

Nebraska VR and the Brain Injury Advisory Council
Request For Proposals
Resource Facilitation Services For Individuals With Traumatic Brain Injury
Release date: March 24, 2015
Submission deadline: May 1, 2015 5:00 pm. Central time

I. Statement of Purpose

Nebraska VR (Vocational Rehabilitation) and the Nebraska Brain Injury (BI) Advisory Council request proposals for the development and implementation of a three-year pilot of Resource Facilitation Services for individuals with traumatic brain injury and their families.

Traumatic brain injury (TBI) is a serious public health problem in the United States. The Centers for Disease Control (CDC) reports approximately 1.7 million people sustain a TBI annually, and 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 can result in permanent cognitive, physical and behavioral changes. Individuals with moderate to severe injuries may require life-long supports for housing, work and community living.

An estimated 36,500 Nebraska residents currently live with disabilities resulting from TBI. The CDC estimates that each year in Nebraska there are 8,933 TBI-related emergency department visits, 1,261 TBI-related hospitalizations, and 383 TBI-related fatalities. A statewide needs and resources assessment conducted in 2010 revealed that across the state, individuals with TBI and their families find that critical rehabilitation and other services are difficult to identify and may be spread across numerous agencies and programs, making them difficult to navigate and access.

Resource Facilitation services may be described as:

“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.” *Source: Resource Facilitation Survey Results, 2009. The Health Resources and Services Administration's Maternal and Child Health Bureau Federal TBI Program, National Opinion Research Center at the University of Chicago.*

Targeted Populations

Although nearly all individuals with TBI may benefit from Resource Facilitation, Nebraska has identified two targeted populations requiring increased access to services; children and youth 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. Nebraska's Brain Injury Registry data indicates that nearly 4,000 children, youth and young adults aged 5 to 26 years and at least 2,000 individuals aged 65 years and over are treated in emergency departments, are hospitalized, or die each year due to TBI.

Intent

Nebraska VR intends to sub grant with a qualified applicant or applicants for a period up to three (3) years to develop and pilot Resource Facilitation services for individuals with TBI and their families, with an emphasis on serving the targeted populations. The program(s) funded through this solicitation will work in collaboration with the Nebraska VR Program Director for Acquired Brain Injury, the Brain Injury Advisory Council, an external grant evaluator and other identified partners to achieve HRSA grant

objectives and build a sustainable Resource Facilitation service model for Nebraska. Total funding for the pilot, up to \$100,000.00 for each year is subject to availability of HRSA TBI grant funds, per HRSA Notice of Award (NOA) #1-H21MC26915-01-00. To request a copy of the NOA, contact Keri Bennett at keri.bennett@nebraska.gov.

II. Qualified Applicants

Any Nebraska agency, business or organization with either non-profit or for-profit status with experience in providing services to individuals with TBI and their families is qualified to submit a proposal.

III. Background Information

Nebraska VR is a division of Nebraska's Department of Education and is the designated lead state agency for TBI. The agency was awarded a TBI Implementation Partnership Grant for 2014-2018 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) to increase access to rehabilitation and other services for individuals with TBI. Nebraska VR coordinates the Brain Injury Advisory Council, which advises and makes recommendations to the Department of Education's Special Education Office, Nebraska VR, and the Department of Health and Human Services (DHHS) with respect to implementing the goals of the *Nebraska State Plan for Systematic Services for Individuals with Brain Injuries* and the HRSA TBI Implementation Partnership Grant.

Current information and referral system

Under an agreement with the DHHS Division of Public Health, Nebraska VR and the Assistive Technology Partnership provide a follow-up contact (a letter and brochure with TBI signs and symptoms, etc.) to each individual newly listed on Nebraska's Brain Injury Registry. This follow-up contact is required by law under the Brain Injury Registry Act of 2008. Letter recipients requesting additional information or referral services are currently directed to contact the Brain Injury Association of Nebraska's (BIA-NE) TBI Ombudsperson. From June 2013 through May 2014, 10,695 letters were delivered to individuals placed on the registry and 97 callers responded by contacting the TBI Ombudsperson for more information.

