

**PERFORMANCE NARRATIVE
FY2012 NONCOMPETING CONTINUATION PROGRESS REPORT**

Grant # H21MC06758
Traumatic Brain Injury Implementation Partnership

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ACCOMPLISHMENTS AND BARRIERS

Nebraska has used the Implementation Partnership Grants to build capacity and maximize the resources of agencies and agency staff to provide services to individuals with Traumatic Brain Injury (TBI) as part of the existing service delivery system. This approach is dictated by a lack of dedicated state funding for persons with TBI, however it is also expected to result in greater sustainability over time. Project goals are consistent with this approach; to increase the knowledge and skills of providers and agency staff and to build Nebraska's system capacity from within to provide services to individuals with brain injuries and their families.

The Nebraska TBI Advisory Council established objectives for 2009-2013 to target issues directly impacting on the following groups at high risk for TBI:

- Children (ages 0-4 years)
- Juvenile detainees
- Service members and veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)
- Elderly (aged 65+)

Objectives accomplished during reporting period 04/01/11 - 03/31/12 served to strengthen Nebraska's service system. The TBI Advisory Council, Brain Injury Association of Nebraska (BIA-NE), Department of Health and Human Services (DHHS) and Division of Public Health collaborated with Schmeckle Research, Inc. to complete the most comprehensive statewide Needs and Resources Assessment for individuals with brain injury and their families to date. Media releases on the survey collection process and assessment results were used to create awareness among state legislators, state agency personnel, community based service providers and the general public. The assessment results will inform the members of the TBI Advisory Council as they update the Statewide TBI Action Plan in 2012.

Nebraska's Concussion Awareness Act, LB 260, was passed in April 2011 with no opposition due to the efforts of the BIA-NE and Brain Injury Network (BIN) members. This legislation affects all youth sports, not just high school athletics, so the list of impacted schools and other groups is quite long. The BIA-NE partnered early with DHHS to identify appropriate training

resources for coaches, athletic trainers and other youth sports personnel, preparing for the law to go into effect in July 2012. The BIA-NE also partnered with the DHHS office of Injury Prevention on a concussion awareness television spot that aired during a recent televised volleyball tournament. A concussion awareness campaign targeting youth and high school students and their parents is also in development. The passage of LB 260 is a major accomplishment that will open doors to additional system changes for many years to come.

The task forces experienced delays in completing TBI screening pilots for various reasons, but are still moving forward. Closed doors were viewed as opportunities to change direction and to look for better options to accomplish project objectives.

GOALS AND OBJECTIVES

Project goals and objectives expand on previous efforts and lay a foundation for future state-based or alternative sources of support beyond federal funding. The following period objectives were completed or are nearly complete.

Goal 1: Increase the knowledge and skills of providers and agency staff with a focus on the targeted service delivery systems for children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the elderly, by increasing awareness of brain injury and providing training on brain injury, assessment tools, and quality services/strategies.

Objective 1: Develop targeted activities and events for the dissemination of information and resource materials on brain injury to the appropriate providers for each of the targeted high-risk populations.

In 2008, Nebraska passed legislation requiring follow-up contact with individuals listed on the TBI Registry. The agreement with DHHS, Division of Public Health was renewed again this year to provide this information via a letter and brochure sent to each individual on the registry. The TBI Advisory Council received quarterly and annual reports on the number of individuals provided with the information and the number making contacts to resources listed in the brochure. In three years, over 27,476 letters have been sent to individuals on the registry, and during this reporting period, the BIA-NE received 158 calls from letter recipients. The TBI Registry is one of Nebraska's best resources for connecting individuals with brain injury to appropriate services and supports.

The Annual Brain Injury Conference was moved to a larger venue in May 2011, with 265 attending the conference in May 2011. Donations funded 63 scholarships for individuals with brain injury and their family members who did not have the financial means to attend. As planned, Vocational Rehabilitation (VR) and the Council contracted with the BIA-NE to coordinate the conference to be held in March 2012. The BIA-NE will use this experience to develop their plan for a self-supported conference in 2013.

A specialized training event was held this year for targeted service providers. The "Making Cognitive Connections" workshop was held for educators, rehabilitation professionals, Assistive Technology Partnership (ATP) and VR staff on using the iPod Touch as a cognitive orthotic. The devices and workbooks purchased for training are now available for loan to professionals and individuals with brain injury through ATP.

