



Mailing Address
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295
Fax: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate *RB*

Date: August 29, 2007

Subject: Status of Grant Request

No Joint Fiscal Committee member has requested that the following item be held for review:

JFO #2296 – \$181,000 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration to the Department of Disabilities, Aging and Independent Living. These funds will be used to provide information, referral and assistance to persons with traumatic brain injuries, focusing on returning veterans.

[JFO received 07/30/07]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since this item was submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Linda Morse
Cynthia LaWare
Joan Senecal

From: "Jim Giffin" <Jim.Giffin@dail.state.vt.us>
To: <r buck@leg.state.vt.us>
Date: 8/13/2007 10:50 AM
Subject: Questions from Rep. Obuchowski re: JFO #2296

CC: "Steve Klein" <sklein@wpgate.leg.state.vt.us>, <obie@leg.state.vt.us>

Dear Representative Obuchowski
Please find below the information you requested.

Sorry for the delay.

Jim Giffin

Financial Services Director

Department of Disabilities, Aging, and Independent Living

241-2410

fax 241-1363

1) How will this grant interface with veterans organizations such as the Veterans of Foreign Wars and the American Legion (and other like organizations in VT) both on a subscription and knowledge or informational basis?

The partnership grant will collaborate with the Veteran's Administration, the State Office of Veteran's Affairs, as well as local Vet Centers through mutual trainings and outreach. The NeuroResource Facilitator will utilize the expertise of the Military Family Community Network, the National Guard Global War on Terrorism Outreach Specialist and the Veteran's Association pilot TBI Clinic staff in White River Junction. The Veterans of Foreign Wars and the American Legion will be included as distribution and contact points for information disbursement and outreach to family members and veterans.

2) How does this grant fit with the TBI initiative that was passed this year (Sec. 152a of Act 65--FY'08 Appropriations Bill)?

The TBI Initiative passed this year creates a study that will evaluate the needs of Vermonters with TBI, including veterans. This grant will use the information from the study and incorporate it into the activities of the grant. As the study is to be completed by December 15, It is anticipated that information resulting from the study will be used to frame some of the direction of this grant, depending on the study result.

3) Once the capacity has been developed in terms of veterans, how will we provide for continued services to be available both for ID purposes and those they need for day to day living?

The purpose of the grant is to be able to establish and be able to sustain a Neuro Resource Facilitation program as an existing system for all Veterans that will continue beyond the grant period. Throughout the grant, there will be emphasis on establishing a foundation and relationships with all VA partners, including Global War on Terrorism Specialists, the VA clinic, etc. This will result in the VA and other veterans organizations gaining more knowledge of local supports, services, and referral options for Vermonters with brain injury.

Lorraine M. Wargo, R.N.
Individual Support Unit Director
Department of Disabilities, Aging & Independent Living
103 South Main Street
Weeks Building, 2nd Floor
Waterbury, VT 05671

Phone: (802) 241-3186
e-mail: lorraine.wargo@dail.state.vt.us

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From: Rebecca Buck
To: Giffin, Jim
Subject: Questions from Rep. Obuchowski re: JFO #2296

Good morning Jim: Representative Michael Obuchowski has the following questions regarding JFO #2296 (\$181,000 DAIL TBI grant focusing on returning veterans):

- 1) How will this grant interface with veterans organizations such as the Veterans of Foreign Wars and the American Legion (and other like organizations in VT) both on a subscription and knowledge or informational basis?
- 2) How does this grant fit with the TBI initiative that was passed this year (Sec. 152a of Act 65--FY'08 Appropriations Bill)?
- 3) Once the capacity has been developed in terms of veterans, how will we provide for continued services to be available both for ID purposes and those they need for day to day living?
- 4) Per request of Rep. Obuchowski, I am sending a copy of the grant and cover memo to Sen. Ed Flanagan for his review and opinion. If/as additional questions arise from either Rep. Obuchowski or Sen. Flanagan, I will be in touch with you.

Please cc me on your response to Representative Obuchowski. Thanks. --Becky

CC: Klein, Steve; Obuchowski, Michael



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1 Baldwin Street
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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate *RB*

Date: August 2, 2007

Subject: Grant Request

Enclosed please find one (1) request which the Joint Fiscal Office recently received from the Administration:

JFO #2296 – \$181,000 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration to the Department of Disabilities, Aging and Independent Living. These funds will be used to provide information, referral and assistance to persons with traumatic brain injuries, focusing on returning veterans.

[JFO received 07/30/07]

The Joint Fiscal Office has reviewed this submission and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Rebecca Buck at 802/828-5969; r buck@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like this item held for committee review. Unless we hear from you to the contrary by August 16 we will assume that you agree to consider as final the Governor's acceptance of this request.

cc: James Reardon, Commissioner
Linda Morse, Administrative Assistant
Cynthia LaWare, Secretary
Joan Senecal, Commissioner

STATE OF VERMONT
GRANT ACCEPTANCE FORM

JFO#
2296

GRANT SUMMARY: Federal Public Health Service Act, Section 1252

FEDERAL CATALOG No.: 93.234

GRANTOR / DONOR: Federal Department of Health and Human Services (Health Resources and Services Administration)

DATE: June 29, 2007

DEPARTMENT: AHS / DAIL

GRANT / DONATION: The grant would assist DAIL in providing information, referral, and assistance to persons with traumatic brain injuries, focusing on returning veterans. DAIL advises that two personnel to operate this program will be transferred from another grant (JFC-2168-9/04), which is expiring.

AMOUNT / VALUE: Fiscal 2008: \$181,000. Fiscal 2009: \$182,000.

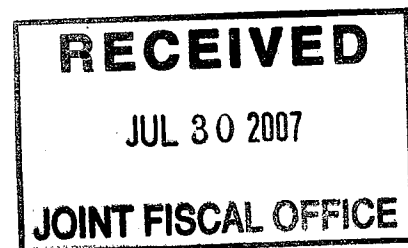
POSITIONS REQUESTED: No new positions. See discussion above.

GRANT PERIOD: Fiscal 2008 and 2009.

COMMENTS: See discussion above *TR*


DEPARTMENT OF FINANCE AND MANAGEMENT:
SECRETARY OF ADMINISTRATION
SENT TO JOINT FISCAL OFFICE:

(INITIAL) *T 118/07*
(INITIAL) *MS 7-18-07*
DATE: *7/30/07*



Commissioner's Office
103 South Main Street
Waterbury VT 05671-1601
Voice 241-2410

TO: TBI Grant Reviewers

FROM: Jim Giffin, Financial Services Director 

DATE: May 29, 2007

RE: Information pertaining to the attached grant

After the Department received the enclosed Traumatic Brain Injury Grant, Department staff and the Brain Injury Association of Vermont agreed that the timing was not correct for the BIA to take on the responsibilities outlined in the original grant proposal. Additionally, changes within the Veterans Administration affected their processes for screening Iraq returnees for potential brain injuries.

These changes necessitated a rewrite of the grant year one budget. Enclosed with the packet of information find a revised budget and the explanation submitted to the federal granting organization. We expect that the estimated budget and work plans for years two and three will also change once we initiate the year one activities. The current thinking projects the State staff in grant year 2 at $\frac{3}{4}$ time for the project manager and $\frac{1}{2}$ time for the administrative assistant. We estimate this time for grant year three at $\frac{1}{2}$ time for the project manager and 0 time for the administrative assistant.

I have not included any expenses for SFY07 since the Department does not anticipate approval until after June. The budget shown on the AA1 reflects an expected blend of the submitted grant year one budget and an estimate of a grant year two budget.



STATE OF VERMONT
 REQUEST FOR GRANT ACCEPTANCE
 (USE ADDITIONAL SHEETS AS NEEDED)

1. Agency: Agency of Human Services
2. Department: Department of Disabilities Aging and Independent Living
3. Program: Division of Disabilities and Aging Services
4. Legal Title of Grant: Public Health Service Act Dection 1252
5. Federal Catalog No.: 93.234
6. Grantor and Office Address 5600 Fishers Lane, Room 11A-16
 Rockville, MD 20857-0001
7. Grant Period: From: 04/01/07 3/31/2008

8. Purpose of Grant: (attach additional sheets if needed)
 Provide information, referral, assistance to persons with traumatic brain injuries focusing on returning Veterans.

9. Impact on Existing Programs if Grant is not Accepted:
 Families will continue to struggle with finding guidance and assistance on supporting a family member who has sustained a brain injury.

