

Administration for Community Living (ACL)  
Traumatic Brain Injury State Partnership Grants  
Performance Progress Reporting (PPR)  
Cover Sheet

1. ACL Grant Award #:

2. Grantee State:

3. Grantee Name:

4. Date for Total Project Period:

5. Reporting Period:

- February 1, 2023-July 31, 2023
- August 1, 2023 – January 31, 2024
- February 1, 2024 – July 31, 2024
- August 1, 2024 – January 31, 2025
- February 1, 2025 – July 31, 2025
- August 1, 2025 – January 31, 2026
- February 1, 2026 – July 31, 2026

6. Date of Report Submission:

7. ACL Project Officer:

*Note: This cover page will need to be completed only for a paper submission, which is not expected to occur- all of this information is available from administrative data in the online submission.*

# ACL Traumatic Brain Injury State Partnership Grants Performance Progress Reporting (PPR) TABLE OF CONTENTS

A. Grant Activities (all grantees respond) .....	3
B. Partnership Activities (all grantees respond).....	6
C. Planning and Infrastructure (all grantees respond).....	8
D. Information and Referral and Assistance (I&R/A) (if applicable to grant activities) .....	11
E. Screenings (if applicable to grant activities) .....	13
F. Resource Facilitation (all grantees respond) .....	15
G. Trainings, Outreach and Awareness (if applicable to grant activities) .....	17
H. Other (if applicable to grant activities) .....	21
I. Narrative Responses (all grantees respond) .....	22

**NOTE TO REVIEWERS:** The Performance Progress Reporting (PPR) will be programmed into an online reporting system. Some guidance and instructions are presented in this document. More detailed guidance is provided in the PPR Guidance Document. For future submissions of the PPR in the online reporting system, some of the responses will be prepopulated from previous reports. Grantees will be able to edit or delete the information previously entered, as applicable.

**PURPOSE AND GENERAL INSTRUCTIONS:** ACL designed this report to provide opportunities for Traumatic Brain Injury State Partnership Program grantees to submit information about the activities they carry out using program funds. ACL will use these data to measure the aggregate performance of all grantees. ACL’s primary purpose for requesting this information is to understand how grantees use TBI State Partnership Program funds and the impact it has across all participating states. Please review the PPR Guidance Document prior to and as you complete the PPR, as guidance/instructions are provided on how to respond to each question.

The questions included in this report are questions ACL would like all grantees to be able to answer in the future, to the extent they are applicable to grantees’ work. However, ACL understands that grantees have different reporting capacities. We encourage grantees to report as comprehensively as they can and use the notes fields to describe the data they report as needed so ACL can interpret it correctly.

Grantees should focus on reporting activities funded with program funds only. Program funds are defined as those funds awarded to the grantee by ACL plus any funds or other resources (e.g., facilities, staff time) used as the required match for the grant award. Grantees should not report activities that program funds do not support – even if they are related to other program-funded activities. If a mixture of program funds and funds from other sources are used to carry out an activity, grantees should report on that activity in the most appropriate way they can. For example, if program funds and other funds are blended together and the people being reached with these funds include a mix of people with TBI and others, grantees may report about these activities in different ways. Noted below are two scenarios:

Scenario 1: One grantee may be able to access data from all funded partners and report the total number of people with a TBI reached or served with program funds.

Scenario 2: Another grantee may only have data about the total number of people served including people with TBI and others, by one funded partner only, and cannot distinguish between those reached with program funds and those reached with other funds.

Both grantees should report the data they have about the people reached and use the notes field to describe the parameters and limitations of their data as appropriate.

