

VERMONT

Agency of Human Services

Department of Disabilities, Aging & Independent Living

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Waterbury, VT 05671-2070

TBI STATE PARTNERSHIP GRANT NARRATIVE

April 2018 (HHS-2018-ACL-AOD-TBSG-0282)



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- Vermont Department of Health

Summary/Abstract

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) in partnership with the Brain Injury Association of Vermont (BIA), the Vermont Department of Health (VDH), the Vermont Department of Corrections (DOC), key Vermont Agency of Human Services (AHS) sister departments and key stakeholders will, during this three-year project, expand and enhance the infrastructure of the Traumatic Brain Injury (TBI) System of Care in Vermont. **Objectives** 1) improve the surveillance of TBI; 2) improve care transitions for individuals with TBI and their families/caregivers; 3) improve ease of access to programs and community support services; 4) implement screening for TBI upon entry into the correctional system; 5) create a person-centered culture in the correctional system for underserved individuals with TBI. **Anticipated outcomes:** 1) Vermont will have improved statistics related to the prevalence of TBI; 2) individuals with TBI and families will experience a person-centered approach to care transitions supporting individual goals; 3) individuals with TBI and families will have access to information about state programs, community services and supports to meet current needs; 4) individuals entering the correctional system will be screened for TBI; 5) individuals will experience person-centered interventions and education related to their TBI and needs in a correctional facility. **Expected products:** Sustainable marketing/outreach materials, training toolkit for hospitals, rehab facilities, correctional officers and health services staff, implementation of an evidence-based screening tool, expanded list of stakeholders reporting population level data.

Problem Statement

As Vermont healthcare system continues to move forward with payment and delivery reform efforts it is important that Vermont establishes a system of care that can support Vermonters with TBI to maximize their independence, health and well-being while at the same time, embracing person-centered principles and self-direction. The problem is “*Vermont does not currently have an adequate TBI surveillance system and the tools necessary to create a comprehensive, formal system to serve all individuals with TBI through a person-centered and self-directed philosophy.*”

Currently, the State serves about 90 people per year through a Global Commitment to Health 1115 Medicaid Waiver funded TBI program for people with moderate to severe brain injury at a cost of about \$5.6 million dollars. Additionally, the Brain Injury Association (BIA) of Vermont maintains one Neuro-resource Facilitator (NRF) that serves the general population of individuals with TBI and families through a toll-free helpline, information and referral as well as traveling throughout the state to provide trainings to various stakeholders. The BIA originally created the NRF resource with previous federal grant funds with a focus on serving Veteran’s with TBI.

Though Vermont has developed a basic infrastructure to support a limited number of Vermonters with TBI using Medicaid funded supports and past federal grants, the data indicates that the current system is not adequate to meet the needs of all Vermonters with TBI.

- Vermont’s total population is 621,000
- The rate of TBI-related hospitalizations and ER visits is 788.3 per 100,000 residents
- TBI-related ER visits per year is 2,600
- About 70% of TBI patients are discharged home with little to no supports.

In 2017, the Brain Injury Association of Vermont (BIAVT) conducted a state wide needs assessment. Respondents identified being unsatisfied with the quality and availability of services in the following areas:

Survey Category	Unmet Needs (Top 3 responses)
Individuals with TBI	<ol style="list-style-type: none"> 1. The need for ongoing support/assistance (not time limited) 2. Access to TBI Screening/Neuropsychiatric Evaluation 3. Need for TBI Services for aging population (over age 50)
Family/Caregivers	<ol style="list-style-type: none"> 1. The need for ongoing support/assistance (not time limited) 2. Family/Caregiver Support 3. Access to TBI Screening/Neuropsychiatric Evaluation
Providers	<ol style="list-style-type: none"> 1. The need for ongoing support/assistance (not time limited) 2. Assistance to find and maintain housing 3. Individual and family counseling (TBI specialty)

The needs assessment also highlighted a gap in available case management or care coordination services designed to assist individuals with TBI who have some executive function needs around planning and organizing and life transitions.

In addition to the anticipated activities funded through this grant opportunity, Vermont plans to compliment the grant with continued non-grant funded activities. For example, the Vermont Global Commitment to Health 1115 waiver allows Vermont some flexibility in how long-term services and supports are delivered. Vermont is currently exploring ways to integrate TBI specialty services into the Choices for Care (CFC), Long -term Care Medicaid Program, so services are accessible to more individuals with TBI who have long-term needs at a higher level of care. Additionally, the State TBI program will continue to have a strong connection to Vocational Rehabilitation services to support individual employment and career goals. Serving individuals in their community with varying levels of support to meet a current need can create better outcomes for individuals by assisting them to maintain their optimal level of function, remain in the setting of their choice, maintain employment, avoid unnecessary Emergency Department visits or hospitalizations and support the quality of life and desired goals of the individual within their own community. The Lead State Agency will also continue to partner with the Children with Special Health Needs program administered by the Vermont Department of Health to address the health needs of children under the age of 18 with TBI. There is a desire to integrate TBI services for children age 16 to 18 into the current children's system of care, so families can experience improved care coordination for health services and in the educational system.

Though Vermont's long- term services and supports system embraces person-centered and self-directed principles as described in the Federal Home and Community-Based regulations, it is not a basic philosophy of all state Departments and stakeholders. As grant activities are developed and implemented, some anticipated challenges bringing the infrastructure to scale with a person-centered approach will be met by the hospital system and the Correctional system. While Vermont's hospitals are working on new strategies that emphasize the impact of social determinants of health in relation to health outcomes, they still fall short when it comes to applying person-centered principles when working with individuals during care transitions. Likewise, the Vermont Department of Corrections (DOC) has begun work to change the culture and philosophy of serving all Vermonter's with disabilities in their facilities. It is

anticipated that this shift is the most challenging for the Correctional Officers who work directly with the inmates in a system of penalty.

Goals and Objective

Vermont's objective is to build a sustainable and robust, person-centered system of care that is accessible and user friendly for individuals with TBI, their families and caregivers. To do this, the State must coordinate initiatives that combine both federal grant funds and State programs and system improvements via strong partnerships with key stakeholders. Building a sustainable system through grant funded and non-grant funded activities that link together is an approach that is well supported by the State of Vermont and the Lead State Agency's leadership. All proposed activities to be funded through the grant will be sustainable once implemented and it is Vermont's desire to become a mentor state in the future. With a sustainability plan in place, Vermont will strengthen and enhance the basic infrastructure and set the stage for continuous improvement, so Vermont can serve more individuals with TBI.

Vermont also values having a national connection to remain current on federal legislation and policy decisions as well and education and networking. The Lead State Agency is currently a member of the National Association of State Head Injury Administrators (NASHIA), participates in the valuable NASHIA annual conference and, through this project will expand connections with the other National Associations such as the Epilepsy Foundation. Just as a brain injury is often co-morbid with other physical and/or mental health conditions, so is the work among the many organizations that represent discrete populations. For example, brain injury is the number one cause of seizures, so the Epilepsy Foundation will be a participant in the grant activity work around person-centered planning and information and referral. This collaborative approach will help to break down the silos often experienced by individuals with co-morbidity and will improve care coordination.

In 2017 Vermont proudly received the [SCAN Foundation Pace Setter Prize](#) for being a proven national leader in providing accessible, affordable, quality Health and Long-Term Services and Supports (LTSS) coverage for its residents. Vermont has risen through the ranks in overall LTSS performance moving

from number twenty (20) in 2011 to number three (3) in 2017 in the [AARP LTSS Scorecard](#). Vermont was not alone in its efforts and greatly values its collaborations with national and local stakeholders who help make the work possible.

Person Centered Planning and Underserved Populations

Vermont has a history of working across statewide systems to support a person-centered and consumer-directed service delivery. The Lead State Agency administers both the TBI program and the Choices for Care, Long Term Care Medicaid Program (CFC) under the Global Commitment to Health 1115 Waiver. CFC was implemented in 2005 to rebalance the system to support individuals with physical disabilities to receive care in the setting of their choice. Because of this program, almost 60 percent (60%) of participants receive care in a home and community- based setting versus a nursing facility. Within this program individuals are offered consumer-directed service options, so the individual can act as an employer and hire caregivers of their choice. This program continues to serve as a model for developing self-directed service options within the state TBI program and other community supports.

In 2011 Vermont received federal grant funds to implement the Money Follows the Person (MFP) Grant. This grant has helped Vermont further supported the choice of individuals who wish to transition from a nursing facility back to their chosen community setting. Funds from this grant supported the elimination of identified barriers so individuals could find the housing and supportive services they needed, making a move back to the community a reality. The MFP grant also supported the development of Adult Family Care (Adult Foster Care) which is a home based 24/7 shared living option. Vermont has seen steady growth in individuals choosing this option, including individuals with TBI who do not have an unpaid or informal support system.