10. Budget Information:	(1ST State FY) FY 2007	(2nd State FY) FY 2008	(3rd State FY) FY 2009
EXPENDITURES:			
Personal Services	\$ -	\$ 65,000	\$ 50,000
Operating Expenses	\$ -	\$ 45,000	\$ 25,000
Grants			\$ 35,000
In Kind	\$ -	\$ 40,000	\$ 40,000
Indirect	\$ -	\$ 31,000	\$ 32,000
TOTAL	\$ -	\$ 181,000	\$ 182,000
REVENUES:			
State Funds:	\$0	\$0	\$0
Cash (using existing staff and grants)			
In-Kind	\$ -	\$ 40,000	\$ 41,000
Federal Funds:	\$ -	\$ 118,000	\$ 118,000
(Direct Costs)			
(Statewide Indirect)		\$10,000	\$10,000
(Department Indirect)	\$ -	\$13,000	\$13,000
Other Funds:			
State office of Veterans Affairs; staff time for meetings, training, & consultation			
TOTAL	\$0	\$181,000	\$182,000

Grant will be allocated to these appropriation expenditure accounts:	Appropriation No.	Amounts
	3460010000	-

Over

REC'D JUN 26 2007

11. Will grant monies be spent by one or more personal services contracts?

YES NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding.

x Patrick Flood

12a. Please list any requested Limited Service positions:

Titles	Number of Positions
DDAIL plans to transition two positions created by JFC 2168 (9/04) to this grant.	(9/04)
TOTAL	

12b. Equipment and space for these positions:

Is presently available in
 Can be obtained with available funds.

13. Signature of Appointing Authority

I certify that no funds have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant.

Patrick Flood
 (Signature) 5/29/07
 (Date)

COMMISSIONER
 (Title) SM
 (Date)

Signature of AHS Secretary

St. M. Goff
 (Signature) 6/26/07
 (Date)

Dep. Sec AHS
 (Title) SM
 (Date)

14. Action by Governor:

Approved
 Rejected

[Signature]
 (Signature) 7/20/07
 (Date)

15. Secretary of Administration:

request to JFO
 Information to JFO

[Signature]
 (Signature) 7.18.07
 (Date)

16. Action by Joint Fiscal Committee:

(Dates)

- Request to be placed on JFC agenda
- Approved (not placed on agenda in 30 days)
- Approved by JFC
- Rejected by JFC
- Approved by Legislature

(Signature)

(Date)

Riven, Matt

From: Bill Kelly [Bill.Kelly@dail.state.vt.us]
Sent: Tuesday, July 17, 2007 1:57 PM
To: Riven, Matt
Cc: Jim Giffin
Subject: Grant document

Matt,

The difference between the Year 1 budget document and the Year 1 total on the AA-1 is due to rounding.

As far as funding beyond year 3, when these federal funds are fully used/earned the project will end.

William R. Kelly
State of Vermont
Department of Disabilities, Aging and Independent Living
Business Office
103 South Main Street
Waterbury, Vermont 05671-2301

Phone: 802.241.2676
Fax: 802.241.1363
E-mail: bill.kelly@dail.state.vt.us

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7/17/2007



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

DIVISION OF DISABILITY AND AGING SERVICES

TRAUMATIC BRAIN INJURY PROGRAM

103 SO. MAIN STREET – WEEKS BUILDING

WATERBURY, VT 05671-1601

May 14, 2007

Sarah Morgan
HRSA/OFAM/DGMO
5600 Fishers Ln. RM 11A-16
Rockville, MD 20857-0001

Dear Sarah:

I write to request approval of a revision in the budget of our grant awarded on March 28, 2007, #H21MC07895. Several key stakeholders have experienced significant change since the proposal was submitted in December of 2006. The Veterans Administration is now mandated to screen for TBI, and part of this will be carried out by the Vermont National Guard's recently hired five Outreach Specialists. The Vermont Veterans Administration's plan to initiate a TBI clinic has been postponed and the TBI Program is being contacted regularly by veterans and staff at the Veterans Administration who seek information and resources for individuals with TBI. The TBI Program has a renewed appreciation for the complexity of the services available for veterans and the degree to which the services are not prepared to address the needs of individuals with TBI. Returning veterans face waiting lists, red tape, referrals to services that are a long distance from home, and a maze of paperwork that "wears down" the veterans and families in need until they give up. The Veterans Administration is clearly overwhelmed and struggling. The recent media and public attention to the issue of TBI and veterans increases the pressure for the TBI Program to respond adequately. A considerable amount of time will need to be spent in the first year providing training to veterans' service providers, and exploring ways to increase veterans' access to services for which they are eligible. The Brain Injury Association of Vermont is experiencing financial and human resource challenges that make it impossible to develop a Neuro-Resource Facilitation system in the immediate future. This new awareness and the other recent occurrences require adjustments be made to the original proposal.

The TBI Program anticipates spending this first year working on infrastructure building. Consistent with the Health Resources and Services Administration (HRSA) Objective Review Committee's recommendations, the TBI Program will also complete the evaluation plan, clearly define outcome measures including the number of people to be served and the predicted outcomes for those served, develop a plan to monitor and track project activities, and develop a plan for State oversight of the project in years two and three. In year one, the TBI Program proposes that the current TBI Implementation Grant Manager and the TBI Administrative Assistant positions begin to transition to meet the needs of this new grant. The two positions are currently funded through the TBI Implementation Grant that was awarded in 2004. In September 2007, the time and benefits for the grant manager and administrative assistant will change to 70% cost to the new grant, 30% cost to the current

implementation grant. This arrangement will end on March 31, 2008 when the current grant will close out. Beginning April 1, 2008 both positions will be funded entirely from the new grant. The expenses related to the project will not be contracted out as originally planned. Please see the attached budget for the new grant in Year 1.

Activities to meet the goals and objectives in the first year will include training to the Veterans Administration staff on the effects of and appropriate treatments for TBI, expansion of the TBI Provider network in Vermont, systems development to remove barriers to accessing services within the Veterans Administration, and protocols created to refer veterans to appropriate services. Veterans' service providers to be trained include mental health counselors, medical case managers, Vermont National Guard Global War on Terrorism Outreach Specialists, and primary care physicians. Many of these service providers work within the Veterans Administration while others work with Vet to Vet, Vermont Office of Veterans Affairs, or the National Guard. The Brain Injury Association of New Hampshire will act as consultants and train the medical case managers to provide Neuro-Resource Facilitation services. The development and dissemination of educational materials for returning veterans will assist with public outreach efforts.

Please feel free to call me at (802) 241-1456 if you would like to discuss our request. Thank you for your consideration.

Sincerely,

Erin Weaver
TBI Program Supervisor

cc: Jane Martin-Heppel
Kenneth Currier

1. DATE ISSUED: 06/27/2007		2. PROGRAM CFDA: 93.234		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52							
3. SUPERCEDES AWARD NOTICE dated: 03/28/2007 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>											
4a. AWARD NO.: 6 H21MC07895-01-01		4b. GRANT NO.: H21MC07895	5. FORMER GRANT NO.:								
6. PROJECT PERIOD: FROM: 04/01/2007 THROUGH: 03/31/2010											
7. BUDGET PERIOD: FROM: 04/01/2007 THROUGH: 03/31/2008											
8. TITLE OF PROJECT (OR PROGRAM): Traumatic Brain Injury Implementation											
9. GRANTEE NAME AND ADDRESS: VERMONT AGENCY OF HUMAN SERVICES 103 SOUTH MAIN STREET WATERBURY, VT 05671-0201			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Erin Weaver VERMONT AGENCY OF HUMAN SERVICES Division of Disability & Aging Services 103 S. Main St, Weeks 2 Waterbury, VT 05671								
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE a. Authorized Financial Assistance This Period \$ 118,600.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$ 0.00 ii. Offset \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 d. Less Cumulative Prior Award(s) This Budget Period \$ 118,600.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 0.00								
a. Salaries and Wages: \$ 31,466.00 b. Fringe Benefits: \$ 11,013.00 c. Total Personnel Costs: \$ 42,479.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 18,270.00 g. Travel: \$ 11,428.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 74,943.00 j. Consortium/Contractual Costs: \$ 0.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 147,120.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 30,782.00 q. TOTAL APPROVED BUDGET: \$ 177,902.00 i. Less Non-Federal Resources: \$ 59,302.00 ii. Federal Share: \$ 118,600.00			13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" data-bbox="792 919 1161 1003"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>02</td> <td>\$ 118,600.00</td> </tr> <tr> <td>03</td> <td>\$ 118,600.00</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	02	\$ 118,600.00	03	\$ 118,600.00
YEAR	TOTAL COSTS										
02	\$ 118,600.00										
03	\$ 118,600.00										
			14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$ 0.00 b. Less Unawarded Balance of Current Year's Funds \$ 0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00								
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [C] Estimated Program Income: \$ 0.00											
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program regulation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>											
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Electronically signed by Theda Duvall, Grants Management Officer on: 06/27/2007											
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1036000274A6		19. FUTURE RECOMMENDED FUNDING:							
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE						
07-3893065	93.234	H21MC07895A0	\$ 0.00	\$ 0.00	N/A						

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webext/na1/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Terms:

1. This NGA is issued to approve and accept the revised budget and revised workplan as submitted by Erin Weaver in the letter dated May 14, 2007.

All prior terms and conditions remain in effect unless specifically removed.

