

# ANNUAL EVALUATION REPORT

Nebraska Traumatic Brain Injury State  
Partnership Program Grant

AUGUST 2021 – JULY 2022



Dear Reader:

Traumatic brain injury (TBI) is a serious public health problem in the United States. The Centers for Disease Control (CDC) reported approximately 223,135 TBI-related hospitalizations in 2019 and 64,362 TBI-related deaths in 2020. Annually, an estimated 15,337 or more Nebraskans of all ages experience a TBI. 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. Most TBIs are mild and their effects diminish over time, but even a mild TBI can result in permanent cognitive, physical, and behavioral changes. Individuals experiencing moderate to severe injuries may require life-long supports for housing, work, and community living.

Many Nebraskans impacted by TBI still struggle to access appropriate services to meet their needs. Nebraska VR (Vocational Rehabilitation) and the Brain Injury Advisory Council remain committed to building a comprehensive, multidisciplinary, easily accessible system of care for individuals experiencing TBI and to ensuring awareness and training for partners in the system.

Nebraska VR serves as lead agency for a U.S. Department of Health and Human Services, Administration for Community Living TBI State Partnership Program Grant which provides funding for states to build infrastructure and create systems change to better serve their citizens with TBI. The Brain Injury Advisory Council advises Nebraska VR and the Department of Education in implementation of grant goals and objectives.

This report summarizes grant-funded project activities and outcomes for FY 2021-2022. Nebraska VR and the Brain Injury Advisory Council are grateful for our partners and stakeholders who serve to build better futures for Nebraskans with TBI and their families.

Sincerely,

A handwritten signature in cursive script that reads "Keri Bennett".

Keri Bennett, M.S.Ed, CBIS  
Nebraska VR Program Director for ABI  
TBI Grant Project Director

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$600,536.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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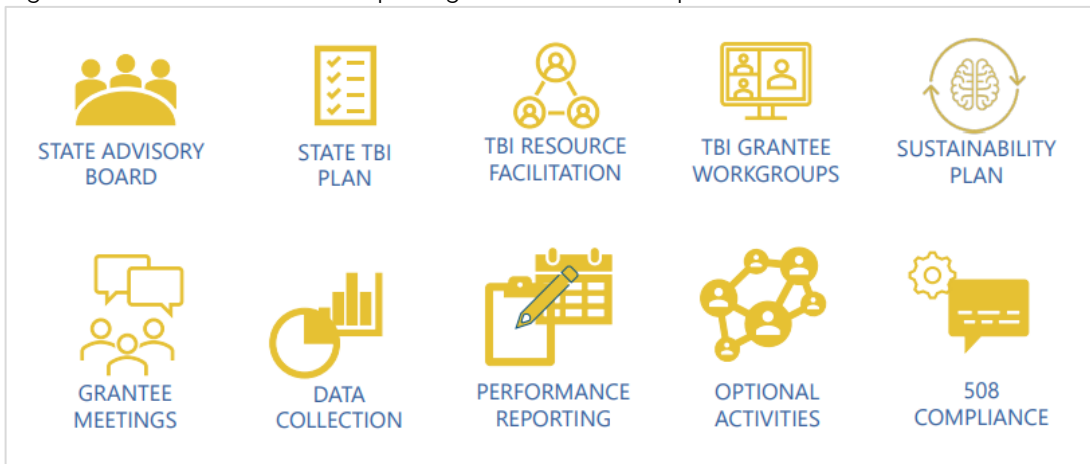
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## Project Background

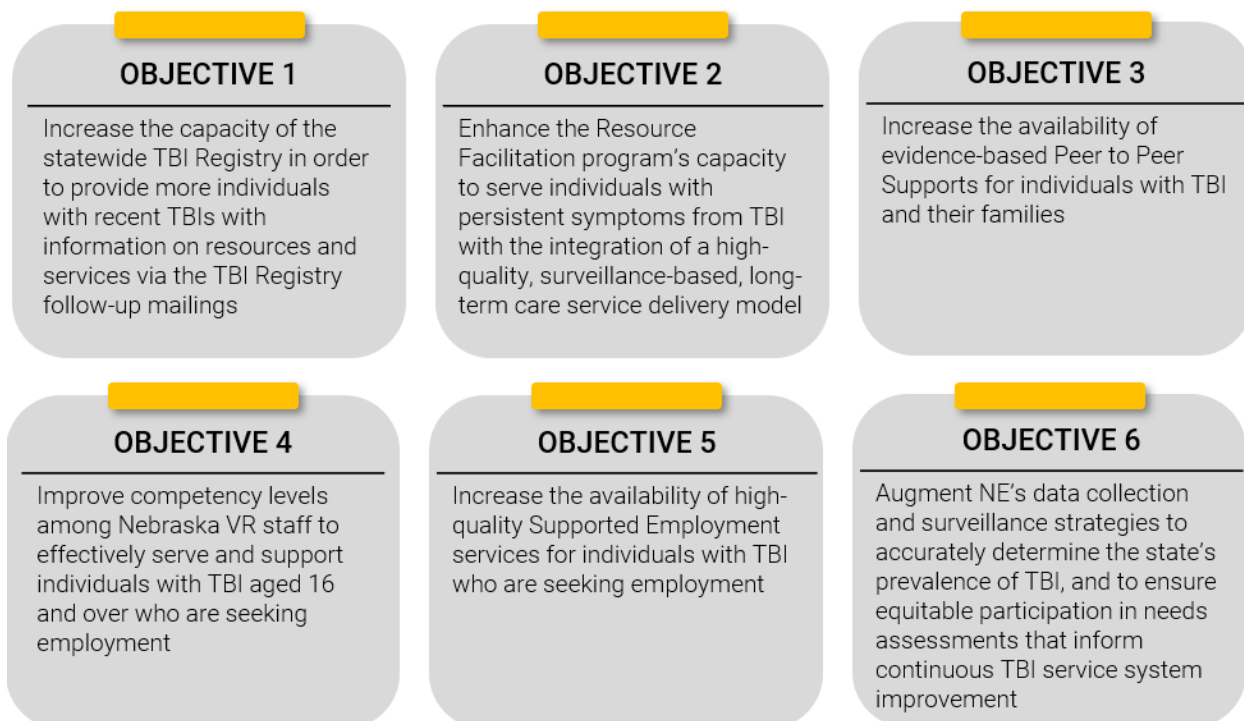
Nebraska VR (Vocational Rehabilitation) receives the Traumatic Brain Injury (TBI) State Partnership Program funding through the Administration for Community Living (ACL), U.S. Department of Health and Human Services. The five-year funding opportunity began in August 2021 and will end in July 2026. The funding helps ensure states can strengthen their system of services and supports to maximize the independence, well-being, and health of people with TBI across the lifespan. Each funded states works on a set of grant objectives as well as other responsibilities (Figure 1).<sup>1</sup>

