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## Summary/Abstract

Nebraska VR (Vocational Rehabilitation), in collaboration with the Brain Injury Advisory Council (BIAC) and key partners will, in this three-year project, achieve a **goal** to increase state and national capacity to provide access to services for individuals with traumatic brain injury (TBI) and their families by building a statewide, voice-driven Network of individuals with TBI and their family members to shape policies, programs and services. **Objectives** are to: 1) build leadership capacity within existing TBI support groups; 2) equip the Network of people with TBI and their families to advocate; 3) engage Network members in shaping policies, programs and services; 4) connect newly-injured individuals with TBI and their family members to services and supports in underserved, rural areas of the state; 5) increase national capacity by providing mentorship and technical assistance to Partner State Grantees. Anticipated **outcomes** include: 1) TBI support group leaders and members will increase leadership skills; 2) people with TBI and their family members will increase advocacy activities; 3) the number of individuals with TBI and family members joining the Network will increase; 4) people with TBI and their family members will experience greater access and reduced barriers to needed services and supports, and; 5) designated Partner State Grantees will increase skills and abilities in employment services for people with TBI. Expected **products** are: TBI advocacy and education resources (templates, handouts and presentation slides), a Needs and Resources Survey tool, TBI Registry follow-up resources customized by age group and region, a TBI Peer Resource Navigator training manual, an Annual Network Summit and Annual TBI State Plan.

## **Problem Statement**

Traumatic brain injury (TBI) is a serious public health problem in Nebraska. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Even a mild TBI can result in permanent cognitive, physical, emotional and behavioral changes that impact daily function. Individuals with moderate to severe injuries may require life-long services and supports for housing, work and community living. Each year, over 10,000 Nebraskans of all ages are diagnosed with TBIs. Many of them, especially those living in rural areas, have limited or no access to the services and supports they need to recover, return to school or work, or to live as independently as possible.

Individuals and families impacted by TBI struggle to access these services and supports primarily because they simply do not exist outside of urban areas. A sense of public urgency is needed to demand funding for service expansion to all areas of the state. In our experience, people with TBI and their families are often unaware of existing services and supports in their areas and how to access them. Nebraska VR (Vocational Rehabilitation) proposes to address these problems by building a statewide, voice-driven network of people with TBI and their family members, and engage them in shaping TBI policies, programs and services.

***Scope of State Services.*** Nebraska boasts high quality hospital-based acute, post-acute care and rehabilitation facilities in urban areas, but fewer medical and other services for individuals returning to home and community after TBI, especially in rural areas. In fact, a recent study indicated that 13 of Nebraska's 93 counties have no primary care physician (*The Status of the Healthcare Workforce in the State of Nebraska, University of Nebraska Medical Center, April, 2018*). A TBI Medicaid Waiver funds specialized assisted living services in one urban city to approximately 25 to 40 individuals aged 18 to 64 years in need of nursing facility levels of care. Nebraska has three other Medicaid Waivers; Aged and Disabled (AD), Developmental Disabilities Comprehensive Services Waiver (CDD) and Developmental Disabilities Adult Day Waiver (DDAD). Individuals with TBI must meet categorical eligibility criteria for these home and community-based waiver programs. Nebraska's Money Follows the Person (MFP) program helps approximately two to three individuals with TBI per year move from institutional settings

to the community. Independent living centers (Independence Rising and the League of Human Dignity) offer core services, such as information, referral, independent living skill training, peer counseling, advocacy and transition assistance to all individuals with disabilities, including TBI. Nebraska VR provides employment services statewide to individuals with TBI seeking jobs and careers. The Nebraska Department of Education (NDE), Office of Special Education supports Brain Injury Regional Resource School Teams (BIRSST) to consult with school districts serving children and youth with TBI under Individual Education Plans (IEPs).

***Impact of Previous Grant Activities.*** With past TBI grant-funding, Nebraska VR trained community-based service providers to conduct TBI screens and provide Independence Skills Management (ISM) services to individuals with TBI under the AD Waiver. The Brain Injury Alliance of Nebraska (BIA), a non-profit advocacy organization, provides resource facilitation (information, referral and case management) services in two urban communities under a TBI grant-funded pilot. Nebraska VR also increased TBI awareness among Area Agency on Aging (AAA) service coordinators, Aging and Disability Resource Center (ADRC) staff, Veterans organizations, Early Childhood programs and school professionals.

***Existing Gaps and Unmet Needs.*** Nebraskans with TBI, their families and caregivers still experience service gaps and unmet needs. Results from Nebraska's comprehensive, statewide *2010 TBI Needs and Resources Assessment* revealed key service system gaps:

- Individuals with TBI, their families and service providers are not aware of appropriate services in or near their communities to meet their needs or where to get the information they seek.
- Existing community-based services such as counseling and behavioral supports, independent living skills training and employment supports are not designed, planned or provided with the individual's TBI in mind.
- Individuals with TBI, their families and caregivers waste valuable time and energy, and have difficulty identifying and navigating a network of services spread across several programs or agencies.

Nebraskans with TBI also report barriers and unmet needs related to support for cognitive functioning, physical and mental health, education, housing, transportation, financial matters and employment. Per capita, the highest rates of injury occur in the rural panhandle, west central and southwest areas of the state (*Nebraska Traumatic Brain Injury Registry Report, December 2017*). The BIA reports people with TBI living in “greater Nebraska” (i.e. those outside of urban areas) experience the highest rates of service barriers or unmet needs (*BIA Resource Facilitation Data Summary July 2016 - January 2018*).

***Anticipated Challenges.*** There are several challenges likely to be encountered in implementing project activities. Sustainability planning activities in 2017 suggested the Nebraska Brain Injury Advisory Council (BIAC) must grow beyond its historically limited role in advising on TBI grant goals and objectives to leveraging real collaboration from state agencies and other stakeholders to affect change. The BIAC is taking steps to increase its leadership capacity and become the credible forum for all TBI stakeholders. As noted earlier, Nebraska faces geographical and economic challenges in the provision of comprehensive and coordinated services for people with TBI. Travel distance and expenses for committee meeting attendance may pose barriers to new BIAC member recruitment from rural areas, so Nebraska VR will offer online meeting options and reimburse travel expenses. Nebraska VR will also offer videoconferencing for BIAC members to join meetings from a distance. To address data collection and outcome measurement challenges, Nebraska VR will partner with an experienced external evaluation team to create secure and user-friendly data collection tools. The greatest anticipated challenge will be to reach people with TBI, their families and caregivers in all parts of the state. Support groups do not exist in every region, and some communities in Nebraska have no internet service. Nebraska VR and the BIAC will use all available communication methods to reach as many individuals with TBI, family members and caregivers as possible.

### **Goals and Objectives**

Nebraska VR’s goal is to increase state and national capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families by building a statewide, voice-driven

Network of individuals with TBI and their family members that are engaged and equipped to shape policies, programs and services. Major project objectives are to:

1. Build the foundation for a statewide, voice-driven Network with the existing TBI support groups by providing leadership and capacity-building coaching to support group leaders and members in at least 10 of the 13 support groups during Years 1-3 of the project.
2. Equip the Network of people with TBI and their families to advocate for policy, program and service changes by making data, resources, tools and strategies accessible to leaders and members of all 13 support groups across the state during Years 1-3 of the project.
3. Engage Network members from all 13 support groups in shaping policies, programs and services by providing education in advocacy strategies and offering opportunities to advocate during Years 1-3 of the project.
4. Connect newly-injured individuals with TBI and their family members to the Network and the existing system of services and supports in underserved, rural areas of the state by training a TBI Peer Resource Navigator from 6 of the 13 support groups during Years 2 and 3 of the project.
5. Increase national capacity to provide comprehensive and coordinated services to individuals with TBI by providing mentorship and technical assistance to Partner State Grantees in Years 1-3 of the project.

### **Person Centered Planning and Underserved Populations**

Members of the BIAC with TBI were involved in planning the project goal. Project objectives are designed to enhance a person-centered, consumer-directed service delivery system by equipping and engaging consumers (people with TBI) to advocate for services and supports that meet their needs.