Vermont is excited to launch its partnership with the National Core Indicator- Aging and Disabilities for its Choices for Care and TBI program. NCI is a voluntary effort by states who want to track their own performance with other states. The core indicators are a standard measure across all participating states to assess outcomes of services provided to individuals and families. The indicators address key areas of

concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships.

While Vermont embeds person-centered principles and practices into its Medicaid funded long-term services and supports, Vermont's TBI system at large must be improved to support these principles of practice. Areas for improvement are described in the proposed grant activities.

Proposed Activities

Care Transitions

Individuals with TBI and their families require additional support with care transitions. This may be a transition out of the hospital to acute rehab, to sub-acute rehab or to home. The Brain Injury Association of VT (BIAVT) is a key community partner to ensure individuals with TBI and their families have information and appropriate referrals to support care transitions. The BIAVT was a core partner and participated in Vermont's Aging Disabilities Resource Connections (ADRC) initiatives to provide people of all ages, disabilities, and incomes with the information and support they need to make informed decisions about long term services and supports. While ADRC grant funding is no longer available to the BIAVT, they have been able to maintain support to individuals and families via their toll-free helpline. According to the most recent State Needs Assessment conducted by the BIAVT, many individuals and families are not aware that they can call the BIAVT toll free helpline to find out about state programs and community resources available for support. Grant funds will be used for marketing and outreach of the BIAVT toll free helpline. Marketing will be managed by the BIAVT and targeted to the general public through media and social media sources, and will occur as outreach to the Case Management and Social work Departments at Vermont Hospitals, the Urgent Care Agencies, Acute Rehab Centers and Sub-Acute Rehab facilities, as well as the other core ADRC partners (Area Agencies on Aging, VT Center for Independent Living, VT Family Network and 211). Digital marketing materials (a toolkit) will be created for the targeted hospitals/agencies to share or print for individuals and families to use and have during the care transition. An audio/visual recorded training with subtitles will be part of the toolkit and can be used

as there is staff changeover among various stakeholders. The toolkit will include information about the BIAVT help-line, person-centered planning, support groups, state programs and other important community resources to support individuals with TBI and families/caregivers.

The toll-free helpline makes the BIAVT the primary point of contact for all individuals who have entered the health care system with a TBI and are planning a transition back to their community. Through prior ADRC partnership work the BIAVT participated in a care transitions pilot. Through this pilot a “triggers” list was developed for hospitals and other agencies to use as a guide to identify when an individual should be referred to the BIAVT for assistance with a care transition. This will be included in the toolkit. The BIAVT has embedded person-centered principles and planning when working with individuals and families who call the helpline. They ensure that individuals identify their needs and goals to ensure appropriate referrals and support. The BIAVT shares a database with the State Department of Disabilities, Aging and Independent Living (DAIL), which will enable them to track individuals who call the helpline, their identified needs and goals, and what information/referral options were provided to them. This system will allow the BIA to report out on specific data elements once identified as this activity is developed.

Enhanced Surveillance

The Vermont Department of Health (VDH) is a key partner for the surveillance of TBI in Vermont. Currently the VDH receives data from three data sources: 1) Statewide Incident Reporting Network, 2) Vermont Uniform Hospital Discharge Data Set, and 3) Vermont Vital Statistics. This surveillance has given Vermont a picture of the prevalence of TBI among the population and can quantify the number of individuals hospitalized or using the ED for TBI related events.

The Grant Manager and the BIA will work with VDH to explore ways to improve TBI surveillance including ways to expand the number of stakeholders that report TBI surveillance data for individuals with TBI. The enhanced surveillance will help evaluate where prevention efforts and/or other services, education or outreach should be targeted.

The State Lead State Agency has started initial planning work with the BIAVT and VDH to explore expanded TBI surveillance. As the planning work is being completed, Vermont will also explore legislative authority that might strengthen required TBI surveillance. Vermont is also interested in exploring how surveillance data can be shared and used regionally (e.g. New England) or nationally to obtain more robust data via the use of data aggregation tools.

1. **Statewide Incident Reporting Network (SIREN)**. This is Vermont's pre-hospital electronic documentation database hosted by Inage Trend, Inc. All Vermont licensed ambulance agencies are required to submit electronic reports within one business day after responding to an incident.
2. **Vermont Uniform Hospital Discharge Data Set**. Vermont's acute care hospitals participate in the hospital data system that includes discharge data, outpatient procedures, services data and emergency department data. Records relating to Vermont residents are obtained from Massachusetts, New Hampshire and New York for a more accurate picture of the hospitalization of Vermonters.
3. **Vermont Vital Statistics**. A physician, physician assistant or advanced practice registered nurse is responsible for filing the death certificate, however this can be delegated to the funeral director. Once a death record is completed in the Electronic Death Registration System (EDRS), it is registered, and the death certificate is available to the town clerk for filing. The VDH also receives copies of certificates of all Vermont residents (birth and death) that occur in other states and in Canada. This system allows the VDH to do statistical analysis of vital events.

TBI Advisory Board

Vermont's TBI advisory board was first created in 2008 after the State was awarded a [Health Resources & Services Administration \(HRSA\) grant](#) in April 2007. The board now consists of 20 to 25 members including ex. Officio. A list of current members and vacancies are attached. Identified gaps in representation are from individuals with TBI and co-occurring needs and family members/caregivers.

The Lead State Agency and the Brain Injury Association of Vermont (BIA) will develop a plan to ensure compliance with 42 U.S. Code § 300d-52. The plan will focus on increased participation and representation of individuals with brain injury and individuals with co-occurring needs, family members/caregivers of individuals with brain injury and a more diverse representation of professionals. Vermont will review current members and vacancies to ensure there is a board in which representation

consists of 50% individuals with TBI and Family/Caregivers and 50% professionals and advocacy groups.

Once the Board membership is filled, the board will review the current mission and vision, By-Laws, and activities. It will continue to be the responsibility of the Advisory Board to make recommendations to the Lead State Agency about policies and practices that will improve the Vermont system of care for all individuals with TBI and their families.

Annual State Plan

The TBI Advisory Board will play a lead role in the development of the state plan. This will ensure that as the state plan is developed it is informed by the individuals and families that Vermont will support.

Development of the Annual State Plan:

1. Recruit new TBI Advisory Board members
2. Comprehensive review of services and supports
 - a. The Brain Injury Association of Vermont conducted a comprehensive needs assessment in late 2017 via a survey to individuals with TBI, families/caregivers and TBI service providers.
 - b. Brain Injury Association of Vermont (BIA VT) has compiled this data and will present the findings to the TBI Advisory Board.
3. Identify Unmet needs
 - a. Analysis of data from the BIA VT survey has identified unmet needs for services and supports in Vermont
4. Identify goals/objectives/activities to close the gap of unmet needs
5. Review ACL goals to ensure alignment
6. Identify outcome measures and method for ongoing data collection
7. Annual review schedule
8. Vermont public comment process as outlined by the Global Commitment to Health 1115 Waiver for additional feedback and amendments prior to finalizing the state plan.

In conjunction with analyzing the data from the needs assessment, the TBI Advisory Board will review the ACL goals to ensure that goals/objectives and outcome measures in the state plan are aligned

accordingly and that there is data collection plan and that it is reportable. In addition, the Advisory Board will review previous state plans and subsequent reports on their progress.

Underserved Population

Vermont operates seven State correctional facilities and serves an average of 1566 inmates daily (FY 2016). This grant funding opportunity will address gaps and help create a systems improvement project to support individuals with TBI in custody of the Department of Corrections. Currently, only national statistics are available through the Centers for Disease Control and Prevention (CFC) that show

“according to jail and prison studies, 25-87% of inmates report having experienced a head injury or TBI as compared to 8.5% in a general population reporting a history of TBI.” [Vermont State Statute 28](#)

[V.S.A. § 907](#) defines when a Vermont inmate is designated as “Serious functional impairment” (SFI).

The statute requires that correctional facilities screen inmates for SFI designation. The designation applies to an inmate while they are in custody and includes individuals with a developmental disability, traumatic brain injury or other organic brain disorder, or various forms of dementia or other neurological disorders, as diagnosed by a qualified mental health professional, which substantially impairs the ability to function in the correctional setting. The statute defines “screening” as an initial survey, which shall be trauma-informed, to identify whether and inmate has immediate treatment needs or needs further evaluation.

