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INTRODUCTION

Traumatic Brain Injury (TBI) is a serious public health problem in the United States. The Centers for Disease Control and Prevention (CDC) reports approximately 1.7 million people sustain a TBI annually. Each year TBI contributes to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Most TBIs are mild and their effects diminish over time, but even a mild TBI, or series of mild TBIs, can result in permanent cognitive, physical, emotional and behavioral changes that impact daily function. Individuals with moderate to severe injuries may require life-long supports for housing, work and community living. Even for those experiencing mild TBI, a variety of barriers may prevent successful recovery, rehabilitation and return to activities of daily living.

The Nebraska Brain Injury (BI) Advisory Council is appointed by the Commissioner of Education to advise the lead agency for TBI, Nebraska Vocational Rehabilitation (VR), on matters concerning individuals with TBI and their families. The Council is comprised of individuals with TBI, family members, advocates and professionals serving individuals with TBI, state agency representatives and technical advisors from various organizations. The Council's mission is to "advocate for the best possible system of support for individuals with brain injury by promoting prevention, awareness, education, research and effective public policy." To fulfill their mission, the Council established the following goals for 2013-2018 in their *State Plan for Systematic Services for Individuals with Brain Injuries*:

- * Promote individualized services for people with brain injury
- * Increase access to community services for individuals with brain injury
- * Increase funding for services for individuals with brain injury
- * Increase awareness and knowledge about brain injury

These goals are in close alignment with the federal Health Resources and Services Administration (HRSA) TBI program's purpose and the goal of this project, which is to "increase access to rehabilitation and other services for individuals with brain injury."

While TBI can happen to anyone at anytime, some populations experience higher incidence rates than others, or are more vulnerable to the long-term effects of TBI due to inadequate systems of care or barriers to access for rehabilitative services and supports. Nebraska VR and the BI Advisory Council have chosen to implement steps to reduce identified barriers and improve access to services for two vulnerable populations; children and youth with TBI aged 5-26 years (including student athletes at risk for concussion or mild TBI) and the elderly with TBI, aged 65 years and over.

Assessments have been completed to identify specific unmet needs for these populations and service barriers to overcome in the state of Nebraska. For this project, Nebraska VR will collaborate with partner organizations across service systems to increase access to rehabilitation, community-based services, and supports for these targeted populations through the following objectives:

- * Enhance and expand existing information and referral services to reach children, youth and elderly with TBI, their family members and the professionals, service providers and agency staff who serve them, providing educational resources and referral to appropriate services and supports as requested.

- * Provide training to key professionals, service providers and agency staff serving children, youth and the elderly on the potential long-term cognitive, physical, emotional and behavioral effects of TBI (including concussion or mild TBI) and the resulting implications for housing, work and community living.
- * Teach professionals, service providers and agency staff to implement simple methods to screen children, youth and the elderly clients for TBI at the point of program eligibility and service needs planning.
- * Develop a sustainable model to implement resource facilitation for the children, youth and elderly with TBI and their family members who require assistance in navigating complex service systems to meet their needs and achieve their goals.
- * Develop a plan and identify potential long-term funding sources for sustaining key TBI service infrastructure elements beyond grant funding, with a focus on the targeted populations of children, youth and the elderly with TBI.

NEEDS ASSESSMENT

Nebraska Vocational Rehabilitation proposes to serve the target populations of children and youth aged 5-26 years, including student athletes at risk for TBI, and the elderly. Data collected supports the need for expanded TBI services to these vulnerable populations.

Individuals with TBI and their families need and can benefit from many of the same rehabilitative and community-based services available to individuals with other types of disabilities. Specific service needs vary greatly within the TBI population, depending upon the individual's age, injury severity, the immediate post-trauma care they received, secondary, or co-injuries, and even pre-injury health and personality traits. Beneficial services and supports may include cognitive, physical and occupational rehabilitation, speech and language therapy, educational supports and accommodations, employment supports and accommodations including vocational counseling, skills assessment, job re-training and on-site job coaching, independent living skills training and training to use different modes of transportation. An individual's needs may also vary over time. Access to services may be determined in part by geography or funding, but may also be affected by less apparent factors, including inadequate knowledge of available services, limited understanding of the long-term impact of TBI on cognition and behavior, inexperienced providers failing to account for the TBI in planning and service provision, and difficulty navigating a complex network of public services.

The BI Advisory Council reviews aggregate caller data collected by the TBI Ombudsperson on a quarterly basis as an ongoing method to discern the needs of individuals with TBI and their families. Recent caller data collected by Nebraska's TBI Ombudsperson from October - December 2013 presents a "snapshot" of specific needs experienced by children and youth with TBI as expressed by parents or guardians and school personnel.

Twenty-six of the 43 calls placed to the Ombudsperson during that period were requests for information or assistance pertaining to problems in school, TBI-related behavior issues, problems explaining the TBI to school personnel and returning to school after a concussion. Parents calling in also expressed concerns for their high school aged youth in transitioning to employment and independent living after high school. During the same time period, calls from individuals with TBI aged 65 years and over concerned social isolation, memory issues and other cognitive and physical difficulties affecting their independence.

Target Population 1: Children and youth aged 5-26 years, including student athletes at risk for TBI

Nebraska's Brain Injury Registry data indicates that nearly 4,000 children, youth and young adults aged 5 - 26 years are treated in emergency departments, are hospitalized or die each year due to TBI. They can experience great challenges when transitioning from the hospital and returning to school after a significant TBI. Schools can be hard-pressed at times to develop and provide the academic and physical supports needed by a student who has experienced a TBI to reintegrate and continue their education successfully. Parents and school personnel need assistance from service providers and professionals who understand the complexities of TBI

Youth who experience TBI but are not diagnosed or treated for their symptoms have also been identified as a population of concern. Research indicates these unidentified children and youth could number three to five times the number of those actually diagnosed with TBI (*New York TBI Model System in TBI Research Review: Policy & Practice*). For school-aged children and youth this is a particular problem that likely accounts in part for the very low number of Special Education verifications compared to Brain Injury registry numbers. For the 2013-2014 school year a total of 236 children, aged birth to 21 years, were verified for Special Education services (*as reported by the Nebraska Department of Education (NDE), Office of Special Populations on October 1, 2013*). The real origin of a student's learning problems may be clouded by the amount of time passing between the actual TBI incident and the identification of academic barriers when they do appear, leading to inaccurate verifications and less effective interventions.

Unmet health needs. Nationally, the problem of under identification of children and youth with TBI has been well documented (*State of the States: Meeting the Educational Needs of Children with Traumatic Brain Injury, BIA of America, 2013*). Identification of the TBI is necessary for appropriate academic planning and intervention to address associated physical, cognitive and behavioral issues. However many children and youth who sustain TBIs in Nebraska and need special education services may be inappropriately verified through categories other than TBI or not identified at all. A study of Nebraska school children in grades one through five revealed that as many as one third of Nebraska's children experience one or more incidents potentially resulting in TBI before completing elementary school (*Possible Brain Injury Events and Symptoms in Elementary School Children, Hux, Dymacek and Childers, 2013*).

Results also suggest that a large gap exists between incidence and the accurate identification of a brain injury. Using the *SAFE CHild Screening Tool: Grades 1-5* (developed by the Nebraska Brain Injury Advisory Council's Task Force on Children and Youth), researchers determined that screened children already receiving special education services under another disability verification (speech/language impairment, learning disability, attention deficit disorder, etc.) represented a significant percentage of children with a potential TBI, however none of the children were verified for special education services under the Individuals with Disabilities Education Act (IDEA) category of TBI. These children may be incorrectly verified and receiving inappropriate interventions that do not meet their needs. Further, the constellation of TBI symptoms mimics many of the symptoms associated with other developmental and cognitive challenges, making planning for appropriate academic interventions a challenge.

Effective academic and community-based supports vary greatly from school district to school district even when a student is verified for special education services with a diagnosed TBI. The misconception that TBI is a "low incidence" disability contributes to this knowledge gap, as does an assumption that TBI is just like other learning disabilities, intellectual, mental health or behavioral challenges. Youth with TBI experience additional challenges as they transition from

high school to adult life, sometimes with little work experience and limited knowledge of adult disability employment services and supports. Data from the 2010 Needs and Resources Assessment confirms employment supports for young adults with TBI are seen as an important need in Nebraska, yet service gaps remain.

As a subgroup of children and youth aged 5-26 years, student athletes participating in school-sponsored sports and/or club sports are at risk for concussion or mild TBI. *According to the Nebraska Department of Health and Human Services (NE DHHS), the number of emergency department visits each year increases for children aged 5-14 years and for youth aged 15-22 years, corresponding with participation in more school-sponsored or club athletic activities.* NE DHHS 2008 - 2012 Injury Prevention Program surveillance data clearly demonstrates concussion rates in Nebraska spiked each year among youth aged 15-19 years during football season.