***Consumer-Direction.*** Nebraska VR and the BIAC will ensure that people with TBIs are meaningfully involved in project planning, implementation and quality management by addressing not only physical, but potential cognitive barriers to inclusion, such as memory, reading comprehension and expressive language challenges. As a standard, new BIAC members with TBI will be matched with mentor members who will use person-centered planning principles to identify needed accommodations and ensure the new

members with TBI are able to participate fully in meetings and other BIAC activities. The BIAC Chairperson is an individual with TBI. Other BIAC members with TBI will lead and participate in subcommittees. The BIAC will incorporate standards and guidelines for full participation in the BIAC Member Handbook and meeting materials will be made available in alternative formats as needed. Nebraska VR will employ additional strategies to facilitate involvement of consumer leaders and incorporate consumer direction at all levels:

- Contractors for project activities involving individuals with TBI will be required to conduct their work in barrier-free, accessible environments and honor requested accommodations.
- BIAC members with TBI will participate in subcommittees to advise, monitor contractor progress and report to the BIAC on project objectives.
- Network members with TBI will participate in quarterly webinars or online meetings to discuss resources and strategies for advocating for policy, program and service changes in their communities.
- An Annual Needs and Resources Survey will be conducted with Network members (including people with TBI) to measure end user satisfaction with the service delivery system and inform development of the Annual TBI State Plan objectives.
- An Annual Advocacy Activity Survey will be conducted with Network members (including people with TBI) to measure participation in advocacy activities.
- People with TBI will participate in the Annual Network Summit and in public hearings to provide input on the draft Annual TBI State Plan.
- TBI Peer Resource Navigator training will include person-centered planning principles and resources.

***Evidence-Based Practices.*** Nebraska VR and BIAC members will use free resources from Charting the LifeCourse™, a curriculum created by the University of Missouri-Kansas City Institute for Human Development, Missouri's University Center for Excellence in Developmental Disabilities Education,

Research and Services (UCEDD) as an evidence-based practice to identify needed accommodations and support full participation by new members with TBI.

***Underserved and Inappropriately Served Populations.*** Rural Nebraskans of all ages with TBI have been identified as having the highest rates of documented barriers or unmet needs. They, their family members and caregivers will be invited to participate in the Annual Needs and Resources Survey to describe the ways they have been underserved or inappropriately served. The BIAC will reach out to rural support groups to recruit individuals with TBI to serve as BIAC members. The voices of rural Nebraskans with TBI, their families and caregivers will be included in all aspects of project planning and implementation.

### **Proposed Activities**

***Approach and Rationale.*** Nebraska VR developed the project goal and supporting objectives to address the identified problems by building on past achievements, current efforts and key organizational collaborations. Nebraska VR will implement activities based on evidence-based or evidence-informed rationale and “lessons learned” from previous TBI grant projects. Nebraska VR and the BIAC worked with a consultant in 2017 to address TBI system sustainability. Interview and focus group results confirmed that Nebraska’s TBI support groups are a “sleeping giant”, eager for opportunities to advocate for the services and supports they need and pursue a collective vision. Nebraska VR and the BIAC will identify a qualified contractor with voice-driven organizational development experience, and launch a three-year Network Capacity Building project with support group leaders and members to build a Network, connecting the groups to each other and to the BIAC. Many of Nebraska’s TBI support groups have operated for years without financial or other resources; a testament to their resilience. Support group leaders have expressed a desire for tools and strategies to increase their effectiveness in leading their groups and advocating for change. As a theoretical foundation for Network development, Peer to Peer support is widely accepted as an evidence-based practice by the Centers for Medicaid and Substance Abuse and Mental Health Services Administration (SAMHSA) for individuals with mental and behavioral health challenges (*Peer Support and Social Inclusion, retrieved on April 10, 2017, SAMHSA website, <https://www.samhsa.gov/recovery/peer-support-social-inclusion>*). Peer supports have also been

deemed as an effective, evidence-based intervention for families with children with special needs (*Evidence Summary: Peer support interventions for parents, retrieved on April 10, 2017, Parenting Research Centre website, <https://www.parentingrc.org.au/publications/evidence-summary-peer-support-interventions-for-parents/>*). By sharing their experiences, peers inspire hope and a sense of community in others with similar experiences. Nebraska's successful Behavioral Health Peer Support program serves as a model for this project. A BIAC subcommittee will advise, monitor progress and report on Network Capacity Building Project outcomes.

Nebraska's TBI support group leaders and members are willing to advocate for change in their communities and statewide, but they do not have access to the information and tools they need to effectively and consistently communicate their message. A BIAC subcommittee will collaborate with support group leaders to create branded templates, handouts and training presentations that can be easily accessed at the BIAC website. Printed materials will also be made available to Network members for public awareness and education events. Network members will access and promote TBI grant-funded training resources, such as *Nebraska's Online TBI Training Course* and *Concussion Management Modules*, to healthcare and other professional service providers in their areas who are unfamiliar with TBI-related service needs. Nebraska VR will use Constant Contact notices, email listservs, a blog space on the BIAC website, and direct mailings to facilitate communication between the BIAC, support groups and other stakeholders. The BIAC will convene quarterly webinars or online meetings to discuss strategies for using the created resources in advocating for change at the local level.

Nebraska needs the voices of all people impacted by TBI to advocate for systems change, particularly for legislative and policy changes that lead to reliable funding for needed services and supports. As the forum for all TBI stakeholders, the BIAC will recruit additional support group members with TBI to represent the interests of Nebraskans impacted by TBI. To inform TBI State Plan development, an annual Needs and Resources Survey will be conducted with Network members and other stakeholders via the Network support groups. Nebraska VR and the BIAC will convene an Annual Network Summit, inviting all stakeholders to provide input and hear progress in reaching Annual TBI State Plan objectives. Network

members will have the opportunity to learn effective advocacy strategies from experts with the BIA, Statewide Independent Living Council (SILC), and Disability Rights Nebraska (DRN). Network members will have additional opportunities to advocate by joining regional ADRC advisory boards with assistance and support from the Association of Area Agencies on Aging (AAAA). With an engaged, equipped, statewide Network of people with TBI, family members, caregivers and other stakeholders, Nebraska will be well-positioned to advocate for dependable revenue to expand services and supports to all areas of the state.

Individuals with TBI, their families and caregivers are often unaware of appropriate services in or near their communities to meet their needs, and can have difficulty accessing them. Nebraska VR and the BIA are addressing this problem with a pilot of Resource Facilitation services (information, referral, individualized assistance in accessing services and supports, and routine follow-up). Resource Facilitation can improve access to available services for people with TBI (*Sample PL, Langlois JA. Linking People With Traumatic Brain Injury to Services: Successes and Challenges in Colorado. J Head Trauma Rehabil. 2005 May-June;20(3):270–278*). The pilot program reaches individuals of all ages, families, caregivers and professionals in two large urban cities. To date, the pilot has served over 300 people, but the current service model does not reach rural Nebraska. The pilot evaluation committee recommended a Peer Mentor model as a cost-effective and evidence-based method to connect individuals with TBI, their families and caregivers to services and supports in or near their communities. A Peer Mentor is an individual with a disability that has been trained to help other individuals with disabilities locate community resources and cope with quality of life issues. Research has shown Peer Mentor support for individuals with TBI to be a promising community-based practice (*Hibbard, Mary & Cantor, Joshua & Charatz, Heather & Rosenthal, Robin & Ashman, Teresa & Gundersen, Nancy & Ireland-Knight, Lynne & Gordon, Wayne & Avner, Judith & Gartner, Audrey. (2002). Peer Support in the Community: Initial Findings of a Mentoring Program for Individuals with Traumatic Brain Injury and Their Families. The Journal of head trauma rehabilitation. 17. 112-31*). Nebraska will seek technical assistance in recruiting and training individuals from the Network as TBI Peer Resource Navigators in their rural communities. A

BIAC subcommittee will collaborate with the BIA and Nebraska's independent living centers to review research, obtain technical assistance and develop a model to serve the state's rural counties.

Finally, Nebraska VR will increase national capacity to provide access to comprehensive and coordinated TBI services by collaborating with the Administration for Community Living (ACL) to:

- Provide mentorship and technical assistance to designated Partner State Grantees.
- Lead at least one community of practice or learning community on employment services for people with TBI.
- Collaborate with other Mentor State Grantees and the TBI Coordinating Center to review and develop professional training materials and curricula for a national professional development infrastructure for TBI service professionals.

