TEXAS BIAC PLANNING AROUND ACTION

COMMUNICATION: Effective groups practice effective communication. In addition to communicating with each other, the Texas BIAC members use the 30-second elevator speech to communicate with partners, volunteers and numerous other stakeholders about the Council's priorities, strategies and actions. This sound bite is a persuasive and memorable communication that is intended to spark interest in the Texas BIAC's overall mission, creating a desire in the listener to learn more.

LEADERSHIP: Leadership is the responsibility of all Council members, not just the Chair. It includes the officers, members, committee leads or other points of contact for projects and tasks, as well as each Texas ambassador for brain injury. Leadership includes the willingness to step forward and be the point person for change.

RESOURCES: This component of action includes the human capacity and time invested in achieving the Texas BIAC's goals along with adequate funds to do the job. Resource development also includes identifying new funds and/or encouraging reallocation of funds to better accomplish established goals as well as to address additional priorities identified by the Council.

CLEAR GOALS: This component of action is about knowing exactly where the Council is headed along with when and how members expect to evaluate their progress. Expectations are clearly stated and include the data that is used to evaluate the indicators of success for each goal.

PASSION FOR THE MISSION: For action to be most effective it is fueled by individuals who are passionate about their desire to make things happen. Passion is based on deeply held beliefs that translate into the capacity for bringing vision into reality and attracting others.

Some Things to Think About in Developing an Action Plan:

1. Review the goals and priorities of the Texas BIAC.

What priorities would you most like to focus on? Do any of the organizations you are affiliated with have goals/priorities that are similar to those of the Texas BIAC? What are these organizations? What goals are similar?

Where can you best focus your efforts—at the local level? Regional level? State level? On what level does your organization operate? Are there similarities? Overlap?

2. Think about the goals, existing projects and ongoing activities, funding sources, local networks, and potential partners that you and any groups you are affiliated with have. Are there similarities and/or overlaps with the Texas BIAC?

What populations in your community are at greatest risk for brain injury?
What are the gaps in brain injury related services, policies, education, and awareness in your community?

What local resources (personnel, money, and time) can assist in implementing projects that align with the goals of the Texas BIAC?

3. Create actions in alignment with the Texas BIAC's priorities that are appropriate for you/your organization and community.

What actions might you/your organization implement under each goal? What actions are ambitious, have high potential for impact, and are feasible within the scope of your community/organization's resources? *(Low hanging fruit.)*

4. Share your actions with your local partners to gather feedback and develop potential cross-cutting initiatives and collaborative actions.

What new connections could be made between you/your organization and others in your community?
What solutions are being tried or are working in other communities that you might want to bring to the attention of the Texas BIAC and/or adopt for your own community?

5. Disseminate the Texas BIAC's action plan.

Who can you discuss the Texas BIAC's action plan with? Legislators? Your organization's staff? Volunteers? Board members?
What other organizations would be interested in the Texas BIAC's action plan?

How can you use the Texas BIAC action plan to develop new partnerships and extend the impact of the Council's actions?

Some of these steps can be taken simultaneously (i.e. connecting with other organizations and stakeholders as action planning continues).

SAMPLE

GOAL 1: RISK REDUCTION AND PREVENTION OF NEW BRAIN INJURIES

Raise awareness of brain injury and the OABI as a partner in risk reduction and brain injury prevention.

STEP 1.A	Raise awareness of brain injury as a critical public health concern for Texas.
STEP 1.B	Intensify efforts to reduce risks for brain injury.
STEP 1.C	Educate with easily accessible, scientifically accurate information about risk factors for brain injury and strategies for primary and secondary prevention.

FOCUS QUESTIONS:

- What are the priority populations for brain injury awareness? Parents? Athletes? Seniors?
- What information on brain injury would be most useful to each priority group?
- How can we focus resources and activities on relevant groups with high risk of brain injury?
- What programmatic, research or educational tools are available to support reducing the number of new brain injuries? Whom can you partner with to develop broader strategies or initiatives? Strategies might include brain injury screenings for high risk populations, ensuring linkage to substance abuse treatment and other co-occurring conditions.
- In what ways can information about risk factors for brain injury and tips for prevention be integrated into existing outreach and education campaigns or health promotion activities? Including use of digital and social media.