Figure 1. TBI State Partnership Program Grantee Responsibilities



## Grant Objectives

The current TBI grant funding has six key objectives:



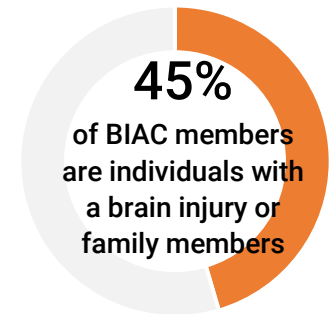
<sup>1</sup> Image obtained from the ACL grant kickoff meeting hosted on September 29, 2021 for the TBI State Partnership Program.

This report is structured around the grant objectives, though it also includes other pertinent information related to TBI efforts carried out by Nebraska VR that help address the overarching responsibilities required from the grant. It primarily summarizes information for the first year of the TBI grant, which runs from August 2021 through July 2022.

## Nebraska VR

### Brain Injury Advisory Council

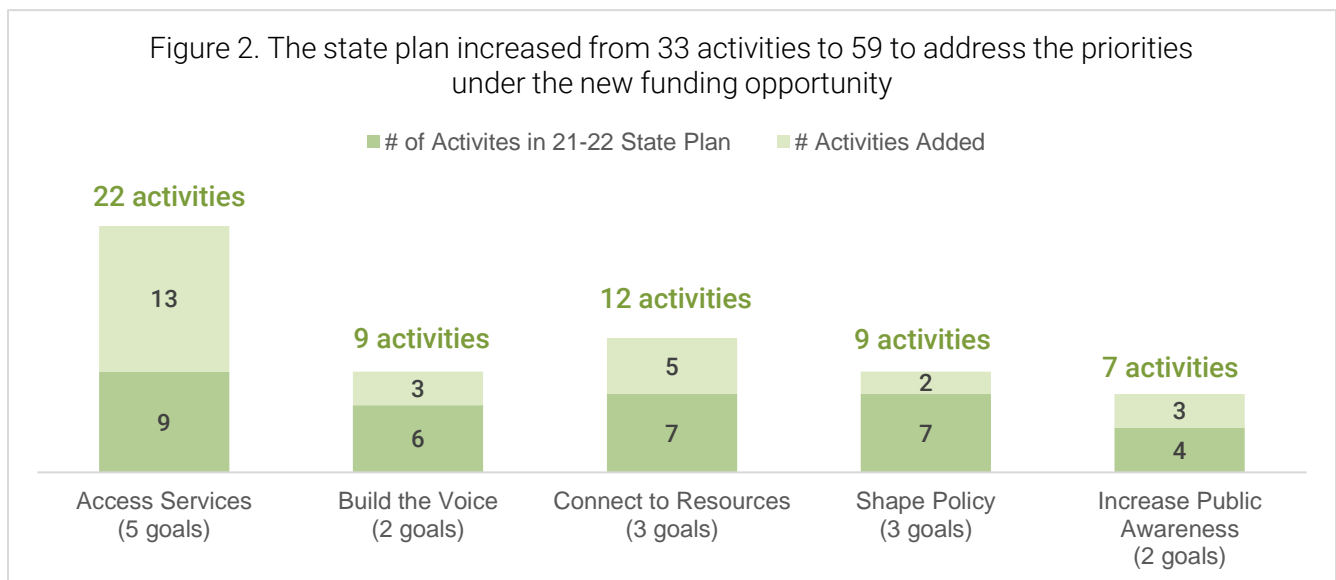
The Nebraska Brain Injury Advisory Council (BIAC) is sponsored by Nebraska VR. It is a voluntary council that serves in an advisory role to ensure that brain injury stakeholders are engaged, integrated, and inspired to help achieve the vision for brain injury in Nebraska. The BIAC meets at least four times a year and at the time of this report had 22 members representing a variety of agencies and geographic areas of the state.



### State Plan

During the first year of the current grant, the BIAC primarily operated under the 2021-22 Nebraska Annual State Plan.<sup>2</sup> New activities needed to be added to meet new funding priorities and objectives. This included strategies for targeting and serving children, youth, adults, and older adults with brain injury. There were also requirements for adding 1) strategies about reaching culturally and linguistically diverse subpopulations; 2) annual scheduled assessments to collect relevant data routinely and systematically on the unmet and insufficiently met needs of unserved and underserved populations, service gaps and barrier; and 3) mitigating and overcoming the impact of the COVID-19 crisis.

