



Administration for Community Living
Traumatic Brain Injury State Partnership Grants
Performance Progress Reporting (PPR) Tool Cover Sheet

ACL Grant Award #: _____

Grantee

State: _____

Agency Name: _____

Agency Address: _____

Project Director/Principal Investigator

Name: _____

Phone Number: _____

Email: _____

Report Primary Contact

Name: _____

Phone Number: _____

Email: _____

Total Project Period: _____

Reporting Period: _____

Date of Report Submission: _____

ACL Project Officer: _____

ACL Grants Management Specialist: _____

ACL Traumatic Brain Injury State Partnership Grants Performance Progress Reporting (PPR) Tool

Updated June 9, 2020 for Grantee Completion

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A. Grant Activities (all grantees respond)

1. Which activities did you carry out as part of your ACL project using program funding during this reporting period? (Check all that apply)

- a. Partnership Development** - identifying and reaching out to new partners, coordinating and aligning activities, information exchange, collaboration on grant activities, collaboration on activities related to the grant
- b. Planning and Infrastructure Development** - state planning, policy and procedures development, state councils, needs assessment, surveillance, registry, IT systems
- c. Information and Referral/Assistance (I&R/A)** - bringing people and services together, answering questions from individuals and families about human service resources, helping people get connected to public benefits, sharing information about available services like home care and adaptive equipment. Note: I&R is about bringing people and services together. Individuals may reach out once or many times, but I&R typically does not involve ongoing engagement of individuals like Resource Facilitation. If the description provided here does not align with how your program defines this activity, please provide your definition here:

Click or tap here to enter text.

- d. Screening** - using a standardized procedure, structured interview, or tool to elicit the lifetime history of TBI for an individual. Screening can be used for clinical, research, programmatic, eligibility determination, service delivery or treatment purposes. If the description provided here does not align with how your program defines this activity, please provide your definition here:

Click or tap here to enter text.

- e. Resource Facilitation** – this category of activity could include development of resources such as databases, resource directories, and communications tools to improve service delivery. It could also mean providing assistance through an accessible, holistic, and person-centered process that engages individuals in decision making about their options, preferences, values, and financial resources and helps connect them with programming, services and supports they choose. In some states this may be called service coordination, service navigation, case management, options counseling, or person centered counseling. Resource facilitation could be of short term or long term duration. If the description provided here does not align with how your program defines this activity, please provide your definition here:

Click or tap here to enter text.

- f. Training, Outreach and Awareness** - continuing education for professionals who may work with or provide services for people who have experienced a TBI, training for individuals who have experienced a TBI, public education and awareness, training for caregivers, on-the-job training for agency staff, cross-training with partnering agencies. If the description provided here does not align with how your program defines this activity, please provide your definition here:

Click or tap here to enter text.

- Other 1 (Describe):** Click or tap here to enter text.

- Other 2 (Describe):** Click or tap here to enter text.

- Other 3 (Describe):** Click or tap here to enter text.

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? If yes, please select all that apply.

[NOTE: IF ALL OF THE ACTIVITIES ARE DESIGNED TO MORE GENERALLY SUPPORT ALL TBI SURVIVORS IN YOUR STATE, **DO NOT CHECK 'YES, ALL' OR 'YES, SOME' FOR ANY SETTING/POPULATION. ONLY CHECK 'NO' BELOW AND DO NOT FILL OUT THE REST OF THE TABLE.**]

- NO, all of our activities are designed to more generally support all TBI survivors in our state**

Setting/Population	YES, ALL of our activities were primarily targeted to this group	YES, SOME of our activities were primarily targeted to this group
a. Athletes	<input type="checkbox"/>	<input type="checkbox"/>
b. Children and youth (younger than 22)	<input type="checkbox"/>	<input type="checkbox"/>
c. Adults (22-59)	<input type="checkbox"/>	<input type="checkbox"/>
d. Older adults (60 or over)	<input type="checkbox"/>	<input type="checkbox"/>
e. People who are homeless	<input type="checkbox"/>	<input type="checkbox"/>
f. People who are hospitalized	<input type="checkbox"/>	<input type="checkbox"/>
g. People who are incarcerated or formerly incarcerated	<input type="checkbox"/>	<input type="checkbox"/>
h. Medicaid home and community-based services participants	<input type="checkbox"/>	<input type="checkbox"/>
i. Native Americans	<input type="checkbox"/>	<input type="checkbox"/>
j. Other ethnic, racial or linguistic minorities	<input type="checkbox"/>	<input type="checkbox"/>
k. Residents of nursing facilities, rehab facilities or ICFs/MR	<input type="checkbox"/>	<input type="checkbox"/>

Setting/Population	YES, ALL of our activities were primarily targeted to this group	YES, SOME of our activities were primarily targeted to this group
l. Rural populations	<input type="checkbox"/>	<input type="checkbox"/>
m. People who experience unhealthy substance use or a substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>
n. Students	<input type="checkbox"/>	<input type="checkbox"/>
o. Veterans or current service members	<input type="checkbox"/>	<input type="checkbox"/>
p. People who are victims of crime, domestic violence, or intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>
q. Other 1 (describe)	<input type="checkbox"/>	<input type="checkbox"/>
r. Other 2 (describe)	<input type="checkbox"/>	<input type="checkbox"/>
s. Other 3 (describe)	<input type="checkbox"/>	<input type="checkbox"/>

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 #Click or tap here to enter text.
- b. Counties targeted for this project #Click or tap here to enter text.
- c. Counties reached this reporting period #Click or tap here to enter text.

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. [NOTE: THIS QUESTION WILL BE ASKED ONCE A YEAR ABOUT THE LAST COMPLETED GRANT YEAR. THE AMOUNT IN ROW ‘j’ SHOULD TOTAL THE AMOUNTS IN ROWS ‘a’ THROUGH ‘i’].

- a. Partnership Development \$Click or tap here to enter text.
 - b. Planning and Infrastructure Development \$Click or tap here to enter text.
 - c. Information and Referral/Assistance \$Click or tap here to enter text.
 - d. Screening \$Click or tap here to enter text.
 - e. Resource Facilitation \$Click or tap here to enter text.
 - f. Training, Outreach and Awareness \$Click or tap here to enter text.
 - g. Other 1 (Describe): \$Click or tap here to enter text.
 - h. Other 2 (Describe): \$Click or tap here to enter text.
 - i. Funds not yet spent including any carryover funds from last fiscal year \$Click or tap here to enter text.
-
- j. Total Program Funding \$Click or tap here to enter text.**

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

YES NO

If yes, please describe:

Click or tap here to enter text.

B. Partnership Activities (all grantees respond)

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:** Click or tap here to enter text.

ii. **Type of organization (select all the designations below that apply to this organization):**

- State Medicaid Agency
- State Vocational Rehabilitation Agency,
- State Department of Education
- State Department of Criminal Justice/Corrections
- State Unit on Aging
- State Department for Developmental Disabilities
- State Behavioral and/or Mental Health Agency
- State Department of Public Health
- Tribal Council
- Other State Agency
- University Center on Excellence for Developmental Disabilities
- University
- Other (Specify): Click or tap here to enter text.

b. Funded Partner 1 (If applicable complete; if not go to Question 7)

i. **Name of organization:** Click or tap here to enter text.

ii. **Type of organization (select all the designations below that apply to this organization):**

- State Medicaid Agency
- State Vocational Rehabilitation Agency,
- State Department of Education
- State Department of Criminal Justice/Corrections
- State Unit on Aging
- State Department for Developmental Disabilities
- State Behavioral and/or Mental Health Agency
- State Department of Public Health
- Tribal Council/Organization
- Other State Agency
- University Center on Excellence for Developmental Disabilities.
- University
- State Independent Living Council
- State I/DD Council
- Affiliate of National Brain Injury Organization
- County or Local Government Entity,
- Community-Based Services Organization (e.g. CAA, ADRC, AAA, CIL),
- Public Health Department or Clinic
- Recovery or Substance Abuse Treatment Center
- VA Medical Center
- Other Health Care Provider
- University
- Private Business/Employer
- Other (Specify): Click or tap here to enter text.

iii. **Is this partner new this reporting period?** Yes No

Funded Partner 2 (If applicable complete; if not go to Question 7)

i. **Name of organization:** Click or tap here to enter text.

ii. **Type of organization (select all the designations below that apply to this organization):**

- State Medicaid Agency
- State Vocational Rehabilitation Agency,
- State Department of Education
- State Department of Criminal Justice/Corrections
- State Unit on Aging
- State Department for Developmental Disabilities
- State Behavioral and/or Mental Health Agency
- State Department of Public Health
- Tribal Council/Organization
- Other State Agency
- University Center on Excellence for Developmental Disabilities.
- University
- State Independent Living Council
- State I/DD Council
- Affiliate of National Brain Injury Organization
- County or Local Government Entity,
- Community-Based Services Organization (e.g. CAA, ADRC, AAA, CIL),
- Public Health Department or Clinic
- Recovery or Substance Abuse Treatment Center
- VA Medical Center
- Other Health Care Provider
- University
- Private Business/Employer
- Other (Specify): Click or tap here to enter text.