EXAMPLES OF ACTIONS FOR STAKEHOLDERS:

Advocacy groups can:

- Determine effective ways to raise awareness of brain injury among high risk populations and take steps to allocate resources accordingly.
- Encourage health and behavioral health service and support providers, law enforcement, first responders, educators, juvenile and criminal justice staff, adult and child welfare workers and others to participate in brain injury education opportunities.
- Promote appropriate responses after brain injury, i.e. "When in doubt -sit it out."
- Provide lawmakers and policymakers with the latest scientific information regarding brain injury risks.
- Address issues of stigma that get in the way of identifying brain injury and seeking care i.e. brain injuries resulting from domestic violence, delinquent behavior, etc.

Educational institutions and organizations can:

- Provide comprehensive, age-appropriate, scientifically accurate education that addresses brain injury risks through youth/emerging adult-informed programming.
- Add information on brain injury to relevant curricula including best practices in risk reduction and prevention of brain injury.

Health care delivery organizations can:

- Include information on brain injury in discharge packets for all patients who may have sustained a brain injury regardless of the primary diagnosis.
- Encourage recruitment of members of diverse communities as outreach workers to support culturally appropriate delivery of brain injury awareness messages.
- Ensure all direct service providers receive training on brain injury.

SAMPLE

GOAL 2: INCREASE ACCESS TO CARE & IMPROVE HEALTH OUTCOMES FOR BRAIN INJURY SURVIVORS
Ensure care/rehabilitation for as long as necessary.

STEP 2.A	Establish seamless systems to link people to care immediately after a head injury to maximize the benefits of early intervention and treatment.
STEP 2.B	Increase the capacity of systems as well as the number of clinical care and related services providers for brain injury survivors.
STEP 2.C	Support comprehensive, coordinated person-centered care for brain injury survivors, including addressing co-occurring conditions and challenges.

FOCUS QUESTIONS:
• How can you/your organization connect brain injury survivors to health care coverage?
• How can you/your organization strengthen the current provider workforce and increase the number of service providers through integrating services, collaborating across programs and systems, and providing or obtaining training and experience?
• In what ways can you help increase screening and access to treatment for substance use and mental health disorders for persons living with brain injury?
• What do brain injury survivors, their families, caretakers, health and behavioral healthcare providers, educators, and others need to know? What do policy makers need to know?

EXAMPLES OF ACTIONS FOR STAKEHOLDERS:
Community-based organizations can:
• Engage with state and local health departments on their injury prevention and care planning.
• Connect people living with brain injury who are uninsured with organizations that can provide care and help enroll them in health care coverage.
• Provide patient navigation and other linkages to care services.

Advocacy groups can:
• Bring attention to gaps in community programming and suggest points of collaboration.
• Encourage policy makers to support changes in health care coverage that improve access to, and increase the capacity to comprehensively meet the complex health, behavioral health and social service needs of brain injury survivors and their families.
• Support the development and use of peer supports i.e. family liaisons and support groups.

Educational institutions and organizations can:
• Integrate evidence-based models of care for students living with brain injury.
• Add information on brain injury to relevant curricula including best practices in the identification, treatment, long term care and support of brain injury survivors.
• Prioritize research on improving health outcomes and quality of life for brain injury survivors.

Health care delivery organizations can:
• Ensure immediate linkage to care and initiation of treatment.
• Ensure culturally appropriate services to support achievement and maintenance of positive outcomes.
• Train health care providers on linkages to services such as workforce development and behavioral health care.

SAMPLE

GOAL 3: SUSTAIN POSITIVE OUTCOMES OVER TIME FOR BRAIN INJURY SURVIVORS & THEIR FAMILIES
Brain injury survivors return to live, play, learn, work, and participate in their community.

STEP 3.A	Emphasize quality of life for brain injury survivors: achieving a new normal that supports independence and returning to live, play, learn, work and participate in their communities.
STEP 3.B	Promote an increased role for family members, friends and informal supports at all levels of service planning and delivery.
STEP 3.C	Support ONGOING comprehensive, coordinated person-centered approaches for brain injury survivors that address their safety, wellbeing and independence, as well challenges regarding socialization, education, employment, housing, transportation, recreation, etc.