## A. Grant Activities (all grantees respond)

### 1. Which activities did you carry out as part of your ACL project using program funds during this reporting period? (Check all that apply)

*[To relieve burden, the responses will be prepopulated in the online reporting system for future reporting periods but can be edited as needed.]*

- a.  **Partnership Activities** - identifying and reaching out to new partners, coordinating and aligning activities, information exchange, collaboration on grant activities, collaboration on activities related to the grant
- b.  **Planning and Infrastructure** - state planning, policy and procedures development, state councils, needs assessment, surveillance, registry, IT systems
- c.  **Information and Referral and Assistance (I&R/A)** - bringing people and services together, answering questions from individuals and families about human service resources, helping people get connected to public benefits, sharing information about available services like home care and adaptive equipment. Note: I&R/A is about bringing people and services together. Individuals may reach out once or many times, but I&R/A typically does not involve ongoing engagement of individuals like Resource Facilitation. For I&R/A there is not typically a “case” established and the support is considered a one-and-done interaction; though as previously noted, individuals may make use of the support more than once. If the description provided here does not align with how your program defines this activity, please provide your definition here:
- d.  **Screenings** - using a standardized procedure, structured interview, or tool to elicit the lifetime history of TBI for an individual. Screening can be used for clinical, research, programmatic, eligibility determination, service delivery or treatment purposes. If the description provided here does not align with how your program defines this activity, please provide your definition here:
- e.  **Resource Facilitation** – this category of activity could include development of resources such as databases, resource directories, and communications tools to improve service delivery. It could also mean providing assistance through an accessible, holistic, and person-centered process that engages individuals in decision making about their options, preferences, values, and financial resources and helps connect them with programming, services and supports they choose. In some states this may be called service

coordination, service navigation, case management, options counseling, or person-centered counseling. Resource facilitation could be of short term or long-term duration. If the description provided here does not align with how your program defines this activity, please provide your definition here:

- f.  **Trainings, Outreach and Awareness** - continuing education for professionals who may work with or provide services for people who have experienced a TBI, training for individuals who have experienced a TBI, public education and awareness, training for caregivers, on-the-job training for agency staff, cross-training with partnering agencies. If the description provided here does not align with how your program defines this activity, please provide your definition here:
- g.  **Other 1** (Describe):
- h.  **Other 2** (Describe):
- i.  **Other 3** (Describe):

**2. Did you target some or all your grant activities to support people in a particular setting or population during this reporting period?**

- a.  Yes (Go to Q3)
- b.  No (Go to Q4)

**3. Please select the populations or settings that were targeted by your grant activities during this reporting period. (Check all that apply)**

- a.  Athletes
- b.  Children and youth (younger than 22)
- c.  Adults (22-59)
- d.  Older adults (60 or over)
- e.  People who are homeless
- f.  People who are hospitalized
- g.  People who are incarcerated or formerly incarcerated
- h.  Medicaid home and community-based services patients
- i.  Native Americans
- j.  Other ethnic, racial, or linguistic minorities
- k.  Residents of nursing facilities, rehab facilities or ICFs-MR
- l.  Rural populations
- m.  People who experience unhealthy substance use or a substance use disorder
- n.  Students
- o.  Veterans or current service members
- p.  People who are victims of crime, domestic violence, or intimate partner violence
- q.  Other 1 (describe):
- r.  Other 2 (describe):
- s.  Other 3 (describe):

- 4. Number and percent of your state’s counties (parishes or boroughs) targeted and reached through your grant’s activities during this reporting period. The percent of counties targeted and reached will be auto generated in the on-line reporting system.**

*[To relieve burden, the responses will be prepopulated in the on-line reporting system for future reporting periods but can be edited as needed.]*

<b>Counties Questions</b>	<b>Number</b>	<b>Percent</b>
a. Total number of counties in state		
b. Number of counties targeted for this project		
c. Number of counties reached this reporting period		

- 5. Did your project promote the use of evidence-based practices, interventions, or programs as part of your grant activities during this reporting period?**

- a.  Yes (Go to Q6)
- b.  No (Go to Q7)

- 6. What evidence-based practices, interventions, or programs did your project promote as part of your grant activities during this reporting period? Please describe.**

7. Is there anything else you would like to let ACL know about your grant activities during this reporting period? *This question is not mandatory.*

## B. Partnership Activities (all grantees respond)

8. Which organization in your state received funding through the ACL State Partnership Program to carry out and/or support grant activities (primary awardee) in this reporting period?