In response to increases in concussion rates, Nebraska passed the Concussion Awareness Act (LB260) in 2012. The Act requires schools to provide education and training for all coaches to learn the signs of a concussion and to provide information for parents and students about concussion and mild TBI annually prior to participation in sports programs. The law also requires the student athlete be removed from play when a concussion is suspected. Prior to return to play, signed clearance from a licensed health care professional and the student's parents must be provided to the school. In 2013, the DHHS Division of Public Health's Injury Prevention Program partnered with the BIA-NE and the Nebraska State Athletic Trainers Association, Inc. to evaluate the impact of LB260 by conducting surveys of high school head coaches, athletic directors (or activities coordinators) and youth who received a diagnosed concussion as a result of participation in an organized sport. Survey results indicate that for the most part, schools are implementing the law's requirements (and some schools are operating above and beyond the requirements). Survey results also revealed the following alarming sociocultural issues that contribute to the problems of under-identification and inadequate care for this population:

- * The perception still exists among some coaches, athletic directors and students that concussions are not serious injuries and do not require special treatment. A "walk it off" mentality prevents some concussed youth from reporting symptoms during play, later, or at all.
- * In spite of available education, training and information, coaches, athletic directors, parents and student athletes still lack knowledge regarding how concussions differ from other sports-related injuries such as sprains, fractures, etc. and how they should be treated.
- * The term "suspected" is a subjective term and open to interpretation.
- * High school football games or other sporting events are typically played on Friday nights and may be played at a school several hours from the student's residence. Unless parents or guardians take their child to the emergency department on Friday night or visit an urgent care clinic on Saturday, they will not likely see a physician until the following Monday. If some or all of the student's symptoms have subsided by Monday morning, parents may no longer see the necessity of medical evaluation or treatment.
- * A large percentage of parents do not have medical insurance to pay for their child to be evaluated by medical personnel.

Input regarding the specific needs of student athletes at risk for concussion or mild TBI was gathered through the Brain Injury Association's Concussion Coalition, a joint project with the

Injury Prevention Program. The Coalition is a group of representatives from state agencies, healthcare providers, educators, club sport programs and non-profit organizations. Through facilitated discussion, members identified gaps in medical and clinical provider, educator and parent knowledge of concussions and mild TBI. The group also identified a need for consistent guidelines for educators to follow in returning children and youth to academic and classroom activities similar to the return to play guidelines in the Concussion Law. In addition, because the law applies to non-school sponsored sporting activities (such as club sports, select teams, parks and recreation programs, etc.) members identified a need for outreach and education on TBI for those sponsoring organizations.

Young adults with TBI transitioning from high school to adult life or those who are injured after graduating face another set of challenges as they access adult service systems. They may no longer be covered under their parents' health insurance plans or perhaps have had no health insurance to pay for medical and therapeutic treatment. They may not be aware of or know how to access adult disability and employment services or understand how their TBI impacts their employment needs. Young adults pursuing post-secondary education may need assistance in securing appropriate accommodations through the college or university's disability services office. In Nebraska, families of young adults with TBI leaving high school, who are eligible for Developmental Disabilities services, will likely find the community-based providers lack knowledge and expertise in TBI-specific strategies for residential and vocational support.

Additional unmet health needs and socio-cultural determinants for children and youth with TBI

Beyond gender and age, demographic data on Nebraska's population of children and youth with diagnosed TBI is limited. Race, ethnicity and other demographic data for individuals placed on the Brain Injury Registry is reported sporadically. Over half of the individuals with TBI participating in the 2010 Needs and Resources Assessment were between the ages of 20 - 59 years. Most of them indicated White: non-Hispanic as their race, however those indicating White: Hispanic/Latino represented the next largest group of respondents. All levels of education and income were represented in the sample. Other sources of demographic data for Nebraska's children suggest there may be additional challenges to address in increasing access to rehabilitation and other services for diverse populations of children and youth with TBI.

Recently released figures from the *Kids Count in Nebraska 2013 Report* raise concerns for Nebraska's children and youth, including those who may have experienced a TBI or are at risk for TBI. The report indicates that in 2012 there were 27,806 uninsured children in the state and more than 19,000 of them were from low-income families. The number of children without health insurance continues to increase. Residents of Nebraska's rural areas experience a particular barrier to accessing health care and medical insurance. The Kids Count report indicates the most rural counties of the state have declining populations, leading to lower earnings, higher poverty rates and fewer medical and other services within physical (and financial) reach of most residents.

This health disparity is further compounded by the choice of Nebraska lawmakers to join other states that, to date, have not expanded Medicaid. While the Affordable Care Act's mission is to provide universal health insurance coverage for individuals and families, states that have chosen not to expand Medicaid have created a "coverage gap" for a significant number of low-income, working residents in rural areas who earn too much to qualify for Medicaid, yet not enough to qualify for health insurance marketplace premium tax credits (*Medicaid Expansion as a Rural Issue: Rural and Urban States and the Expansion Decision, Center for Rural Affairs,*

2013). Without access to health insurance, children and youth may not receive critical medical or therapeutic services they need or early intervention for treatable symptoms of TBI.

Nebraska's population of color is expected to grow to 38 percent of the total population by the year 2050. As the population becomes more diverse, disparities in health, education, poverty and safety for people of color will likely become more apparent. The Kids Count report outlines disparities occurring in pre-natal care, reading and math scores, poverty and involvement in the child welfare and juvenile justice systems for the state's population of color. *Cultural, linguistic and economic differences present challenges to overcome in educating parents and students about the consequences of TBI and in facilitating access to rehabilitation and other support services after TBI.*

In summary, there are many needs to address for children and youth aged 5 to 26 years with TBI (and student athletes at risk for concussion or mild TBI):

- * Parents, guardians and school personnel need access to information on available services and supports for children and youth with TBI and assistance in navigating a complex network of programs.
- * Children and youth need proper identification after TBI has occurred and accurate assessment of their academic and behavioral service needs.
- * School personnel need additional training on identifying TBI, applying appropriate classroom interventions and implementing appropriate return to play and classroom procedures for students experiencing concussion.
- * Parents, coaches, athletic trainers, student athletes, physicians and ancillary medical personnel need education on the implications of concussion and using a team approach toward communication and planning after a concussion has occurred.
- * Young adults with TBI need access to information about adult health insurance options, disability and employment service providers, post-secondary accommodations, assistive technology, strategies and supports and other assistance for living and working independently after high school.
- * Physicians, ancillary medical personnel, community-based service providers need to understand the physical, cognitive, emotional and behavioral impact of TBI and how to design, plan and deliver services accordingly.

Target Population 2: The Elderly

Brain Injury Registry data indicates that nearly 2,000 Nebraskans aged 65 and older are treated in emergency departments, hospitalized, or die each year due to TBI. This number will likely grow as Nebraska experiences a rapid increase in its elderly population between now and 2030 (*DHHS Division of Medicaid and Long-Term Care, State Unit on Aging 2012 -2015 Plan for Aging Services*). The population aged 65 years and older is projected to increase from 240,000 in 2010 to 400,000 by 2030. The disability rate for those aged 65 and older is approximately three times higher than the general population. Falls are a frequent cause for TBIs among the elderly due to medication side effects or interactions, poor balance, impaired vision or tripping hazards in the home. As Nebraska's population ages it will be natural to expect more falls and more TBIs, particularly for individuals aged 65 years and older, making the elderly a particularly vulnerable population in terms of maintaining independence due to TBI. Elderly individuals and

their families need to be aware of the risks associated with falls, how to prevent them, and where to get help when a fall results in a TBI.

Unreported or undiagnosed identification of TBI is a problem for the elderly. The CDC reports that one in three adults aged 65 or older falls each year, but less than half of them talk to their healthcare providers about it. Family members of older individuals with unreported or undiagnosed TBIs due to falls may mistakenly associate the onset of cognitive or behavioral changes with the natural aging process or dementia and fail to seek appropriate health care or support services for their elder. With no knowledge of the TBI, care managers or service coordinators responsible for program eligibility and planning may fail to consider TBI-related needs for cognitive or other supports to maintain independence.

Unmet health needs. In a 2013 study, University of Nebraska - Kearney researchers found a high percentage of previously unreported TBIs among elderly Area Agency on Aging clients (*Screening and Identification of Individuals with Brain Injury (BI) Seeking Services through the Area Agency on Aging in Rural Nebraska, Patocka, et al, 2013*). The Area Agencies on Aging (AAA) are primarily responsible for Aged and Disabled Medicaid Waiver eligibility determination and service planning for individuals aged 65 years and older. Of the 83 elderly individuals screened (using the OSU-TBI, a TBI-specific screening questionnaire), 28 were positive for potential TBI, based on reported incidences and the long-term symptoms associated with them. Among those screened, the researchers uncovered a total of 99 incidences of potential TBI since many participants reported multiple injuries. They also noted that at least 50% of the individuals screened reported long-term symptoms of TBI without a loss of consciousness. A common misconception is that TBI always involves a loss of consciousness. Researchers also documented an increase in knowledge of TBI among the service coordinators/care managers who received training in administration of the screening tool. These professional service providers also reported the tool to be helpful in identifying appropriate services and supports for the individuals screening positive for potential TBI.

Poverty impacts Nebraska's elderly population as well as its children and youth. Nearly 20 percent of residents aged 65 and older live at or below 1.5 times the Federal Poverty Level. Health disparities may increase as the elderly population of color grows. Residents of Hispanic or Latino origin currently make up 8.3 percent of the total 65 and older population and this number is expected to grow as the population ages. Although Nebraska has a strong rural history, the trend is for the population to become more concentrated in its most populous counties with small, rural communities losing more and more residents. Those who remain in rural areas will find fewer and fewer available services and supports nearby.

The *2011 - 2015 Plan for Aging Services* states that as Nebraska's elderly population increases they will need "services and programs such as nutrition, wellness and chronic disease management education, and protections against elder abuse including financial exploitation, income support and other senior care programs". It will be especially important for professionals conducting eligibility determination and planning to understand the particular needs of elderly individuals with TBI and assure appropriate service access and accommodations for cognitive changes due to TBI that may threaten independence. Case managers and service providers with knowledge of TBI can increase the likelihood of success for elderly individuals transitioning from nursing homes to the community through Nebraska's Money Follows the Person program and for those served under Nebraska's Aged and Disabled Medicaid Waiver.

Elderly individuals with TBI and their families share many of the same needs as children and youth with TBI; accurate identification and reporting of injuries resulting in TBI, timely

information on the potential impact of TBI on daily activities, referral to programs and services in or near their communities, agency staff and service providers with knowledge and skills to plan and provide appropriate services and assistance navigating a complex network of programs and services.

