Iowa, 2011-2015

Expectations for Council Members

In order to fulfill the mission of the Advisory Council on Brain Injuries, its members have a responsibility to be a voice for Iowans with brain injury, their families and others impacted by brain injury. Therefore, members of the council need to be actively involved in council initiatives, activities and administration.

Council members are expected to regularly attend the quarterly meetings. If you cannot attend, call the council office and let the staff know as soon as possible,

at least 24 hours in advance. A conference line will be available during the meetings for members and the public who are not able to attend meetings in person. You can access the teleconference by calling:

1-866-685-1580 code: 0009990482 – or zoom

This number will also be listed on the meeting agenda and is provided as a courtesy. It is expected that members make an effort to attend meetings in person.

Promptness. Meetings should start on time and end on time.

Participation. Everyone’s viewpoint is valuable. Every team member can make a unique contribution; therefore, it is important to both speak freely and listen attentively.

Basic conversational courtesies. Listen attentively and respectfully to others, do not interrupt, one conversation at a time, and so forth.

Interruptions. Decide when interruptions will be tolerated and when they will not.

Avoid acronyms and jargon. Ask for clarification when needed. The members of the council come from a variety of backgrounds and experiences; therefore, they might not be familiar with various acronyms or terms commonly used among brain injury professionals. Therefore, acronyms should be avoided and an attempt to speak in plain language should be used whenever possible. Similarly, if you don’t understand terms being used, don’t hesitate to ask for clarification.

Be prepared. Council staff will make all attempts to provide meeting materials in advance, including the agenda, previous meeting minutes for approval, and meeting reports that will be presented at the next meeting. Members should review materials prior to the meeting so that time does not need to be spent reading, but instead on discussion and questions.

Council members have a tremendous responsibility in representing the interests of the tens of thousands of Iowans with brain injury. This responsibility must be taken seriously. Consider your membership an opportunity to have a positive impact on the lives of Iowans with brain injury. Appointed members who miss three or more meetings annually may be recommended for dismissal from the council.

Additionally, council members are expected to become actively involved in council task force activities and initiatives. Your input in these activities can make a difference for people with brain injuries.

Meetings

The council meets at least quarterly, with meetings to be held in the following months: January, April, July and October.

A reminder will be sent to council members by email or U.S. postal service. All meetings are open to the public and meeting materials, including the meeting agenda and minutes of the meeting, will be available for review on the council website at <http://idph.iowa.gov/brain-injuries/meetings>.

Accommodations to attend should be requested at least three days in advance.

- Transportation assistance will need prior approval by the division director. Please contact the IDPH office if this will be necessary to attend a meeting(s).

Meetings run under Roberts's rules relaxed... <https://robertsrules.org/>

- See appendix B for Roberts rules cheat sheet.

A simple majority of appointed members must be present at any of its meetings (also known as a “quorum”) to vote or make motions. A meeting may be cancelled or rescheduled if attendance is expected to be low.

When a quorum is present, a motion is carried by an affirmative vote of two-thirds of appointed members present.

Special or emergency meetings, while rare, can be called for business of the council that cannot wait until the next scheduled meeting. These meetings might be held in person or via teleconference.

Officers

Council members have the opportunity to serve as officers of the council. There are three officers of the council.

Chairperson: Responsible for presiding at all meetings of the council. The chairperson appoints task forces as necessary and designates the chairperson of each task force.

Vice-Chairperson: Performs duties of the chairperson if the chairperson is absent or unable to act. The Vice-chairperson performs other duties as assigned by the chairperson.

Immediate Past Chairperson: Assists the chairperson at the first meeting of the chairperson's appointment, assists with note taking if the council staff person is not available; assists the chairperson identify council business and necessary task force meetings.

Officers are elected at the first meeting of each fiscal year (July). Officers serve until their successor has been appointed.

Task Forces

There are two standing task forces of the Advisory Council on Brain Injuries: Executive Task Force and State Plan Task Force pursuant to 641 subrule 55.8(1).

The chairperson of the council may establish additional task forces as needed to carry out the business of the council. Task forces may be composed of appointed members, ex officio members, service partners and persons from the public. The chair of the task force is an appointed member of the council and identified by the council chairperson. All members of the task force have voting privileges during task force meetings; however, all decisions made by task forces must be approved at the next regular council meeting by a vote of the appointed members.