*[To relieve burden, the information for a and b will be prepopulated from previous reports and/or based on existing information from Notice of Award. Grantees will be able to edit if it is incorrect.]*

a. Lead Grantee Agency Name:

b. Type of organization (Check all that apply):

- a.  State Medicaid Agency
- b.  State Vocational Rehabilitation Agency,
- c.  State Department of Education
- d.  State Department of Criminal Justice/Corrections
- e.  State Unit on Aging
- f.  State Department for Developmental Disabilities
- g.  State Behavioral and/or Mental Health Agency
- h.  State Department of Public Health
- i.  Tribal Council
- j.  Other State Agency
- k.  University Center on Excellence for Developmental Disabilities
- l.  University
- m.  Other (describe)

9. Which types of organizations are program partners and support program activities and received program funds (sub-awarded partners) during this reporting period? (Check all that apply)

- a.  State Medicaid Agency
- b.  State Vocational Rehabilitation Agency
- c.  State Department of Education
- d.  State Department of Criminal Justice/Corrections
- e.  State Unit on Aging
- f.  State Department for Developmental Disabilities
- g.  State Behavioral and/or Mental Health Agency
- h.  State Department of Public Health
- i.  Tribal Council/Organization
- j.  Other State Agency
- k.  University Center on Excellence for Developmental Disabilities
- l.  University
- m.  State Independent Living Council
- n.  State I/DD Council
- o.  Affiliate of National Brain Injury Organization
- p.  County or Local Government Entity,

- q.  Community-Based Services Organization (e.g., CAA, ADRC, AAA, CIL)
- r.  Public Health Department or Clinic
- s.  Recovery or Substance Abuse Treatment Center
- t.  VA Medical Center
- u.  Other Health Care Provider
- v.  Private Business/Employer
- w.  Other 1 (describe):
- x.  Other 2 (describe):
- y.  Other 3 (describe):

**10. Which types of organizations are program partners and support program activities but *did not* receive program funds during this reporting period? (Check all that apply)**

- a.  State Medicaid Agency
- b.  State Vocational Rehabilitation Agency
- c.  State Department of Education
- d.  State Department of Criminal Justice/Corrections
- e.  State Unit on Aging
- f.  State Department for Developmental Disabilities
- g.  State Behavioral and/or Mental Health Agency
- h.  State Department of Public Health
- i.  Tribal Council/Organization
- j.  Other State Agency
- k.  University Center on Excellence for Developmental Disabilities
- l.  University
- m.  State Independent Living Council
- n.  State I/DD Council
- o.  Affiliate of National Brain Injury Organization
- p.  County or Local Government Entity,
- q.  Community-Based Services Organization (e.g., CAA, ADRC, AAA, CIL)
- r.  Public Health Department or Clinic
- s.  Recovery or Substance Abuse Treatment Center
- t.  VA Medical Center
- u.  Other Health Care Provider
- v.  Private Business/Employer
- w.  Other 1 (describe):
- x.  Other 2 (describe):
- y.  Other 3 (describe):

**11. Is there anything else you would like to let ACL know about your Partnership activities during this reporting period? *This question is not mandatory.***

## C. Planning and Infrastructure (all grantees respond)

### 12. Please identify the characteristics that apply to your advisory board/council: (Check all that apply)

*[To relieve burden, the responses to this question will be prepopulated for future reporting periods but can be edited as needed.]*

- a.  It is designated by statute
- b.  It was established by executive order or the governor
- c.  Seats must be approved by governor or another executive authority
- d.  It is located within the State's Lead Agency
- e.  It is located within the Executive Branch
- f.  It is located within another State Branch
- g.  It is an independent body
- h.  It is appointed by the governor or lieutenant governor
- i.  It is appointed by a commissioner or department head
- j.  It is voluntary – people self-identify
- k.  Requires the involvement of specific representatives (e.g., state agency)
- l.  The size of the board is limited to certain number of slots
- m.  Subcommittees are used to meet the people with TBI requirement
- n.  Other 1 (describe):
- o.  Other 2 (describe):
- p.  Other 3 (describe):

