NOTICE OF PUBLIC MEETING

Notice is hereby given that a public meeting of the **Brain Injury Oversight Committee** will be held on **July 28, 2021, from 1:00 to 3:00 PM** and the meeting will be held by virtual conferencing (with one or more members at the physical location). The meeting location and materials to be discussed by the committee can be found at https://www.unmc.edu/outreach/bioc.html.

If members of the public and media have further questions about how to attend the meeting, contact Jamie Stahl at (402) 559-6300 or Jamie.stahl@unmc.edu.

The Nebraska Open Meetings Act may be accessed at https://nebraskalegislature.gov/laws/statutes.php?statute=84-1407.

BRAIN INJURY OVERSIGHT COMMITTEE
MEETING AGENDA

July 28, 2021
1:00 to 3:00 PM

I. Call to order

II. Open Meetings Act Statement

III. Introductions and roll call

IV. Approval of the agenda

V. Approval of Minutes of the previous meeting, April 21, 2021

VI. Committee Discussion of Public Comment Period

VII. Public Comment

VIII. Updates to DHHS, UNMC, and Brain Injury Oversight Committee Contracts
- Subcommittee meeting update on accommodations
- Website for meeting materials

IX. Senator Mike McDonnell's letter re: intent of the Brain Injury Trust Fund Act

X. Discussion Judy Nichelson's May 5, 2021 letter to the committee and others

XI. Subcommittee report on evaluation and outcome measures

XII. Allocation/Criteria Process for future funds

XIII. Update to Open Meeting Act

XIV. Next committee meeting

VII. Adjourn

Brain Injury Oversight Committee Meeting
April 21, 2021
9:00 am to 11:00 am
Meeting held virtually via Zoom

DRAFT MEETING MINUTES

Public notice of upcoming meetings will be available on the University of Nebraska Medical Center (UNMC) website https://events.unmc.edu/calendaat least 10 days before each meeting.

MEMBERS PRESENT: Joni Dulaney, Anna Cole, Peggy Reisher, Shir Smith, Shauna Dahlgren, Kody Moffatt, Jeff Baker, Kevin Karmazin, Lindy Foley, and Judy Nichelson

MEMBERS ABSENT: Sheri Dawson, Caryn Vincent

UNMC STAFF PRESENT: none

CALL TO ORDER
The meeting of the Brain Injury Oversight Committee commenced at 9:05 a.m. Public notification of this meeting was made on the UNMC website.

ANNOUNCEMENT OF THE AVAILABILITY OF THE OPEN MEETINGS ACT AND PUBLIC COMMENT
Peggy Reisher posted the open meetings act in the chatbox. Shauna Dahlgren, the chair, invited guests to share any public comment. Emaly Ball, president of the Nebraska Injured Brain Network (NIBN) read a statement stating NIBN, a non-profit offering peer support would like to be considered for getting $150,000 of the BI Trust Fund dollars for their work in providing peer to peer support. Additionally, she asked if she could be considered for the BI Oversight Committee.

INTRODUCTIONS AND ROLL CALL
Shauna Dahlgren called on each committee member to introduce themself.

AGENDA APPROVAL
The agenda was reviewed. No additions were made to the agenda. Kody Moffatt made a motion to approve the agenda, Lindy Foley seconded it. The motion was carried by unanimous consent.

APPROVAL OF PREVIOUS MEETING MINUTES
The minutes from the March 24, 2021 meeting were reviewed. A motion was made by Jeff Baker and seconded by Shir Smith to approve the March 24 meeting minutes. There were no objections to the motion, and it was carried by unanimous consent.

DISCUSSION ON RECORDING OF THE MEETINGS
In follow up to the motion made at the March 24 meeting to find out if there are any parameters for the committee's use of recordings of the meetings, where they would be stored if they were recorded, and what is the retention schedule for recorded meetings, Peggy Reisher reported that Jamie Stahl from UNMC stated she would have to join the meeting to record it, and Bill O'Neill could post it on the UNMC

website. Although Peggy Reisher asked for clarification, Jamie Stahl did not specifically say where it would be posted or how long it would be live on the website.

Judy Nichelson stated she would like the meetings to be recorded so she could go back and listen to them as she has a hard time processing the information shared during the meeting due to her brain injury. Kody Moffatt expressed concern with recording the meetings as there is potential for comments made during the meeting to be taken out of context. Judy Nichelson states if the meetings were recorded she would use them for her purpose. Jeff Baker states because these are public meetings, if recordings of the meetings are made, they do become a part of the public record and anyone has access to them, regardless of the purpose for which they are recorded. Lindy Foley suggested instead of voting to record the meeting or not record the meeting that the committee creates a subcommittee to look at what other accommodations could be used instead of recording. A motion was made by Judy Nichelson and seconded by Lindy Foley to create a subcommittee to look at what accommodations could be made to help committee members who are requesting accommodations. The motion was carried by unanimous consent. Those volunteering to be on the subcommittee include Lindy Foley, Judy Nichelson, Shauna Dahlgren, and Kevin Karmazin.

DISCUSSION ON CARRYOVER AND THE DISBURSEMENT OF FUNDS

In follow up to the motion made on March 24 regarding potential rollover of unspent trust fund dollars, Peggy Reisher reported that in an email from Doug Ewald from UNMC on 4-20-21 Doug stated UNMC planned to bill DHHS for the $50,000 administrative fees before the end of the year to clear the books on that item. He also reported he believed any unspent funds, beyond their administrative fees, will be able to be carried over.

Judy Nichelson asked how agencies could be considered for the trust fund dollars. She states NIBN is offering peer-to-peer support which has similar components to resource facilitation (RF). Kody Moffatt clarified that definition of RF as described in the Resource Facilitation Summit in 2015 which was held by the Brain Injury Advisory Council. There was further discussion that currently Brain Injury Alliance of Nebraska is the only program officially offering (RF) in Nebraska and has a track record of doing this work as demonstrated by the documents such as RF Data Report which BIA-NE has shared with committee members multiple times. After this discussion, Shir Smith moved and Kody Moffatt seconded that $450,000 of the 2020-2021 BI Trust Fund dollars go to Brain Injury Alliance of Nebraska. A roll call vote was taken. Those voting yes were Joni Dulaney, Anna Cole, Shir Smith, Shauna Dahlgren, Kody Moffatt. Voting no was Judy Nichelson. Those abstaining were Peggy Reisher and Kevin Karmazin. Jeff Baker was on the zoom meeting but didn't answer when the roll call was being taken. Sheri Dawson, Caryn Vincent, and Lindy Foley were not participating in the zoom meeting at the time the vote was taken.

Judy Nichelson asked how NIBN could be considered for future funding. Kody Moffatt stated the committee will continue to be the body that decides how the funds are distributed, keeping in mind the priority for the BI Trust funds, as laid out in the legislation, is for RF. Judy Nichelson states she wants to go on record as noting Brain Injury Alliance of Nebraska did not have to submit any paperwork to be considered for the funds.

NEXT STEPS FOR THE COMMITTEE

Peggy Reisher made a motion and Kody Moffatt seconded it that a subcommittee is created to create criteria for the evaluation of RF services. The motion was carried by unanimous consent. Those agreeing to be on the subcommittee are Anna Cole, Joni Dulaney, Judy Nichelson, Peggy Reisher, Shir Smith, and other committee members, not present during this discussion will also be invited. The subcommittee will meet in May.

In follow up to the question asked by Emaly Ball during the public comment period, about how she can be considered for the BI Oversight Committee, she was told this is a governor-appointed committee and she would need to contact the governor's office to be considered when there is an opening.

NEXT COMMITTEE MEETING

The committee agreed to meet again in July. Peggy Reisher will send out a doodle poll to find a date that works for committee members.

ADJOURN

Kody Moffatt made a motion and Joni Dulaney seconded the motion to adjourn the meeting at 11:00. Motion passed with unanimous consent.

Meeting minutes submitted by Peggy Reisher, Brain Injury Oversight Committee Secretary

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INTERAGENCY AGREEMENT

BETWEEN

THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND

THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA FOR THE UNIVERSITY OF NEBRASKA MEDICAL CENTER

This interagency agreement, including any addenda and attachments (collectively, “Agreement”) is entered into by and between the Nebraska Department of Health and Human Services (DHHS), and The Board of Regents of the University of Nebraska for the University of Nebraska Medical Center (“Agency”).

PURPOSE: The purpose of this Agreement is for the transfer of funds for the purposes of implementation of LB481 (2019).

FUNDING: This Agreement involves state funds.

1. DURATION

1.1. TERM. This Agreement is in effect upon execution by all parties through June 30, 2021 or upon transfer of payment per section 2.1 of this Agreement.

1.2. TERMINATION. This Agreement may be terminated, in whole or in part, at any time upon mutual written consent, or by either party for any reason upon submission of written notice to the other party at least ten (10) days prior to the effective date of termination. Either party may also terminate the Agreement to the extent otherwise provided herein. Upon either termination or expiration of this Agreement, the Parties shall confer as to the disposal of any real or personal property involved in the Agreement, and agree, in writing as to the manner of method of disposal.

2. PAYMENT TERMS AND STRUCTURE

2.1. TOTAL PAYMENT. DHHS shall make a one-time transfer to Agency of $500000 (five hundred thousand dollars for purposes of carrying out the Brain Injury Trust Fund Act.

3. RESPONSIBILITIES

3.1. DHHS shall do the following:

3.1.1. Make a one-time transfer of $500,000 in accordance with the Nebraska Brain Injury Trust Fund Act.

3.2. Agency shall do the following:

3.2.1. Administer the Brain Injury Trust Fund as specified in the Brain Injury Trust Fund Act, LB481 (2019).

3.3. *Best Efforts.* The parties shall use their best efforts to accomplish their respective responsibilities in a timely and efficient manner. The failure of one party to perform its responsibilities shall not relieve the other party of its responsibilities.

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4. WRITTEN AGREEMENT

4.1. *Amendment.* This Agreement may be modified only by written amendment, executed by both parties. No alteration or variation of the terms and conditions of this Agreement shall be valid unless made in writing and signed by the Parties.

4.2. *Integration.* This written Agreement constitutes the entire agreement between the Parties, and any prior or contemporaneous representations, promises, or statements by the Parties, which are not incorporated herein, shall not serve to vary or contradict the terms set forth in this Agreement.

4.3. *Severability.* Should any part, term or provision of this Agreement be determined to be invalid, the remainder of this Agreement shall not be affected, and the same shall continue in full force and effect.

4.4. *Survival.* All provisions hereof that by their nature are to be performed or complied with following the expiration or termination of this Agreement, shall survive the expiration or termination of this Agreement.

5. COMPLIANCE WITH LAW

5.1. *Civil Rights and Equal Opportunity Employment.* The Parties shall comply with all applicable local, state and federal law regarding civil rights, including but not limited to, Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq.; the Rehabilitation Act of 1973, 29 U.S.C. §§ 794 et seq.; the Americans with Disabilities Act of 1990 (“ADA”), 42 U.S.C. §§ 12101 et seq.; the Age Discrimination in Employment Act, 29 U.S.C. §§ 621 et seq.; the Age Discrimination Act of 1975, 42 U.S.C. §§ 6101 et seq.; and the Nebraska Fair Employment Practice Act, Neb. Rev. Stat. §§ 48-1101 to 48-1125.

5.2. The Parties shall comply with all other applicable federal, state, county and municipal laws, ordinances, and rules and regulations in the performance of this Agreement. This may include, but is not limited to, confidentiality requirements for the particular information being accessed or the data being shared, as may be more fully set forth herein.

6. INDEPENDENT AGENCIES

6.1. DHHS and the Agency are independent agencies within the State of Nebraska. This Agreement shall not create an employer-employee relationship between the Parties or between any of the employees of one party with the other party. The Agreement does not create a business partnership or joint venture under Nebraska law, or any joint entity as set forth in the Interlocal Cooperation Act, Neb. Rev. Stat. §§ 13-801 et seq.

7. LIABILITY

7.1. Nothing in this Agreement shall be construed as an indemnification by one party or the other for liabilities of a party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this Agreement. Any liabilities or claims for property loss or damages or for death or personal injury by a party or its agents, employees, contractors or assigns or by third persons shall be determined according to applicable law.

7.2. Nothing in this Agreement shall relieve either party of any obligation or responsibility imposed upon it by law.

8. RECORDS

8.1. The parties agree to provide reasonable access to each other’s records and personnel, as necessary, to ensure compliance with any funding requirements, or to provide records for any federal or state oversight authority.

8.2. The parties shall maintain all records related to this Agreement as consistent with any applicable record retention schedules, or any other retention requirement mandated by law.

9. ADDENDA--NONE

10. ATTACHMENTS--NONE

11. NOTICES

11.1. Notices shall be in writing and shall be effective upon mailing. All written notices shall be sent to the following addresses:

FOR DHHS:
Peg Ogea-Ginsburg
Nebraska Department of Health and
Human Services

FOR LOCAL AGENCY:
Doug Ewald
The Board of Regents of the University of
Nebraska for the University of Nebraska
Medical Center
986680 Nebraska Medical Center

95596 O4

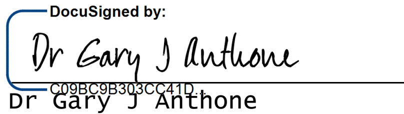
301 Centennial Mall South
Lincoln, NE 68509-5026
402-471-3490 Peg.ogeaginsburg@nebraska.gov

Omaha, NE 68198
402-559-6300doug.ewald@unmc.edu

11.2. Either party may change the individual to be notified under this section via letter sent by U.S. Mail, postage prepaid, or via email.

IN WITNESS THEREOF, the parties have duly executed this Agreement hereto, and that the individual signing below has authority to legally bind the party to this Agreement.

FOR DHHS:



Dr Gary J Anthone

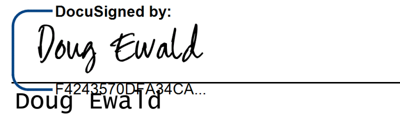
CMO

Department of Health and Human Services

Division of Public Health

DATE: 6/23/2021 | 14:51:54 CDT

FOR AGENCY:



Doug Ewald

Vice Chancellor for Business & Finance

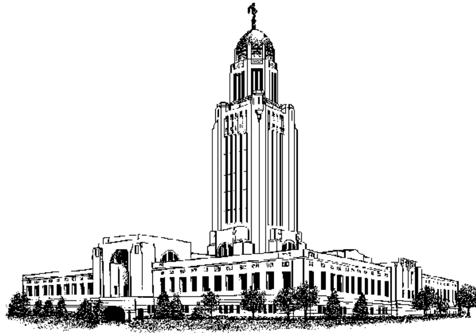
The Board of Regents of the University of Nebraska for the University of Nebraska Medical Center

DATE: 6/23/2021 | 14:34:03 CDT

Nebraska State Legislature

SENATOR MIKE MCDONNELL

District 5
State Capitol
PO Box 94604
Lincoln, Nebraska 68509-4604
(402) 471-2710
mmcdonnell@leg.ne.gov



COMMITTEES

Appropriations
Nebraska Retirement Systems
Building Maintenance

RE: The intent of the Brain Injury Trust Fund Act, Nebraska Revised Statute Section 71-3701 to 71-3706.

To Whom it May Concern,

As the senator who introduced the Brain Injury Trust Fund Act, Nebraska Revised Statute Section 71-3701 to 71-3706, I would like to clarify the intent of the Brain Injury Trust Fund Act.

I spent time with advocates, which included individuals with brain injury and their families, to create the Brain Injury Trust Fund Act in the 106th Legislative session. At that time advocates shared the results of the 2010 Nebraska State Brain Injury Needs and Resource Assessment which identified the following barriers to prevent or limit access to brain injury services:

- Lack of case management and resource facilitation.
- Lack of awareness and knowledge of brain injury.
- Lack of service awareness.

The advocates shared information and data demonstrating how Resource Facilitation has helped address these barriers. However, they also demonstrated there is a need for additional/sustainable funding to grow the Resource Facilitation program.

With those needs in mind, I introduced the Brain Injury Trust Fund Act which was intended to provide additional and sustainable funding for Resource Facilitation, the act's top funding priority. Resource facilitation will:

- Link individuals with brain injury to existing service providers.
- Provide brain injury training to expand systems capacity.
- Improve follow-up contact with individuals on the brain injury registry.
- Promote brain injury public awareness activities.
- Support brain injury research.
- Evaluate the quality of brain injury services.

The funds shall be administered through a contract with UNMC who will then contract with an outside agency which provides resource facilitation services. The funds were intended to be given to an organization that meets the criteria listed in Nebraska Revised Statute 71-3705. The legislature did not intend for the funds to be used to pay for individuals with brain injuries special needs such as a communication device, transportation, therapy, housing, job coaching, etc.

If anyone should need further clarification of the intent of the legislation, please contact my office.