iii. **Is this partner new this reporting period?** Yes No

Funded Partner 3 (If applicable complete, if not go to Question 7)

i. **Name of organization:** Click or tap here to enter text.

ii. **Type of organization (select all the designations below that apply to this organization):**

- State Medicaid Agency
- State Vocational Rehabilitation Agency,
- State Department of Education
- State Department of Criminal Justice/Corrections
- State Unit on Aging
- State Department for Developmental Disabilities
- State Behavioral and/or Mental Health Agency
- State Department of Public Health
- Tribal Council/Organization
- Other State Agency
- University Center on Excellence for Developmental Disabilities.
- University
- State Independent Living Council
- State I/DD Council
- Affiliate of National Brain Injury Organization
- County or Local Government Entity,
- Community-Based Services Organization (e.g. CAA, ADRC, AAA, CIL),
- Public Health Department or Clinic
- Recovery or Substance Abuse Treatment Center
- VA Medical Center
- Other Health Care Provider
- University
- Private Business/Employer
- Other (Specify):Click or tap here to enter text.

iii. **Is this partner new this reporting period?** Yes No

LIST ADDITIONAL FUNDED PARTNERS, AND ORGANIZATION TYPE, AS NEEDED IN THE FIELD BELOW:

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

a. Types of Unfunded Partners

Select all the types of organizations that are unfunded partners and indicate if this type of organization is new (as of this reporting period) or a continuing partner.

- State Medicaid Agency
- State Vocational Rehabilitation Agency,
- State Department of Education
- State Department of Criminal Justice/Corrections
- State Unit on Aging
- State Department for Developmental Disabilities
- State Behavioral and/or Mental Health Agency
- State Department of Public Health
- Protection and Advocacy Programs
- Tribal Council/Organization
- Other State Agency
- University Center on Excellence for Developmental Disabilities.
- University
- State Independent Living Council
- State I/DD Council
- Affiliate of National Brain Injury Organization
- County or Local Government Entity
- Community-Based Services Organization (e.g. CAA, ADRC, AAA, CIL),
- Public Health Department or Clinic
- Recovery or Substance Abuse Treatment Center
- VA Medical Center
- Other Health Care Provider
- University
- Private Business/Employer
- Other (Specify): [Click or tap here to enter text.](#)

8. Is there anything else you would like to let ACL know about your Partnership activities during this reporting period? *This question is not mandatory.*

[Click or tap here to enter text.](#)

C. Planning and Infrastructure Development (all grantees respond)

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.

GRANTEES CAN ADD THE NAMES BELOW OR UPLOAD AN ATTACHMENT WITH THE ROSTER OF NAMES. GRANTEES CAN ADD AS MANY ADVISORY COUNCIL MEMBERS AS THEY NEED.

Advisory Council Member Name	Person who has experienced a TBI (Survivor)	Family member of person who has experienced a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term care ombudsman representative	TBI Model Systems representative	Representative from an Affiliate of National Brain Injury Organization	Other (describe)
Example: John Smith	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.

Advisory Council Member Name	Person who has experienced a TBI (Survivor)	Family member of person who has experienced a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term care ombudsman representative	TBI Model Systems representative	Representative from an Affiliate of National Brain Injury Organization	Other (describe)
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
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Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.

Advisory Council Member Name	Person who has experienced a TBI (Survivor)	Family member of person who has experienced a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term care ombudsman representative	TBI Model Systems representative	Representative from an Affiliate of National Brain Injury Organization	Other (describe)
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.

Advisory Council Member Name	Person who has experienced a TBI (Survivor)	Family member of person who has experienced a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term care ombudsman representative	TBI Model Systems representative	Representative from an Affiliate of National Brain Injury Organization	Other (describe)
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
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Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.

Advisory Council Member Name	Person who has experienced a TBI (Survivor)	Family member of person who has experienced a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term care ombudsman representative	TBI Model Systems representative	Representative from an Affiliate of National Brain Injury Organization	Other (describe)
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
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Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
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Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.

Advisory Council Member Name	Person who has experienced a TBI (Survivor)	Family member of person who has experienced a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term care ombudsman representative	TBI Model Systems representative	Representative from an Affiliate of National Brain Injury Organization	Other (describe)
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Click or tap here to enter text.

10. Estimate the number of people in your state who have experienced a TBI and are getting some kind of Medicaid Home and Community Based Services or supports.

a. Estimate how many people living in your state have experienced a TBI: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

(a) Of the total in 'a' 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): [Click or tap here to enter text.](#)

b. 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.):

[Click or tap here to enter text.](#)

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.

[Click or tap here to enter text.](#)

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 *This question is not mandatory.*

[Click or tap here to enter text.](#)

D. Information and Referral/Assistance (if applicable to grant activities)

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?:[Click or tap here to enter text.](#)

Total number of contacts made to organizations that use program funds to support some or all of their I&R/A activities: [#Click or tap here to enter text.](#)

Total number of contacts made to these funded partners regarding TBI in reporting period: [#Click or tap here to enter text.](#)

b. 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.):

[Click or tap here to enter text.](#)

14. 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.

Type of Referral	COMMONLY	OCCASIONALLY	NEVER	UNKNOWN
a. Grant-funded resource facilitation, service coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other type of resource facilitation, service coordination (provided by other unfunded partners or other organizations such as an affiliate of national brain injury organization, ADRC, CIL, other ABI association, or other organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Older Americans Act services (e.g., nutrition services, LTC Ombudsman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Brain injury support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Caregiver supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Independent living services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic violence help services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Employment counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Referral	COMMONLY	OCCASIONALLY	NEVER	UNKNOWN
j. Educational counseling or school disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Health insurance information or counseling (e.g. SHIP, Medicaid eligibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. General medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Specialized TBI/ABI services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Homeless services provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Housing supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Medicaid waiver services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Physical, occupational, recreational or speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Legal or advocacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Veteran's hospital or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Vocational rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. In-home services and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other 1 (Specify) Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Other 2 (Specify) Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Other 3 (Specify) Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Is there anything else you would like to let ACL know about your I&R/A activities during this reporting period? *This question is not mandatory.*

Click or tap here to enter text.

E. Screening (if applicable to grant activities)

16. How many unduplicated people did you and your funded partners screen to identify a history of TBI during this reporting period (across all funded partners providing grant-related screening)? Please enter a number, or select zero or unknown, for each row.

SCREENING	NUMBER	ZERO	UNKNOWN
a. Total number of unduplicated people screened this reporting period	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of people screened who were identified as having a history of TBI	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people under age 22	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people between 22-59	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60 or older	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of veterans of any age	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

17. Select which standardized instruments you or your partners used for screening procedures during this reporting period. (Select all that apply)

Instrument	Yes	No
a. The Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. A modified version of the OSU TBI-ID	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. The Brain Injury Screening Questionnaire (BISQ)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Defense and Veterans Brain Injury Center TBI Screening Tool (DVBIC TBI), also called The Brief Traumatic Brain Injury Screen (BTBIS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. The Traumatic Brain Injury Screening Instrument (TBISI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. HELPS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Military Acute Concussion Evaluation (MACE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Automated Neuropsychological Assessment Metrics (ANAM)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Other 1 (Specify): Click or tap here to enter text.		
j. Other 2 (Specify): Click or tap here to enter text.		
k. Other 3 (Specify): Click or tap here to enter text.		

18. Of the people who have experienced a TBI whom you screened in this reporting period, how many were living in these following settings at the time of their screening? Please enter a positive number, or select zero or unknown, for each row.

LIVING SETTING	NUMBER	ZERO	UNKNOWN
a. On their own/independent	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
b. Homeless	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
c. With parent or grandparent	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
d. With immediate family	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
e. With friends or other extended family	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
f. Group home	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
g. Prison or Jail/Justice involved setting	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
h. Transitional living program or temporary housing	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
i. Community Based Neurobehavioral Rehabilitation Services	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
j. Nursing facility or in-patient rehab setting	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
k. Supervised living program	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
l. Assisted-living settings	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
m. Other 1 (Specify): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
n. Other 2 (Specify): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
o. Other 3 (Specify): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

19. Of the people who have experienced a TBI whom you screened during this reporting period, how many were in competitive, integrated employment and/or in school at the time of the screening? Please enter a number, or select zero or unknown, for each row.

	NUMBER	ZERO	UNKNOWN
a. Competitive, integrated employment	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
b. In school or training	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

20. Is there anything else you would like to let ACL know about your screening activities this reporting period? *This question is not mandatory.*
Click or tap here to enter text.

F. Resource Facilitation (if applicable to grant activities)

21. For how many unduplicated people who have a TBI did you or your partners provide resource facilitation in this reporting period (across all funded partners providing grant-related resource facilitation)? Please enter a number, or select zero or unknown, for each row.

RESOURCE FACILITATION	NUMBER	ZERO	UNKNOWN
Total number of unduplicated people who have experienced a TBI who were provided with resource facilitation in this reporting period	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people under age 22	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people between 22-59	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60 or older	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of veterans of any age	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

22. What types of referrals did those providing Resource Facilitation make for people who have experienced a TBI and who received resource facilitation during this reporting period? Please select a response for each type of referral.

