



Shaping the Future of Brain Injury

Nebraska's Brain Injury Summit on Resource Facilitation

**Sponsored by:
Nebraska Brain Injury Advisory Council**

Summit Summary and Recommendations

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The mission of the Nebraska Brain Injury Advisory Council 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.

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Nebraska's Brain Injury Summit on Resource Facilitation

Introduction

On February 12, 2015, the Nebraska Brain Injury Advisory Council held a Summit of representatives across the state to create a vision for a resource facilitation model for individuals with traumatic brain injury (TBI) and their families. Representatives from across the state participated by attending meeting sites in North Platte, Scottsbluff, Kearney, Grand Island, Norfolk, Omaha Downtown, Omaha West and Lincoln. This Summit and Call to Action was in keeping with the 2010 Nebraska Traumatic Brain Injury Needs and Resources Assessment, and subsequent *State Plan for Systematic Services for Individuals with Brain Injuries* which established goals for 2013-2018 for improved service delivery.

As the state lead agency for TBI services, the Nebraska VR (Vocational Rehabilitation) received a U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) Federal Traumatic Brain Injury (TBI) Implementation Partnership Grant to achieve its project goal to *increase access to rehabilitation and other services* by developing a sustainable resource facilitation model 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.

For purposes of the grant application, the agency defined resource facilitation as a service which " *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.*" (Source: *Resource Facilitation Survey Results, 2009*. The Health Resource and Services Administration's Maternal and Child Health Bureau Federal TBI Program, National Opinion Research Center at the University of Chicago.)

The Nebraska Brain Injury (BI) Advisory Council, appointed by the Commissioner of Education to advise VR on matters concerning individuals with TBI and their families, convened the meeting to:

1. Develop guiding principles for implementing a Resource Facilitation model in Nebraska
2. Develop a state definition for Resource Facilitation in Nebraska
3. Prioritize services to be provided under Nebraska's Resource Facilitation model

Summit invitations were sent to individuals with TBI, families, and an array of public and private agencies involved in TBI rehabilitation and service delivery for individuals with TBI, disabilities and who are aging statewide. Agencies and organizations represented included Nebraska VR, Area Agency on Aging, Disability Rights Nebraska, Brain Injury Association of Nebraska, Developmental Disabilities Planning Council, Independence Rising, Hotline for Disability Services and Client Assistance Program, community health and vocational programs, TBI rehabilitation programs and members of the Nebraska Brain Injury Advisory Council.

The day long Summit allowed for participation and interaction to achieve the objectives set forth by the Council, whose 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." For more information on the council go to: <http://www.braininjury.ne.gov/>

Resource Facilitation Summit Planning Meeting

Overview

In December 2014, the Nebraska Brain Injury Advisory Council sent invitations to a broad base of agencies, providers, individuals with TBI and other disabilities, families and professionals to attend the Summit planned for February 12, 2015. An agenda was formalized inviting speakers to provide: 1) an overview of progress to date in developing and expanding services for individuals with TBI and their families in Nebraska; 2) summary of services provided by various state and local agencies; and 3) an overview of TBI resource facilitation services which have been developed in other states. Once the background information was provided, Summit participants engaged in small group and large group discussion to address these objectives:

1. Develop guiding principles for implementing a Resource Facilitation model in Nebraska
2. Develop a state definition for Resource Facilitation in Nebraska
3. Prioritize services to be provided under Nebraska's Resource Facilitation model

The recommendations were compiled and tabulated in accordance with the number of participants who also had identified the same issues. Participants were provided with handouts to write their individual recommendations, as well. The following is a summary of the discussion and recommendations.

The Planning Process

A. Service Gaps and Needs

Participants identified service needs and gaps in service delivery with regard to TBI that are similar to those identified in the 2010 Nebraska Traumatic Brain Injury Needs and Resources Assessment. These needs include: the need for awareness of services and resources; funding for an array of community services, including transition services, counseling, day programs, in-home supports, employment opportunities and services overall that are sensitive to cognitive and behavioral deficits related to TBI. The lack of trained professionals; lack of providers, particularly in rural areas; and insufficient screening in educational settings were identified as barriers to services. Participants highlighted the need for a formalized resource facilitation program to provide assistance to families and individuals to link persons to services and resources and to help them and their families to navigate complex systems (i.e. medical, insurance, education, rehabilitation, disability, Medicaid, Medicare, vocational, and home and community-based long-term services and supports).

Presenters reviewed achievements to date in Nebraska in addressing these barriers and gaps in service delivery, as well as opportunities to address these issues through the Federal HRSA TBI Implementation Partnership Grant awarded to Nebraska VR and legislation to further the endeavors identified in the State Plan. The State Plan identified resource facilitation as a key service to help individuals with TBI in seeking services and supports. Through resource facilitation, data would also be collected identifying needs which will provide additional information in terms of overall service delivery needs.

B. Key Strategic Issues: Defining resource facilitation and principles

The participants discussed how resource facilitation can: provide information & referral services; assess functional needs; help to facilitate plans to attain short-term and long-term goals; link individuals to resources and services; and help individuals and their families to navigate public and private systems.

Principles

Participants identified key principles which resource facilitation services should embrace:

- Individuals with TBI should be treated with *dignity and respect*.
- Individuals with TBI should have the opportunity to make *informed choices* and the right to make decisions that affect their lives today and tomorrow.
- Individuals with TBI should experience *person-centered services* and supports to achieve outcomes that matter.
- Individuals with TBI and their families should experience a system that is flexible and receives the *right services and supports at the right time*.
- Individuals with TBI should be afforded the opportunity to take risks and learn from a full range of life experiences, within appropriate limits.
- Resource facilitation services should be *individualized* and client driven.

