

Improving Brain Injury Systems: Stories from a NCAPPS Learning Collaborative

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Welcome to Today's Webinar



Alixe Bonardi

abonardi@hsri.org

NCAPPS Co-Director
at HSRI



Bevin Croft

bcroft@hsri.org

NCAPPS Co-Director
at HSRI

Thank you for joining us to learn about the experience of state teams in the NCAPPS' Brain Injury Learning Collaborative.

This webinar series is sponsored by the National Center on Advancing Person-Centered Practices and Systems. NCAPPS is funded by the Administration for Community Living and Centers for Medicare & Medicaid Services.

NCAPPS webinars are free and open to the public.

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The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.





Webinar Logistics

- Participants will be muted during this webinar. You can use the **chat** feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, our speakers will have an opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and Spanish. To access the Spanish captions, please use this link: <https://www.streamtext.net/player?event=HSRI-SPANISH>
- El seminario de web estará subtulado en vivo en Inglés y Español. Para tener acceso a los subtítulos en Español, utilice este enlace: <https://www.streamtext.net/player?event=HSRI-SPANISH>
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback about the webinar to NCAPPS@hsri.org.

(Please note that this email address is not monitored during the webinar.)

- The recorded webinar, along with a pdf version of the slides and a Plain Language summary, will be available within two weeks at NCAPPS.acl.gov. We will also include questions and responses in the materials that are posted following the webinar.

Who's Here?

“In what role(s) do you self-identify? Select all that apply.”

1. Person with a disability/person who uses long-term services and supports
2. Family member/loved one of a person who uses long-term services and supports
3. BI Survivor/self-advocate/advocate
4. Peer specialist/peer mentor
5. Social worker, counselor, or care manager
6. Researcher/analyst
7. Community or faith-based service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

What is a Learning Collaborative?

- Teams from around the country came together with experts to share insights
- We used a modified version of the model that the Institute of Healthcare Improvement has pioneered
- This model has been used successfully in many different health and human service systems
- It's based on the Model for Improvement (Plan-Do-Study-Act)

How did the Learning Collaborative work?

- Teams developed **local aims** based on a **global aim** for the whole collaborative
- Teams selected strategies to implement based on their local aims

Our global aim:

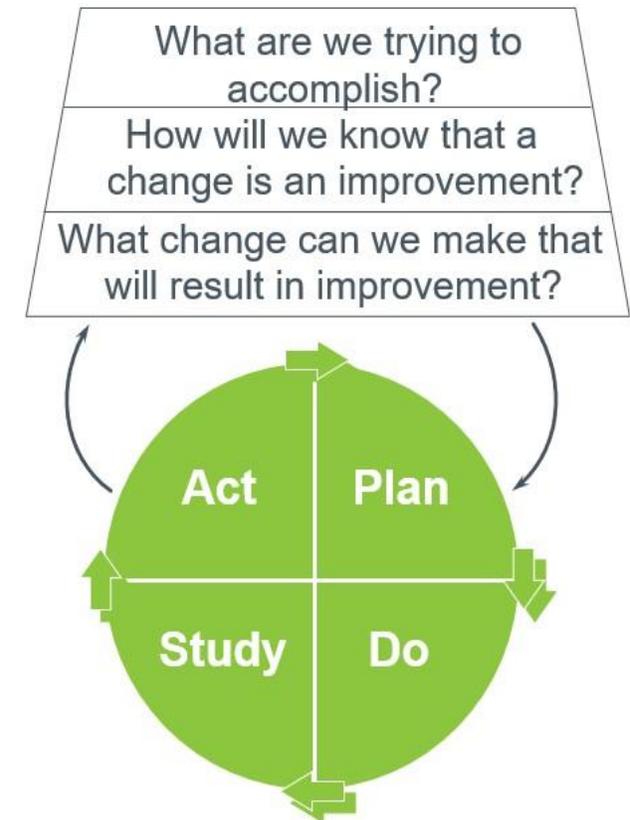
Expand and enhance person-centered, community-based supports for people with brain injury through:

- **Engaging people with lived experience in self-advocacy and systems change**
- **Incorporating and improving person-centered needs identification**
- **Establishing person-centered planning best practice**
- **Improving and expanding person-centered services and supports**

How did the Learning Collaborative work? (cont.)

