

1. The Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have acknowledged that peer-to-peer support is an “evidence-based practice” for supporting the recovery of individuals with mental health or substance abuse challenges. For more information, please refer to these resources: \*CMS Letter to State Medicaid Directors, 2007: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf> and SAMHSA Recovery Support Tools and Resources: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>. Question: How would peer-to-peer support differ from these models for individuals with brain injury? If you have experienced a brain injury, what does the concept of peer to peer support mean to you?

bringing people who share common experiences or challenges together to give and receive help

- The CMS letter to State Medicaid Directors illustrates an obvious difference, there is a sustainable payer source through Medicaid for peer support for individuals with mental health or substance abuse challenges. There is not for brain injury. As the CMS letter states, “As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system.” With funding comes policies and procedures from the federal government. That funding supports supervision, care-coordination, training and credentialing for their peer support program. Again, brain injury currently lacks sustainable funding for this extensive of a program.

- The core competencies used by the mental health or substance abuse programs reflect foundational principles and values that are general enough that I think you can find similar values in most person-centered programming.

- o Category I: Engages peers in collaborative and caring relationships
- o Category II: Provides support
- o Category III: Shares lived experiences of recovery
- o Category IV: Personalizes peer support
- o Category V: Supports recovery planning
- o Category VI: Links to resources, services, and supports
- o Category VII: Provides information about skills related to health, wellness, and recovery
- o Category VIII: Helps peers to manage crises
- o Category IX: Values communication
- o Category X: Supports collaboration and teamwork
- o Category XI: Promotes leadership and advocacy
- o Category XII: Promotes growth and development

The ways in which they may differ for those with brain injury is that a person with a brain injury, depending on the residual effects of their injury, may not have the capacity to master all of the skills needed in each category; ‘it isn’t a matter of won’t, but can’t’ due to the nature of their injury.

- SAMHSA working definition and four major dimensions of ‘recovery’ is not the same as that which has historically been used in the brain injury community. The definition and intentions of the word ‘recovery’ can lead to misunderstanding among stakeholders in the brain injury community.

Someone who has gone through the challenges I face, and can offer valuable insight

Having someone who had a BI, who knows the difficulties that present with having to live with a BI, SAMHSA to help on the recovery journey of life.

Just knowing there are others out there that are experiencing similar things is helpful. It also gives opportunity to gain insight as to how others deal with various challenges.

I have not experienced a brain injury but worked with them only. I think a peer to peer support would be beneficial to both individual. The only difference I see is that it may take a specific peer to work with another one. I say this as the recovery period may be different for each of them. No matter what I only see benefits for both

I think it would require some adaptation, but the peer-to-peer model would be of high utility for individuals with brain injury. Having worked with individuals in the mental health and substance abuse areas, I have seen progress and remission with individuals where there was otherwise little hope for improvement. Dealing with a condition that might serve to "set you apart" from others can be an exceptional challenge for those with brain injuries. As well, communication in an empathetic manner can be so critical. P2P assists in both issues.

The peer-to-peer support model to support birth-21 students who have experienced a brain injury might differ in a school setting based up whether the student is receiving Special Education services or supports through a 504 plan. The model would need to be flexible to meet the educational needs of each child.

someone to talk to that has been through the same experience or is currently going through the same experience, I also believe caregiver peer support is beneficial

Peer to peer support allows individuals with a brain injury to mentor and/or share support and encouragement with another person who understands their situation.

How to match peers would be my first concern. Brain injury effects people in unique ways vs addiction tending to impact the same area of the brain. Should we have one person with stronger executive function work with someone whose strengths are in a different area? How do we collaborate without triggering control issue resentment?

I believe experience is our best tool to provide information among the TBI community. The medical model can provide scientific analogy- which we desperately need, with that said, nothing tells all like being able to share an experience we have had that is then a surreal dream when you can share theses details with someone that has no idea what they are re going thru..very helpful...