To comply with this statute, the VT Department of Corrections (DOC) has partnered with Lead State Agency to create a system to find out if an adult individual has participated in any of VT Long Term Services and Support (LTSS) Programs, including the State TBI Program. The DOC will soon have access to an existing electronic database for a more efficient process of identifying program participation. If an individual has participated in an LTSS program, they are then given the SFI designation while incarcerated. This designation is then shared with the correctional staff, so staff may provide appropriate individualized interventions for behaviors when managing a “flagged” inmate.

Vermont has identified that there is still a lot of work to be done to improve the system of support for individuals with TBI while incarcerated, including re-entry back into the community. Vermont has looked to Colorado for guidance regarding best practices for the implementation of screening, training needs and lessons learned. Vermont would use grant funds to plan and implement routine TBI screen upon admission to corrections, build TBI training into the one-day mental health training at the Correctional Academy, develop a peer support and self-advocacy curriculum for inmates and those on probation and build upon the existing relationship the University of Vermont to do a secondary screening for individuals who are positive for TBI on the initial screening. Vermont has identified an evidence-based screening tool to be used - Ohio State University Traumatic Brain Injury Method (OSU TBI ID). The goal of additional TBI training and screening is to make traditional interventions in the correctional facility more person-centered and effective by identifying when individuals have had a TBI. Colorado has demonstrated that having an educational curriculum for inmates and paroles helps individuals have a better understanding of their TBI and needs. Outside of the grant funding, Vermont has been exploring ways to incorporate person-centered planning for individuals with TBI as they transition back into their communities from the correctional facility to improve support and prevent recidivism.

Trust Fund

A TBI Trust Fund was set up at the end of the 2008 legislative session dedicated to filling the gaps in services and support for people with brain injuries and to develop programs designed to reduce the incidence of brain injury in Vermont. The Brain Injury Association of Vermont (BIA-VT) proved the success of this approach by piloting a Neuro-Resource Facilitation Program for injured veterans, but one-time funds were used, and ongoing sustainable funding has not been addressed. Twenty other states have established funds for similar purposes and have created sources of revenue appropriate to the challenges faced by individuals with Traumatic Brain Injury, many of whom have been injured in motor vehicle accidents. Vermont will continue to explore legislative options (outside of the scope of this project) to

ensure funding for the trust and that the revenue is directed support people with TBI and/or innovative services

Outcomes

The following table outlines the key objectives and outcomes that Vermont expects to achieve throughout the three-year grant period.

	Objective	Outcomes
1.	Enhance Current TBI Surveillance	1. VT will increase the number of stakeholders who report TBI population level data to the VT Department of Health.
3.	Improve Care Transitions	<ol style="list-style-type: none"> 1. VT will create a process for using the reportable information for referral, outreach and education to individuals with a TBI and family. 2. VT will develop a toolkit (online resource) for hospitals and rehabilitation centers to use as a guide to support individuals with TBI during the transition back to the community-match with services and supports to meet current care needs. 3. VT will track and do outreach and education to key stakeholders. 4. VT will survey discharge planners at hospitals and rehabilitation centers to determine the effectiveness of the online toolkit. 5. VT will survey individuals with TBI and families who had a care transition to evaluate their experience. 6. VT will use information from the surveys (#5 & #6) to create an improvement plan based on results.
4.	TBI Screening in Correctional Facilities	<ol style="list-style-type: none"> 1. VT will develop and implement training on how to use the identified TBI screening tool. 2. VT will develop and document the process for using a TBI screening tool with individuals entering the Correctional Facility. 3. VT will track the # of health services staff trained to use the screening tool. 4. VT will track the # of individuals screened. 5. VT will track the # of individuals who screened positive for TBI. 6. VT will track the # of individuals who screen positive for TBI and then who had a subsequent diagnosis of TBI.
5.	Person-Centered Interventions and education in Correctional Facilities	<ol style="list-style-type: none"> 1. VT will work with Correctional Officers, Health Services Staff and inmates to develop and implement person-centered training and TBI education targeted to meet the needs of each identified group. 2. VT will track # of insults on inmates with TBI and # of insults on staff by an inmate with TBI pre and post- training to determine if there has been a positive impact. 3. VT will track recidivism of individuals who screened positive for TBI. 4. VT will create a plan to incorporate TBI training into the Core Correctional Officer Training at the Academy.
6.	TBI Advisory Board	<ol style="list-style-type: none"> 1. VT will have 50% of the advisory board representation made up of individuals with TBI and co-occurring needs and family/caregivers 2. The VT TBI Advisory Board will meet regularly according to a specified schedule.

		3. The VT TBI Advisory Board will develop and implement the TBI Annual State Plan and will work with the Lead Agency to track and monitor the identified outcomes. .
7.	TBI Annual State Plan	1. VT will have an Annual TBI State Plan implemented in year three (3) of this project.

Mentorship and Technical Assistance

Vermont welcomes partnership with mentor state (s) and sees value in working with states that have had experience and have lessons learned with activities that Vermont intends to focus on. Vermont would welcome partnering with states that the ACL identifies as a good match and would intend to have regular contact with the mentor state to receive guidance and feedback on plans related to the various activities the grant supports. Vermont has already reached out to Colorado regarding the work they have done to support individuals with TBI in the correctional system and during transition back to the community. We have received valuable information regarding the screening, interventions, evaluation and lessons learned.

Organizational Capacity and Project Management

The Lead State Agency for this project is the Department of Disabilities, Aging and Independent Living (DAIL). DAIL’s mission is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence. The Department has five divisions which include the Developmental Disabilities Services Division, Division for the Blind and Visually Impaired, Division of Vocational Rehab and Assistive Technology, Division of Licensing and Protection and the Adult Services Division.

The [Adult Services Division \(ASD\)](#) will be the “Lead State Agency” for this project. The ASD is responsible for the administration of Vermont’s Older Americans Act funding and all Medicaid funded long term service and support programs for adults who are aging or live with a physical disability. The ASD staff have extensive experience in supporting choice, flexibility, person -centered principles and supporting self-direction and has a long history of partnering with stakeholders to support initiatives and is well poised to carry out the proposed activities for this project. The Lead State Agency plans to recruit

ACL: TBI State Partnership Grant Funding Opportunity Narrative- Vermont

a half-time (50% FTE) Grant Manager who will report to the ASD Quality and Provider Relations Director and will receive additional support from the State TBI Program Lead.

Day to day responsibility for project leadership, monitoring, report preparation and communication with project partners and the ACL will be a collaborative effort between the Lead State Agency, the Grant Manager and the designated lead person identified for partner agencies for each activity. The project leads for partner agencies for each activity will be key to the involvement of the individuals with TBI who are served by their agency or organization, as well as the partnership of other appropriate identified organizations. These partners may include, but are not limited to, the Vermont Center for Independent Living, Disability Rights Vermont, Office of the Health Advocate etc.

DAIL and contractual partners support culturally and linguistically competent services that is reflected in [Vermont's Limited English Proficiency Policy](#). Individuals participating in the grant activities will be offered language assistance based on need, at no cost to them. The Lead State Agency will also ensure that print and multimedia materials and signage are language appropriate and easy to understand.

The Brain Injury Association of Vermont (BIA) has a mission to create a better future for Vermonters with brain injury and their families through prevention, education, advocacy and support. The vision is to bring Vermont to a place where brain injuries are prevented and those who already have a brain injury can get all the help they need. The BIA currently has a Board of Directors, Executive Director, Neuro-resource Facilitator, an office Administrator and Intern.

A key partner in carrying out activities for an underserved population is the Vermont Department of Corrections (DOC), Health Services Division (HSD). The positions within this division include a Health Services Administrator, Assistant Director of Health Services, Director of Nursing, Chief of Mental Health, Contract Compliance and Quality Assurance Administrator and Program Technician. HSD and its contractor have the capabilities and capacity to partner with DAIL in the grant-funded activities.

The Vermont Department of Health (VDH) has many programs and initiatives to help Vermonters live fuller, healthier lives from birth through old age with a focus on prevention and promoting healthy behaviors. They use information from registries to improve health services, inform health outreach programs, allocate health resources and engage partners in the public health community toward the larger goal of improving the health of all Vermonters. For example, VDH continually tracks and reports on the health status of Vermonters, health risks and behaviors, and progress toward meeting [Healthy Vermonters 2020](#) goals. The VDH has the expertise to partner with DAIL and the Brain Injury Association of Vermont to explore ways to enhance TBI surveillance for this grant.

The End

Thank you very much for your consideration of Vermont's TBI State Partnership Grant application.