- Teams worked together on the **strategies** they identified.
- Teams collected and reported data on the strategies they were testing.
- Teams participated in monthly **coaching calls** to learn from each other. Expert faculty supported these calls
- Teams gathered for three extended **Learning Sessions** to share challenges and successes and learn from experts and one another
- We wrapped up the Learning Collaborative with a **Summit** to reflect on and share what we've learned through storyboards

Model for Improvement



Meet Our Speakers



**Barb M.
Recknagel**



**Gina
Desmond**



**Rodney
Smith**



**Danielle
Reed**



**Michele
Coston**



**Krystal
Blair**



**Rolf M.
Halbfell**



**Carrie
Bambrough**

Scaling Mt. TABI

Securing Services for All Alaskans with a
Traumatic or Acquired Brain Injury

The Expedition Team

- **Dave Fleruant**
Disability Law Center
- **Kristina Jager**
SOA Senior and Disabilities Services
- **Danielle Reed**
UAA Center for Human Development
- **Wade Huls**
TBI Survivor
- **Brian Landrum**
Alaska Brain Injury network
- **Krystal Blair & Michele Coston**
Access Alaska (ILC)
- **Kimberly Bebout**
Maniilaq Association
- **Michael Pretz**
Division of Vocational Rehabilitation

Route Selection (Aims)

1

All Alaskans with brain injury will have access to peer support services, regardless of their location and peer support staff will be offered specialized training/certification.

2

We will create a framework for peer mentorship for all Alaskans with a brain injury and will have begun a pilot implementation program.

3

Employment services in statewide vocational rehabilitation programs for working age adults with brain injury will utilize best practices to increase rate of successful completion of the program.

Route 2 - Peer Support & Mentor Program

Information gathered from existing peer mentor programs in Colorado, North Dakota, and Maine.

Team discussed peer mentor programs and possible adaptations to fit Alaska's unique landscape.

A structured program was developed and presented.

Adapt program based on pilot results and broaden the reach

Secure funding and run a pilot of the peer mentorship program.

Route 3 – DVR Competencies

DVR is enhancing its intake documentation form to meet the specific needs for an individual experiencing a head injury.

DVR works collaboratively with Centers for Independent Living, Behavioral Health, and funding partners to implement the Individual Placement and Support (IPS) model.

DVR offers a comprehensive evaluation that is four hours a day, four days a week, for three weeks to fully assess and identify strengths, abilities, aptitudes, and interests, over time.

DVR has trained staff to rule out possible TBI/ABI if an individual does not disclose, but there are indicators it could be a factor based on life choices, experiences, and/or statements that, by asking the right questions, could lead to indication of a head injury.

Obstacles or Challenges

Mountain climbers often face challenges of weather and terrain; difficult crevasses can be an obstacle to achieving one's goals. During this learning process, COVID-19 was a large crevasse barrier for our team.

Data our team will use to measure progress

The peer support/Mentorship program will be tracked through the CIL Suite Database; a database for Centers for Independent Living to track goals and services

Number of DVR counselors and staff trained

Three month and annual self-evaluation as well as supervisory evaluation regarding mentorship program

Number of individuals with TBI/ABI served by Vocational Rehabilitation in Alaska

Method we Used to Accomplish Change

- Learning from other states and programs
- Connecting with local programs and resources
- Pilot VR training
- Involving the TABI Advisory council, including feedback from individuals with brain injury

Lessons Learned

- Just like climbing a mountain, it requires patience, and you climb one step at a time.
- It is not a sprint. It is a climb up a mountain, and it takes planning.
- Teamwork is critical to make it to the summit.

Aspirations for the Future

To have a fully functioning Peer Support and Mentorship program for individuals experiencing brain injury

On-going training for VR staff and service providers working with individuals with brain injury

Country Roads, Take Me Home

Come Join the WV Team on our Brain Injury Learning Collaborative Road Trip!

Minds Under Construction

**Rodney
Smith**

**Carrie
Childers**

**Courtney
Lanham**

**Barb
Recknagel**

**Carolyn
Lecco**

**Delena
Arthur**

**Sarah
Taylor
Pickett**

**Regina
Desmond**

**Brad
Anderson**

**Teresa
McDonough**

**Nichole
Wills**

**Miranda
Talkington**

**Taasha
Beitz**

**Pick a
Destination**

**Engage people with lived
experience in self-advocacy
and systems change**

**Incorporate and improve
person-centered needs
identification**

**Establish person-centered
planning best practice**

And GO!

Person-Centered Planning

PCD Tools

**Lived Experience
Wanted! High VALUE!**

**Knowledge and Skills
Training**

Nothing About Me...
Without Me!

**Learn More [Here!](#) Self-
Advocacy Training**

Sign up NOW!

**Get your
brochure
[here!](#)**

Were We On Track?

100 % pilot participants stated that their service plan included all of things that were important to them.

The training session has better prepared me to perform my job.

82 % of the trainees strongly agreed
18% of the trainees agreed

100% of pilot participants felt that the PCD tools helped their case manager in understanding what was important to them.

100% pilot participants indicated that the Morning Ritual and the Good Day/Bad Day tool was very helpful.

My knowledge of the topic improved from this training.

82 % of the trainees strongly agreed
18% of the trainees agreed

Self Advocacy Brochure was developed and **50** sent.

How Did We Get Here?!?!?

Lived Experience

Research

Best Practices

Training

PDSA Cycle

Feedback

Pilot Project

**NCAPPS Change
Package**

**Literature/Resource
Review**

What Does Our Baggage Look Like?