To revise the plan, there was a facilitated meeting and discussions with the TBI Technical Assistance and Resource Center (TARC) representative in June 2022. Feedback from BIAC members was gathered through an online survey at the end of July and a feedback session held on July 26, 2022. Through these efforts, **26 new activities were added to the state plan** (Figure 2). Most of these activities were added under the Accessing Services priority area. The updated state plan will be made available at the end of 2022 following a vote of approval from the BIAC.



<sup>2</sup> *Living with brain injury: Nebraska annual state plan 2021-2022.* (n.d). Nebraska Brain Injury Advisory Council. <https://braininjury.nebraska.gov/sites/braininjury.nebraska.gov/files/doc/NE%20Annual%20State%20Plan%202021.2022.revised%201.14.2021.pdf>

Supplemental funding was provided to Nebraska VR in the spring of 2022 through ACL's "Expanding the Public Health Workforce within the Disability Network Program." Those funds supported FTEs to aid in the development of strategies for the state plan to help mitigate and overcome the impact of the COVID-19 crisis. A sub-group was formed under the Brain Injury Data to identify recommendations to provide the BIAC. Those will be presented in early 2023, after which the updates will be made to the state plan.

### Mentor Program

The BIAC developed a Mentor Program to better orient and engage new members. A new member toolkit was also developed to complement the mentor program, with the content focused on helping new members gain a basic knowledge of Nebraska's programs and system of services for people with brain injury. It's also intended to help new members fully participate in BIAC meetings, committee work, and decision making.

**Nebraska Brain Injury Advisory Council Toolkit**

**Council Toolkit Table of Contents and Instructions**

Welcome to the Nebraska Brain Injury Advisory Council (BIAC)! The mission of the Council is to engage, integrate, and inspire brain injury stakeholders to help achieve the Statewide Vision for Brain Injury Policies and Services. The Council is sponsored by the Nebraska Department of Education (NDE), Office of Vocational Rehabilitation (VR). It is a voluntary advisory council, and its members are appointed by the Nebraska VR Director and the Commissioner of Education. The Council meets quarterly, usually in March, June, September and December. Meetings are open to the public.

To maximize your time and efforts with the Council, a comprehensive, fully accessible, person-centered Guide to introduce and train new members has been created. The goal is to give you the supports necessary to fully engage and help to guide initiatives that support Nebraskans with brain injury.

**How to Use this Toolkit:**

The Council Toolkit is divided into modules, some of which are introductory, others are created to enhance learning after orientation to the Council. Feel free to view all the modules, but we know that you will not be able to do that all in one sitting. We are aware of the effort and time commitment involved in completing the whole list. The modules are in the order that the Council would recommend accessing them, starting with the basics, and finishing with the Mentoring modules, for seasoned Council members.

There is an estimated time needed to complete each module, so that you will have an idea how long each module will take to review/complete. Modules may be audio- or video-recorded or require reading. You are free to review the modules at your own pace. There are also a number of additional resources, links and other useful tools located on our website.

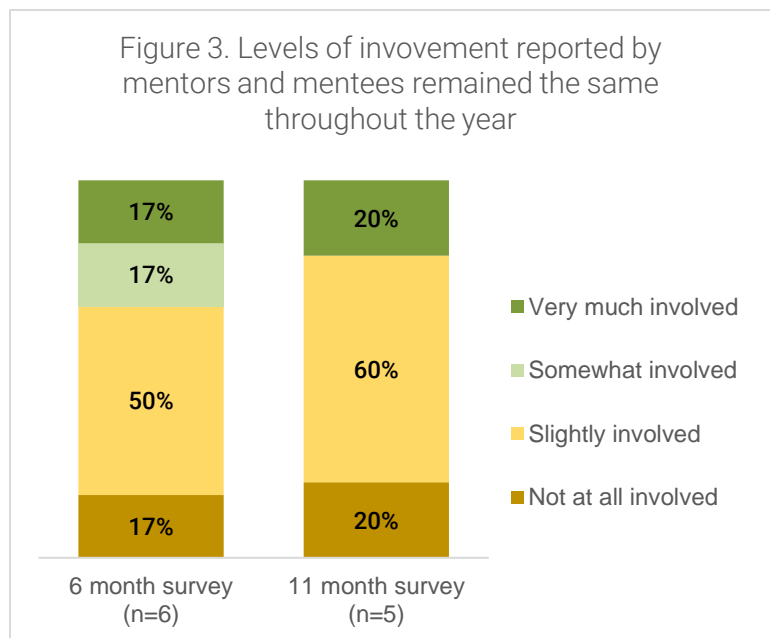
### During the first year of the program, there were four pairs of mentors and mentees.

One of the new members, however, resigned from the BIAC during the year. Mentors were asked to participate in a member orientation session and were provided access to an online toolkit that they could then utilize with their mentees. Once the toolkit was added to the BIAC website, the mentees could also access the toolkit as well.