Sincerely,

Sen. Mike McDonnell
Legislative District #5

STATE OF NEBRASKA

Office of the Attorney General

2115 STATE CAPITOL BUILDING
LINCOLN, NE 68509-8920
(402) 471-2682
TDD (402) 471-2682
FAX (402) 471-3297 OR (402) 471-4725

DOUGLAS J. PETERSON
ATTORNEY GENERAL

LYNN A. MELSON
ASSISTANT ATTORNEY GENERAL

June 10, 2021

Shauna Dahlgren
Chairperson
Brain Injury Oversight Committee
sdahlgren@ne.easterseals.com

RE: Brain Injury Oversight Committee expenditures

Dear Ms. Dahlgren:

It is our understanding that you are the current chairperson of the Brain Injury Oversight Committee created by Neb. Rev. Stat. § 71-3703. It is our office policy to correspond with and provide legal advice to state boards, commissions, and committees through their executive directors or chairpersons. As the Committee does not have an executive director, we will communicate with you as chairperson and you may convey those communications to your other Committee members. Please let us know if you prefer we use a different email or physical address for correspondence.

We are writing to you at this time because Erin Busch, Associate General Counsel for the University of Nebraska, has shared with our office recent correspondence between you and Michael Hrncirik, the Committee's point of contact at UNMC. We are glad to see that the Committee will be working with Mr. Hrncirik under the current contract with UNMC. Neb. Rev. Stat. § 71-3705 (2)(a) provides that the Brain Injury Trust Fund will be administered through the contract with UNMC "for administration, accounting, and budgeting purposes" and the scope of work outlined in the contract with UNMC includes assistance with convening and coordinating Committee meetings, working with the Committee to develop criteria for expenditures from the Brain Injury Trust Fund, and administering contracts which the Committee enters into pursuant to § 71-3705. In light of your correspondence with Mr. Hrncirik and the attached minutes, we think it is appropriate for our office to get in touch with you and the Committee and provide some guidance on interpretation and application of the Brain Injury Trust Fund Act. We hope this will assist the Committee in establishing an application process and evaluation criteria before considering funding applications for the next fiscal year.

The mechanics of the application process for outside sources that request funding from the Committee and the evaluation criteria for expenditures required by Neb. Rev. Stat.

§ 71-3704 are determinations to be made by the Committee with the assistance of Mr. Hrncirik. However, our review of the Committee minutes and the correspondence with Mr. Hrncirik indicate there may be some confusion as to the statutory language which governs the Committee. Neb. Rev. Stat. § 71-3705(2) governs the use of the money in the Brain Injury Trust Fund. We note that subsection (2)(a) provides that the fund "shall be . . . used to pay for contracts for assistance for individuals with a brain injury with outside sources that specialize in the area of brain injury." With the use of the term "shall," the Legislature has mandated that the Committee use the funds for that purpose. Subsection (2)(a) then proceeds to list certain requirements for the "outside sources" to which the Committee may decide to award funding.

Subsection (2)(b) of § 71-3705 then begins with the language "expenditures from the fund may also include, but not be limited to" and lists several optional, additional uses for the money in the fund. "Resource facilitation" is one of the additional uses permissible for the fund and is given priority among those optional uses. However, we do not read the statute as giving resource facilitation overall priority in the Committee's funding decisions. Rather, the overall priority is the "contracts for assistance for individuals with a brain injury with outside sources that specialize in the area of brain injury" that are mandated in subsection (2)(a). And, the statute appears to contemplate that the Committee may choose to award funding to more than one contractor or "outside source."

As stated above, the establishment of a written application process and evaluation criteria are determinations for the Committee to make. UNMC has agreed to work with the Committee in this regard. While your response to Mr. Hrncirik explains that the Committee has previously spent considerable time discussing those issues, we have not found public information on the application deadlines or application process or concerning the evaluation criteria. The Committee minutes show that a representative of a non-profit organization inquired about the funding process at your April 21, 2021 meeting. Also, one of the Committee members inquired about the process and the evaluation criteria. There appears to be some confusion as to how one may request funding and how requests will be evaluated. This information should be discussed and voted on by the Committee and set out in writing for use of the providers or outside sources that wish to apply for funding for the 2021-2022 fiscal year. If UNMC is assisting the Committee with a website, this information could be made available on the website.

Finally, we note that the Committee Bylaws contain a section about conflicts of interest in Article Three. Members of the Brain Injury Oversight Committee would likely be considered "officials in the executive branch" as that term is defined at Neb. Rev. Stat. § 49-1436 for purposes of the Nebraska Political Accountability and Disclosure Act, including those provisions of the Act pertaining to conflicts of interest. If any of your members, or a business with which the member is associated, plans to apply for funding from the Brain Injury Trust Fund, we recommend that the member speak with the executive director of the Nebraska Accountability and Disclosure Commission to determine if there

are additional steps that member should take with regard to a potential conflict of interest. The executive director's contact information is: Frank J. Daley at 402-471-2522.

Please feel free to contact us with any questions concerning these comments. My email address is lynn.melson@nebraska.gov and my direct phone number is (402) 471-3817.

Sincerely,

DOUGLAS J. PETERSON
Attorney General

Lynn A. Melson
Assistant Attorney General

09-767-29

May 5, 2021

Dear Fellow Nebraska Brain Injury Trust Fund Committee Members,

I am writing because I have concerns about our April 21st meeting. I processed my thoughts and feelings which take me a lot more time because of my brain injury, and I have decided that I need to raise my concerns. Our Committee has a huge responsibility and I think we have things we need to improve so that we can live up to that responsibility, and so I think of myself as both a whistleblower and someone trying to improve our Oversight Committee. I realize that many of you may think I am speaking for the Nebraska Injured Brain Network, or NIBN, but I am not. And although I am the Chairperson of the Brain Injury Advisory Council, my opinions here are my own and I am not writing on behalf of the BIAC because my role on this Oversight Committee is only as a person with an injured brain. I am speaking for any organization or person who should have a right to apply for funds from the Trust Fund, and not to be excluded because of the Oversight Committee's narrow (and inaccurate in my opinion) interpretation of LB481. I have not felt like my concerns have been heard and addressed in our meetings, and because we have no other recourse to address such concerns, I have copied other people who I believe need to help us be better at what we are supposed to do, and that's why I call myself a whistleblower. I don't think anyone has done anything wrong or illegal, and I am not accusing anyone or implying an accusation, but we are not doing things the way Nebraska officials, taxpayers and especially people with brain injuries expect us to. What we have done since we started meeting (and we have not met enough to get done the work and capacity-building that needed to get done) is not good enough for the brain injury community. And by the way, I would challenge any person to try to find where our minutes for our Oversight Committee are located, or ask where our meetings are publicized to the appropriate audience of people living with a brain injury—again, this is something that needs to be fixed with better policies and procedures, and perhaps a better strategy. So I am asking other people to help us get to where we need to be. If I'm wrong, then the right people will tell me so.

I have talked with other Peers who have helped me understand how to explain myself, and I am also reflecting their opinions and needs too. My issues are the following.

1. We do not have a documented process that we would and should use to decide how to allocate the funds. But the statute says that we are supposed to have evaluation criteria. We don't have those. But we just gave out $450,000 to the BIA-NE. I am not saying I don't like the BIA-NE! I am saying that our job is not to give money to an organization just because it has a program that has the right title. Our job is to be good stewards of a lot of tax money, and to help people with brain injuries. We should have received a full-blown proposal from the BIA-NE and other entities and people. This will be explained more in the points below.

2. We did not publish a request for proposals (or RFP) that would encourage individuals and organizations to apply for funds. We simply acted as if the full 100% of funds was supposed to be handed over to the BIA-NE with no due diligence. It is our job to put together the requirements for requesting funding, and we did not do that. We did not request proposals, nor did the people who are supposed to be served by this funding know that they could make proposals. Maybe UNMC should be helping with marketing with the $50,000 that they receive per year.

3. We did not receive a proposal from the BIA that would detail at the very least the following: A description of the need; their solution to the need; their ability and capacity to deliver the solution statewide or within a target community as the statute explains; their credentials, past evaluations,

and references that support their ability to deliver the solution; a measurement and evaluation plan; a project management approach and plan; a timeline; and a budget with detailed line items, justifications and detailed narrative. We received none of these, but we gave the BIA all of the money. I would have expected at least a 5 page summary proposal, and for $450,000 we should have probably put out a request for proposals that would have resulted in a 75 page proposal. Is there a State Agency that has ever granted that much money without a huge proposal process?

Again, and in defense of the BIA, the Oversight Committee never provided any instruction to provide any of the above items, because the Oversight Committee did not create them! The Oversight Committee never created a proposal process, or an evaluation process for proposals that were received. There was not the appropriate due diligence in my opinion to support the decision to allocate four hundred fifty thousand dollars to the BIA or to any organization. And when NIBN requested funding, we should have expected the same thing from them, but they didn't know what to propose because we don't have the proposal process. But what makes our decision uncomfortable is that we gave all the money to the BIA without any proposal, and said "no" to QLI, Madonna, and NIBN. What was our justification for saying "no" to them? The justification was simply that our Oversight Committee has narrowly interpreted LB481 to mean that funding can only go to a statewide organization that provides Resource Facilitation and that that money must be for Resource Facilitation. That is not what the statute says, and we need more people outside our Oversight Committee to help us interpret LB481. Again, the ONLY justification for allocating the funding to the BIA was the two-word phrase, "Resource Facilitation." Actually, I think this puts the BIA in a difficult position, and the Oversight Committee needs to do better than that. More on that in the next point.

4. The Oversight Committee interpreted the statute in a way that I disagree with. The Oversight Committee decided that Resource Facilitation as a program is the priority and worthy of all of the money. But the statute says first and foremost something different. Here is the section from LB481 that describes the use of funds, and this section occurs before the section that includes Resource Facilitation:

   "Sec. 5.(2)(a) The fund shall be administered through a contract with the University of Nebraska Medical Center for administration, accounting, and budgeting purposes and used to pay for contracts for assistance for individuals with a brain injury with outside sources that specialize in the area of brain injury. Such outside sources shall operate, at a minimum, statewide, and also in targeted areas as defined and determined in the contract, with individuals with a brain injury; work to secure and develop community-based services or individuals with a brain injury; provide support groups and access to pertinent information, medical resources, and service referrals for individuals with a brain injury; and educate professionals who work with individuals with a brain injury."

   I highlighted the statement in yellow because it is listed first. My understanding of Resource Facilitation is that it does not "pay for contracts for assistance for individuals with a brain injury". Resource Facilitation only helps people find the resource they need. If Jane Doe from McCook, Nebraska has a brain injury and she needs $300 to help pay for a special tool to help her communicate, she should be able to apply in partnership with a provider for those funds, and those funds should be allocated to that provider she applied with (assuming the proposal met the Oversight Committee's evaluation criteria that don't exist) so that she can benefit and elevate her quality of life. And the idea of operating statewide is open to interpretation, too. Anyone can provide services statewide via the internet. That's what BIA does. In fact, for Resource Facilitation

the BIA has a phone number that someone can call from anywhere in the state and talk to someone. So, by that definition, any provider who can talk via Zoom or by phone could be operating statewide. The sad thing is that so many people who have brain injuries don't even know that this Trust Fund is available, and even if they knew, there is no process for them to make an application. We have failed them thus far.

5. We have no contract or way to hold the BIA accountable. We are just giving them the money. Well, we are telling UNMC to give them the money, but we did not give any requirements or stipulations to UNMC. We just voted to allocate the money to the BIA because they have Resource Facilitation, and that's a whole other point. Who will have expectations of the BIA and these funds? Who will have authority to hold BIA accountable to deliver what they did not even propose?

6. I am uncomfortable with what I think are conflicts of interest on our Oversight Committee. I have a lot of respect for everyone on the Oversight Committee, but we should be holding ourselves to a higher standard. What if the public knew that the Executive Director of the BIA that was just given $450,000 is not only on the Oversight Committee but is an Officer? She is the Secretary and to the best of my recollection she also drafted the Bylaws that were accepted by the Oversight Committee. Anyone on the outside could wonder if she was shaping the policies/Bylaws and the minutes to her advantage. I'm not accusing her of that. We need to rise to a higher level of self-policing because perceptions are everything. She abstained from the vote to allocate the funding, but it is kind of difficult to go against a vote when the person who is about to benefit (or not, if their request is denied) is looking right at you. For those of us with a brain injury we may not be as bold as to say "no". Well, I did vote "no", and one other member abstained and he has a brain injury too. And other Committee members have such a close relationship to the BIA. How could they say anything other than "yes"? Dr. Moffatt is the Concussion Discussion panelist who has gone all over the state with the BIA to help the BIA deliver that important message. I don't want to see that stop, but I do want to hold ourselves to a higher level of fiduciary oversight and ethical standard. I want us to be above reproach. Others on the Oversight Committee have similar history and rapport with the BIA which makes it easy to allocate all of the funds to the BIA, and I am not comfortable with that.

7. When it came time to vote to allocate the funds to the BIA, that's when I was really uncomfortable. We have a 12 person Committee. 3 were absent (the 3 who represent the State agencies). 2 Abstained. 1 more was not really present but marked as abstained. That left us with a quorum, but only 6 actual votes. I was the only one to vote "no", so the vote passed and we gave $450,000 to the BIA with 5 "yes" votes out of an Oversight Committee of 12. We need to do better than this. Here is a table that summarizes that vote:

Member	Present	Vote on $450K
1. Jeffrey Baker	Present but not visible and non-responsive on Zoom	No response, marked as ABSTAINED
2. Joan (Joni) Dulaney	Present	YES
3. Anna Cole	Present	YES

4. Peggy Reisher	Present	ABSTAINED, (ED of BIA)
5. Shirlene Smith	Present	YES
6. Shauna L. Dahlgren	Present	YES
7. Kody A. Moffatt, MD, MS, FAAP, FACSM, ATC	Present	YES
8. Kevin Karmazin	Present	ABSTAINED
9. Judith "Judy" Nichelson, RN	Present	NO
10. Sheri Dawson will be the DHHS Behavioral Health Representative	NOT present	N/A
11. Caryn Vincent will be the Public Health Representative	NOT present	N/A
12 Lindy Foley will be the Dept. of Education Representative.	NOT present	N/A

Summary:

Quorum existed with 9 members present, but only 8 active on the Zoom call (Jeff Baker was non-response and appeared to have stepped away from the meeting).

Of the remaining 8 (of 12) active members on the call, 2 abstained: Peggy abstained due to conflict of interest (her organization, the BIA-NE, was about to receive $450K), and Kevin abstained (he later explained in a separate conversation with a third party that he did not understand what was going on, but sensed that something was not right and did not want to be part of it.)

Of the remaining active members who voted yes or no, 5 voted yes, and 1 voted no.

$450K of taxpayer funding was allocated to the BIA-NE based on 5 “yes” votes of a Governor-appointed Committee of 12.

8. Some other things that come to mind are that the Oversight Committee shut down discussion about giving any money to NIBN which is the Nebraska Injured Brain Network, and the Oversight Committee said it was because NIBN did not offer Resource Facilitation. The NIBN person was there. Her name is Emaly Ball and she is the Board President of NIBN. She explained that Peer Support which NIBN is starting to offer also connects people living with an injured brain to resources they may need, but it is not called Resource Facilitation because that’s the name of the BIA’s program. So, even though the outcome of the programs is the same, one gets funding and the other does not because of the name of the program. So then the Oversight Committee was asked what if NIBN changes the name of its program, and the Oversight Committee then came up with a new rule on the spot that the Chair of the Oversight Committee said, and it was that the statute says that funding cannot be used for startup programs. Well I checked, and the statute does not say that anywhere. And besides, BIA does not have infrastructure for Resource Facilitation around the state already. It will have to use the money to get it started everywhere but Lincoln and Omaha. So it’s an expansion. It would have been the same for NIBN. The bottom line is that we need fair and consistent rules and processes to guide how funding is allocated. We cannot make things up to suit our personal opinion.

9. Regarding our policies and processes again, LB481 states in Sec. 3.(3) that "The Oversight Committee shall select a chairperson and such other officers as it deems necessary to perform its functions and shall establish policies to govern its procedures." We do have a Chair. And we have Bylaws that are supposed to govern our procedures. But we have no procedures. In my opinion the Legislature assumed that we would have procedures so it did not mandate that we establish procedures. And why wouldn't they assume that? With DHHS and UNMC involved, we should have a rigorous procurement process. We need to market to the entire population of people with brain injuries that this funding is available, and then we need a process (just like a Foundation has) that would receive grant/allocation requests in the form of proposals that follow the outline we've created, and then we should evaluate them using the criteria that we're supposed to have created according to LB481 but we still don't have those. We have a lot of work to do to build our capacity and get policies and procedures in place to be the responsible stewards of this Fund that the Governor expects us to be.

10. I am personally not satisfied with the contract between DHHS and UNMC. The Oversight Committee should expect more. The DHHS contract specifies that UNMC must create criteria for the disbursement of funds. That part was good. But, not only are these criteria non-existent as I've said above (or, UNMC developed them but the Oversight Committee is not applying them), we have already disbursed $450,000. I voted "no" not only because I disagreed with the 100% allocation that left nothing for any other investment, but because I did not feel that we had a rock solid basis (evaluation criteria) by which we made this decision and that would stand up to any public scrutiny. That is our job, and we did not do it so I voted "no" and I'm concerned and frustrated that UNMC has not over the course of the year and having been paid $50,000 helped us produce what was contractually mandated but also what is needed. Was my interpretation of "administer" from LB481 wrong? Are my expectations of DHHS and UNMC misplaced? If not these entities, who or what will help our Oversight Committee develop and implement good tools of fiduciary oversight? In the end, we need to improve our policies and procedures and we need help from these guiding entities.