Type of Referral	COMMONLY	OCCASIONALLY	NEVER	UNKNOWN
a. Grant-funded resource facilitation, service coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other type of resource facilitation, service coordination (provided by other unfunded partners or other organizations such as an affiliate of national brain injury organization, ADRC, CIL, other ABI association, or other organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Older Americans Act services (e.g., nutrition services, LTC Ombudsman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Brain injury support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Caregiver supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Independent living services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic violence help services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Referral	COMMONLY	OCCASIONALLY	NEVER	UNKNOWN
i. Employment counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Educational counseling or school disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Health insurance information or counseling (e.g. SHIP, Medicaid eligibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. General medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Specialized TBI/ABI services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Homeless services provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Housing supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Medicaid waiver services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Physical, occupational, recreational or speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Legal or advocacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Veteran's hospital or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Vocational rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. In-home services and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other 1 (Specify): Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Other 2 (Specify): Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Other 3 (Specify): Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Of the people who have experienced a TBI for whom you provided resource facilitation this reporting period, how many were living in these different settings at the time you worked with them? Please enter a number, or select zero or unknown, for each row.

LIVING SETTING	NUMBER	ZERO	UNKNOWN
a. On their own/independent	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
b. Homeless	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
c. With parent or grandparent	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
d. With immediate family	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
e. With friends or other extended family	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
f. Group home	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
g. Prison or Jail/Justice involved setting	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
h. Transitional living program or temporary housing	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
i. Community Based Neurobehavioral Rehabilitation Services	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

LIVING SETTING	NUMBER	ZERO	UNKNOWN
j. Nursing facility or in-patient rehab setting	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
k. Supervised living program	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
l. Assisted-living settings	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (Specify): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

24. Of the people who have experienced a TBI for whom you provided resource facilitation this reporting period, how many were in competitive, integrated employment and/or in school while receiving resource facilitation? Please enter a number or select zero or unknown, for each row.

	NUMBER	ZERO	UNKNOWN
a. Competitive, integrated employment	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
b. In school or training	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

25. Of the people who have experienced a TBI for whom you provided resource facilitation this reporting period, how many did you support through a transition from an institutional setting (e.g. criminal justice system, nursing facility) into the community? Please enter a number—or select zero, unknown, or not applicable—for each row.

	NUMBER	ZERO	UNKNOWN	N/A
a. Number transitioning from criminal justice system to community (with or without HCBS)	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Number transitioning from nursing facility/medical facility to community (with or without HCBS)	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Number transitioning from another setting to community (with or without HCBS) Describe: Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

26. Is there anything else you would like to let ACL know about your resource facilitation efforts during this period? *This question is not mandatory.*

Click or tap here to enter text.

G. Training, Outreach and Awareness (if applicable to grant activities)

27. 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 number—or select zero, unknown, or not applicable—for each row.

	NUMBER	ZERO	UNKNOWN	N/A
a. Staff providing grant-related services	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff providing, I&R/A	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff conducting Screenings	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff providing Resource Facilitation	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical/medical providers	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical services providers/first responders	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clinical/medical providers	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Coaches or other athletics personnel	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Domestic violence services staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family, friends, informal caregivers	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Homeless services organization staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Individuals who have experienced a TBI	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In-home services and supports staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Law enforcement personnel	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Prison or criminal justice system staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Protection and advocacy staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Residential rehabilitation center staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nursing home staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NUMBER	ZERO	UNKNOWN	N/A
n. Universities, colleges, or school staff (excluding school coaches)	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Veterans & military organization staff	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other 1 (Describe): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other 2 (Describe): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other 3 (Describe): Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.):
Click or tap here to enter text.

28. Please provide the number of grant-sponsored trainings that took place this reporting period, by topic area and include the number of attendees. Please enter either 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.

Topic Area	Number of Trainings	Number of Attendees
a. TBI Basics	Click or tap here to enter text.	Click or tap here to enter text.
b. Aging and TBI	Click or tap here to enter text.	Click or tap here to enter text.
c. Assistive technology	Click or tap here to enter text.	Click or tap here to enter text.
d. Athletics	Click or tap here to enter text.	Click or tap here to enter text.
e. Behavioral health and TBI	Click or tap here to enter text.	Click or tap here to enter text.
f. Caregiving	Click or tap here to enter text.	Click or tap here to enter text.
g. Children and TBI	Click or tap here to enter text.	Click or tap here to enter text.
h. Concussions & mild TBI	Click or tap here to enter text.	Click or tap here to enter text.
i. Criminal justice and TBI	Click or tap here to enter text.	Click or tap here to enter text.
j. Diagnosis	Click or tap here to enter text.	Click or tap here to enter text.
k. Educational issues	Click or tap here to enter text.	Click or tap here to enter text.
l. Employment and training of people with TBI	Click or tap here to enter text.	Click or tap here to enter text.
m. Identification, screening, assessment	Click or tap here to enter text.	Click or tap here to enter text.
n. Independent living	Click or tap here to enter text.	Click or tap here to enter text.
o. Substance Use and TBI	Click or tap here to enter text.	Click or tap here to enter text.
p. Neurobehavioral aspects of TBI	Click or tap here to enter text.	Click or tap here to enter text.
q. Public Policy	Click or tap here to enter text.	Click or tap here to enter text.
r. Person Centered Planning/Counseling	Click or tap here to enter text.	Click or tap here to enter text.
s. Community-based services and support resources	Click or tap here to enter text.	Click or tap here to enter text.
t. Treatment and therapies	Click or tap here to enter text.	Click or tap here to enter text.
u. Other 1(Specify): Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
v. Other 2(Specify): Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
w. Other 3(Specify): Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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.):
Click or tap here to enter text.

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

Click or tap here to enter text.

30. Is there anything else you would like to let ACL know about your training activities during this reporting period? *This question is not mandatory.*

Click or tap here to enter text.

H. Other (if applicable to grant activities)

31. Describe what activities you undertook in this area this reporting period.

Click or tap here to enter text.

32. How many unduplicated people did you work with or support through the activity identified in 31 during this reporting period? Please enter a number, or select zero or unknown, for each row.

OTHER	NUMBER	ZERO	UNKNOWN
Total number of people who have experienced a TBI who participated in the activity identified in 31	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people under age 22	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people between 22-59	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60 or older	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>

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.):

Click or tap here to enter text.

List "Other" activities, as needed, in the field below:

I. Narrative Responses (all grantees respond)

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

Click or tap here to enter text.

34. 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.

Click or tap here to enter text.

35. 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.*

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0066). Public reporting burden for this collection of information is estimated to average [8] hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority [Traumatic Brain Injury Reauthorization Act of 2018 (P.L. 115-377)].

Section C. Planning and Infrastructure Development

10. b. Notes about data provided:

Data are incomplete because very little is collected or available. Regarding the figure in 10.a., an estimated 39,051 people living in Nebraska have experienced a TBI. 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 are 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.

Regarding the figure in 10.a.i., this figure is the number of people with TBI currently receiving HCBS through the state's TBI Waiver. No data are available on the number of people with TBI receiving HCBS through the state's other Waivers.

Regarding the figure in 10.a.ii., 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, which was estimated to be 39,051.

Regarding the figure in 10.a.ii.(a), data for all publicly funded programs are not available, as few of our state agencies and programs collect and report data specific to people with TBI. Data for two programs that capture this data are as follows:

- Nebraska VR (Vocational Rehabilitation) = 27
- Medicaid TBI Waiver = 20
- Total estimate = 47

Section D. Information and Referral/Assistance

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

Nebraska VR partners with the Department of Health and Human Services (DHHS), Division of Public Health to mail a letter and brochure to all individuals reported by the Nebraska Hospital Association (NHA) as having been diagnosed with a TBI. This is how Nebraska VR uses the TBI Registry data to connect people to services. During this reporting period, 1,331 letters were mailed to newly injured individuals placed on the TBI Registry. The Covid 19 pandemic and NHA database issues significantly impacted the mailing of registry letters in 2020 and 2021. For these reasons, *this total only includes one mailing in June 2021 to individuals who were placed on the TBI Registry from December 1, 2020 to April 30, 2021. DHHS has not provided mailing lists for individuals placed on the TBI Registry from May 2021 to the present.*

A total of nine different brochures are utilized in the mailings; for ages 0-21, 22-59 and 60+, across three regions of the state (western, central, and eastern). Each brochure lists statewide resources along with regional and local organizations that provide assistance “close to home”. The purpose of customizing the brochures is to more quickly connect individuals with TBI to resources in their region or in their community.

An email is sent to each of the organizations listed in the brochures when the letters and brochures are mailed. The email includes the number of letters sent for each of the three geographic regions of the state, but does not list the names or addresses of individuals receiving the mailings. The email may also include information on upcoming training events and new resources. Our objective is to call attention to the number of individuals in each area of the state who were diagnosed with a brain injury, and to prepare the organizations to respond to callers. The email also provides an opportunity to continue building awareness of TBI.

