

U.S. Administration for Community Living  
Traumatic Brain Injury State Partnership Grants Performance Measurement Report

ACL Grant Award Number: 90TBSG0036-02-00

Project Title: Nebraska Builds a Statewide, Voice-Driven Traumatic Brain Injury Network

Grantee Name and Address: Nebraska Department of Education, Vocational Rehabilitation  
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Project Period: 06/01/2018 – 05/31/2021

Reporting Period: 06/01/2019 – 11/30/2019

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Date of Report: 02/24/2020

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## **A. Grant Activities**

*1. Which activities did you carry out as part of your ACL project using program funding during this reporting period?*

- a. Partnership Development
- b. Planning and Infrastructure Development
- c. Information and Referral/Assistance (I&R/A)
- d. Training, Outreach and Awareness
- e. Other: Voice-driven Network Capacity Building

*2. Did you target or limit some or all of your grant activities to support people in a particular setting or particular population during this reporting period?*

Yes, some of our activities were targeted primarily to these groups:

- a. Rural populations
- b. Other: Populations underserved by existing TBI programs and supports

*3. Percent of your state's counties (parishes or boroughs) targeted and reached through your grant's activities during this reporting period.*

- a. Total number of counties in state, # 93
- b. Counties targeted for this project, # 93, 100%
- c. Counties reached this reporting period, # 31, 33%

*Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)*

The data provided for counties reached through our grant's activities is only a conservative estimate. Our Information & Referral/Assistance activities described later in this report reach people in every part of the state, however data on their counties of residence has not been available to date. We estimate that we reached individuals in at least 30% of Nebraska's counties with our TBI Registry mailings based on the number of mailings delivered. We have requested county-level data for the next reporting period, so should be able to report more accurate data moving forward.

*4. For each of your grant activities, please provide how much of your total program funding you spent in the last completed grant year in support of each of the different activities listed below, rounded to closest \$1,000.*

a. Partnership Development	\$52,000	12%
b. Planning and Infrastructure Development	\$65,000	14%
c. Information and Referral/Assistance	\$58,000	13%

d. Screening and/or Assessment	\$0	0%
e. Resource Facilitation	\$0	0%
f. Training, Outreach and Awareness	\$40,000	9%
g. Other: Network Capacity Building Project	\$45,000	10%
h. Other: (describe) N/A	\$0	0%
i. Funds not yet spent including carryover funds from last FY	\$190,166	42%
j. Total Program Funding	\$450,000	100%

5. *Did your project use any evidence-based practices, interventions, or programs as part of your grant activities during this reporting period?*

Yes, to some extent. Peer support is recognized as an evidence-based practice in the field of mental health recovery. The common lived experiences between people create a bond of trust and respect that forms the foundation for one person to guide, support and coach another person to recovery. The goal for Nebraska VR’s TBI grant is to build an infrastructure that will foster this type of connectivity among people living with a brain injury. The Nebraska Injured Brain Network (NIBN) is the peer-run organization creating that infrastructure through new chapters that are forming across the state. The technical assistance provided to NIBN with grant funding empowers them to become familiar with the concepts of peer support, and in turn, the NIBN members support each other as peers while this project evolves.

**B. Partnership Activities**

6. *Which organizations in your state received funding through the ACL State Partnership Program to carry out and/or support grant activities (primary awardee and sub-awarded partners) in this reporting period?*

- a. Lead Grantee Agency
  - i. Name of organization: Nebraska Department of Education, Office of Vocational Rehabilitation
  - ii. Type of organization: State Vocational Rehabilitation Agency, within the State Department of Education
  
- b. Funded Partner 1
  - i. Name of organization: John M. Ferrone Management Consulting, Inc.
  - ii. Type of organization: Private business
  - iii. Is this partner new this reporting period? No
  
- c. Funded Partner 2
  - i. Name of organization: Schmeckle Research, Inc.
  - ii. Type of organization: Private business
  - iii. Is this partner new this reporting period? No

- d. Funded Partner 3
  - i. Name of organization: Nebraska Department of Health and Human Services, Division of Public Health, Office of Injury Surveillance
  - ii. Type of organization: State Department of Public Health
  - iii. Is this partner new this reporting period? No
- e. Funded Partner 4
  - i. Name of organization: Nebraska Interactive
  - ii. Type of organization: Private business
  - iii. Is this partner new this reporting period? No