Status of the MCHB Six Core Outcomes

HRSA's Maternal and Child Health Bureau (MCHB) has established six core outcomes that facilitate integrated systems of care for children with special health care needs (CSHCN), including children diagnosed with TBI. At last report, Nebraska had an estimated 61,071 children with special health care needs (*The National Survey of Children with Special Health Care Needs Chartbook 2009-2010*). The DHHS Lifespan Health Services office documented the following data on the experiences of Nebraska's families with CSHCN who reported positively on these six outcomes to MCHB:

- * Families of CSHCN are partners in decision-making at all levels. Nebraska reported 75.6% of surveyed families met this outcome.
- * CSHCN have access to coordinated, ongoing comprehensive care within a medical home. Nebraska reported 48.2% of surveyed families met this outcome.
- * Families of CSHCN have adequate insurance to cover needed services. Nebraska reported 59.7% of surveyed families met this outcome.
- * CSHCN receive early and continuous screening for special health care needs. Nebraska reported 75% of surveyed families met this outcome.
- * CSHCN have access to community-based service systems organized for ease of use. Nebraska reported 70.7% of surveyed families met this outcome.
- * CSHCN youth receive services needed for transition to adulthood. Nebraska reported 47.6% of surveyed families met this outcome.

Although it is not known how many CSHCN are diagnosed with TBI, these outcomes present a standard by which to view the state's progress in creating and coordinating a service system for children and youth with TBI. Families of children with TBI are represented on the statewide BI Advisory Council and participate fully in Council committees and task force work. As part of this advisory body, family members advise Nebraska VR and coordinating agencies DHHS and NDE's Office of Special Populations on implementation of the goals of the *State Plan for Systematic Services for Individuals with Brain Injuries and their Families* and the TBI Implementation Partnership grant. The *Kids Count in Nebraska 2013 Report* raises concerns regarding the number of children and youth with TBI who have access to coordinated and comprehensive medical care. Based on Nebraska's reported family percentage of 48.2%, this is likely a challenge for families of children and youth with TBI as well as other special health care needs and must be addressed.

Although a higher percentage (59.7%) of families of CSHCN have adequate health insurance to cover needed services, individuals with TBI and their caregivers have indicated funding for some needed services is limited. Although CSHCN may receive early and continuous screening for other special health care needs, screening for TBI has not been adopted widely as a practice in Nebraska, despite successful pilot results in several settings, including pediatrician's offices. Although Nebraska's families of CSHCN reported positive outcomes 70.7% of the time, families of children and youth with TBI have reported difficulty in navigating

the system of TBI services and have been frustrated by community based service providers who lack TBI-specific knowledge and skills. It appears that accessing appropriate services for transition to adulthood is not only a challenge for families of children and youth with TBI, but for families of children with other special needs as well.

Methodology for public input and results of Needs and Resources Assessment

Nebraska completed its most recent statewide *TBI Needs and Resources Assessment* in 2010. Nebraska VR contracted with a research and evaluation company to complete a comprehensive statewide assessment of the rehabilitation and community-based service needs expressed by individuals with brain injuries and their families and the resources available to meet them. Data was gathered through focus groups consisting of individuals with brain injuries and their caregivers, stakeholder surveys from state agencies, service providers, individuals with brain injuries and caregivers, and through key informant interviews. Data was also collected from the Brain Injury Registry, Veterans Administration Brain Injury Data, Hotline for Disabilities, the Brain Injury Association of Nebraska (BIA-NE) and the Nebraska Medicaid Aged and Disabled Waiver database.

Assessment results revealed an overall high level of satisfaction with primary health care services, acute and hospital-based rehabilitation, physical, occupational and speech/language therapy services. Results also indicated that although progress has been made in laying a foundation and framework for statewide TBI services, key service gaps and barriers remain. Identified barriers include:

- * Individuals with TBI, their families and service providers are not aware of appropriate services in or near their communities to meet their needs or where to get the information they seek.
- * Community-based services (such as counseling and behavioral supports, independent living skills training and employment supports) are not designed, planned or provided with the individual's TBI in mind.
- * For some individuals, funding is still limited for TBI rehabilitation, follow-up therapies and long-term services directed at community-reintegration after TBI.
- * Individuals with TBI and their family members waste valuable time and energy and have difficulty identifying and navigating a network of services spread across several programs or agencies.
- * Service gaps still exist for long-term residential and community-based services, such as cognitive training, counseling, behavioral supports, independent living skills training, employment and educational supports.

Nebraska's methodology described in the next section directly addresses the following systemic barriers: Taken directly from p. 1 of the FOA.

- * Lack of information of services and supports with little or no assistance in accessing them (information and referral services)
- * A shortage of health professionals who may encounter individuals with TBI but lack relevant training to identify or treat the resulting symptoms (professional training)
- * The absence of a TBI diagnosis, or the assignment of an incorrect diagnosis (screening)

* Critical TBI services are spread across numerous agencies resulting in services being difficult for families to identify and navigate (resource facilitation)

METHODOLOGY AND WORK PLAN

RESPONSE

Nebraska has identified the following program goal and supporting objectives to address identified needs for the targeted populations and reduce service barriers by building on past achievements, current efforts and established organizational partnerships. Nebraska will implement all four required activities (information and referral services, professional training, screening for TBI and resource facilitation) for the targeted populations of children and youth with TBI aged 5 to 26 years (including student athletes at risk for concussion or mild TBI) and the elderly with TBI, aged 65 years and over.

Goal: To increase access to rehabilitation and other services for individuals with TBI with a focus on the targeted populations of children and youth aged 5 to 26 years (including student athletes at risk for concussion or mild TBI) and the elderly, aged 65 years and over.

Objective #1: Enhance and expand existing information and referral services to reach children, youth and elderly with TBI, their family members and the professionals, service providers and agency staff who serve them, providing educational resources and referral to appropriate services and supports as requested.

Individuals with TBI, family members and service providers consistently report the need for general awareness of TBI, educational resources and for more specific information on available services and supports in or near their communities. These information and referral services offer a vital connection for individuals with TBI to the community of professionals and service providers across the state. For some service providers, professionals or medical personnel with limited experience in treating TBI, having a contact for “just in time” resources will reduce delays and result in more appropriate treatment plans and positive outcomes.

In 2008, the Nebraska Legislature passed LB 928 (Brain Injury Registry Act), which requires physicians, psychologists, hospitals and rehabilitation centers to report brain injuries to the Nebraska Department of Health and Human Services (DHHS). The legislation also requires information be sent to individuals with reported brain injuries to help them access necessary and appropriate services related to the injury. With previous HRSA TBI Implementation Grant funding Nebraska VR developed and maintained an agreement with DHHS, Division of Public Health to provide the required follow-up contact in the form of a letter and brochure listing TBI resources and contact information to each individual placed on the Registry. Since 2008, more than 52,000 letters have been sent (an average of 850 per month). This initial contact is the foundation for a developing statewide information and referral system which now includes the Brain Injury Association of Nebraska’s TBI Ombudsperson as the primary contact for calls from letter recipients (or in the case of children and youth, their parents or guardians) for more information and referral to appropriate resources in or near their community.

Under an interagency agreement, the Hotline for Disabilities and Disability Rights Nebraska (DRN) provide additional information and referral services to support the TBI Ombudsperson’s work when needed. Nebraska will maintain the agreement with the Division of Public Health and expand the follow-up packet contents to include a checklist of symptoms for individuals to complete and take back to their physician or medical provider to aid in appropriate referral for

follow-up treatment and therapies. Information on the potential long-term effects of TBI will be included for the individual (or parents/guardians) to take to their treating physician or other medical provider to increase their awareness of TBI and of statewide resources.

Finally, for individuals and families that may not have insurance coverage for continued treatment or rehabilitation, the packet will include contact information for Community Action of Nebraska and the Ponca Tribe who receive grant funding for a network of Navigators to help individuals and families obtain health insurance coverage in the federal health insurance marketplace. Community Action of Nebraska provides statewide coverage and the Ponca Tribe is charged with helping American Indians in 15 counties to navigate the new health insurance program. Demographic data for Nebraska's population shows continued growth in populations of color with the largest anticipated growth in the Hispanic population (particularly for children and youth). For this reason, packet materials will be provided in English with a contact for requesting the materials in Spanish or in alternate formats.

To further expand information and referral service availability, Nebraska will maintain its agreement with the Brain Injury Association of Nebraska (BIA-NE) to provide TBI Ombudsperson services and will begin systematically linking the Brain Injury (BI) Advisory Council website (with a description of information and referral services) to other statewide information and referral programs, such as the Hotline for Disabilities, Answers 4 Families, DRN, the DHHS 211 System, Aging and Disability Resources Center (ADRC) website and Options Counselor, the DHHS Aging Unit Long-term Care Ombudsman, Legal Aid of Nebraska's Access Line and Elder Access Line.

Information and referral contacts (website address and telephone number) will be included in all professional training materials and communications. All reports, products and educational materials sent to key target audiences (including children and youth with TBI, their parents and guardians and the elderly) will include contacts for information and referral services.

Expanding access to information and referral services will increase the numbers of individuals with TBI and families who locate and access needed services and supports.

Objective #2: Provide training to key professionals, service providers and agency staff serving children, youth and the elderly on the potential long-term cognitive, physical, emotional and behavioral effects of TBI (including concussion or mild TBI) and the resulting implications for housing, work and community living.