As you can see in the above 10 points I have many reservations about the Oversight Committee's performance. There is a lot at stake. The Trust Fund is a wonderful accomplishment, and if we are not better stewards of it then we risk losing it. I don't believe the Oversight Committee would agree with me on these points since they did not agree when I brought them up in the meeting. So that's why I am including others in the conversation. We are new to this as an Oversight Committee. And we have many talented and committed members on the Oversight Committee. And we have a lot of areas to improve. No one person is responsible for any of the above items, and together I hope we put in place the robust policies and procedures that the Brain Injury Trust Fund deserves and that would serve it well and that would help us as individuals feel like we have done the necessary due diligence as required of us as stewards of this funding.

Thank you,

Judy Nichelson
Brain Injury Survivor
Brain Injury Trust Fund Committee Member

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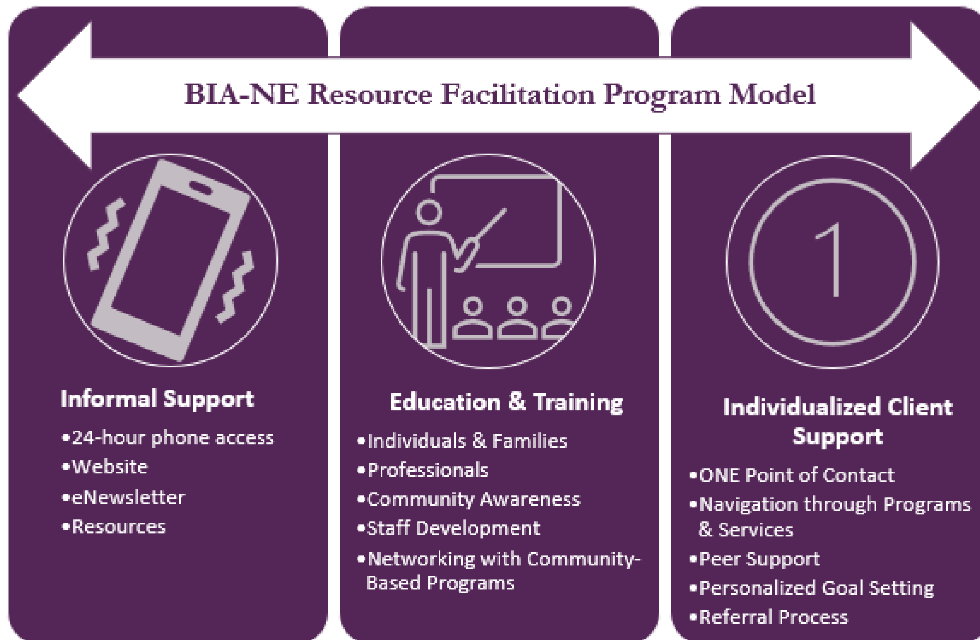
Creating a better future for all Nebraskans through brain injury prevention, education, advocacy, and support

Resource Facilitation Plan

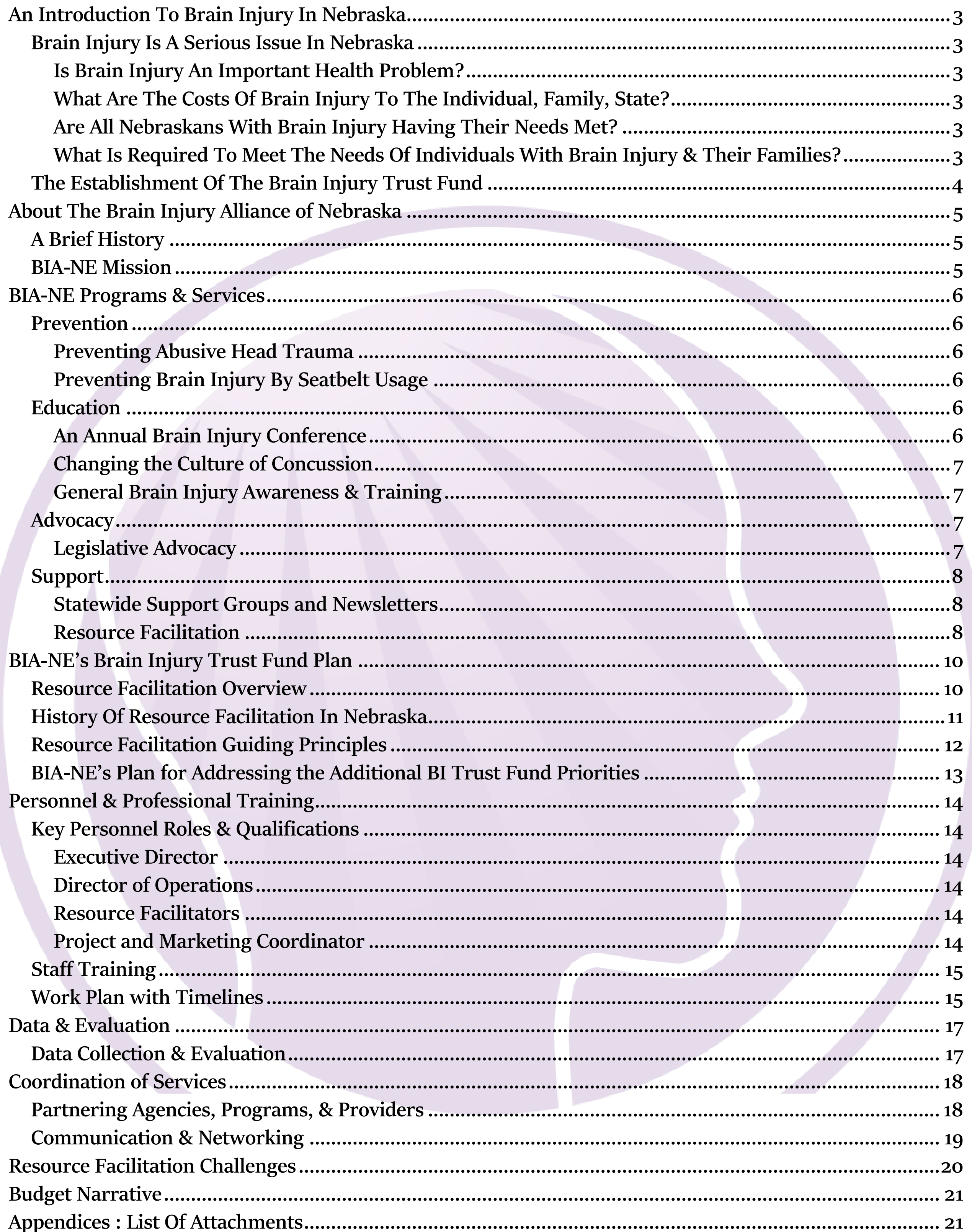
Prepared for the Brain Injury Trust Fund Committee

Updated May 25, 2021



In this Resource Facilitation plan, the Brain Injury Alliance of Nebraska (BIA-NE) addresses the diverse needs of the brain injury (BI) population by developing a unified assortment of support services that are individualized, participant-directed, flexible, and designed to assist each individual in reaching their best possible recovery.

The overall mission of this continuum is for services to be integrated and connected to allow individuals and families to access what level of support they need when they need it across the state.



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An Introduction To Brain Injury In Nebraska

Brain Injury Is A Serious Issue In Nebraska

Is Brain Injury An Important Health Problem?

- More than **36,000 Nebraskans** are living with an ***invisible disability*** due to brain injury.
- A brain injury (BI) can happen to anyone, anywhere, at any time. You, a colleague, or a loved one, may experience a BI resulting from a(n) stroke, aneurysm, infection, or a blow to the head due to a fall, car crash, etc.
- Based on 2015-2019 data, nearly 13,850 individuals are newly diagnosed with a BI in Nebraska each year.
    - Of those, an estimated 10-20% will need assistance to overcome or manage the effects of their injury.

What Are The Costs Of Brain Injury To The Individual, Family, State?

- Increasing statewide awareness and access to accurate diagnosis and treatment following a BI is critical for managing long-term care and entitlement costs to the State.
- Without effective on-going support, some individuals with BI struggle with basic daily tasks. A BI may affect the ability to drive, communicate, and can present interpersonal challenges leading to instability in social, academic, or employment performance.
- Financial distress after a BI creates concerns over basic needs like housing, or access to care due to being under-insured and unaware of the network of resources available to people living with BI.

Are All Nebraskans With Brain Injury Having Their Needs Met?

- Because Nebraska lacks a comprehensive service delivery system providing assistance, individuals with BI are often unseen, unheard, and underserved.
- The fractured service delivery system for individuals with a BI and their families result in barriers to successfully returning to school, employment, and their communities.
- Individuals with BI are often being served in higher cost, less preferred placement, such as correctional facilities, homeless shelters, and emergency rooms due to the lack of specialized community-based BI services.

What Is Required To Meet The Needs Of Individuals With Brain Injury & Their Families?

The *2010 Nebraska State Brain Injury Needs & Resource Assessment* identified the following barriers which prevent or limit access to brain injury services:

- Lack of case management and resource facilitation
- Lack of awareness and knowledge of brain injury
- Lack of service awareness

Additionally, this study assessed the most critical needs of statewide providers who serve brain-injured children, teens, and adults:

- Increase brain injury-specific training for service providers
- Increase public awareness and advocacy
- Developing funding sources specific to brain injury

The average time between a brain injury and intake into the Brain Injury Alliance of Nebraska's Resource Facilitation program is 9.5 years. ***This means that many Nebraskans are living for almost a decade,*** struggling to re-engage in life and find productive, meaningful opportunities, often without understanding the impact their brain injury has had on their lives.

Please reference the Appendices for the Brain Injury Trust Fund infographic.

The Establishment Of The Brain Injury Trust Fund

In 2019, the Nebraska legislature established the Brain Injury Trust Fund.

Nebraskans deserve long-term support to create better futures through opportunities for meaningful engagement. Establishing a comprehensive support system from accurate diagnosis and treatment to re-entry into their community, helping people living with the effects of a BI to achieve improved outcomes and return to productive lives.

The Nebraska BI Trust Fund provides funding for:

- Expanded Resource Facilitation linking existing service providers to individuals with BI
- BI training for service providers
- Improved follow-up contact with individuals listed on the BI registry
- Public awareness activities
- Support for BI research
- Evaluation of quality BI services

About The Brain Injury Alliance of Nebraska

A Brief History

The Brain Injury Alliance of Nebraska (BIA-NE) began as the Brain Injury Group of Nebraska in 2009. In 2010, it was officially incorporated into the BIA-NE and became an affiliate of Brain Injury Association of America (BIAA). In 2016, BIA-NE incorporated with the US Brain Injury Alliance and dropped its affiliation with BIAA.

As a 501(c)3 charitable nonprofit, BIA-NE is self-sustaining through its fundraising efforts, various grant opportunities, major donor gifts, and program dues.

BIA-NE Mission

BIA-NE's Mission is to create a better future for all Nebraskans through brain injury prevention, education, support, and advocacy. BIA-NE has demonstrated the capability, dedication and advocacy for brain injury. Every day, we make differences in lives of survivors of brain injury by:

- Advocating for the welfare, rights and dignity of individuals with brain injury
- Providing support through connections to groups and professionals, personal contact, and directing families to resources
- Educating and training survivors, families, and professionals about brain injury
- Preventing brain injury through education and public awareness

BIA-NE Programs & Services

BIA-NE provides a comprehensive array of statewide services designed to bridge identified gaps through its ***prevention, education, advocacy, and support*** efforts.

Prevention

Preventing Abusive Head Trauma

BIA-NE captured the devastating stories of four children after being shaken as babies in a documentary, "Forever Shaken." This powerful 30-minute educational tool is being used by childcare advocates, schools, hospitals, and others to show the lifelong challenges that face children of Abusive Head Trauma.

Outcomes

Since its creation in 2014, over 500 "Forever Shaken" DVDs have been distributed across Nebraska and the United States. It has had over 350,000 YouTube visitors. The documentary is most frequently requested by family consumer science teachers and daycare providers across the nation. Forever Shaken is used as a teaching tool by the state of Nebraska for all daycare provider training and sections of it are being used by local hospitals in their 1,2,3 Don't Shake a Baby program.

Preventing Brain Injury By Seatbelt Usage

Through social media and billboard advertising, BIA-NE promotes the importance of occupant safety via seatbelts.

Outcomes

In 2020, billboards, stressing the importance of seatbelt usage, were up for 12 weeks at six locations in eastern Nebraska. Estimated weekly impressions ranged from 606,662 on I-80 in Omaha to 12, 790 on Hwy 6 near Lincoln.

Education

An Annual Brain Injury Conference

BIA-NE hosts an annual brain injury conference that brings together a wide variety of health professionals, state agency personnel, community health providers, educators, individuals, and families impacted by a brain injury to network with industry partners.

Outcomes

An annual conference that is normally held in Kearney, Nebraska, moved to a virtual platform in 2020 due to COVID-19. This virtual format was continued into 2021. Over those two years, we had nearly 400 attendees which were 60% professional and 40% individuals with brain injury and their families.

Changing the Culture of Concussion

Since 2013 BIA-NE has led the Nebraska Concussion Coalition which creates a plan for statewide concussion recognition and management. Members of the coalition include educators, health care providers, family members, state agency personnel, etc. The Coalition's focus is on educating coaches, parents, players, teachers, and health care professionals.

Outcomes

In 2020, the Coalition's primary objective is for every educator in the state of Nebraska to have access to the Get Schooled on Concussion (GSOC) and Teacher Acute Concussion Tool (TACT) resources. GSOC and TACT are web-based tools that deliver customized materials guiding teachers on how to assist students with a concussion in the classroom. BIA-NE used grant funding to pay for the statewide subscription of this tool and is working with industry partners to promote the tools across the state.

General Brain Injury Awareness & Training

BIA-NE provides brain injury training for programs serving high-risk populations such as juvenile justice, homeless, domestic violence, corrections, sex trafficking, and behavioral health. As part of the training, the programs are taught how to administer a brief brain injury screening tool to better identify individuals with brain injury within their system.

Outcomes

In 2020 BIA-NE offered 28 in-person and zoom training which were attended by over 800 community-based professionals serving these populations across the state. Currently, two domestic violence programs, one juvenile justice program, and one behavioral health program is utilizing the HELP screening tool. Preliminary findings indicate 58% of victims in the domestic violence, 72% of the youth in the juvenile justice program, and 77% of the clients in the behavioral health programs are screening positive for brain injury.

Advocacy

Legislative Advocacy

BIA-NE monitors government and how it affects the brain injury community. BIA-NE works with policymakers for the benefits of those with brain injuries. Advocacy activities include monitoring the process and keeping our members informed of the issues that could affect their lives. Individuals with brain injury and their families are encouraged to become involved with BIA-NE in the legislative process.

Outcomes

- In July 2020, BIA-NE successfully advocated for the Nebraska legislature to annually approve $500,000 to be designated for the Nebraska Brain Injury Trust Fund. The trust fund dollars will be used to support community-based brain injury services in Nebraska.
- Annually, BIA-NE, in partnership with the helmet coalition, opposes efforts to repeal Nebraska's motorcycle helmet law.
- BIA-NE hosts an annual Proclamation Day each March at the capitol.

Support

Statewide Support Groups & Newsletters

Volunteer facilitated brain injury peer support groups meet throughout Nebraska. Individuals with brain injury, their family, and brain injury professionals also receive monthly updates from BIA-NE regarding training, resources, and stories across the state.

Outcomes

- Currently, BIA-NE promotes 18 support groups across the state. Three of those are new virtual support groups due to COVID-19.
- 2800 individuals receiving monthly brain injury news updates.

Resource Facilitation

Resource Facilitation Specialists, assist in building personalized support teams providing information, resources, and referral services to individuals and their families.