***Advisory Board and Statewide Collaboration.*** As the designated lead state agency for TBI, Nebraska VR sponsors the BIAC. State agency and cross-disability representation on the BIAC fosters collaboration across state systems. The current membership roster is in accordance with 42 U.S. Code § 300d-52:

Corresponding State, Territory or American Indian Consortium agencies:

- Mark Draper, NDE Office of Special Education
- Carla Lasley, Nebraska VR
- Heather Leschinsky, Nebraska Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care

Public and nonprofit private health related organizations:

- Brett Hoogeveen, Quality Living, Inc.
- Brooke Murtaugh, Madonna Rehabilitation Hospital
- Kilee R. Oetjen, Bryan Health Inpatient Rehabilitation Brain Injury Program
- Vaishali Phatak, University of Nebraska Medical Center

Other disability advisory or planning groups within the State, Territory or American Indian Consortium:

- Jerry Bryan, Client Assistance Program and Hotline for Disability Services

- Nancy Coffman, Nebraska Commission for the Blind and Visually Impaired (NCBVI)
- Tania Diaz, Disability Rights Nebraska (Protection and Advocacy)
- Kristen Larsen, Nebraska Planning Council on Developmental Disabilities

Members of an organization or foundation representing individuals with TBI:

- Peggy Reisher, Brain Injury Alliance of Nebraska

Injury control programs at the State or local level:

- Peg Ogea-Ginsburg, Nebraska DHHS Injury Prevention Program

A substantial number of individuals with TBI, or the family members of such individuals:

- Tiffany Armstrong, Council Chair and individual with TBI
- Michelle Hawley-Grieser, family member of an individual with brain injury
- Dale Johannes, individual with TBI
- Marylouise Lehman, family member of an individual with brain injury
- Judy Nichelson, support group leader and individual with TBI
- Thomas Reilly, family member of an individual with brain injury
- Frank Velinsky, family member of an individual with brain injury

The BIAC will expand to ensure that people with TBIs comprise at least 50% of its membership, and will revise its bylaws accordingly. The Membership Committee will recruit additional individuals with TBI from rural support groups. If current family members leave the BIAC, they will be replaced with other family members of individuals with TBI. The BIAC Chairperson will extend invitations to representatives of the Centers for Independent Living (CIL) or SILC, the Long-term Care Ombudsman (housed in the Nebraska DHHS Operations Office) and the ADRC in Nebraska. The BIAC roster already includes a representative from DRN, the state's Protection and Advocacy organization. Nebraska has no TBI Model System Center, so will not be able to include representation from that entity. Travel distance and expenses for meeting attendance may pose barriers to member recruitment, so travel expenses for individuals with TBI and family members will be reimbursed. Members may also attend scheduled meetings via

videoconference from all Nebraska VR offices. All in-person BIAC meetings are held in barrier-free, accessible locations. Meeting agendas and support materials are provided in alternative formats as requested. The BIAC will ensure that new members with TBI are able to fully participate in meetings and subcommittee activities by providing individualized accommodations for physical and cognitive challenges that present barriers to inclusion and decision-making. The BIAC Chairperson is an individual with TBI. Nebraska VR and the BIAC will ensure that people with TBIs are meaningfully involved, with leadership roles in project planning, implementation and quality management activities conducted via BIAC subcommittees. The BIAC will incorporate standards and guidelines for full participation in the BIAC Member Handbook and meeting materials will be made available in alternative formats as needed.

Nebraska VR has a history of successful collaborative relationships with BIAC-represented state agencies and organizations on TBI-related initiatives:

- Partnering with DHHS, Office of Injury Surveillance (OIS) on TBI Registry follow-up contacts.
- Creating Concussion and “Return to Learn” curriculum with NDE BIRSST team members.
- Co-organizing and providing administrative support for the *Brain Injury and Cognitive Disabilities Juvenile Justice Task Force*, with the Nebraska Planning Council on Developmental Disabilities.
- Collaborating with the DHHS Divisions of Developmental Disabilities, Behavioral Health and Medicaid and Long-Term Care on educational content for the *Nebraska TBI Online Training Course*.
- Collaborating with the DHHS Injury Prevention Program on educational content and funding for the *Concussion Recognition and Management* online modules for healthcare professionals.
- Piloting Resource Facilitation services with the BIA for individuals with TBI and their family members.
- Providing training on TBI and screening methods for Area Agency on Aging (AAA) staff.

To accomplish project objectives, Nebraska VR will collaborate closely with the BIAC as they recruit new members with TBI, form subcommittees to advise and monitor progress on project activities, implement the Annual Needs and Resources Survey and host the Annual Network Summit. Nebraska VR and the BIAC will collaborate with Network members and other TBI stakeholders to draft, approve and disseminate the Annual TBI State Plan. Nebraska VR will partner closely with the BIA to develop a service delivery model for expanding Resource Facilitation services to rural Nebraskans, using TBI Peer Resource Navigators. The BIA will be a key partner in building a foundation for the statewide Network due to their established relationships with support group leaders. Nebraska VR will maintain its long-standing partnership with DHHS, OIS to customize and disseminate information resources to individuals diagnosed with TBI and placed on the TBI Registry. The AAAA will play a key role in connecting TBI Peer Resource Navigators and Network members to Nebraska's ADRC regional Advisory Committees so they can educate local service providers and businesses regarding the needs of individuals with TBI and their families.

***Annual TBI State Plan.*** Nebraska's previous TBI State Plans have only addressed TBI grant objectives. Beginning with this project, Nebraska VR, the BIAC and the Network will collaborate in drafting Annual TBI State Plan and TBI grant goals, objectives and activities to pursue the *Voice-Generated Statewide Vision (VGSV)*. The *VGSV* was created in 2017 with 225 support group leaders and members as part of Nebraska's sustainability planning efforts.

The *Voice-Generated Statewide Vision* is such that:

- Nebraskans with a brain injury, regardless of geographic location or financial means, will have access to the necessary resources that they require to pursue their recovery journey.
- The Voice of people with a brain injury and their family members will exist as a unified Voice of solidarity and advocacy, and will be engaged to shape policies and programs.
- All stakeholders in the brain injury realm will understand their unique role as well as how they complement each other towards making the future of brain injury better; subsequently, people

with a brain injury will have an easier time navigating available resources with the help of specialized assistance from TBI Peer Support Resource Navigators.

- The Nebraska Legislature will be informed about the nature of brain injury and its ongoing impact on Nebraskans, and will be supportive of funding and policies to support the necessary statewide resources for those with brain injury.
- The complex nature of an injured brain and the recovery journey will be understood by all Nebraskans, such that stigma will be decreased and the public will be more supportive of efforts to improve overall brain injury support and resources.

Nebraska VR will submit an Annual TBI State Plan to ACL each year that describes the results of a comprehensive review and analysis of the services and supports available to individuals with TBI, their families and caregivers, and includes goals and objectives to address unmet needs and service delivery issues. Nebraska will incorporate steps to achieve the following HHS-wide public health goals in the Annual TBI State Plan: 1) reducing inappropriate use of opioid medications, and 2) effectively treating individuals with TBIs and co-occurring serious mental illness. Nebraska's Plan will also include steps to help achieve the following ACL pillars and goals: 1) better connecting older persons and individuals with disabilities of all ages to resources, and 2) supporting families and caregivers. Each year, Nebraska VR and the BIAC will survey Network members (individuals with TBI, family members and caregivers) and other stakeholders regarding unmet and insufficiently met needs, including rural people with TBI who are underserved and inappropriately served. Data on barriers and unmet needs will be requested from the BIA's Resource Facilitation program. TBI Registry data will also inform planning efforts. The BIAC will convene an Annual Network Summit, inviting Network support group leaders and members, policy-makers, service providers and other TBI stakeholders to review Annual survey results and provide input on the draft Annual TBI State Plan. The BIAC will post the draft Plan for public review and comment at the BIAC website, Nebraska VR website and via email listserv. It will be made available in hard copy at all Nebraska VR offices for individuals without internet access. The BIAC will host a public meeting via videoconference at Nebraska VR offices for public questions and comments. The approved Annual TBI

State Plan will be posted on the BIAC and Nebraska VR websites, and disseminated widely via email, news releases and social media.