Nebraskans with TBI and their families report *health disparities* due to uninformed professionals, service providers and agency staff who find them ineligible for programs or fail to develop comprehensive care plans. Providers across the state report a limited knowledge of the permanent cognitive, physical, emotional and behavioral changes from TBI that impact daily function, affecting access to cognitive, physical and occupational rehabilitation, speech and language therapy, educational supports and accommodations, employment supports and accommodations including vocational counseling, skills assessment, job re-training and on-site job coaching, independent living skills training and training to use different modes of transportation. To address this need, Nebraska will provide training to key professionals who encounter individuals with TBI but lack relevant training to identify or treat their symptoms. Training will be focused on service providers and agency staff responsible for eligibility determination, needs assessment, service planning and provision for children, youth and the elderly with TBI, including:

* Community Action of Nebraska and Ponca Tribe Navigators

* School personnel (general and special education teachers, school nurses, principals and other student assistance team members)

* Developmental Disabilities (DD) Service Coordinators

* Juvenile Justice Probation, Interim-Program and Special Purpose Schools personnel (for youth with TBI served in the Juvenile Justice System)

* Money Follows the Person (MFP) Transition Coordinators, Transition Planning and Support (TPS) Providers, the DHHS Long-term Care Ombudsman and ADRC Options Counselor

In partnership with the Nebraska Concussion Coalition, training will also be provided to parents, student athletes, coaches, and athletic trainers on the risks of concussion or mild TBI and best practice procedures for return to play and to classroom activities after a concussion has occurred. Physicians and therapeutic ancillary personnel have little time to attend formal training events, so Nebraska will produce and promote short webinars or videos on the cognitive, physical, emotional and behavioral impact of TBI for “just in time” access.

Key grant staff will assure that all training curricula emphasizes an inter-professional team approach to providing services to children, youth and elderly with TBI and their families, and will include strategies for partnering with professionals in other disciplines to determine the comprehensive service needs of individuals with TBI, make referrals to professionals in other disciplines and develop comprehensive care plans.

At the regional and local level, state agencies, private and non-profit organizations (such as centers for independent living, etc.) deliver employment supports and accommodations, vocational counseling, skills assessment, job re-training and on-site job coaching, assistive technology supports, independent living skills and transportation training and other services to eligible individuals with TBI. Nebraska will request proposals each year from regional and local providers for projects to increase their professional capacity to serve children, youth and/or elderly with TBI. Proposals will be requested that include the provision of independence skill building, a currently underutilized waiver-funded service determined to be of benefit to individuals with TBI. Proposal criteria will also require staff training that emphasizes an inter-professional team approach and includes strategies for TBI screening, ongoing staff development and partnering with professionals in other disciplines in serving individuals with TBI.

The BIA-NE's Annual Conference provides an opportunity each year for individuals with TBI, family members, professionals and service providers to participate in ongoing training and skill development. Online TBI training modules will also offer introductory training for state agency and service provider staff.

Increasing the number of professionals, service providers and agency staff with knowledge, skills and resources to serve individuals with TBI will result in better access to rehabilitation and other services for the targeted populations.

Objective #3: Teach professionals, service providers and agency staff serving children, youth and the elderly to implement simple methods to screen individuals for TBI at the point of program eligibility and service needs planning.

Schools are a primary provider of rehabilitative and support services for children and youth with TBI or other disabilities and thus are an ideal environment in which to screen for TBI. Simple screening tools and methods have proven useful in identifying children, youth and elderly

individuals with potentially unreported TBI and accompanying cognitive, physical, emotional and behavioral changes that impact daily function. Screening tools range from brief and simple to administer to more comprehensive versions requiring extensive training in administration. Professionals, service providers and agency staff who screen applicants and clients for TBI can use positive screen results to make accurate eligibility decisions, develop comprehensive care and service plans and provide accommodations that match individual needs and increase access to services.

As recommended in *(Possible Brain Injury Events and Symptoms in Elementary School Children, Hux, Dymacek and Childers, 2013)*, school student assistance teams (SATs) should screen children and youth for unreported TBI to assure proper identification and diagnosis and accurate assessment of their academic and behavioral service needs. NDE's Special Populations Office coordinates Brain Injury Regional School Support Teams (BIRSST) to consult with school districts on the needs of children and youth with TBI. BIRSST members are trained to use Nebraska's curriculum entitled *Bridging the Gap From Concussion to Classroom* and the *SAFE CHild TBI Screening Tools* for elementary and high school students to educate school personnel in TBI screening implementation and recommended intervention protocols. Schools will also be trained to coordinate concussion management teams to implement best practice protocols for returning concussed children and youth to classroom activities.

Elderly individuals with disabilities access a broad range of services and supports to maintain independence through regional AAA offices, which are also responsible for Aged and Disabled Medicaid Waiver eligibility determination and service planning for individuals aged 65 years and older. Screening for TBI was proven an effective strategy for service coordinators in one AAA regional office to identify elderly clients with TBI, assess their needs, develop care plans and coordinate appropriate services in the community to meet their needs. Service coordinators and care managers in the remaining seven offices will be trained to implement TBI screening methods for their clients to increase access to appropriate rehabilitation and other services based on their identified needs.

The state's nursing home or intermediate care facility (ICF/MR) residents have an opportunity to transition to the community and receive supportive services to remain independent through Nebraska's Money Follows the Person (MFP) program. MFP Transition Coordinators link elderly or other individuals with disabilities to Aged and Disabled, Traumatic Brain Injury or Developmental Disabilities Medicaid Waiver Service Coordinators to determine eligibility for the appropriate Medicaid Waiver to fund home and community-based services. These Transition Coordinators will be trained to include TBI screening in their pre-transition screen of residents to identify those with potentially unreported TBI. They will also be trained to use positive screen results to help determine a resident's needs and required supports for living independently.

Nebraska's recently launched ADRC website offers individuals, families and service providers a searchable database for locating resources and services to meet their needs. Users can access online self-assessments to individualize and guide their searches. Nebraska will add a TBI screen for adult users to self-identify and connect to specific information and resources based on the results of their completed screen.

Teaching professionals in key eligibility and service planning positions to screen their students and clients for TBI will increase access for children, youth and the elderly to rehabilitative, therapeutic and other community-based services.

Objective #4: Develop a sustainable model to implement resource facilitation for the children, youth and elderly with TBI and their family members who require assistance in navigating complex service systems to meet their needs and achieve their goals.

Resource facilitation descriptions and services vary from state to state, but the *HRSA Resource Facilitation Survey Results, National Opinion Research Center (NORC) Report, 2009* definition will be used by VR as a common reference point:

“Resource Facilitation for individuals with TBI and family members begins with the basic process of assessing an individual’s needs and the provision of information and referral. Dependent upon the availability of resources, resource facilitation may also include advocating for, obtaining and accessing services and supports, routine follow-up and reassessment to determine additional needs, the efficacy of existing services and supports and/or the termination of services.”

Many Nebraska agencies and service providers offer limited case management or resource facilitation related to their own programs or services, however there are currently no statewide resource facilitation services available to help individuals with TBI and their families navigate across service systems. The BIA-NE’s TBI Ombudsperson provides information and referral services to BI Registry letter recipients and provides follow-up calls in some instances, however the organization does not currently have capacity to provide resource facilitation on a large scale. Stakeholder input from the *TBI Needs and Resources Assessment* supports the need for statewide resource facilitation, but does not clearly define the service or identify a responsible entity or funding source. Past legislative efforts to appropriate funding for resource facilitation for veterans with TBI failed.

Nebraska will create a workgroup of BI Advisory Council members and stakeholders and consult with experts to define resource facilitation services (with a focus on children, youth and the elderly with TBI) and design a sustainable model for service delivery beyond grant funding. The workgroup will consider previous stakeholder input, identify and survey new stakeholders and assess Nebraska’s current service system to recommend a model or models for implementation. Any implemented model(s) will incorporate steps for seamless connection with information and referral services for the targeted populations.

Resource facilitation services will allow more children, youth and elderly individuals with TBI to access critical services that are spread across numerous agencies and service providers.

Objective #5: Develop a plan and identify potential long-term funding sources for sustaining key TBI service infrastructure elements beyond grant funding, with a focus on the targeted populations of children, youth and the elderly with TBI.

Nebraska will collaborate with key state agencies, organizations and service providers to complete a comprehensive analysis of the annual costs associated with TBI, current funding mechanisms and potential long-term funding sources to develop strategies for sustaining key TBI service system activities beyond grant funding. Future funding needs for the population can be projected based on BI Registry figures.

Project objectives target the state’s service delivery systems with the greatest capacity to provide rehabilitation services and community-based supports to eligible children, youth and the elderly. Further analysis of these systems will yield a baseline for measuring progress and provide data for recommending changes to increase access. For example, Nebraska’s TBI Medicaid Waiver has capacity to serve up to 40 adults with diagnosed TBI aged 18 years and

older, providing specialized assisted living services (escort services, essential shopping, Health maintenance activities, housekeeping, laundry and dining services, provision of medications, personal care and transportation services) in one location. Statistics show the TBI Waiver has never been utilized to capacity, with only 21 to 23 individuals receiving funding each year of the 40 possible (*TBI Needs and Resources Assessment*). There is currently no data to indicate why it is not used to capacity or if there are individuals who could be served under the Waiver but are not.

A large number of individuals with TBI across the state are not eligible for publicly funded long-term services because they do not meet nursing home level of care requirements for Medicaid Waivers. In other states, trust funds are a common source of funding for rehabilitation and other services. Traffic violation, car registration, speeding and reckless driving violation fees are typical revenue sources for TBI trust funds. After several attempts, Nebraska has not yet passed legislation to create a TBI trust fund. As part of the comprehensive analysis of annual TBI costs, Nebraska will create a workgroup to review previous efforts to create a TBI trust fund and examine the feasibility of recommending such a fund to sustain key TBI service infrastructure elements.