Executive Task Force is made up of the chairperson of the council, the vice-chair of the council, the secretary (in most cases the most recent past chairperson of the council, if still a current member of the council), and the chairperson of the state plan task force. The executive task force is active during the interim time between council meetings setting the agenda for the council meetings and acting on council business. At the next meeting of the council, interim actions of the executive task force will be acted on by the entire council.

State Plan Task Force is made up of members appointed by the chairperson. Utilizing data compiled in brain injury surveillance reports and the input gathered from Iowans with brain injury, their families and caregivers, and service professionals, as well as other stakeholders, the state plan task force will develop its recommendations to the governor in the form of the State Plan for Brain Injury.

Prevention Task Force looks at activities that the council can support or be involved in that would prevent or reduce the number or severity of brain injuries in the state of Iowa. These activities over the years have included supporting legislation that would make motorcycle and bicycle helmets mandatory in the state of Iowa, support of legislation that made seat belts mandatory in Iowa, funding the distribution of bicycle helmets to children through the SAFE KIDS coalitions in Iowa, producing materials on falls prevention, and support of local initiatives that would also further the goal of preventing or reducing brain injury in Iowa. Most recently, the prevention task force has worked on the reduction of falls in Iowa and increasing awareness and utilization of best practices for concussion prevention and management.

Individual and Family Service Task Force identifies activities that the council can support or be involved in that would improve the lives of individuals with brain injury by making needed services available in the state of Iowa. Activities that the service task force has been involved in have included supporting legislation that mandated a Home and Community Based Services (HCBS) Medicaid Waiver for persons with a brain injury in Iowa, participating in a working group that assisted the Department of Human Services in the development of the HCBS/BI waiver, supporting research studying the needs of Iowans with a brain injury, supporting research which is looking at the availability of services for Iowans with a brain injury, promoting the adoption of cognitive rehabilitation services in Iowa, and involvement in work groups and coalitions to improve service delivery for all persons with disabilities. Currently there is an emphasis on increasing awareness of brain injury and increased utilization of neuro-resource facilitation in Iowa, developing a brain injury screening tool, assessment, and service coordination across systems of care.

Service System Enhancement Task Force identifies unmet needs related to treating neurobehavioral symptoms, increasing treatment outcomes and reducing out of state placements. Activities the service task force are focused on are ensuring a well-trained and competent work force for current service providers, enhancing the diversity of the council to ensure the concepts of person centered

programming, self-advocacy and self-directed care are included in system enhancement initiatives.

Training

The council is required to complete sexual harassment training on an annual basis, in the spring of each year. The link to the training is found here:

[https://das.iowa.gov/human-resources/training-and-development/training-courses/preventing-sexual-harassment-employees.](https://das.iowa.gov/human-resources/training-and-development/training-courses/preventing-sexual-harassment-employees)

Professional Development

The council may vote to approve funding to be used for professional development opportunities for council members. This may include having registration and travel reimbursed for attendance at conferences on brain injury.

ADVISORY COUNCIL OFFICE AND STAFF

The Advisory Council's office and records are staffed and maintained by the Iowa Department of Public Health. The office is located at:

**Lucas State Office Building
Division of Behavioral Health
Office of Disability, Injury and Violence Prevention**

**321 E. 12th St., Des Moines, IA
Brain.injury@idph.iowa.gov**

The Department of Public Health provides staff who maintain the council office, organize activities between meetings, and work on activities of the Brain Injury Services Program.

Council staff is available for supporting council activities by gathering information, attending meetings, and reporting to the council on important brain injury related activities.

Brain Injury Program Staff

Maggie Ferguson – Program Manager
515-281-8465 or maggie.ferguson@idph.iowa.gov

Toby Yak – Lead Epidemiologist
515-281-8261 or toby.yak@idph.iowa.gov

Jim Pender – Brain Injury Grant Manager
515-725-7519 or james.pender@idph.iowa.gov

Legislative Information

IDPH staff guidance/limitations

- IDPH staff do not typically participate in lobby day activities at the Capitol. This is because our partners are likely lobbying for specific policy proposals and the department's attendance may be viewed as supporting those specific policy proposals.
- The legislative liaison is the only staff person registered as a "lobbyist" and able to lobby the legislature on behalf of the department. This means that she/he is the only member of the IDPH staff that is permitted to represent the department in advocating for or against proposed legislation and for communicating the potential impact of a bill as it relates to IDPH. This ensures that the messaging from IDPH is consistent, and helps us prioritize issues across a number of policy areas.
- The legislative liaison will be the primary contact for legislators when they have questions. This is also true for legislative staff including caucus staff and staff from the Legislative Services Agency (LSA) and department stakeholders (as it relates to legislation/session).
 - Therefore, IDPH staff related to the ACBI will not be able to participate in lobby days and/or related activities.