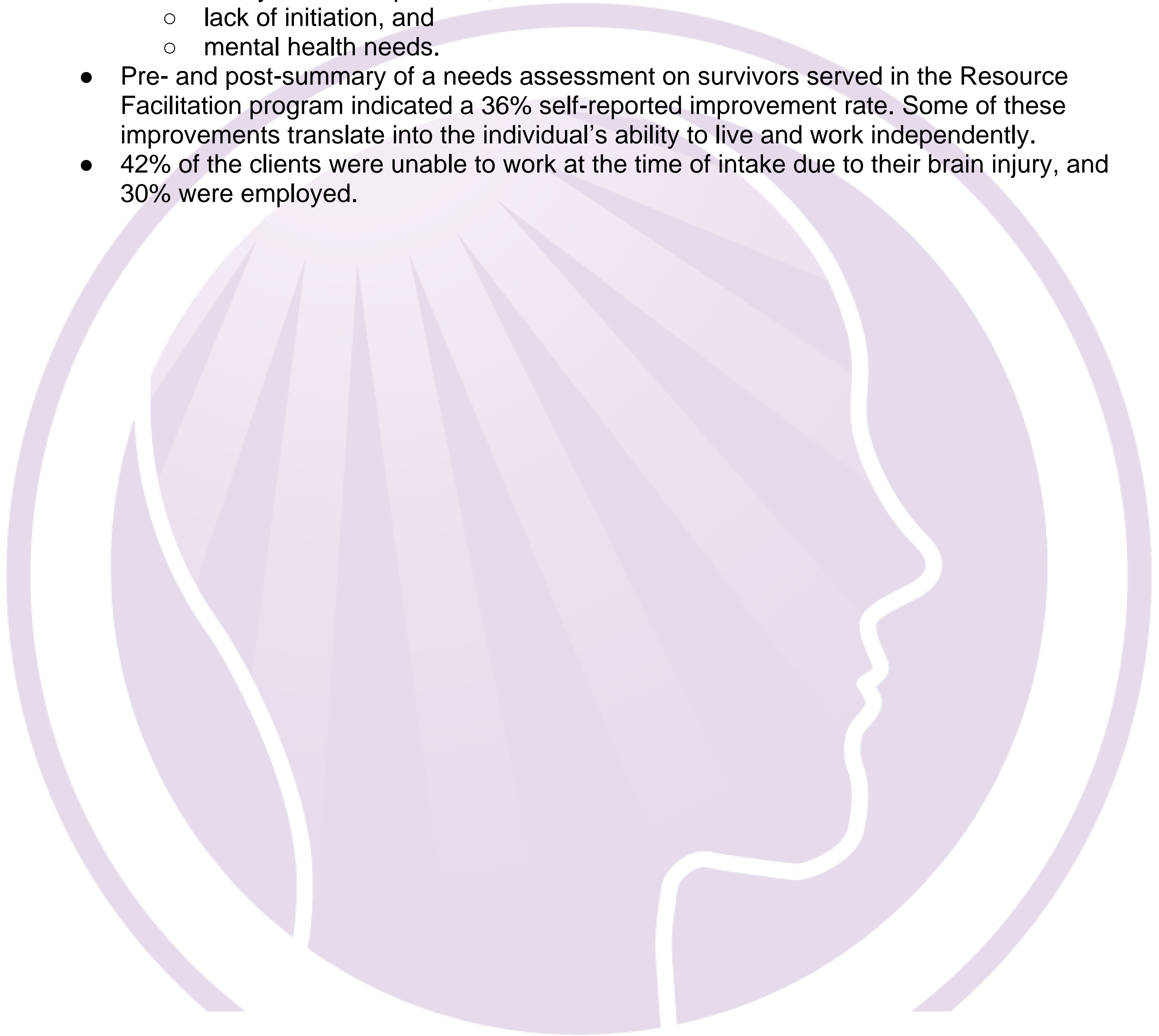
See appendix for:
- *A full RF Data Report*
- *BIA-NE RF Promotional Brochure*

Outcomes

BIA-NE has been providing statewide brain injury referral and care coordination with case-management-style services since July 2016. As of Dec. 2020, when the last data report was pulled, BIA-NE served over 700 unique clients.

- 31% of those served were more than 7 years or more post-injury. This indicates those with brain injury have chronic needs, beyond what is being provided at the acute care level.
- The average age of an individual with brain injury served was 43 years old. This deviates from the typical age range of children and the elderly.
- The top three reported causes of brain injury were: motor vehicle crash, fall, and assault.
- The top five barriers that survivors asked for help overcoming were:
    - physical and mental health issues,

    - understanding of brain injury,
    - communication and interpersonal issues,
    - vocational issues, and
    - financial issues.
- Top five injury-related concerns voiced at intake:
    - memory problems,
    - physical health needs,
    - family relationship issues,
    - lack of initiation, and
    - mental health needs.
- Pre- and post-summary of a needs assessment on survivors served in the Resource Facilitation program indicated a 36% self-reported improvement rate. Some of these improvements translate into the individual's ability to live and work independently.
- 42% of the clients were unable to work at the time of intake due to their brain injury, and 30% were employed.



BIA-NE's Brain Injury Trust Fund Plan

Since 2009, members of BIA-NE staff have worked to secure sustainable funding through the Nebraska Legislature for Resource Facilitation. After 10 years, and multiple attempts, BIA-NE and its supporters were successful in advocating for the passage of Nebraska's first Brain Injury Trust Fund for $500,000 in 2019.

The priorities BIA-NE identified for the Brain Injury Trust Fund include:

- **Resource Facilitation.**
  Resource facilitation shall be given priority and made available to provide ongoing support for individuals with a brain injury and their families for coping with brain injuries. Resource facilitation may provide a linkage to existing services and increase the capacity of the state's providers of services to individuals with a brain injury by providing brain-injury-specific information, support, and resources and enhancing the usage of support commonly available in a community. Agencies providing resource facilitation shall specialize in providing services to individuals with a brain injury and their families.
- **Voluntary Training.**
  Voluntary training for service providers in the appropriate provision of services to individuals with a brain injury.
- **Follow-Up Contacts.**
  Follow-up contact to provide information on brain injuries for individuals on the brain injury registry established in the Brain Injury Registry Act.
- **Public Awareness.**
  Activities to promote public awareness of brain injury and prevention methods.
- **Building Knowledge.**
  Supporting research in the field of brain injury.
- **Improving Processes.**
  Providing and monitoring quality improvement processes with standards of care among brain injury service providers; and
- **Data Collection & Evaluation.**
  Collecting data and evaluating how the needs of individuals with a brain injury and their families are being met in this state.

Resource Facilitation Overview

Resource Facilitation is a program by which a trusting relationship with the individual is formed to promote disclosure of changes caused by brain injury. Basic demographic information is collected from the individual to better understand the person and provide the best information about brain injury and referrals to appropriate resources. The process also identifies barriers to services, ways to work through the barriers, and unmet needs.

No one with a brain injury or his/her family will be turned away from participating in the program. It is common to work with individuals several years post-injury.

Resource Facilitation provides information and referral services in which the client has one-to-one, personal phone/Zoom contact with a Resource Facilitator. Resource Facilitation consists of using professional and comprehensive interviewing, communication, and assessment skills.

Resource Facilitation respects the client's rights to:

- Confidential access to information
- Trauma-informed care
- Assistance, based on the client's value system
- To be treated with respect and cultural sensitivity
- Self-determination and self-advocacy
- Opportunity to access the services of their choice
- Accurate and comprehensive information about services

Resource Facilitation is a process built on three main functions:

1. Resource Facilitators assist with understanding the changes brain injury can cause, collaborative problem solving and supporting the individual with brain injury and/or family members through the critical healing process. The needs for persons with BI and their families often exist well beyond the point of sustaining the brain injury, hospital stay, rehabilitation, and hospital discharge. To better bridge the gap between hospital, home, and return to work/school, the Resource Facilitation program was designed to begin weaving a network of support for persons with brain injury.

2. Referrals are provided within the clients' community. These resources assist with successful return to school, work, or community reintegration. It also assists with long-range community planning. The Resource Facilitator educates about the changes brain injury can cause. The staff will then start to discuss available resources in a supportive manner, which facilitates individual choice, independent decision-making, and utilization of natural supports and self-advocacy. Resource Facilitators understand the recognition of the changes brain injury can cause is a process, as is the decision to seek support and services. The length of time this process takes is determined by the client.

3. Finally, this process leads to identification of gaps in service delivery. A key piece of advocacy for policy change is the identification of gaps and/or barriers to services. This includes the ability to keep people out of institutional settings *by providing the necessary interventions to meet individualized goals: including returning to employment, establishing modified support networks, accessing services to meet basic needs, and continued personal growth.* The Resource Facilitator conducts visits with clients to determine outcome and assist with additional service needs if they are necessary.

History Of Resource Facilitation In Nebraska

On February 12, 2015, BIA-NE participated in the Nebraska Brain Injury Advisory Council's sponsored event, "Shaping The Future Of Brain Injury, Nebraska's Brain Injury Summit On Resource Facilitation."

During this meeting, representatives from across the state convened to:

- Develop guiding principles for implementing Resource Facilitation in Nebraska.
- Develop a state definition for Resource Facilitation in Nebraska.
- Prioritize services to be provided under the Resource Facilitation model.

Since BIA-NE began offering Resource Facilitation in 2015, this document has served as the blueprint for BIA-NE's Resource Facilitation model. It has defined Resource Facilitation 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 are addressed in a comprehensive, timely, and efficient manner.”

***The full report can be found in the Appendixes.*

Resource Facilitation Guiding Principles

At BIA-NE, our Resource Facilitation program was founded with these guiding principles:

- The Resource Facilitator will establish rapport with the client and use active listening skills to help identify priority needs.
- The Resource Facilitator will respond to each client in a professional, non-judgmental, and culturally appropriate manner. Under no circumstance will the Resource Facilitator knowingly provide misleading or preferential referrals to an organization.
- Each Resource Facilitator will be mindful of time and the client’s stamina. The client’s need for rest is more critical than the professional’s wish to complete a call. If they seem fatigued, inquire if they are doing okay or need to schedule an additional follow-up call.
- The Resource Facilitator shall remain neutral and mindful that they are only presented with partial views of any situation and are in no position to react negatively. Also, any such critique could confuse the central issues, inflame volatile situations, and place the Alliance at risk.
- The Resource Facilitator will make an accurate assessment of the issues presented by the client, asking relevant open-ended questions to elicit information necessary for accurate referral.
- Each Resource Facilitator will be responsible for providing the client with various approaches to address any issues or problems.
- Wherever possible, the Resource Facilitator will provide at least three referrals to give the Client a choice (and protect Resource Facilitation from being perceived as “making A recommendation”).
- The Resource Facilitator will provide accurate and necessary information to enable the client to choose the most appropriate resources for him/herself.
- The Resource Facilitator will recognize and encourage the client’s right to make his/her own choices.
- The Resource Facilitator will pursue the problem/issue until both the client and the Facilitator are assured that all appropriate options have been exhausted.

- The Resource Facilitator will suggest ways the client can advocate for him/herself when appropriate (empowerment / self-determination).

- When warranted and with the client's permission (verbal permission or signed Release of Information), the Resource Facilitator will make direct contact and communicate with other persons/professionals involved with the client.

- The Resource Facilitator will offer to initiate a conference call with the client to another agency or professional, when needed.

- The Resource Facilitator will provide support, as an advocacy organization, to assist Clients in obtaining a needed service when they cannot effectively represent themselves or when they have a complaint about a service. The preferred advocacy approach is educational vs. confrontational. The goal is to help the client/family find their own voice and to be empowered to get their needs met.

- The Resource Facilitator will ask the client to call back, if the information proves incorrect, inappropriate, or insufficient to link them with a needed service.

- The Resource Facilitator will follow up, as appropriate.

BIA-NE's Plan For Addressing The Additional Brain Injury Trust Fund Priorities

- **Voluntary Training.**
  Nebraska lacks a specialized community-based brain injury delivery system so many individuals with brain injury are being served in other established systems such as the behavioral health system, correctional system, long term care programs, etc. In order to build systems capacity BIA-NE will reach out to these systems and offer training for service providers so their clients with brain injury get their brain injury needs identified and met, thus improving outcomes.

- **Follow-Up Contacts.**
  On average 13,850 new individuals are added to the Nebraska brain injury registry yearly. Currently funds from an ACL grant cover the cost to send an informational letter out to all of those on the brain injury registry. Should those ACL funds no longer be available, BIA-NE would dedicate part of the BI Trust Fund dollars to ensure the distribution of the registry letter.

- **Public Awareness.**
  Since BIA-NE began the resource facilitation program, referrals to the resource facilitation program have all been word of mouth as BIA-NE has never had access to funds to help promote it. BIA-NE intends to use a portion of the trust fund dollars for a public awareness campaign where individuals find their way to BIA-NE in a more timely manner.

- **Building Knowledge.**
  The efficacy of Resource Facilitation has had a limited amount of research completed to date. BIA-NE's goal is to partner and share unidentified client information with Dr. Lance Trexler, who continues to do research in this area.

- **Improving Processes.**
  Through surveys, screening, and partnerships BIA-NE will provide and monitor quality improvement processes with standards of care among community-based service providers.

- **Data Collection & Evaluation.**
  BIA-NE will continue to utilize the MN Resource Facilitation data base to collect data on the needs of individuals with a brain injury and their families. BIA-NE will contract with Schmeeckle Research for this program evaluation work.

Personnel & Professional Training

Key Personnel Roles & Qualifications

These are abbreviated job descriptions. See Appendices for full job descriptions.

Executive Director

The Executive Director of the Brain Injury Alliance of Nebraska is responsible for the effective management of all operations and administration of the Alliance office and participating as a non-voting member of the Executive Committee of the Board of Directors in the development and implementation of all programs of this not-for-profit, statewide brain injury advocacy organization.

Director of Operations

The Director of Operations is responsible for overseeing the daily operation of all programs, services, development, information and technology services, human relations and resources, volunteer, and other administrative functions of the organization. The Director of Operations will work with the Executive Director to develop and support a long-term vision for the organization.

Resource Facilitators

The Resource Facilitators work directly with individuals with brain injury, community members, service providers and other key stakeholders for the purpose of improving the delivery of brain injury services, further improving the outcomes and lives of those with whom they serve. Responsible for providing outreach activities, educational and training opportunities, and service coordination.

Project and Marketing Coordinator

The primary purpose and function of this position is to ensure that all programs and events of BIA-NE are marketed and publicized effectively to increase the awareness of the BIA-NE and participation and support from the organization's constituencies: members, funders, the media, and other external audiences.

Staff Training

Incoming Resource Facilitators will have opportunities to view various free online training courses found on the Nebraska Brain Injury Advisory Council and the Center on Brain Injury Research and Training (CBIRT) websites. The online courses provide important information about the awareness of BI causes, symptoms, treatments, supports, and accommodations. The CBIRT skill builder program made specifically for training frontline staff will be mandatory training for new incoming staff.

Work Plan with Timelines

Expand Individualized Support in Nebraska.		
Objectives	Timeline	Measurables
Maintain and hire additional Resource Facilitators to create a greater presence across the state	Present - Dec. 31, 2021	The addition of 2-3 new Resource Facilitators hired throughout Nebraska The number of clients served
Outreach to targeted referral sources—i.e. medically-based program, programs serving high-risk individuals, etc.	Present - Ongoing	The number of new referral resources identified
Work with individual to identify strengths and weakness; services needs and goals; identify appropriate resources and programs to achieve self-directed goals; link and navigate resource services	Present - Ongoing	The number of barriers identified The number of alternative strategies identified Client surveys to measure impact and satisfaction

Provide education, training and support to professionals who work with individuals with brain injuries.		
Objectives	Timeline	Measurables
Provide statewide/regional training for medical professionals, mental health services, educators, state employees, etc.	Present - Ongoing	The number of trainings held and types of professionals participating
Expand the community's awareness and knowledge of BI (community-based providers/services/ organizations, school/PTI, government/political groups, etc.)	Ongoing	The evaluation results of each training
Expand the number of individuals with BI and their families participating in BIA-NE Engagement Committee meetings	Ongoing	The number of monthly participants in the meetings

Maintain a centralized point of entry for information, referral and support which can be accessed through a 1-800 number with trained staff available including website, resource directory, and information about brain injury.		
Objectives	Timeline	Measurables
Maintain the brain injury 24-hour accessible helpline	Present - Ongoing	The number of monthly calls received
Maintain website	Present - Ongoing	The number of visits to the website
Produce monthly e-newsletter	Present - Ongoing	The number of e-newsletter views

Data & Evaluation

Data Collection & Evaluation

Client data is currently collected in a secure database created specifically for Resource Facilitation by Jibben. BIA-NE maintains a yearly contract with Jibben for which the database provides BIA-NE with the needed data elements to monitor program tasks, program utilization rates, and other elements needed for program evaluation. The tracking system is robust and somewhat customizable.

For a full report see RF Data Report as part of the appendix.

BIA-NE will work closely with Nebraska Oversight Committee to ensure programs are meeting expectations and are responsive to any changing needs. Client satisfaction surveys and evaluations will be developed in conjunction with Schmeeckle Research. BIA-NE has worked with Schmeeckle Research on past projects and are willing to provide reports as required by the Nebraska Oversight Committee.

BIA-NE has a successful history of using training evaluations to make informed decisions to improve services and determine future training program needs. Training evaluations also provide data on attendee numbers, increased knowledge gained, and training effectiveness. Continuous monitoring will allow for adjustments and improvements to be made upon recognition of shortcomings.

Coordination of Services

Partnering Agencies, Programs, & Providers

BIA-NE has formed many successful partnerships with various organizations including government agencies, private sectors, community-based program and service providers in a joint effort to coordinate available services to individuals with BI and their families. BIA-NE facilitates the existence of brain injury awareness. Developing relationships with partners is vital to provide effective delivery of referral services.