An amendment to the Concussion Awareness Act (LB782) was recently introduced to Nebraska lawmakers that would require schools to establish “return to learn” protocols for students that have sustained a concussion. This legislation results from an increased awareness of TBI among Nebraska lawmakers and stronger advocacy efforts from the BIA-NE and other organizations. Increased advocacy may positively impact future funding opportunities for state appropriated resources.

Work Plan with Timelines

The following Work Plan includes a timeline, responsible staff and key stakeholders or collaborators for each planned activity and begins on the following page.

Work Plan with Timelines

Goal: To increase access to rehabilitation and other services for children and youth with TBI aged 5 to 26 years (including student athletes) and the elderly.

Objective 1: Enhance and expand existing information and referral services to reach children, youth and elderly with TBI, their family members and the professionals, service providers and agency staff who serve them, providing educational resources and referral to appropriate services and supports as requested.

Activities	Timeline	Responsible Staff	Key Stakeholders and Collaborators
Act. 1.1: Maintain and sustain the agreement between VR and Division of Public Health to provide BI Registry follow-up contacts and the Interagency Agreement for information and referral services.	June 1, 2014 - May 31, 2018	VR Program Director, ATP Program Coordinator	DHHS Division of Public Health, BIA-NE, DRN, Hotline for Disabilities
Act. 1.2: Expand the contents of BI Registry follow-up packet to include a symptom checklist, TBI information for physicians and contacts for Health Insurance Marketplace enrollment. Review and update as necessary.	June 1, 2014 - August 31, 2014	VR Program Director, ATP Program Coordinator	BIA-NE, Community Action of Nebraska, Ponca Tribe of Nebraska
Act. 1.3: Maintain the agreement with BIA-NE to respond to information and referral requests from BI Registry letter recipients.	June 1, 2014 - May 31, 2018	VR Program Director	BIA-NE
Act. 1.4: Develop and maintain links between the BI Advisory Council website and other statewide information and referral programs.	September 1, 2014 - May 31, 2018	VR Program Director, ATP Program Coordinator, ATP Website Manager	BIA-NE, Hotline for Disabilities, Answers 4 Families, DRN, Nebraska 211, ADRC Website and Options Counselor, DHHS Aging Unit Long-term Care Ombudsman, Legal Aid of Nebraska Access Line and Elder Access Line
Act. 1.5: Include contact for information and referral services in all professional training curriculum materials and communications.	September 1, 2014 - May 31, 2018	VR Program Director, TBI Grant Training Associate	BIA-NE Concussion Coalition, DHHS Injury Prevention, NDE Special Populations, BIRSST Teams, DHHS State Unit on Aging

Act. 1.6: Disseminate reports, products and educational materials to key target audiences including communities of linguistically, socioeconomically and geographically diverse backgrounds.	December 1, 2014 - May 31, 2018	VR Program Director, ATP Program	BIA-NE
Act. 1.7: Develop lessons learned/best practice document for information and referral services and submit to TBICS.	December 1, 2017 - May 31, 2018	VR Program Director, BI Advisory Council	DHHS Division of Public Health, BIA-NE, DRN, Hotline for Disabilities

Objective 2: Provide training to key professionals, service providers and agency staff serving children, youth and the elderly on the potential long-term cognitive, physical, emotional and behavioral effects of TBI (including concussion or mild TBI) and the resulting implications for housing, work and community living.

Activities	Timeline	Responsible Staff	Key Stakeholders and Collaborators
Act. 2.1: Hire and train a part-time associate to support professional training activities.	June 1, 2014 - August 31, 2014	VR Program Director	VR Director, NDE Office of Human Resources
Act. 2.2: Key grant staff will attend at least one national TBI meeting or conference annually.	September 1, 2014 - May 31, 2018	VR Program Director, TBI Grant Training Associate	HRSA, NASHIA
Act. 2.3: Key grant staff will attend the NE Brain Injury Conference annually.	June 1, 2014 - May 31, 2018	VR Program Director, TBI Grant Training Associate	BIA-NE
Act. 2.4: Key grant staff will participate in cultural competence and professional development training via NDE's LINK Employee Development Center, webinars, etc. as available.	June 1, 2014 - May 31, 2018	VR Program Director, TBI Grant Training Associate	NDE LINK Employee Development Center
Act. 2.5: Key grant staff will practice culturally competent strategies for outreach to targeted populations and	June 1, 2014 - May 31, 2018	VR Program Director, TBI Grant Training Associate, ATP	Nebraska Appleseed Center, BI Advisory Council, NE State Rehabilitation Council,

incorporate best practices in professional training activities.		Program Coordinator	DHHS Office of Health Disparities and Health Equity
Act. 2.6: Coordinate two professional training events per year for BIRSST team members.	September 1, 2014 - May 31, 2015 and annually thereafter	VR Program Director, TBI Grant Training Associate	NDE Special Populations, BIRSST Teams, BIA-NE
Act. 2.7: Train ACA Navigators on TBI and potential physical, cognitive, behavioral and emotional needs.	September 1, 2014 - May 31, 2015	VR Program Director, TBI Grant Training Associate	Community Action of Nebraska, Ponca Tribe of Nebraska
Act. 2.8: Train select school district personnel using Nebraska's curriculum to create concussion teams and implement "Return to Learn" best practice procedures with students who experience concussion.	September 1, 2014 - May 31, 2015 and annually thereafter	VR Program Director, TBI Grant Training Associate	NDE Special Populations, BIRSST Teams, BIA-NE
Act. 2.9: Train DD Service Coordinators on transition service needs of DD Medicaid Waiver eligible youth with TBI.	June 1, 2015 - May 31, 2016	VR Program Director, TBI Grant Training Associate	DHHS Division of Developmental Disabilities, BIRSST Teams, BIA-NE
Act. 2.10: Train parents, students, coaches and athletic trainers on concussion/mild TBI and best practice procedures for return to play and classroom.	September 1, 2014 - May 31, 2015	TBI Grant Training Associate, BI Advisory Council	DHHS Injury Prevention, BIA-NE Concussion Coalition
Act. 2.11: Develop and promote "just in time" training for medical personnel including physicians, nurses and therapists on concussion/mild TBI and best practice procedures for return to play and classroom.	June 1, 2015 - February 29, 2016 and ongoing	VR Program Director, TBI Grant Training Associate, BI Advisory Council	DHHS Injury Prevention, BIA-NE Concussion Coalition
Act. 2.12: Train Juvenile Justice Probation, Interim-Program and Special Purpose Schools personnel on service needs of children and youth with TBI.	March 1, 2015 - May 31, 2015 and annually thereafter	VR Program Director, TBI Grant Training Associate	NJJA, NDE Out of Home Placement Committee, NE Office of Probation Administration

Act. 2.13: Train MFP Transition Coordinators, TPS Providers, Long-term Care Ombudsman and ADRC Options Counselor on service needs of elderly with TBI.	December 1, 2014 - August 31, 2015	VR Program Director, TBI Grant Training Associate	DHHS Division of Medicaid and Long-term Care, DHHS State Unit on Aging, DHHS Injury Prevention
Act. 2.14: Request and fund proposals from community-based service providers for projects to increase their professional capacity to serve children, youth and/or elderly with TBI.	December 1, 2014 - February 28, 2018 and annually thereafter	VR Program Director, TBI Grant Training Associate, BI Advisory Council	DHHS Division of Medicaid and Long-term Care, DHHS State Unit on Aging, DHHS Maternal and Child Health
Act. 2.15: Add online TBI Training Module access to State of NE Employment Development Center website for state agency personnel.	June 1, 2015 - May 31, 2016	VR Program Director, TBI Grant Training Associate	VR Infrastructure Support, NDE Personnel, NE Administrative Services
Act. 2.16: Add CEU credit options for Nebraska professionals to online TBI Training Modules for ongoing professional training.	June 1, 2016 - May 31, 2017	VR Program Director, TBI Grant Training Associate, ATP Program Coordinator, ATP Website Manager	BIA-NE
Act. 2.17: Support and promote the Annual BI Conference for ongoing professional training.	June 1, 2014 - May 31, 2018	VR Program Director, TBI Grant Training Associate, ATP Program Coordinator, BI Advisory Council	BIA-NE
Act. 2.18: Disseminate reports, products and educational materials to key target audiences including communities of linguistically, socioeconomically and geographically diverse backgrounds.	December 1, 2014 - May 31, 2018	TBI Grant Training Associate, BI Advisory Council	BIA-NE
Act. 2.19: Develop lessons learned/best practice document for professional training and submit to TBICS.	December 1, 2017 - May 31, 2018	VR Program Director, TBI Grant Training Associate, BI Advisory Council	NDE Special Populations, BIRSST Teams, DHHS Division of Medicaid and Long-term Care, DHHS

			Injury Prevention, BIA-NE
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Objective 3: Teach professionals, service providers and agency staff serving children, youth and the elderly to implement simple methods to screen individuals for TBI at the point of program eligibility and service needs planning.

