SURVEY QUESTION	QUESTION TEXT	# OF COMMENTS	DEFINITIONS, GUIDANCE OR CLARIFICATION REQUESTED	OUTSIDE OF SCOPE	DATA POSSIBLE BUT BURDENSOME OR REQUIRES MORE FUNDING/TA	DATA NOT FEASIBLE	DATA ONLY AVAILABLE TO GRANTEES	DATA NOT DIRECTLY AVAILABLE TO GRANTEES	DATA UNAVAILABLE OR NO KNOWN SOURCE
Question 1	Does your project use any research-based practices?	18	10	1	0	0	0	0	0
Question 2	For each category of your program's activities, please provide dollars spent per category; divided by numbers served.	25	11	4	0	0	0	0	0
Question 3	What number and percent of the total of your state's TBI staff and advisory board members are individuals living with TBI?	11	2	2	1	1	0	0	0
Question 4	List the funding sources and their relative amounts of this reporting period's project spending.	15	3	3	1	1	0	3	1
Question 5	Please list the types of referral sources to your TBI system and numbers of referrals from each.	27	5	3	1	1	1	2	3
Question 6	Please list the types and numbers of service and support providers participating in grant activities	24	7	2	0	0	0	1	0
Question 7	Regarding your project's screening and referral tools and procedures, please describe screening, standardized tools, technological tools.	43	7	5	1	0	0	4	3
Question 7A	Widely offering a brief TBI screen followed by a confirmatory evaluation if indicated; Self-report of injury and/or symptoms triggers a screening, followed by a confirmatory evaluation if indicated		0	1	1	0	0	0	0
Question 7B	Standardized instruments used for screening	4	0	0	0	0	0	0	0
Question 7C	Technological tools used for screening	15	0	2	0	0	0	4	2

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Question 7D	Screening events	3	0	0	0	0	0	0	0
Question 7E	People screened this reporting period		2	0	0	0	0	0	0
Question 7F	People whose screens this reporting suggested a potential TBI	1	0	0	0	0	0	0	0
Question 7G	Types of referrals and numbers referred following positive screening results	6	0	0	0	0	0	1	0
Question 7H	People with TBI receiving coordianated, lont-term services	4	0	0	0	0	0	0	0
Question 8	Pelase list the total number of individuals with TBI wo are in the categories listed	17	5	1	1	0	1	6	4
Qustion 9	Please list the number of individuals receiving TBI- relatied hope and community-based services this reporting period who are identified as needing but not yet receiving services and the nubmer who are receiving these services		11	1	1	0	2	3	6
Question 10	Number and percent of family members/informal caregivers needing but not yet receiving and the number who are receiving supportive services this reporting period	18	7	1	1	1	1	1	6
Question 11	Percent of your state's counties reached through your project's activities	6	2	0	0	1	1	0	0
Question 12	Please estimate the number of people with TBI in your state, and then provide the number of individuals currently being treated	19	6	1	0	1	1	5	4
Question 13	What number and percent of the total of your state's TBI staff and advisory board members are individuals living with TBI?	13	4	0	0	0	0	0	0
SURVEY QUESTION	QUESTION TEXT	# OF COMMENTS	DEFINITIONS, GUIDANCE OR CLARIFICATION REQUESTED	OUTSIDE OF SCOPE	DATA POSSIBLE BUT BURDENSOME OR REQUIRES MORE FUNDING/TA	DATA NOT FEASIBLE	DATA ONLY AVAILABLE TO GRANTEES	DATA NOT DIRECTLY AVAILABLE TO GRANTEES	DATA UNAVAILABLE OR NO KNOWN SOURCE

Question 14	Please list the nubmer of project-sponsored training that occurred this reporting period, categorized by type/topic and number of attendees	15	3	3	0	0	0	0	0
Question 15	Of the people who are being treated for TBI and are living in community settings, what number and percent of the total are currently employed and/or in school?		5	1	2	0	1	4	4
Question 16	Of the people with TBI who transitioned from an institutional setting to a community setting this reporting period, to what type of settings did they move, and percent of the total transitioning?	17	4	1	0	0	2	3	5
Question 17	Of the people who are being treated for TBI and are living in community settings, what number and percent of the total are currently employed and/or in school?		4	1	0	0	0	0	2

MAIN POINT	COMMENT COUNT
Need to define scope of questions that ask about TBI system – clarify what is meant by TBI system (e.g. statewide or grant only, Medicaid only or all public programs, public programs only or all)	
	76
Data not directly available to grantees/would require data sharing agreement with Medicaid, private payers, other states, etc.	
	58
Data not available at all/no known source	47
Beyond the scope of TBI grant	26
Asks about ACL's intent for the TBI grant program-desired objectives	25
Data may be possible to collect and report but wold be burdensome/would need more funding or TA	24
Services and Supports-what is meant by this, out of scope, not allowed, too medically focused	24
Treatment-problematic term, don't use, define	24
Questions too medically focussed (as opposed to community services focused)	
	21
Request to add or change answer option categories	16
States are all different-questions need to account for that, provide different answer options, add "does not apply" or ask more general questions	
questions	16
Screening vs. Diagnosis-we don't do diagnosis, we do screening	15
This doesn't exist in all States/does not apply to some States (e.g. waiver, system registry)	
	13

INDIVIDUAL COUNTS
17
0
0
0
10
0
12
10
7
0
8
0
0

NAME	TITLE/ORGANIZATION
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Ann Tarpy	Executive Director AZ Govenor's Council on Spinal & Head Injuries
Craig Young	Executive Director Gerogia Brain & Spinal Injury Trust Fund Commission
Donna Cantrell, ME.d	Program Specialist Federal Traumatic Brain Injury Act Grant Brain Injury Services Coordination Unit Staff, Virginia Brain Injury Counil Virginia Department for Aging & Rehabilitative Services
Thomas W. Brown, BS CBIST	Chair, Iowa Advisory Council on Brain Injuries Chief Executive Officer, 515-975-2252
Paula Denslow, CBIS	Director, Project BRAIN Tennessee Disability Coalition
Lauren Agoratus	

STAKEHOLDER TYPE	TBI GRANTEE
Academic/Researcher	No
Academic/Researcher	Yes
Independent Living	No
Independent Living	No
National Association	No
National Association	No
State Agency	Yes
State Agency	Yes
State Agency	No
State Agency	No
State Agency	Yes
STAKEHOLDER TYPE	TBI GRANTEE
State Agency	Yes
State Agency	Yes
State Agency	Yes

State Agency	Yes	
State Agency	No	
State Commision/Council	Yes	
State Commision/Council	No	
State Commision/Council	No	
State Commision/Council	No	
State Coalition	No	
Unknown	No	