Contacts:

Program Contact: For assistance on programmatic issues, please contact Jane Martin-Heppel at:
HRSA/MCHB/DSCSHN
5600 Fishers Ln RM 18A-18
Rockville, MD 20857-0001
Phone: (301)443-2259
Email: Jane.Martin-Heppel@hrsa.hhs.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Sarah Morgan at:
HRSA/OFAM/DGMO
5600 Fishers Ln RM 11A-16
Rockville, MD 20857-0001
Phone: (301)443-4584
Email: smorgan1@hrsa.gov
Fax: (301)443-6686

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.

From: "Jim Giffin" <Jim.Giffin@dail.state.vt.us>
To: "Rebecca Buck" <rbuck@leg.state.vt.us>
Date: 7/30/2007 11:51 AM
Subject: RE: FW: Approved revised budget from Feds for PartnershipGrant

Becky,

The feds did not require one and we have not created one. Although we clearly are thinking about what to do next.

We will proceed with the grant tasks and revise/update as necessary with the feds once we receive JFC approval.

Jim

-----Original Message-----

From: Rebecca Buck [mailto:rbuck@leg.state.vt.us]
Sent: Monday, July 30, 2007 11:44 AM
To: Jim Giffin
Subject: Re: FW: Approved revised budget from Feds for PartnershipGrant

Jim --I've printed off the revised federal approval form. I already have a copy of the May request letter. In reading Erin's e-mail to you, I take it that a revised work plan and time table doesn't exist?

--Becky

>>> "Jim Giffin" <Jim.Giffin@dail.state.vt.us> 7/30/2007 11:13 AM >>>

Becky,

Attached is the new award letter we discussed.

Jim Giffin
Financial Services Director
Department of Disabilities, Aging, and Independent Living 241-2410 fax
241-1363

> _____
> From: Erin Weaver
> Sent: Monday, July 30, 2007 10:58 AM
> To: Jim Giffin
> Cc: Robin Castle; Adele Edelman
> Subject: Approved revised budget from Feds for Partnership Grant

>

>

> > <<Request to revise budget.doc>> > > <<NGA 06-27-07.pdf>> Hi Jim -

> > Attached is the request we sent to the Feds (with background
> > information) to revise our budget. I have also attached the revised
> > NGA that we received at the end of June. Other than the cover memo
> > that I have included here, the Feds did not require a revised work
> > plan with the submission of the revised budget. Thanks. Erin
> Erin E. Weaver
> Erin E. Weaver, CBIS
> TBI Program Supervisor
> Division of Disability and Aging Services

> 103 S. Main St. Weeks 2A
> Waterbury. VT 05671-1601
> 802-241-1456 / 802- 241-4224 fax
> <http://www.dail.vermont.gov/ddas/ddas-programs/programs-tbi-default-pa>
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Vermont Traumatic Brain Injury Program
Revised Budget Narrative
May 14, 2007

Category	Description	Federal	Match	Total
Personnel	Project Manager salary. 21.83 x 28 hours/week (70% of time) = \$611.24/week x 30 weeks. (September 2007 – March 2008)	\$18,337	0	\$18,337
	Administrative Assistant salary. 15.63 x 28 hours/week (70% of time) = \$437.64/week x 30 weeks	\$13,129	0	\$13,129
	<i>Total salaries</i>	<i>\$31,466</i>	0	<i>\$31,466</i>
	Fringe benefits (35% of salaries)	\$11,013	0	\$11,013
	Total Personnel	\$42,479	\$0	\$42,479
Travel	Mileage for Project Manager. 560 miles/month x 7 months = \$3,920 x .485/mile.	\$1,901	0	\$1,901
	Mileage for Administrative Assistant. 50 miles/month x 7 months = 350 miles x \$.485/mile.	\$170	0	\$170
	NASHIA State of the States meeting. Cost estimated at \$1,500/person includes roundtrip airfare of \$300; ground transportation of \$100; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$132.	\$1,500	0	\$1,500
	TBI grantee meeting in DC area. Cost for 3 people at estimated \$1,500/person includes roundtrip airfare of \$300; ground transportation of \$100; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking; and incidentals of \$132.	\$4,500	0	\$4,500
	Professional Conference attendance. Estimated that Project Manager will attend up to five professional conferences at an average expense of \$100 each. Conferences may include Vermont Case Managers, State Nurse's Association, and Military Family Community Network.	\$500	0	\$500
	Advisory Board member mileage. One individual with TBI on the board requires mileage reimbursement. 72 miles round trip x 2 meetings = 144 miles x \$.485/mile = \$70. The rest of the mileage will be an in-kind contribution. 24 members x 89 miles = 2,136 miles	\$70	\$1,450	\$1,520

	traveled per meeting x 2 meetings = 4,272 miles x .485 cents per mile = \$2,072 x 70% = \$1,450.			
	Steering Committee member mileage. 5 members x 89 miles = 445 miles traveled per meeting x 5 meetings = 2,225 miles/year x .485 cents per mile = \$1,079 x 70% \$730.	0	\$755	\$730
	Mileage for BIA-VT staff and board for collaboration meetings, trainings. 2 people x 50 miles x 12 mtgs. = 1,200 miles x .485 cents per mile.	0	\$582	\$582
	Total Travel	\$8,641	\$2,787	\$11,428
Supplies	A laptop will be needed for project activities to be used in the field. Estimated cost of laptop is based on a Dell model Latitude D820. Cost to include shipping.	\$2,000	0	\$2,000
	Printer needed for letters, labels, forms. Estimated cost based on HP LaserJet 1200 base model 110V, including shipping.	\$300	0	\$300
	Educational materials. Costs of books, pamphlets, and DVDs for training purposes estimated at \$7,500. Some materials supplied by the BIA-NH is a match.	\$7,500	\$200	\$7,500
	Postage to mail outreach letters, books, flyers, client documentation, etc. estimated at 7,500 pieces at \$.39 each = \$2,925. Another \$95 added for larger pieces.	\$3,020	\$0	\$3,020
	Copying and printing charges estimated to include professional printing of 2,000 flyers and use of in-kind contribution copiers at the BIA-VT and Vermont Office of Veterans Affairs.	\$2,500	\$2,500	\$5,000
	Desk supplies including paper, pens, file folders, etc. a match from the TBI Program.	\$0	\$250	\$250
	Total Supplies	\$15,320	\$2,950	\$18,270
Other	Trainings to veterans' service providers provided by local TBI experts. 5 trainings per month x 7 months x \$500 each.	\$17,500	0	\$17,500
	Training provided by the BIA-NH to the BIA-VT at a cost of \$950 per training x 4 trainings. BIA-VT Board Member time estimated at 8 hours x 9 board members x \$20/hour – in-kind contribution. Training topics covered include board development and retention, capacity-building to support Neuro-Resource Facilitation system, fundraising	\$3,800	\$1,440	\$5,240

	strategies, and collaborating effectively with State government.			
	Advisory Board: 25 members x 35 hours of work for the period = 875 hours x \$20 per hour on average = \$17,500 x 70% for Advisory Board members. This includes meeting and travel time, plus work conducted outside of meetings such as training, media outreach, and advocacy.	0	\$12,250	\$12,250
	Steering committee members will put in an additional 35 hours per year x 5 members = 175 hours x \$20 per hour on average = \$3,500 x 70%.	0	\$2,450	\$2,450
	BIA of Vt. Staff and board time. 2 people x 24 hours each = 48 hours x \$20/hour	0	\$960	\$960
	Telephone and internet services. \$120/mo. x 7 months	\$840	\$0	\$840
	Consultation on database provided by BIA-NH outside consultant. Part of this will be an in-kind contribution. Estimated at 100 hours x \$100/hour.	\$7,100	\$2,900	\$10,000
	Training and consultation on VA systems and benefits provided by State Office of Veterans Affairs provided as an in-kind contribution. 50 hours x \$20/hour.	0	\$1,000	\$1,000
	Advertising and outreach to include professional designers, bus sign ads targeted to veterans, radio advertisements, newspaper advertisements, and posters. Estimated cost, partly provided in-kind through PSAs and news coverage.	\$3,138	\$2,000	\$5,138
	Meeting space estimated at \$140/mo. x 7 months from BIA of Vt. And Office of Veterans Affairs	\$0	\$980	\$980
	Brain Injury conference presenters on veterans. Bob Woodruff is the potential keynote speaker. A portion of his address will be paid by the State of Vermont and will be match. Other match includes workshop presenters on the veterans and TBI issues.	\$9,000	\$6,685	\$14,600
	Vet to Vet Center Chapter of Vermont referrals	0	\$500	\$500
	Interagency Task Force made up of personnel from TBI Program, Information Technology Program, Quality Management Unit, BIA of VT, BIA of NH, providers in the Military Family Community Network to develop a survey tool, set up computer systems to collect data, and	0	\$2,400	\$2,400

	data analysis. All of this will be a match. 10 p.p. x 12 hours x \$20/hr.			
	Total Other	\$41,378	\$33,565	\$74,943
	Total Direct Costs	\$107,818	-----	-----
	In-Direct costs x 10% of direct	\$10,782	0	\$10,782
	Cost allocation from the Department of Disabilities, Aging, and Independent Living. This includes allocated costs from the Agency, Commissioner's Office and allocation from Division of Disability and Aging Services directors.	0	20,000	\$20,000
	Total costs for Year 1	\$118,600	\$59,302	\$177,902



Maternal and Child Health Bureau

Rockville MD 20857

Erin Weaver
Department of Aging & Disabilities
Division of Disability and Aging Services
TBI Program
103 S. Main Street
Waterbury, VT 05671-2303

MAR 14 2007

Re: Program Title: Traumatic Brain Injury State Program
Application Number: 39995

VLDGAS
Indiv. Supports Unit
MAR 19 2007

RECEIVED

Dear Ms. Weaver:

Thank you for your grant application for the Traumatic Brain Injury State Implementation Partnership. The Health Resources and Services Administration (HRSA), Division of Independent Review (DIR), Objective Review Committee (ORC), reviewed your proposal's application. Due to your review ranking and availability of funding, we are able to fund you for this initiative. A total of 8 applications were received for consideration under this announcement and 6 will receive funding.