Federal TBI and state grant program

The purpose of the HRSA TBI Program is to increase access to rehabilitation and other services for individuals with traumatic brain injury (TBI). Implementation Partnership Grants are awarded to states to help address barriers to needed services encountered by children, youth, and adults with TBI. For the 2014-2018 project period, grantee states are required to implement activities to increase access to rehabilitation and other services by (1) screening to identify individuals with TBI, (2) building a trained TBI workforce by providing professional training, (3) *providing information about TBI to families and referrals to appropriate service providers, and (4) facilitating access to needed services through resource facilitation*. Nebraska's 2014-2018 project narrative is available for download at the BI Advisory Council's website: <http://www.braininjury.ne.gov/>. For more information on the HRSA Federal TBI Program, visit <http://mchb.hrsa.gov/programs/traumaticbraininjury/>.

State Plan for Systematic Services for Individuals with Brain Injuries

The BI Advisory Council established Nebraska's goals and priorities for 2013-2018 to address the needs of individuals with TBI and their families as identified in the *2010 Needs and Resources Assessment*. The Council established four goals:

- Promote individualized services for people with brain injury
- Increase access to community resources

- Increase funding for services
- Increase awareness and knowledge about brain injury

The *State Plan for Systematic Services for Individuals with Brain Injuries* is available for download at the BI Advisory Council's website: <http://www.braininjury.ne.gov/>.

Nebraska's Brain Injury Summit on Resource Facilitation

The BI Advisory Council sponsored a summit on February 12, 2015 for stakeholders, including representatives of various public and private agencies, advocacy groups and others involved in rehabilitation and service delivery for individuals with TBI and their families. Summit participants were asked to:

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

Summit proceedings and results are summarized in *Shaping the Future of Brain Injury: Nebraska's Brain Injury Summit on Resource Facilitation Summit Summary and Recommendations, March 2015*, available for download at: <http://www.braininjury.ne.gov/>.

IV. Proposal Narrative Instructions

1. Introduction/Scope of Work

Applicant proposals should demonstrate an overall understanding of HRSA TBI Program goals and expected outcomes, be consistent with the *Nebraska State Plan for Systematic Services for Individuals with Brain Injuries, 2013-2018* and demonstrate alignment with the service definition, principles and priorities identified by stakeholders during the *Shaping the Future of Brain Injury: Nebraska's Brain Injury Summit on Resource Facilitation*, held February 12, 2015.

State definition for Resource Facilitation

Applicants should describe a service delivery model that is consistent with Nebraska's working definition of Resource Facilitation services, "*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.*"

Guiding principles

Proposals should demonstrate alignment with key principles identified by summit participants:

- 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.

2. Organizational information

Provide information on the organization's current mission, structure and scope of current activities, and describe how these contribute to the organization's ability to conduct program requirements and meet program expectations.

Describe the organization's ability and proposed service delivery strategies to perform key functions consistent with Nebraska's working definition of Resource Facilitation and any previous experience providing similar services to individuals with disabilities. Provide an estimated number of individuals/families that the organization has capacity to serve in each year of the three-year pilot. Successful proposals will clearly demonstrate the ability to:

- Act as a point of contact for individuals and families, and hospital, medical, health care and other service providers seeking information and resources on TBI.
- Respond to calls/emails/letters from individuals placed on Nebraska's Brain Injury Registry (individuals responding to follow-up contacts, requesting additional information and/or referral).
- Provide statewide information and referral services to individuals, families and professionals.
- Identify and assess an individual's strengths and weaknesses to assist in locating appropriate services and resources.
- Facilitate a planning process with individuals and families for identifying short-term and long-term goals and strategies to achieve them.
- Help individuals and their families to navigate service systems and locate appropriate services.
- Link individuals to services.
- Monitor progress and provide follow up contacts/surveys.
- Advocate on behalf of the individual and the family if requested.
- Network with providers and service systems.
- Educate providers and the community about TBI and resource needs as needed.

Service system components

Describe proposed service system components, including:

- Data management system to collect information on individuals served, unmet service needs, type(s) of assistance provided and outcomes
- Procedures for complaint and/or due process procedures for individuals with TBI served
- TBI screening, intake, data collection and other processes
- Program evaluation
- Professional training and staff development

The proposal must describe organizational policies/procedures that meet State and Federal standards to protect client confidentiality and to safeguard client records.