***TBI State Registry.*** Nebraska DHHS, OIS maintains a central registry for TBIs. State law (§81-653 to 81-662) requires that “any hospital, rehabilitation center, psychologist or physician report the following information about any person sustaining a TBI to DHHS: Name, Social Security number (if known), date of birth, gender, residence, date of injury, final diagnosis or classification of injury, cause of injury, place where injury occurred, identification of the reporting source dispensation upon discharge and any additional information.” Diagnosis and treatment information are collected from the patient’s medical record. Personally identifiable data for patients is protected, per Nebraska Revised Statute §81-650, “No patient-identifying data as defined in section 81-664 shall be disclosed, made public, or released by the department to any public or private person or entity. All other data obtained from medical records of persons sustaining brain or head injury is for the confidential use as Class I, Class II, or Class IV data of the department and the private or public persons or entities that the department determines may view such records as provided in sections 81-663 to 81-675.” Nebraska’s Brain Injury Registry Act of 2008 (§81-662) requires information to be sent to individuals with reported TBIs to help them access necessary and appropriate services related to the injury. Nebraska VR maintains an agreement with the OIS to provide the required follow-up contact in the form of a letter and brochure listing TBI resources and contact information. Personal data for individuals listed on the Registry is protected during this process. Registry mailing lists are sent by DHHS to Nebraska VR via secure email, and then sent via secure email to Nebraska State Printing services for mail merge and letter printing. The data file is deleted after printing, and printed letters are sent via State Interoffice mail to Nebraska VR for mailing. To more effectively connect individuals with TBI to person-centered services, the follow-up packet will be expanded and enhanced to include the following:

- The Hotline for Disability Services toll-free number and website
- The ADRC toll-free number and website
- Region-specific support group leader and TBI Peer Support Resource Navigator contacts

- The BIAC website, including a calendar of events, state and national resources
- Instructions for completing and submitting a Needs and Resources Survey
- The BIA toll-free number and website
- Information on the dangers of inappropriate opioid medication usage
- An invitation to join the Network

Brochures and letters will be customized by age category and region where the recipient lives to provide more meaningful contacts resources for injured individuals, parents, family members and caregivers.

Individuals aged 0 to 21 years will receive a brochure describing statewide and regional resources for children and youth, such as Nebraska ChildFind, the Early Development Network, BIRSST contacts, Concussion and Return to Learn information, and Nebraska VR Pre-Employment Transition Services.

Brochures and other printed materials will be provided to: 1) those aged 22 to 55 years including contacts for the CILs and Nebraska VR employment services; and 2) recipients aged 55 years and over that will include resources for fall prevention, AAA contacts and the Nebraska Respite Network contacts. The customized materials will be used to broaden the impact of the TBI Registry follow-up activities by distributing them to school and state agency personnel, community-based programs, senior centers, hospitals, rehabilitation centers, psychologists, physicians and state agencies. Changes to TBI Registry referral sources will require a public hearing and state statute revisions. Nebraska VR and the BIAC will collaborate with OIS to recommend additional referral sources and other revisions to broaden the impact of the TBI Registry. Nebraska VR receives the following aggregate patient data from the TBI Registry from the OIS in an annual report; age in years, sex, home county, payer code, length of stay, type of facility, inpatient or outpatient, discharge status primary and additional diagnoses, primary cause of injury, patient race and ethnicity. To track trends, the OIS also provides annual data on the rate of cases by year and local health district. Nebraska VR and the BIAC will begin to collaborate across state systems to advance and streamline data collection on people with TBIs, their family members and caregivers by

convening work groups to review available data from state agencies and programs. State agency members of the BIAC will be key partners in this collaborative effort.

***Workforce Training Development.*** Nebraska VR will collaborate with other Mentor State Grantees and the TBI Coordinating Center to review existing curricula and training materials, develop new training materials and create a national professional development infrastructure for TBI service professionals, paraprofessionals and others. It will be important to establish core competencies with assistance from the providers themselves. A comprehensive search and survey of professional service organizations and care providers are suggested to identify best practices and obtain input from providers. Nebraska VR also recommends reviewing the following foundational curricula in development of core competencies:

- Academy of Certified Brain Injury Specialists (ACBIS) Certified Brain Injury Specialist (CBIS) and Fundamentals Courses
- Centers for Medicare and Medicaid Services (CMS) National Direct Service Workforce Resource Center Core Competency Set

Nebraska VR developed several training courses, modules and educational resources for professionals and paraprofessionals serving individuals with TBI with previous TBI grant funds. Content and materials will be offered to ACL, the TBI Coordinating Center and other Mentor State Grantees for review:

- Nebraska Traumatic Brain Injury Online Training Course
- Nebraska Service Provider Training Manual
- Concussion Recognition and Management
- Brain Injury Services Tool Kit
- Bridging the Gap from Concussion to the Classroom

A responsive training system and infrastructure includes methods to demonstrate mastery in both knowledge and skills. Nebraska VR suggests incorporating case studies and demonstration videos to help professionals move from knowledge to skill development. To ensure that professional development infrastructure is culturally competent, Nebraska VR proposes incorporation of the National Culturally and

Linguistically Appropriate Services (CLAS) standards, which provide concrete steps for healthcare providers and other professionals to provide culturally and linguistically competent services to diverse populations. After comprehensive review of several person-centered planning resources, the Charting the LifeCourse™ curriculum by UCEDD is recommended for inclusion in the TBI service professional development infrastructure and curriculum at all levels.

### **Outcomes**

The project will result in the following measurable outcomes:

1. At least 7 of 10 support group leaders and 15 support group members will report increased leadership skills in support group facilitation, outreach to individuals with TBI, families and caregivers, and building collaborative efforts among local TBI stakeholders, as measured by a pre- and post-questionnaire, documentation of outreach activities and an increase in support group membership numbers compared to Year 1 baseline numbers. The pre- and post-questionnaire will be developed in partnership with the project external evaluation contractor.
2. People with TBI and their family members will report increased advocacy activities at the local, regional, state and national level compared to Year 1 baseline levels, as measured by the Advocacy Activity Survey (AAS), and documentation of the number of advocacy and educational presentations reported each year. The AAS is a validated questionnaire which measures involvement in a range of advocacy activities, developed by James F. Malec, Ph.D., L.P.
3. The number of individuals with TBI and family members from rural areas joining the Network will increase by 20% of Year 1 baseline numbers in Years 2 and 3. Baseline Network membership numbers will be based on Year 1 support group membership numbers.
4. People with TBI and their family members receiving assistance from a TBI Peer Resource Navigator will report increased access and reduced barriers to needed services and supports as measured by the Mayo-Portland Adaptability Inventory (MPAI-4) and data on the numbers of individuals needing, referred for, and receiving services. The MPAI-4 is a tool used to understand

long-term outcomes from brain injury. It is currently in use by the BIA Resource Facilitation program to identify unmet needs and barriers to needed services.

5. Designated Partner State Grantees will report an annual increase in their capacity to provide employment services for people with TBI, as measured by annual benchmarks in their work plan. Partner State Grantees will report an annual increase of 5% from Year 1 baselines in the number of successful employment outcomes for individuals with TBI.

Additional data will be reported on the number of TBI Registry packet recipients and the number of advocacy and education materials that are downloaded from the BIAC website. Support group leaders and members will be surveyed regarding their satisfaction with and perceived usefulness of the materials. Nebraska VR will report changes in state policy, programs and services due to advocacy efforts. Project findings will benefit other states that experience similar challenges in elevating the needs of people with TBI and creating a public sense of urgency that results in systems change. Outcome results will inform voice-driven organizations regarding strategies to increase leadership skill levels among their members. A number of states have implemented Resource Facilitation programs for individuals with TBI. Project findings will add to the national conversation on the value of these services, and will demonstrate the efficacy of TBI Peer Resource Facilitation as a statewide service delivery model. Other state Vocational Rehabilitation programs will benefit from outcomes reported on Partner State Grantee mentorship and technical assistance in employment services for individuals with TBI.

Nebraska VR will report additional requested performance measure data to the extent possible, based on state system availability. Submitted data will demonstrate the impact of the project on Nebraska's capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families.

***Sustainability Plan.*** A statewide, voice-driven Network of people with TBI, their families and caregivers is the foundation for Nebraska's sustainability plan. Their collective, empowered voice will communicate the need for systems change and reliable funding. When the Network is established, additional approaches

are proposed to sustain project efforts and outcomes for at least three to seven years beyond the federal funding period:

1. Nebraska VR will maintain its role as lead state agency for TBI and will continue to provide administrative leadership for the state's TBI activities. It will continue to support the BIAC, its subcommittees and task forces. It will provide information and education to support advancements that require legislation.
2. The BIAC will become a credible, statewide leader, bringing all TBI stakeholders together in an ongoing forum to pursue the *VGSV*. A strong BIAC will be able to leverage in-kind services from its member organizations and other stakeholders. It will also inspire collaboration on future grant applications and strategic initiatives. The BIAC will craft a structured approach for meeting the needs of Nebraskans with TBI, their families and caregivers and communicate that approach to potential collaborators.
3. With strong support from the Network, the BIA will again seek legislative support to establish a TBI Trust Fund or to appropriate state funding for TBI services, with Nebraska VR as lead state agency.
4. The Network, the BIA and BIAC will approach the Nebraska Community Foundation Network, corporate donors, county and local governments, and individual donors for funding using the BIAC's structured approach for addressing TBI needs in Nebraska.