The two documents, as I reviewed them, are quite different perspectives. CMS is about creating a program that meets federal guidelines for reimbursement. To put into place would take creating a system to manage the program and meet extensive criteria. SAMHSA Core Competencies are already being used at the grassroots level by BIA-NE.

To have another brain injured person walk along side you in your recovery, while building a friendship and being supportive. The two should be in different stages of recovery, so as to share experiences as well as resources with one another.

It would be designed for the individual.

Peer to peer means someone who has gone thru a brain injury. Then you have a peer to peer for a caregiver to. Need to be people who have dealt first hand.

It means that someone who has a brain injury can relate the information to you better than someone who doesn't have one. It seems simple but it really does make a difference. It also means that someone with similar life experiences can share with you theirs.

You're not alone, support resources.

Getting support from a person who has been in your situation before or ongoing. They could help you with the stages of acceptance. Much better than someone who is suppose to help that gets knowledge from a book which is not helpful. Peer to peer is more personal more real.

Peer to peer support means someone who has lived experience and understands at the most intimate level what it means to have a brain injury. This peer support can empathize and understand and offer hope and meaning to experiences.

2. SAMHSA describes peer support workers as “people who have been successful in the recovery process who help others experiencing similar situations.” The role of the peer support worker can range widely from mentoring and goal-setting to educating the public and policymakers. See more at: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>. Question: Job titles aside, what do you believe is the most important role for a peer support worker for people who experience brain injury? What responsibilities and expectations should go along with this position, regardless of whether it is paid or unpaid?

- Serve as advocate and liaison to peers who experience a behavioral health challenge designed to lead towards stability and wellness. This includes, but not limited to, meeting w/peer & support systems throughout the defined geographic service area.
- Support peer through the continuum of care and across the service array
- Support independent functioning, peer support plan, and applicable wellness supports as requested by the peer.

- Provide referrals to other behavioral health services, as needed.
- Provide contact to provide the above services, as needed.

In my opinion, the most important role of the peer support person is to offer and receive help based on shared understanding, respect and mutual empowerment between people in similar situations.

I believe the responsibilities and expectations will vary depending on the peer's skill level, interest, location, availability, resources, etc. I think it responsibilities could include but not be limited to:

- Advocacy
- Sharing of resources based on their experiences
- Sharing of experience
- Group facilitation if that was a personal goal
- Mentoring

I believe the main goal of peer support role, would be to help the individual with injured brain to have positive outlook for what future holds for her/him and assure them that they do not have to walk this journey alone and that there people who went through same journey and overcame the challenges, always be hopeful and have positive thoughts.

SAMHSA describes peer support workers as “people who have been successful in the recovery process...”, for BI it should say “people who are living a shared journey”.

It is important to listen to their unique experiences. Also, offer resources, strategies, or information that they might see as helpful.

It would be hard to say a person has been successful as feel it's about ongoing process. Like each day it's different for them. It's hard as living with brain injury can vary. Not a paid position but do think need someone who feels they have stuff to share. They need to be available and able to assist as needed. Offer advice but need to realize based on injury things may vary.

To aid individuals with new diagnoses in acclimating to their condition and begin to work towards their optimal level of self-direction and independence. This will require training for the P2P specialist (as it does in any instance) so that the experience is optimal for both parties and some of the pitfalls (maintaining good personal boundaries, bringing in additional supports when needed, keeping feedback within the scope of practice, etc.) associated with the model can be avoided. It is all about each person's role and the "rules for the road" for all parties involved, in particular if it is a professional role.

Important roles for a peer support worker would be to support self-advocacy, increase understanding of the brain injury and recovery process. It would be important for the peer to peer worker to have a passion for person centered planning. Expectations and responsibilities should

include being able to effectively goal-set, collect information/data for progress monitoring, have the ability to analyze and adapt when necessary. The peer to peer worker will need to have a good understanding of available resources and know when to reach out for additional supports. similar experiences, productive member of society, possibly provide resources for individuals

The individual should have experienced a brain injury and/or been a caregiver for an injured person. The person should have a strong desire to assist another individual(s) along their journey.