Section H. Other

31. Describe what activities you undertook in this area this reporting period.

With assessment and planning phases completed, the Nebraska Injured Brain Network (NIBN) began the implementation phase of the Peer to Peer Support pilot during this reporting period. Significant milestones included:

1. Development of a training curriculum which is the first of its kind in the country, and proprietary to NIBN. The recorded training videos are comprised of 18 separate Modules covering 5 Sections. In total, there are more than 15 hours of training that can be completed at the Peer’s own pace. The collection of videos is stored on a private YouTube channel, and new Peer Supporters can watch the videos with fellow trainees. The training process results in both the delivery and receipt of peer support from fellow trainees. The training curriculum also includes a workbook and handouts.
2. Delivery of training to four (4) Peer Supporters.
3. Marketing and promotion of the pilot program resulted in the identification of an additional eight (8) individuals who are interested in receiving Peer Support. Promotional flyers are included as an attachment to this report.
4. Contract amendment to allow for statewide Peer Support, either in-person or via virtual platform, and to allow for expansion of NIBN’s provider network to additional collaborating partners.
5. Completion of a training evaluation survey in collaboration with Schmeeckle Research, Inc. Survey results are included as an attachment with this report.
6. Establishment of a dedicated phone number and email contact for the Peer to Peer Support pilot.

32. Notes about data provided.

Per a previous request from Dana Fink with ACL, we are providing the following table of additional data on people with TBI involved in the Peer to Peer Support pilot. The data includes some duplication among Participant Living Settings:

Participant Living Setting (Individuals with TBI only)	Number	Zero	Unknown
On their own/independent	13		
Homeless		x	
With parent or grandparent	1		
With immediate family	8		
With friends or other extended family	1		
Group Home		x	
Prison or Jail/Justice involved setting		x	
Transitional living program or temporary housing		x	
Community Based Neurobehavioral Rehabilitation Services		x	
Nursing facility or inpatient rehabilitation setting		x	
Supervised living setting		x	
Other (Specify):			
Other (Specify):			
Other (Specify):			
Employment/School setting	Number	Zero	Unknown
Competitive, integrated employment	3		
In school or training	2		

BIAC MENTOR SURVEY – SIX MONTHS

This survey will help the Nebraska Brain Injury Advisory Council (BIAC) with evaluating the Council Mentor Program. It will take 10-15 minutes to complete. Your responses are extremely valuable. Thank you in advance for taking the time to complete this questionnaire!

1. Did you attend a council orientation session?
 Yes
 No

If yes...

2. What was helpful about the council orientation session?
3. What suggestions do you have for enhancing or improving the orientation session?
4. How often have you met or talked with your mentee?
 We haven't met outside of orientation
 Once
 Two to three times
 Four to five times
 Six or more times
5. Did you and your mentee establish goals related to ensuring your full participation on the NE Brain Injury Advisory Council?
 Yes
 No

6. How much do you agree with the following statements regarding the Mentor Program?

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
The Mentor Program helps me feel like I am involved in the BIAC in a meaningful way.					
In part because of the Mentor Program, I am able to participate fully in meetings.					
The Mentor Program helps me feel more capable of being a contributing member of the BIAC.					
Being part of the Mentor Program has improved my understanding of the BIAC.					
I feel more prepared for leadership roles on the BIAC as a result of the Mentor Program.					

My overall experience with the Mentor Program so far has been positive.					
The Mentor Program has been a valuable use of my time.					

7. Please provide any context or potential improvements that could be made for any statement that you answered “strongly disagree” or “disagree” to in the previous question.

8. How much do you agree with the following statements regarding the **resources** available to you as a mentor?

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I feel supported in my role as a mentor for the program.					
I had adequate information about being a mentor to do well in the role.					
The Nebraska BIAC Toolkit has been a useful resource.					
The Mentor content from the Toolkit was helpful.					

9. Please provide any context or potential improvements that could be made for any statement that you answered “strongly disagree” or “disagree” to in the previous question.

10. How much do you agree with the following statements regarding the mentor/mentee relationship?

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I think my mentee and I are well matched.					
I feel my mentee has made improvements since we started meeting.					
I am enjoying the experience of being a mentor.					

11. Please provide any context or potential improvements that could be made for any statement that you answered “strongly disagree” or “disagree” to in the previous question.

12. How involved did you feel with the BIAAC prior to being in the Mentor Program?

- Not at all involved
- Slightly involved
- Somewhat involved
- Very much involved

13. How involved do you currently feel with the BIAAC?

- Not at all involved
- Slightly involved
- Somewhat involved
- Very much involved

14. What suggestions or recommendations, if any, do you have for the Mentor Program for the next six months?

Thank you for participating in this survey! Your feedback will be incredibly important in continuing to enhance the Mentor Program!



The Brain Injury Advisory Council is sponsored by Nebraska VR.

This project was supported, in part by grant number 90TBSG0036-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

BIAC MENTEE SURVEY – SIX MONTHS

This survey will help the Nebraska Brain Injury Advisory Council (BIAC) with evaluating the Council Mentor Program. It will take 10-15 minutes to complete. Your responses are extremely valuable. Thank you in advance for taking the time to complete this questionnaire!

1. How often have you met or talked with your mentor?
 - We haven't met outside of orientation
 - Once
 - Two to three times
 - Four to five times
 - Six or more times

2. Did you and your mentor establish goals related to ensuring your full participation on the NE Brain Injury Advisory Council?
 - Yes
 - No

3. Are you making progress toward achieving your goals?
 - Yes, quite a bit
 - Yes, a little bit
 - No, not really
 - No, not at all

4. If you haven't been making progress toward achieving your goals, please explain what could be improved to help you in this area.

5. How much do you agree with the following statements?

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
The Mentor Program helps me feel like I am involved in the BIAC in a meaningful way.					
In part because of the Mentor Program, I am able to participate fully in meetings.					
Being part of the Mentor Program has improved my understanding of the BIAC.					
I feel more prepared for leadership roles on the BIAC as a result of the Mentor Program.					
The Mentor Program is helping me feel more capable of being a contributing					

member of the NE Brain Injury Advisory Council.					
I am enjoying the experience of being a mentee.					
I think my mentor and I are well matched.					
My overall experience with the Mentor Program so far has been positive.					
The Mentor Program has been a valuable use of my time.					

6. Please provide any context or potential improvements that could be made for any statement that you answered “strongly disagree” or “disagree” to in the previous question.
7. How involved did you feel with the BIAC prior to being in the Mentor Program?
- Not at all involved
 - Slightly involved
 - Somewhat involved
 - Very much involved
8. How involved do you currently feel with the BIAC?
- Not at all involved
 - Slightly involved
 - Somewhat involved
 - Very much involved
9. What suggestions or recommendations, if any, do you have for the Mentor Program for the next six months?

Thank you for participating in this survey! Your feedback will be incredibly important in continuing to enhance the Mentor Program!



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Nebraska Brain Injury Advisory Council Mentor Program Six Month Satisfaction Survey Results

The Nebraska Brain Injury Advisory Council (BIAC) developed a Mentor Program to better orient and engage new members with the Council. During the initial implementation of the program, there were four pairs of mentors and mentees. One of the new members, however, has since resigned from the council

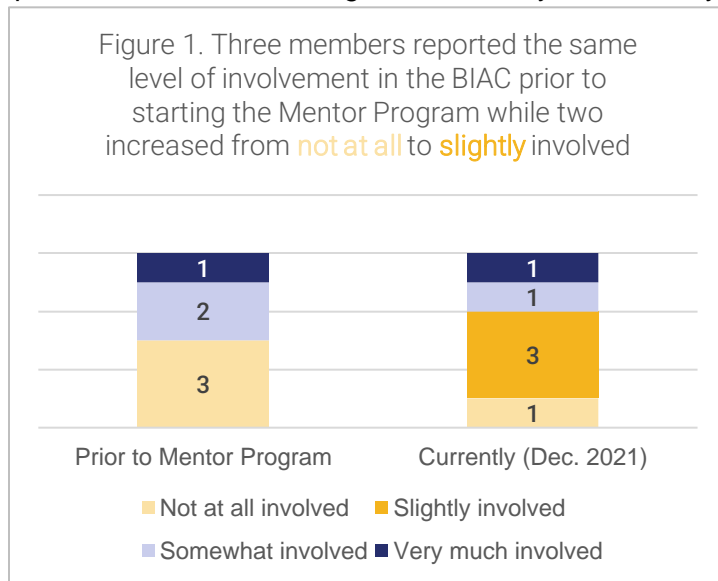
Mentors were asked to participate in a member orientation session and were provided a toolkit that they could then utilize with their mentees to further integrate them into the Council.¹ The mentees can also access the toolkit as it was added to the BIAC website.

In December 2021, a six-month satisfaction survey was sent to four mentors and three mentees. The mentor survey included additional questions to capture feedback on the resources that were provided to guide them with the Mentor Program. Among the four mentors that received the survey, three participated in the survey (75% response rate). All three of the mentee recipients participated in the survey (100% response rate). An additional survey will be disseminated in May 2022 to assess progress during the next six months of the mentor program.