The popular two-day workshop entitled “Responding to the Brain Injury and Post Traumatic Stress Disorder Needs of Veterans Returning from Operation Enduring Freedom/Operation Iraqi Freedom” was presented again this year in three new locations, with participants totaling over 600 in two years. A portion of this training on veteran’s resources was developed as a webinar and can be viewed at the BIA-NE website.

TBI Advisory Council members formed a marketing committee to redesign the Council’s website, adding new resources for Veterans with brain injury. The committee plans to move forward in 2012 on additional activities outlined in their strategic marketing plan to continue building awareness around brain injury.

A two-day preparation course was held again this year for professionals seeking Academy of Certified Brain Injury Specialist (ACBIS) certification. Two individuals successfully achieved certification, while a total of nine participated in the training event, which was open to any interested individual.

Objective 2: Expand the use of screening tools in systems serving children (0-4), youth in the Juvenile Justice system, service veterans and the elderly, to lead to better identification of individuals with a brain injury.

After a successful initial pilot in 2010, the Council’s Task Force on Children and Youth launched a validation study of the SAFE CHild Screening Tool and developed a screening tool for elementary school-aged children. The validation study required screening a larger number of children, so the project was expanded to include several local daycare centers in addition to the pediatric clinics originally involved. Three large school districts have been invited to participate beginning in January 2012. Data collection continues, and the task force hopes to complete the study and report results in the spring. The task force leader and project director attended the Children’s Summit in August 2011, bringing back valuable information on hospital to school transition protocols. The Brain Injury Regional School Support Team (BIRSST) members began work on a recommended protocol at their annual training meeting in December.

The DHHS approved screening pilot with the Youth Rehabilitation and Treatment Center (YRTC) was halted when DHHS determined that signed parental consents were required for each youth to be screened for TBI. This would have significantly reduced the number of youth available for screening, so DHHS was approached to reconsider conducting the pilot as an internal study, eliminating the need for parental consents. This was denied, and the Juvenile Justice Task Force is scheduled to reconvene in January to review other options for screening youth in this service system.

A screening pilot for veterans is in development with new partners, Central Community College (CCC), Metropolitan Community College and the Vets Center, and is due to launch in January 2012.

After a failed first attempt at screening the elderly for TBI, a research proposal was developed to screen local Area Agency on Aging (AAA) clients for TBI and to determine the impact of training for Medicaid Waiver Service Coordinators on TBI in locating and securing appropriate services and supports for their clients. The proposal was submitted to DHHS, and is awaiting approval.

Objective 3: Based on the identified training needs of screening pilot participants, develop and provide training for targeted service system groups to increase their skills and knowledge in the use of proven strategies that address needs and behaviors as a result of brain injury.

Demand for additional education on veteran's issues inspired the TBI Advisory Council's Veterans Task Force to partner with the BIA-NE, the Veterans Administration (VA), CCC, Military One Source, the Nebraska Transition Assistance Advisor and Nebraska Educational Television (NET) to produce a video entitled "Healing on the Homefront". The video portrays the difficulties faced by Sgt. Trevor Stryker, a former Marine, as he returned to Nebraska after experiencing a service-related brain injury.

Specialized training on TBI for Medicaid Waiver Service Coordinators was developed as part of the screening pilot with Kearney Area Agency on Aging, and will be evaluated in terms of its effectiveness in helping Service Coordinators find appropriate services and supports for their clients.

Goal 2: Increase and expand Nebraska's system capacity to provide services to individuals with brain injuries and their families, with a focus on children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the elderly.

Objective 1: Establish a focal point or locus of control for brain injury within state government to bring attention to the issue of brain injury and to provide for greater collaboration across state agencies and providers of brain injury services.

In FY 2009/2010, VR met this objective by hiring a full time program director for brain injury, and as the designated lead agency for brain injury services, implemented a number of procedures and service enhancements to better meet the employment needs of individuals experiencing brain injury, including screening all new and returning applicants for TBI, and offering specialized vocational assessment services. In 2011, VR contracted with a second community based employment program for specialized supported employment services for individuals with brain injury. VR is collecting data from the two programs on the costs associated with long-term supports for this population.

A comprehensive, statewide TBI Needs and Resources Assessment was completed in 2011. The TBI Advisory Council met in December to begin strategic planning toward revising the statewide TBI Action Plan. Work on the plan will continue in 2012.

Objective 2: Provide support to the development and operation of the Brain Injury Network to increase the availability of information and resource materials across the state with a focus on the targeted high-risk populations of children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom, the elderly and their families.