Working together, the Network, BIA, BIAC and Nebraska VR will be able to achieve systems change and sustainable funding for TBI services and supports.

### **Mentorship and Technical Assistance**

Nebraska VR will improve national coordination and collaboration around TBI services and supports by offering mentoring and technical assistance to one or more Partner State Grantees on the topic of employment for individuals with TBI. Nebraska VR offers expertise in developing comprehensive, individualized, person-centered services and supports for this underserved population. Nebraska VR is ready to provide mentorship and technical assistance in TBI screening methods, specialized vocational

assessment services, assistive technology to address cognitive challenges, milestone-based supported employment program development, service delivery, case reviews and performance management. Nebraska VR's Program Director of Acquired Brain Injury (ABI) Services has 31 years of experience serving and developing programs for individuals with ABI and TBI. The Program Director of Community Services has 31 years of experience in person-centered, community-based employment services for individuals with severe disabilities. Vitae for key personnel are included in the attachment titled *Organizational Capability Statement and Vitae for Key Personnel*. The Program Director for ABI Services will contact the designated Partner State Grantees within the first month after award. Information on policies, procedures and data will be requested to identify the Partner State Grantee's resources, needs and challenges in supporting employment for individuals with TBI. The Program Directors will travel to meet with the designated Partner State Grantees to further evaluate mentoring and technical assistance needs, and jointly develop a work plan with annual benchmarks and a timeline for meeting agreed-upon objectives. Subsequent mentoring, technical assistance and progress checks will be accomplished via webinars, online meetings and conference calls.

Nebraska VR will host a community of practice or learning community on the topic of employment services and supports using webinars, online meetings and conference calls. The agency will also collaborate with designated Partner State Grantees on additional topics of expertise as requested, such as TBI registries, screening and professional workforce training, via scheduled conference calls, webcasts and train the trainer efforts. Nebraska VR will collaborate with ACL, the TBI Coordinating Center and other Mentor State Grantees to improve mentorship of the entire Partner State Grantee cohort. Sharing educational resources, materials and promising practices during regional or national ACL-sponsored meetings is suggested. Posting resources and materials at the Max.gov website and hosting webinars and technical assistance calls via the TBI Coordinating Center are also suggested.

### **Organizational Capability and Project Management**

Nebraska VR has the organizational capability, relevant experience, resources and qualified personnel to successfully implement and manage the project. An organizational capability statement detailing the

agency's nature and scope of work, TBI grant-related capabilities and experience, and the agency's commitment to sustain project activities are included in the attachment titled *Organizational Capability Statement and Vitae for Key Project Personnel*.

**Staffing Plan and Job Descriptions.** Nebraska VR Program Director of ABI Services, Keri Bennett (100% FTE) will serve as Project Director, managing all programmatic and fiscal aspects of the program. She will have day to day responsibility for key program tasks, including project leadership, negotiating contracts and agreements, monitoring progress, preparing and submitting reports, communicating with partners and with the ACL Project Officer. She will be the primary contact for mentorship and technical assistance to the designated Partner State Grantees and to other Mentor State Grantees, ACL and the TBI Coordinating Center. Ms. Bennett has over 10 years of experience overseeing and managing federal TBI grant activities. Program Director of Community Services, Carla Lasley (5% FTE) will partner with Ms. Bennett in providing mentorship and technical assistance to Partner State Grantees. Ms. Lasley will also co-host community of practice or learning community sessions. Vitae for Ms. Bennett and Ms. Lasley are included in the attachment, *Organizational Capability Statement and Vitae for Key Project Personnel*.

Experienced and skilled team members will provide additional support for the project:

- Tresa Christensen, Office Associate (40% FTE) will provide administrative and communication support for the BIAC and all committees, assist with reports, publications and products, and contract preparation and execution.
- Nancy Noha, Program Coordinator (27.5% FTE) will manage the BIAC website, coordinate and oversee monthly TBI Registry mailings, prepare annual TBI Registry reports, complete design and layout for all printed reports, publications and products.
- Tiffani Hix, Administrative Specialist (5% FTE) will oversee all fiscal aspects of the grant project, including tracking the budget and expenditures, maintaining payment records and documentation, approving expenditures and preparing reports.

- Caroline Helget, Staff Assistant (25% FTE) will provide administrative support for BIAC meetings and print projects, process monthly TBI Registry mailings and arrange lodging for BIAC members to attend meetings.

Nebraska VR's team is adept in preparing useful reports, publications and products. The team produces a comprehensive TBI grant activity and data report each year. Copies of all previous grant-funded products and publications have been posted to the BIAC's website, uploaded to the Max.gov repository and disseminated widely. In selecting subcontractors for project activities, Nebraska VR will follow NDE Contract Procurement policies which require all contract procurement transactions, regardless of method or dollar value, to provide maximum open and free competition. Federal funding standards and regulations governing state and subcontractor procurement are incorporated in NDE's Contract policies. Nebraska VR does not propose conduit or pass-through funding for this project. The Project Director will monitor and track progress on project objectives using a detailed master work plan based on one included in the *Project Narrative and Work Plan* attachment. Nebraska VR and the BIAC will form subcommittees as described in the Work Plan to monitor activities, evaluate outcome data and report on progress to the BIAC.

***Culturally and Linguistically Competent Services.*** Nebraska VR utilizes a number of resources and strategies to provide culturally and linguistically competent services. Project team members have access to language translation applications on iPads for effective communication with individuals in other languages. Visitors to the BIAC's website can select among 103 languages for immediate translation. The website is accessible and Section 508 compliant. The BIAC and project team members completed CLAS self-assessment and training with the Nebraska DHHS, Office of Health Disparities and Health Equity in 2015. The BIAC will request technical assistance again from the Office in developing written policies and procedures for membership recruitment reflecting the cultural diversity of the TBI community.

Educational materials, training curricula, TBI Registry letters and brochures will be translated into other languages and offered in alternate formats as needed to reach diverse communities. An immediate need exists for materials translated in Spanish and Vietnamese languages. Key personnel will review reports

and fact sheets on health profiles and health disparities among the state's diverse populations to ensure culturally and linguistically competent services are being provided in all activities. Nebraska VR and the BIAC will optimize existing partnerships with the BIA, the SILC and the Nebraska Planning Council on Developmental Disabilities to appropriately address disability culture in providing competent services.

***Person-Centered Services.*** Nebraska VR has the capability and resources to support the provision of person-centered services. The agency provides individualized employment services to people with disabilities based on their stated interests, capabilities and values. Agency policies and processes support the provision of person-centered services like individualized pre-employment transition services for high school-aged youth, vocational planning, benefits analysis and counseling, on-the-job evaluation and training, job coaching and supported employment. Individuals with disabilities exercise informed choice in each step and every service. From administration to local teams, Nebraska VR staff embody the organization's values and guiding principles of respect, integrity and leadership.

Nebraska VR employs a number of individuals with lived TBI experiences, either as an injured person or a family member of someone with TBI. The Program Director of ABI Services consults upon request with fellow employees who choose to disclose cognitive challenges and request reasonable accommodations for their work environment or job duties.

**Traumatic Brain Injury State Partnership Program Mentor State Grant Application  
Nebraska VR Work Plan for Year 1**

**Goal:** To increase state and national capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families by building a statewide, voice-driven Network of individuals with TBI and their family members that are engaged and equipped to shape policies, programs and services.

**Measurable Outcome(s):** 1. At least 7 of 10 support group leaders and 15 support group members will report increased leadership skills in support group facilitation, outreach to individuals with TBI, families and caregivers, and building collaborative efforts among local TBI stakeholders. 2. People with TBI and their family members will report increased advocacy activities at the local, regional, state and national level compared to Year 1 baseline levels. 3. The number of individuals with TBI and family members from rural areas joining the Network will increase by 20% of Year 1 baseline numbers in Years 2 and 3. 4. People with TBI and their family members receiving assistance from a TBI Peer Resource Navigator will report increased access and reduced barriers to needed services and supports. 5. Designated Partner State Grantees will report an annual increase in their capacity to provide employment services for people with TBI.