3. Personnel and professional training activities

Include an attachment labeled "Staffing Plan and Job Descriptions for Key Personnel" describing the role, responsibilities, qualifications and percentage of FTE for proposed pilot staff. Also include an attachment with biographical sketches or resumes for key personnel providing direct services to individuals with TBI and their families. If the proposal includes key personnel who are not hired yet, attach job descriptions that demonstrate an understanding of the necessary skills, abilities and experience needed to perform key functions to achieve pilot outcomes.

Describe proposed staff training and development activities, and methods to be used in educating service providers and the community about TBI and resource needs.

Per the 2014-2018 TBI Implementation Partnership grant guidance, the following criteria **must** be met by all professional training curricula used to meet grant objectives. Training curricula must:

- Emphasize an inter-professional team approach to providing services to individuals with concussion/TBI and their families.
- Include strategies for partnering with professionals in other disciplines to determine the comprehensive service needs of individuals with concussion/TBI, make referrals to professionals in other disciplines and develop comprehensive care plans.
- Promote individual/family partnership in decision-making and service planning at all levels.
- Promote access to coordinated, ongoing comprehensive care within a medical home (promote Affordable Care Act (ACA) Navigator contacts, etc.) and access to insurance and financing to pay for needed services.
- Promote early and continuous screening for TBI and intervention for special needs identified through the screening process.
- Promote access to community services organized for easy use by individuals and families.
- Promote services needed to transition youth to adult health care systems, competitive work and independence.
- Allow for cultural, racial, linguistic and geographic diversity of participants.
- Use a standardized training evaluation form (created by the external grant evaluator) and provide a list of names, positions/titles, employers and email address for each participant (to be used for post-training follow-up surveys).

Include a plan to use existing information and training materials (brochures, fact sheets, training curricula, etc.) to the greatest extent possible for dissemination to individuals receiving information, referral and Resource Facilitation services, for staff training and development, and for educating service providers and the community. If the proposal includes development of new or customized informational materials, the proposal must demonstrate that those materials are critical to training objectives and that appropriate materials are not already available through another source (such as TBICS, Brainline.org, CDC, etc). Proposals making the best use of existing information and training materials will score higher.

4. Work plan to reach targeted populations and service area

Provide a work plan with timelines for the first year, describing outreach and service delivery strategies to provide information, referral and Resource Facilitation services to individuals with TBI, with an emphasis on children and youth 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 and their families, and to additional groups of individuals with TBI to be served, if any are proposed. Service areas may be statewide, regional or local. If a regional or local service area is planned, outreach and service delivery strategies must be replicable to reach statewide service delivery over time. Describe any plans to expand service delivery to additional groups and/or areas and an approximate time frame for expansion during the project period.

5. Expected Outcomes and Performance Evaluation

The selected applicant(s) will be required to develop a data collection, reporting and performance evaluation process jointly with the Nebraska VR and Schmeckle Research, Inc. of Lincoln, Nebraska, external evaluator for the TBI grant. Data collection and reporting requirements for all TBI grant-funded projects are described briefly in the *Data Collection Matrix* attachment to this RFP.

In the proposal, include a statement confirming the organization's ability and willingness to meet this requirement. Describe the organization's current strategies to collect, analyze and track data to measure process and outcomes of program activities on individuals with TBI or individuals with other disabilities, and explain how the data is used to continuously inform program development and service delivery.

Describe any potential obstacles for implementing a program performance evaluation and how those obstacles will be addressed.

Describe proposed strategies to meet expected outcomes for Resource Facilitation services:

- Individuals with TBI, including children and youth 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 and their families, will have access to current, accurate information on available rehabilitation and community-based programs to meet expressed needs, including physical, cognitive, educational, employment and independent living services and supports.
- Individuals with TBI and their families will report satisfaction with information, referral and Resource Facilitation services and report successful community re-integration through consumer surveys.
- Service providers will receive training to screen, identify and provide culturally competent TBI-informed care to individuals with TBI.
- Through consistent tracking of information provided by individuals with TBI and their family members who contact grantees for information and referral, unmet service needs will be documented and quantified.