*7. Which types of organizations are program partners and support program activities but did not receive program funds during this reporting period?*

- a. Unfunded Partner 1
  - i. Type of Organization: Affiliate of National Brain Injury Organization
- b. Unfunded Partner 2
  - i. Type of Organization: Community-Based Services Organization (ADRC)
- c. Unfunded Partner 3
  - i. Type of Organization: Other: Peer-run Brain Injury Organization

*8. Is there anything else you would like to let ACL know about your Partnership activities during this reporting period?*

Through our funded partnership (contract) with John M. Ferrone Management Consulting, Inc., we supported development of the new Peer-run brain injury organization named the Nebraska Injured Brain Network (NIBN), which is the foundation and central hub of our statewide, voice-driven Network of individuals with brain injury and their family members. Development of this Network through NIBN chapter growth is the central goal for our grant project. More details of this partnership and the Network are described in Section F.

**C. Planning and Infrastructure Development**

*9. Please list your advisory council members for this project period and place a check by their affiliations. You may check all that apply if a person represents two or more affiliated entities.*

**Judy Nichelson;** Person who has experienced a TBI (Survivor)

**Tiffany Armstrong;** Person who has experienced a TBI (Survivor)

**Dale Johannes;** Person who has experienced a TBI (Survivor)

**Emaly L. Ball**; Person who has experienced a TBI (Survivor)

**Frank Velinsky**; Family member of a person who has experienced a TBI

**Amy Levering**; Center for Independent Living/State Independent Living Council representative,  
Person who has experienced a TBI (Survivor)

**Zoe Olson**; Aging and Disability Resource Center representative, Family member

**Tania Diaz**; Protection and Advocacy representative

**Heather Leschinsky**; Long-term Care Ombudsman representative

**Peggy Reisher**; Representative from an Affiliate of National Brain Injury Organization

**Peg Ogea-Ginsburg**; Other: Injury Prevention representative

**Carla Lasley**; Other: Representative of TBI Lead Agency, Nebraska VR

**Mark C. Draper**; Other: Representative of Nebraska Department of Education

**Nancy Coffman**; Other: Representative of Nebraska Commission for Blind and Visually Impaired

**Brooke Murtaugh**; Other: Representative of Madonna Rehabilitation Hospital

**Vaishali Phatek**; Other: Representative of the University of Nebraska Medical Center

**Brett Hoogeveen**; Other: Representative of Quality Living, Inc.

**Kristen Larsen**; Other: Representative of the Council on Developmental Disabilities

**Jerry L. Bryan**; Other: Representative of the Client Assistance Program/Hotline for Disabilities

Nebraska does not have a TBI Model System, so has no TBI Model Systems representative.

*10. Estimate the number of people in your state who have experienced a TBI and are getting some kind of home and community-based services or supports.*

a. Estimate how many people living in your state have experienced a TBI:

\* At least 39,051 Nebraskans have experienced a TBI.

i. Of the total in a above, estimate how many people who have experienced a TBI are currently receiving HCBS through a Medicaid TBI waiver:

\*\* Approximately 23 Nebraskans currently receive HCBS through a Medicaid TBI Waiver.

ii. Of the total in a above, estimate how many people who have experienced a TBI are in your grant's target population (e.g. based on where they live in the state, their age, setting in which they live or some other demographic or criteria):

\*\*\* At least 39,051 Nebraskans. We consider our target population to be all individuals with TBI in Nebraska.

1. Of the total in aii above, estimate how many people in your target population are currently receiving services or supports that help them live in a home or community setting through a Medicaid waiver or some other kind of publicly funded program (e.g. state HCBS program, Rehabilitation Services Act, Older Americans Act):

\*\*\*\* Current estimates for some (but not all) publicly funded programs are as follows:

- Nebraska VR (Vocational Rehabilitation) = 186
- Aging & Disability Resource Center (ADRC) = 137
- Medicaid TBI Waiver = 23
- Total estimate = 346

*Notes about data provided; (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information (please describe).*

\* This number represents 2% of Nebraska's 2020 population of 1,952,570 and very likely falls short of the number of actual injuries that have occurred. Actual data is not available on the prevalence of TBI in Nebraska. According to the National Center for Injury Prevention and Control, an estimated cumulative 5.3 million individuals are living with a TBI-related disability in the United States, representing a prevalence of approximately 2% of the U.S. population. In 2018, 13,848 individuals who sustained an injury consistent with TBI were reported to the state's trauma registry for TBI. All trauma registry data reporting is delayed for one (1) year.