The BIN was successfully transitioned to the BIA-NE for operation. There are now 419 members on the network who receive weekly updates on brain injury-related research, news and training events, and updates from local support groups. The BIA-NE reports quarterly on BIN activity. The BIN has become a valuable tool for connecting professionals, individuals with brain injury, family members and friends to the information they need.

Objective 3: Provide technical support to the state-based grass roots organization for brain injury, Brain Injury Association of Nebraska, to ensure greater participation of the targeted high-risk populations of children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom, the elderly and their families who are members of the organization.

Nebraska's system capacity grew broader and deeper during the year, largely due to the growth of the BIA-NE. In November 2011, the BIA-NE marked its two-year anniversary as a BIAA affiliate. The BIA-NE board of directors completed its strategic plan leading to self-support by the end of FY 2012/2013, and the BIA-NE has now become the "voice" of Nebraskans experiencing the effects of brain injury. For 2012, VR contracted with the BIA-NE to coordinate the Annual Brain Injury Conference, and by 2013, the BIA-NE will have the staff and resources to operate the conference independently. With the addition of two part-time staff, the BIA-NE was able to coordinate several statewide training events under contract with VR and the TBI Advisory Council, and to co-host a regional leadership conference for mid western states to discuss issues pertaining to serving those with TBI. Two new support groups were established this year. The BIA-NE began serving as the fiscal agent for the fledgling Brain Injury Community Center, helping to secure grant funding for a business feasibility study to be completed by June 2012.

Objective 4: Expand the availability of community based service options for elderly individuals with brain injury under Nebraska's Medicaid Waivers by participating on the Money Follows the Person Grant Advisory Committee to advocate for brain injury services.

Two members of the TBI Advisory Council and the Director of VR serve on the Money Follows the Person (MFP) Grant Advisory Committee, providing input on the need for services for elderly individuals with brain injury and reporting back to the Council on the number of individuals transitioning from institutions to the community. At least one board member from the BIA-NE also serves on the committee. These representatives shared MFP progress updates at quarterly Council meetings during the reporting period. Recent changes to the MFP process allow for individuals and community based service providers to be reimbursed for expenses incurred in helping individuals with disabilities (including brain injury) transition from institutions to community living.

TBI Advisory Council members organized the "Building System Capacity" task force to more closely examine the gaps in services that were identified in the TBI Needs and Resources Assessment. The Council will use the information from that task force in revising the Statewide TBI Action Plan and in recommending steps to close the service gaps.

Objective 5: Expand the availability of community based services for individuals with brain injuries, with a focus on the targeted high risk populations of children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the elderly, who do not fit into existing categorical-based service systems.

Resource facilitation legislation was introduced in the Nebraska Legislature in January 2009, but did not pass. The TBI Advisory Council and the BIA-NE explored other avenues to develop resource facilitation services, such as collaborating with the Aging and Disability Resource

Center (ADRC) on developing TBI training for future Options Counselors and other service providers.

SIGNIFICANT CHANGES

There were no significant changes in grant goals or objectives during the reporting period. In June 2011, Peggy Reisher left her position as Project Coordinator for the TBI Grant to work for the BIA-NE as Director of Programs and Services. Nancy Noha, previously the BIN Coordinator, assumed the grant project coordinator position and duties.

PLANS FOR UPCOMING BUDGET YEAR

In implementing each activity, steps will be taken to identify resources for sustaining the recommended training and systems change efforts.

Goal 1: Increase the knowledge and skills of providers and agency staff with a focus on the targeted service delivery systems for children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the elderly, by increasing awareness of brain injury and providing training on brain injury, assessment tools, and quality services/strategies.

Planned TBI screening pilots in each of these targeted service delivery systems will be completed in the coming budget year. The TBI Advisory Council and task forces will use pilot results to recommend coordinated activities for general awareness and education, and to recommend systems change steps and integrated staff training within each of the identified service systems. Specific activities planned include the development of a hospital to school transition protocol for children and youth following brain injury or concussion, and training on cognitive prosthetics for VA Vocational Rehabilitation and Employment case managers. Council members and BIA-NE staff will use training evaluations from the brain injury and PTSD events to determine if more workshops are needed, and if the full, two-day workshops are sustainable beyond grant funding. The Advisory Council will use quarterly reports to make recommendations on continuing the contract with the BIA-NE for coordinating training events, including the ACBIS preparation course, which is offered each year.