Advisory Council guidance/Limitations

When you reach out to legislators, it's important to know the difference between advocacy and lobbying.

The Legislative Services Agency has a guide called "[Lobbying: A Citizen's Guide](#)."

Lobbying tries to directly influence a legislator or legislative body, and is encouraging the passage, defeat or modification of legislation.

Advocacy informs, educates and communicates without urging specific action on a piece of legislation. Advocacy is important to public health and urges change on behalf of a particular health goal, program, interest or population.

Most companies and organizations have specific individuals who do lobbying or advocacy work. They coordinate with leadership teams to determine what specific legislation their organization may support or oppose - or lobby on. This helps organizations have a clear, cohesive message coming from one point-of-contact in the organization to policymakers.

- The following activities are considered advocacy, **not** lobbying, and can be a helpful way to engage with lawmakers:
 - Providing technical assistance to a legislative body or committee in response to questions;
 - Making available nonpartisan analysis, study or research;
 - Providing context such as historical and background information or examples from other states;
 - Communicating with a legislative body regarding matters which might affect the department, its responsibilities and how legislation may be implemented;
 - Updating the members of your own organization on the status of legislation, without a call to action.

- **Guidance from the Administration on Community Living (ACL)**
 - Participants can educate broadly about issues and about the advantages and disadvantages of public policies but can't make a direct appeal to decision-makers to influence the enactment or defeat of pending or proposed legislation.

Appendix A: Code of Iowa Chapter 135

The advisory council was created by legislative statute. It is located in Chapter 135 of the *Code of Iowa*.

135.22A Advisory Council on Brain Injuries.

1. For purposes of this section, unless the context otherwise requires:
 - a. "*Brain injury*" means an injury to the brain* as defined in section 135.22.
 - b. "*Council*" means the advisory council on brain injuries.
2. The advisory council on brain injuries is established. The following persons or their designees shall serve as ex officio, nonvoting members of the council:
 - a. The director of public health.
 - b. The director of human services and any division administrators of the department of human services so assigned by the director.
 - c. The director of the department of education.
 - d. The chief of the special education bureau of the department of education.
 - e. The administrator of the division of vocational rehabilitation services of the department of education.
 - f. The director of the department for the blind.
3. The council shall be composed of a minimum of nine members appointed by the governor in addition to the ex-officio members, and the governor may appoint additional members. Insofar as practicable, the council shall include persons with brain injuries, family members of persons with brain injuries, representatives of industry, labor, business, and agriculture, representatives of federal, state, and local government, and representatives of religious, charitable, fraternal, civic, educational, medical, legal, veteran, welfare, and other professional groups and organizations. Members shall be appointed representing every geographic and employment area of the state and shall include members of both sexes. A simple majority of the members appointed by the governor shall constitute a quorum.
4. Members of the council appointed by the governor shall be appointed for terms of two years. Vacancies on the council shall be filled for the remainder of the term of the original appointment. Members whose terms expire may be re-appointed.

5. The voting members of the council shall appoint a chairperson and a vice chairperson and other officers as the council deems necessary. The officers shall serve until their successors are appointed and qualified. Members of the council shall receive actual expenses for their services. Members may also be eligible to receive compensation as provided in section 7E.6. The council shall adopt rules pursuant to chapter 17A.
6. The council shall do all of the following:
 - a. Promote meetings and programs for the discussion of methods to reduce the debilitating effects of brain injuries, and disseminate information in cooperation with any other department, agency, or entity on the prevention, evaluation, care, treatment, and rehabilitation of persons affected by brain injuries.
 - b. Study and review current prevention, evaluation, care, treatment, and rehabilitation technologies and recommend appropriate preparation, training, retraining, and distribution of personnel and resources in the provision of services to persons with brain injuries through private and public residential facilities, day programs, and other specialized services.
 - c. Participate in developing and disseminating criteria and standards which may be required for future funding or licensing of facilities, day programs, and other specialized services for persons with brain injuries in this state.
 - d. Make recommendations to the governor for developing and administering a state plan to provide services for persons with brain injuries.
 - e. Meet at least quarterly.
7. The department is designated as Iowa's lead agency for brain injury. For the purposes of this section, the designation of lead agency authorizes the department to perform or oversee the performance of those functions specified in subsection 6, paragraphs "a" through "c". The council is assigned to the department for administrative purposes. The director shall be responsible for budgeting, program coordination, and related management functions.
8. The council may receive gifts, grants, or donations made for any of the purposes of its programs and disburse and administer them in accordance with their terms and under the direction of the director.