To evaluate the mentor program, two surveys were conducted:

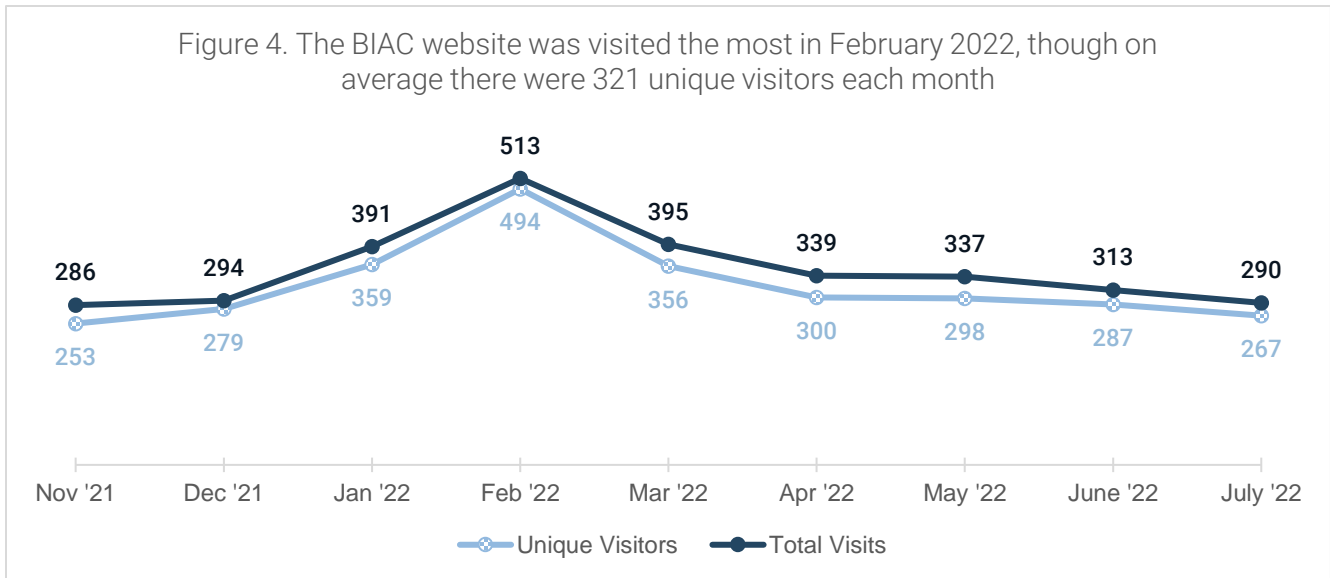
- A six-month satisfaction survey was sent to four mentors and three mentees in December 2021. Among the four mentors, three participated in the survey (75% response rate). All three of the mentees participated in the survey (100% response rate).
- A one-year satisfaction survey was sent in May 2022. All three of the mentors who completed the six-month survey also completed the 11-month survey (100% response rate). Among the three mentees, two completed the 11-month survey (66% response rate).

Compared to results from the 6-month survey, overall involvement in the BIAC remained about the same (Figure 3). A more comprehensive evaluation report summarizing the results from the survey is available through Nebraska VR. The mentor program will continue to be evaluated throughout the grant to identify successes and potential areas of improvement.



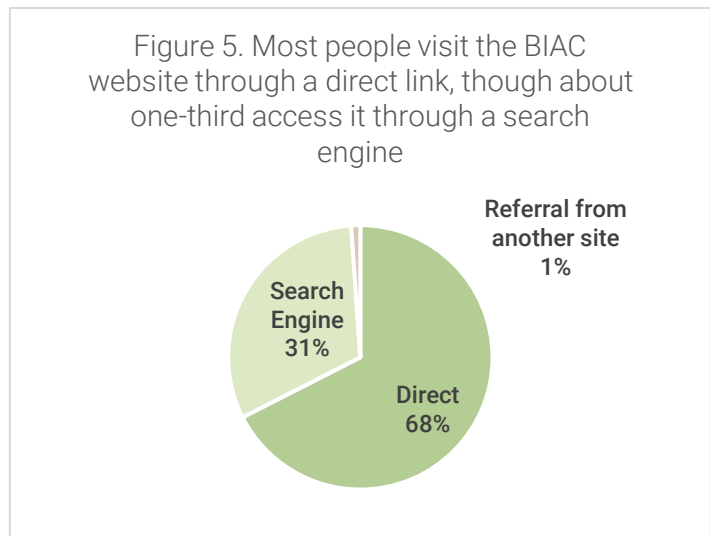
## Website

Nebraska's BIAC has a website specific to their efforts, which serves as a landing page not only for council members, but the general public.<sup>3</sup> Based on data from November 2021 through July 2022, an average of 321 unique visitors visit the website (Figure 4).



Most visitors access the BIAC website by directly seeking out the website (Figure 5). About one-third of visitors during the 9-month period accessed the website through a search engine, with nearly 98% of those being through google (rather than yahoo or bing). There did not appear to be a trend among referring sites. However, some included gmail, the DHHS website, and Children's Hospital & Medical Center in Omaha.

Perhaps not surprisingly, the most frequently visited page for the BIAC website is the home page, accounting for 34% of the visits. The next most frequently visited page was the resources page, and in particular the state/local resources. That accounted for 17% of the visits.