The ability to build trust and not get discouraged by negative feedback from the person in the moment. Also be prepared for setbacks and to celebrate small victories. The willingness to engage with the individual, lead them to growth without alienating the support system they rely on daily.

A person with a new TBI and one with an existing TBI live in a very isolated, non-labeled world, your sense of being changes in the aspect of an invisible presence, a bodily existence of one that should not speak of a TBI and also no one asks of a TBI, to espresso feeling, challenges, & day to day living with someone who has a Brain Injury is an eye opener known only by a person whom has experienced this.

In discussion with my folks, it is the title, "Peers". Not one above the other as a "Mentor" or "Worker" but as "Partners", overcoming individual barriers and rebuilding confidence and self-esteem by helping each other on a similar journey. To re-establish empathy and community connectedness after all the medical/social attention being solely on the individual's condition and challenges. To help each other define personal, changing goals and develop advocacy through sharing their journeys by working together. BIA-NE offers opportunities to share their stories publicly as a way to synthesize their complex journeys into a relatable message. As to responsibilities and expectations, that is based on the individual's interest and abilities. Recognizing that as recovery and regaining/accommodating for on-going deficits continues, individuals will expand or change abilities to commit and follow-through. Sometimes becoming more involved in the movement; sometimes wanting to move on with their life and forget their experiences with BI.

Support, advocacy and friendship. Answer questions from families and survivor. Advocate for the survivor, while locating resources for them. Share your story. Provide love and hope for the survivor by sharing what workarounds worked for you and how to manage issues associated with the injured brain. Mentoring and set realistic goals depending when they are in recovery. Educate those around the brain injured survivor. Partner and advocate with them to encourage successful recovery.

A listening ear, patience and understanding.

Peer support worker needs to be knowledgeable of all that is going on with persons with brain injury. They need to know information to assist or be willing to find out information to help a person with brain injury.

First it has to be someone who has a brain injury or someone who is directly affected by a brain injury. This allows the peer to relate to someone who has been there in every area of life. Second is it has to be someone who is good with people and who can speak into areas of life that someone who doesn't have a brain injury can only be empathic towards. These people must have good people skills and who can take to ordinary skills and break them down even further without becoming condescending.

Understanding, compassion, knowledge, willing to be opened minded.

Guidance help from personal experience. Responsibilities would be a phone call away or personal help. Helping with paperwork. Understanding.

The most important role for a peer support worker is to just let the newly diagnosed individual with BI know they are not alone and their symptoms are typical after a BI.

Responsibilities/expectations: - Maintain professional relationship - Offer support but don't allow self to become overwhelmed with other individual's concerns/problems as this will hinder the peer support worker's ability to help others and effectively help this individual - Determine specific plan that peer support worker (PSW) will follow (i.e. agreed upon frequency so both individuals are on same page) - PSW can help and guide the individual to and through a process but cannot do it for the individual (the individual needs to take responsibility for follow through, but the PSW can follow up and provide reminders or determine best way for individual to be reminded) - Individual should be open to listening to new ideas or suggestions - PSW should be an active listener, not always trying to talk or solve every problem/concern (sometimes people just need to vent) - PSW should be someone at least a year out from initial injury (specific time could be changed, but I think it shouldn't be brand new as a more newly diagnosed individual will still be processing everything themselves and not be as effective to others) - PSW should be cautious of advice offered that does not adhere to current best practices of treatment options (such as telling an individual to try an unproven treatment) - PSW should know resources available or how to direct the individual towards someone that knows more resources

3. What requirements are necessary for a peer support worker to fulfill the role(s) and responsibilities as you described them in Question #2?

- Peer Support Specialist has obtained a high school diploma or equivalent.
- \* Peer Support Specialist is certified as a Nebraska Peer Support Specialist OR working toward National or State Certification.
- PS followed the PPS values as taught within the State PS Certification training.

As the peer support committee has heard from the presenters who are doing peer support work, training is very important. I believe there is not a need to create a peer training model of our own

but look to mirror those who have already established training models. For example, CO has sent us their training manual and encouraged us to use it as it was created with federal funds.