Enclosed is the ORC review results that include major strengths and weaknesses cited by the Committee regarding the scoring of your application. We hope these comments will be of value to you. We encourage you to consider the recommendations made by the ORC and make changes during the next year. Recommendations made by the panel are for your consideration and are not required changes. The Traumatic Brain Injury Technical Assistance Center may be a valuable resource to you. If you have any questions or would like to discuss the results, please contact Jane Martin-Heppel, Director of the Traumatic Brain Injury Program, at 301-443-2259 (Email: jmartinheppel@hrsa.gov).

Recommendations:

1. The panel recommends the applicant clearly define the outcome measures.
2. The panel recommends the applicant consider concentrating on veterans with TBI with an emphasis on those returning from Operation Iraqi Freedom.
3. The panel recommends the applicant consider adding a representative number of veterans to the Advisory Board.
4. The panel recommends that the applicant consider completing the evaluation plan that will be in place before initiating the project.
5. The panel recommends the applicant consider providing a plan to monitor and track the project activities.
6. The panel recommends that the applicant clarify the time commitment of the program supervisor and the Medicaid waiver manager.

Page 2 – Erin Weaver

Thank you for your interest in the Traumatic Brain Injury State Program.

Sincerely,

A handwritten signature in cursive script that reads "Diana Denboba".

Diana Denboba
Acting Branch Chief, Integrated Services

Enclosure

1. DATE ISSUED: 03/28/2007		2. PROGRAM CFDA: 93.234		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 1252, as amended, Public Law 104-166, 42 U.S.C. 300d-52							
3. SUPERCEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.											
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:									
1 H21MC07895-01-00	H21MC07895										
6. PROJECT PERIOD: FROM: 04/01/2007 THROUGH: 03/31/2010											
7. BUDGET PERIOD: FROM: 04/01/2007 THROUGH: 03/31/2008											
8. TITLE OF PROJECT (OR PROGRAM): Traumatic Brain Injury Implementation											
9. GRANTEE NAME AND ADDRESS: VERMONT AGENCY OF HUMAN SERVICES 103 SOUTH MAIN STREET WATERBURY, VT 05671-0201			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Erin Weaver VERMONT AGENCY OF HUMAN SERVICES Division of Disability & Aging Services 103 S. Main St, Weeks 2 Waterbury, VT 05671								
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE								
a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 1,500.00 j. Consortium/Contractual Costs: \$ 176,600.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 178,100.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 178,100.00 i. Less Non-Federal Resources: \$ 59,500.00 ii. Federal Share: \$ 118,600.00			a. Authorized Financial Assistance This Period \$ 118,600.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$ 0.00 ii. Offset \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 d. Less Cumulative Prior Award(s) This Budget Period \$ 0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 118,600.00								
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15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [C] Estimated Program Income: \$ 0.00											
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.											
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) The Program Director, Erin Weaver, will donate 20% in kind time and effort towards the oversight of the grant project.											
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 03/28/2007											
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1036000274A6		19. FUTURE RECOMMENDED FUNDING:							
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE						
07-3893065	93.234	H21MC07895A0	\$ 118,600.00	\$ 0.00	N/A						

ERIN-1456

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07-3893065	93.234	H21MC07895A0	\$ 118,600.00	\$ 0.00	N/A						

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Terms:

1. Grant funds must be set aside for travel to two meetings:
 - 1) Three staff members must attend the TBI Annual Grantee Meeting to be held in March 2008.
 - 2) One staff member must attend the National Association of State Head Injury Administrators (NASHIA) State of the State Head Injury Meeting to be held in September 2007.

Program Terms:

1. On a regularly scheduled basis, HRSA grantees are required during their project period to participate in a performance review of their HRSA funded program(s) by a review team from HRSA's Office of Performance Review. If your organization has been selected for a performance review, you will be contacted at least twelve weeks before your performance review begins in order to provide you with additional information about the scope and process for your review, and to schedule the dates for the on-site phase. Upon completion of the performance review, grantees are expected to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues.

Standard Terms:

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf> and it is anticipated that Part IV, HRSA program-specific guidance will be available at the website in the near future. In addition, HRSA-specific contacts will be appended to Part III of the GPS which identifies Department-wide points of contact.

Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect. Once available, Part IV, HRSA program-specific guidance will take precedence over Parts I and II in situations where there are conflicting or otherwise inconsistent policies.

2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of

Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:

(A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR

(B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item

....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

4. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, <http://www.dpm.psc.gov/> or Telephone Number: 1-877-614-5533.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>

9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.

Reporting Requirements:

1. Due Date: Within 90 days of Budget End Date
Financial Status Report SF-269a/short form at (<http://www.psc.gov/forms/sf>) is due within 90 days after expiration of the budget period. This report should NOT reflect cumulative reporting from budget period to budget period and should be submitted to the HRSA Division of Grants Management Operations, 5600 Fishers Lane, Room 11A-16, Rockville, MD 20857.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts:

Program Contact: For assistance on programmatic issues, please contact Jane Martin-Heppel at:

HRSA/MCHB/DSCSHN

5600 Fishers Ln RM 18A-18

Rockville, MD 20857-0001

Phone: (301)443-2259

Email: Jane.Martin-Heppel@hrsa.hhs.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Sarah Morgan at:

HRSA/OFAM/DGMO

5600 Fishers Ln RM 11A-16

Rockville, MD 20857-0001

Phone: (301)443-4584

Email: smorgan1@hrsa.gov

Fax: (301)443-6686

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.

**MATERNAL & CHILD HEALTH BUREAU
TRAUMATIC BRAIN INJURY STATE PROGRAM**

JANUARY 24 – 25, 2007

OBJECTIVE REVIEW COMMITTEE FINAL SUMMARY STATEMENT

APPLICATION NUMBER:	39995
APPLICANT NAME:	Vermont Agency of Human Services
LOCATION (City, State):	Waterbury, Vermont
ORC SCORE:	

CRITERION 1. NEED

Strengths:

- The application clearly describes successes of the past concerning building a system that supports individuals with Traumatic Brain Injury (TBI) and their families. For example, there is mention of the Referral and Assistance program that was developed to support service delivery.
- The State has conducted a fairly thorough needs assessment and has based their action plan on the results of that assessment.
- The application clearly establishes a need for services within the State for returning veterans who have sustained an incidence of TBI, focusing on some of the difficulties encountered for this group and the reasons for collaboration.
- The application provides information from involvement with Federal initiatives and outreach to persons who represent those who are culturally diverse.
- The application provides a clear overview of the problem and the principal agencies involved in its resolution.
- State planning grant and implementation grant goals and objectives are summarized and include a focus on children and adults, shows growth in the number of individuals served, and is the basis for developing this expansion project.
- The application demonstrates familiarity with service delivery and in particular the need for continued service for re-entry into the community.

Weaknesses:

- The presentation of the problem is very limited and focused primarily on process of data collection methodology and planning after the needs assessment took place.
- The application does not clearly describe some of the TBI services and service delivery models used in Vermont.

CRITERION 2. RESPONSE

Strengths:

- The application clearly describes the projects goals and objectives.
- The proposed work plan builds on past activities and successful outcomes of the past grants.
- The application identifies powerful collaboration partners in the Veterans' Administration (VA) and the Brain Injury Association of New Hampshire (BIA-NH).
- The cross-training planned will help to sustain change for the project.
- The project will allow those who serve Veterans with TBI greater access to services. The bridge to the work of the BIA-NH and the training they will provide to the BIA-Vermont will only strengthen this organization.
- Materials from other States, tool kits, and questionnaires are noted to provide information on best practices. The application states that the Virginia White River Junction (VA-WRJ) medical center has been the recipient of a national award two years in a row.
- Plans for addressing children's TBI services (i.e., Shaken Baby prevention public awareness initiative and NRF for transition age students) are described.
- The application identifies collaborative partners in the Veteran's community and through an adjoining states neuro-resource facilitation (NRF) model.
- The use of an already-established program from New Hampshire demonstrates the extent to which the project will utilize "best practices."
- The application clearly describes activities for sustainability.