## Brain Injury Screenings

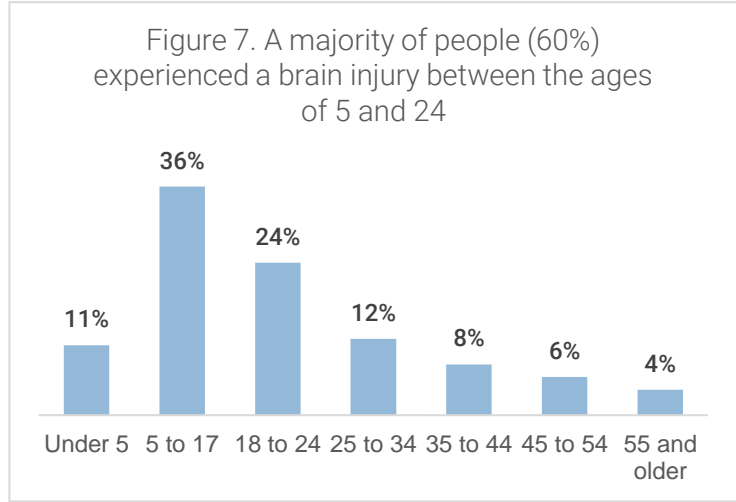
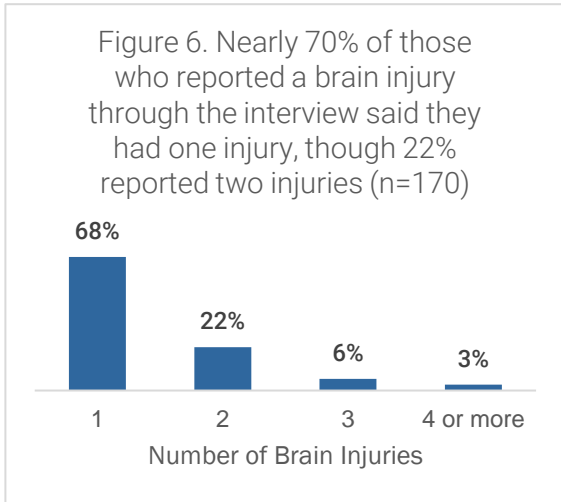
The Nebraska VR Acquired Brain Injury (ABI) Interview is conducted with individuals who receive services from the agency. The interview is conducted as a follow-up if an individual identifies a possible history of ABI on a pre-screening question of the application for services. The ABI interview includes questions regarding traumatic injuries and non-traumatic illnesses that may have resulted in long-term symptoms and challenges. Individuals are asked to provide information regarding the following injury categories: 1) any external injuries to their head, face, or neck; 2) repeated impacts to their head; and 3) any illness or event(s) that affected their brain. Some individuals reported in multiple categories.

**A total of 224 interviews were conducted during the funding year (August 2021 – July 2022). This reflects more than twice the number of screenings (n=102) during the previous year. This is likely**

<sup>3</sup> <https://braininjury.nebraska.gov/>

due to efforts by Nebraska VR to embed the tool into the database, which occurred in February 2022. In fact, between February and July 2022, there were 150 individuals interviewed out of 856 applicants (nearly 18%) for VR services. Nebraska is one of a few states – if not the only state – that has the interview embedded into their VR client data collection system.

Among the 224 that were interviewed during the grant year, 170 (76%) reported experiencing at least one external (traumatic) injury. Most of those individuals noted one brain injury, though 30% experienced two or more injuries (Figure 6). People experienced their injury or injuries at varying ages, though the median age reported was 19 (Figure 7).

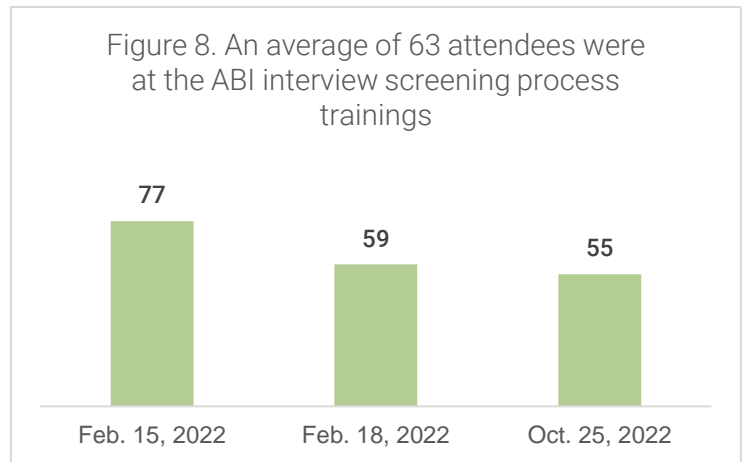


Data on the number of individuals reporting repeated impacts and illnesses is not included here, though that information is available in a more comprehensive report from Nebraska VR. It is anticipated that many of the individuals who participated in the ABI Interview do not have a brain injury diagnosis – they are likely applying for VR services with another diagnosis or injury. This may provide an opportunity to identify individuals who have experienced a brain injury to provide more awareness about their condition. Nebraska VR staff are trained to use ABI Interview results in the career planning process to help identify an individual’s functional challenges and barriers to employment that may stem from their history of ABI.

### Trainings

A variety of trainings were held for Nebraska VR and other key partners throughout the first year of the grant. One training available for Nebraska VR staff was related to the ABI Interview Screening process. Three virtual trainings were offered, with about 191 people attending them (Figure 8).

The Nebraska Traumatic Brain Injury Online Training modules also continued to be available. From August 2021 through June 2022, there were 12 individuals who took at least one of the online modules. They were primarily the original and pediatric training, though two individuals also viewed the modules focused on adults.