Secondly, I think it would be important to establish an agreement or contract with the peer mentor to ensure there is follow through.

Thirdly, we need to require the support worker to help us gather data for program evaluation should there be a desire to move this beyond a pilot project.

Have empathy, be patient and skilled at communication with various groups (different race, gender, social status, religion)

- 1) They themselves must have experienced a BI and living the same recovery journey.
- 2) Must have a background check.
- 3) Must be at a point in their personal recovery to be able to listen to others in their journey and be able to provide suggestions for resources.
- 4) Non-judgmental of others and be willing to help others understand the recovery journey.

Experience working with BI survivors; being a survivor oneself; knowledge of pertinent resources and support; direct or vicarious experience with compensatory strategies.

To me they have had a brain injury and are able to perform own activities of daily living

Experience as a person with a brain injury (vs. someone with a recent diagnosis), a reasonable level of personal independence despite their condition, access to transportation, ability to effectively communicate, clear ability to demonstrate empathy and provide information and resources within a professional relationship, and training in the model that includes expectations of the peer mentor, standardized protocols, and expected outcomes.

It would be important for the peer support worker and the person with a brain injury to have an opportunity to build rapport, try to match peers similar age and possibly with peers who share common interests. It would also be important to consider geographical location (i.e.-metro vs. rural areas) and match peers who would have the opportunity to meet in person.

access to resources, handouts & information/return to productivity in society or life roles

The individual must be a good listener, and be possess good communication skills, a compassionate heart, ability to not take things personally and skills to diffuse a situation when attacked by someone who is experiencing an episode.

Being trustworthy, willing to model the behavior you are expecting of the individual. Recognizing that the individual has talents and abilities and let them also be an expert in the relationship.

Recognizing that sometimes waiting a few minutes and asking again or asking in a different way may make all the difference in an individual's willingness to engage.

This must be a group of people who have no other-purpose and sole and only motive with no other agenda but to bring understanding, education, serenity, truthfulness, and compassion, and mostly hope and perseverance to a community whom have been polarized by the medical model of nothing else could be accomplished, there are no other advancements .. no one considering this position could have any personal agenda for their own self and cannot be for reasons of politicalizing

Person-Centered and controlled. Individuals and family members decide what is desirable, what is necessary, and their expectations of each other. BIA-NE Resource Facilitators are available to make informal connections and provide support as requested by the individuals or family members. The relevance of Peer Support is to empower individuals based on their experiences. Over-managing the matches and progress reduces that impact and intention of the purpose for the program.

The peer should also be a brain injury survivor with a good attitude and knowledge of the deficits the injured brain creates for a person, as well as proven recovery techniques that work. Take training courses and pass certification. The peer needs to be empathetic, caring, loving and hopeful in their own recovery. They need to be respectful, trusting, and people oriented.

#### Passion

Knowledge of any programs, disability, doctors, chiropractors, or any other type of care brain injury person needs. Plus if need financial help, or attorney if legal is involved.

First it takes a brain injury, or someone who is directly affected by a brain injury. Second, it take someone who has a story that people relate to, and has good people skills. Third, these people should have time to meet with their "clients" on their terms. Having a brain injury will turn their world upside down and the peer members need to realize that they are stepping into a whirlwind.

The ability to go wherever needed, the willingness tip advocate.

Experienced first hand, previously dealt with brain injury or have ongoing experience. Person could also be a caregiver to a brain injury person.

- PSW should be someone at least a year out from initial injury (specific time could be changed, but I think it shouldn't be brand new as a more newly diagnosed individual will still be processing everything themselves and not be as effective to others) - Training and orientation should be provided on how to maintain professional relationships, active listening, displaying empathy, not getting bogged down by others negative feelings/emotions, resources available, strategies to engage an individual after BI (finding interests, etc.)

#### 4. What responsibilities, expectations and/or ground rules should be implemented for the person with brain injury who receives peer support?