Performance Measures

Applicants should be aware that performance measures may include (but are not limited to):

- The number of individuals with TBI receiving information, referral, assistance with contacting, and/or follow-up on TBI services, by community.
- The number of individuals with TBI in acute care settings who received information, referral, assistance with contacting, and/or follow-up on TBI services at time of discharge from an acute care setting.
- The number of individuals with TBI who received a follow-up survey, and the number who reported: 1) satisfaction with information, referral and/or Resource Facilitation services received, and 2) successfully accessing needed rehabilitation and other services.
- The number of professionals receiving training on screening and identification of individuals with TBI, by community and profession.

6. Coordination of Services

Applicant organizations must coordinate with partners to provide adequate supports to the individuals and families served in the pilot. In the proposal, include a list of agencies, service providers and programs that the organization will coordinate with for effective delivery of proposed services and describe any existing partnerships. It is expected that the applicant will develop relationships with, but not limited to, providers of neuropsychological services, Centers for Independent Living, Behavioral Health providers, Assistive Technology Partnership, Nebraska VR, Nebraska's Aging and Disability Resource Center, Brain Injury Association of Nebraska, Nebraska's Money Follows the Person Program, Area Agencies on Aging, Nebraska's Long-Term Care Ombudsperson, Hotline for Disability Services, the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care, veteran's services, housing providers, shelters, health care providers, community health clinics, hospitals, faith based groups, providers of home and community based services, etc.

7. Resolution of Challenges

Discuss challenges that are likely to be encountered in implementing Resource Facilitation services for the targeted populations and approaches that will be used to resolve such challenges. Consideration should be given to potential challenges in making contact with the target population(s) and evaluating the impact of services on the individual's ability to access to rehabilitation and other services.

8. Budget

Include a budget narrative describing an appropriate budget to achieve pilot outcomes. This should be a detailed line-item budget for the full time period of the proposal. If other funds will be leveraged, describe those partnerships or resources. Budgets may not exceed \$100,000.00.

There is no match required, however if other state funds will be leveraged or donated, or if resources or services will be provided in-kind, please describe those partnerships or resources and their estimated value in the budget narrative.

Budget categories:

- * Personnel (Salaries, wages and fringe benefits)
- * Travel
- * Equipment (itemized with costs)
- * Supplies (list separately with itemized costs)
- * Contractual
- * Other expenses (rent, utilities, printing, postage, membership dues, etc.)
- * Total amount requested
- * *Please note - construction costs are not allowed.*

V. Deliverables

The awarded organization(s) must deliver a written quarterly report on services provided and pilot outcomes to Nebraska VR, the BI Advisory Council membership and other partners in time for review during quarterly Council meetings, typically held in March, June, September, December. A representative from the awarded organization should attend each Council meeting to present the report and answer questions from the membership. Data collection and reporting schedules will be developed in partnership with Schmeekle Research, Inc. of Lincoln, Nebraska, external evaluator. Financial reporting requirements and schedules will be included in the sub grant agreement. The awarded organization(s) will be required to provide data and information for an annual progress report for HRSA, and a final written report with “lessons learned/best practice” recommendations at the end of the pilot.

VI. Requirements for Proposal Preparation

Please use an easily readable font, such as Times Roman, Arial, Courier, or CG Times. The text and table portions of the proposal narrative and attachments must be submitted in not less than a 12- point font and 1.0 line spacing. Proposals not adhering to 12-point font requirements may be deemed non-responsive and returned. For charts, graphs, footnotes and budget tables, applicants may use a different size font but not less than 10-point size font. It is vital that charts or tables are legible when scanned or reproduced for the review/selection committee.

For duplication and scanning purposes, please ensure that the proposal narrative and all attachments can be printed on 8 1/2” x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text. Put all section headings flush left in bold type.