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
1. Build the foundation for a statewide, voice-driven Network with the existing TBI support groups by providing leadership and capacity-building coaching to support group leaders and members in at least 10 of the 13 support groups during Years 1-3 of the project.	1.1. Create a Network Capacity Building Committee of Brain Injury Advisory Council (BIAC) members, support group leaders and other stakeholders to advise, monitor contractor progress and report to the BIAC on the Network Capacity Building project. Committee meets monthly in person or online.	BIAC Chairperson	Mo. 1 - Mo. 12
	1.2. Release a Request for Qualifications (RFQ) to solicit qualified contractor(s) for a three-year Network Capacity Building project with support groups. Request proposal(s), choose a contractor and negotiate contract.	Project Director	Mo. 1 – Mo. 3
	1.3. Identify and invite five (5) starting support groups to participate in the Network Capacity Building project with the contractor.	BIAC Chairperson, Contractor	Mo. 3
	1.4. Invite starting support group leaders to join BIAC meetings in person or via videoconference at Nebraska VR (Vocational Rehabilitation) offices to provide feedback on Network Capacity Building project outcomes.	BIAC Chairperson	Mo. 3 – Mo. 12
	1.5. Create a Membership committee of BIAC members to revise the BIAC membership bylaws to address ACL TBI Program Advisory Board priorities. Revise the BIAC Member Handbook and all meeting materials and templates accordingly. Committee meets monthly in person or online.	BIAC Chairperson	Mo. 1 – Mo. 4

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
<p>2. Equip the Network of people with TBI and their families to advocate for policy, program and service changes by making data, resources, tools and strategies accessible to leaders and members of all 13 support groups across the state during Years 1-3 of the project.</p>	<p>2.1. Create an Advocacy and Education Resources committee of BIAC members, support group leaders, Network members and other stakeholders to review state TBI Registry data, survey results, past reports and existing training and presentation materials for use in developing templates, handouts and presentation slides. Committee meets monthly in person or online.</p>	<p>BIAC Chairperson</p>	<p>Mo. 2 – Mo. 12</p>
	<p>2.2. Create and post templates, handouts and presentations for support group leaders and members, and BIAC members to access at the BIAC website to use in increasing TBI awareness and advocating for change.</p>	<p>Program Coordinator</p>	<p>Mo. 4 – Mo. 12</p>
	<p>2.3. With their permission, add support group leader and member contacts to Nebraska VR’s TBI grant email listserv for news, project updates and event notices, and to the BIA’s email listserv for advocacy events and legislative calls to action.</p>	<p>Office Associate, BIA Exec Director</p>	<p>Mo. 3 – Mo. 12</p>
	<p>2.4. Create a space on the BIAC website for support group leaders to share updates and information with each other.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 3</p>
	<p>2.5. Post scheduled support group meetings and presentations on the BIAC website calendar. Send out links to templates, handouts and presentation slides. Contact support group leaders monthly for calendar updates.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.6. BIAC members convene quarterly webinars or online meetings with support group leaders and members to discuss tips for presenting and strategies for using the resources in advocating for policy, program and service changes in their communities.</p>	<p>BIAC Chairperson</p>	<p>Mo. 4 – Mo. 12</p>

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
<p>3. Engage Network members from all 13 support groups in shaping policies, programs and services by providing education in advocacy strategies and offering opportunities to advocate during Years 1-3 of the project</p>	<p>3.1. Recruit additional individuals with TBI from the support groups to reach ACL’s requirement for 50% of the BIAC membership, recruit additional family members, ILC, Area Agency on Aging and Long-Term Care Ombudsman representatives to become BIAC members.</p>	<p>BIAC Chairperson, Project Director</p>	<p>Mo. 3 – Mo. 9</p>
	<p>3.2. Develop and conduct an Annual Needs and Resources survey of support group members on unmet and insufficiently met needs to inform the Annual TBI State Plan. Conduct a baseline survey using the Advocacy Activity Scale to measure members’ involvement in advocacy activities.</p>	<p>Project Director, External Evaluation Team</p>	<p>Mo. 3 – Mo. 8</p>
	<p>3.3. Convene the First Annual Network Summit to review Needs and Resources survey results and progress toward achieving the Voice Generated Statewide Vision (VGSW) and to inform the Annual TBI State Plan. Include advocacy education presentations from the Statewide Independent Living Council (SILC), Disability Rights Nebraska (DRN) and the BIA.</p>	<p>Project Director, BIAC Chairperson</p>	<p>Mo. 10</p>
	<p>3.4. Post the draft Annual TBI State Plan for public review and comment at the BIAC website, Nebraska VR website and email listserv. BIAC will host a public meeting via videoconference at Nebraska VR offices for public questions and comments about the draft Plan.</p>	<p>Project Director, BIAC Chairperson</p>	<p>Mo. 11 – Mo. 12</p>
	<p>3.5. Post the approved Annual TBI State Plan at the BIAC website, Nebraska VR website and disseminate.</p>	<p>Project Director</p>	<p>Mo. 12</p>
	<p>3.6. Network members join Aging and Disability Resource Center (ADRC) regional advisory committees with assistance and support from the Association of Area Agencies on Aging (AAAA).</p>	<p>Project Director, AAAA Director</p>	<p>Mo. 6 – Mo. 12</p>
	<p>3.7. Create a survey feature on the BIAC website for individuals with TBI, family members, professionals and other stakeholders to describe their unmet needs related to TBI. Include submitted unmet needs in the Annual Needs and Resources results.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 3</p>

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
<p>4. Connect newly-injured individuals with TBI and their family members to the Network and the existing system of services and supports in underserved, rural areas of the state by training a TBI Peer Resource Navigator from 6 of the 13 support groups during Years 2 and 3 of the project.</p>	<p>4.1. Create a TBI Peer Resource Navigator committee of BIAC members, support group leaders, BIA board members, Independence Rising (an ILC) and SILC representatives to review research, request technical assistance, draft a model for TBI Peer Resource Navigator development, monitor progress and report to the BIAC.</p>	<p>BIAC Chairperson, BIA Exec Director, Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>4.2. Identify and recruit three (3) starting TBI Peer Resource Navigators from the Network support groups to begin training in Year 2.</p>	<p>BIAC Chairperson, BIA Exec Director</p>	<p>Mo. 11 – Mo. 12</p>
	<p>4.3. Negotiate an agreement with the Department of Health and Human Services (DHHS), Office of Injury Surveillance (OIS) for Brain Injury Act Section 30, TBI Registry follow-up contact mailings and the annual TBI Registry data report.</p>	<p>Project Director</p>	<p>Mo. 1 – Mo. 2</p>
	<p>4.4. Customize TBI Registry follow-up mailings, brochures and letters by age group and geographic region, including the closest Network support groups, BIA, ILC and other contacts, a link to the BIAC website Needs and Resources survey and an invitation to join the Network.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 3</p>
	<p>4.5. Collect quarterly data on calls received in response to TBI Registry follow-up mailings from the Network support groups, BIA, ILCs and other organizations listed in the mailings. Create and send out a form to each organization for data collection.</p>	<p>Project Director, External Evaluation Team</p>	<p>Mo. 3 – Mo. 12</p>

Major Objectives	Key Tasks	Lead Person	* Time Frame
<p>5. Increase national capacity to provide comprehensive and coordinated services to individuals with TBI by providing mentorship and technical assistance to Partner State Grantees in Years 1-3 of the project.</p>	<p>5.1. Contact the designated Partner State Grantees to survey state contacts regarding their resources, needs and challenges in supporting employment for individuals with TBI.</p>	<p>Project Director</p>	<p>Mo. 1 – Mo. 2</p>
	<p>5.2. Travel to meet Partner State Grantees. Evaluate needs for mentoring and technical assistance, and jointly develop a work plan and timeline for meeting agreed-upon objectives.</p>	<p>Project Director, Program Director</p>	<p>Mo. 3 – Mo. 4</p>
	<p>5.3. Provide monthly mentoring, technical assistance and progress checks according to agreed-upon objectives via webinars, online meetings and conference calls.</p>	<p>Project Director, Program Director</p>	<p>Mo. 5 – Mo. 12</p>
	<p>5.4. Lead and host a quarterly community of practice or learning community on employment services and supports, and/or another chosen topic of interest among Mentor and Partner State Grantees and ACL.</p>	<p>Project Director, Program Director</p>	<p>Mo. 3 – Mo. 12</p>
	<p>5.5. Collaborate with other Mentor State Grantees and the TBI Coordinating Center to review and develop professional training materials and curricula.</p>	<p>Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>5.6. Report to the BIAC Advocacy and Education Resources committee on national collaborative efforts to develop professional training materials and infrastructure, and submit input from the committee to the Mentor State Grantees and the TBI Coordinating Center.</p>	<p>Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>5.7. Post templates, handouts and presentations created by the BIAC Advocacy and Education Resources committee to the Max.gov website and notify TBI Coordinating Center of updates.</p>	<p>Office Associate</p>	<p>Mo. 4 – Mo. 12</p>

**Traumatic Brain Injury State Partnership Program Mentor State Grant Application  
Nebraska VR Work Plan for Year 2**

**Goal:** To increase state and national capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families by building a statewide, voice-driven Network of individuals with TBI and their family members that are engaged and equipped to shape policies, programs and services.