Awareness of the BI and understanding regarding how it impacts the individual

This will greatly vary depending on the individual ability and situation, but these would be starters:

- Remember that your mentor is a volunteer and a guide that has a brain injury.
- Take responsibility for your own choices and behavior (be polite and courteous).
- Develop trust (be honest, be kind, be consistent).
- Be respectful of your mentor's time (be on-time and clearly communicate ahead of time about any schedule changes). Find a weekly time to talk that will remain consistent 90% of the time.
- Come to each meeting with a prepared agenda, including your goals and goal progress and plan related to your next steps.
- Be open about your needs and provide feedback to the mentor.
- Have appropriate expectations of the mentoring relationship.

For the person to receive the support, it is vital for mentor to feel safe around them, meaning no uncontrolled mental illness that could escalate to violent situations

- 1) Can communicate freely using designated email addresses, texts, and personal phone numbers (if offered to person), during designated hours. (example 12pm-6pm)
- 2) Would attend available Support Group Meetings.
- 3) Would be willing to learn about BI and how it affects them.
- 4) Personal safety distancing is required for both the peer support person and the person getting the peer support.
- 5) All interactions must be held in a public area.

They can choose to implement suggestions or advice, but not expect the person giving it to do it for them.

Well a ground rule will change. One person you write it the other one uses auditory. It will have to be peer specific

To show up; to participate in good faith; to be honest and respectful in their interactions with the peer specialist(s); to make an effort.

It would be important that the person participating in the program is motivated to engage and wants to work with a peer support person. We believe that it's important that this program be person-centered and the ground-rules/expectations will be mutually agreed upon by the participants.

scheduled times (not able to call or visit at all times of the day/night)

Clear boundaries must be set, guidelines for the projected and desired outcomes.

No physical endangerment. Let them know that not every peer is going to be a good match and that they have the choice to end a relationship. Their unique strengths should be a part of the relationship.

To have time, to put forth effort, to be transparent and honest, There must be some type of commitment. Must not be - not to offer medical advice or strong opinions, but using our Lise challenge as examples. Not to be prescribers or give treatment but to offer anecdotes of trials and tools that have brought us to this point in our lives

Depends on each individual and the safety/liability requirements determined for the peers and program. Resource Facilitators should get to know the individuals and together decide on personalized plans for being a peer, their preferences on partners and what that will be entailed in communications, by phone, in person and how often, etc.

Mutual respect, accepts criticism as well as gives loving criticism. Does not argue, but discusses with respect to the peer. Does not expect perfection or skill that are outside of the peers scope of responsibilities.

#### Accountability

Both brain injury persons and support worker need to have an open relation. Learn from each other. Both have understanding of each other.

I think that there aren't enough doctors who will force the issue in receiving Peer to Peer groups. Brain injury is the kind of injury that takes time to heal and people do not realize that they need help until it seems to late. For me I needed help to moment I lost my job. It hits every one differently, but that kind of a peer to talk to leading up to that point definitely would have helped. The other things I would say is that each person needs to be pressed to go to a peer health group because there are so many things that they don't realize they need help with.

Accountability most of all.

The person with brain injury should get all the help they need from physical care to mental care. Which places they can go to get help. Follow them thru the whole healing process. Paperwork guidance or help filling all that is needed.

- PSW is not available 24/7 - Individual needs to be responsible for completing own forms, applications, making phone calls, but PSW can help with follow up - know that PSW cannot diagnose or recommend specific treatments

5. In your opinion, should a peer-to-peer support program be peer- or professionally-operated? Or a combination of both?

Combination

In my opinion it needs to be operated well by a dedicated, responsible, reliable, dependable, competent, capable, willing, and organized individual who may or may not be a peer. The program leader needs to be someone who will get the job done in a timely and professional manner with the ability to grow it beyond a pilot project.

I believe Combination Would be better, not solely peer or professional

Depends on who you are training to be the peer support person. Utilize the background training of said person along with their peer training.

Utilize the strengths of people who wish to be peer support persons.