### 13. What supports are provided to people with a TBI that are involved in your advisory board/council? (Check all that apply)

- a.  Stipends for participation
- b.  Formal mentoring program
- c.  Formal on-boarding/orientation process
- d.  Virtual attendance of meetings allowed
- e.  Promote use of plain language in meetings
- f.  Meeting materials are shared in advance of meeting
- g.  Meeting materials provided in accessible or alternative formats
- h.  Reimbursement for travel expenses (i.e., mileage, tolls, etc.)
- i.  Other 1 (describe):
- j.  Other 2 (describe):
- k.  Other 3 (describe):

**14. How is the advisory board/council involved in the TBI SPP program? (Check all that that apply)**

- a.  Not directly involved with the TBI SPP program
- b.  Provides oversight
- c.  Needs assessment activities
- d.  Setting priorities for the TBI State Plan
- e.  Planning activities
- f.  Collaboration and/or coordination activities
- g.  Education activities
- h.  Advocacy activities
- i.  Prevention activities
- j.  Medical and/or rehabilitation activities or concerns
- k.  Engaged in peer mentoring or on-boarding of people with TBI
- l.  Other 1 (describe):
- m.  Other 2 (describe)
- n.  Other 3 (describe)

**15. a. Describe what it means for your advisory board/council to be representative (e.g., of your state's demographics, types of brain injury, severity of brain injury, etc.).**

**15.b. What efforts or actions are being taken to ensure that the advisory board/council is representative?**

16. Please list your advisory council members for this project period and place an 'X' by their affiliations. Please use initials or some other non-identifying method (e.g., AC #1) to identify the members. You may select all that apply if a person represents two or more affiliated entities. The totals for each column will be auto calculated in the online reporting system.

Advisory Council Member initials or some other non-identifying method	Person with a TBI	Family Member of person with a TBI	Center for Independent Living/State Independent Living Council representative	Aging and Disability Resource Center representative	Protection & Advocacy agency representative	Long-term ombudsman representative	TBI Model Systems representative	Affiliate or National Brain Injury Association representative	State agency representative	Other (describe category and not title)
Totals for each column										

**17. What planning and infrastructure accomplishments or activities of the last six months do you think have been or will be most impactful?** Consider how you are working toward systems change and what progress you are seeing.

**18. Is there anything else you would like to let ACL know about your planning and infrastructure activities during this reporting period? These activities may be related to the needs assessments, state plans, evaluation, and registries.** *This question is not mandatory.*

**D. Information and Referral and Assistance (I&R/A) (if applicable to grant activities)**

**19. a.** How many I&R/A contacts occurred during this reporting period (across the grantee and all funded partners providing grant-related I&R/A)? *Please enter a number or select zero or unknown.*

a. Number:

b.  Zero

c.  Unknown

**19.b. Notes about data provided:** (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.): *This question is not mandatory.*

**20. What I&R/A services were people commonly referred to during this reporting period? (Check all that apply)**

- a.  Grant-funded resource facilitation, service coordination
- b.  Other type of resource facilitation, service coordination (provided by other unfunded partners or other organizations such as an affiliate of national brain injury organization, ADRC, CIL, other ABI association, or other organization)
- c.  Older Americans Act services (e.g., nutrition services, LTC Ombudsman)
- d.  Behavioral health services
- e.  Brain injury support groups
- f.  Caregiver supports
- g.  Independent living services
- h.  Domestic violence help services
- i.  Employment counseling
- j.  Educational counseling or school disability services
- k.  Health insurance information or counseling (e.g., SHIP, Medicaid eligibility)
- l.  General medical services
- m.  Specialized TBI/ABI services
- n.  Homeless services provider
- o.  Housing supports
- p.  Medicaid waiver services
- q.  Physical, occupational, recreational or speech therapy
- r.  Legal or advocacy services
- s.  Transportation services
- t.  Social Security
- u.  Veteran's hospital or clinic
- v.  Vocational rehabilitation services
- w.  In-home services and supports
- x.  Other 1 (describe):
- y.  Other 2 (describe):
- z.  Other 3 (describe):