\*\* Nebraska's Medicaid TBI Waiver has 40 slots. At any given time, approximately 23 slots are filled.

\*\*\* Although some of Nebraska's TBI grant activities target rural and underserved populations, most are statewide in scope, thus targeting every person in the state with TBI.

\*\*\*\* Data for all publicly funded programs is not available, as few of our partners collect data specific to people with TBI. Data for the three (3) programs that do capture this data is reported above. We hope to remedy this by advocating for changes to state agency data collection policies and practices.

11. *What planning and infrastructure accomplishments or activities of the last six months do you think have been or will be most impactful? Consider how you are working toward systems change and what progress you are seeing.*

Nebraska VR and the Brain Injury Advisory Council (BIAC) completed a comprehensive review of available state data on TBI, past and current needs assessments and other information to draft the *Annual Living with Brain Injury State Plan for 2019-2020*. To obtain public input, the *Plan* was disseminated via electronic mailing lists and social media, and printed copies were sent to all local TBI support groups across the state. Nebraska VR and the BIAC hosted a public meeting via videoconference at all Nebraska VR offices, inviting questions and comments from the public. The *Plan* merges the federal TBI grant goals and objectives and the *Statewide Vision for Brain Injury Policies and Services* with strategies for addressing unmet and insufficiently met needs for people with TBI and their family members and caregivers. This unified *Plan* invites all Nebraska brain injury stakeholders to share accountability for pursuing the same vision.

12. *Is there anything else you would like to let ACL know about your planning and infrastructure activities during this reporting period? These activities may include needs assessments, state plans, and registries.*

The BIAC finalized revisions to their *Operating Procedures Manual*. The revisions clarified the lead agency and BIAC member roles and responsibilities. The BIAC added two (2) individuals with brain injury to their membership, and launched several committees to begin implementing the *Annual Living with Brain Injury State Plan for 2019-2020* activities. Three (3) of the five (5) new committees are chaired by individuals with brain injury, and all committees include at least one (1) BIAC member with the lived experience of brain injury.

#### **D. Information and Referral/Assistance**

13. *How many I&R/A contacts were made in this reporting period (across all funded partners providing grant-related I&R/A)?*

- a. *How many people live in the collective service areas of the organization or organizations providing I&R/A with grant funding?*

Our TBI Registry mailing was sent to 2,884 people during the reporting period. Of those, 160 letters were returned undeliverable. The total number of letters delivered was 2,724. Therefore, we estimate that 2,724 people live in the service area of the one organization that is currently funded for I&R/A activities (Nebraska VR).

- b. *Total number of contacts made to organizations that use program funds to support some or all of their I&R/A activities:*

This data is not available, as there were no organizations that used program funds to support their I&R/A activities during the reporting period, except for Nebraska VR.

During the next reporting period, we will be funding at least one partner, the Brain Injury Alliance of Nebraska (BIA-NE), to report data on calls received from TBI Registry mailing recipients and the outcome of those calls. We have asked all organizations listed in the TBI Registry mailing brochure to report data on calls received in response to a mailing, however they are not receiving grant funds to support their I&R/A activities or to report the data.

- c. *Total number of contacts made to these funded partners regarding TBI in reporting period:*

This data is not available, as there are currently no organizations that use program funds to support their I&R/A activities, except for Nebraska VR. We will have access to this data from our funded partner during the next reporting period. We will have access to this data from our unfunded partners if requested.

*Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)*

Nebraska VR does not currently fund any partners to provide I&R/A, however we consider our one-time mailing to newly-injured individuals who are placed on the state's TBI trauma registry to be an I&R-related activity. The mailings include a letter and a brochure which lists many regional and statewide organizations and programs that may serve an individual with brain injury. The data reported here is for mailings that occurred during the reporting period. During the next reporting period, we are funding at least one partner to provide data on calls received from TBI Registry mailing recipients and the outcome of those calls. We will also collect data from unfunded partners and report that if requested.

*13. How often are different types of services referred for I&R/A callers who have experienced a TBI, their family members, or other professionals and service providers during this reporting period across all funded partners providing grant-related I&R/A? Please select an option for each type of referral.*

This data is not available. We will have access to this data from a partner that will be funded during the next reporting period (BIA-NE).

*14. Is there anything else you would like to let ACL know about your I&R/A activities during this reporting period?*

A number of unfunded partners provide TBI-related I&R/A services to individuals with brain injury, family members and professionals. They include the Hotline for Disabilities, Disability Rights Nebraska, the League of Human Dignity and Independence Rising, in addition to the BIA-NE. The BIA-NE will be a funded partner during the next reporting period.

### **E. Screening and Assessments**

Nebraska has no Screening and Assessment activities on which to report.

### **F. Resource Facilitation**

Nebraska has no Resource Facilitation activities on which to report.

### **G. Training, Outreach and Awareness**

*26. How many different types of people received grant-supported training in this reporting period (across all funded partners that provide training with program funds)? Please enter a positive number, zero (0), unknown or not applicable in every field.*

a. Staff providing grant-related services	# 0
• Staff providing, I&R/A	# 0
• Staff conducting Screenings/Assessments	# 0
• Staff providing Resource Facilitation	# 0
b. Clinical/medical providers	# Unknown
• Physicians	# Unknown
• Emergency medical services providers/first responders	# Unknown
• Other clinical/medical providers	# Unknown
c. Coaches or other athletics personnel	# Unknown
d. Domestic violence services staff	# Unknown
e. Family, friends, informal caregivers	# Unknown
f. Homeless services organization staff	# Unknown
g. Individuals who have experienced a TBI	# Unknown
h. In-home services and supports staff	# Unknown
i. Law enforcement personnel	# Unknown
j. Prison or criminal justice system staff	# Unknown
k. Protection and advocacy staff	# Unknown
l. Residential rehabilitation center staff	# Unknown
m. Nursing home staff	# Unknown
n. Universities, colleges, or school staff (excluding school coaches)	# Unknown
o. Veterans & military organization staff	# Unknown
p. Other: Residential community re-entry program staff	# 15
q. Other: N/A	# Unknown

*Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)*

Training was provided to fifteen (15) staff of Dismas Charities, a residential community re-entry program for individuals leaving prison. Two (2) other individuals completed online training during this reporting period by accessing our *Nebraska TBI Online Training*, which consists of four courses. This web-based training is supported with TBI grant funds. No demographic data is collected on individuals completing the training courses, so the type of people completing the training is unknown. We do know that no staff providing grant-related services (TBI program staff) completed the training courses.

*27. Please provide the number of grant-sponsored trainings took place this reporting period, by topic area and number of attendees. Please enter a positive number, zero (0), unknown, or not applicable in every field. Note: "grant-sponsored trainings" refers to those using program funds or state matching funds.*

a.	TBI Basics	# 2	# attended: 17
b.	Aging and TBI	# 0	# attended: 0
c.	Assistive technology	# 0	# attended: 0
d.	Athletics	# 0	# attended: 0
e.	Behavioral health and TBI	# 0	# attended: 0
f.	Caregiving	# 0	# attended: 0
g.	Children and TBI	# 1	# attended: 2
h.	Concussions & mild TBI	# 0	# attended: 0
i.	Criminal justice and TBI	# 0	# attended: 0
j.	Diagnosis	# 0	# attended: 0
k.	Educational issues	# 0	# attended: 0
l.	Employment/training of people with TBI	# 0	# attended: 0
m.	Identification, screening, assessment	# 1	# attended: 17
n.	Independent living	# 0	# attended: 0
o.	Substance Use and TBI	# 1	# attended: 2
p.	Neurobehavioral aspects of TBI	# 1	# attended: 2
q.	Public Policy	# 0	# attended: 0
r.	Person Centered Planning/Counseling	# 0	# attended: 0
s.	Community-based services/support res.	# 0	# attended: 0
t.	Treatment and therapies	# 0	# attended: 0
u.	Other: _____	# 0	# attended: 0
v.	Other: _____	# 0	# attended: 0

*Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)*

Data is incomplete because demographic data is not currently captured for individuals who complete the *Nebraska TBI Online Training* courses.