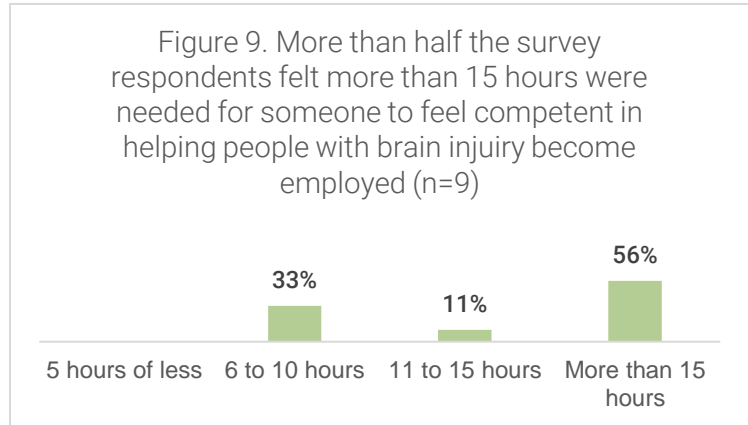
Additional training opportunities were held and are highlighted in other sections of the report, including trainings for the *My Brain, My Self* pilot project.



## Enhancing Nebraska VR Staff Competency (Objective 4 & 5)

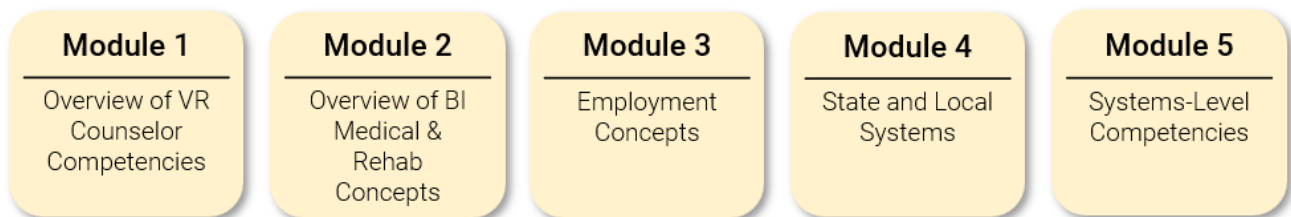
Two of the grant strategies are focused on increasing competency, in part to enhance the skills of those in employment support roles. In January 2022, the Nebraska VR executed a contract with Dr. Christina Dillahunt-Aspillaga with the University of South Florida to provide guidance in the development of a multi-tiered, person-centered, culturally competent TBI training curriculum and materials for the staff of Nebraska VR and its Supported Employment providers.

To help guide the development of the curriculum, a Nebraska VR Core Competency Planning Committee was formed. The group of 13 individuals meets on at least a quarterly basis (during the reporting period they met on February 23, April 13, and June 20). Initial input from committee members through a survey helped to define the scope of the project and what would be needed to enhance competency, including the preferred method of delivery and how long the training may need to be (Figure 9).



In June 2022, a draft outline of the training curriculum along with a PowerPoint presentation for the first module were developed with input from the Planning Committee. Nebraska VR is looking at various training platforms to house the new curriculum when it's done. It is anticipated that the curriculum will include five modules addressing core VR Counselor competencies in serving clients with ABI (Figure 10):

Figure 10. Five modules are planned as part of the training curriculum to enhance competency



## Brain Injury Prevalence (Grant Objective 6)

### Brain Injury Data Workgroup

To enhance Nebraska's data collection and surveillance approaches, a Brain Injury Data Workgroup was formed in March 2022. The workgroup, which meets every other month, had 22 members by the end of July 2022, representing individuals from the Nebraska Department of Health and Human Services (NDHHS), Nebraska VR, and other brain injury service organizations.

During the July meeting, Partners for Insightful Evaluation presented a summary of the white paper on TBI prevalence.<sup>4</sup> This will be the framework for identifying potential approaches to capture the prevalence of brain injury more accurately in Nebraska. The workgroup also developed a data sources matrix, which outlines the data sources that could be utilized to better understand the prevalence of brain injury as well as symptoms or other risk factors.

4

<https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/5f6e46b9853fc630b55bdbb8/1601062591214/ACL+Report+on+TBI+Prevalence+and+HCBS+by+State+FINAL.pdf>

Nebraska's TBI Registry provides key data on the statewide incidence of TBI as well as demographic data on individuals who are diagnosed with TBI. Data from the Registry from 2016 through 2019 was presented, with the workgroup identifying additional areas to analyze and explore, including the prevalence of TBI by local health department region adjusted based on their population. According to that report, **the leading cause of injury is falls, with the median age being 60.** Additionally, it was noted that about half of the TBI inpatients were discharged home. More than 90% that visited an emergency department with TBI were discharged home.