JOINT FEEDBACK

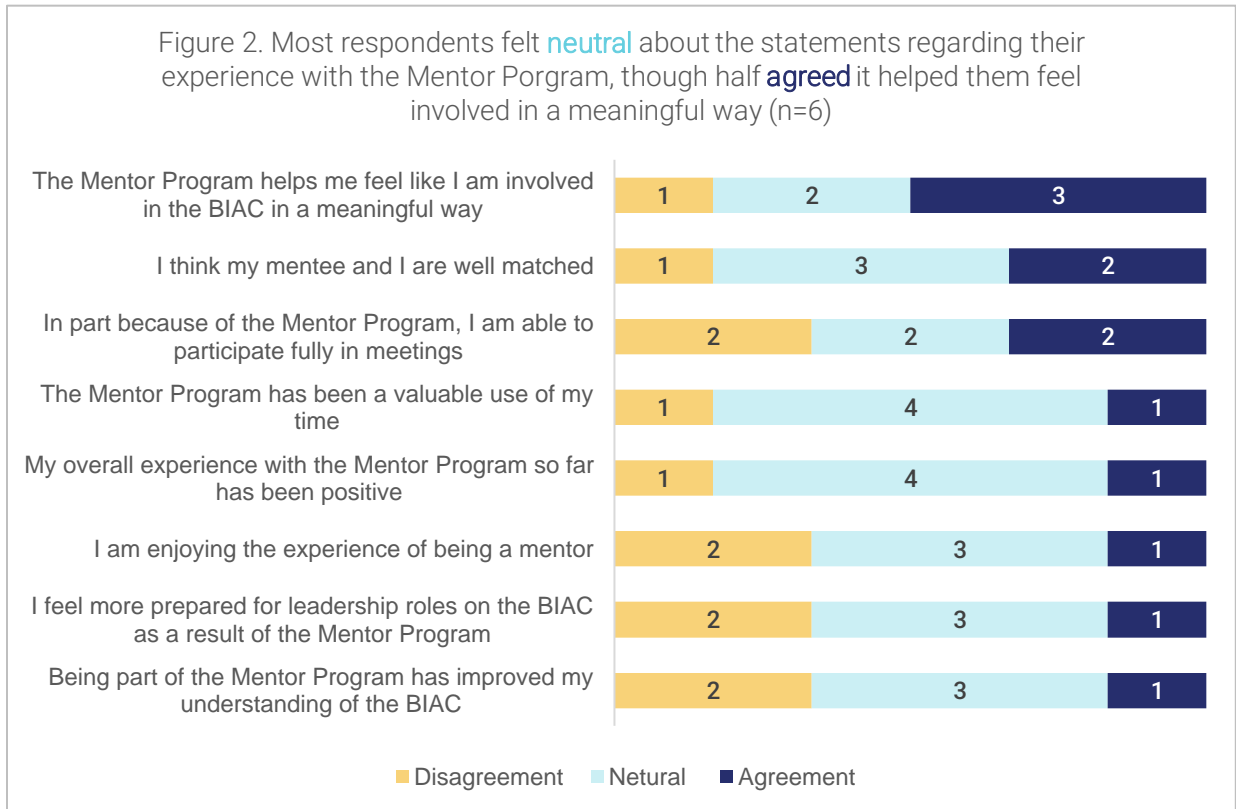
There were 12 survey questions asked of mentors as well as the mentees. Given one of the primary objectives of the Mentor Program is to increase involvement with the BIAC, all mentors and mentees were asked to assess their level of involvement prior to the Mentor Program and currently (December 2021). This survey questions will be utilized again on the May 2022 survey to assess additional changes.

On the six-month satisfaction survey, one mentor reported a decrease in their involvement with the BIAC since joining the Mentor Program while two other mentors remained at their same level of involvement (somewhat and very much involved). Overall, there was a slight increase in the level of involvement reported among mentees (see Figure 2). Two of the mentees increased their involvement from “not at all” to “slightly” involved.



¹ <https://braininjury.nebraska.gov/toolkit/overview>

Across the board, the mentors tended to have more positive feelings about the Mentor Program compared to the mentees (see Figure 2). One of the individuals did response “disagree” to all the statements, though noted that they only did so because “I cannot say that I have really had any mentoring. There has been no other attempt of contact from my mentor so I have been trying to learn my role on my own by reading the materials and attending meetings.”



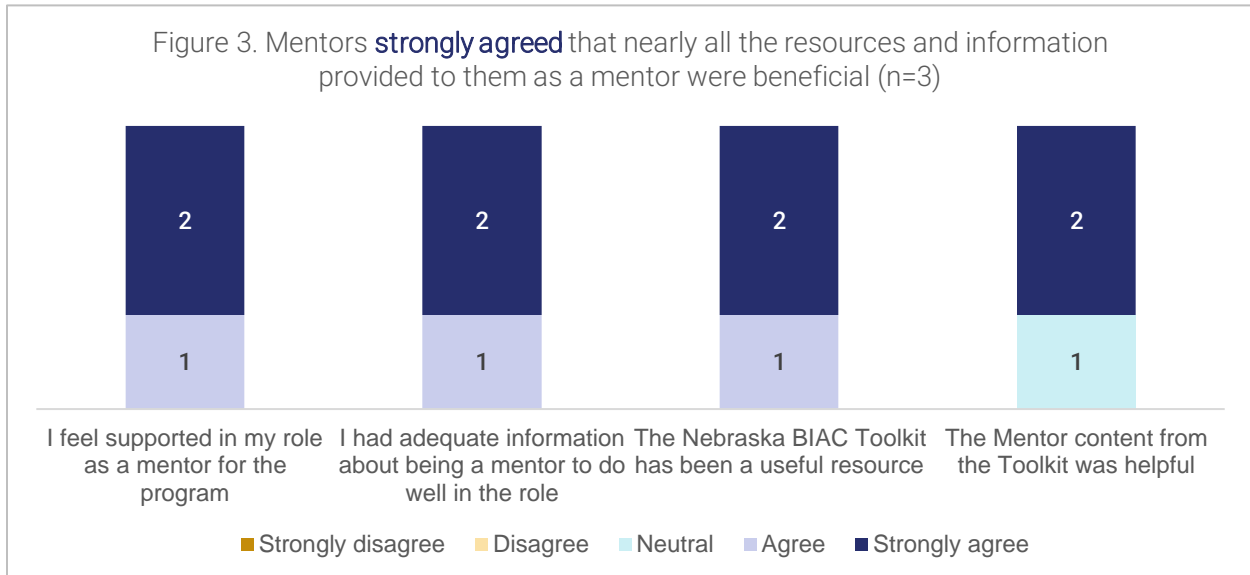
All survey respondents also reported that they did not set goals for the mentees related to ensure their full participation in the BIAAC. None of the mentees noted what could be improved to help them in this area. Additionally, while the mentors did not have any suggestions or recommendations for the Mentor Program during the next six months, two of the mentees did. Noted below are the word-for-word responses:

1. Provide mentors that will reach out and initiative the mentoring and lead the process. As a new member, it is difficult to now where to start.
2. Make sure the mentors have the time to be mentors.

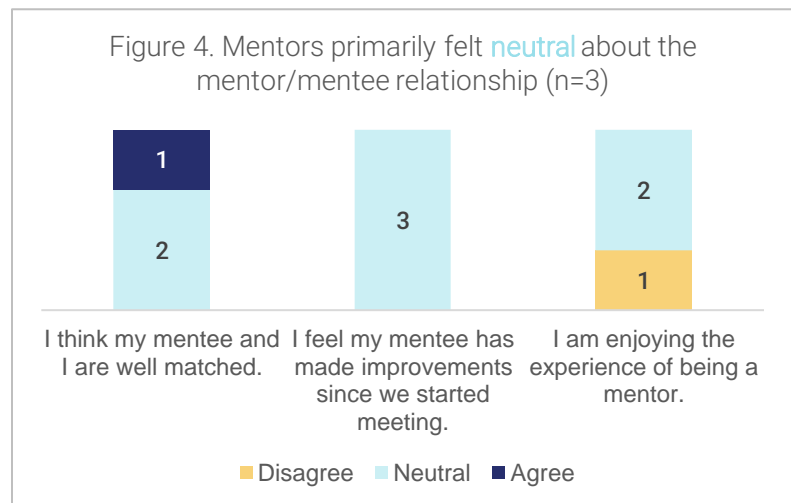
MENTOR SURVEY

All three mentors noted that they attended the council orientation session. Only one respondent noted what was most helpful about the session: discussion about the website and different supports available. One way to potentially enhance the orientation session was to have one-on-one in person meetings once COVID-19 measures are relaxed.

Additionally, there was agreement almost across the board regarding the resources available to mentors to aid them with the Mentor Program (see Figure 3).



While mentors felt positive about the resources available as mentors, they felt mostly neutral about the mentor/mentee relationship, though this could be due to the limited engagement they have had thus far (see Figure 4). One of the mentor/mentee pairs have not met at all outside of the orientation with the other two mentors reported that they have met or talked with their mentee two to three times.