Weaknesses:

- The application is unclear regarding the extent to which the BIA-V is already functioning.
- There is no clear definition of the NRF position as it relates to how many people it can serve at one time, development of specific policies and procedures for Vermont position.
- In looking at Year 2 and 3 and the expanded population this position will serve, there is no clear process defined for implementation.

CRITERION 3. EVALUATIVE MEASURES

Strengths:

- The application indicates that a Quality Framework will be used for evaluation.
- The application indicates that data gained will be used to improve the process.
- A task force will be formed to create and provide oversight to the evaluation process.
- The quality management unit within the Lead Agency has responsibility and experience regarding quality assurance and improvement via the states waiver program.
- There is a clear plan to develop process/outcome measurement tools in the grant application.

Weaknesses:

- The evaluation component does not describe outcome measures that would reflect the effectiveness of the implementation of the plan.
- The evaluation component does not describe how any change could be attributed this project.
- The evaluation plan lacks information for how it will address Healthy People 2010 goals.
- There is no clearly defined outcome measure for the TBI services provided by the NRF at the onset of the project
- The application proposes to use a task force to develop a survey tool sent to individuals/families after receiving NRF from the BIA-V. It is not clear what this survey tool will look like, how it will be used and what it will measure.

CRITERION 4. IMPACT

Strengths:

- The application's description of Vermont's planned partnership with the VA greatly enhances the chances of system change especially for Veterans with TBI.
- The education and training proposed by this application lends itself to behavioral change for those being trained.
- The application denotes a plan for seeking funding through a trust fund.
- Plans for to advance trust fund legislation in FY 07 with an identified source of funding is noteworthy.
- Due to strong interagency collaboration on both the State and private levels, the Lead Agency is capable of systems changes that are sustainable.
- The proposed project will expand both State and local capability through a pilot site for Veterans and enhancement of neuro-resource facilitation, first to this group then statewide.
- The Maternal and Child Health (MCH) program in the State of Vermont has been involved in past TBI grants.
- The application does clearly describe policy changes already accomplished in Vermont.

Weaknesses:

- There is minimal explanation as to how the Advisory Board will make policy changes across the State systems as evidenced by their lack of authority.

CRITERION 5. RESOURCES/CAPABILITIES

Strengths:

- The project personnel are clearly qualified by training and experience to implement and carry out the project as reflected in the biographical sketches and requirements for the jobs.
- The application describes a long-standing relationship with the partners in this project.
- The lead agency will provide oversight for the project.
- The application describes utilization of key resources such as the BIA-NH for support and education.

- The application includes a clear organizational structure.
- There is good consumer representation from the advisory council.
- The State action plan emphasizes coordination of services
- One of the subcontractors has committed to hiring a neuro-psychologist and to create a registry to assist in carrying out the projects scope of work.
- There is already a demonstrated relationship and established program with the Veteran's Hospital in Vermont. The strong partnership between BIA-NH and Vermont demonstrates a commitment to the project.

Weaknesses:

- It's unclear how much time the program supervisor for the Lead Agency will spend during the first year of the grant. Both figures of 35% and 20% are listed in Year 1, with 35% listed in Years 2 and 3.
- Although the Medicaid waiver manager biographical sketch is listed in the attachment, there is no corresponding percentage of time or salary figure included in the budget narrative.
- There is a lack of detail for how the Lead Agency will monitor and track project activities.
- Challenges and barriers were not adequately addressed in area of developing the database (technical issues) cross-State differences, and working with a complex system (i.e., the VA).

CRITERION 6. SUPPORT REQUESTED

Strengths:

- The budget requested matches the work plan and is reasonable and sufficient to achieve the objectives.
- Three years of budget is described in the application and includes the in-kind match.

Weaknesses:

- None noted.

Project Title: Vermont Partnership Grant
Applicant Organization: Vermont Agency of Human Services TBI Program
Project Director: Erin Weaver, BS
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Grantee: Vermont Agency of Human Services
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Project period: 04/01/07 - 03/31/10

PROBLEM: In recognition of limited services for mild to moderate traumatic brain injury, the Vermont TBI Program proposes developing a Neuro-Resource Facilitation Program to establish a continuum of care system for veterans with TBI returning from the Middle East. This collaborative, inter-state project will further a comprehensive system of culturally competent, person/family centered TBI supports and services stemming from implementation grant priorities. This system will be based on the proven "best practice" model developed and implemented by the State of New Hampshire and the Brain Injury Association of New Hampshire (BIA-NH).

GOALS AND OBJECTIVES: To develop and implement a Neuro-Resource Facilitation (NRF) system to returning Veterans with brain injury, expanding to other population groups, including children, in years two and three. Objectives include hiring and training a Neuro-Resource Facilitator, collaborating and establishing partnerships with the Veterans Administration in White River Junction, the Vermont Military Family Community Network, the State Office of Veterans affairs and subcontracting with the BIA-VT and BIA-NH to increase the capacity of the existing network and establish protocols and systems.

METHODOLOGY: All activities will utilize existing research-based knowledge, best/promising practices and experience/products of other TBI grantees. TBI Advisory Board members with TBI/families and from racial and ethnic minorities will ensure that project activities are person/family centered and culturally competent. The initial training and supervision will be subcontracted out to the neighboring BIA-NH through their proven model and partnerships with existing entities will be built upon. Neuro-Resource Facilitation is defined as a partnership that assists individuals to receive information that will enable them to make informed choices for services and supports in meeting their individual needs.

COORDINATION: The Veterans Administration in Vermont will partner with the State of Vermont in these efforts as a Neuro-Resource Facilitation system will be the "next step" to the Vermont VA Pilot TBI Clinic continuum of care currently being implemented. Coordination with the Veterans Administration of White River Junction Vermont, the BIA-VT and BIA-NH, the Vermont Office of Veterans Affairs, and as well as oversight and support from the Vermont TBI Advisory Board will ensure project success.

EVALUATION: Evaluation will be built into all project activities, and will involve accessing expertise from the Vermont Division of Disabilities, Aging, and Independent Living Data Information and Quality Management Units in order to develop appropriate survey tools. Progress measures will include the number of individuals accessing the Neuro-Resource Facilitation system, the number of individuals utilizing appropriate services, and the creation of integrated services.

INTRODUCTION

In 1991, the Vermont Department of Aging and Disabilities, and Social Rehabilitation Services began the operation of a three-year pilot project offering community-based rehabilitative services. The goal of this program was to divert from placement and/or return Vermonters with a moderate to severe traumatic brain injury (TBI) from out-of-state facilities. Prior to the development of this service, individuals were placed in expensive out-of-state facilities, often residing there for years, with little hope of returning to their home communities. The project demonstrated that individuals with a moderate to severe traumatic brain injury participating in the pilot received high quality rehabilitative services in community placements. Effective October 1, 1994, this community-based pilot program, serving individuals 16 years of age and older, was approved and financed as a Medicaid Waiver Program under the administration of the Division of Vocational Rehabilitation, and renewed in October 1997 and October 2002. Through collaboration with the Division of Mental Health, a long-term option for individuals requiring ongoing intensive one-to-one support was also added in 1997.

In 2005, the Vermont Agency of Human Services, the umbrella agency in Vermont for all human service programs and services, undertook a major re-organization. The intent of the re-organization was to create a unified system of care for all populations that have similar challenges with a goal of creating a single entry point and a seamless delivery system. The TBI Program now resides in the newly formed Department of Disabilities, Aging and Independent Living (DAIL) in the Division of Disability and Aging Services. There is no statute, executive order, or official state policy in Vermont that designates lead agencies, but DAIL has been chosen by the Vermont Agency of Human Services to be the lead in providing TBI supports and services. The major goal of this program is to assist individuals to obtain their optimal level of functioning and to successfully resume living and working in their own communities. The intent of the program is that, over time, the level of services an individual needs decrease as their capabilities for independent living increase. The success of this program is measured in the culmination of the individual graduating from the program.

Of Vermont's 602,000 residents, it is estimated that approximately 6,000 Vermonters are currently living with TBI. In 2004, the Vermont Department of Health reported, as part of the CDC TBI Surveillance Program, that Vermont had 3,134 TBI-related emergency department visits; 401 TBI-related hospitalizations; and 143 TBI related deaths. These statistics are consistent with the CDC's data gathered from other states. As screening for TBI is not a standard practice in all health care settings in the State of Vermont, it is a challenge to calculate the numbers of people who are unidentified or misdiagnosed.

The State of Vermont TBI Waiver Program serves an average of 68 individuals per year, 16 years of age and older with a recent moderate to severe brain injury. Choice driven, the goal of this program is to support individuals to obtain their optimum level of independence in their homes and communities. The TBI Waiver program offers eight community-based services: (1) Case Management, (2) One-to-One Rehabilitation Supports, (3) Twenty-four-hour Supervision, (4) Respite Services, (5) Environmental and Assistive Technology, (6) Crisis Supports, (7) Psychological and Counseling Supports, and (8) Employment Supports.