A combination of both would give it more credibility (people who actually understand what it's like and people who are aware of the resources)

Combination of both

Both are used with success in mental health and substance abuse instances of peer mentoring. A combination of both.

It should be a combination of both, because the program will look different for students vs. an adult or community program.

professionally organized and operated, peer operated in the sense that visits do not need to be supervised or reported one

A combination of both unless the leader is trained to handle situations that may arise. However an accountability piece must be set in place for the protection of everyone.

I like the idea of some professional interaction. Perhaps to get the conversation started and if neither individual has transportation to make some arrangements for peers to get together the first time or two. Also checking in to assess that the peers relationship is growing in a way that is beneficial to both of them,

There are many professional- license holding, medical workers whom have a TBI, the medical model has brought us to a point where they can longer improve out quality of living. we must navigate what works and treats and replenishes, and motivates our existence. we can't exclude professional, but let us only included the ones with brain injuries

Combination of both. Resource Facilitators provide opportunities for informal connections and support as requested by one or both of the individuals/family members. Peers may occur organically through social opportunities promoted by BIA-NE or RF may provide one-on-one

phone introductions if both peers/family members agree. A more formalized approach of over site and extensive documentation goes against the premise of peer support, as does a completely professional operated program.

Both-peer operated at the supervisory level, and professionally operated at the management level.

Both

Should be combination of both peer to peer for brain injury and a caregiver.

I think a combination of both. There are professional members who have this as a passion and spend a life time working to better the policy and procedures. There are mental health and counseling professionals who know how to take care of their mental health. However, there is nothing like being about to relate to someone whose has had a brain injury and what life is like for them.

Combination

Should be peer to peer. But also have a caregiver part of process because having more ears to hear things help everyone.

Both, you need the peers who will understand BI at the most intimate level, but you also need professionals who are experts at organizing and sustaining a peer support program - peers cannot be expected to know everything about running this type of program. More individuals with different knowledge basis = effective and efficient team in serving individuals with BI

6. Nebraska's Annual Living with Brain Injury State Plan for 2019-2020 states that a peer support pilot will prioritize individuals in underserved, rural areas of the state. In your opinion, which areas, counties or communities should be made a priority? Should there be geographic limits or boundaries for the pilot?

there is definitely a need in the rural area. However, there need to be boundaries so that PS are not burned out.

While I appreciate the desire to see the rural area of the state be a priority, in my opinion if your vision is to demonstrate the success and impact of the program focusing on areas of the state where you have a harder time finding individuals with brain injury will reduce your chances of demonstrating measurable success. I would recommend developing something in Omaha and Tri-Cities so you can demonstrate the need while still supporting what is considered non-metro.

Areas where support groups are limited or nonexistent having peer to peer support is vital. But I do not believe there should be limitations on geographic locations, as long as the roads are safe to get to, everyone deserves the support if resources allow.

1) Outstate Nebraska would be a great area for the pilot. Would be wonderful to be able to connect electronically to the BI person throughout the state. 2) Personally, I think this should be developed through the (NIBN) Nebraska Injured Brain Network.

Probably the rural counties outside and far away from the urban Lincoln and Omaha metro areas. No reason why there should be limits as there are likely BI survivors in most or all counties who could use the support.

Think for a pilot yes need boundaries as think have lots to learn by doing this

Probably. I've seen state pilots in other efforts that were implemented statewide - it has tended to result in watered down data and insights into planning for scale-up in general. Perhaps 2-3 areas, cutting across rural, urban, and other locales that will likely differ in a statewide implementation.

For school aged students, the pilot could focus on the BIRSST regions. In the pilot year, the program could select a rural area such as Western Nebraska and an additional area in the central part of the state that would include both rural and small urban (such as Kearney.)

no I don't think so, access to support is limited in all areas of the state even in larger city centers, it will also be difficult to find peer supports outside of larger cities who are able to travel to rural areas

Western Douglas County and Dodge County.

I would start in an area with a high proportion of the population with brain injuries and few identified resources. If the chosen provider has a network, I could see launching in multiple areas at the same time.