Seeking, developing, and nurturing natural alliances with other organizations and professional partners is a constant focus of the BIA-NE. A sampling of partners we have built relationships with include:

- University of Nebraska Medical Center
- University of Nebraska Lincoln
- Madonna Rehabilitation Hospitals
- QLI
- Children’s Medical Center
- Nebraska Department of Health and Human Services
- Nebraska Department of Education
- Nebraska Dept. of Behavioral Health
- Aging and Disability Resource Center (ADRC)
- Brain Injury School Support Teams
- Nebraska State Athletic Trainers Association
- Members of the Nebraska Veterans Brain Injury Task Force
- Members of the Nebraska Concussion Coalition
- Nebraska Education Television
- Nebraska Advocacy Services, Inc.
- Easterseals Nebraska
- Nebraska Hospital Association
- Nebraska Medical Association
- Nebraska Stroke Foundation
- Ticket to Work Program and Goodwill Industries
- Center for Independent Living
- Nebraska Consortium for Citizens with Disability
- Division of Veterans Services Administration
- and many more

BIA-NE has a proven track record of building a structure which brings stakeholders together to get things done. Our partners want to work with us because we help promote their services and want to help get their messages out to the community. BIA-NE is able to lead individuals with BI and their families and connect to the right services. One of the primary duties of the Resource Facilitators is to continually explore new programs and develop partnerships with agencies and providers. It is imperative to understand the needs and offerings available to ensure appropriate services are attained to meet specific individual requirements.

Communication & Networking

Communicating, networking, and collaborating with statewide service providers and partners is a vital function of resource facilitation development and sustainability.				
Deliverable Description	Objectives	Strategies	Delivery Timeline	Outcome Measure
Website	Dedicated internet space to easily provide current, relevant information	Maintain current information, Update content to keep up-to-date and relevant, Enhance content	Website live, Quarterly checks of links and updated information	Monitor website usage monthly
Newsletter	Monthly electronic publication intended to maintain contact with recipients and increase awareness	E-mail (listserv & contact list), Post to web	Monthly	# of e-newsletters sent out
Program Promotional Items	Use existing items from partners that provide quick information about TBI and Services, Explore Public Service Announcement opportunities, Press releases, Regional awareness events, Brain Injury Awareness Month Activities	General TBI infographics, Awareness, Posters/handouts, Program Brochures, Referral form, Program description items, Partnering and collaborating with appropriate resources at the appropriate time	Initial items available	# of items mailed out upon request, Items posted and maintained on web

BIA-NE places a high priority on communication and recognizes it as a crucial function of program development. A communication plan that is flexible and fluid is a necessary component in assisting the proposed program with fulfilling the overall goal of creating a coordinated, comprehensive system of care for individuals with BI and their families; and to increase the public support and awareness of BI. The outreach plan will serve to build awareness and support from stakeholders and the general public, leading to an increased use of the available services.

Resource Facilitation Challenges

We understand that we are likely to come across several challenges when expanding the Resource Facilitation program.

A couple of examples are:

- Community providers lack awareness and expertise in assisting those with BI.

  The Resource Facilitators will work to develop relationships with the various community providers to build brain injury awareness and eventually their understanding of the needs of those with brain injury. As they gain a greater understanding of brain injury, they will hopefully seek opportunities to better serve those with brain injury and maybe even begin to screen for it.

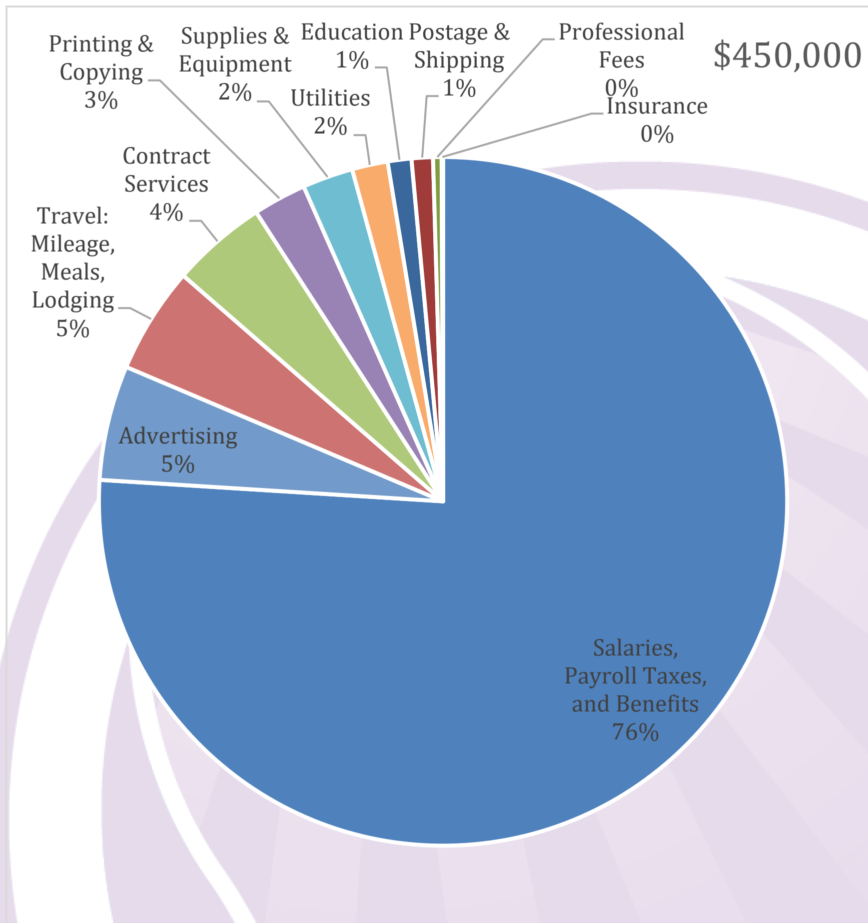
- Budget restraints.

  Although the BI Trust Fund offers more funds towards resource facilitation than have ever been available in the history of BI in the state of Nebraska, this amount is ridiculously small in comparison to what other states have available to do this same type of work. We will work to overcome this by continuing to build partnerships and collaborate with others to make the dollar go further. Examples include:
    - using partners to assist with training,
    - utilizing free handouts from organizations like the CDC,
    - partnering with programs like the ADRC and Unite US, and
    - writing grants with partners at UNL.

- Reaching individuals of diverse linguistic and cultural backgrounds.

  The BIA-NE anticipates encountering individuals with diverse linguistic and cultural backgrounds in the years ahead. We will begin with using Global Arena for our translation service as we learn what these individuals' unique needs are. Once we learn of their needs, using this service, we will work to assist them with programs and resources in their area. .

Projected Budget Narrative



The Brain Injury Alliance of Nebraska continues to secure funding to meet its mission to create a better future for all Nebraskans through brain injury prevention, education, support, and advocacy.

The Brain Injury Trust Fund dollars will enable BIA-NE to:

- Increase the number of Resource Facilitators across the state so BIA-NE can support individuals with BI and their families within their community.
- Enhance BIA-NE's ability to perform outreach and promote brain injury awareness across the state.
- Build systematic change through brain injury training and evaluation.

List Of Attachments

A. Position Description: Resource Facilitator
B. Position Description: Executive Director
C. Position Description: Director of Operations
D. Position Description: Marketing Coordinator
E. BIA-NE's Resource Facilitation promotional brochure
F. BIA-NE's Resource Facilitation Policies and Procedures Manual
G. BIA-NE's Resource Facilitation Data Report (most recent)
H. BIA-NE's Resource Facilitation Infographic
I. Final Report : Shaping The Future of Brain Injury (Summit Summary & Recommendations), March 2015

Brain Injury Alliance NEBRASKA

Resource Facilitator
Brain Injury Alliance of Nebraska
Nebraska (statewide)

Position Summary

This position reports to the Executive Director of the Brain Injury Alliance of Nebraska (BIA-NE).

The Resource Facilitator will work directly with individuals with brain injury, community members, and service providers for the purpose of improving the delivery of brain injury services and further improving outcomes for those with brain injury.

In collaboration with BIA-NE, the Resource Facilitator will be responsible for the creation, coordination, and delivery of outreach efforts to increase awareness and development of resources directed by individuals living after brain injury (BI) and family members, in addition to other community representatives. Duties include the documentation and reporting of the efforts for expansion and enhancement of available supports and services to better serve Nebraska's BI population.

About The Brain Injury Alliance Of Nebraska

BIA-NE helps individuals with brain injuries rebuild their lives, restore purposeful living, and rebuild hope and optimism. Serving the brain injury population means working to secure and develop community-based services, providing support groups and access to pertinent information and medical resources and service referrals. It also means educating professionals who work with children and adults with brain injury. More information about BIA-NE can be found at www.biane.org.

The Purpose of Resource Facilitation

The mission of the Brain Injury Alliance of Nebraska (BIA-NE) is "to create a better future for all Nebraskans through brain injury prevention, education, advocacy, and support."

BIA-NE is a conduit for expanding and strengthening collaboration using the experiences of individuals living after brain injury and their family members as the experts in identifying and developing needed therapeutic and social supports across the state.

Together, we collaborate on capacity-building and availability of person-centered, person-directed supports that address unmet needs of individuals with BI, including family members, community leaders, providers, and other key stakeholders, that encompass the lifespan, all brain injuries, across the state.

Qualifications

- BA in Social Work, Psychology, Sociology, or Related Human Services Field; Masters preferred. Other qualifications will be considered if individuals are passionate, motivated, and solutions-oriented.
- Understanding of Nebraska's disability service system, social service system, and medical service system.
- Understanding of disability issues.
- Demonstrated involvement in community organizing as a passionate, motivated, and solutions-oriented collaborator.
- Excellent verbal and communication skills.
- Strong computer skills. Ability to learn and utilize new computer programs to efficiently and effectively collect, compile, evaluate, and share data.

- Flexibility in scheduling to meet individual and organizational needs.
- Ability to work independently and interdependently in diverse groups.
- Minimum of two years direct human service experience with persons with disabilities. Experience working with individuals with brain injury preferred.
- Ability to drive and travel independently or with self-directed accommodations.

Duties & Responsibilities

Working within the parameters of the Alliance, Resource Facilitators are responsible for:

The coordination and delivery of resources to individuals with brain injury, family members or caregivers, and professionals.
- Provide initial contact with an individual/family.
- Collaborate with community organizations to receive referrals and establish contact with individuals and families in need of supports.
- Consult with the individual/family to identify concerns and needed/requested services and supports.
- Guide individuals/family in identifying appropriate services and supports both formal and informal.
- Guide individuals/family in resolving difficulties with agencies, access to services and/or service delivery.
- Conduct ongoing assessment and update planning documents as needed.
- Follow up to ensure that the services and supports provided are appropriate, timely, and identified goals and objectives are met.

Facilitating community outreach and program development across the state and lifespan.
- Provide outreach so that area residents, community leaders, community organizations, churches, schools, and businesses are aware of the services available.
- Identify available regional resources and any gaps and barriers in services.
- Establish and maintain working relationships with various facilities, organizations, and agencies to establish and expand program referrals.
- Support BIA-NE events and initiatives in the community.
- Collaborate on organizational outreach initiatives and informational opportunities to increase awareness of prevention, education, advocacy, and supports across the state.

Serving as the regional content specialist for BI and providing educational opportunities.
- Provide education and training to professionals, organizations, and other entities.
- Serve as a resource on brain injury issues for agencies and providers.
- Establish and maintain working relationships with individuals living after brain injury, family members, and representatives from community organizations.
- Establish and maintain regional service provider networking opportunities.

Program development.
- Enter and track data according to program reporting requirements and maintain program records.
- Create methods to identify and report available regional resources and collect data identifying any gaps and barriers in services.
- Assist with program development and support.

Executive Director
Brain Injury Alliance of Nebraska
Nebraska (statewide)

Position Summary

This full-time, exempt position reports to the Board of Directors.

The Executive Director of the Brain Injury Alliance of Nebraska (BIA-NE) is responsible for the effective management of all operations and administration of the BIA-NE office and participating as a non-voting member of the Executive Committee of the Board of Directors in the development and implementation of all programs of this not-for-profit, statewide brain injury advocacy organization.

About The Brain Injury Alliance Of Nebraska

BIA-NE helps individuals with brain injuries rebuild their lives, restore purposeful living, and rebuild hope and optimism. Serving the brain injury population means working to secure and develop community-based services, providing support groups and access to pertinent information and medical resources and service referrals. It also means educating professionals who work with children and adults with brain injury. More information about BIA-NE can be found at www.biane.org.

Qualifications

- 5-7 years of association management or nonprofit program development and administration.
- A successful track record in fund development.
- Knowledge of disability issues, the service delivery system, and brain injury is helpful.
- A Master's degree is preferred, with specialization in public administration, health care services, special education, or rehabilitation a plus.
- The candidate must be available for frequent in-state and occasional out-of-state travel.

Duties & Responsibilities

Working within the parameters of the Alliance, the Executive Director is responsible for:

General organizational management.
- General BIA-NE management.
- Direction, coordination, and supervision of staff.
- General program development.
- Community relations.
- Liaison to the U.S. Brain Injury Alliance (US BIA), community agencies, and state agencies.
- Legislative advocacy.
- Fiscal management.
- Grants development and management.
- Fundraising planning and implementation.
- Appropriate follow-up in all areas.

Participating as a non-voting member of the Executive Committee of the Board of Directors.
- The Executive Committee meets on a regular and as-needed basis between Board of Director meetings to carry out the business of the BIA-NE.
- The Executive Committee meets to develop policies and bring recommendations to the Board and ensure that all activities of the strategic plan are conducted optimally.
- The Executive Director is responsible for actively participating with other members of the

Executive Committee in reviewing and providing input, relative to the decisions of the Executive Committee and Board.

The sound operational and fiscal management of the BIA-NE, including practicing an optimal level of human resources management, ensuring that employees and volunteers are provided with a good working environment and are well motivated and acknowledged for their contributions to the BIA-NE's functioning.

- The Executive Director must select, develop, motivate, counsel, and direct a staff that works as a cohesive team to achieve the goals and objectives of the BIA-NE.
- The Executive Director must elicit, motivate, develop, and train volunteers from around the state to increase the availability of local resources statewide for brain injury supportive and informational services.

Reviewing programs and projects, relative to their impact and cost-effectiveness.

- This includes facilitating and enhancing the BIA-NE's newsletter, membership, resource center, general advertising, exhibit booths, investments, accounting services, lobbying fees, etc., on an ongoing, as-needed, and at least annual basis, on behalf of the Board of Directors.

Budget management, financial accountability, and integrity through monthly monitoring of financial statements, program budgets, and related expenditures.

- The Executive Director will work closely with the Executive Committee and accounting firm to maintain an optimal level of financial solvency and accountability for the BIA-NE.

Remaining abreast of governmental and regulatory actions and trends across the country, as well as within Nebraska, relative to their impact or potential impact upon the BIA-NE, on behalf of survivors of brain injury and their families to ensure that the Board of Directors (and hence the survivors and their families) remain well-informed.

Reporting to the Executive Committee and developing and maintaining a good working relationship with the President, Executive Committee, and Directors.

Projecting and maintaining a positive image of the BIA-NE.

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. The employee will be required to follow any other job-related instructions and to perform any other job-related duties requested by the Board of Directors, subject to reasonable accommodations.

Brain Injury Alliance
NEBRASKA

Director of Operations
Brain Injury Alliance of Nebraska
Nebraska (statewide)

Position Summary

This full-time, exempt position reports to the Executive Director.

The Director of Operations of the Brain Injury Alliance of Nebraska (BIA-NE) is responsible for overseeing the daily operation of all programs, services, development, information & technology services, human relations & resources, volunteer, and other administrative functions of the organization. The Director of Operations will work with the Executive Director to develop and support a long-term vision for the organization.

About The Brain Injury Alliance Of Nebraska

BIA-NE helps individuals with brain injuries rebuild their lives, restore purposeful living, and rebuild hope and optimism. Serving the brain injury population means working to secure and develop community-based services, providing support groups and access to pertinent information and medical resources and service referrals. It also means educating professionals who work with children and adults with brain injury. More information about BIA-NE can be found at www.biane.org.

Qualifications

An ideal candidate will have:

- A bachelor's degree, preferred.
- 3-5 years of combined experience in operations management, office management, general accounting/bookkeeping, benefits administration, and human resource management.
- Demonstrated track record of successful business operations management and project management.
- Proficiency in Microsoft Office Suite and Quickbooks.
- Demonstrated leadership, team management, and interpersonal and communication skills.
- Strong executive presence and ability to interact with board members.
- Ability to communicate clearly and concisely.
- Supervisory experience, proven ability to lead a diverse and decentralized team.
- Work or personal experience with persons with disabilities.
- Ability to work independently and as part of a team.
- Excellent record-keeping and report-writing abilities.

Duties & Responsibilities

The Director of Operations is responsible for:

- Overseeing the general operation of all BIA-NE programs, services, and internal operations.
- Performing the accounting function which includes general bookkeeping, accounts receivable, accounts payable, general ledger preparation, financial statement preparations, and other accounting activities.
- Developing and executing the organization's financial management strategy, which includes financial controls, financial reporting and forecasting, budgeting, and strategic planning.
- Monitoring all contracts, insurance, rental and equipment leases, and independent contractors.
- Overseeing all facility space leases and equipment.