**21. Is there anything else you would like to let ACL know about your I&R/A activities during this reporting period? *This question is not mandatory.***

## E. Screenings (if applicable to grant activities)

**22. a. Please respond to the following questions about screening activities during this reporting period. Please enter a number or select zero or unknown.**

Screening Question	Number	Zero	Unknown
a. How many unduplicated people were screened to identify their likelihood of TBI during this reporting period (by grantee and across all funded partners providing grant-related screening)?		<input type="checkbox"/>	<input type="checkbox"/>
b. Of the people screened for a TBI, how many were positive?		<input type="checkbox"/>	<input type="checkbox"/>
c. Of the people who screened positive for a TBI, how many were:			
1. Under the age of 22		<input type="checkbox"/>	<input type="checkbox"/>
2. Between the ages of 22-59		<input type="checkbox"/>	<input type="checkbox"/>
3. Aged 60 or over		<input type="checkbox"/>	<input type="checkbox"/>
4. Veterans of any age		<input type="checkbox"/>	<input type="checkbox"/>

**22b. Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.) This question is not mandatory.**

**23. Select which standardized instruments you or your funded partners used for screening procedures during this reporting period. (Check yes or no for each instrument)**

Screening Instrument	Yes	No
a. The Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID)	<input type="checkbox"/>	<input type="checkbox"/>
b. A modified version of the OSU TBI-ID	<input type="checkbox"/>	<input type="checkbox"/>
c. The Brain Injury Screening Questionnaire (BISQ)	<input type="checkbox"/>	<input type="checkbox"/>
d. Defense and Veterans Brain Injury Center TBI Screening Tool (DVBIC TBI), also called The Brief Traumatic Brain Injury Screen (BTBIS)	<input type="checkbox"/>	<input type="checkbox"/>
e. HELPS	<input type="checkbox"/>	<input type="checkbox"/>
f. Military Acute Concussion Evaluation (MACE)	<input type="checkbox"/>	<input type="checkbox"/>
g. Automated Neuropsychological Assessment Metrics (ANAM)	<input type="checkbox"/>	<input type="checkbox"/>
h. Brain Check Survey (BCS)	<input type="checkbox"/>	<input type="checkbox"/>
i. Traumatic Brain Injury Questionnaire (TBIQ)	<input type="checkbox"/>	<input type="checkbox"/>
j. Other 1 (describe)	<input type="checkbox"/>	<input type="checkbox"/>
k. Other 2 (describe)	<input type="checkbox"/>	<input type="checkbox"/>
l. Other 3 (describe)	<input type="checkbox"/>	<input type="checkbox"/>

**24. Is there anything else you would like to let ACL know about your screening activities this reporting period? *This question is not mandatory.***

## F. Resource Facilitation (all grantees respond)

25. a. Please respond to the following questions about the resource facilitation activities during this reporting period. Please enter a number or select zero or unknown.

Resource Facilitation Questions	Number	Zero	Unknown
a. How many unduplicated people with a TBI were provided resource facilitation during this reporting period (by grantee and across all funded partners providing grant-related resource facilitation)?		<input type="checkbox"/>	<input type="checkbox"/>
b. Of the people with a TBI provided resource facilitation, how many were:			
1. Under the age of 22		<input type="checkbox"/>	<input type="checkbox"/>
2. Between the ages of 22-59		<input type="checkbox"/>	<input type="checkbox"/>
3. Aged 60 or older		<input type="checkbox"/>	<input type="checkbox"/>
4. Veterans of any age		<input type="checkbox"/>	<input type="checkbox"/>