**Measurable Outcome(s):** 1. At least 7 of 10 support group leaders and 15 support group members will report increased leadership skills in support group facilitation, outreach to individuals with TBI, families and caregivers, and building collaborative efforts among local TBI stakeholders. 2. People with TBI and their family members will report increased advocacy activities at the local, regional, state and national level compared to Year 1 baseline levels. 3. The number of individuals with TBI and family members from rural areas joining the Network will increase by 20% of Year 1 baseline numbers in Years 2 and 3. 4. People with TBI and their family members receiving assistance from a TBI Peer Resource Navigator will report increased access and reduced barriers to needed services and supports. 5. Designated Partner State Grantees will report an annual increase in their capacity to provide employment services for people with TBI.

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
1. Build the foundation for a statewide, voice-driven Network with the existing TBI support groups by providing leadership and capacity-building coaching to support group leaders and members in at least 10 of the 13 support groups during Years 1-3 of the project.	1.1. BIAC Network Capacity Building Committee meets monthly in person or online. Committee will advise, monitor contractor progress and report to the BIAC on the Network Capacity Building project.	BIAC Chairperson	Mo. 1 – Mo. 12
	1.2. Identify and invite five (5) additional support groups to participate in the Network Capacity Building project with the contractor.	BIAC Chairperson, Contractor	Mo. 1 – Mo. 2
	1.3. Invite additional support group leaders to join BIAC meetings in person or via videoconference at Nebraska VR offices to provide feedback on Network Capacity Building project outcomes.	BIAC Chairperson	Mo. 1 – Mo. 12
	1.4. BIAC Membership committee meets quarterly in person or online to review the membership roster and recommend additions or replacements to meet ACL TBI Program Advisory Board priorities.	BIAC Chairperson	Mo. 1 – Mo. 12

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
<p>2. Equip the Network of people with TBI and their families to advocate for policy, program and service changes by making data, resources, tools and strategies accessible to leaders and members of all 13 support groups across the state during Years 1-3 of the project.</p>	<p>2.1. BIAC Advocacy and Education Resources committee meets quarterly to review state TBI Registry data, survey results, past reports and existing training and presentation materials for use in developing templates, handouts and presentation slides.</p>	<p>BIAC Chairperson</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.2. Update and post templates, handouts and presentations for support group leaders and members, and BIAC members to access at the BIAC website to use in increasing TBI awareness and advocating for change.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.3. With their permission, add new support group leader and member contacts to Nebraska VR’s TBI grant email listserv for news, project updates and event notices, and to the BIA’s email listserv for advocacy events and legislative calls to action.</p>	<p>Office Associate, BIA Exec Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.4. Maintain space on the BIAC website for support group leaders to share updates and information with each other.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.5. Post scheduled support group meetings and presentations on the BIAC website calendar. Send out links to templates, handouts and presentation slides. Contact support group leaders monthly for calendar updates.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.6. BIAC members convene quarterly webinars or online meetings with support group leaders and members to discuss tips for presenting and strategies for using the resources in advocating for policy, program and service changes in their communities.</p>	<p>BIAC Chairperson</p>	<p>Mo. 1 – Mo. 12</p>

Major Objectives	Key Tasks	Lead Person	* Time Frame
<p>3. Engage Network members from all 13 support groups in shaping policies, programs and services by providing education in advocacy strategies and offering opportunities to advocate during Years 1-3 of the project.</p>	<p>3.1. Per BIAC Membership committee recommendations, recruit additional individuals with TBI and others to become BIAC members to reach ACL’s requirement for 50% of the BIAC membership.</p>	<p>BIAC Chairperson, Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>3.2. Conduct Annual Needs and Resources survey with TBI support group members on unmet and insufficiently met needs to inform the Annual TBI State Plan. Conduct Annual Needs and Resources using the Advocacy Activity Scale to measure members’ involvement in advocacy activities.</p>	<p>Project Director, External Evaluation Team</p>	<p>Mo. 8</p>
	<p>3.3. Convene the Second Annual Network Summit to review Needs and Resources survey results and progress toward achieving the VGSW, and to inform the Annual TBI State Plan. Include advocacy education presentations from the SILC, DRN and the BIA.</p>	<p>Project Director, BIAC Chairperson</p>	<p>Mo. 10</p>
	<p>3.4. Post the draft Annual TBI State Plan for public review and comment at the BIAC website, Nebraska VR website and email listserv. BIAC will schedule a public meeting via videoconference at Nebraska VR offices for public questions and comments about the draft Plan.</p>	<p>Project Director, BIAC Chairperson</p>	<p>Mo. 11 – Mo. 12</p>
	<p>3.5. Post the approved Annual TBI State Plan at the BIAC website, Nebraska VR website and disseminate.</p>	<p>Project Director</p>	<p>Mo. 12</p>
	<p>3.6. Network members join ADRC regional advisory committees with assistance and support from the AAAA.</p>	<p>Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>3.7. Maintain the survey feature on the BIAC website for individuals with TBI, family members, professionals and other stakeholders to describe their unmet needs related to TBI. Include submitted unmet needs in the Annual Needs and Resources results.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
4. Connect newly-injured individuals with TBI and their family members to the Network and the existing system of services and supports in underserved, rural areas of the state by training a TBI Peer Resource Navigator from 6 of the 13 support groups during Years 2 and 3 of the project.	<p>4.1. Based on BIAC TBI Peer Resource Navigator committee recommendations, request proposal(s) and negotiate contract for a two-year TBI Peer Resource Navigator Development project with starting three (3) recruits.</p> <p>4.2. BIAC TBI Peer Resource Navigator committee meets monthly to review and monitor progress, request technical assistance as needed and report to the BIAC.</p> <p>4.3. Update the agreement with DHHS, OIS for Brain Injury Act Section 30, TBI Registry follow-up activities and annual TBI Registry data report.</p> <p>4.4. As needed, update TBI Registry follow-up mailings, brochures and letters. Continue monthly mailings.</p> <p>4.5. Collect quarterly data on calls received in response to TBI Registry mailings from the Network support groups, BIA, ILCs and other organizations listed in the mailings.</p>	<p>Project Director</p> <p>BIAC Chairperson</p> <p>Project Director</p> <p>Program Coordinator</p> <p>Project Director, External Evaluation Team</p>	<p>Mo. 1 – Mo. 3</p> <p>Mo. 1 – Mo. 12</p> <p>Mo. 1 – Mo. 2</p> <p>Mo. 1 – Mo. 12</p> <p>Mo. 1 – Mo. 12</p>
5. Increase national capacity to provide comprehensive and coordinated services to individuals with TBI by providing mentorship and technical assistance to Partner State Grantees in Years 1-3 of the project.	<p>5.1. Provide monthly mentoring, technical assistance and progress checks according to agreed-upon objectives via webinars, online meetings and conference calls. Adjust work plan and timeline as needed.</p> <p>5.2. Lead and host a quarterly community of practice or learning community on employment services and supports, and/or another chosen topic of interest among Mentor and Partner State Grantees and ACL.</p> <p>5.3. Collaborate with other Mentor State Grantees and the TBI Coordinating Center to review and develop professional training materials and curricula.</p> <p>5.4. Report to the BIAC Advocacy and Education Resources committee on national collaborative efforts to develop professional training materials and infrastructure, and submit input from the committee to the Mentor State Grantees and the TBI Coordinating Center.</p> <p>5.5. Post templates, handouts and presentations created by the BIAC Advocacy and Education Resources committee to the Max.gov website and notify TBI Coordinating Center of updates.</p>	<p>Project Director, Program Director</p> <p>Project Director, Program Director</p> <p>Project Director</p> <p>Project Director</p> <p>Office Associate</p>	<p>Mo. 1 – Mo. 12</p>

**Traumatic Brain Injury State Partnership Program Mentor State Grant Application  
Nebraska VR Work Plan for Year 3**

**Goal:** To increase state and national capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families by building a statewide, voice-driven Network of individuals with TBI and their family members that are engaged and equipped to shape policies, programs and services.