As noted, many of these survey items will be assessed again in May 2022 when mentors and mentees have had more opportunity to meet and talk about the BIAC.



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**We are
Hiring...**

...Peer Supporters

in several communities for people
living with an Injured Brain

The Nebraska Injured Brain Network is seeking passionate, motivated people who are living with an injured brain to join our team as **Injured Brain Peer Supporters** in the Kearney, Grand Island, Hastings, North Platte, and Scottsbluff areas.



As part of our team, you assist individuals who are also living with an injured brain to understand, define, and pursue their unique recovery journey. The Injured Brain Peer Supporters (IBPS) will meet with people living with an injured brain, introduce the Recovery Journey model to them, and invite and assist them to define their own Recovery Journey. The Peer Supporter will then spend time supporting the Peer to pursue their Recovery Journey.

Employment Information:

- These positions are part time, and approximately 15 hours per month, with flexibility to have more or less hours.
- These positions can begin at any time. We will hire until positions are filled.
- The successful candidates will be compensated \$18 per hour.

Training, accommodations, and support will be provided.

About the Nebraska Injured Brain Network

The Nebraska Injured Brain Network, (NIBN), is a Nebraska non-profit, incorporated in October 2019 with our 501c3 status. We are a Peer-Run Self-Advocacy organization, and our Mission is to be a life line for people with an injured brain, uniting and empowering us and our families. Learn more at www.nibn.org

Contact us to Apply!

Interested Candidates should contact NIBN using the information below. A resume and cover letter can be provided, if available. We look forward to meeting you!

Email: peersupport@nibn.org

Phone: (308) 293-0391





Now Offering: Peer Support for People Living with an Injured Brain.

Have you sustained a brain injury at one point in your life, and now you face challenges from that injury? The Nebraska Injured Brain Network is seeking individuals who live with an injured brain and who would like to **receive Peer Support** in the Kearney, Grand Island, Hastings, North Platte and Scottsbluff areas.

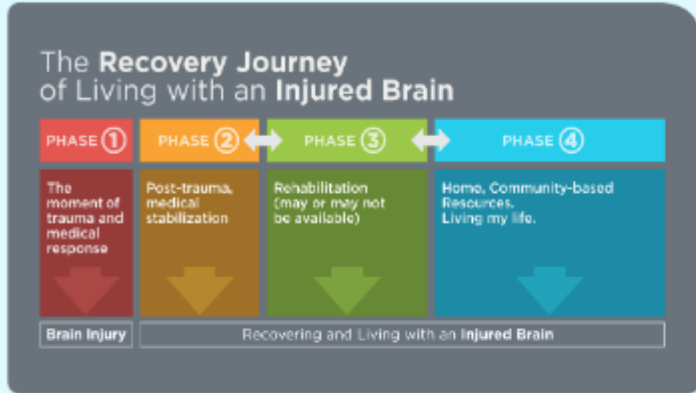
Peer Support is based on the trust between two people who have each suffered a brain injury. The Peer Supporter shares learned lessons with the Peer Recipient to help facilitate the Recovery Journey.

What is Peer Support?

Peer supporters are individuals who are living with an injured brain and have experienced many unique challenges. As a peer supporter, we help others to understand, define, and pursue their unique recovery journey.



The Injured Brain Peer Supporter (IBPS) will meet with you, introduce the Recovery Journey, and invite and assist you to define your own Recovery Journey.



About the Nebraska Injured Brain Network

The Nebraska Injured Brain Network, (NIBN), is a Nebraska non-profit, incorporated in October 2019 with our 501c3 status. We are a Peer-Run Self-Advocacy organization, and our Mission is to be a life line for people with an injured brain, uniting and empowering us and our families. Learn more at www.nibn.org

Ready to get started? Contact us today to learn more!



Anyone who is interested in receiving peer support can contact us using the information below. We look forward to meeting you!

Email: peersupport@nibn.org

Phone: (308) 293-0391



This project was supported, in part by grant number 90TBSG0036-03-02, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

NIBN Peer Support Training

Training Evaluation Summary

As part of a funding opportunity through Nebraska Vocational Rehabilitation (VR), the Nebraska Injured Brain Network (NIBN) collaborated with Independence Rising (IR) to develop a Peer Support training. The intent of the training was to prepare individuals living with an injured brain to provide peer support to other peers. For the first training opportunity, six 2-hour sessions were held over the course of two weeks and covered a range of topics (Table 1). Sessions were recorded in the event any attendees missed a session or wanted to revisit the material.

Session	Topics Addressed	Facilitated By
1	Introduction to IR, Overview of Peer Support, Logistics of Peer Support, Problem Solving with Peers	Independence Rising
2	Ethics and Boundaries, Emergency Situations and Procedures, Mandatory Reporting	Independence Rising
3	Any topics not covered within the scheduled time	Independence Rising
4	Section 1: How to Engage	NIBN/John Ferrone
5	Section 2: Intake and Baseline Information Section 3: Explaining the Recovery Model	NIBN/John Ferrone
6	Section 4: Making a Roadmap Together for Recovery Section 5: Following the Roadmap	NIBN/John Ferrone

Five individuals participated in the first training offered in September 2021. All participants received an online survey in October 2021 regarding their training experiences (see Appendix A). Four participants completed the survey and reported that they attended both components of the training. The survey respondents varied in how they felt the training was overall, with the NIBN training being rated slightly higher (Figure 1).

Perhaps due to the order of the training, participants noted that they felt more confident in providing peer support following the NIBN training compared to the Independence Rising (Figure 2). That could also be due to the topics covered, as the NIBN portion of the training provided tools and resources to utilize in the peer support process.

Figure 1. The training components offered by NIBN were rated slightly higher than the ones done by Independence Rising

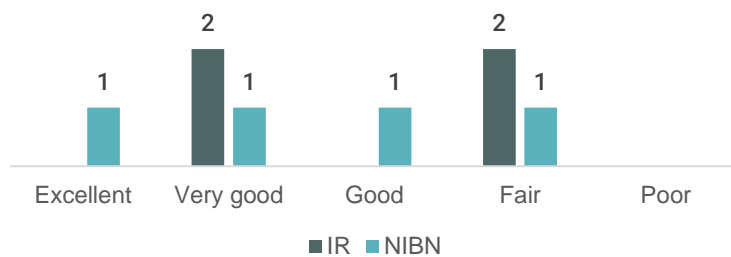
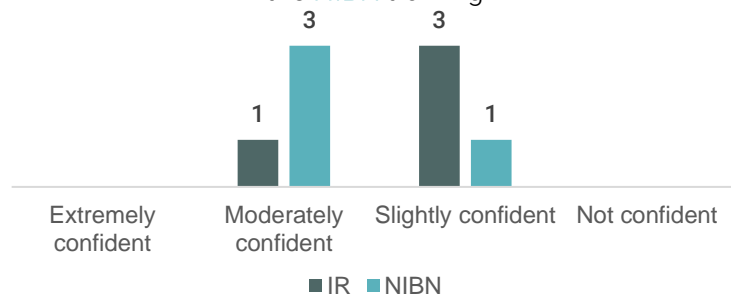
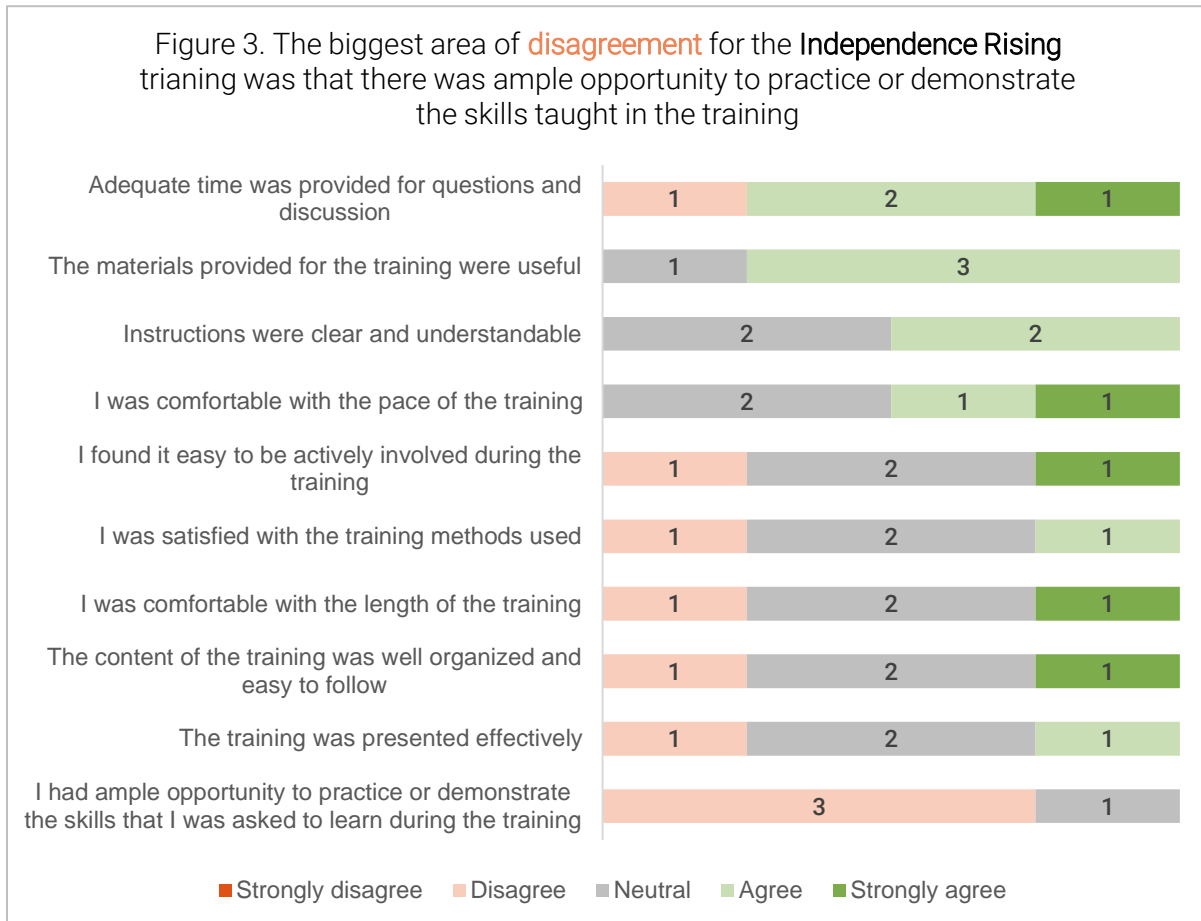