*28. Please list and describe any training materials, outreach materials, fact sheets or other products you produced during this reporting period.*

Nebraska VR produced and disseminated three (3) products during this reporting period. All are attached as appendices to this report. Nebraska's *Annual Living with Brain Injury State Plan for 2019-2020* merges the federal TBI grant goals and objectives and the *Statewide Vision for Brain Injury Policies and Services* with strategies for addressing unmet and insufficiently met needs for people with TBI and their family members and caregivers (Appendix A). Nebraska VR and the BIAC worked together for several months to complete a comprehensive revision of the BIAC Operating Procedures Manual (Appendix B). The Nebraska VR project director presented an educational session for staff of a residential community re-entry program for individuals leaving prison using the Dismas Charities Presentation (Appendix C).

*29. Is there anything else you would like to let ACL know about your training activities during this reporting period?*

No, thank you.

## **H. Other**

*30. Describe what activities you undertook in this area this reporting period.*

The centerpiece of Nebraska VR's TBI grant is the Network Capacity Building Project. The goal for this project is to create a network and build leadership capacity among people with brain injury and their family members across the state. They will be connected with each other to provide support, and will be able to advocate with one voice for policy, program and service changes that will benefit people impacted by brain injury. A core group of volunteers from the central part of the state worked with a contracted consultant to define their shared vision and mission. During the reporting period, the group also accomplished the following:

- Incorporated as the Nebraska Injured Brain Network (NIBN)
- Elected a Board of Directors and established a meeting schedule
- Drafted and finalized a Mission Statement
- Formed their first Chapter in another community
- Developed a plan to pursue 501C3 status within the next year
- Created committees for Business Planning and Website Development

- Disseminated a request for proposals (RFP) for website development, and chose a vendor
- Submitted a proposal to Nebraska VR for a December 14 “showcase” meeting to attract new chapter leaders

The local Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) site provided free meeting space for the NIBN Board of Directors. Of eleven (11) Board members, six (6) are individuals with TBI, and the other five (5) are family members and/or caregivers. A committee of BIA-C members, Nebraska VR TBI grant staff and NIBN leadership met online monthly to provide oversight and support for the project. Leadership from Nebraska VR, NIBN, and the BIA-NE met online monthly with the contracted consultant to discuss how NIBN and the BIA-NE can complement each other’s work, and to assure there is no duplication of efforts between the two organizations. The NIBN Chapter members provided input on development of a chapter-building evaluation tool for Nebraska VR and our external evaluation team. Moving forward, the NIBN organization will provide an infrastructure for networking and building leadership capacity among individuals with brain injury and their family members and caregivers.

*31. How many unduplicated people did you work with or support through this activity during this reporting period?*

Total number of people who have experienced a TBI who participated in this activity: # 15

- Number of people under age 22: # 1
- Number of people between 23-59: # 24 (including family members with no TBI)
- Number of people 60 or older: # 4

*Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)*

No additional notes about data to provide. Data is captured by our contracted consultant and our contracted grant evaluator.

## **I. Narrative Responses**

*30. Please describe the TBI mentoring and work group activities your program led or participated in during this reporting period.*

**Transition and Employment Workgroup:** The *Transition and Employment* workgroup members met online each month during the reporting period. The workgroup is comprised of Mentor representatives from Indiana and Nebraska, and Partner State representatives from North Carolina and Vermont. Representatives from Iowa and Colorado also participated voluntarily in workgroup activities. All meetings were recorded and archived for the benefit of members who could not attend.

Workgroup members took steps to validate and prioritize the list of Vocational Rehabilitation Counselor (VRC) core competencies that were drafted and submitted as the group's Year 1 product, broadening the scope of work to include competencies for Employment Specialists, Assistive Technology Specialists, Rehabilitation Providers and Employers. All steps were documented using a template drafted by the Return to Learn & Return to Play workgroup that was shared with the Mentor States as part of the Workforce Development project.