ATTACHMENT A

Vermont TBI Advisory Board Members

MEMBERS

Agency Name

Bancroft, Marsha	Disability Rights Vermont
vacant	VT Center for Independent Living
Becker, Charles	Disability Rights Vermont - Staff Attorney
Campbell, Patty	Family Member
vacant	VNAs
Morgan, Bill ***	Individual with TBI
Burke, Robert	Vermont Office of Veterans Affairs
Squirrell, Trevor ***	BIAVT
Wargo, Lorraine ***	Family Member / DAIL
Winters, Barbara	BIAVT
vacant	UVM Medical Center
vacant	TBI Provider
Hameline, Dawn	OT - UVM Medical Center
vacant	Education
vacant	Aging - AAA
Kelly, Nathalie	Individual with TBI
Butler, Audrey	Epilepsy Foundation of Vermont

CONSULTANTS

Black, Deborah	Plainfield Heath / CVH
Burke, Emma	Head Injury Stroke Independence
Dague, Bryan	UVM Supported Employment Consultant
Sharonlee Trefry	VT Dept. of Health
vacant	VT Agency of Education
Lamoureux, Denise	Refugee Resettlement Coordinator
Patch-Crandall, Susan	Individual with TBI
vacant	Prevent Child Abuse Vermont

vacant	VT Network Against Domestic Violence
Simpatico, M.D., Thomas	UVM - Director of Public Psychiatry
Tatiana Lamia, MD	VAMC -Chief of SCI, TBT. Amputation Care
vacant	Criminal Justice

EX OFFICIO (DAIL)

vacant	Developmental Services
Camille George	Deputy Commissioner - DAIL
Andre Courcelle ***	ASD - Quality & Provider Relations
Sara Lane	TBI Program Supervisor
Linda Young	Vocational Rehabilitation

Standing Committees

Concussion Task Force

Barb Winters	BIAVT staff
Chrissy Keating	UVMMC - Injury Prevention - Safe Kids VT
Jon Gilmore	Maple Leaf Clinic
Kristin Gehsmann, Ed.D	Associate Professor of Ed. - St. Michaels College
Deborah Hirtz, MD	Prof. Neurological Sciences & Pediatrics/UVMMC
Sue Zamecnik	DAIL - VR transitions counselor/ BIAVT board
Matt Gammons	VtOC / RRMC/VPA Sports Med.
John Feenick	Castleton State, Dept Chair - Phys. Ed.
Andre Courcelle	VT Dept. of Aging and Independence
Sonja Crowe	Green Mountain Support Svs. - BI Prog. Mgr.
Reese Boucher	Castleton - AT Program Dir.
Rebecca Louko	PT/OT Superv. - UVMMV - Out-Patient Therapy
Karen Harlow	Essex Junction HS - School nurse
Jocelyn Bouyea	School Nurse - Shelburne Middle School
Bill Frey	Psychologist - Private Practice
vacant	DOE
Danielle Kent, SLP	SLP - Central Vermont Medical Center
Aimee Pascale	Assistant Professor - ATC - Lyndon St College
Lauren Prinzing, MPH, CPH	CSTE Fellow / VT Dept. of Health

Trevor Squirrell	BIAVT staff
Sharonlee Trefry	DOH-State School Nurse Consultant

Veterans

Joe Nusbaum - Chair	TBI Advisory Board Ex Officio
Andre Courcelle	TBI Advisory Board Ex Officio
Bruce Fowler	Individual with TBI / Veteran
Robert Burke	TBI Advisory Board Member
Sue Zamecnik	DAIL - VR / BIAVT Board

Needs Assessment

Lorraine Wargo	TBI Advisory Board Member
Trevor Squirrell - Chair	TBI Advisory Board Member
Patricia Campbell	TBI Advisory Board Member
Joe Nusbaum	TBI Advisory Board Ex Officio
Andre Courcelle	TBI Advisory Board Ex Officio

Steering (7)

Lorraine Wargo	TBI Advisory Board Member
Trevor Squirrell	TBI Advisory Board Member
Bill Morgan	TBI Advisory Board Member
Andre Courcelle	TBI Advisory Ex Officio

ATTACHMENT B

Vitae- Bio Sketches

Andre R. Courcelle

Quality & Provider Relations Program Director- State of Vermont

Department of Disabilities, Aging and Independent Living

Mr. Courcelle has over fifteen (15) years of experience in both the private and public sectors working with people with traumatic brain injury and disabilities. His human service experience includes administration, program management, financial, program planning, implementation, staff supervision, case management, and direct support across a variety of home and community-based programs which still provide needed support for individuals today. Mr. Courcelle's skills and understanding of TBI and community -based programs will serve him well in the successful implementation of this grant.

Vacant

Traumatic Brain Injury State Partnership Grant Manager- State of Vermont

Department of Disabilities, Aging and Independent Living

Development, coordination, collaboration, and planning work for the Traumatic Brain Injury (TBI) program Adult Services Division. Duties involve coordination and execution of all Implementation Grant activities, financial management of grant funds, quality assurance, submission of required reports, and ensuring accurate and comprehensive collection of information. Extensive collaboration with other Departments, with advocacy groups, and with health care organizations will be required. Must have considerable knowledge of traumatic brain injury and disability issues and knowledge of principles of person-centered planning and self-direction. Duties are performed under the general direction of the Quality and Provider Relations Director.

Sara Lane, BSN, RN

Traumatic Brain Injury Program Coordinator– State of Vermont

Department of Disabilities, Aging and Independent Living

Ms. Lane has 20 years of nursing experience which have included clinical work in Vermont's only Level I Trauma Center, University of Vermont Medical Center working with individuals with psychiatric illness, as well as Vermont State Government for 5 years in community public health and over 10 years with the Department of Disabilities, Aging and Independent Living. Ms. Lane brings to this project knowledge of services and supports for various disabilities, including TBI services and supports, TBI Clinical knowledge, and experience in co-occurring disorders, such as Mental Health and Substance Abuse. Her role will be to work closely with the

Partnership Grant Manager through direct Consultation as well as participation regarding grant objectives.

Trevor J. Squirrell

Executive Director – Brain Injury Association of Vermont

Mr. Squirrell has over 25 years of experience in both the business and non-profit sectors.

In addition to his experience consulting in the telecommunications industry he has created five non-profit organizations. His administrative, fiscal, public relations, grant writing, fund raising, advocacy, program development, and staff management experience have helped create sustainable organizations which are all currently operational. Mr. Squirrell's skills at forging partnerships and program development will serve him well in the successful implementation of this grant.

Barb Winters

Neuro Resource Facilitator- Brain Injury Association of Vermont

Ms. Winters has been involved in the brain injury community since 1999, when she was a founding member of the Brain Injury Association of VT (BIAVT). She has a BA in Adult Education, an AS in Occupational Therapy and is a nationally certified Brain Injury Specialist Trainer. She has worked as an Occupational Therapy professional in school and skilled nursing facility facilities. From 2001-2008 she operated a brain injury consulting service in the community, in which she provided case management services. She joined the staff at the BIA in 2009 to coordinate a program funded by a federal grant. She supervised staff and was responsible for reporting on grant objectives. Ms. Winters has done hundreds of presentations/trainings on the subject of brain injury sequelae, treatment and prevention.

Ben Watts

Chief, Vermont Corrections Health Services Administrator

Ben Watts, MBA, is the Health Services Administrator for the Vermont Department of Corrections (DOC). Ben provides oversight of and direction to the comprehensive health services system for inmates. Particular areas of expertise include policy development and performance-based contracting for correctional jurisdictions. Ben provides technical assistance and consultation to the DOC, Agency of Human Services, community-based provider organizations, the National Governor's Association, and others on "best practices" for addressing the unique healthcare needs of justice-involved individuals.

Job Descriptions

TRAUMATIC BRAIN INJURY GRANT MANAGER

Vacant

Job Code: 556000

Pay Plan: Classified

Pay Grade: 23

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date: TBD

Class Definition:

Development, coordination, collaboration, and planning work for the Traumatic Brain Injury (TBI) program of the Adult Services Division at the Department of Disabilities, Aging and Independent Living. Duties involve coordination and execution of all Implementation Grant activities, financial management of grant funds, quality assurance, submission of required reports, and ensuring accurate and comprehensive collection of information. Extensive collaboration with other Departments, with advocacy groups, and with health care organizations will be required. Duties are performed under the general direction of the Adult Services Division Quality and Provider Relations Program Director.

All employees of the Agency of Human Services perform their respective functions adhering to four key practices: customer service, holistic service, and strengths-based relationships and results orientation.