Proposal narratives must present information in the following order:

1. Introduction/Scope of Work (briefly describe pilot objectives and discuss philosophical alignment with the stated Resource Facilitation service definition, principles and priorities)
2. Organizational information and service system components
3. Personnel and professional training

4. Work plan to reach targeted populations and service area
5. Expected outcomes and performance evaluation
6. Coordination of services
7. Resolution of challenges
8. Budget and Budget Narrative

Required attachments:

1. Staffing Plan and Job Descriptions for Key Personnel
2. Biographical Sketches or Resumes for Key personnel

VII. Review and Selection Process

Applicant proposals must meet or exceed project requirements described in this RFP. Proposals will be independently evaluated by members of the review/selection committee. The committee will consist of state agency staff, BI Advisory council members and TBI stakeholders with appropriate expertise. Names of the review/selection committee members will not become public information.

From the date the RFP is issued until announcement of the selected organization(s), contact regarding this project between potential applicants, Nebraska VR staff and BI Advisory Council members is restricted to written communication with the designated point of contact (POC) for this RFP. Applicants shall not have any communication with, or attempt to communicate with or influence in any way, any evaluator involved in this RFP. Questions about the RFP or requests for technical assistance should be directed via email to the POC, Keri Bennett, Nebraska VR at keri.bennett@nebraska.gov.

Review Criteria

1. Introduction/Scope of Work (10 points)

The extent to which the proposal demonstrates an overall understanding of HRSA TBI Program goals and expected outcomes and is consistent with goals identified in the *Nebraska State Plan for Systematic Services for Individuals with Brain Injuries, 2013-2018*. The described service delivery model demonstrates alignment with the service definition, principles and priorities identified by stakeholders during the *Shaping the Future of Brain Injury: Nebraska's Brain Injury Summit on Resource Facilitation* and is adequate to achieve pilot outcomes.

2. Organizational information and service system components (15 points)

The extent to which the proposal demonstrates the organization's ability and proposed service delivery strategies are adequate to perform key functions in providing Resource Facilitation services to the targeted populations and other individuals with TBI and their families. The organization is able to implement service system components such as data collection and management, intake and needs assessment, complaint and due process procedures, program evaluation, professional training and staff development activities. Organizational structure is adequate to deliver statewide information and referral services, and deliver Resource Facilitation services locally, regionally or statewide as proposed.

3. Personnel and professional training activities (5 points)

The extent to which the qualifications of key personnel are appropriate and projected staff time devoted to pilot activities is adequate to achieve outcomes. Biographical sketches or resumes for key personnel demonstrate the skills, abilities and experience to provide information, referral and/or Resource Facilitation services to individuals with TBI, family members and professionals. If the proposal includes key personnel who are not hired yet, proposed job descriptions demonstrate an understanding of the necessary skills, abilities and experience needed to perform key functions to achieve pilot outcomes. The

extent to which the proposal describes a plan to use information and training materials to inform and educate individuals, family members and professionals regarding TBI. Proposals making the best use of existing information and training materials for professional training activities will score higher.

4. Work plan to reach targeted populations and service area (20 points)

The extent to which the proposed work plan and timelines for the first year describe effective outreach and service delivery strategies to provide information, referral and Resource Facilitation services to the targeted groups and other individuals with TBI, family members and professionals. The proposal demonstrates an effective plan to provide statewide information and referral services. Described outreach and service delivery strategies are adequate to provide quality Resource Facilitation services to the targeted groups and other individuals with TBI, family members and professionals within the identified geographic service area (local, regional or statewide).

5. Expected outcomes and performance evaluation (10 points)

The extent to which the proposal clearly demonstrates the organization is willing and able to work jointly with Nebraska VR and the external TBI grant evaluator to develop data collection, reporting and performance evaluation processes for the pilot. The proposal adequately describes the organization's current data collection and outcome evaluation activities used to measure performance, and demonstrates the organization's commitment to use data to inform program development and service delivery. Proposed strategies to meet expected outcomes are adequate, and potential obstacles for implementing a program performance evaluation can be addressed.

6. Coordination of services (15 points)

The extent to which the proposal demonstrates the organization's ability to coordinate with listed partners to link individuals with TBI and their families to needed services and supports. The list of identified partners with whom the organization will coordinate demonstrates an understanding of the potential service needs of the target populations and other individuals with TBI. Proposals describing several existing collaborative relationships with partners serving individuals with TBI will score higher.