**25.b. Notes about data provided:** (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.) *This question is not mandatory.*

**26. What services were people with a TBI who were provided resource facilitation commonly referred to during this reporting period? (Check all that apply)**

- a.  Grant-funded resource facilitation, service coordination
- b.  Other type of resource facilitation, service coordination (provided by other unfunded partners or other organizations such as a Brain Injury Alliance or Association, ADRC, CIL, TBI association or other)
- c.  Older Americans Act services (e.g., nutrition services, LTC Ombudsman)
- d.  Behavioral health services
- e.  Brain injury support groups
- f.  Caregiver supports
- g.  Independent living services
- h.  Domestic violence help services
- i.  Employment counseling
- j.  Educational counseling or school disability services
- k.  Health insurance information or counseling (e.g., SHIP, Medicaid eligibility)
- l.  General medical services
- m.  Specialized TBI services
- n.  Homeless services provider
- o.  Housing supports
- p.  Medicaid waiver services
- q.  Physical, occupational, recreational or speech therapy
- r.  Legal or advocacy services
- s.  Transportation services
- t.  Social Security
- u.  Veteran's hospital or clinic
- v.  Vocational rehabilitation services
- w.  In-home services and supports
- x.  Other 1 (Describe):
- y.  Other 2 (Describe):
- z.  Other 3 (Describe):

**27. Is there anything else you would like to let ACL know about your resource facilitation efforts during this period? *This question is not mandatory.***

**G. Trainings, Outreach and Awareness (if applicable to grant activities)**

**28. a. What types of trainings, outreach and/or awareness activities were provided with program funds during this reporting period? For each activity identify the mode for providing the activity, types of people trained or reached, the topics covered in the activity, and the number of people trained or reached by the activity. Additional rows can be added as needed in the online reporting system and paper version.**

a. Name of training, outreach, or awareness activity (e.g., Annual Brain Injury Conference)	b. Mode for providing training, outreach, or awareness activity (select one response)	c. Types of people trained or reached (select all that apply)	d. Topics covered in training, outreach, or awareness activity (select all that apply)	e. Number of people who attended the training or reached (enter number or select unknown)
	a. <input type="checkbox"/> In-person only b. <input type="checkbox"/> Virtual only c. <input type="checkbox"/> Both in-person and virtual	a. <input type="checkbox"/> Staff providing grant-related services b. <input type="checkbox"/> Clinical/medical providers c. <input type="checkbox"/> Coaches or other athletics personnel d. <input type="checkbox"/> Domestic violence services staff e. <input type="checkbox"/> Homeless services organization staff f. <input type="checkbox"/> Family, friends, informal caregivers g. <input type="checkbox"/> Individuals who have experienced a TBI h. <input type="checkbox"/> In-home services and supports staff i. <input type="checkbox"/> Law enforcement personnel j. <input type="checkbox"/> Prison or criminal justice system staff k. <input type="checkbox"/> Protection and advocacy staff l. <input type="checkbox"/> Residential rehabilitation center staff m. <input type="checkbox"/> Nursing home staff n. <input type="checkbox"/> Universities, colleges, or school staff (excluding school coaches) o. <input type="checkbox"/> Veterans & military organization staff p. <input type="checkbox"/> Other 1, specify: q. <input type="checkbox"/> Other 2, specify: r. <input type="checkbox"/> Other 3, specify:	a. <input type="checkbox"/> TBI Basics b. <input type="checkbox"/> Aging and TBI c. <input type="checkbox"/> Assistive technology d. <input type="checkbox"/> Athletics e. <input type="checkbox"/> Behavioral health & TBI f. <input type="checkbox"/> Caregiving g. <input type="checkbox"/> Children & TBI h. <input type="checkbox"/> Concussions & mild TBI i. <input type="checkbox"/> Criminal justice & TBI j. <input type="checkbox"/> Diagnosis k. <input type="checkbox"/> Educational issues l. <input type="checkbox"/> Employment and training of people with TBI m. <input type="checkbox"/> Identification/screening n. <input type="checkbox"/> Independent living o. <input type="checkbox"/> Substance use & TBI p. <input type="checkbox"/> Neurobehavioral aspects of TBI q. <input type="checkbox"/> Public policy r. <input type="checkbox"/> Person centered planning/counseling s. <input type="checkbox"/> Community-based services and support resources t. <input type="checkbox"/> Treatment & therapies u. <input type="checkbox"/> Other 1, specify: v. <input type="checkbox"/> Other 2, specify: w. <input type="checkbox"/> Other 3, specify:	Enter Number: <input type="checkbox"/> Unknown