Examples of Work:

Carry out all administrative functions of the Project Implementation grant including: ensuring that all state and federal financial and progress reporting requirements are met in a timely manner; supervision of all contracts and consultants; liaison with project collaborators; coordination of public education and trained workforce activities; staffing the Advisory Board and the Steering Committee; and supervision of the administrative assistant. Review of progress reports and communications received from grant collaborators. Collaboration and coordination with: individuals with TBI and their families, State agencies, the Federal government, public, private, non-profit providers, advocacy groups, and key elected officials. Extensive fieldwork will be required. Work quality and progress will be monitored through completion of grant goals, objectives, and activities (as well as any outcome measures that apply), submission of required reports, regularly scheduled meetings with the Project Director, TBI Steering Committee, and the TBI Advisory Board. A significant in-kind requirement is attached to this Grant. This position must develop tools and a database to track and accomplish this requirement. Maintaining oversight of approved grant to ensure compliance with applicable laws, regulations, reporting requirements, evaluation procedure, and budget; prepare summary report and conduct grant closeout procedures as necessary; perform other related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. In-State travel may be required, for which private means of transportation must be available.

Minimum Qualifications

Knowledge, Skills and Abilities:

- Considerable knowledge of traumatic brain injury and disability issues.
- Considerable knowledge of principles of self-direction and person-centered planning
- Considerable knowledge of program evaluation and compliance monitoring procedures.
- Considerable knowledge of principles and practices of program planning.
- Ability to evaluate grant project accomplishments in relation to project goals, activities, and timelines.
- Ability to prepare grant reports including related budget.
- Ability to communicate effectively in oral and written forms.
- Ability to learn applicable federal and state rules, regulations, and procedures.
- Ability to prepare grant reports including related budget documents.
- Ability to establish and maintain effective working relationships.
- Working knowledge of state fiscal procedures.
- Ability to perform job duties within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience:

Education: Associates degree with at least three years' work experience working with traumatic brain injury and disability issues, which has included administrative, training and grant management responsibilities.

OR

Bachelor's degree with at least one year work experience working with traumatic brain injury and disability issues, which has included administrative, training and grant management responsibilities.

Special Requirements:

Candidates must pass any level of background investigation applicable to the position. In accordance with AHS Policy 4.02, Hiring Standards, Vermont and/or national criminal record checks, as well as DMV and adult and child abuse registry checks, as appropriate to the position under recruitment, will be conducted on candidates, with the exception of those who are current classified state employees seeking transfer, promotion or demotion into an AHS classified position or are persons exercising re-employment (RIF) rights.

TBI QUALITY AND PROGRAM PARTICIPANT SPECIALIST (AKA Nurse Case Manager/Utilization Review Nurse II)

Sara Lane, RN

Job Code: 000075

Pay Plan: Classified

Pay Grade: 26

Occupational Category: Healthcare & Medical Practitioners

Effective Date: 05/15/2016

Class Definition:

Specialized nursing work at a professional level assessing, evaluating, documenting, and/or authorizing clinical service delivery. Areas may include: inpatient and outpatient services, Skilled Nursing Minimum Data Set (MDS), clinical procedures, durable medical equipment, high tech nursing services, in home care and/or holistic clinical case management, to support health and health outcomes and payment for services for individuals with a variety of complex health conditions. Setting is based upon agency of hire and may include office, facility or field-based work. Individual reports to nurse supervisor, manager and/or director and works closely with the Medical Director.

This class is distinguished from level I by supporting the management, coordination, planning, development and evaluation of services and recommendation for system improvements, based on trend analysis and recommendations, across all home or facility settings and via collaboration among various state partners, external partners and systems of care; while simultaneously facilitating proactive, appropriate and cost-effective service utilization

Examples of Work:

Participates in the development of processes and approaches to review services. Identifies strengths and areas of concern in service provision and provides direction to service providers for program improvement. Writes quality service review reports. Provides directives and recommendations to providers for improvement in a range of program areas. Participates in the certification and designation of new and existing aging and disability service providers. Analyzes service data, including consumer complaints, to identify trends, training needs or specific areas for improvement. Cross trains quality staff in all aspects of quality service reviews, certifications, and designation of new and existing aging and disability service providers. Implement, collect data, and monitor results of outcome measures for adult day and case management providers. Identify trends over time, across and within provider organizations. Engage direct communication with provider network on standards, process methods, and technical assistance. Provide feedback and present findings to the Program Director to inform recommendations for policy considerations and quality review processes. Leads the development and review of complaint tracking and critical incident reporting processes for purposes of tracking and trending problems in need of both immediate intervention and follow-up on needed system changes and/or improvement. Consults with providers regarding consumer eligibility and funding for aging and disability programs when questions arise. Identifies specific areas where further service development is needed within provider agencies and across the system of services for individuals with disabilities and elders. Analyzes and act upon consumer satisfaction survey

data. Reviews important incidents that occur in the community involving aging and disability consumers and assists in determining appropriate follow up. Works with other entities, including the Division of Licensing and Protection, when various circumstances warrant an investigation. Provides leadership and oversight for a range of aging and disability programs and agencies. Collaborate with aging and disability initiatives such as ADRC and Money Follows the Person (MFP) Adult Family Care home. Develops and manages contracts and grants, incorporating Results Based Accountability measures that align to agency and department mission. Gathers and analyzes program reporting. Consults with programs or agencies about state and federal funding and program requirements. Provides information to division, department and Agency of Human Services leadership about program and agency needs, policy changes to support those programs or agencies and to better meet the needs of consumers. Performs other related duties as required. Performs other duties as assigned.

Environmental Factors:

Work is performed both in a standard office setting and in the field for which private means of transportation should be available. Incumbents are subject to a variety of stressful situations while evaluating and improving support services for people with disabilities and aging adults. Work also involves regular interaction with provider and departmental leadership. Some work outside of normal office hours may be required.

Minimum Qualifications

Knowledge, Skills and Abilities:

- Considerable knowledge of the principles and practices of service and program planning, implementation, coordination, and evaluation.
- Considerable knowledge of principles and practices of disability issues and independent living as applied in community-based service programs.
- Considerable knowledge of long term care services in community-based settings for elders.
- Considerable knowledge of state and federal rules and regulations relating to disability and elder issues.
- Ability to accurately evaluate the medical, social and mental health needs of people with complex needs.
- Ability to understand the balance between health, wellness and protection of vulnerable people with the values of person-centered planning, self-determination and negotiated risk.
- Ability to express ideas clearly and concisely in oral and written form.
- Ability to present information and policy to the public and solicit the public's opinions.
- Ability to establish and maintain effective working relationships.
- Ability to conceptualize innovative and effective ways to achieve diverse goals and objectives.
- Ability to prepare detailed analyses of problem situations and implement practical and attainable solutions.
- Ability to develop consensus on issues, policies, and programs where strong differences of opinion exist.
- Ability to correctly interpret and apply regulations of considerable complexity.
- Ability to use Microsoft Office suite and department/provider database applications.
- Ability to perform job duties within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience: (see RN position description)

Registered Nurse (RN) or with at least (5) years or more of professional level experience in a human services program INCLUDING two (2) years or more working with people with disabilities or traumatic brain injury.

OR

Bachelor's degree in human services or a related field AND three (3) years or more of professional level experience in a human services program INCLUDING two (2) years or more working with people with disabilities or traumatic brain injury.

Special Requirements:

Candidates must pass any level of background investigation applicable to the position. In accordance with AHS Policy 4.02, Hiring Standards, Vermont and/or national criminal record checks, as well as DMV and adult and child abuse registry checks, as appropriate to the position under recruitment, will be conducted on candidates, with the exception of those who are current classified state employees seeking transfer, promotion or demotion into an AHS classified

QUALITY AND PROVIDER RELATIONS PROGRAM DIRECTOR

Andre Courcelle

Job Code: 486000

Pay Plan: Classified

Pay Grade: 28

Occupational Category: Human Services

Effective Date: 04/07/2013

Class Definition:

Managerial, administrative, policy development, and planning work to assure and improve the quality of disability and aging services for over 4000 seniors and adults with disabilities through the Department of Disabilities, Aging and Independent Living and served by Choices for Care (1115 Long-Term Care Medicaid Waiver) and related programs, in partnership with over 45 provider agencies delivering services for \$200M waiver budget. Work is typically performed under the general direction of the Division Director with wide latitude and need for independent action and judgment. Supervision is exercised over a small staff of professional and technical subordinates.

Examples of Work:

Serves as primary liaison to multiple provider and stakeholder groups focused on policy initiatives to strengthen Long Term Services and Supports (LTSS) in Vermont. May represent the Department Commissioner or Division Director before various professional and public groups.

Remains up to date with health care reform initiatives to anticipate impact and opportunity for the Vermont LTSS provider network as aligned to Agency and Departmental priorities.