Activities	Timeline	Responsible Staff	Key Stakeholders and Collaborators
Act. 3.1: Implement TBI screening for children and youth in select school districts with Student Assistance Teams and report outcomes. Expand to additional schools as appropriate.	September 1, 2014 - May 31, 2015 and annually thereafter as appropriate	VR Program Director, TBI Grant Training Associate	NDE Special Populations, BIRSST Teams
Act. 3.2: Train Area Agency on Aging Medicaid Waiver Service Coordinators and Care Managers to implement TBI Screening for elderly.	September 1, 2014 - August 31, 2015	VR Program Director, TBI Grant Training Associate	DHHS State Unit on Aging, Area Agencies on Aging, UNK Dept. of Communication Disorders
Act. 3.3: Train MFP Transition Coordinators and ADRC Options Counselor to implement TBI screening for elderly transitioning to community living.	December 1, 2014 - November 31, 2015	VR Program Director, TBI Grant Training Associate	DHHS Division of Medicaid and Long-term Care, State Unit on Aging, DHHS Injury Prevention
Act. 3.4: Identify or design a self-identification TBI screen and add to ADRC website. Link to information and referral contact and online TBI Training Modules.	June 1, 2014 - February 28, 2015	VR Program Director, TBI Grant Training Associate, ATP Program Coordinator, ATP Website Manager	DHHS State Unit on Aging, VR Infrastructure Support
Act. 3.5: Disseminate reports, products and educational materials to key target audiences including communities of linguistically, socioeconomically and geographically diverse backgrounds.	December 1, 2014 - May 31, 2018	TBI Grant Training Associate, BI Advisory Council	BIA-NE

Act. 3.6: Develop lessons learned/best practice document for TBI screening and submit to TBICS.	December 1, 2017 - May 31, 2018	VR Program Director, TBI Grant Training Associate, BI Advisory Council	NDE Special Populations, BIRSST Teams, DHHS Division of Medicaid and Long-term Care, State Unit on Aging, Area Agencies on Aging, UNK Dept. of Communication Disorders
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Objective 4: Develop a sustainable model to implement resource facilitation for the children, youth and elderly with TBI and their family members who require assistance in navigating complex service systems to meet their needs and achieve their goals.

Activities	Timeline	Responsible Staff	Key Stakeholders and Collaborators
Act. 4.1: Create a workgroup and obtain consultation to design a model for resource facilitation in NE with a focus on targeted populations. Request proposals if appropriate.	June 1, 2014 - May 31, 2015	VR Program Director, TBI Grant Training Associate, BI Advisory Council	BIA-NE, DRN, Hotline for Disabilities, DHHS Division of Public Health
Act. 4.2: Maintain the agreement with BIA-NE to provide TBI Ombudsman services until a model for resource facilitation is implemented.	June 1, 2014 - May 31, 2015	VR Program Director, BI Advisory Council	BIA-NE, DRN, Hotline for Disabilities
Act. 4.3: Promote resource facilitation contact in all project-funded professional training curriculum materials and communications.	June 1, 2015 - May 31, 2018	TBI Grant Training Associate, ATP Program Coordinator	NDE Special Populations, BIRSST Teams, DHHS Division of Medicaid and Long-term Care, State Unit on Aging, Area Agencies on Aging, UNK Dept. of Communication Disorders, DHHS Injury Prevention, BIA-NE Concussion Coalition
Act. 4.4: Promote resource facilitation contact via internet and social media.	June 1, 2015 - May 31, 2018	VR Program Director, TBI Grant Training Associate, ATP Program Coordinator, ATP Website Manager, BI Advisory Council	VR Social Media contact, BIA-NE
Act. 4.5: Promote resource facilitation contact via Regional ADRC Working	June 1, 2015 - May 31, 2018	VR Program Director, TBI Grant Training Associate	DHHS Division of Medicaid and Long-term Care, State Unit on Aging, Area Agencies on Aging

Boards.			
Act. 4.6: Disseminate reports, products and educational materials to key target audiences including communities of linguistically, socioeconomically and geographically diverse backgrounds.	December 1, 2014 - May 31, 2018	TBI Grant Training Associate, BI Advisory Council	BIA-NE
Act. 4.7: Develop lessons learned/best practice document for resource facilitation and submit to TBICS.	December 1, 2017 - May 31, 2018	VR Program Director, TBI Grant Training Associate, BI Advisory Council	BIA-NE, DRN, Hotline for Disabilities

Objective 5: Develop a plan and identify potential long-term funding sources for sustaining key TBI service infrastructure elements beyond grant funding, with a focus on the targeted populations of children, youth and the elderly with TBI.

Activities	Timeline	Responsible Staff	Key Stakeholders and Collaborators
Act. 5.1: Conduct a comprehensive analysis of the average annual costs of TBI in Nebraska.	June 1, 2015 - May 31, 2016	VR Program Director, BI Advisory Council	DHHS Medicaid and Long-term Care, BIA-NE
Act. 5.2: Obtain consultation on financial options for project sustainability.	June 1, 2016 - November 31, 2016	VR Program Director, BI Advisory Council	BIA-NE
Act. 5.3: Disseminate report on the financial impact of TBI in Nebraska and recommend strategies for sustaining key TBI service system elements and activities. Disseminate report with respect to communities of linguistically, socioeconomically and geographically diverse backgrounds.	December 1, 2016 - May 31, 2018	VR Program Director, TBI Grant Training Associate, BI Advisory Council	BIA-NE

A *Logic Model* for the project is included as Attachment 1. The logic model conceptualizes the project goal, objectives, assumptions, inputs, target populations activities, outputs and outcomes.

Alignment with the Six Core Outcomes

To promote a comprehensive, community-based system of services for children, youth and the elderly with TBI, Nebraska aligned its methodology to the greatest extent possible with the identified MCHB core outcomes.

Nebraska VR and the BI Advisory Council will continue to promote the families of individuals with TBI as partners in decision-making at all levels and will actively seek family input in evaluating project outcomes. Workgroups formed to support work plan objectives will include families of children, youth and elderly individuals with TBI. To the extent possible, family member input will be considered in choosing educational materials for dissemination to individuals with TBI and families of culturally, linguistically socio-economically and geographically diverse backgrounds.

Nebraska understands it is vitally important for children, youth and the elderly with TBI to have access to coordinated, ongoing comprehensive care within a medical home, and to adequate health insurance to cover needed services. To achieve this outcome, Nebraska will partner with Community Action of Nebraska and Ponca Tribe Navigators to help individuals and families obtain health insurance coverage in the federal health insurance marketplace to the extent possible. Navigator contact information will be readily available through information, referral and resource facilitation services developed as project objectives.

MCHB recommends CSHCN receive early and continuous screening for special health care needs. Nebraska has already demonstrated that screening children, youth and the elderly for unreported TBI is beneficial in eligibility determination, service planning and provision. *Key professionals and service providers will receive training and assistance to conduct TBI screening at the earliest feasible points of contact with the clients they serve in an effort to promote this outcome.*

MCHB recommends that CSHCN have access to community-based service systems organized for ease of use. Although it is impossible to reorganize an entire service system, resource facilitation services will provide individuals with TBI and their families a way to navigate the existing community-based service system more effectively and with more positive outcomes. Training for professionals and service providers on the cognitive, physical, emotional and behavioral changes resulting from TBI and their impact on daily function will also facilitate better outcomes for children, youth and elderly individuals with TBI.

Finally, MCHB recommends CSHCN youth receive services needed for transition to adulthood. Nebraska will accomplish this by assuring that families of young adults with TBI have access to information and referral services when they question where to go for help. Trained school personnel, service coordinators and service providers who support youth with TBI will contribute to their success in transitioning to adulthood.

IMPACT

Plan for ongoing grant staff training

Grant staff will participate in ongoing training and professional development activities to assure project objectives are met. A part-time training associate will be hired specifically to support professional training objectives outlined in the work plan. Key staff will attend Nebraska's Annual Brain Injury Conference to improve skills and knowledge and to strengthen connections

with state agency representatives and service provider organizations serving individuals with TBI. Key grant staff (VR Program Director and Training Associate) will attend at least one national TBI conference or meeting each year to stay abreast of new TBI treatments, strategies and technologies and learn of other states' successful initiatives. Key staff will also access applicable training as needed through the NDE LINK Employee Development Center (an online resource for State of Nebraska employees). Staff will consult with the DHHS Office of Health Disparities and Health Equity, Nebraska Appleseed Center and other resources to assure cultural competence in developing and disseminating educational materials to individuals and families of diverse backgrounds.

Outreach and communication with communities of diverse backgrounds

Key grant staff and project partners will review relevant documents and consult with Department of Health and Human Services staff from this office in conducting outreach and education with individuals, families and communities of culturally, linguistically, socioeconomically and geographically diverse backgrounds. The BI Advisory Council will organize a committee to recommend specific strategies for outreach and information dissemination to communities of diverse backgrounds. Sign language and/or alternate language interpreters will be hired for training event participants as needed. Educational materials and training curricula will be translated or offered in alternate formats as needed to reach target populations. Staff will review Nebraska DHHS Office of Health Disparities and Health Equity reports and fact sheets on health profiles and health disparities among the state's diverse populations to ensure the culturally and linguistically competent services are being provided.

Production and dissemination of TBI educational materials to individuals with TBI and their families

A training associate will conduct a thorough search to locate appropriate free or low-cost TBI educational materials (fact sheets, brochures, training curricula) from other sources to disseminate to individuals with TBI, their families and professionals. Materials will be disseminated by various methods to reach diverse communities in all parts of the state:

- Electronically (via e-mail and Constant Contact)
- Print (at meetings, conference presentations and exhibit booths)
- Post online at the BI Council website and link to other websites
- Social media (Facebook, Twitter, LinkedIn)
- Newspaper press releases
- Nebraska VR and other agency and organization newsletters

Critical Nebraska-specific materials such as BI registry letters, brochures and professional training curriculum have already been developed and will be revised for each group and event as needed to accomplish project objectives.