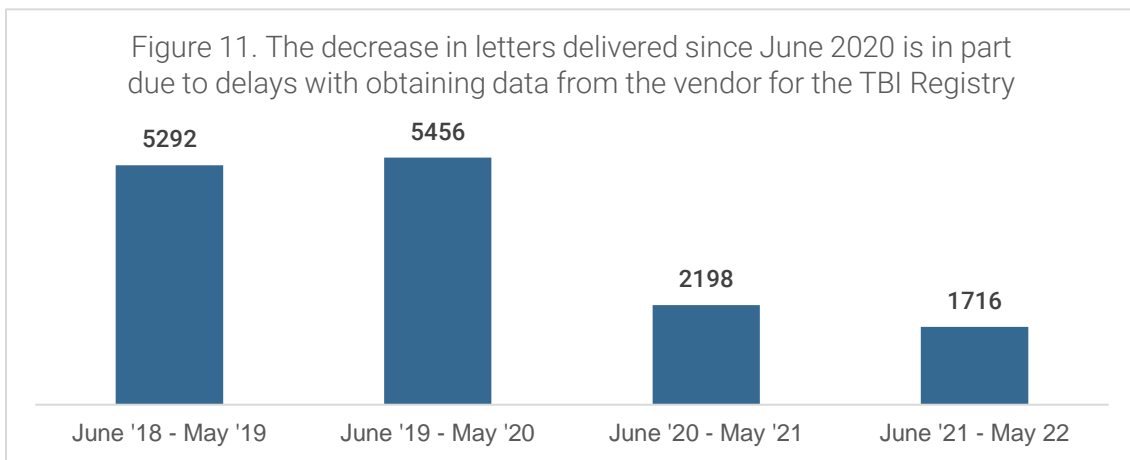
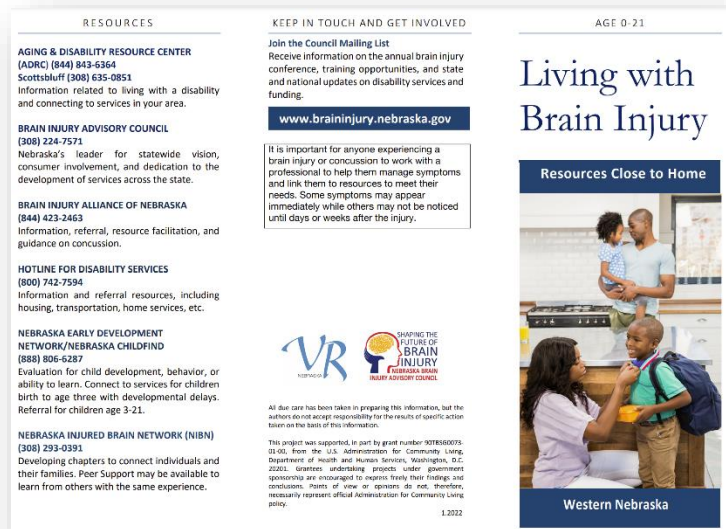
## Nebraska TBI Registry & Mailings (Grant Objective 1)

In exchange for the TBI Registry data, Nebraska VR maintains an agreement with NDHHS to mail information on TBI as well as local service and support contacts to each individual placed on the TBI Registry. This data is obtained from the Nebraska Hospital Association (NHA) through hospital discharge data. The NHA changed vendors for capturing their data, which created delays in getting data, which thus delayed the TBI Registry mailings.

### Registry Letter Brochures

Improvements were made to the letter and brochure that are mailed to individuals who are reported to the TBI Registry. Nine brochures are available to distribute across the state. For each of the state's three regions (western, central, and eastern), brochures have been customized by ages 0-21, 22-59, and 60 plus. The theme is "Living with Brain Injury, Resources Close to Home." Each brochure lists statewide resources, such as the Brain Injury Alliance and Nebraska VR, and includes contact information for local and regional service and support providers.

Although the data is slightly under-reported given some of the delays in capturing data and being able to do mailings (Figure 11). It is anticipated that once additional data is supplied by the NHA, mailings will be caught up to reach those who have not received a letter during the June 2020 through May 2022 time frame.

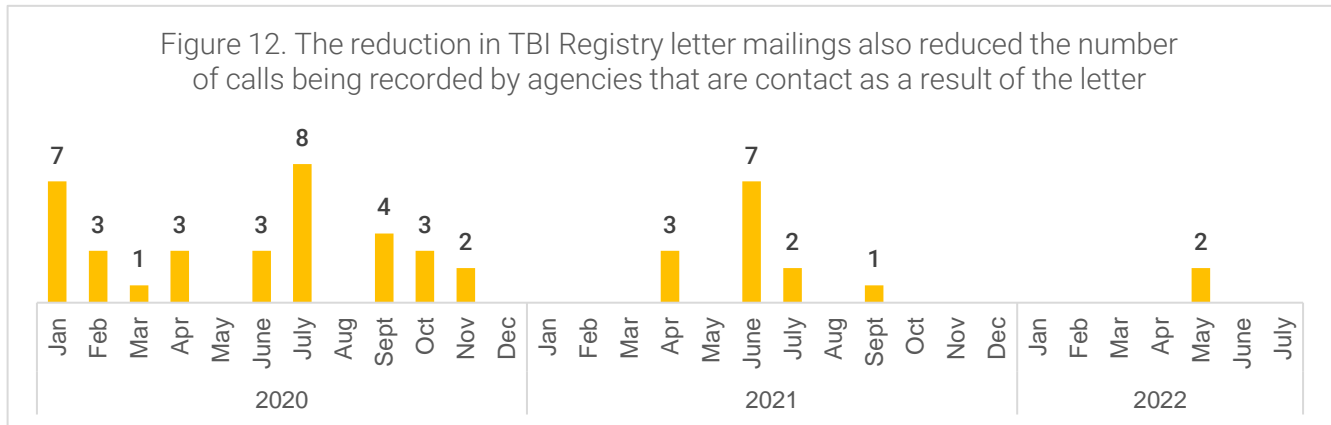


Prior to the May 2022 mailings, Nebraska VR collaborated with Partners for Insightful Evaluation to offer a training on the TBI Registry, the purpose of the mailings, and to highlight data collection efforts for

submitting information to Nebraska VR when an agency receives a call due to a mailing. A total of four people attended the training, though it was also recorded for others to view later.

The TBI Registry Caller Survey was also updated at that time to include additional information about the severity of the brain injury, other health conditions or symptoms the person with the brain injury may have, and additional resources provided. To encourage organizations to complete the survey should they receive a call as a result of the TBI Registry letters, a notification that a mailing will be done goes out to all organizations listed on the brochure. That newsletter indicates how many letters are being sent to each of the three regions, and also includes a reminder about filling out the survey should they receive any calls.