No priority, no limits.. we can do peer to peer all across NE.. hey there are more than 300k of us!!

That requirement seems to be based on a medical bias over a social construct. In starting with the bias that rural areas are inherently more often under-served socially and in their communities than the urban areas, is not supported by data. In beginning, need to allow as many options and opportunities as possible to let individuals direct how the program develops. With technology and convenience of phone calls, Peers may be connected regardless of geographic locations.

It should be offered in rural areas 50+ miles outside a major metropolitan city, or cities that don't have support groups or brain injury knowledgeable providers.

Western Developing

Need to look at things happening out west of bigger cities. This can show what help is actually needed in the rural areas.

I don't think that these pilots programs should have a boundaries because the brain injury doesn't have a boundary.

No boundaries for pilot, all county's.

Needs to be anything west of Grand Island Nebraska. The rural areas so could get an actual support showing the help is needed.

Western third and Northern half of Nebraska. Although I would love for everyone to have access to this program, there is not enough time or money for that. I would like to see more rural areas have access to the program; however, given time and money they pilot may need to be more easily accessible and managed by piloting in Omaha, Lincoln or even Kearney.

7. What are your thoughts about the timeline for launching this pilot? Do you recommend a contractor that can “hit the ground running” quickly, or one that proposes a development period to work with the Brain Injury Advisory Council and other stakeholders on developing curriculum, requirements, management and evaluation practices?

A development period

There is no contractor formally doing brain injury peer support work in our state. If there was, we would not need this pilot project. Any contractor will need time to set up curriculum, requirements, management, and evaluation practices but there are some better equipped to take on new projects like this than others. One way in which a program can be developed a bit “quicker” would be to not recreate the wheel. The contractor could look at what CO and Region V have created and adapt it as necessary.

Do the research first and make informed and knowledgeable plan. I don't believe in hitting the ground running personally.

1) Start Pilot now! We are wasting time and these BI people are living an existence where they are struggling with all aspects of life. 2) Would recommend John Ferrone to help.

Such a pilot should be done in collaboration with the local Council and stakeholders.

Slower. Need training and guidance.

At least a year, reasonably, to set up pilots and use the accrued data to guide in the development of a program model.

We think it would be important to work with the BIAC and other stakeholders to develop the program. Year 1 would be dedicated to gathering information from stakeholders, planning, development of framework, curriculum and training. Then possibly phasing in the program across regions, i.e- year 2 could focus on implementation in the Western Region, year 2 could phase in Central region program.

development period with BI and other stakeholder

The program should begin as quickly as possible and adapt as needs arise. I am currently facilitating 2 support groups and there are others as well who could develop a coalition and move forward quickly.

I think the timeline decision should be based on what seems realistic based on whether the Council chooses to use a recognized contractor and tweaking their curriculum or develops the curriculum over time. I like the idea of the Council choosing a provider that is willing to prioritize our ideas for curriculum, requirements, management and evaluation, and then apply the organizational strengths to meeting our needs rather than trying to fit us into their service model.

We've been doing the stakeholders and management thing for many years.. let some people with brain injury's get on the ground and go

Both. Would benefit from the input of BIAC and other community stakeholders for development of process and procedures for a Peer Program in concert with the population BIA-NE serves. Brain Injury Alliance of Nebraska already is an established, known social connection for the focus population and has been doing Peer Support informally through Resource Facilitation. While understand that there may be the perception of preference that could be problematic for the granter; more concerning is the waste of time, funding and energy through duplication and confusion among an underfunded and served population across the state when creating a whole new organization and program to work towards goals and outcomes that are already in progress through an established entity.

The second option sounds the most reasonable.

Developing

Needs to be anything west of Grand Island Nebraska. The rural areas so could get an actual support showing the help is needed.

I think both. It does need a little bit of planning, but really we need to get out a talking to people who are affected by brain injury. The families and support system that needs help know what to do for them medically and emotionally.

Learning from the ground up, with ability to reach out for assistance. Large sums laid out to anyone should be an absolute NO.