Appendix B: Roberts Rules cheat sheet

http://diphi.web.unc.edu/files/2012/02/MSG-ROBERTS_RULES_CHEAT_SHEET.pdf

Appendix C: Traumatic Brain injury in Iowa report

http://idph.iowa.gov/Portals/1/userfiles/32/2018%20Traumatic_Brain_Injury_in_Iowa_Report.pdf

Appendix D: Acronyms often used in the ACBI Meetings

ABI	Acquired Brain Injury
ACBI	Advisory Council on Brain Injury
ACBIS “ack-bis”	Academy for the Certification of Brain Injury Specialists
ACL	Administration for Community Living
AEA	Area Education Agency
BI	Brain Injury
BIA-IA	Brain Injury Alliance of Iowa
BIRT “bert”	Brain Injury Resource Teams
BISN “bison”	Brain Injury Support Network
BISP “bisp”	Brain Injury Services Program
CBIS “see-bis”	Certified Brain Injury Specialist
CBIS-T “see-bist”	Certified Brain Injury Specialist - Trainer
CCO	Consumer Choice Option
CDAC “see-dack”	Consumer directed attendant care
CDC	Centers for Disease Control and Prevention
CDD	Center for Disabilities and Development (Univ. of Iowa)
CMS	Centers for Medicare & Medicaid Services
DE	Iowa Department of Education
DHS	Iowa Department of Human Services
HCBS	Home and Community Based Services
HIPPA “hip-a”	Health Information Portability & Privacy Act
HHS	Health and Human Services
IBIRN “eye-burn”	Iowa Association of Community Providers
ICF/ID	Iowa Brain Injury Resource Network
IDPH	Intermediate Care Facility for the Intellectually Disabled
IME	Iowa Department of Public Health
IVRS	Iowa Medicaid Enterprise
MHDS	Iowa Vocational Rehabilitation Services
NASHIA “nah-shaw”	Mental Health and Disability Services

NRF “nerf”	National Association of State Head Injury Administrators
SNF “sniff”	Neuro-Resource Facilitation
TBI	Skilled Nursing Facilities
VA	Traumatic Brain Injury
REAP	Department of Veterans Affairs
MCO	Remove/Reduce Educate Adjust/Accommodate Pace
ICC	Managed Care Organization
DRI	Iowa Concussion Consortium
SCL	Disability Rights Iowa
USBIA	Supported Community Living
CNRS	United States Brain Injury Alliance
	Community Neurobehavioral Rehabilitation Services

Appendix E: Travel Reimbursement Rates for Council Members

Members of the Advisory Council on Brain Injuries are eligible for reimbursement of travel-related meeting expenses (i.e., lodging, meals, public transportation and/or travel in a private car) as shown below:

- Breakfast:** Up to \$ 12.00 - if departing home **prior** to 6:00 a.m.
- Lunch:** Up to \$ 15.00
- Dinner:** Up to \$ 29.00 - if returning home **after** 7:00 p.m.

Mileage: At the rate of \$.39 per mile

OR Public

Transportation: Actual expense to transport to the meeting

Hotel: Up to \$98.00 per night + taxes

- Receipts **MUST** be provided for all meals. They must identify the date, time, city, state, itemization of what was eaten and the cost.
- Members of state boards or commissions are permitted to request a board and commission rate when booking a hotel room for official business (a copy of your letter of appointment serves as proof of your status when requested by the hotel).
- To avoid delays in travel claim processing, please record on the claim voucher your time of departure and time of return home in the appropriate columns.

Meal Receipt Checklist

1. Date
2. Time
3. City
4. State
5. Cost
6. Itemized Food + tax charged
7. Name of Establishment

If any of the 7 items are missing, the council member fills in the missing information on the receipt or beside it (when taped* to a plain piece of paper), then signs their name and dates it.

Credit card statements and/or receipts are not acceptable, unless all of the required information listed above is on the receipt.

**Note: if you tape the receipt to a plain piece of paper, tape the top and bottom only; do not tape over your printing. Always sign and date the receipt if any of the 7 items are missing and you had to fill them in.*

[Appendix F: Link to the State Plan for Brain Injury 2018-2021](#)

[2018-2021 state plan for brain injury \(1\).pdf](#)