Organizational Partnerships

Other key stakeholders, collaborators and partners in project design will also be involved in implementation of project objectives. They are identified in the work plan. A description of key organizational partnerships is included as *Attachment #7: Organizational Partnership*

Information Summary. Partnerships were developed to address specific needs of the target populations (children, youth and the elderly with TBI) and accomplish required activities (information and referral, professional training, TBI screening and resource facilitation). Letters of agreement from selected important partners (DHHS State Unit on Aging, DHHS Office of Injury Prevention, BIA-NE and the University of Nebraska - Kearney) are included as *Attachment #4: Letters of Agreement and/or Descriptions of Proposed/Existing Contracts.*

Dissemination of reports, products, and grant outcomes

Nebraska will share project reports, products and outcomes with identified partners, collaborators and stakeholders and will consult them and the BI Advisory Council to choose additional key target audiences for dissemination of project outputs based on the target populations. Additional identified audiences include: local TBI support groups, DHHS and NDE divisions and offices, Nebraska state legislators, senators and congressmen, State Rehabilitation Council, State Independent Living Council, rehabilitation hospitals, the Early Development Network, local senior centers, Assistive Technology Partnership, Nebraska School Activities Association, and PTI Nebraska (Parent Training Center). Dissemination of reports and outcomes will be an ongoing project activity.

Lessons learned/best practice documents

Key grant staff (Program Director and Training Associate) will communicate regularly with the external evaluator regarding data collection and progress to note problems as they develop, make adjustments and document lessons learned as an ongoing process. Nebraska will schedule an annual meeting with BI Advisory Council members and partners/collaborators/stakeholders to review progress and document lessons learned for the year that will be used to produce a final lessons learned/best practice document for each required activity (information and referral, professional training, TBI screening and resource facilitation). The Program Director or Training Assistant will submit the final documents to the TBI Collaboration Space (TBICS).

Outreach and enrollment of individuals through the Health Insurance Marketplace

To support outreach and enrollment of individuals with TBI and their families through the Health Insurance Marketplace, Nebraska will partner with Community Action of Nebraska and the Ponca Tribe. Both entities receive federal grant funding for a network of Navigators to help individuals and families obtain health insurance coverage in the federal health insurance marketplace. Community Action of Nebraska provides statewide coverage and the Ponca Tribe is charged with helping American Indians in 15 counties to navigate the new health insurance program. Contact information for the Navigators will be made available through the provision of information and referral and resource facilitation services. This information will also be included in educational materials and training event curricula.

RESOLUTION OF CHALLENGES

There are several challenges likely to be encountered in designing and implementing project activities. Cultural, linguistic and economic differences present real challenges to providing information and referral services and making contact with children, youth and the elderly about the potential long-term consequences of TBI. Nebraska will address that challenge by actively seeking counsel and collaboration with organizations such as PTI Nebraska (Parent Training Center) that regularly conduct successful outreach and education to parents of children with special healthcare needs, regardless of cultural, linguistic or economic differences. A BI

Advisory Council committee will recommend specific strategies for outreach and information dissemination to communities of diverse cultural and economic backgrounds. Nebraska will use social media to reach individuals with TBI and their family members in both target populations.

There are several potential challenges to face in providing professional training. Many agencies and service providers have limited budgets for travel expenses and geography and travel time prevent many from attending events in person. To the extent possible, Nebraska will use distance learning or online options such as telehealth systems, webinars, and webcasts to include participants from across the state. In some cases, Nebraska will use grant funds to reimburse transportation costs if necessary.

In the past, agencies and service providers have been reluctant to implement TBI screening, citing increased staff time, associated costs and fear of “labeling” clients as arguments against the practice. To counter this potential challenge, grant staff will consult with BIRSST team members, school personnel, Area Agency on Aging administrators and the State Unit on Aging to identify the specific advantages of screening for TBI in each environment for each of the targeted populations.

Nebraska will be challenged to develop a resource facilitation model that reaches all areas of the state and equally serves children, youth and elderly individuals with TBI with cultural and linguistic diversity. The BI Advisory Council workgroup will need to consider service delivery methods, geography, staffing patterns, data collection, strategies for addressing cultural and linguistic diversity and long-term funding options as they recommend an appropriate model to meet the needs of Nebraskans with TBI and their families. Initial activities may be implemented regionally and slowly expanded to ensure quality, capacity and sustainability.

Nebraska will contract with an external evaluator to help address challenges in evaluating the impact of project activities on the overall goal to increase access to rehabilitation and other services for the targeted populations. As stated in the Evaluation section, true baseline data for all objectives may not be available. Data collection from partners and participants may also be a challenge. Grant staff and partners will communicate with the evaluator regularly to address these issues. Grant staff and the BI Advisory Council will hold annual meetings with partners and stakeholders to review progress, document lessons learned and ensure all concerned understand the importance of data collection and reporting to the sustainability of key activities beyond grant funding.

Sustainability. Nebraska will focus early on sustainability of key project activities, understanding this will likely be the greatest challenge to overcome. Grassroots, consumer driven advocacy has been a missing puzzle piece for Nebraska in years past, but is now available from the BIA-NE. A comprehensive analysis of TBI costs and recommendations for potential funding mechanisms will help communicate the needs of individuals with TBI and their families and the necessity for long-term funding options.

The work plan also addresses sustainability planning in the following activities under Objective 5.

Act. 5.1: Conduct a comprehensive analysis of the average annual costs of TBI in Nebraska.
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Act. 5.2: Obtain consultation on financial options for project sustainability.
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Evaluation and Technical Support Capacity

Program Performance Evaluation

Program performance evaluation will monitor and evaluate progress towards goals and objectives and will be an ongoing process. Evaluation will involve key stakeholders and key staff, with the awareness that ongoing project evaluation and feedback are critical to successful implementation of project activities and monitoring of outcomes. The plan for program performance evaluation that contributes to Continuous Quality Improvement includes 1) the tracking of process and outcomes measures to assure that program activities and objectives are being met as planned, 2) to what extent these can be attributed to the project, 3) the expected outcomes are at the level expected, and 4) to what extent data on persons being served can be successfully retrieved.

The performance management plan will include the evaluation of inputs indicated in the program logic model (Attachment 1). It is important to monitor and track the effectiveness of the BI Advisory Council and the grant staff who are employed by the Nebraska VR (i.e., lead agency) as the inputs are directly related to the overall performance of the plan. This performance plan will enable the agency to appropriately manage and monitor the “progress towards goals”, including the budget and allocation of grant financial resources. If major changes occur within the structure or function of the lead key agency staff or members of the BI Advisory Council, this will be noted and addressed within the context of major shifting of the overall impact of the work plan and its function. Key agency staff or grant staff will be hired to ensure that the appropriately qualified people are in place and will receive additional training once hired. As the work plan is implemented, staff needs will be reviewed and grant staff may be added or subtracted based on the activity level of the grant.

An external evaluator will be hired with the expertise and qualifications to ensure the appropriate professionalism required to collect and manage data in an accurate and timely manner for data collection and reporting of performance outcomes. The contracted external evaluator will be responsible for data management software needed to conduct the evaluation. In addition, the external evaluator will be responsible for communicating on a regular basis with grant project staff and to assist the project staff with any and all evaluation or data collection issues or concerns.

The effectiveness of the project will further be determined by the strength of the partnerships. An assessment to measure effective collaboration will be administered annually with the key stakeholders, which will include primarily the BI Advisory Council and Nebraska VR staff. The Wilder Collaboration Assessment, or a similar tool that measures collaboration strength, will be selected by the project staff during the first 6 months of the grant and will be implemented at the end of year 1 and at the end of each grant year thereafter.

Evaluation Impact on Program Development

The process evaluation will provide formative information to project participants for purposes of Continuous Quality Improvement during project implementation. The evaluation will allow Key Stakeholders to track the progress of the project in relation to the work plan, identify issues and obstacles as they arise, and provide the inputs to keep the project on track. This system and process will provide a mechanism to engage Key Stakeholders in Continuous Quality Improvement. The Evaluator will be present at BI Advisory Council meetings and will report at least quarterly, or when requested, on the status of evaluation and other data collected during project implementation.

Evaluation feedback is will be used to help grant staff and BI Advisory Council to be informed about program progress using program data to determine the effectiveness of both the implementation process and the impact of the objectives on outcomes. This Continuous Quality Improvement process will ensure that changes will be made, when needed, to the stated activities to increase the program impact on the desired goal of increasing access to services.

Monitoring and Evaluating Progress toward Goal Achievement

The process evaluation will address whether implementation of the project is progressing as intended or why there may be discrepancies. This component of the evaluation compares the project work plan with actual implementation of activities and timelines.

The primary process and outcome data collection strategy will include an annual online program assessment with partners implementing programs by collecting, analyzing, and tracking data to measure process and impact/outcomes of program activities on individuals with TBI, at risk for TBI, and/or serving the TBI population (e.g., race, ethnicity, language, age, providers). *The online survey data collection process will be developed by the evaluator and project staff.*

Components to be measured will include 1) status of activities implemented, 2) number impacted, and 3) outcome baseline information as indicated in the work plan in the program logic model. A common data form, or common database, will be created by the evaluator to be completed by grant partners to collect ongoing information about persons served and to help partners compile the information and data for the online assessment. The data forms/database entries will be collected by the evaluator every 6 months, from which a brief summary report will be written to ensure all project activities are on track and needed mid-year adjustments identified.

The number of persons reached through information sharing, training, screening and resource facilitation will be assessed to determine whether adequate “dosage” of the intervention was present in order to attribute change, or outcome achievement, to the implementation of the activity.

As indicated previously, the evaluator will be responsible for collecting baseline data within the first 6 months of the project from each participating organization and will also evaluate the implementation process and outcomes. Also, the evaluator will be responsible for compiling all information and data collected and preparing a comprehensive annual report from the online reporting assessment. The report will document all implementation, process, and outcome information. The evaluation will focus on benchmarking of progress beginning with baseline data collected in year 1 of the grant and measuring changes from year to year.

The comparison of baseline data with collected activity data will ensure accurate analysis of outcome progress, which ultimately will impact the goal of increasing access to TBI rehabilitation and other services across the state.