Under a HRSA Planning Grant, the TBI Program, with hands-on involvement from the TBI Advisory Board and workgroups, completed a Needs Assessment and Action Plan. The Needs Assessment pointed to the lack of a comprehensive system of services and supports for children and adults with TBI of all levels of severity. Many individuals with TBI and their families face a limited and incomprehensive service system with varying eligibility requirements. Children and adults with mild to moderate TBI frequently are not identified and/or inappropriately served. The Needs Assessment was carried out with the assistance of a consulting firm. Activities of the project took place over a thirteen-month period from July 2002 through July 2003.

The needs assessment was designed to gather information in five key areas of focus:

1. How prevalent is TBI in Vermont?
2. How do individuals with TBI get into the system of support services?
3. What do individuals with TBI and their families need?
4. What barriers prevent individuals with TBI and their families from using existing services?
5. How do we know if the service system is meeting the needs of individuals with TBI and their families?

The needs assessment employed three complementary data collection strategies to gather information about a variety of questions in each area of focus. Surveys of individuals with TBI and providers were conducted to collect quantitative data. Two methods were utilized to gather qualitative data: focus groups were held with 16 individuals with TBI/family members, and individual key informant interviews were conducted with 24 professionals and advocates.

Separate survey tools were developed for individuals with TBI and service providers. In total, 2,544 surveys were distributed to individuals with TBI and service providers, with an overall response rate of 14.7% (373 surveys). Of the 1,419 surveys distributed to individuals with TBI, 190 completed surveys were returned (13.4%). Of the 1,125 surveys distributed to providers, 183 completed surveys were returned (16.3%). A further analysis of the findings is included in Attachment 9.

Following the direction of the Needs Assessment, the Action Plan identified public education and awareness, a trained workforce, a TBI data collection system, enhanced service capacity, and expansion and improvement of key supports as top priorities for building a comprehensive system of services and supports. The goals related to public education seek to provide individuals with TBI and their families access to accurate TBI information in order to obtain appropriate services and supports; and to increase identification of TBI, particularly mild to moderate, in order to promote timely referral and services. Objectives included developing a centralized toll-free Information, Referral and Assistance (I/R/A) service and increasing knowledge of TBI among children and adults with TBI, their families, and providers. The I/R/A service has been developed and is on-going through a contract with the Brain Injury Association of Vermont (BIA-VT). Increased identification has been addressed through raising the awareness among emergency medical personnel, individuals with mild to moderate TBI and their families, health care providers, school personnel, ethnic and racial minorities, and the general public. Most recently, the TBI Program added the objectives of working collaboratively on Shaken Baby

Syndrome (SBS) Prevention Initiative to implement a proposal that targets education to those at highest risk to shake a baby and to increase the public awareness about Shaken Baby Syndrome.

The goal to create a trained workforce is intended to improve skills of providers will increase identification and enhance quality of services for individuals with TBI of all levels of severity. This includes trainings and information-dissemination for health care providers, school personnel, vocational counselors, emergency medical personnel, case managers, domestic violence and sexual abuse workers, and the direct care workforce.

The data collection goal envisions planning for TBI services and supports that is based on TBI incidence and prevalence data for all ages and levels of severity in Vermont. This is being pursued through the establishment of systems to track incidence and prevalence of TBI in Vermont.

The priority of enhanced services will create increased access to comprehensive and coordinated services for children and adults with all levels of severity of TBI. This is being done through efforts to provide universal access to services, to increase access to TBI Medicaid community-based services, and to provide appropriate services and supports without durational limits (especially rehabilitation therapies, case management, home based services, and employment).

Finally, the priority of expansion and improvement of key services and supports speaks directly to the goal of increased quality of availability of key supports, such as respite services, needed for stable community-based system of services for children and adults with all levels of severity of TBI. Objectives target support for family members of individuals with TBI, transportation availability throughout Vermont, financial assistance for daily living and services, and social opportunities, support groups and counseling for individuals with TBI.

The Action Plan was disseminated to TBI providers of services, state offices, through Advisory Board members, and at the Statewide Annual Brain Injury conference. The Action Plan remains on the TBI Program's Website for downloading and is included as Attachment 10.

An Implementation Grant was awarded to execute the Action Plan. As a result of the Implementation Grant, the TBI Program has further developed the infrastructure for a comprehensive system of culturally competent, person/family centered TBI supports and services. The Implementation Grant, the Action Plan, and the Needs Assessment are the guiding documents for the TBI Program to serve the unmet needs of individuals with TBI and their family members.

Throughout the course of the Implementation Grant, the number of individuals served by the TBI Program has grown by 33%. This increase can be attributed to an increase in public awareness about traumatic brain injury, its signs and symptoms, and the fact that proportionally more services and supports are available in Vermont than had been previously.

A key outcome of the Implementation Grant resulted in the inception of the Information, Referral, and Assistance (I/R/A) Service through a contract with the BIA-VT. Additionally, radio public service announcements (PSAs), television interviews, dissemination of a laminated

resource card to 20,000 Vermonters, and press releases have contributed to an increase in referrals to the TBI Program. The I/R/A Specialist at the BIA of Vermont is professionally trained and certified through the Alliance of Information and Referral Systems (AIRS).

March 2006 began the third and final year of the Implementation Grant. The TBI Program anticipates an extension through March 2008. Priorities for the coming year will continue to improve access to services through public awareness, training the workforce, improving data systems, and pursuing sustainability. In addition, a major goal is to provide support for veterans with TBI, and their families. Addressing the needs of veterans with TBI is also one of two priorities identified by the TBI Program in the Maternal Child Health Bureau. As part of the goal, Vermont's TBI Program has been collaborating with the Veterans Administration in White River Junction, Vermont (VA-WRJ), the Vermont National Guard, and the Military Family & Community Network (a network of community, government, and private sectors that creates awareness programs and provides services to all returning veterans and their families).

Unidentified brain injury is a leading barrier for returning Veterans to access appropriate services and rehabilitations. There has been much recent news coverage on the prevalence of TBI among returning Veterans. Outreach to the VA-WRJ has included meetings, TBI presentations, and information dissemination at two of the VA-WRJ's staff "Education Days." Members of the staff have shared with the TBI Program their fear that they are not equipped to appropriately identify and serve returning Veterans with TBI. Some VA staff shared that they were unaware that brain injury might be a major problem in this conflict.

It is estimated that TBI was present in over 20% of surviving combat casualties (National Geographic, December 2006). Due to the high speeds at which vehicles travel in Iraq and the frequency of exposure to blasts, the rate of TBI is believed to be much more substantial. A 2006 VA Journal (JRRD, Vol. 43, 2006) reported that of the patients studied who had sustained TBI during combat, 74% were victims of blast injury. Of the non-combat injured soldiers, 71% were injured in motor vehicle accidents outside of the war zone. TBI and injury to arms and legs are the signature wounds of the current conflict, and estimates of the rate of TBI vary. According to evaluations performed by the Office of the Surgeon General of the Army, approximately 68% of returning veterans recently wounded in action in Operation Iraqi Freedom sustained brain injuries from blast exposure. Harriet Zeiner, a neuropsychologist at the Veterans Administration in Palo Alto, California says "we have thousands of people who don't know that they are brain-injured." Often times a service member will be exposed to a blast, have no outward sign of injury, receive no treatment, and returns back to work (PBS *News Hour with Jim Lehrer*, September 14, 2006). Consequently, the service member is exposed to potentially numerous blasts. Consequences of mild to moderate brain injury may not present right away and remain unnoticed until the Veteran has returned home (National Geographic, December 2006).

In recognition of limited TBI services for mild to moderate brain injury, the Veterans Administration in White River Junction, Vermont (VA-WRJ) plans to implement a TBI pilot Clinic addressing the needs of returning veterans of Operation Iraqi Freedom. The VA-WRJ serves Vermont and part of New Hampshire. This VA Medical Center has been a recent recipient of the Circle of Excellence Award for 2005 and 2006. This award recognizes their demonstrated effective systematic approach to innovative and progressive treatment. The new

VA TBI Clinic will be the first in the country to provide clinical screening, diagnosis, and treatment for individuals with mild to moderate brain injuries. The Post Deployment Questionnaire developed by the Defense and Veterans Brain Injury Center (DVBIC) will be one of the tools used to screen returning veterans for brain injury. A registry will be created to gain a more accurate picture of the extent of the problem of brain injury among this population.

Through collaborative discussions and activities between the Vermont TBI Program and the VA-WRJ over the course of the past year, it has become increasingly apparent that a continuum of care must be in place that links the services received from VA clinical supports to the individuals' respective community support system. The development of this continuum of care system at the community level is what Vermont proposes for this project.

The Vermont State TBI Program specifically proposes developing a Vermont Neuro-Resource Facilitation (NRF) system for veterans with TBI returning from the Middle East. This system will be based upon the proven model developed and implemented by the neighboring State of New Hampshire and the Brain Injury Association of New Hampshire. This model has achieved national recognition and is considered a best practice for the industry. The Brain Injury Association (BIA-NH) of New Hampshire will provide training and technical assistance to the Brain Injury Association of Vermont to apply this model. The BIA of Vermont will expand the project after the first year to encompass all individuals with brain injury who do not have access to resource facilitation systems by any other means.