FOCUS QUESTIONS:
• How can you/your organization interface with other community stakeholders to ensure the strategies that support brain injury survivors' quality of life are effectively and efficiently implemented at the local, regional and state levels?
• How can local and/or state data be used to assist other partners in refining their response to brain injury in communities across Texas?
• What mechanisms should be developed for communities to collectively monitor progress among multiple stakeholders?

EXAMPLES OF ACTIONS FOR STAKEHOLDERS:
Community-based organizations can:
• Hold a forum to support increased coordination and collaboration as well as share best practices on service provision, prevention, and access to care for people living with brain injury.
• Engage with other community- and faith-based organizations to address stigma related to brain injury.
• Support employment opportunities and employment training opportunities for brain injury survivors.

Advocacy groups can:
• Promote a system of care approach to service delivery whereby all formal and informal service and support providers who work with brain injury survivors (i.e. therapists, educators, vocational counselors, case managers, probation officers, etc.) coordinate care to maximize benefits across life domains.
• Address issues of stigma that brain injury survivors returning to learn or work experience;

Educational institutions and organizations can:
• Provide education on use of data for guiding public health programs and resource allocation.
• Coach students on how to facilitate inter-disciplinary and nonstigmatizing approaches to service deliver in diverse populations.
• Conduct research that addresses the role of social determinants of health in improving long term care outcomes for brain injury survivors.

Health care delivery organizations can:
• Identify areas for collaboration on research between public health and health care.
• Expand or enhance services to brain injury survivors by engaging survivors who are further along on their healing journey as peer mentors.
• Emphasize the importance of inter-disciplinary approaches in service delivery.

SAMPLE

GOAL 4: BRING EMERGING ISSUES TO THE ATTENTION OF POLICY MAKERS AND LEGISLATORS
Address pending, proposed and/or needed legislation, policy, regulations or program changes required to reduce the public health impact of brain injury.

STEP 4.A	Identify emerging issues in brain injury that may be in line with existing legislative priorities. I.e. texting and driving, helmet requirements, implementation of return to learn protocols in all schools, meeting the needs of Veterans, reducing recidivism in the Juvenile Justice system, expanding mental health services.
STEP 4.B	Merge local and regional priorities into a statewide list of legislative priorities.
STEP4.C	Develop a legislative agenda for the Texas BIAC including policy/position statements that address the public health burden of brain injury.

FOCUS QUESTIONS:

• How can the public health burden of brain injury be decreased?
• How can priorities currently being addressed by policy makers be expanded to include brain injury? What can you/the Texas BIAC do to help increase awareness among policy makers of brain injury as a public health burden?
• How can you help policy makers recognize opportunities to include brain injury when addressing issues that impact communities across the state i.e. when addressing domestic violence, serious and persistent mental illness, juvenile justice recidivism, Veterans impacted by trauma?

EXAMPLES OF ACTIONS FOR STAKEHOLDERS:
Community-based organizations can:
• Identify priorities for addressing brain injury at the local and regional levels, e.g. requiring children to wear bicycle helmets.

Advocacy groups can:
• Encourage policy makers to support changes that reduce risks for brain injury, improve access to the right care, at the right time, at the right place and at the right cost for brain injury survivors.

Educational institutions and organizations can:
• Provide data on ongoing research that shows the value of reducing the public health burden of brain injury and/or the cost to society of treating brain injury and caring for survivors of severe brain injury over the course of a lifetime.

Health care delivery organizations can:
• Provide examples of best/and or promising practices that work in Texas.

SAMPLE

SAMPLE INDICATORS OF PROGRESS TOWARDS GOALS

INDICATOR **1**	Reduce the incidence of brain injury due to high-risk behavior (identify which one[s]) by at least 10 percent in an identified population overran identified period of time. (Education and Awareness Committee)
INDICATOR **2**	Sponsor XX town hall meetings in local communities to assess local needs regarding brain injury prevention and recovery in different areas of the state. (Education and Awareness Committee)
INDICATOR **3**	Reach out to XX hospital discharge planners and emergency department personnel each year who will distribute information and provide education about brain injury to persons they encounter in their jobs. (Services and Supports Committee)
INDICATOR **4**	Initiate at least one brain injury support group each year. (Services and Supports Committee)
INDICATOR **5**	Increase diversity among the members of the Texas BIAC and committee volunteers over the next 4 years by 25%. (Membership Committee)
INDICATOR **6**	Support/sponsor at least one piece of legislation related to brain injury each legislative session. (Legislative and Policy Committee)

SAMPLE

GOAL 1: RISK REDUCTION AND PREVENTION OF NEW BRAIN INJURIES

Raise awareness of brain injury and the OABI as a partner in risk reduction and brain injury prevention.