The 2013 Annual Brain Injury Conference planning committee will use previous conference evaluations and screening pilot results to design conference sessions specifically for targeted service delivery system staff. The planning committee will actively market the annual conference to staff within these service delivery systems. The BIA-NE will be responsible for operating the self-supporting conference in April 2013.

The TBI Advisory Council's marketing committee will develop brain injury awareness materials and media, based on the two-year strategic marketing plan, which was completed in 2011. Materials will be consistent with the new 2011 website design.

The TBI Registry agreement between VR and DHHS Division of Public Health will be renewed for FY 2012/2013. Follow-up brochures and letters will be revised as needed.

Goal 2: Increase and expand Nebraska's system capacity to provide services to individuals with brain injuries and their families, with a focus on children (0-4), juvenile detainees, service members and veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the elderly.

The TBI Advisory Council will use data from the 2011 TBI Needs and Resources Assessment to revise the current statewide TBI Action Plan and to educate legislators, state agencies and community-based service providers on perceived service needs of individuals with TBI and their families, collaborating with the Council's marketing committee and the BIA-NE. The Council and grant staff will implement activities for an ongoing, sustainable needs and resources assessment process that were recommended in the final report. The TBI Advisory Council will review the TBI Action Plan and needs and resources assessment data quarterly. The BIA-NE collected data on TBI Ombudsman activities for FY 2011-2012, and the Council will review that data to determine if the Ombudsman should remain a volunteer position within the BIA-NE or become a paid position.

The BIA-NE operates the BIN, reporting quarterly on outreach activities, the number of updates sent to BIN members, and on the number of new members added. The Council's marketing committee will partner with the BIA-NE to target new members from each of the targeted service delivery systems. Opportunities for BIN enrollment will be offered at each training and awareness event. The BIA-NE will continue integrating BIN members into the BIA-NE membership.

To increase self-reliance, technical assistance funding to the BIA-NE will be reduced in the coming budget year, however the TBI Advisory Council and VR will consider contracting again with the BIA-NE for coordination of statewide training events, based on collected training evaluations and quarterly reports.

The TBI Advisory Council and BIA-NE will partner with DHHS to increase the number of individuals with brain injury who receive services under the Aged and Disabled Medicaid Waiver program. Expansion of the TBI Medicaid Waiver is unlikely, however the Aged and Disabled Medicaid Waiver is available to eligible adults with brain injury, and offers more actual community based services than the TBI Medicaid Waiver. TBI screening pilot results will be used to inform DHHS and Medicaid Waiver Service Coordinators of recommended independent living training, assistive technology and other community based services for individuals with brain injury. Recent changes to the MFP transition protocol allow for individuals and service providers in the community to be reimbursed for expenses incurred in helping an individual transition to the community from an institution, so appropriate training for MFP transition coordinators will help them guide and evaluate this transition process for individuals experiencing brain injury.

Although past legislation was not successful, the TBI Advisory Council and BIA-NE will seek other opportunities to make resource facilitation available to individuals with brain injury by partnering with the ADRC to develop TBI training for Options Counselors. The BIA-NE will continue to advocate for other opportunities to secure appropriated state funding for individuals with brain injury.

NEW PARTNERSHIPS

Nebraska Department of Education, Grant # H21MC06758

The Project Director is responsible for the development of agreements (formal and informal) with other state agencies and organizations serving individuals with brain injury. Following is a list of new linkages or partnerships formed during the reporting period and a brief description of each:

- * Central Community College, Hastings Nebraska: the Veteran's Coordinator is a key resource in the design and implementation of a TBI screening pilot on campus with student veterans.
- * Metropolitan Community College, Omaha Nebraska: donated free workshop space for a BI/PTSD training event and is also expected to participate in the TBI screening pilot for student veterans.
- * The Vets Center, Lincoln Nebraska: will also participate in the TBI screening pilot for veterans and has contributed to development of the screening tool to be used in the pilot.
- * Kearney Area Agency on Aging: is the chosen site for the TBI screening pilot for the elderly and participated in design of the research proposal for DHHS.
- * The University of Nebraska at Kearney: will donate research staff time and complete data collection and analysis for the proposed TBI screening pilot for the elderly.
- * The Nebraska State Athletic Trainers Association: worked quickly with the BIA-NE to identify stakeholders and will help to organize and disseminate information on the Concussion Awareness Act as it goes into effect in July 2012.
- * Nebraska Educational Television: co-produced the video "Healing on the Homefront" with the TBI Advisory Council and BIA-NE. NET has aired the video several times and provides a link to the archived video on its website.