The TBI Program has a plan, as outlined in detail later in the proposal, to effectively build on recent systems change progress and current resources available for TBI services. The TBI Program currently has a Program Supervisor, Grant Manager, and full-time administrative support. Other state offices contribute to the efforts of the TBI Program through membership on the board, participation in training initiatives, collaboration on Medicaid clients receiving community-based TBI services, and participation in planning and running the Statewide Annual TBI Conference. The Department of Disabilities, Aging, and Independent Living (DAIL) within the Vermont Agency of Human Services continues to increase the number of individuals with TBI and their families who receive waiver services as demonstrated by a 33% growth since the beginning of the Implementation Grant. Collaboration with the Department of Health (VDH), the Department of Corrections, the Department of Children & Families (DCF), and the Division of Mental Health has resulted in more appropriate services for clients with co-occurring disorders.

In 2006 DAIL, DCF, and VDH have joined financial and human resources to develop a Shaken Baby Syndrome (SBS) Prevention initiative in Vermont. The SBS initiative has granted funds to a private, non-profit called Prevent Child Abuse Vermont to do a public awareness campaign, train those who work with new parents (such as, midwives, childbirth educators, and childcare workers) and reach targeted populations with education about safely comforting a baby (young fathers, young babysitters, and corrections inmates.) This new collaboration is evidence that the TBI Program, although relatively young to State Government, has gained state recognition as a Program with professional knowledge and skills related to TBI and its consequences.

Each year, the TBI Program staff submits annual short- and long-term goals aimed at serving adults in Vermont in TBI. Though children and adolescents are also identified in the planning,

the focus remains on the adult population. Areas covered include: developing short- and long-term supports; identification of grant funding; increasing efforts on education and resource development; providing consultation services; and continuing to expand, implement, and monitor TBI Waiver services. Currently, Vermont has 20 State-approved TBI Providers including four mental health agencies. Annual efforts continue to develop additional Providers, professionals with expertise in TBI, and enhanced educational supports for children with TBI.

The TBI Program has successfully built ongoing relationships with community and state committees and groups, in an effort to avoid duplication of services, and to build capacity. The Program has successfully collaborated with Vermont's Veteran's Administration and conducted trainings for their staff, for family members of returning veterans, and for local social service providers. There is representation of the TBI Program on the boards of Safe Kids Vermont, the Vermont Department of Health's Injury Prevention Project, the Refugee and Immigrant Service Providers Network, the planning committee to develop a "memory clinic" at Central Vermont Hospital, a Shaken Baby Syndrome Prevention Initiative and the Vermont Agency of Transportation's project to develop a comprehensive state highway safety plan.

The TBI Program maintains its relationship with the Surveillance Program (which received the CDC's TBI Surveillance Grant) housed at the VDH. Two of the Surveillance Program's staff attend Advisory Board meetings and consult on ways to gather further data. TBI staff are members of the National Association of State Head Injury Administrators (NASHIA) and is involved in planning national conferences. The staff also stays informed of TBI initiatives on the Federal level through annual attendance at grantee meetings, and consultations with Vermont's technical assistance specialist for TBI grantees.

Vermont's TBI Statewide Advisory Board, along with the Board Steering Committee has been providing guidance, support, and feedback since its inception in 2002. The Board provided direction and assistance throughout the initial Needs Assessment process as well as through the development and implementation of the Statewide Action Plan. According to the Operating Guidelines, the main goal of the TBI Advisory Board is to "guide and advise Vermont state agencies and citizens in developing a comprehensive system of services for all individuals with Traumatic Brain Injury."

The TBI Advisory Board is comprised of individuals with TBI, Family members [including families of children and adolescents with TBI], representatives of the Brain Injury Association of Vermont, Disability Advocacy groups, health care providers, and representatives of state agencies and private non-profit organizations. In addition, consultants from the University of Vermont's Center for Community Inclusion, Vermont's Supported Employment Coordinator, and Department of Health Injury Prevention Program are regularly invited to Advisory Board meeting for input. Recently, an individual from the State Office of Veterans affairs was also added. Forty-two percent (42%) of the Board's composition is of individuals with TBI and/or family members. State TBI Staff are considered Ex Officio members of the Board.

Although Vermont remains by several measures the least racially and ethnically diverse state in the nation, TBI Program Staff enlisted Vermont's Director of the Office of Minority Health who has been beneficial in providing advice on how to create access to TBI services for those small

culturally diverse populations in Vermont. The new Minority Health Officer is currently unavailable to serve on the board, but he has provided insight and guidance on reaching migrant workers, Native American communities, and those for whom English is a second language. Also, the Coordinator for the Vermont Refugee Resettlement Program continues to provide consultation and training to the Advisory Board.

The Statewide Advisory Board meets on a quarterly basis and has provided hands-on involvement through working groups since its inception. Initially the work groups focused on selecting priorities for inclusion in the Action Plan based on guiding principles. As time went on, work groups transformed into focusing on the work to accomplish in the various Action plan tiers: Public Awareness, Training the Workforce, and Sustainability. Recently, after consultation from a Board developer, the work groups have changed to Operations, Financial Sustainability, and Systems Sustainability. The Operations group will work on the activities of the Action Plan, helping to move the work forward. Financial Sustainability means to seek funding sources for TBI services, including prevention and education. The group will pursue a Trust Fund and also explore other grant sources and opportunities. The Systems Sustainability group will explore ways of integrating TBI education into current training curricula, i.e., for domestic violence workers, the corrections system, emergency management systems, schools, etc. A roster of the Advisory Board members and consultants is included in Attachment 8.

In addition, the Steering Committee meets during the months between Advisory Board meetings and carries out recommendations of the Advisory Board. The committee is composed of TBI program staff and Advisory Board members from a variety of Key Stakeholder agencies and organizations (including Vermont Center for Independent Living, the Brain Injury Association of Vermont and Vermont Protection & Advocacy), as well as individuals with TBI and their family members. The Steering Committee is authorized to make recommendations on behalf of the Advisory Board on any issues presented by TBI state staff for immediate attention or action. The Steering Committee also reviews, approves, and makes recommendations to new applicants for Vermont's TBI Medicaid community-based program. This new involvement was welcomed by the committee as a way to appreciate the clinical aspects of serving individuals with brain injury.

NEEDS ASSESSMENT

Veterans with severe brain injuries are identified and sent to "polytrauma" hospitals to receive long-term care. Veterans with mild to moderate brain injuries are often sent back to duty or sent home because their injuries are not identified. The Veterans Administration of White River Junction (VA-WRJ) is planning to screen returning Veterans from Operation Iraqi Freedom and has asked the TBI Program to help them access appropriate resources and services for those who screen positively. VA-WRJ brain injury clinic planners recognize that they are entering a new field and that the TBI Program and the BIA-VT have the background, connections, and expertise in TBI.

The Military Family & Community Network (MFCN) was created by the VA Administration and the Vermont National Guard Family Readiness Program to proactively organize service providers to assist returning Veterans and their families. Historically, it has been documented

that many returning Veterans from Vietnam turned to substance abuse, lost their marriages, lost their jobs, became incarcerated or homeless, or committed suicide (*The Oxford Companion to American Military History*, 1999). This has been attributed to a failure to provide a comprehensive system to identify and assist troubled individuals coping with the return to civilian life. At a meeting in late November of the MFCN, military chaplains and National Guard family readiness workers reported that some of the recently-returned Veterans are experiencing similar challenges. Many have psychological issues that need addressing created by survivor-guilt, Post Traumatic Stress Disorder, or TBI. Spouses of Veterans complain that their partner is distant, angry, and irritable. Their children are angry or being bullied by other children at school. Many Veterans are having relationship problems or going through a separation or divorce. This proposal seeks to address the needs of brain-injured returning veterans before the crises of joblessness, divorce, and homelessness. We can prevent devastating consequences through the provision of a neuro-resource facilitation system as proposed by this project.

According to the Vermont Vet Center, of the 391 Vermont soldiers returning in June 2006 from Taskforce Saber (which served in Operation Iraqi Freedom), one-third had line of duty reports. A line of duty report is required when an individual is knocked unconscious. These individuals were not noted as sustaining a brain injury, did not receive treatment, and were required to rest for only 24 hours following the incident. A VA staff member estimates that some members from this troop have been exposed to an average of 15-20 Improvised Explosive Devices. According to evaluations performed by the Office of the Surgeon General of the Army, it is shown that approximately 68% of soldiers recently wounded in action in Operation Iraqi Freedom sustained brain injuries from those blasts. Other estimates indicate 20% of the wounded have sustained brain injuries (*National Geographic*, December 2006.) What does this mean in Vermont? To date, there are approximately 1,675 Vermonters that have returned from active duty who had been serving in a combat theater of operations. Statistically anywhere from 335 to 1,139 Vermonters (20% and 68% respectively) may have recently returned from the war with traumatic brain injury. Taking into consideration the family members, co-workers, and friends of individuals with TBI, potentially thousands of Vermonters are living with the harmful consequences of brain injury resulting from the war.