Members collaborated with Nebraska's contracted grant evaluator, Will Schmeackle to create an online survey of "high performing" VRCs from Indiana, Nebraska and Vermont to prioritize the competency list. High performing VRCs were defined as those with greater than average expertise, experience and/or success in serving individuals with brain injury. The workgroup reviewed the summary results of 43 participants who completed the survey, provided by Mr. Schmeackle.

The workgroup received assistance from the TBI Coordinating Center to conduct a literature search for articles and other resources on the topic of brain injury and employment. Workgroup members reviewed and added items to the list from their own research and experience. As each member reviewed an article or resource from the list of 23 items, he or she used a matrix to confirm whether a particular competency was directly or indirectly supported by that article or resource for each of the five professional positions described above. Will Schmeackle summarized data from all the matrices for the group to review. The workgroup also began drafting a formal survey tool and recruiting subject matter experts (SMEs) for a formal survey to be conducted during the next reporting period.

The Mentor representatives from Indiana and Nebraska reported on the workgroup's activities each month during the Mentor Grantee meetings. Workgroup members were pleased to learn that our original list of VRC core competencies was viewed as a model for other workgroups as they began their Workforce Development projects. Nebraska VR provided individual mentor assistance to a representative from Idaho, who used the draft VRC core competencies in developing a training presentation for Idaho state vocational rehabilitation program staff.

Workgroup members met in person during the NASHIA State of the States Conference in September, 2019. In addition to the VRC competency work, the members also took time to review the new TBI grantee data collection and performance measures and any updates received from the Administration for Community Living.

**Using Data to Connect People to Services Workgroup:** The *Using Data to Connect People to Services* workgroup Mentor and Partner state representatives met monthly in an on-line forum and are making good progress on group goals. Mentor grantee states, Virginia and Nebraska, facilitated each meeting. The workgroup includes Partner state representatives from Alabama, Alaska, California, Georgia, Idaho, Kansas, Maine, Minnesota, Missouri, North Carolina, Ohio, Rhode Island, Utah, and Vermont. A representative from Iowa also participated from time to

time. All meetings were recorded and archived for the benefit of members who could not attend.

The workgroup welcomed new members from Alabama and Maine during the reporting period, bringing the total number of active states to seventeen (17). This group is very large and very productive.

A small subcommittee of representatives from Virginia, Idaho, Alaska, Vermont and Nebraska sent a letter to the Administration for Community Living (ACL) inviting them to join us for our on-site meeting in Kansas City, Missouri. The letter included the following questions; 1. Can ACL assist states with having TBI questions added to the required modules of the Behavioral Risk Factor Surveillance Survey (BRFSS)? and 2. Can a representative from the Centers for Disease Control and Prevention (CDC) meet with us to discuss TBI-recommended ICD-10 codes, as they relate to our state trauma registries? ACL was able to send a representative and agreed to share our questions and concerns on the ICD-10 code issue with CDC.

Workgroup members discussed issues with the BRFSS, identifying challenges with having questions accepted at the optional state module level. We learned that the majority of states (15-25) that were successful at their state levels were already using questions from *The Ohio State University TBI Identification Method (OSU TBI-ID)* as the validated standard for the optional TBI module.

A small subcommittee of representatives from Nebraska, Virginia, Idaho, Alaska, North Carolina, Alabama, and Georgia developed a questionnaire related to state TBI registries that will be used as the basis to write a white paper on best practices for TBI registries as one of this workgroup's products. Special thanks went to Danielle Reed of Alaska and Scott Pokorny of North Carolina for their work on drafting the initial survey tool. Survey results will be used to draft the formal White Paper in Year 3.

Workgroup members Anne McDonnell of Virginia and Scott Pokorny of North Carolina gave a very informative presentation on All Claims Payer Databases (ACPD). Individual states were encouraged to research their states' APCDs if they exist. As a result of this presentation, some states learned that they had ACPD data that they may be able to access.

The representative from Rhode Island requested information regarding needs assessments. Several states responded, offering suggestions for how to accomplish this deliverable. Workgroup products for Year 2 will be attached with the next semi-annual report.