Key Words:

- *Dignity and respect*
- *Choice*
- *Self-directed*
- *Empowerment*
- *Timely*
- *Participation*
- *Consumer driven*
- *Dignity of risk*
- *Individualized*

Defining Resource Facilitation

Participants embraced resource facilitation for individuals with TBI of all ages and across the lifespan, and that the service should be offered statewide. The group believed the resource facilitators should be a resource to families, individuals with TBI, and medical, health care, disabilities and TBI providers. Resource facilitators could also educate community providers and the community at large on TBI issues.

Participants named numerous opportunities within Nebraska's health and human service systems, such as aging and disability resource centers, and within hospital and medical systems to provide contact information to help direct families and individuals with TBI to resource facilitation services. This would also help other human, health and social service systems to know how to refer people when they are contacted for assistance – in other words – collaboration across systems will help to ease access to multiple systems of services often needed for an individual with TBI at the same time or at differing times in his/her life. And, this collaboration will lead to the goal of delivering timely and a streamlined system of services.

The primary responsibility of a resource facilitator will be the point of contact for families and individuals with TBI seeking assistance to begin the process of assessing needs, identifying short-term and long-term goals and developing a plan for achieving the goals, for monitoring progress and evaluating outcomes. As individuals with TBI may have memory and other cognitive related problems, the participants believed face to face meetings were important to provide assistance. This will enable the resource facilitator to also assess how a person is able to function in his/her own home and environment.

Key Functions:

- *Point of contact*
- *I&R*
- *Assessing individual needs*
- *Service planning*
- *Assessing resources*
- *Linking to services*
- *Monitoring progress*
- *Advocacy*

Person-centered planning was discussed as the approach for identifying needs and developing a plan. This is an ongoing-problem solving process to help an individual plan for his or her future. It puts the individual with TBI in the center of the planning with the person identifying key individuals to include on the planning team with the resource facilitator facilitating the process. The team helps to identify opportunities for the individual to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve these goals. The process may result in creative and imaginative ways to help individuals to achieve their desires and goals using a combination of paid supports, natural supports, and resources available to citizens within the community.

Participants also noted that resource facilitators will need to be knowledgeable about systems, service eligibility, available resources, and TBI-related disabilities. Other items discussed included the need for resource facilitators to establish linkages with hospitals and health care professionals so that individuals with TBI and their families receive information and assistance as soon after injury as needed. And, ideally, the program would allow for matching resource facilitator personalities with the individuals they serve. If there are problems, then a plan needs to be in place for the individual with TBI to receive services from another resource facilitator.

Major functions:

- Point of contact for individuals and families and hospital, medical, health care and other service providers
- Provide information and referral services
- Identify and assess individual's strengths and weaknesses
- Facilitate a planning process for identifying short-term and long-term goals and strategies to achieve those
- Help individuals and their families to navigate systems
- Link individuals to services
- Monitor progress and provide follow up
- Advocate on behalf of the individual and the family

Other resource facilitator components:

- Network with providers and service systems
- Educate providers and the community about TBI and resource needs

System Components:

- Data system to collect information on individuals served; assistance provided and outcomes
- Procedures for complaint and/or due process procedures for individuals with TBI served
- Eligibility and other forms needed
- Program evaluation
- Training and staff development

In summary, resource facilitation could be defined as:

“a collaborative process in which needed services are identified, acquired, planned, and coordinated on an ongoing basis to ensure the needs of the individual with TBI and family are addressed in a comprehensive, timely and efficient manner.”

C. Next Steps

To help solicit further input, the Nebraska Brain Injury Advisory Council will post the findings and recommendations of the Summit participants on the website and offer the opportunity for further input. The report will also be discussed during the Advisory Council’s meeting. The Council envisions ongoing dialogue with stakeholders as the program is further defined and implemented.

To proceed with the development of resource facilitation, possible opportunities were shared with the participants. The Federal TBI Implementation Partnership Grant provides an opportunity to begin developing the infrastructure to support resource facilitation as well as to pilot the program or create it as a demonstration program. Another resource could be through the state Medicaid program by entering into an agreement with the Medicaid agency to be reimbursed for administrative or targeted case management for individuals with TBI who are Medicaid eligible. The agency could be approached with regard to expanding current Home and Community-based Medicaid Waiver programs to include case management (resource facilitation) for individuals with TBI to assist with obtaining community supports in lieu of institutional or nursing home care.

Finally, legislation is being considered by Nebraska lawmakers to establish a trust fund which would earmark funding for TBI services, which could include resource facilitation services. While there may be reluctance to provide sufficient funding to cover resource facilitation services statewide for all ages, certainly a pilot or a small program could be developed to demonstrate the value and cost effectiveness of such services to warrant expanding the program statewide. This would provide the opportunity to roll the program out in a manner that all potential obstacles are addressed and considered before embarking on a statewide program.

Steps to develop and implement:

- Determine agency or organization to provide the services; location/office; geographic service area
- Develop job description, scope of work and qualifications for a resource facilitator
- Determine eligibility for resource facilitation
- Develop methods for promoting the resource facilitation service (i.e. phone, web, advertising, conferences, meetings with providers and state agencies)
- Develop intake forms, identify data to be collected/reported; evaluation measures
- Promote interagency collaboration
- Develop and provide materials for resource facilitators
- Identify funding source(s) to support resource facilitation

For further information or to provide comments, send to:

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