a. Name of training, outreach, or awareness activity (e.g., Annual Brain Injury Conference)	b. Mode for providing training, outreach, or awareness activity (select one response)	c. Types of people trained or reached (select all that apply)	d. Topics covered in training, outreach, or awareness activity (select all that apply)	e. Number of people who attended the training or reached (enter number or select unknown)
	a. <input type="checkbox"/> In-person only b. <input type="checkbox"/> Virtual only c. <input type="checkbox"/> Both in-person and virtual	a. <input type="checkbox"/> Staff providing grant-related services b. <input type="checkbox"/> Clinical/medical providers c. <input type="checkbox"/> Coaches or other athletics personnel d. <input type="checkbox"/> Domestic violence services staff e. <input type="checkbox"/> Homeless services organization staff f. <input type="checkbox"/> Family, friends, informal caregivers g. <input type="checkbox"/> Individuals who have experienced a TBI h. <input type="checkbox"/> In-home services and supports staff i. <input type="checkbox"/> Law enforcement personnel j. <input type="checkbox"/> Prison or criminal justice system staff k. <input type="checkbox"/> Protection and advocacy staff l. <input type="checkbox"/> Residential rehabilitation center staff m. <input type="checkbox"/> Nursing home staff n. <input type="checkbox"/> Universities, colleges, or school staff (excluding school coaches) o. <input type="checkbox"/> Veterans & military organization staff p. <input type="checkbox"/> Other 1, specify: q. <input type="checkbox"/> Other 2, specify: r. <input type="checkbox"/> Other 3, specify:	a. <input type="checkbox"/> TBI Basics b. <input type="checkbox"/> Aging and TBI c. <input type="checkbox"/> Assistive technology d. <input type="checkbox"/> Athletics e. <input type="checkbox"/> Behavioral health & TBI f. <input type="checkbox"/> Caregiving g. <input type="checkbox"/> Children & TBI h. <input type="checkbox"/> Concussions & mild TBI i. <input type="checkbox"/> Criminal justice & TBI j. <input type="checkbox"/> Diagnosis k. <input type="checkbox"/> Educational issues l. <input type="checkbox"/> Employment and training of people with TBI m. <input type="checkbox"/> Identification/screening n. <input type="checkbox"/> Independent living o. <input type="checkbox"/> Substance use & TBI p. <input type="checkbox"/> Neurobehavioral aspects of TBI q. <input type="checkbox"/> Public policy r. <input type="checkbox"/> Person centered planning/counseling s. <input type="checkbox"/> Community-based services and support resources t. <input type="checkbox"/> Treatment & therapies u. <input type="checkbox"/> Other 1, specify: v. <input type="checkbox"/> Other 2, specify: w. <input type="checkbox"/> Other 3, specify:	Enter Number: <input type="checkbox"/> Unknown