Figure 2. Participants had slightly higher confidence in providing peer support based on the NIBN training



Feedback on the Independence Rising training was primarily neutral to positive (Figure 3). All respondents agreed or were neutral about the materials for the training being useful, that the instructions were clear and understandable, and that the pace of the training was comfortable.



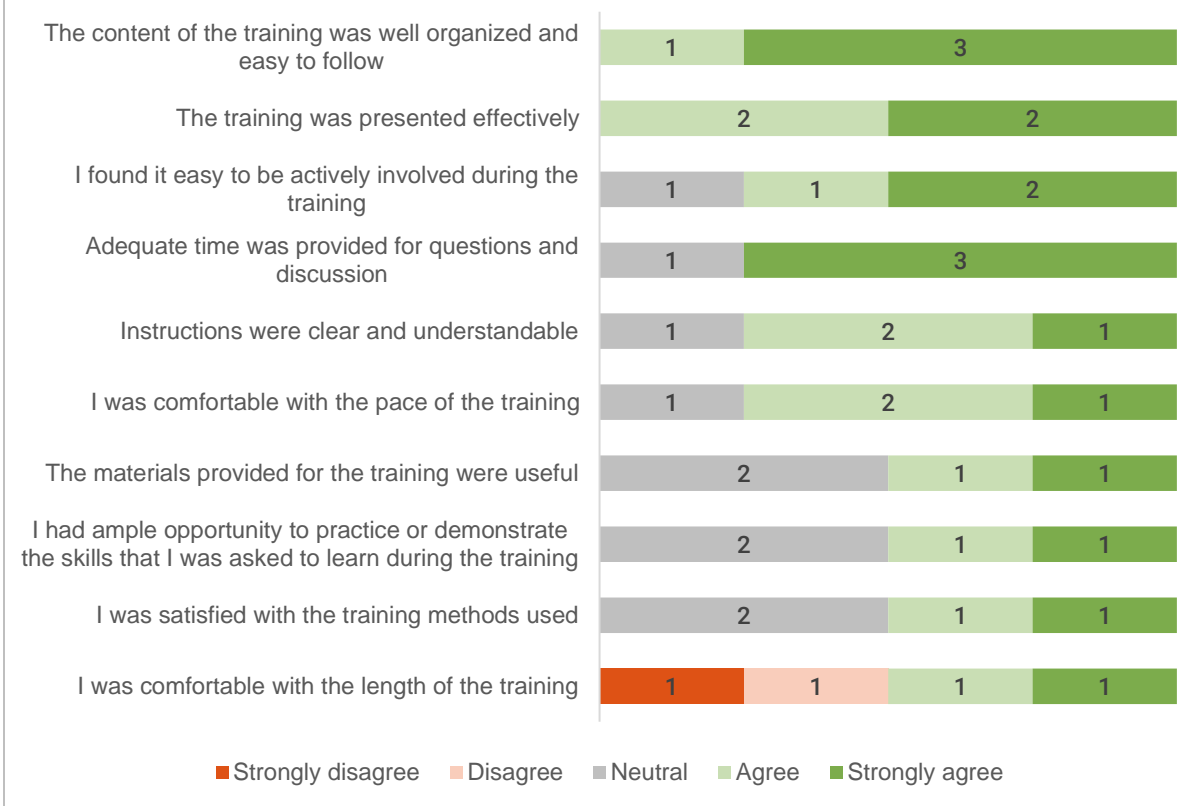
Participants could provide feedback for any areas where they expressed disagreement. Three participants noted the following:

- “First time of presenting is very hard to judge. The time was a bit long for one day. Over internet is hard to judge as well. I think in person training would be more viable.”
- “The trainer and the training material were great, but I think IR rushed into things too quickly. They had to play catch up, and John's training was really the main focus.”
- “Feel that what was presented did not actually know what a BI was or how to deal with people with BI's.”

Slightly more positive feedback was received on the NIBN training (Figure 4). In fact, the only area where there was disagreement among participants was with the regard to the length of the training. Similarly, participants had an opportunity to provide context for their response:

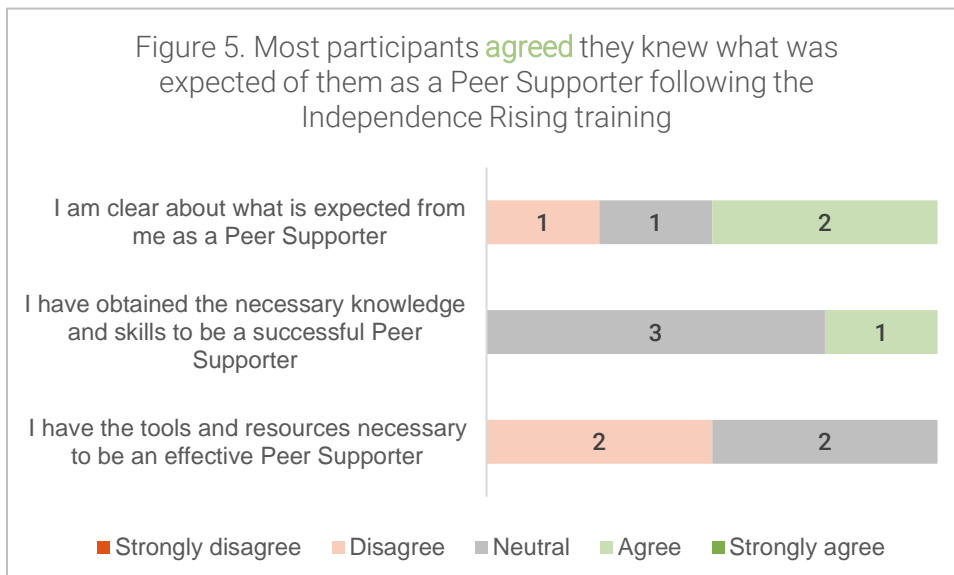
- “Wish days were shorter and/or in person. If you added time in training to practice as a group for some items, days would be very long. Hard to engage when not in group session with some of material.”
- “John's training had a lot of practice incorporated into it. However, the training took three weeks and was overwhelming. There is a LOT to his training and a lot of tools that seem useful, but also lengthy and almost unnecessary.”
- “There wasn't many attendees.”

Figure 4. The only area of **disagreement** for the NIBN training was that they were comfortable with the length of the training

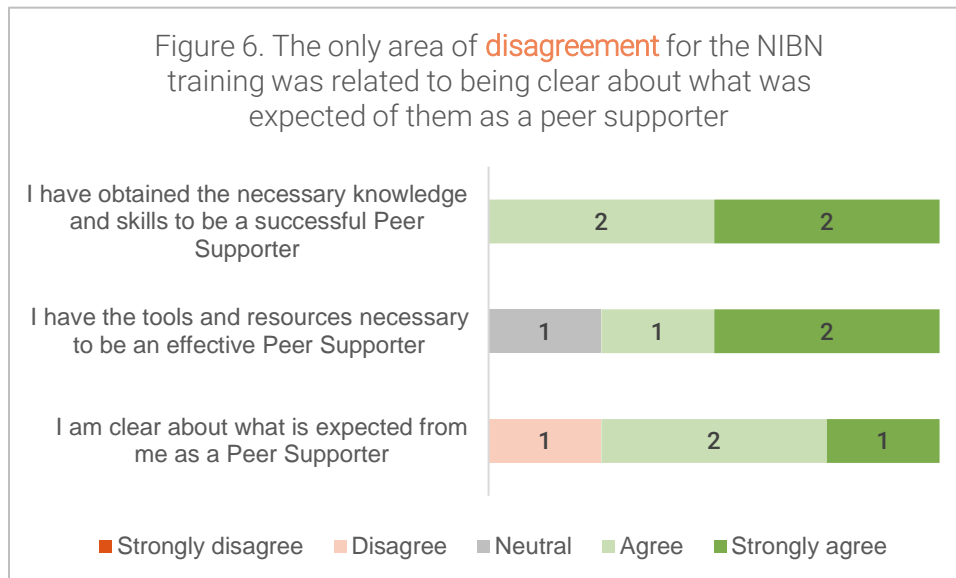


Perhaps given the content that each organization facilitated for the training, most participants knew what was expected of them as a peer supporter after the Independence Rising training but did not report agreeing that they had the tools and resources necessary to be an effective Peer Supporter (Figure 5).