The primary outcomes for the project (as listed in the logic model) and the specific methodology and measurements are listed in the table below. The data collected, as indicated previously, will be tracked using a common data form or database, and will be included in the annual online assessment.

Outcomes	Methodology and Measures
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1. Increase in the amount of information disseminated	Program documentation (ongoing)
2. Increase in the number of professionals trained on TBI	Trainings and participant tracking (database)
3. 75% of professionals trained indicate confidence in assisting individuals with TBI (i.e., youth and the elderly)	3-month follow-up survey to trainees assessing confidence and competency
4. Increase in the number of the target population screened for TBI	Provider documentation and tracking (i.e., database)
5. Increase in the number of TBI targeted individuals receiving resource assistance	Partner assessment - Was funding available to increase services? Increase in services for individuals with TBI at Madonna and Quality Living?
6. 75% of individuals receiving resource facilitation services report successfully accessing TBI services	3-month follow-up survey to of individuals receiving resource facilitation services - Was service beneficial and was the desired outcome reached?
7. Key projects sustained beyond grant-funding	Program staff documentation of funds leveraged for sustainability

Nebraska VR agrees to meet performance reporting deadlines if grant funds are received and as required within 120 days of the Notice of Award (NoA) and to register in HRSA's Electronic Handbooks (EHBs) and HRSA-14-019 14 to electronically complete the program specific data forms.

Obstacles to Completing Performance Evaluation

Obstacles to complete the performance evaluation will be addressed and may include the ability, or level of cooperation, of all partners implementing various aspects of the work plan to collect participant data and outcome data. An effective data monitoring tool will be developed in conjunction with the BI Advisory Council and key grant staff to increase the probability of receiving outputs (i.e., number of participants, etc.) and other expected program data. The online reporting assessment may also increase the ease of data submission and therefore increase data submission compliance.

True baseline data may not be available for all objectives or activities as a data process may not have been in place for collecting all data or information prior to actual implementation. As soon as possible after the grant is awarded, it will be determined by the evaluator what baseline data is available and what baseline data will need to be collected during the first year of the grant.

Likewise, the obstacle of obtaining follow-up survey data from program participants to measure the impact of the activities on participants may also prove challenging in that response rates to follow-up surveys are typically less than 20% and may not be representative of all participants. Strategies to address the need to increase response rates may include providing opportunities for participants to respond to an online survey and/or discussing the request for responses to a follow-up survey at the time of training or of providing services. If there is a need to increase the follow-up survey response rates, the survey methodology may include follow-up participant

phone calls for resource facilitation services or involvement. An unbiased individual or organization, such as the external evaluator, would conduct the phone surveys.

ORGANIZATIONAL INFORMATION

RESOURCES/CAPABILITIES

Vocational Rehabilitation is a state-federal program that operates in all 50 states, Puerto Rico, Guam, the Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands. Legal authority for the program comes from the Rehabilitation Act of 1973 as amended through 1998. Nebraska Vocational Rehabilitation (VR) operates within the Department of Education under the direction of the Assistant Commissioner of Education, who reports to the Commissioner of Education. Since 1921, the program has maintained its purpose and vision, to “provide opportunities for people with disabilities to succeed.” Nebraska VR staff members provide direct services to employers and individuals with disabilities (employment supports such as vocational counseling, skills assessment, job re-training, job placement and job coaching). The organization’s mission is to “help people with disabilities prepare for, obtain and maintain employment while helping businesses recruit, train and retain employees with disabilities.”

Nebraska VR serves eligible U.S. citizens, lawful permanent residents and refugees/asylees that have legal employment authorization documents. Offices are located in eleven communities and reach residents of every county in the state. Nebraska VR strives to meet the needs of underserved groups within the disability community by developing specialized programs and services to address their specific barriers to employment. The program was designated lead agency for Nebraska’s HRSA Traumatic Brain Injury (TBI) Implementation Partnership Grant in 2008 (see Attachment 5, Lead Agency Designation) and coordinates activities of the statewide BI Advisory Council.

Project personnel and organizational partners

Nebraska VR’s Program Director for Acquired Brain Injury (ABI) will serve as project director, having five years experience serving in the same capacity for Nebraska’s current HRSA TBI Implementation Partnership grant and 27 years of experience serving individuals with TBI (see *Attachment 3: Biographical Sketches of Key Personnel*). The Program Director represents the interests of individuals with TBI on advisory boards for several DHHS projects; Money Follows the Person, Aging and Disability Resource Center, and Managed Long-term Services and Supports. The Program Director also participates on the Office of Injury Prevention’s Nebraska’s Older Adult Falls Coalition and Nebraska’s TBI Community of Practice for children and youth.

A training associate will be hired to support professional training activities outlined in the work plan. Required qualifications for the position will be a high school diploma or equivalent, post-secondary course work in office practices and procedures and at least one year of related office practices and procedures work experience. Additional project personnel have several years experience with current TBI grant activities and are qualified to carry out activities essential to project success. All personnel have demonstrated cultural competency with the target populations. It is the policy of Nebraska VR not to engage in discrimination or harassment against any individual regardless of age, race, sex, educational background, national origin, disability or any other criteria that may be a source of discrimination. Project personnel will comply with all federal and state nondiscrimination, equal opportunity and affirmative action

laws, orders and regulations. Project personnel, qualifications and responsibilities are listed in *Attachment 2: Staffing Plan and Job Descriptions*.

The Commissioner of Education appoints all members to the BI Advisory Council. Council members represent collaborating state agencies (DHHS and NDE, Office of Special Populations), public and nonprofit health related organizations, rehabilitation hospitals, disability planning groups, individuals with TBI and family members of individuals with TBI. Technical advisors to the Council include representatives from the Protection and Advocacy agency, Hotline for Disabilities, Injury Prevention, Developmental Disability service providers and others. Needs of the targeted populations (children, youth and elderly with TBI) are well represented by members and technical advisors. *Attachment #6: Advisory Board and Composition* lists a roster of current Council members and technical advisors. In partnership with Nebraska VR, the Council reviews TBI Ombudsperson quarterly reports, analyzes BI Registry data and routinely conducts statewide needs and resources assessments to assess needs and improve the lives of Nebraskans with TBI. Council members and technical advisors were instrumental in developing project objectives and will assist in monitoring, evaluating and reporting on project outcomes.

In recent years, the Council has made notable progress in raising the general public's awareness of TBI and in connecting individuals with TBI and their families to services and supports through effective collaboration with the Brain Injury Association of Nebraska (BIA-NE). With HRSA TBI Implementation Partnership Grant funding, Nebraska VR and the Council provided technical assistance and organization development assistance to the Brain Injury Group of Nebraska (a small, independent group of volunteer advocates) as they hired an executive director, pursued non-profit status and finally became a chartered affiliate of the Brain Injury Association of America. The BIA-NE is now the voice of brain injury in Nebraska and an effective partner in creating systems change.

Other key stakeholders, collaborators and partners in project design will also be involved in implementation of project objectives. They are identified in the work plan. A description of key organizational partnerships is included as *Attachment #7: Organizational Partnership Information Summary*. Partnerships were developed to address specific needs of the target populations (children, youth and the elderly with TBI) and accomplish required activities (information and referral, professional training, TBI screening and resource facilitation). Letters of agreement from selected important partners (DHHS State Unit on Aging, DHHS Office of Injury Prevention, BIA-NE and the University of Nebraska - Kearney) are included as *Attachment #4: Letters of Agreement and/or Descriptions of Proposed/Existing Contracts*.

Nebraska VR will utilize a number of resources and strategies to provide culturally and linguistically competent services to the target populations. The State Rehabilitation Council (SRC) is an independent consumer-run council that advises Nebraska VR on policies and services affecting clients of all backgrounds and disabilities. The SRC conducted focus groups for serving individuals from Hispanic/Latino communities and Deaf/Hard of Hearing communities. Recommendations from both focus groups have been incorporated into Nebraska VR's outreach and service policies and will be implemented as appropriate in accomplishing project objectives. All Nebraska VR staff members (including project personnel) have access to language translation applications on iPads for effective communication with individuals in other languages. The BI Advisory Council will organize a committee to recommend specific strategies for outreach and information dissemination to communities of diverse backgrounds. Sign language and/or alternate language interpreters will be hired for training event participants as

needed. Educational materials and training curricula will be translated or offered in alternate formats as needed to reach target populations and diverse communities.

Past performance

Nebraska VR leads the state in promoting screening for TBI as a strategy to increase access to services for individuals with unreported TBI. In 2007, VR implemented mandatory screening for TBI with all new applicants to discern specific service needs associated with potentially undiagnosed TBI. The program developed specialized vocational assessment and supported employment services for individuals with TBI shortly thereafter. In 2011, the HRSA Federal TBI Program honored Nebraska VR with two awards for work completed under the state's TBI Implementation Partnership Grant. The "Collaboration and Coalition Building Award" recognized VR for collaborating with pediatric physicians on a pilot to screen children aged 0 to 4 years for TBI. The "Most Popular State Agency Grant Product Award - SAFE CHILD Screening For Pre-School Aged Children, Poster" acknowledged the frequency with which the pilot results poster was downloaded by other HRSA grantees.

Nebraska VR demonstrates the organizational capacity, experienced, qualified personnel, tools and strategies for cultural competence and has forged strategic organizational partnerships to meet HRSA TBI Program and project requirements and expectations.

SUPPORT REQUESTED – see Budget and Budget Justification

Nebraska will meet applicable requirements for financial management activities including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures and program income. The Nebraska Department of Education (including Nebraska VR) requires that all contract procurement transactions regardless of method or dollar value are consistently conducted to provide maximum open and free competition. *Attachment #8: Other Relevant Documents* includes a list of state match and in-kind sources.