**Measurable Outcome(s):** 1. At least 7 of 10 support group leaders and 15 support group members will report increased leadership skills in support group facilitation, outreach to individuals with TBI, families and caregivers, and building collaborative efforts among local TBI stakeholders. 2. People with TBI and their family members will report increased advocacy activities at the local, regional, state and national level compared to Year 1 baseline levels. 3. The number of individuals with TBI and family members from rural areas joining the Network will increase by 20% of Year 1 baseline numbers in Years 2 and 3. 4. People with TBI and their family members receiving assistance from a TBI Peer Resource Navigator will report increased access and reduced barriers to needed services and supports. 5. Designated Partner State Grantees will report an annual increase in their capacity to provide employment services for people with TBI.

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
1. Build the foundation for a statewide, voice-driven Network with the existing TBI support groups by providing leadership and capacity-building coaching to support group leaders and members in at least 10 of the 13 support groups during Years 1-3 of the project.	1.1. BIAC Network Capacity Building Committee meets monthly in person or online. Committee will advise, monitor contractor progress and report to the BIAC on the Network Capacity Building project.	BIAC Chairperson	Mo. 1 – Mo. 12
	1.2. Identify and invite final support groups to participate in the Network Capacity Building project with the contractor. Identify potential leaders to start new support groups where none currently exist.	BIAC Chairperson, Contractor	Mo. 1 – Mo. 2
	1.3. Invite additional support group leaders to join BIAC meetings in person or via videoconference at Nebraska VR offices to provide feedback on Network Capacity Building project outcomes.	BIAC Chairperson	Mo. 1 – Mo. 12
	1.4. BIAC Membership committee meets quarterly in person or online to review the membership roster and recommend additions or replacements to meet ACL TBI Program Advisory Board priorities.	BIAC Chairperson	Mo. 1 – Mo. 12

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
<p>2. Equip the Network of people with TBI and their families to advocate for policy, program and service changes by making data, resources, tools and strategies accessible to leaders and members of all 13 support groups across the state during Years 1-3 of the project.</p>	<p>2.1. BIAC Advocacy and Education Resources committee meets quarterly to review state TBI Registry data, survey results, past reports and existing training and presentation materials for use in developing templates, handouts and presentation slides.</p>	<p>BIAC Chairperson</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.2. Update and post templates, handouts and presentations for support group leaders and members, and BIAC members to access at the BIAC website to use in increasing TBI awareness and advocating for change.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.3. With their permission, add new support group leader and member contacts to Nebraska VR’s TBI grant email listserv for news, project updates and event notices, and to the BIA’s email listserv for advocacy events and legislative calls to action.</p>	<p>Office Associate, BIA Exec Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.4. Maintain space on the BIAC website for support group leaders to share updates and information with each other.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.5. Post scheduled support group meetings and presentations on the BIAC website calendar. Send out links to templates, handouts and presentation slides. Contact support group leaders monthly for calendar updates.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>
	<p>2.6. BIAC members convene quarterly webinars or online meetings with support group leaders and members to discuss tips for presenting and strategies for using the resources in advocating for policy, program and service changes in their communities.</p>	<p>BIAC Chairperson</p>	<p>Mo. 1 – Mo. 12</p>

Major Objectives	Key Tasks	Lead Person	* Time Frame
<p>3. Engage Network members from all 13 support groups in shaping policies, programs and services by providing education in advocacy strategies and offering opportunities to advocate during Years 1-3 of the project.</p>	<p>3.1. Per BIAC Membership committee recommendations, recruit additional individuals with TBI and others to become BIAC members to reach ACL's requirement for 50% of the BIAC membership.</p>	<p>BIAC Chairperson, Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>3.2. Conduct Annual Needs and Resources survey with TBI support group members on unmet and insufficiently met needs to inform the Annual TBI State Plan. Conduct Annual Needs and Resources using the Advocacy Activity Scale to measure members' involvement in advocacy activities.</p>	<p>Project Director, External Evaluation Team</p>	<p>Mo. 8</p>
	<p>3.3. Convene the Third Annual Network Summit to review Needs and Resources survey results and progress toward achieving the VGSW, and to inform the Annual TBI State Plan. Include advocacy education presentations from the SILC, DRN and the BIA.</p>	<p>Project Director, BIAC Chairperson</p>	<p>Mo. 10</p>
	<p>3.4. Post the draft Annual TBI State Plan for public review and comment at the BIAC website, Nebraska VR website and email listserv. BIAC will schedule a public meeting via videoconference at Nebraska VR offices for public questions and comments about the draft Plan.</p>	<p>Project Director, BIAC Chairperson</p>	<p>Mo. 11 – Mo. 12</p>
	<p>3.5. Post the approved Annual TBI State Plan at the BIAC website, Nebraska VR website and disseminate.</p>	<p>Project Director</p>	<p>Mo. 12</p>
	<p>3.6. Network members join ADRC regional advisory committees with assistance and support from the AAAA.</p>	<p>Project Director</p>	<p>Mo. 1 – Mo. 12</p>
	<p>3.7. Maintain the survey feature on the BIAC website for individuals with TBI, family members, professionals and other stakeholders to describe their unmet needs related to TBI. Include submitted unmet needs in the Annual Needs and Resources results.</p>	<p>Program Coordinator</p>	<p>Mo. 1 – Mo. 12</p>

<b>Major Objectives</b>	<b>Key Tasks</b>	<b>Lead Person</b>	<b>* Time Frame</b>
4. Connect newly-injured individuals with TBI and their family members to the Network and the existing system of services and supports in underserved, rural areas of the state by training a TBI Peer Resource Navigator from 6 of the 13 support groups during Years 2 and 3 of the project.	<p>4.1. Continue TBI Peer Resource Navigator Development project with the next three (3) recruits.</p> <p>4.2. BIAC TBI Peer Resource Navigator committee meets monthly to review and monitor progress, request technical assistance as needed and report to the BIAC.</p> <p>4.3. Update the agreement with DHHS, OIS for Brain Injury Act Section 30, TBI Registry follow-up activities and annual TBI Registry data report.</p> <p>4.4. As needed, update TBI Registry follow-up mailings, brochures and letters. Continue monthly mailings.</p> <p>4.5. Collect quarterly data on calls received in response to TBI Registry mailings from the Network support groups, BIA, ILCs and other organizations listed in the mailings.</p>	<p>Project Director, Contractor BIAC Chairperson</p> <p>Project Director</p> <p>Program Coordinator</p> <p>Project Director, External Evaluation Team</p>	<p>Mo. 1 – Mo. 12</p> <p>Mo. 1 – Mo. 12</p> <p>Mo. 1 – Mo. 2</p> <p>Mo. 1 – Mo. 12</p> <p>Mo. 1 – Mo. 12</p>
5. Increase national capacity to provide comprehensive and coordinated services to individuals with TBI by providing mentorship and technical assistance to Partner State Grantees in Years 1-3 of the project.	<p>5.1. Provide monthly mentoring, technical assistance and progress checks according to agreed-upon objectives via webinars, online meetings and conference calls. Adjust work plan and timeline as needed.</p> <p>5.2. Lead and host a quarterly community of practice or learning community on employment services and supports, and/or another chosen topic of interest among Mentor and Partner State Grantees and ACL.</p> <p>5.3. Collaborate with other Mentor State Grantees and the TBI Coordinating Center to review and develop professional training materials and curricula.</p> <p>5.4. Report to the BIAC Advocacy and Education Resources committee on national collaborative efforts to develop professional training materials and infrastructure, and submit input from the committee to the Mentor State Grantees and the TBI Coordinating Center.</p> <p>5.5. Post templates, handouts and presentations created by the BIAC Advocacy and Education Resources committee to the Max.gov website and notify TBI Coordinating Center of updates.</p>	<p>Project Director, Program Director</p> <p>Project Director, Program Director</p> <p>Project Director</p> <p>Project Director</p> <p>Office Associate</p>	<p>Mo. 1 – Mo. 12</p>