Since that form was revised, a total of two calls have been recorded (Figure 12). It is anticipated that as more mailings are conducted, more calls will be logged as well.



## Resource Facilitation (Grant Objective 2)

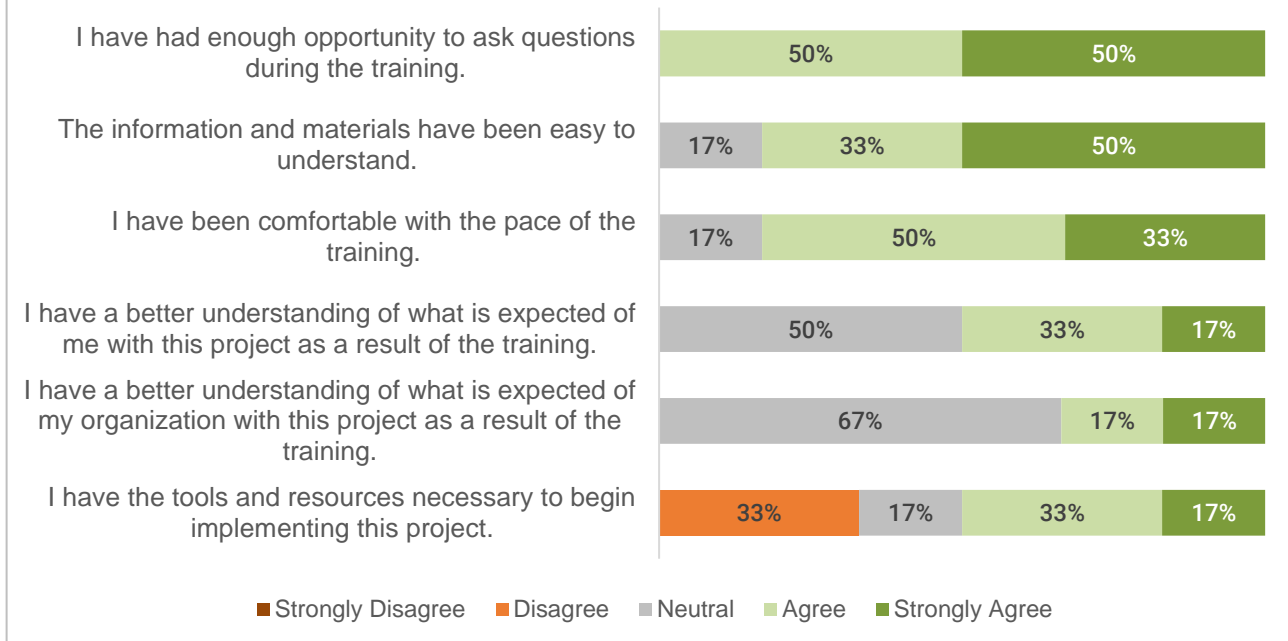
As part of the new funding opportunity, a pilot project is being developed in collaboration with the Brain Injury Alliance of Nebraska (BIA-NE), the University of Nebraska Medical Center, the University of Nebraska Lincoln (UNL), and Madonna Rehabilitation Hospital. Resource

Facilitation will be used in conjunction with brain injury symptom surveillance using the MyBrain 2.0 app, providing an opportunity to assess the degree to which the additional surveillance, technology, and support can yield better outcomes for the individual with a brain injury. The project, called *My Brain, My Self*, will launch in early 2023 once IRB approval is received through UNL.



A four-part training series is being conducted with professionals who will be implementing the pilot project, two of which occurred in July 2022. A mid-point training evaluation was sent to the seven individuals who participated in the first two trainings. More than 80% of the respondents felt the information covered during the first two trainings were either extremely helpful for very help. Although some disagreed that they had the tools and resources necessary to begin implementing the pilot project (Figure 13), it is anticipated that will increase by the end of the training series. The trainings will conclude in August 2022, at which point a final evaluation will be sent out to attendees.

Figure 13. A majority of respondents agreed that they had enough opportunity to ask questions during the training, that the materials have been easy to understand, and that they were comfortable with the pace of the training



### Peer to Peer Support (Grant Objective 3)

Nebraska VR completed an ABI Peer to Peer Support Pilot with funding from a no-cost extension of the previous TBI Grant. The pilot occurred in three phases: 1) Planning; 2) Ramp Up; and 3) Implementation). These were done over the course of 18 months, beginning in November 2020 and ending in April 2022. Nebraska VR worked primarily with the Nebraska Injured Brain Network (NIBN) and an independent consultant to carry out the project. Additionally, NIBN subcontracted with the National Association of State Head Injury Administrators (NASHIA) to leverage the organization's nationwide expertise and with Independence Rising (IR) to provide leadership in designing the Peer Support training curriculum. **In total, 27 people participated in the pilot project, 21 of them being individuals living with a TBI (peers), and 6 being family members.**

Rather than hiring peer supporters in a traditional employee role, the pilot project shifted focus to introduce the peer support curriculum and tools to as many peers and family members/caregivers as possible. Feedback from project participants was collected through two training surveys, one conducted in the fall of 2021 and the other in the spring of 2022 (Figure 14). The informal feedback from participants was positive and many offered suggestions for ways to continue and adapt the project.

Figure 14: Participants in the Spring 2022 Peer Support Training gave higher ratings for the overall training compared to participants in the Fall 2021 training