Interacts with people with a wide range of disabilities and age-related physical/dementia challenges as well as multiple levels of staff at a wide range of agencies. Establishes an environment of continual improvement in quality review processes and procedures.

Assures Results Based Accountability measures as core value in provider relations.

Recommends LTSS goals, operational plans, and resources allocation to achieve maximum quality in service delivery system. Supervises professional and technical staff. May perform other specialized tasks as required.

Environmental Factors:

Duties are performed mainly in a standard office setting but with frequent need to attend and/or chair meetings in a variety of agency, state, and provider settings, occasionally involving evening, weekend, or other times outside of normal office hours. Travel is involved for which private means of transportation must be available. Balancing multiple priorities, the need for rapid response to legislative and agency inquiries, and immediate provider concerns can be assumed. Ever present is the need for thoughtful planning and implementation within a complex policy context.

Minimum Qualifications

Knowledge, Skills and Abilities:

- Considerable knowledge of the Vermont long term services and supports provider network and their participants, residents, families and caregivers.

- Considerable knowledge of regulations and standards that impact provider performance.
- Considerable knowledge of the principles and practices of service and program planning, implementation, coordination and evaluation.
- Considerable knowledge of the principles and practices of disability issues and independent living as applied in home and community-based service programs.
- Considerable knowledge of aging issues and long-term care services across a spectrum of home and community-based settings for elders and persons with disabilities.
- Considerable knowledge of and the ability to interpret state and federal rules and regulations relating to disability and elder issues.
- Considerable knowledge of Medicaid services that provide supportive services to elders and persons with disabilities.
- Considerable knowledge of the disability and elder care advocacy systems. Working knowledge of program planning and monitoring.
- Ability to establish and maintain effective working relationships including the ability to interact respectfully and professionally with a wide variety of people including families (under stress and duress), providers and other human service organizations.
- Ability to prepare detailed policy recommendations and implement practical and attainable solutions.
- Ability to develop consensus on issues, policies and programs where strong differences exist.
- Superior oral and written communication skills to prepare and effectively present complex and/or controversial issues.
- Supervisory ability to motivate teams and inspire excellence.
- Adept use of Microsoft Word, Excel, and Outlook, and technically proficient using various database systems.
- Ability to perform job duties within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience:

Bachelor's degree or higher in the broad field of human services or public administration AND six (6) years or more at a professional level in a human services program INCLUDING four (4) years or more dealing with services to elders/or people with disabilities AND experience with Medicaid programs.

OR

Eight (8) years or more at a professional level in a human services program INCLUDING four (4) years or more dealing with services to elders/or people with disabilities AND experience with Medicaid programs.

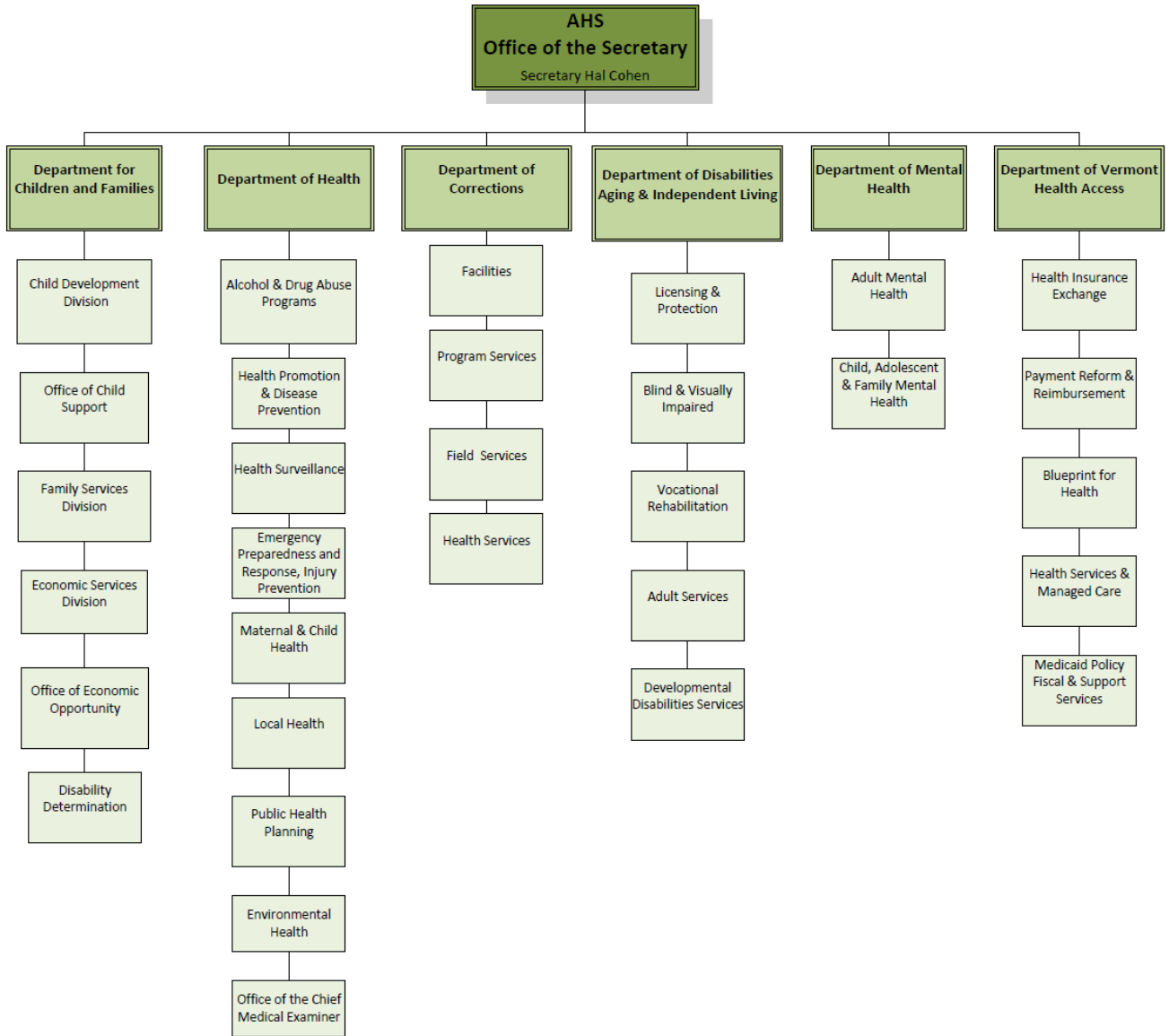
Preferred:

Master's degree.

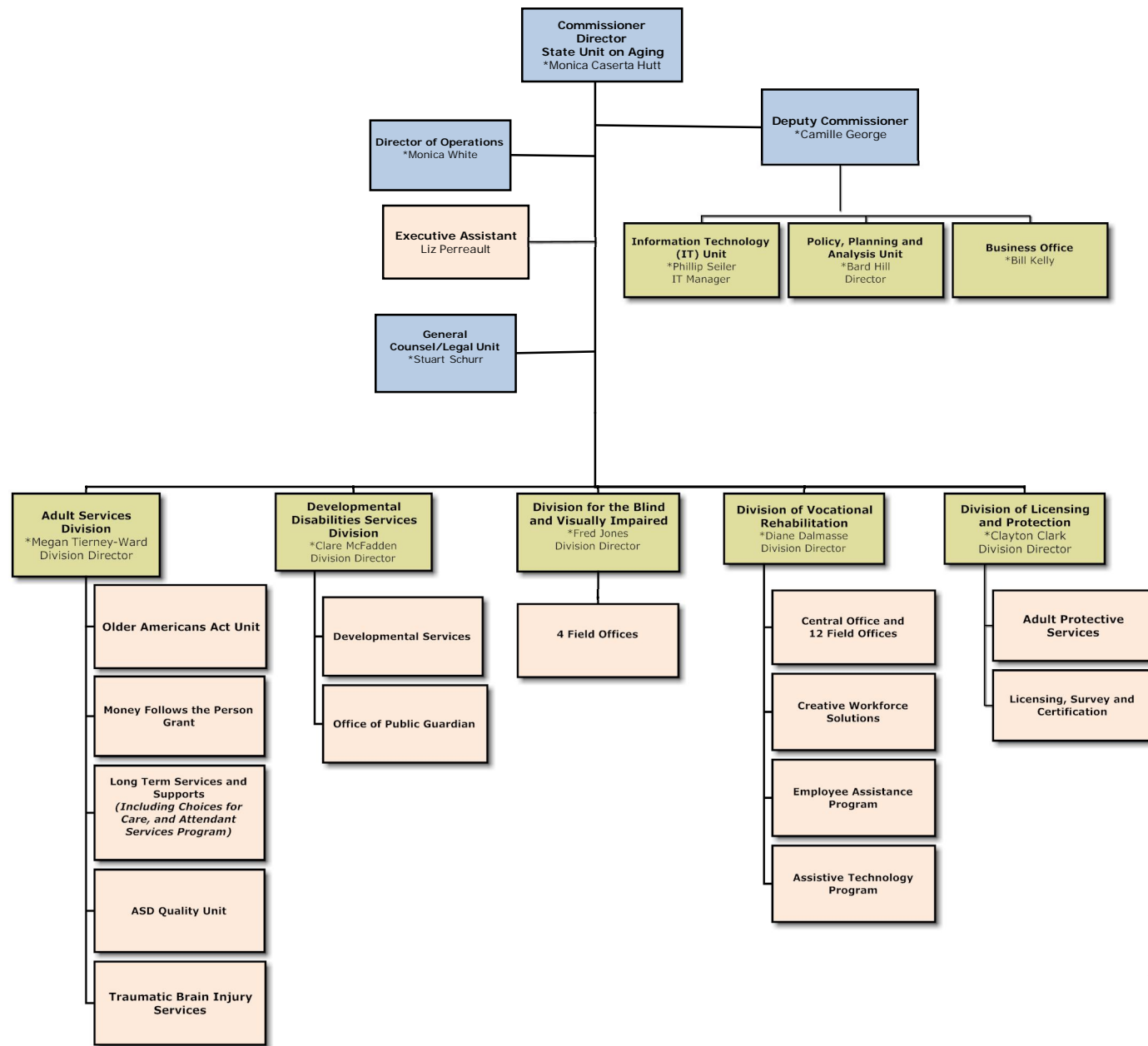
Nursing degree.