Doing it as soon as possible. So the ones who recently experienced brain injury, will help tremendously, and also help the ones who are currently dealing with brain injuries. Good to have it start soon Hit the ground running, then can learn as you go that is what pilot program can show.

Obviously the sooner the program can be implemented, the better for individuals with BI who need this support. However, I also think we need to allow the Council and other stakeholders time for input as we know Nebraska and we know BI from different perspectives which will be important concepts to implement into this program. I don't want to see the planning stage stretch on for months; however, as that does no one any good.

#### 8. What else do you believe is important to consider for this pilot?

As discussed in the SAMHSA links and the literature review done in CO, there is evidence that peer support can positively influence lives. Individuals felt more connected, supported, empowered, resilient, motivated and had greater life satisfaction and outlook on life. There is no doubt peer support is a good thing.

I know there has been an emphasis on following the mental health and substance use peer models the last couple of years. And although there are certainly many things, we can learn from those successful models I think we need to be cognizant of our differences. The main difference is funding which allows for sustainability. The state and federal resources available to mental health and substance abuse peer support programs is gigantic compared to what is available to brain injury peer support programs. At this time, they are the "haves", we are the "have nots".

I believe we need to set up a program which is doable on the budget available vs. trying to compare us to the years of funding and development they have had at both the state and national level.

It is important to know the level or severity of the mentees injury before involving them in project

1)Willingness of people to help build the peer program. 2) Believe this should be developed through NIBN.

Current restrictions with the pandemic have inhibited in-person meetings with peer support groups. Many do not have access to a computer or internet, which would make them feel further isolated.

I would like to see a larger number. I mean like at least 10 or so to get the feel and see how it goes

A leadership team, not too large, that would answer to an advisory. This will take a lot of work, but someone needs to make the decisions. If done right, it could have a very positive impact on the lives of Nebraskan's with brain injury.

It might be important to narrow the focus of the program during the pilot year to effectively build out the program.

reach out to other individuals or locations who are supporting this already in facility (i.e., Madonna has a program for both BI and Stroke)

Time constraints, of leaders and participants, not setting unreasonable expectations, costs involved for the hosting agency/leader.

How to get families and caregivers onboard to try the new approach when we don't know if the outcome will be positive and if so, for what proportion of the population.

Organization and getting the word out so no one gets left behind.. there are many people in need

Start listening to the "Voice of Brain Injury" which expands past individuals that are able to attend support groups and in-person meetings, are adults that have accommodations most importantly transportation, or medical professionals and social services established solely because of the availability of funding. Our population is across a wide spectrum of needs and a large, rural state. Must have the flexibility and on-going, reliable support to increase awareness and connections organically as well as formally.

Once a peer is matched with a survivor and after a relationship has been established, changes should not be made as people with injured brains do not like change! Maybe like a dating service, try to have surveys for the peer and the survivor to fill out so they can match them up based on likes, dislikes, interests, etc.

Accountability

Important is every person matters with a brain injury no matter how they received the brain injury. Plus not look down on the ones who don't know how to get the help.

I really want to be considered a part of this pilot program in the Kearney area.

Anything worth while will stumble and fall, it's about getting back up. Learning to learn as your go.

A 90/10 split 90 percent peer to peer, remaining 10 professional education help. This should be a spot in society unique for brain injury people who do not already have support or backing, such as alcoholism, drug addict, epilepsy, NA. Make sure it's a diverse group of brain injured persons.

Peer input is important.

20 Responders (Melinda Dulitz did not respond to Q # 8)

Chris Stewart  
Peggy Reisher  
Sarvinoz Kadyrova  
Roy Stutz  
Liz Rogers  
Jo Gunderson/Teresa Coonts  
Cindy Hoffschneider  
Amy Levering  
Shir Smith  
Ruth Bitter  
Shir Smith (#2)  
Judy Nichelson  
Nita Sipple  
Melinda Dulitz  
Mark Smith  
Larry Roos  
June Collison  
Frank and Susie Bonde  
Susie Bonde  
Tiffany Armstrong