- Administering all employee payroll and benefits.
- Assisting with recruitment, hiring, orientation, and training of new staff members.
- Maintaining personnel files and ensuring compliance with all employment, legal, and regulatory concerns.
- Maintaining and updating the Personnel Handbook, as well as other policies and procedures, as needed in partnership with the Executive Director.
- Planning and managing staff and organizational trainings, which includes conference registration and travel.
- Attending all staff and Board of Director meetings, preparing and presenting reports, as required.
- Developing, maintaining, and coordinating all IT and information management services. This includes both the internal management of such systems and coordination with external vendors and partners.
- Overseeing risk management and safety for the organization.
- Ensuring the organization is appropriately insured and protected against loss, liability, or other risk.
- Managing the annual conference, events, and fundraisers. This includes registrations, payments, sponsors, speakers, exhibitors, advertising, venue, and the CEU process for providers.

Along with the Executive Director, the Director of Operations is responsible for:

- Coordinating and monitoring all fundraising goals, campaigns, grants, and other initiatives.
- Developing and maintaining job descriptions, compensation systems, and performance evaluation processes for all positions in the organization.
- Projecting and maintaining a positive image of the BIA-NE.

This job description in no way states or implies that these are the only duties to be performed or project managed by the employee occupying this position. The employee will be required to follow any other job-related instructions and to perform any other job-related duties requested by the Board of Directors or the Executive Director, subject to reasonable accommodations.

Brain Injury Alliance
NEBRASKA

Marketing Coordinator
Brain Injury Alliance of Nebraska
Nebraska (statewide)

Position Summary

The Marketing Coordinator position reports to the Executive Director.

The Marketing Coordinator of the Brain Injury Alliance of Nebraska (BIA-NE) will manage all social media, website, and all digital and visual marketing assets, in order to move the BIA-NE mission forward and motivate and engage our followers, customers, and donors.

About The Brain Injury Alliance Of Nebraska

BIA-NE helps individuals with brain injuries rebuild their lives, restore purposeful living, and rebuild hope and optimism. Serving the brain injury population means working to secure and develop community-based services, providing support groups and access to pertinent information and medical resources and service referrals. It also means educating professionals who work with children and adults with brain injury. More information about BIA-NE can be found at www.biane.org.

Qualifications

An ideal candidate will have:

- A Bachelor's degree in marketing, journalism, advertising, or communications. Additional work-related experience will be considered.
- At least one year of experience in graphic design, social media, copywriting, editing, or related experience in a marketing environment. Nonprofit experience is preferred.
- Excellent and versatile communication skills with a strong attention to detail.
- The ability to create graphics, video, and digital/print ads suitable for web and final print production.
- The proven ability to assist in the development, management, and execution of events and projects.
- Experience managing social media profiles and campaigns across multiple platforms.
- The ability to handle multiple tasks and projects simultaneously, meet time-sensitive deadlines, and organize a workload with limited supervision.
- Strong planning and organizational skills.
- Knowledge of health/disability issues is preferred.

Duties & Responsibilities

The Marketing Coordinator's duties and responsibilities will include:

- Creating print and digital marketing materials, including but not limited to brochures, flyers, ads, emails, electronic newsletters, and mailing. Responsible for ensuring attractive visual layout and copy is free from errors.
- Proactively developing and maintaining all social and digital media calendars, aligned with the BIA-NE marketing and events calendar.
- Creating press releases, in line with social media postings, for events, projects, and initiatives.
- Scheduling social media postings across key platforms. Under this responsibility also falls responding to comments in a timely manner.
- Attending BIA-NE events and executing timely posts with engaging content in the moment.

- Leading website design, with content oversight being provided by the Executive Director.
- Coordinating photography, ranging from internally-produced efforts to formal productions with external partners.
- Assisting in development and refinement of uniform graphic standards and visual bran strategies.
- Executing email campaigns with email marketing software (Constant Contact or MailChimp).
- Updating the website for new events, content, and initiatives, as directed by the Executive Director.

Additional duties may include:

- Creating donor letters, donor files, and mailing lists for the Annual Appeal.
- Gathering and preparing statistical data to create reports for various projects.
- Leading in the printing and pricing of promotional, event, and project materials.
- Assisting with other administrative duties, as assigned.

This job description in no way states or implies that these are the only duties to be performed or project managed by the employee occupying this position. The employee will be required to follow any other job-related instructions and to perform any other job-related duties requested by the Board of Directors or the Executive Director, subject to reasonable accommodations.

What is a Brain Injury?

Acquired Brain Injury (ABI):

Injury to the brain which is not hereditary, congenital or degenerative, that occurs after birth. ABI includes anoxia, aneurysms, infections to the brain, stroke, and external trauma.

Traumatic Brain Injury (TBI):

A type of ABI caused by a bump, blow, or hit to the head; or a penetrating head injury that disrupts normal function of the brain. TBI includes concussion and abusive head trauma.

Contact BIA-NE Today

(844) 423-2463

(402) 423-2463

info@biane.org

biane.org

facebook.com/BrainInjuryNebraska

Brain Injury Resource Facilitation

Resource Facilitation

Looking for resources and supports related to a brain injury?

Resource Facilitation is a free service through the Brain Injury Alliance of Nebraska that assists individuals with brain injury, their families, caregivers and professionals find answers to questions about brain injury in Nebraska.

Regardless of age, financial status or duration since the injury, Brain Injury Alliance of Nebraska Resource Facilitators are here to help.

RF Provides

Case Consultation
Provide support, education and resources to individuals living with brain injury and collaborate with individuals, families and professionals

Training Opportunities
Educational events for individuals with brain injury, caregivers, providers and professionals throughout the state

Support Group Listings
Provide an up-to-date list of brain injury support groups for caregivers and individuals with brain injury throughout Nebraska

Brain Injury Alliance of Nebraska works to create a better future for all Nebraskans through brain injury ***prevention, education, advocacy, and support***.

When to Contact BIA-NE

- Discussion about what to expect following a brain injury
- Assistance locating professionals who can help
- Review local, state, and federal service systems
- Referrals to available resources in your area
- Connect individuals to local support groups

RESOURCE FACILITATION POLICY & PROCEDURE MANUAL

This manual was originally created by
Brain Injury Alliance of Minnesota.

Brain Injury Alliance of Nebraska received permission to modify the document in August of 2017 to more accurately reflect the work being done through Resource Facilitation here.

Our sincere thanks to the team in Minnesota for its ongoing guidance and support.

INTRODUCTION

Resource Facilitation is a process built on three main functions.

First, Resource Facilitators assist with understanding the changes brain injury can cause, collaborative problem solving and supporting the individual with brain injury and/or family members through the critical healing process. The needs for persons with TBI and their families often exist well beyond the point of sustaining the brain injury, hospital stay, rehabilitation and hospital discharge. In an effort to better bridge the gap between hospital, home, and return to work or school, the Resource Facilitation program was designed to begin weaving a network of support for persons with brain injury.

Second, referrals are provided from within the clients' community. These resources assist with successful return to school, work or community reintegration. It also assists with long-range community planning. The Resource Facilitator educates about the changes brain injury can cause. The staff will then start to discuss available resources in a supportive manner, which facilitates individual choice, independent decision-making, and utilization of natural supports and personal self-advocacy. Resource Facilitators understand the recognition of the changes brain injury can cause is a process, as is the decision to seek supports and services. The length of time this process takes is determined by the client.

Finally, this process leads to identification of gaps in service delivery. A key piece of advocacy for policy change is the identification of gaps and/or barriers to services. This includes the ability to keep people out of institutional settings *by providing the necessary interventions to meet individualized goals: including returning to employment, establishing modified support networks, accessing services to meet basic needs, and continued personal growth.* The Resource Facilitator conducts visits with clients to determine outcome and assist with additional service needs, if they are necessary.

Resource Facilitation Overview

Resource Facilitation is a program by which a trusting relationship with the individual is formed to promote disclosure of changes caused by brain injury. Basic demographic information is collected from the individual to better understand the person and provide the best information about brain injury and referrals to appropriate resources. The process also identifies barriers to services, ways to work through the barriers, and unmet needs.

No one with a brain injury or his/her family will be turned away from participating in the program. It is common to work with individuals several years post injury.

Resource facilitation will provide information and referral services in which the client has one-to-one, personal phone contact with a Resource Facilitator. Resource Facilitation consists of using professional and comprehensive interviewing, communication and assessment skills.

Resource Facilitation respects the client's right to:

- Confidential access to information.
- Trauma-Informed Care.
- Assistance, based on the client's value system.
- To be treated with respect and cultural sensitivity.
- Self-determination and self-advocacy.
- Opportunity to access the services of their choice.
- Accurate and comprehensive information about services.

RESOURCE FACILITATION GUIDING PRINCIPLES

1. Establish rapport with the client and use active listening skills to help identify priority needs.
2. Respond to each client in a professional, non-judgmental and culturally appropriate manner. Under no circumstance will the RF knowingly provide misleading or preferential referrals to an organization.
3. Be mindful of time and the client's stamina. The client's need for rest is more critical than the professional's wish to complete a call. If they seem fatigued, inquire if they are doing okay or need to schedule an additional follow-up call.
4. The Resource Facilitator shall remain neutral and mindful that they are only presented with partial views of any situation and are in no position to react negatively. Also, any such critique could confuse the central issues, inflame volatile situations and place the Alliance at risk.

5. Make an accurate assessment of the issues presented by the client, asking relevant open-ended questions to elicit information necessary for accurate referral.
6. Provide the client with various approaches to address the issue/problem.
7. Where possible, provide at least three referrals to give client a choice (and protect Resource Facilitation from being perceived as making a “recommendation”.)
8. Provide accurate and necessary information to enable the client to choose the most appropriate resources.
9. Recognize and encourage the client's right to make his/her own choices.
10. Pursue the problem/issue until both the client and Facilitator are assured that all appropriate options have been exhausted.
11. Suggest ways the client can advocate for him/herself when appropriate (empowerment/self-determination).
12. When warranted and with client’s permission (verbal permission or signed Release of Information), make direct contact and communicate with other persons/professionals involved with the client.
13. Offer to initiate a conference call with the client to another agency or professional.
14. Provide support, as an advocacy organization, to assist client in obtaining a needed service when they can not effectively represent themselves or when they have a complaint about a service. The preferred advocacy approach is educational vs. confrontational. The goal is to help the client/family find their own voice and to be empowered to get their needs met.
15. Ask the client to call back if the information proves incorrect, inappropriate, or insufficient to link them with a needed service.
16. Follow up as appropriate.

RESOURCE FACILITATION GENERAL POLICIES

DUTY TO WARN

If a resource facilitator has reason to believe a vulnerable adult or child has been abused, neglected or exploited the resource facilitator has the duty to report by calling the 24 hour toll-free hotline at 800-652-1999 or by contacting local law enforcement.

- For more information about adult and child abuse and neglect go to: http://dhhs.ne.gov/children_family_services/Pages/cha_chaindex.aspx

If there is suspected child or adult abuse the resource facilitator is legally, and ethically, obligated to contact the Child and Adult Abuse Hotline 800-652-1999.

TRAUMA-INFORMED CARE

People who have experienced a brain injury will often have experienced an extensive medical trauma. People who had brain injury come from all ages, races, cultural and socio-economic status. Often times the trauma of brain injury requires prolonged hospitalization and rehabilitation, which can result in a change of socio-economic status. Persons who had careers may lose their jobs. People who owned homes may face foreclosure, which results in additional emotional trauma. Therefore, it is critical that BIA-NE professionals are informed of this type of life-changing trauma that our clients face, in order to support them as they face it. The trauma may be different from traditional trauma-informed care, but it has many important similarities for staff to be aware of.

What is Trauma-Informed Care?

Most individuals seeking public behavioral health services and many other public services, such as homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurrent disorders, such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service-delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

What are Trauma-Specific Interventions?

Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and clients. *Source:* (SAMSHA www.samsha.gov)

CRISIS CALLS

The effects of brain injury may at times leave people feeling very overwhelmed. Yelling, crying or agitation does not always indicate a crisis. People experiencing great distress, however, may need priority in addressing their issues and concerns. Despite a client-friendly policy, the Brain Injury Alliance is not a crisis center, thus we must connect the individual to appropriate services addressing crisis to assure client safety.

If you have reason to believe that a caller is at risk of suicide, self-harm, or violence, you are ethically obligated to take steps to ensure safety. If a caller appears to be at a risk of suicide or self-harm complete a suicide safety plan with them. (See appendix A.) This is to help the caller identify people they can rely on for support, local suicide hotline numbers, and ways to stay safe.

Due to the home-based nature of the calls, we do not have other staff physically present. If a caller's suicide, homicide, or self-harm risk is imminent or high attempt, ask the client if you can make a three-way call to a local police department or mental health hospital. If a client discontinues the call, immediately contact the local police department to complete a wellness check.

Frequent Caller Policy

The effects of brain injury may leave people feeling overwhelmed. When coupled with a potential dual diagnosis a person may struggle to understand the roles of Resource Facilitators and other community professionals. Resource Facilitators are not meant to replace the services of trained counselors, therapists or psychologists. This policy attempts to avoid role confusion and further clarify the Resource Facilitator's role.

Who is a frequent caller?

- When a consistent pattern of daily, weekly and lengthy calls has been established a caller is referred to as a 'frequent caller.'

What is the procedure for frequent callers?

When brain injury education has been provided, problem-solving and multiple referrals have been made, but not accepted, the Resource Facilitators are encouraged to implement a limit to the duration (10 minutes) and frequency of calls taken from callers determined to be frequent callers. It is mandatory that all staff consult with the RF manager to problem solve how to best handle the frequent caller.

Why is this implemented?

This procedure is meant to provide clear boundaries and encouragement to seek services from skilled professionals in the mental health-related fields. It is also meant to be consistent with the policies of other non-profits that provide similar phone services. With consistency in call supports across community providers, the person with brain injury has the best opportunity to understand the need to follow-up on resources in the community.

The need to stray from this procedure would be evident during a crisis. Resource Facilitators will continue to be vigilant and responsive to situations that require a referral to the county common entry point (Vulnerable Adult Report) or a health and safety check by local law enforcement.

CONFIDENTIALITY

The Nebraska Brain Injury Alliance maintains a strict adherence to HIPAA mandates.

1. Staff will respect the client's right to privacy.
2. Staff will not solicit private information from clients unless it is essential to providing services.
3. Once private information is shared, standards of confidentiality apply.
4. Staff may disclose confidential information, when appropriate, with valid consent from a client or a person legally authorized to consent on behalf of a client.
    - When an immediate request is made to interact and/or share information with a family member or consultant, Staff will ask for verbal consent to share information at that time, to be followed with written consent.
    - When a Release of Information form is sent in the mail, a stamped response envelope will be enclosed to ensure a prompt return.
    - This conversation will be documented in the notes section of the database and followed by written consent.
    - When a Release of Information form is signed, it will be kept with that client's referral form (enter note into database stating a release is signed and the parties listed) for six years. The Release of Information will be signed and valid for use for one calendar year. The release is null and void immediately upon verbal or written request of the client and will be noted in the database.
5. Staff will protect the confidentiality of information obtained in the course of professional service, except for compelling professional reasons. The general expectation that staff will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person or when laws or regulations require disclosure without a client's consent. *In all instances, staff will disclose the least amount of confidential information necessary to achieve the desired*

purpose; only information that is directly relevant to the purpose for which the disclosure is made will be revealed. When staff has questions about the release of information, consultation with the management team is expected.

6. Staff will inform clients, when reasonable, about the disclosure of confidential information and the potential consequences, when feasible, before the disclosure is made. This applies whether staff discloses confidential information on the basis of a legal requirement or client consent. (per Notice of Privacy Practices)
7. Staff will discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality.
8. Staff will review client’s circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion will occur as early as possible in the staff–client relationship and as needed throughout the course of the relationship.
9. When staff provides assistance to families, staff should seek agreement among the parties involved concerning each individual's right to confidentiality. A client who is 18 years old (“age of majority”) is considered an adult and information pertaining to them is confidential and requires appropriate release/approval to share (even with family members).
10. Staff should not disclose confidential information to third party payers unless clients have authorized such disclosure.
11. Staff should not discuss confidential information in any setting unless privacy can be ensured. Staff should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, or restaurants.
12. Staff should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders staff to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, staff should request:
    - the court withdraw the order or
    - limit the order as narrowly as possible or
    - maintain the records under seal, unavailable for public inspection.
13. Staff will protect the confidentiality of the client when responding to requests from members of the press.
14. Staff will protect the confidentiality of client records and other sensitive information. Client records are stored in a secure location and not available to others who are not authorized to have access.
15. Staff will take precautions to ensure and maintain the confidentiality of information about clients transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.
16. Staff will transfer or transport client records in a manner that protects clients' confidentiality. Disposal of client information will be by shredding.

17. Staff will not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.
18. Staff will not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information.

MEDICAL RECORDS POLICY

The Nebraska Brain Injury Alliance does not obtain and maintain medical records for clients. However, if this information is pertinent to providing assistance, an Authorization for Release of Information will be signed and the Resource Facilitator will communicate with identified personnel directly.

1. Authorization for Release of Information forms should be dated for only one year and the client will be informed that they have the right to cancel authorization at will.
2. No medical records will be kept on file beyond the course of identified use. Such information will be shredded or returned to the individual upon closure.