Work is performed independently and, in an office setting as well as in the field for which private transportation should be available.

Organizational Charts



Department of Disabilities, Aging, and Independent Living (DAIL) Organizational Chart State Unit on Aging (SUA)



As of 10/2/2017

* = Identifies contacts for DAIL Senior Leadership

**Department of
Disability, Aging &
Independent Living**
Commissioner
Monica Caserta Hutt

**Adult Services Division
February 2018**

**Adult Services
Division**
Division Director
Megan Tierney-Ward
760003

**Administrative
Services Coordinator**
Colleen Bedard
760147

**Money Follows the
Person Grant**
Project Director
Matt Corjay
760330

Rene Kaczka-Valliere
Senior Planner
760327
Katie Kenworthy
Quality Program
Specialist
760329

Jessica Dalley
Administrative
Assistant B
760326

**Quality &
Program
Management
Unit**
Quality & Provider
Relations Program
Director
Andre Courcelle
760254
Quality & Program
Participant Specialist
Stuart Sanghas
760185
Quality Outcomes
Specialist
Lisa Neveu
760275
Nurse Case
Manager/Utilization
Review Nurse II
Sara Lane
760199

**Long Term
Services & Supports**
Aging & Disabilities Program
Manager
Angela McMann
760135

**Choices for Care
Highest and High
Needs**
Paula Brown
**Aging & Disabilities
Program Supervisor**
761011
Long Term
Care Clinical
Coordinators (LTCCC)
Julie Bigelow/
Pam Brainard
Job Share
LTCCC 760279
Kate Dempsey
LTCCC 760286
Jeanne Buley
LTCCC 760278
Paulette Simard
LTCCC 760285
Brenda Smith
LTCCC 760287
Mary Scarborough
LTCCC 760280
Lorraine Wargo
LTCCC
Williston/Temp/Float

**Choices for Care
Highest and High
Needs**
Mary Woods
**Aging & Disabilities
Program Supervisor**
760256
Long Term
Care Clinical
Coordinators (LTCCC)
Celine Aprilliano
LTCCC 760284
Stephanie Clarke
LTCCC 760281
Carol Wakeley
LTCCC 760277
George Jurasinski
LTCCC 760325
Maura Krueger
LTCCC 760283
Chris Malone
LTCCC 760294
David O'Vitt
LTCCC 760168

Deb Coutu
Nurse Administrator I
760325

Debra Currier
Transition
Coordinator
760323

Teresa Nelson
Transition
Coordinator
760328

Herman Fossi
Transition
Coordinator
760324

**Attendant Services &
Consumer Directed Services**
**Choices for Care
Moderate Needs Services**
Mary Collins
Independent
Living Services Consultant
760148

Older American Act
Project Director
Angela Smith-Dieng
767007

State Unit Operations Team Leader
Mary Woodruff
760177

Elder Substance
Abuse Policy and
Operations Manager
Charles Gurney
765008

Aging & Disabilities
Program Admin
Tiffany Smith
760005



PO Box 482 - Waterbury, VT 05676 ♦ 877-856-1772 ♦ support1@biavt.org ♦ www.biavt.org

March 27, 2018

Dana Fink
Project Officer
U.S. Department of Health and Human Services
Administration for Community Living
330 C St. SW
Washington, DC 2021

Subject: Letter of Support for Vermont TBI Grant Application

The mission of the Brain Injury Association of Vermont (BIA-VT) is to create a better future for Vermonters with brain injury and their families through prevention, education, advocacy and support. The BIA-VT became a 501(c)3 non-profit organization in 1999 with a vision to bring Vermont to a place where brain injuries are prevented and those who already have a brain injury can get all the help they need.

Our partnership with the Agency of Human Services, TBI Program is helping us to reach our mission and make our vision a reality. With grant funding, the BIA-VT will be able to expand services to serve the needs of individuals with TBI and those who assist them to make sure that they have access to up to date information regarding benefits, appropriate treatment, and community resources.

BIA-VT is uniquely positioned to provide expertise in the area of TBI. Continued collaboration with other state agencies and non-profit community partners will build awareness of TBI issues and a network of community supports.

Once again, the BIA-VT notes its strong commitment to the goals outlined in this grant application. If you have any questions regarding our role in the provision of assistance to those with brain injury and the people who work with them, please feel free to contact me directly.

Sincerely,

Trevor J Squirrell

Trevor Squirrell
Executive Director, Brain Injury Association of Vermont

State of Vermont
Department of Corrections
NOB 2 South, 280 State Drive
Waterbury, VT 05671-2000
www.doc.vermont.gov

[phone] 802-241-2442
[phone] 802-241-0000
[fax] 802-241-0020

Agency of Human Services

April 4, 2018

Re: Letter of Commitment for Traumatic Brain Injury State Partnership Grant Funding Opportunity

To Whom It May Concern:

I am writing to express my support for the Traumatic Brain Injury (TBI) State Partnership grant funding opportunity (HHS-2018-ACL-AOD-TBSG-0282) application for the State of Vermont to enhance its system of care for individuals with Traumatic Brain Injury.

The Vermont Department of Corrections (DOC) has a vision to be valued by the citizens of Vermont as a partner in prevention, research, management, and intervention of criminal behavior. Our mission in partnership with the community is to support safe communities by providing leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring offender accountability for criminal acts, and managing the risk posed by offenders. The DOC operates seven Correctional Facilities as well as eleven Probation and Parole offices across the state.

In support of the proposal submitted by the Vermont Department of Disabilities, Aging and Independent Living (DAIL), the Vermont DOC will implement an evidence-based screening for TBI upon entry into the correctional system.

The Vermont DOC shall contribute the time of its contracted healthcare staff to administer the evidence-based TBI screening. We will work collaboratively with DAIL and the Brain Injury Association of Vermont to ensure our goals are aligned with the goals of the grant proposal, including efforts to track and report on outcomes. We believe our support and commitment will significantly improve how individuals with TBI are identified and treated across healthcare systems in Vermont, and we look forward to working with you on this endeavor.

Sincerely,



Lisa Menard, Commissioner of VT DOC



Congress of the United States

Washington, DC 20515

March 28, 2018

Mr. Lance Robertson
Administrator and Assistant Secretary for Aging
Administration for Community Living
U.S. Department of Health and Human Services
330 C St., SW
Washington, DC 20201

Dear Assistant Secretary Robertson:

We write in support of the application submitted by the Vermont Department of Disabilities, Aging and Independent Living (DAIL) to the U.S. Department of Health and Human Services' Traumatic Brain Injury State Partnership Program (CFDA #93.234) for funding to enhance Vermont's support of individuals with traumatic brain injuries.

Over the years, DAIL has built an impressive track record of collaborating with other government departments and stakeholders throughout Vermont in providing high quality and much-needed services to Vermonters with traumatic brain injuries.