STEP 1.A	ACTION	TARGET YEAR FOR COMPLETION	ACTION LEADS	PARTNERS	RESOURCES	SUCCESS INDICATORS	COMMUNICATION
Raise awareness of brain injury as a critical public health concern for Texas.	EXAMPLE: Raise awareness of brain injury among high risk populations. ACTION: Host brain injury poster exhibits i places with lots of foot traffic. Like "pop up" restaurants create 90 minute "pop up" exhibits that are focused in terms of content and strategic in terms of location. For example a university center during change of classes, or a government building during lunch hour. Each exhibit is customized to the audience of focus and is small enough to fit on a card table so that it can be easily transported and set up.	2020	Education and Awareness Committee lead.	Community support groups, youth groups, radio and TV stations.	OABI printed materials, American Stroke Association materials.		Blog posts, university newsletters, local news interviews.

SAMPLE

GOAL 2: INCREASE ACCESS TO CARE & IMPROVE HEALTH OUTCOMES FOR BRAIN INJURY SURVIVORS

Ensure care/rehabilitation for as long as necessary.

STEP 2.A	ACTION	TARGET YEAR FOR COMPLETION	ACTION LEADS	PARTNERS	RESOURCES	SUCCESS INDICATORS	COMMUNICATION
Establish seamless systems to link people to care immediately after a head injury to maximize the benefits of early intervention and treatment.	EXAMPLE: Provide patient navigation and other linkages to care services. ACTION: Engage hospitals, free standing emergency rooms and clinics across Texas in an effort to include information on brain injury in discharge packets for all trauma patients.	2020	Education and Awareness Committee lead.	Healthcare providers, professional associations (Medical, nursing, social work, etc.).	Institution/agency /organization's managerial, financial, informational support.		Healthcare conferences and events. Professional societies.

SAMPLE

GOAL 3: SUSTAIN POSITIVE OUTCOMES OVER TIME FOR BRAIN INJURY SURVIVORS & THEIR FAMILIES

Brain injury survivors return to live, play, learn, work, and participate in their community.

STEP 3.A	ACTION	TARGET YEAR FOR COMPLETION	ACTION LEADS	PARTNERS	RESOURCES	SUCCESS INDICATORS	COMMUNICATION
Emphasize quality of life for brain injury survivors: achieving a new normal that supports independence and returning to live, play, learn, work and participate in their communities.	EXAMPLE: Emphasize the importance of inter-disciplinary approaches in service delivery. ACTION: Bring integrated care as close as possible to where people live, learn and work. Hold quarterly inter-agency/inter-disciplinary meetings to train service/support providers to work within a system of care that includes other systems i.e. mental health, education, workforce development, etc. in order to strengthen the community safety nets upon which brain injury survivors and their families rely.	2020	Services and Supports Committee lead.	Local and regional faith & community based organization, hospitals, health centers, healthcare providers, government agencies across Texas.		Percentage of county providers in prioritized regions of Texas who are trained in linkages to basic services.	Outreach through existing networks, Town hall meetings, newsletters, social media local/ regional news stories.

SAMPLE

GOAL 4: BRING EMERGING ISSUES TO THE ATTENTION OF POLICY MAKERS AND LEGISLATORS

Address pending, proposed and/or needed legislation, policy, regulations or program changes required to reduce the public health impact of brain injury.

STEP 4.C	ACTION	TARGET YEAR FOR COMPLETION	ACTION LEADS	PARTNERS	RESOURCES	SUCCESS INDICATORS	COMMUNICATION
Merge local and regional priorities into a statewide list of legislative priorities.	EXAMPLE: Identify priorities for addressing brain injury at the local and regional levels. ACTION: Work with Regional Advisory Councils (RACs) to evaluate local/ regional resource allocation, determine its alignment with local/regional surveillance data and identify statewide priorities for improving trauma care.	2020	Legislative and Policy Committee.	RACs, DSHS, ERD, State legislators.	DSHS website.		GTAC *meetings,* RAC meetings and conferences.

SAMPLE