**TBI Workforce Development Workgroup:** The *TBI Workforce Development* workgroup, which includes representatives from all Mentor grantee states, met monthly during the reporting period to discuss and collaborate on the development of workforce competencies for the five domains: (1) Return-to-Learn/Return-to-Play, (2) Criminal & Juvenile Justice, (3) Opioid Use and Mental Health, (4) Transition and Employment, and (5) Underserved Populations. The Return to Learn/Return to Play workgroup, with support from the Technical Assistance Center, paved the

way for the remaining groups, offering an ongoing review of updated documents and processes. Each of the five groups reported on progress monthly and supported the collective effort by sharing methods and resources. The workgroup used the following documents as tools to accomplish our tasks:

- Workforce development guidelines – a comprehensive table of action steps, responsible parties and due dates for each of the workgroups
- Template for tracking drafted competencies for each of the workforce categories
- Subject Matter Expert (SME) Survey template

The Mentor grantee representatives worked closely with the National Association of State Head Injury Administrators (NASHIA) to secure space for all nine (9) of the ACL workgroups to host in-person meetings at NASHIA's SOS 2019 Conference in Kansas City, MO. The TBI Workforce Development workgroup also disseminated webinar and training event notices, and other resources via the workgroup's listserv between monthly meetings.

The workgroup welcomed the new TBI Technical Assistance and Resources Center (TBI TARC) staff, including them in monthly meetings to discuss TBI TARC processes and services. Workgroup members identified the need for assistance with literature reviews, SME survey implementation and orientation to the grantee web portal.

*31. Please describe the extent to which the mentoring and work group activities you participated in added value to your program, the national program, and/or any other aspect of your TBI work.*

The workgroup experiences have offered an excellent venue for state representatives to share information, resources and strategies with each other in a very direct and timely way. Mentoring the Partner state grantees has been a rewarding experience. We helped them develop strategies for addressing their individual TBI grant objectives, and at the same time we worked with them toward a common workgroup goal or product that will benefit all state grantees. The VRC core competencies drafted by the *Transition & Employment* workgroup are especially valuable to our state vocational rehabilitation program team as they consider new strategies for staff training and development. They will also contribute to the Mentor grantees' national TBI workforce development project. The workgroup activities have also increased communication between state representatives and federal TBI program staff. For example, the *Using Data to Connect People to Services* workgroup corresponded with TBI Program staff, inviting them to meet with the group to discuss concerns about TBI registries and the Behavioral Risk Factor Surveillance System (BRFSS). The workgroup activities have challenged and stretched state grantees in positive ways.

*32. Did you use the services of the TBI Technical Assistance and Resource Center (TARC) during this reporting period? [Yes/No] If yes, please describe these services. If you did not use the services of the TBI TARC during this reporting period, please explain why not.*

Yes, the *Transition and Employment* workgroup used the TBI TARC services to conduct a literature review for research articles and other resources to confirm the list of VRC core competencies drafted in Year 1. Nebraska VR also worked extensively with the TBI TARC to refine our Community Snapshot of TBI grant activities. At our request, the TBI TARC provided a list of peer support resources for our TBI grant project. Both the *Transition and Employment* and *Using Data to Connect People to Services* workgroups utilized TBI TARC services to convert and save workgroup products in accessible, Section 508 compliant formats.

*33. How would you describe the quality of services you received from the TBI TARC during this reporting period?*

Nebraska VR rates the quality of services received from the TBI TARC as excellent. Our requests were met in a timely fashion, and to our complete satisfaction.

*34. Is there anything else you would like to let ACL know about your project or the TBI State Partnership Program?*

Nebraska VR appreciates the high level of collaboration among the state grantees, the TBI State Partnership Program team, and TBI TARC that is afforded us in this grant cycle. The topic-based workgroup activities have been especially beneficial. We appreciate the responsiveness of our federal partners to our requests and concerns.

## **J. List of Appendices**

Appendix A: Nebraska's Annual Living with Brain Injury State Plan for 2019-2020

Appendix B: Brain Injury Advisory Council Operational Procedures Manual

Appendix C: Dismas Charities Presentation Slides