With the requested funding, DAIL and the Vermont Department of Health will develop a registry of traumatic brain injuries. This registry will enable improved outreach and referral services for individuals with traumatic brain injuries, and will allow the state to better evaluate where those services should be targeted.

In addition, DAIL will partner with the Brain Injury Association of Vermont to help individuals with traumatic brain injuries transition from hospitals and acute rehabilitation facilities back into the community. Increasing successful transitions will involve working closely with medical professionals, patients, and their families. Lastly, DAIL will screen individuals entering the correctional system for traumatic brain injuries, and provide further screening services for those who screen positive.

Thank you for giving this application the serious consideration it deserves. Please do not hesitate to contact us if we can provide further evidence of our strong support for this proposal.

Sincerely,



PATRICK LEAHY
United States Senator



BERNARD SANDERS
United States Senator



PETER WELCH
United States Representative



Formerly Vermont Protection & Advocacy
(800) 834-7890 (Toll Free)
(802) 229-1355 (Voice)
(802) 229-1359 (Fax)

141 Main Street, Suite # 7, Montpelier, VT 05602

EXECUTIVE DIRECTOR

Ed Paquin

SUPERVISING ATTORNEY

A.J. Ruben

STAFF ATTORNEYS

Lindsey Owen Babson

Zachary Hozid

INTAKE SPECIALIST/PARALEGAL

Marsha Bancroft

SENIOR INVESTIGATORS

Merry Postemski

Tina Wood

ADVOCATES

Linda Cramer

Jocelyn Hard

Clark Postemski

**COMMUNICATION SUPPORT
PROJECT**

Lynne C. Cardozo, Director

Amy Whitehorne

BUSINESS MANAGER

Donna Samson-Sprake

OFFICE MANAGER

Jennifer Le Scouezec

RECEPTIONIST

Lisa Fletcher

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Deb Charlea Baker

Charlie Crocker

David Gallagher

David Lacroix

Kirsten Murphy

Ericka Reil

Bonnie Stearns

Jesse Suter

Tom Van Meter

*DRVT is the **Protection & Advocacy System** for Vermont and our state's **Mental Health Care Ombudsman***

Dana Fink

Project Officer

U.S Department of Health and Human Services

Administration for Community Living

330 C St. SW

Washington, DC 2021

Disability Rights Vermont (DRVT), Vermont's protection and advocacy system pursuant to 42 U.S.C. 10801, 42 U.S.C. 15043. and 29 U.S.C. §794e, inter alia, and the Mental Health Care Ombudsman for the State of Vermont pursuant to 18 V.S. A. §7259, is in full support of Vermont's Department of Disabilities, Aging and Independent Living's application for HHS-ACL-AOD-TBSG-(Grant ID 300487) Traumatic Brain Injury State Partnership Program Partner State Funding.

DRVT has experience working with Vermonter's with TBI in our communities, correctional facilities, hospitals and residential facilities throughout Vermont. There is a clear need to improve knowledge of the frequency and severity of TBI within our population generally, as well as within sub-populations such as Corrections and residential placements.

There is also a clear need to augment capacity to support people with TBI to remain in the community, transition back to the community and avoid unnecessary restrictions on their liberty and ability to fully participate in everyday life. The DAIL proposal to include a focus on peer support and self-advocacy are especially important and visionary aspects of the application that deserve positive

Defending and Advancing the rights of people with disabilities.

Email at info@DisabilityRightsVT.org,

On the web: www.disabilityrightsvt.org

consideration from HHS.

To summarize, DRVT believes there is a strong and pressing need to develop the information and capacity needed to support and assist people with TBI in Vermont and that the DAIL grant proposal, if funded, will provide for important, impactful improvements for our citizens with TBIs.

Please do not hesitate to contact me for additional information at your convenience.

Sincerely,

A handwritten signature in blue ink that reads "Ed Paquin". The signature is written in a cursive style with a large, prominent "P".

Ed Paquin
Executive Director
Disability Rights Vermont

115 STATE STREET
MONTPELIER, VT 05633
TEL: (802) 828-2228
FAX: (802) 828-2424



STATE OF VERMONT
GENERAL ASSEMBLY
HOUSE COMMITTEE ON HUMAN
SERVICES

REP. ANN PUGH, CHAIR
REP. SANDY HAAS, VICE CHAIR
REP. FRANCIS MCFAUN, RANKING MEMBER
REP. THERESA WOOD, CLERK
REP. MARIANNA GAMACHE
REP. BRIAN KEEFE
REP. MICHAEL MROWICKI
REP. DANIEL NOYES
REP. KELLY PAJALA
REP. CARL ROSENQUIST
REP. JOSEPH "CHIP" TROIANO

March 22, 2018

Dana Fink
Project Officer
U.S. Department of Health and Human Services
Administration for Community Living
330 C St. SW
Washington, DC 2021

Dear Dana Fink:

The State of Vermont (VT), Department of Disabilities, Aging and Independent Living (DAIL) is filing an application with Administration for Community Living for the funding opportunity HHS-2018-ACL-AOD-TBSG-(Grant ID 300487) Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity. As Chair of the Vermont House Committee on Human Services, the committee of jurisdiction for policy issues in this area, I am writing this letter in support of Vermont's application.


ACL funding will be used to build on and enhance the basic infrastructure Vermont has in place to support individuals with traumatic brain injury (TBI). The state will accomplish this goal by partnering with various state departments and key stakeholders to plan, develop and implement sustainable infrastructure enhancements that embrace the principles of self-direction and person-centered planning to support individuals with TBI and their families/caregivers.

The infrastructure enhancements include, but are not limited to, partnering closely with the Vermont Department of Health, the Brain Injury Association of Vermont and the Department of Corrections. Work with the Vermont Department of Health includes enhancing traumatic brain injury surveillance and to develop a registry. The registry is a system that requires identified providers to report specific information to the Health Department regarding incidents of traumatic brain injury. This will provide enhanced surveillance and will be used to improve outreach and referral services for individuals with TBI and their families, as well as, to ensure adequate services are available and evaluate where prevention efforts and/or other services, education or outreach should be targeted. Work with the Brain Injury Association of Vermont includes marketing, outreach and support to individuals with TBI and families/caregivers to support care transitions from hospitals and acute rehab back into the community. Work with the Department of Corrections will support current efforts to implement routine TBI screen upon admission to corrections, build TBI training into the one-day mental health training at the Correctional Academy, develop a peer support and self-advocacy curriculum for inmates and those on probation and build upon the existing relationship the University of Vermont to do a secondary screening for individuals who screen positive for TBI on the initial screening. These

efforts will set the stage for transitional support back into the community and tie into other state efforts to ensure ongoing support to reduce recidivism.

Vermont is unique in its ability to partner across state agencies and non-profit community partners to better serve our citizens. The grant funded activities tie directly to non-grant funded activities around program and system improvements which will enhance the current infrastructure of the Vermont TBI system of care while enabling sustainability. This distinctive approach will build an infrastructure to support Vermonter's with TBI in their own communities. For these reasons, I strongly support this application for the ACL TBI State Partnership Grant.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Pugh". The signature is written in a cursive, flowing style.

Representative Ann Pugh
Chair, House Human Services Committee
Chair, Child Protection Oversight Committee

State of Vermont
Department of Health
Commissioner's Office
108 Cherry Street-PO Box 70
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Agency of Human Services

April 13, 2018

Dana Fink
Project Officer
U.S. Department of Health and Human Services
Administration for Community Living
330 C St. SW
Washington, DC 20201-0008

Re: HHS-2018-ACL-AOD-TBSG-(Grant ID 300487) Traumatic Brain Injury State Partnership Program
Partner State Funding Opportunity

The Vermont Department of Health is writing in support of the State of Vermont (VT), Department of Disabilities, Aging and Independent Living (DAIL) application for the Administration for Community Living for the funding opportunity **HHS-2018-ACL-AOD-TBSG-(Grant ID 300487) Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity.**

ACL funding will be used to build on and enhance the basic infrastructure Vermont has in place to support individuals with traumatic brain injury (TBI). The state will accomplish this goal by partnering with various state departments and key stakeholders to plan, develop and implement sustainable infrastructure enhancements that embrace the principles of self-direction and person-centered planning to support individuals with TBI and their families/caregivers.

Vermont is unique in its ability to partner across state agencies and non-profit community partners to better serve our citizens and ensure population health. This distinctive approach will build an infrastructure to support Vermonter's with TBI in their own communities.

For these reasons, I strongly support this application for the ACL TBI State Partnership Grant.

Sincerely,



Mark A. Levine, MD
Commissioner
Vermont Department of Health