a. Name of training, outreach, or awareness activity (e.g., Annual Brain Injury Conference)	b. Mode for providing training, outreach, or awareness activity (select one response)	c. Types of people trained or reached (select all that apply)	d. Topics covered in training, outreach, or awareness activity (select all that apply)	e. Number of people who attended the training or reached (enter number or select unknown)
	a. <input type="checkbox"/> In-person only b. <input type="checkbox"/> Virtual only c. <input type="checkbox"/> Both in-person and virtual	a. <input type="checkbox"/> Staff providing grant-related services b. <input type="checkbox"/> Clinical/medical providers c. <input type="checkbox"/> Coaches or other athletics personnel d. <input type="checkbox"/> Domestic violence services staff e. <input type="checkbox"/> Homeless services organization staff f. <input type="checkbox"/> Family, friends, informal caregivers g. <input type="checkbox"/> Individuals who have experienced a TBI h. <input type="checkbox"/> In-home services and supports staff i. <input type="checkbox"/> Law enforcement personnel j. <input type="checkbox"/> Prison or criminal justice system staff k. <input type="checkbox"/> Protection and advocacy staff l. <input type="checkbox"/> Residential rehabilitation center staff m. <input type="checkbox"/> Nursing home staff n. <input type="checkbox"/> Universities, colleges, or school staff (excluding school coaches) o. <input type="checkbox"/> Veterans & military organization staff p. <input type="checkbox"/> Other 1, specify: q. <input type="checkbox"/> Other 2, specify: r. <input type="checkbox"/> Other 3, specify:	a. <input type="checkbox"/> TBI Basics b. <input type="checkbox"/> Aging and TBI c. <input type="checkbox"/> Assistive technology d. <input type="checkbox"/> Athletics e. <input type="checkbox"/> Behavioral health & TBI f. <input type="checkbox"/> Caregiving g. <input type="checkbox"/> Children & TBI h. <input type="checkbox"/> Concussions & mild TBI i. <input type="checkbox"/> Criminal justice & TBI j. <input type="checkbox"/> Diagnosis k. <input type="checkbox"/> Educational issues l. <input type="checkbox"/> Employment and training of people with TBI m. <input type="checkbox"/> Identification/screening n. <input type="checkbox"/> Independent living o. <input type="checkbox"/> Substance use & TBI p. <input type="checkbox"/> Neurobehavioral aspects of TBI q. <input type="checkbox"/> Public policy r. <input type="checkbox"/> Person centered planning/counseling s. <input type="checkbox"/> Community-based services and support resources t. <input type="checkbox"/> Treatment & therapies u. <input type="checkbox"/> Other 1, specify: v. <input type="checkbox"/> Other 2, specify: w. <input type="checkbox"/> Other 3, specify:	

- b. **Notes about data provided:** (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.) *This question is not mandatory.*

**29. Please list and describe any training materials, outreach materials, fact sheets or other products you produced during this reporting period.**

**30. Is there anything else you would like to let ACL know about your training, outreach, and awareness activities during this reporting period?** *This question is not mandatory.*

## H. Other (if applicable to grant activities)

[This section can be duplicated as needed]

**31. Describe what activities you undertook in this area this reporting period.**

**32. a. Please respond to the following questions about your other activities that you undertook during this reporting period. Please enter a number or select zero or unknown.**

Other Grant Activity Question	Number	Zero	Unknown
a. Total number of unduplicated people who have experienced a TBI who participated in the other grant activity noted in Q31 in this reporting period		<input type="checkbox"/>	<input type="checkbox"/>
b. Of the people who participated in the other grant activity noted in Q31, how many were:			
1. Under the age of 22:		<input type="checkbox"/>	<input type="checkbox"/>
2. Between the ages of 22-59:		<input type="checkbox"/>	<input type="checkbox"/>
3. Aged 60 or older		<input type="checkbox"/>	<input type="checkbox"/>
4. Veterans of any age		<input type="checkbox"/>	<input type="checkbox"/>

**32.b. Notes about data provided:** (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.) *This question is not mandatory.*

## I. Narrative Responses (all grantees respond)

**33. Please describe how the workgroup activities you participated in added value to your program, the national program, and/or any other aspect of your TBI work.**

**34. Is there anything else you would like to let ACL know about your project or the TBI State Partnership Program?**

### Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0066). Public reporting burden for this collection of information is estimated to average [8] hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority [Traumatic Brain Injury Reauthorization Act of 2018 (P.L. 115-377)].