ACCESSIBILITY POLICY

The changes caused by brain injury can create hidden disabilities. These disabilities and changes can create barriers to clients in accessing resources. Resource Facilitation is aware of these barriers and will work to remove these barriers. Resource Facilitation shall provide barrier-free access to its services for individuals and groups who have special needs.

1. This includes but is not limited to TDD/TTY access for people with hearing impairments, ASL interpreter, language access for clients who speak languages other than English, and physical access to people with disabilities who may drop by the physical building for information.
2. E-mail information requests that require a Resource Facilitator’s response will be forwarded to the appropriate staff that will then follow the E-mail procedure.
3. Resource Facilitation may also make its information and/or services available to the community in a variety of other ways. Resource facilitation may:
    - Establish a presence at community facilities where clients are helped face-to-face.
    - Participate in local case management networks.
    - Compile and distribute a directory of services in print and electronic format such as the web.

- In each case the information should include e-mail and phone number access to a Resource Facilitator.

CLOSURE

The Resource Facilitator will notify the person or family member during the last telephone contact regarding the conclusion of the resource facilitation supports.

1) Resource Facilitation will conclude at the end of 24 months or agreement that goals have been met.
2) The Resource Facilitator will offer to keep the file open on a 6-month basis if the client feels they continue to need follow-up calls.
3) The Resource Facilitator will clarify that the person or family may request assistance again in the future.

IN CASE OF DEATH

Upon notice of the death of a client:

- Staff will enter “deceased” in the Bio section of the database
- Staff will change mailing status to **no mail**.

CLIENT AND COMMUNITY DOCUMENTATION PROCESS

Meaningful phone calls, emails professional consults and research performed must be dated and documented in the computer database. The calls must be documented in the following uniform way to make monthly reporting easier.

1. All demographic information will be entered by the Resource Facilitator.
2. Pertinent injury/history information will be entered with each call made to the client.
3. Client’s name, telephone number, email, address, county, type of brain injury, date of brain injury, race, and date of birth and how client learned about BIA are some of the key indicators utilized in reports.
4. A summary of the individual’s needs and background information of the survivor will be included in the database injury history section or the note section.
5. If the client is not willing to provide the requested information, the Resource Facilitator will document this in the database.
6. All fields in “Injury” file will be addressed to assure complete history.
7. There will be three “anchor calls” for each client following their initial call, unless otherwise agreed upon with client. One will be at 3 months, another at 6 months, and another at 12 months from the initial visit. This is to ensure that client referrals are successful, client is on track to meet goals, and identify any current needs/gaps in services.
8. Pertinent follow-up calls will be counted and recorded into the database.

9. All data and information must be entered within 72 hours to ensure completion and accuracy of data.
10. Client cases will be identified as closed at completion of goals, three failed attempts, or client decision.
11. Community outreach, meetings, or trainings must be documented in survey monkey within 72 hours.

STAFF IS OUT OF THE OFFICE FOR EXTENDED PERIOD

If the designated Resource Facilitator is out for a period beyond two days, the staff will make arrangements to have a fellow RF cover their calls while they are away. This arrangement will be communicated with the Executive Director and the Resource Facilitator's voicemail and email will indicate that they are unavailable for several days. Offer the caller one of two options:

1. Transfer the caller to the RF coverage person.
2. Ask if they would they like to leave a message for their Resource Facilitator.

Calls for a specific Resource Facilitator will be directed to that facilitator whenever possible.

OUTCOMES and QUALITY ASSURANCE

1. Resource Facilitators will monitor client satisfaction with services provided by the Brain Injury Alliance insuring the highest level of satisfaction possible per individual.
2. Upon closure of each client's file, the Resource Facilitator will ask the client to complete a survey. The survey can either be done over the phone or the Resource Facilitator will mail the survey to the client. All completed surveys will be given to Schmeeckle Research for analysis.
3. A "Quality Assurance" Report will be compiled by Schmeeckle Research using data supplied from satisfaction surveys. This report is given to the Executive Director on June 1st of each year.
4. Database data is frequently queried and used to supply information for the Annual Report

Resource Facilitation Procedure

The Resource Facilitator will:

- Introduce and Explain
  - Explain role as professional and interview the client to understand their status prior to brain injury.
  - Review the confidentiality policies. Then obtain verbal permission to gather data.
- Establish Permission
  - Ask client if it is okay if you call back to schedule an intake phone call, if you do not have the time to complete the intake right away.
  - Listen and Assess
  - Ask caller how they were hurt, explain the conversation/ interview process, built around the areas of life that change following brain injury and listen to responses to identify current needs.
- Identify
  - Barriers
    - Ask questions to get at the root of the barriers(s)
  - Strategies for living/coping with brain injury
  - Natural supports
  - Services, agencies and individuals who can help
  - Legal issues related to brain injury
  - Support groups available through the Alliance that may assist the individual and/or their family with needs
- Educate and Assist
  - Provide education about brain injury and its consequences
  - Educate about benefits
  - Offer client the opportunity to call BIA-NE for further information as needed
  - Demonstrate techniques to prioritize needs
  - Propose options and potential referrals
  - Assist client to access services effectively.
  - Help frame questions to use when speaking to professionals (i.e. Develop a script)
  - Suggest communication/advocacy strategies
  - Call agency ahead to identify contact, complete research and provide information to facilitate a successful contact
- Provide encouragement and understanding
  - Listen and validate feelings
    - Point out client's strengths and progress
  - Link people to support groups and community events
  - Link people to educational programs
- Provide articles on specific concerns related to brain injury

Document calls/research/problem-solving

1. Enter information into every page of the injury history section of the database for every contact with every client. If a page is not complete, because client was not comfortable answering a question, document that in the notes section of the folder.
2. Provide the Mayo-Portland assessment at first contact and at the last scheduled anchor phone call.
3. Information and data must be entered into database within 72 hours to ensure accurate and complete data.

SELF REFERRAL/ COLD CALL

When individuals call the Alliance on a cold call and agree that Resource Facilitation is the appropriate service for their support system, the Resource Facilitator will gather all data in the injury history section for every call, including the Mayo-Portland at first phone contact and last anchor phone call.

CALLS WITH PROFESSIONALS

Information provided to clients, loved ones and professionals can range from a limited response such as an organization name, telephone number and address, to detailed information about service delivery systems, agency policies and procedures for application.

1. The Resource Facilitator will give out three resources whenever possible, documenting this referral under injury history (Professional/Other as cause)
2. The Resource Facilitator will provide access to community resource information in a variety of formats and through a variety of paths.
3. Staff may provide information about particular services, organizations, facilities or professionals, but may not give qualitative opinions or indicate preference for one provider over another.
4. Staff may assist clients in the creation of a list of questions to ask vendors in order to become a more informed client.

DOCUMENT REFERRALS/ SUCCESSFUL REFERRALS

When referrals to services, education on services are made to persons with brain injury or family members, staff will document the referral in the injury history section of the database. Documenting the process of education on a referral is critical because often it is necessary for a person to receive education to understand and follow through on a referral. Resource Facilitators will schedule an anchor phone call at 3, 6, and 12 month intervals or other agreed-

upon time frame to determine the level of follow-through or success with the referral.

If the client called the number and contacted the professional, then it is considered a successful referral and will be logged under the barriers tab as a successful outcome.

Before making each support call, the Resource Facilitator will review previous call log/history section and information sent as a result of that call. The Resource Facilitator will then inquire if the information/referral was helpful and if there is a need for further information or support. If a new referral is made, a new injury history will be completed reflecting the new referral. If no status changes are stated, notes will be added to the last injury history completed.

Additional Follow-up Calls

When a referral is provided, the resource facilitator will provide a follow-up call in 3, 6, and 12 - month intervals or sooner to assess the appropriateness of the referral and to determine the outcome and see if any further assistance is needed.

Follow-up shall:

1. Consist of contacting the client and/or the referral organization to find out if the service is being provided and that the need is being met.
2. Gather information verifying and correcting database information.
3. Provide further referrals if the clients needs are not being met.
4. Gather information to be used as a means of evaluating the effectiveness of existing community service providers and for identifying gaps and overlaps in community services. The Resource Facilitator will assess the provider’s knowledge of and ability to respond to brain injury issues.

Appendix A:

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. ______________________________
2. ______________________________
3. ______________________________

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. ______________________________
2. ______________________________
3. ______________________________

Step 3: People and social settings that provide distraction:

1. Name______________________________ Phone______________________
2. Name______________________________ Phone______________________
3. Place______________________________ 4. Place______________________

Step 4: People whom I can ask for help:

1. Name______________________________ Phone______________________
2. Name______________________________ Phone______________________
3. Name______________________________ Phone______________________

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name______________________________ Phone______________________
   Clinician Pager or Emergency Contact # ______________________________
2. Clinician Name______________________________ Phone______________________
   Clinician Pager or Emergency Contact # ______________________________
3. Local Urgent Care Services______________________________
   Urgent Care Services Address______________________________
   Urgent Care Services Phone______________________________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. ______________________________
2. ______________________________

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The one thing that is most important to me and worth living for is:

____

Resource Facilitation Data Summary

July 2016 – December 2020

Total served (July 2016 – December 2020): **745**

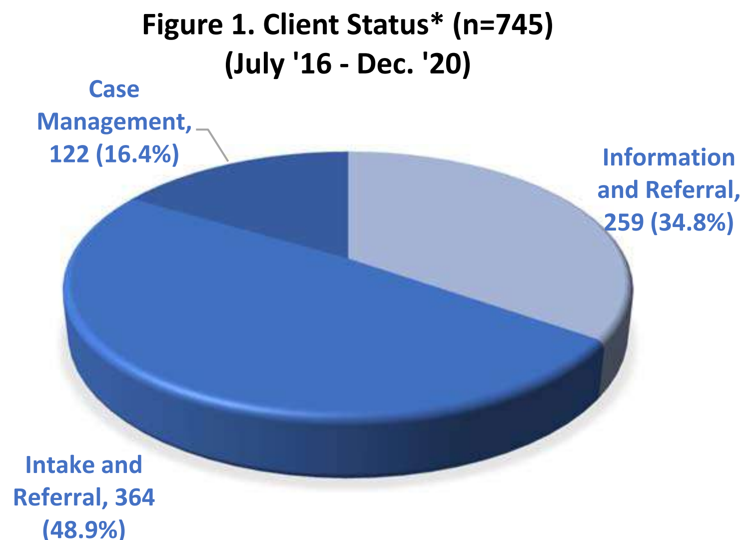
Resource Facilitation conducted by Brain Injury Alliance of Nebraska (BIA-NE) involves close, potentially long-term, one-on-one interaction between a brain injury survivor and a resource facilitator. The Resource Facilitator assists the survivor in navigating resources in their community, evaluating progress with the survivor and family/caregivers, and setting and achieving goals.

The data in this report cover the time period of July 2016 through December 2020 (4 years, 6 months). In July 2016, the Resource Facilitation transferred to a more sophisticated data collection system designed specifically for TBI Resource Facilitation. During this time period, the Resource Facilitation program served 745 individuals. It is important to note that not all data variables are collected for these 745 individuals. There are some variables that are not collected for clients with a lower level of involvement in the program.

Client Status

Services can be a fairly simple interaction (Information & Referral) to something more complex (Intake & Referral and case management). Figure 1 below displays the status of the 745 clients served from July 2016 through December 2020.

Figure 1. Client Status* (n=745) (July '16 - Dec. '20)

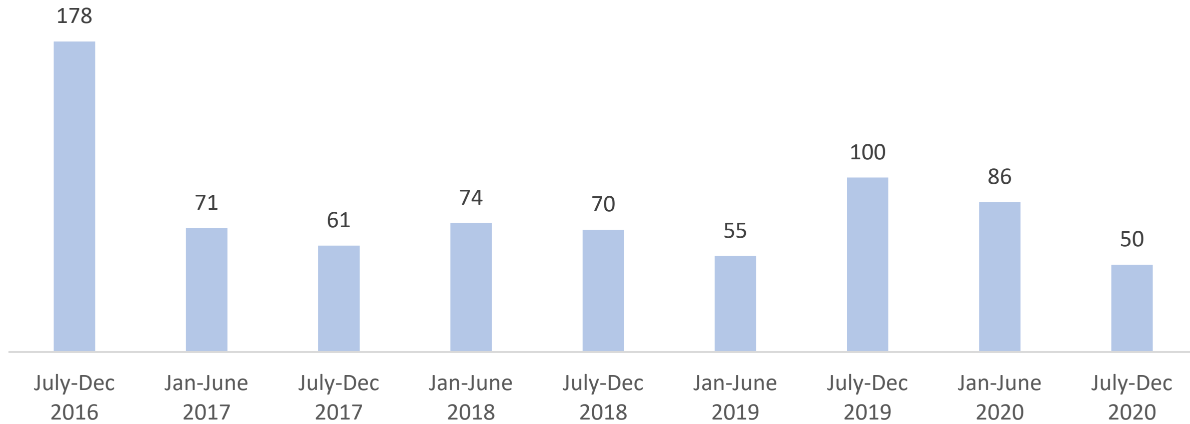


*Includes all cases that were active during this time period. Some of these cases are now closed.

Intakes Over Time

Figure 2 documents the number of intakes to the Resource Facilitation program by time period. The program typically sees 50 to 100 intakes during a six-month period.

Figure 2. Intakes to the RF Program by Six-Month Time Period (n=745) (July '16 - Dec. '20)



Client Demographics

Figure 3 details the time between brain injury and intake by the Resource Facilitation Program. There is a wide range among clients in terms of time between brain injury and intake by the Resource Facilitation Program. **The median time between the client's earliest brain injury and intake is 2.4 years.**

Figure 3. Time between Earliest Brain Injury and Intake by the Resource Facilitation Program (n=662) (July '16 - Dec. '20)

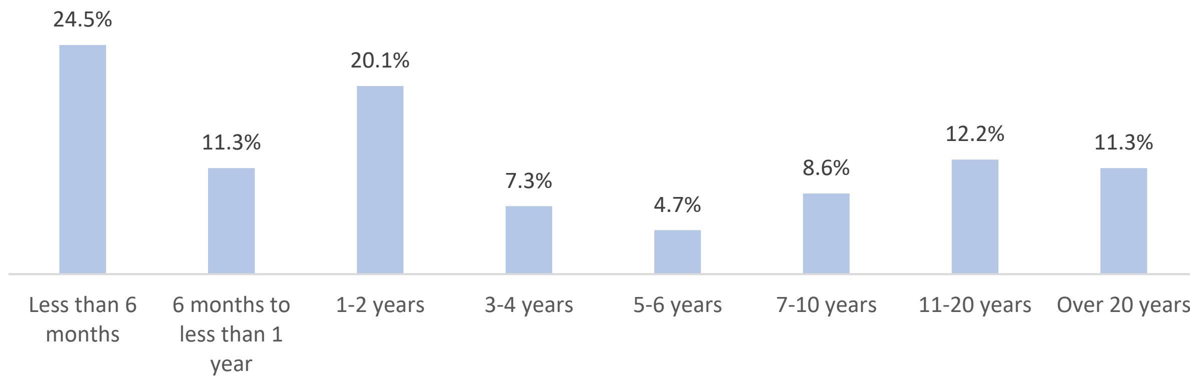


Figure 4 outlines additional client demographics.

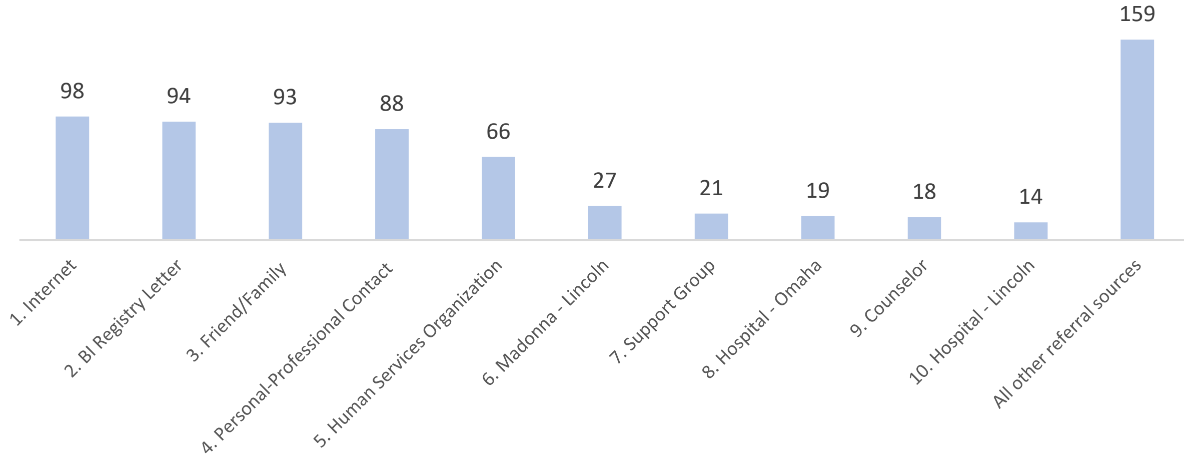
Figure 4	Basic Demographics (July '16 – Dec. '20)	
Gender (n=689)	*Male*	54.7%
	Female	45.3%
Age at time of intake (n=518)	*Under 20*	12.4%
	20-39	28.7%
	40-59	39.8%
	60 and over	19.1%
	Average Age	43 years
Race/ethnicity (n=595)	*White/Caucasian*	85.5%
	African-American	7.2%
	Hispanic	4.9%
	All other minority races/ethnicities	2.4%
Home location (n=571)	*Omaha Area**	38.2%
	Lincoln Area°	25.9%
	Greater Nebraska	30.0%
	Out-of-State	6.0%

*Omaha Area includes Douglas and Sarpy Counties and Council Bluffs.
°Lincoln Area includes Lancaster and Seward Counties.