7. Resolution of challenges (5 points)

The quality and extent to which the proposal describes challenges/obstacles to implementing Resource Facilitation services to individuals with TBI and their families, including the targeted populations, and how the challenges/obstacles will be addressed.

8. Budget and Budget Narrative (20 points)

The reasonableness of the proposed budget for each year of the pilot to serve the estimated number of individuals with TBI and families and achieve proposed outcomes. The budget narrative includes detailed and concise justifications for costs listed in each category. The extent to which costs are reasonable and realistic, given the scope of work and proposed geographic service area.

VIII. Resources

Nebraska's *Data Collection Matrix* is included as an attachment to this RFP.

All additional resource documents referenced in this RFP are available for download at the BI Advisory Council's website: <http://www.braininjury.ne.gov/>, including the following:

1. *Resource Facilitation Survey Results, 2009. The Health Resources and Services Administration's Maternal and Child Health Bureau Federal TBI Program, National Opinion Research Center at the University of Chicago.*
2. *Nebraska State Plan for Systematic Services for Individuals with Brain Injuries*

3. *Nebraska's 2014-2018 TBI Implementation Partnership Grant Project Narrative*
4. *Nebraska's TBI Needs and Resources Assessment, 2010*
5. *Shaping the Future of Brain Injury: Nebraska's Brain Injury Summit on Resource Facilitation Summit Summary and Recommendations, March 2015*
6. *Nebraska Traumatic Brain Injury Provider Training Manual*

To request a copy of the HRSA TBI Grant Notice of Award (NOA) #1-H21MC26915-01-00 contact Keri Bennett at keri.bennett@nebraska.gov.

HRSA Federal TBI Program website: <http://mchb.hrsa.gov/programs/traumaticbraininjury/>

IX. Submittal Instructions

Submit an electronic copy with a signed cover letter via email with all supporting documentation by **5:00 pm. Central time on May 1, 2015** to Keri Bennett, Nebraska VR at keri.bennett@nebraska.gov. Submit a printed copy with a signed cover letter to:

Keri Bennett, Program Director for Acquired Brain Injury
Nebraska VR
315 W. 60th Street, Ste 400
Kearney, NE 68845-1504

Schedule of Events

- | | | |
|----|---------------------------------|---------------------------------|
| 1. | Release of RFP/Public Notice | March 24, 2015 |
| 2. | Proposal Receipt Deadline | May 1, 2015 at 5:00 pm. Central |
| 3. | Review/Selection of Proposal(s) | May 4 - 15, 2015 |
| 4. | Grant Award (approximate date) | May 29, 2015 |

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #H21MC26915, Traumatic Brain Injury State Implementation Partnership Program for \$1,000,000, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Attachment: Nebraska's TBI Grant Data Collection Matrix

	Screening for TBI	Professional Workforce Development	Information & Referral Services	Resource Facilitation
Number of individuals served in information and referral, TBI screening and resource facilitation services and which service(s) they received.	✓			✓
METHOD: Service provider documentation				
Indication of how the service(s) provided helped these individuals get access to needed rehabilitation and other services. In other words, service impact and consumer satisfaction.			✓	✓
METHOD: Participant surveys				
Number and types (i.e., discipline or job titles) of professionals participating in grant-sponsored trainings and outlines of training curriculums used for each event.		✓		
METHOD: Training evaluations				
Indication of how training provided increased participants' knowledge about TBI and how likely the training is to impact their ability to identify and/or serve individuals with TBI as appropriate, given their professional role.		✓		
METHOD: Training evaluations				
Evidence that grant activities are being continuously monitored and that less-than-ideal progress is addressed in real time with increased outreach, training curriculum revisions, methodology changes, etc.	✓	✓	✓	✓
METHOD: Comparison of work plan timelines with actual implementation dates				
Progress made on achieving project sustainability; sustaining key elements of the grant projects that have been effective in improving practices and those that have led to improved outcomes for the target populations.	✓	✓	✓	✓
METHOD: Documentation of grant projects anticipated to be sustained				