Figure 5. Most participants **agreed** they knew what was expected of them as a Peer Supporter following the Independence Rising training



Following the NIBN portion of the training, all participants agreed they had the necessary knowledge and skills to be a successful peer supporter (Figure 6).



In general, participants felt the training would be more valuable in person, which would allow for more interaction (see Table 1 and 2). This may also change the length of the training, as at least one participant felt like it was overwhelming to have that many sessions.

Table 1.	Open-Ended Responses to Independence Rising Training
<p>What did you find most valuable about the Independence Rising training?</p> <ul style="list-style-type: none"> Nice to go over it slower than a regular presentation. Geared more towards the brain injured. The IR training went over boundaries, which was valuable. It's important to understand boundaries and take care of yourself. A little, very little, about how to document things. Have anxiety about being able to “do things” according to your specifications. What happens if I can’t remember to do all the steps you want done? What happens if I don’t remember how to get into different areas of whatever parts of the program you want done. Need hardcopy of addresses, how to get to parts of the program, technology is NOT my friend. Am asking for accommodations already. Not much from training itself. But I had done my homework how to be a good peer supporter. At least what was important for me (as a person with injured brain) to look at supporter 	
<p>How can the Independence Rising training be strengthened or improved?</p> <ul style="list-style-type: none"> More confident on presentation. Training in person. IR is no longer a partner with NIBN. See above. Technical assistance! Realize some BI people are not technology savvy and have no clue, or memory how or where to find things using technology. More interaction and involving people who walked the walk instead of organization members who just witnessed the experience 	

Table 2.	Open-Ended Responses to NIBN Training
<p>What did you find most valuable about the NIBN/John Ferrone training?</p> <ul style="list-style-type: none"> • He went slow enough to keep up. Printed materials to follow. He always asked if we were following. Asked for input from the group as a whole. • Some of the tools seem valuable. • John has worked with BI folks for a while now and he has an understanding of the trials and quirks that can be associated with BI folks. His ability to think on his feet and help with role playing of possible situations really helped. Know that he has worked hard to get the program to this point, he is really appreciated by myself, and others in the BI world. So glad it was him who helped present these trainings because the level of knowledge of the subject matter presented, and his ability to interact with people whom have an injured brain made a big difference. The IR section of the training was a “must do” that I did not feel that the presenter understands BI people, let alone having them as employees of IR. Feel like there will probably be some things that could be a little bumpy working BI people with BI people. Will there be nasty grams for things forgotten? Please remember these are BI people on their own recovery journey trying to help other BI people on their own BI journey. • The injured brain peoples voice <p>How can the NIBN/John Ferrone training be strengthened or improved?</p> <ul style="list-style-type: none"> • Follow-up with people participating to let them know what is next and how to proceed. • The time needs to be decreased significantly. Perhaps certain portions are unnecessary? The training just seems very very complicated and over-done (the tools, also) • In person training, in a fun environment, where there can be some laughing and personal contact. Maybe in the future something like that could happen. • More advertisement to get more participation 	

Participants noted suggestions for what would be helpful following the training (Table 3). In general, attendees would like more information on follow-up and documentation for the peer support process.

Table 3.	Open-Ended Responses to Training Overall
<p>What additional trainings or resources would be helpful?</p> <ul style="list-style-type: none"> • Contact person to address questions on how to proceed as a supporter. Someone to contact supporters after the training for maybe questions not asked at time of training that may arise. Paperwork and who to contact as a supporter of the Peer-Supporter. • specifically getting training on what to do as far as documentation is concerned. • ~Hands on technological help. ~Hard copies of websites and locations to document whatever reporting back you will require. ~Printed forms to take with us to visit people. ~On your IR signup forms have a single snail mail address for returning correspondence too, not five with no differentiation as to where to send anything. ~Maybe some sort of \$ to use to pay for some sort of crafting to help build dexterity, cognitive function, and self esteem, where they could take pride in their accomplishing something that they did. ~Would be nice to have a kickoff get together where we get to meet other Peer Supporters and then know who we can refer people to in different areas of the state. ~Have seasonal activities for us as well as for the peers we are supporting. ~Have a site on the NIBN/IR NIBN.org webpage with activities that could 	

be done at their meetings. Ex. Different projects, educational subjects, resources, video trainings that are available.

- More advertisement and make it interactive

Please include any additional questions or comments about the training opportunities.

- Everyone did a great job for the first run through. I was impressed with all the work it took to put the presentation together.
- Hope we can still be ourselves and not have to be writing things down on a “clipboard” to report things all the time. These people want companionship, understanding, acceptance, safety, and support. A lot of the time they don’t even know what they want, how is it said...they don’t know what they don’t know. They are looking for HOPE, HOPE that things can be different, they are hoping that things can improve for them, and seeing someone else with a BI who has been in their shoes can help them find a path to a better future.

Appendix A: Peer Support Training Evaluation Form

Thank you for participating in the Peer Support Training opportunities offered by the Nebraska Injured Brain Network (NIBN)/John Ferrone and Independence Rising! We would appreciate you completing this evaluation form to share your feedback about your experiences. There are questions about the Independence Rising training as well as the NIBN/John Ferrone training based on which one(s) you attended.

- Did you attend the Peer Support training offered by Independence Rising?
 - Yes
 - No

If yes....

- Overall, how would you rate the training offered by Independence Rising?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

- Please rate the following statements about the training offered by Independence Rising:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly agree</i>
A. The training was presented effectively.					
B. The content of the training was well organized and easy to follow.					
C. I was comfortable with the length of the training.					
D. I was comfortable with the pace of the training.					
E. I was satisfied with the training methods used.					
F. I had ample opportunity to practice or demonstrate the skills that I was asked to learn during the training.					
G. The materials provided for the training were useful.					
H. Instructions were clear and understandable.					
I. Adequate time was provided for questions and discussion.					
J. I found it easy to be actively involved during the training.					

- Please explain any items rated as "Disagree" or "Strongly disagree" on the previous question.
- As a result of this training from Independence Rising, how much do you agree or disagree that:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly agree</i>
I have the tools and resources necessary to be an effective Peer Supporter.					

I have obtained the necessary knowledge and skills to be a successful Peer Supporter.					
I am clear about what is expected from me as a Peer Supporter.					

6. What is your confidence in providing peer support based on what you learned at the Independence Rising training?

- Extremely confident
- Moderately confident
- Slightly confident
- Not confident

7. What did you find most valuable about the Independence Rising training?

8. How can the Independence Rising training be strengthened or improved?

9. Did you attend the training offered by Nebraska Injury Brain Network(NIBN)/John Ferrone?

- Yes
- No

If yes....

10. Overall, how would you rate the training offered by NIBN/John Ferrone?

- Excellent
- Very good
- Good
- Fair
- Poor

11. Please rate the following statements about the training offered by NIBN/John Ferrone:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly agree</i>
A. The training was presented effectively.					
B. The content of the training was well organized and easy to follow.					
C. I was comfortable with the length of the training.					
D. I was comfortable with the pace of the training.					
E. I was satisfied with the training methods used.					
F. I had ample opportunity to practice or demonstrate the skills that I was asked to learn during the training.					
G. The materials provided for the training were useful.					
H. Instructions were clear and understandable.					
I. Adequate time was provided for questions and discussion.					
J. I found it easy to be actively involved during the training.					

12. Please explain any items rated as “Disagree” or “Strongly disagree” on the previous question.

13. As a result of the NIBN/John Ferrone training, how much do you agree or disagree that:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly agree</i>
I have the tools and resources necessary to be an effective Peer Supporter.					
I have obtained the necessary knowledge and skills to be a successful Peer Supporter.					
I am clear about what is expected from me as a Peer Supporter.					

14. What is your confidence in providing peer support based on what you learned at the NIBN/John Ferrone training?

- Extremely confident
- Moderately confident
- Slightly confident
- Not confident

15. What did you find most valuable about the NIBN/John Ferrone training?

16. How can the NIBN/John Ferrone training be strengthened or improved?

17. What additional training or resources would be helpful?

18. Please include any additional questions or comments about the training.

Thank you for completing this survey! Your feedback will be helpful in making any updates to the Peer Support Training.