**Important
To/Important
For-Finding
the Balance**

**Nothing about
me without me**

**Being the professional does not
make me more knowledgeable,
it just makes me knowledgeable
about different things.**

**True engagement
requires effort**

**Each Brain Injury is
different;
engagement must
look different!**

**Many roads
Same
Destination**

Sustainability

TBI Waiver QIA COUNCIL

- West Virginia Department of Health and Human Resources
Bureau for Medical Services
- Coordinating Council for Independent Living
- Disability Rights West Virginia
- PCG Public Partnerships
- Marshall University
- Kepro
- West Virginia University Center for Excellence in Disabilities

Want to go on a similar road trip?

- ✓ **Always keep the person in the driver's seat.**
- **Develop and hold feedback sessions for Case Managers.**
- **Hold the ground and expand.**
- **Incorporate PCD Tools in other HCBS programs.**

NCAPPS Learning Collaborative Team Utah

Storyboard

Meet Our Team

- **Rob Halbfell**
Division of Services for People with Disabilities
(DHS)
- **Bob Downing**
Division of Services for People with Disabilities
(DHS)
- **Traci Barney**
Department of Health
- **Carrie Bambrough**
Department of Human Services
- **Christi Carpenter**
Phoenix Services (community provider agency)
- **Stephanie Burdick, Lived Experience**
Representative of Brain Injury Alliance of Utah
- **Glen Larsen**
Department of Health
- **Heather Larsen Mossinger**
Department of health

Our Aims

- **Aim 1:** Develop a team and introduce team members to the CtLC Tools
- **Aim 2:** Introduce the team in detail to CtLC tools and develop a pilot and data collection strategy
- **Aim 3:** Test the tools with individuals who have a brain injury
- **Aim 4:** Implement use of the tools with agency staff

Specific Goals

Goal #1: Develop training and guidance for Brain Injury Professionals to incorporate Person Centered Planning Processes with individuals with brain injury, utilizing Charting the Life Course discovery tools or other tools as applicable.

Goal #2: Combining the Learning Collaborative with the TA Grant

Goal #3: UBIC having administrative oversight for identifying training needs and ongoing training for agencies across Utah

Data Our Team Used to Measure Progress

- Used PDSA to evaluate our efforts and make changes based on progress being made.
- Created a Google form to track data on what discovery tools were used and how they worked with RF services
- Between July 2020 and February 2021 received 10 responses. 9 out of 10 were positive in that the person and worker found the tool very useful in the PCSP process.
- PCSP train the trainer-Track who attended the training

Methods We Used to Accomplish Changes

- Focused on training.
- Going in Stages
- Determined what new skills will be necessary to properly implement the modules of the “Train the Trainer” manual.
- Getting everyone involved. Use UBIC as an entity where its council members are trained, and the trained council members train their particular agencies across the State of Utah.
- Communication is everything, we have open meetings to discuss concerns (pros and cons) etc.
- Use of state conferences such as the BIAU annual brain injury conference and workshops.
- Continue to discuss strategies and goals of different agencies, identify similarities and disseminate learned information across those agencies

Lessons Learned by Utah

- The application of using Person Centered Practices, including discovery tools, varies across providers (agencies) across the State of Utah.
- Person-Centered Planning is about working collaborative to support people with brain injuries and other disability types.
- To ensure a better common knowledge about Person Centered Practices it was important to Utah to develop a “Train-the-Trainer” manual with the help of NASHIA and NCAPPS.
- Sequencing between Utah’s PDSA Cycle #3 and #4 (Experienced some Turbulence).

Utah's Aspirations for the Future

- Working in partnership with the NCAPPS Technical Assistance (TA) Grant that Utah has and is currently applying for, for continuation.
- Self Sustainability: Utah's vision is to have the Utah Brain Injury Council (UBIC) function as an administrative oversight to continue the work of the Learning Collaborative and continue working on the AIMS identified through this work.
- UBIC Council Members to present PCP practices at opportunities such as statewide conferences and workshops.
- Offering continued education, through UBIC, to multiple agencies including hospital settings (social work)

Panel Discussion



**Barb M.
Recknagel**



**Gina
Desmond**



**Rodney
Smith**



**Danielle
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Questions?

Real-Time Evaluation Questions

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality NCAPPS webinars.
- If you have suggestions on how we might improve NCAPPS webinars, or if you have ideas or requests for future webinar topics, please send us a note at NCAPPS@hsri.org

Real-Time Evaluation Questions (cont.)

- 1. Overall, how would you rate the quality of this webinar?**
- 2. How well did the webinar meet your expectations?**
- 3. Do you think the webinar was too long, too short, or about right?**
- 4. How likely are you to use this information in your work or day-to-day activities?**
- 5. How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**
- 6. How could future webinars be improved?**

Thank You.

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