Source of Referral to Resource Facilitation

The top 10 sources for referrals to Resource Facilitation are detailed below in Figure 5.

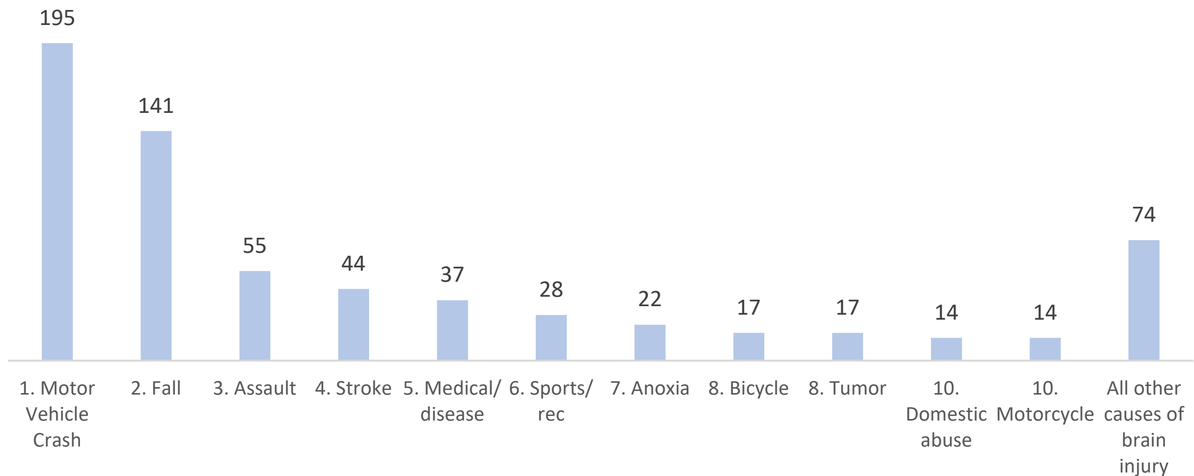
Figure 5. Top 10 Sources for Referrals to the Resource Facilitation Program (n=697) (July '16 - Dec. '20)



Cause of Brain Injury

The top 10 causes of brain injury for Resource Facilitation clients are detailed below in Figure 6.

Figure 6. Top 10 Causes of Brain Injury (n=658) (July '16 - Dec. 20)



Barriers

A strong majority (81.0%) of Resource Facilitation clients have physical and mental health barriers at time of intake. More than half of clients have barriers in the areas of TBI awareness and housing at time of intake (Figure 7). **On average, clients have barriers in 4.8 of the 12 domains listed below in Figure 7 at time of intake.**

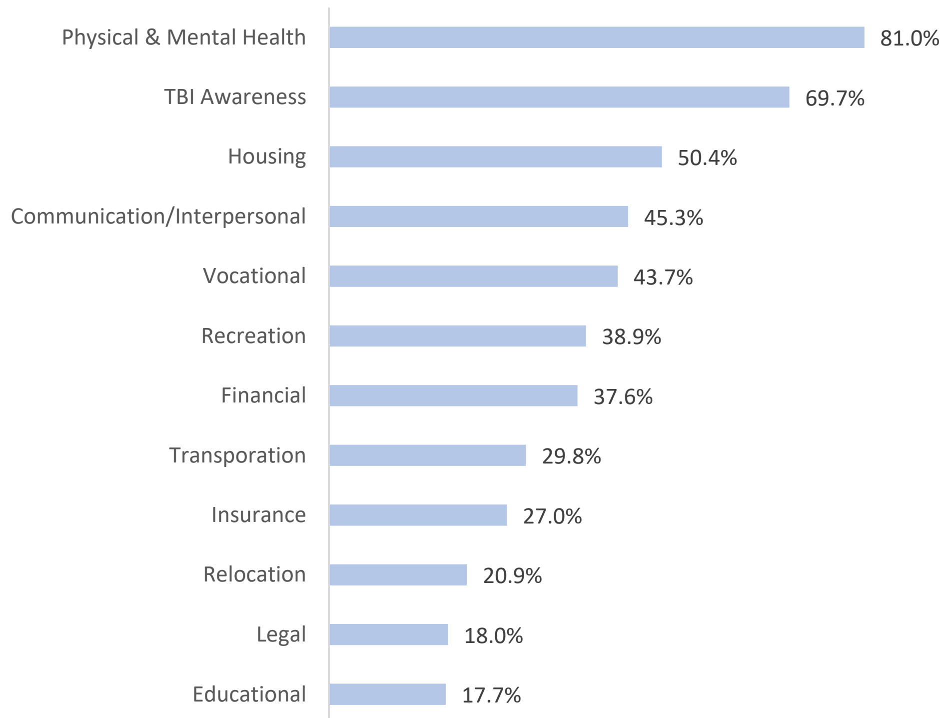


Figure 8 documents successful outcomes for barriers among all clients. The highest success rates are seen in the areas of insurance, TBI awareness, financial, and legal. It is important to note that Figure 8 contains data for all clients. Many clients only have barriers documented at one initial intake point.

Figure 8	**Successful Outcomes for Barriers (n=450) (July '16 – Dec. '20)**		
At time of intake, experienced a barrier in the following areas:	**Number of clients experiencing a barrier**	**Number of clients with a successful outcome**	**Success rate**
Insurance	169	112	66.3%
TBI Awareness	437	200	45.8%
Financial	236	80	33.9%
Legal	113	37	32.7%
Educational	111	34	30.6%
Relocation	131	39	29.8%
Physical and Mental Health	508	136	26.8%
Housing	316	75	23.7%
Recreation	244	47	19.3%
Vocational	274	52	19.0%
Communication/Interpersonal	284	51	18.0%
Transportation	187	21	11.2%
Total Barriers	**3,010**	**884**	**29.4%**

Note: Many clients are still active, and therefore barriers are still being reduced.

Employment and Financial

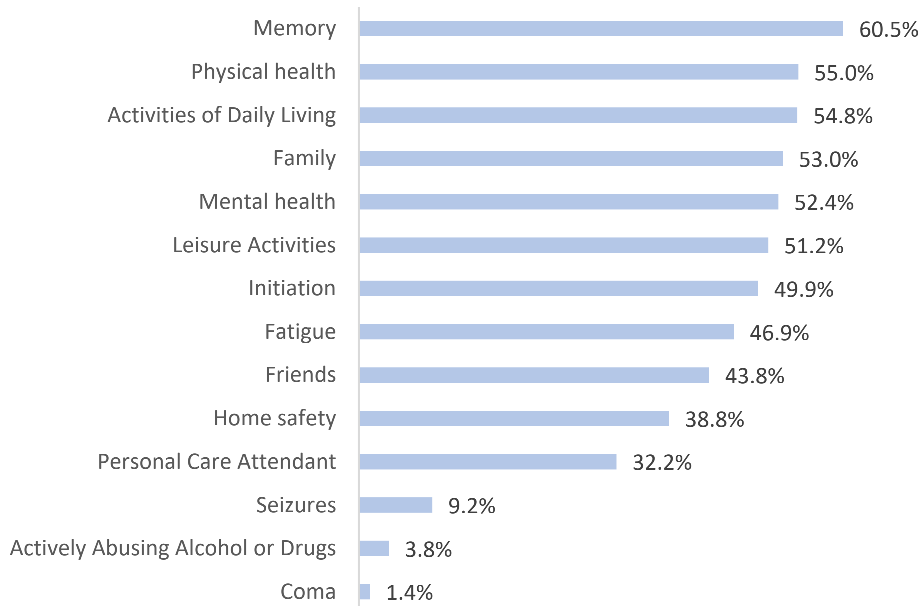
Half (50.2%) of Resource Facilitation clients are reportedly unable to work due to their brain injury. About one-in-four (25.8%) are employed (Figure 9).

Figure 9	**Employment Summary (as of most recent update) (n=705) (July '16 – Dec. '20)**	
	Number of clients	**Percentage of total**
Employed (part-time or full-time)	182	25.8%
In job training or job search	41	5.8%
Volunteer	18	2.6%
Support to perform job (job coach)	11	1.6%
Unemployed	32	4.5%
Unable to work	354	50.2%
Retired	67	9.5%

Concerns Related to Health and Self-Direction/Care

Concerns at intake related to health and self-direction/care are displayed below in Figure 10. Memory is the top concern, documented for three-fifths (60.5%) of clients. **On average, clients have concerns in 5.5 of the 14 domains listed below in Figure 10 at time of intake.**

Figure 10. Percentage of Clients with Concerns in the Following Areas at Intake (n=717) (July '16 - Dec. '20)



Among clients for whom concerns and improvements in health areas have been indicated across at least two time points, 64.0% of all concerns in the domains related to health have been documented as showing improvement (Figure 11). The data below represent clients receiving the most intensive levels of resource facilitation. Again, it is important to note that many clients still active and these are still being worked on.

Figure 11	Concerns and Improvements in Health Areas* (n=75) (July '16 – Dec. 20)		
	Clients with a concern in this area at intake	Clients with an improvement in this area	Improvement rate
Physical health	34	27	79.4%
Home safety	21	14	66.7%
Fatigue	35	22	62.9%
Mental health	42	23	54.8%
Seizures	7	3	42.9%
Total	**139**	**89**	**64.0%**

*Includes clients who have concerns/improvements indicated at two or more time points.
Note: Many clients are still active, and therefore areas of concern are still being improved.

Among clients for whom concerns and improvements in areas related to self-direction/care have been indicated across at least two time points, 57.7% of all concerns in the domains related to self-direction/care have been documented as showing improvement (Figure 12). The data below represent clients receiving the most intensive levels of resource facilitation. Again, it is important to note that many clients still active and these are still being worked on.

Figure 12	Concerns and Improvements in Self-Direction/Care* (n=75) (July '16 – Dec. 20)		
	Clients with a concern in this area at intake	Clients with an improvement in this area	Improvement rate
Activities of Daily Living	29	24	82.8%
Leisure Activities	32	24	75.0%
Personal Care Attendant	12	8	66.7%
Initiation	37	24	64.9%
Family	34	17	50.0%
Friends	33	14	42.4%
Memory	45	17	37.8%
Total	**222**	**128**	**57.7%**

*Includes
clients who have concerns/improvements indicated at two or more time points.
Note: Many clients are still active, and therefore areas of concern are still being improved.

Mayo-Portland

The Mayo-Portland Adaptability Inventory (“short version”) is a tool used to ascertain needs of individuals who have suffered a brain injury. The tool measures self-care, residence, transportation, employment, and other basic needs. The “short-version” of the Mayo-Portland includes eight inventory items with a minimum score of 0 and maximum of 30. The lower the score on the Mayo-Portland, the greater the independence, and the lesser interference from injuries, for an individual with a TBI. The average, healthy adult, would likely have a score of zero or near zero.

While numerous Mayo-Portland assessments have been completed, a total of 51 clients have a pre and a post Mayo-Portland. The average Mayo-Portland score for these 51 clients has improved (decreased) by 34.9% from pre to post (Figure 13). The data below represent clients receiving the most intensive levels of resource facilitation.

Figure 13	**Mayo-Portland Pre and Post Summary (n=51) (July '16 – Dec. '20)**		
Number of clients with a Pre and Post Mayo-Portland	**Average Score at Pre**	**Average Score at Post**	**Percent Improvement**
51	19.5	12.7	**34.9%**

Note: Decrease in score indicates improvement.

Referrals Made by Resource Facilitators

All referral-types made by Resource Facilitation staff are displayed below in Figure 14. A total of **3,332 referrals** have been made by staff during this time period. This makes for an average of **4.5 referrals per client**. Of course, clients with a more intensive involvement will receive a greater number of referrals than information and referral clients.

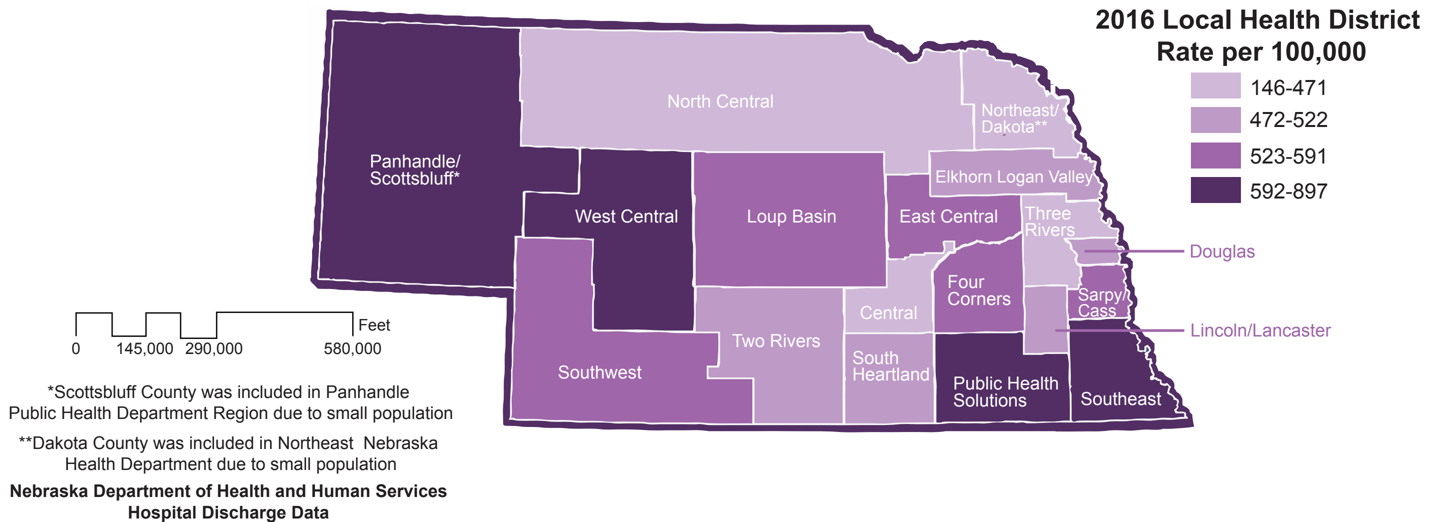
Figure 14	**Referrals Made by RF Staff (July '16 – Dec. '20)**	
	Number of referrals	**Percentage of all referrals**
Brain Injury Basics	551	16.5%
Support group	400	12.0%
Medical specialist	356	10.7%
Neuropsychologist	311	9.3%
Housing	194	5.8%
Legal	189	5.7%
Counseling	189	5.7%
Nebraska VR	137	4.1%
County	123	3.7%
Social security	100	3.0%
Case management organization*	93	2.8%
Waiver	81	2.4%
Neuro-Resources*	78	2.3%
School support*	74	2.2%
Peer support*	46	1.4%
Transportation	42	1.3%
VA	32	1.0%
Web resources*	24	0.7%
Churches*	6	0.2%
Other	306	9.2%
Total	***3,332 referrals (4.5 referrals per client)***	

****New*** referral type – began tracking June 2020.

BRAIN INJURY: A PUBLIC HEALTH ISSUE

Based on the Nebraska Brain Injury Registry data, nearly 9000 individuals sustained a traumatic brain injury (TBI) in 2016. The map identifies TBI related hospitalizations and emergency room visits per incident rate of 100,000. This map doesn't account for brain injury due to stroke, anoxic injury, brain tumors, meningitis, etc.

Unlike neighboring states, Nebraska has not invested in specialized community-based supports for individuals living with brain injury. These Nebraskans are underserved, and in some cases, completely unserved. In contrast, Iowa's calculated return on investment in adequate support services is detailed below.



*Scottsbluff County was included in Panhandle Public Health Department Region due to small population

**Dakota County was included in Northeast Nebraska Health Department due to small population

Nebraska Department of Health and Human Services Hospital Discharge Data

STATEWIDE MODEL DEMONSTRATES SUCCESS OF INVESTMENT

Iowa has invested in serving individuals with brain injury for the last 10 years. They have calculated the return in their investment by considering the monetary value of services and the state's contributions toward the Brain Injury Services Program (BISP) which is funded by appropriations. In an investment market where 7% return is considered very good, return from BISP is astounding.

Iowa's Brain Injury Services Program Results:

- Resource facilitation services reduced or avoided:
  - State portion of Medicaid enrollment costs
  - State prison day costs
  - Psychiatric inpatient day costs
  - County jail day costs
- BISP training services reduced the need for out-of-state placement for neuro-behavioral services.
- Additional federal grant funds leveraged for brain injury systems implementation by IDPH.

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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Shaping the Future of Brain Injury

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 to 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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