The VA-WRJ and the National Guard community are not prepared to address the extent of this problem. The TBI Program proposes creating a service system using New Hampshire's model of Neuro-Resource Facilitation. The first year will focus on developing a system to benefit recently returned and newly returning veterans. The second and third years will continue to fine tune the system for veterans while expanding to address the needs of all Vermonters with brain injury and their families.

GOALS AND OBJECTIVES

Year One

Goal 1: As the result of a comprehensive system, an increased number of returned/returning veterans with TBI will be identified and will have access to appropriate services within the VA and within their local communities.

Objective 1: Develop and implement a Neuro-Resource Facilitation system in Vermont targeted to returning veterans with TBI.

Objective 2: Hire and train a full-time Neuro-Resource Facilitator and a part-time administrative assistant.

Objective 3: Collaborate with the Veterans' Administration, the State Office of Veterans Affairs and members of the Military Family Community Network to establish a partnership for system implementation.

Objective 4: The Veterans Administration will provide training to the Brain Injury Association of Vermont on the VA system, processes, and newly instated VA WRJ TBI Clinic

Objective 5: Establish protocols among partners to ensure clarity and sustainability.

Goal 2: The Brain Injury Association of Vermont will have the capacity to sustain an effective Neuro-Resource Facilitation program.

Objective 1: Increase the knowledge and skill of BIA of Vermont board members on such topics as sustainability, board recruitment, and member advocacy in the first year.

Objective 2: Establish cross-training mechanisms to ensure institutional memory of Neuro-Resource Facilitation.

Objective 3: Increase capacity of the BIA-VT to assume leadership of the NRF system.

Objective 4: Enhance the efficiency of the BIA -VT's database.

Objective 5: Develop and maintain systems to collect demographic statistics and to evaluate the system's effectiveness.

Year Two

Goal 3: A professional Neuro-Resource Facilitation system will be available to all adults in Vermont with TBI.

Objective 1: Modify the NRF system to include the general adult population.

Objective 2: As training needs to the VA decrease, the number of individuals accessing the NRF system will increase.

Objective 3: Reassess NRF eligibility criteria, including ages served and priorities and revise policies as needed based on the analyzing data from year one.

Objective 4: Collaborate with existing transition services targeted to recent high school graduates with TBI.

Year Three

Goal 4: Children with TBI and their families will have access to the appropriate supports and services within their communities.

Objective 1: Continue to monitor and assess the system's effectiveness. Reassess NRF eligibility criteria, including ages served and priorities and revise policies as needed based on the analyzing data from year two.

Objective 2: Hire an additional half time NRF with expertise in Children and Brain Injury so that appropriate referrals occur.

Objective 3: Collaborate with Vermont's Division of Children with Special Needs to develop an appropriate NRF system for children.

Four Core Capacity Components

Advisory Board

Vermont's TBI Statewide Advisory Board, along with the Board Steering Committee has been providing guidance, support, and feedback since its inception in 2002. The Board provided direction and assistance throughout the initial Needs Assessment process as well as through the development and implementation of the Statewide Action Plan. According to the Operating Guidelines, the main goal of the TBI Advisory Board is to "guide and advise Vermont state agencies and citizens in developing a comprehensive system of services for all individuals with Traumatic Brain Injury." The TBI Advisory Board is comprised of individuals with TBI, family members (including families of children and adolescents with TBI), the Brain Injury Association of Vermont, Disability Advocacy groups such as Vermont Protection and Advocacy, Vermont Center for Independent Living, Disability Law Project of Vermont Legal Aid, health care providers, including two psychiatrists from two of Vermont's major medical centers and representatives of state agencies from Department of Health, Children with Special Health Needs, the Department of Education, the Department of Mental Health and private non-profit organizations including providers of direct services to TBI survivors. In addition, consultants from the University of Vermont's Center for Community Inclusion Vermont's Supported Employment Coordinator, the Director from the Office of Minority Health, the Refugee Resettlement Coordinator and Department of Health Injury Prevention Program are standing consultant members of the Advisory Board and regularly provide input in their area of expertise or recent initiatives.

The Advisory Board was recently expanded to include a representative from the State Office of Veterans affairs in recognition of Vermont's interest and desire to address this population. Forty-five percent (45%) of the Board's composition is of individuals with TBI and/or family members. The Advisory Board continues to place a high priority in recruiting individuals with TBI and their family members. Their representation has increased by 7% over the last two years. The TBI Advisory Board has demonstrated a high level of interest throughout the discussion of partnering with the State of New Hampshire and their Brain Injury Association to in examining how their Neuro-Resource facilitation model can be adapted and utilized in Vermont. At the same time, the Advisory Board has prioritized looking at addressing the unmet needs of soldiers returning from the tours of duty in the Middle East. In response, an ongoing dialogue with the Veterans Administration has taken place throughout this past year. It is expected this strong working relationship will be enhanced and strengthened throughout Partnership grant activities. Board members have participated in Military and Community Family Network trainings as well as informational sessions on implications of TBI for returnees. With this level of expertise and knowledge, monitoring and technical support from the TBI Advisory Board will play an important role in the successful implementation of the grant objectives.

Lead Agency

Vermont's Agency of Human Services, Department of Disabilities, Aging, and Independent Living, Division of Disability and Aging Services through its TBI Program is both the lead and coordinating agency for the State. The Agency of Human Services is in the second year of a major re-organization. The intent of the re-organization was to create a unified system of care for all populations that have similar challenges with a goal of creating a single entry point and a seamless delivery system. The TBI Program Supervisor, with oversight from the Medicaid Waiver Manager and Unit Director, is responsible for overall coordination and supervision of all

state funded TBI programs (TBI Waiver Program) and support services (Supervised Apartment Program and TBI Vocational Rehabilitation Set Aside Funds). The Supervisor provides support and oversight to the TBI Implementation Grant Manager and the TBI Statewide Advisory Board. The Program Supervisor also oversees quarterly TBI Service Provider training workshops, resource and program development, the Annual State TBI Conference, consultation and collaboration initiatives, education, agreements, and grant applications. The TBI Program Assistant, under the supervision of the TBI Program Coordinator, coordinates the admission and discharge process for individuals applying for the TBI Waiver Program, manages the TBI waiver database system, and monitors outcomes. Additional responsibilities include coordination of approval of the provider agency and renewal process; monitor and consult with provider agencies; and insure that providers continue to develop and maintain specialized abilities to serve people with TBI. Finally, TBI State staff provide for consultation with other professionals, families and individuals with TBI. If this partnership grant is awarded, the State of Vermont TBI Supervisor and Grant Manager will provide oversight and support to the Brain Injury Association of Vermont. The TBI Program Supervisor will provide Clinical consultation and training specific to services in Vermont to both the Neuro-Resource Facilitator on an initial and on-going basis.

Needs Assessment

The Needs Assessment of Individuals with TBI and their families was conducted between July 2002 and July 2003. A broad-based TBI Advisory Board and its Steering Committee provided guidance and feedback throughout the assessment process. Information was gathered through focus groups, key informant interviews, and survey tools with individuals with TBI, their families, services providers, professionals, and advocates. The Needs Assessment pointed to the lack of a comprehensive system of services and supports for children and adults with TBI of all levels of severity. Many individuals with TBI and their families face a bewildering patchwork of services with numerous gaps and varying eligibility requirements. Children and adults with mild to moderate TBI frequently are unidentified and inappropriately served. There are inadequate systems to track incidence and prevalence, particularly mild to moderate TBI.

As individuals with mild to moderate TBI are being identified more frequently due to increased awareness, this Partnership grant will actually be able to connect these individuals to specific services and supports. In addition, the pilot TBI clinic at the Veterans Administration will be screening returning Veterans for mild to moderate brain injury and will then be able to refer them to the Neuro-Resource Facilitator for further assistance.

Action Plan

The second phase following the assessment of the needs of children and adults with TBI and their families was to develop a plan for comprehensive system of services. The Statewide Action Plan development began in 2003. The Action plan was organized around four content areas that were identified as high priorities by the needs assessment: Education and Awareness, Collection of Data about TBI Incidence and Prevalence, Enhancement of Services, and Expansion and Improvement of Key Supports. This project will advance the following outcomes in the action plan: Increasing access to comprehensive and coordinated services for children and adults with all levels of severity of TBI, improving the knowledge and skills of providers will increase identification and enhanced quality of services for children and adults with all levels of severity,

and increasing identification of TBI, particularly mild to moderate, will promote timely referral for services and supports.

Cultural Competence

As noted previously, the TBI Program continues to work with the Refugee Resettlement Project and the Minority Health Office to ensure that services are accessible to everyone. The laminated resource card has been developed in six different languages and was sent to the community health centers, shared with Refugee Resettlement staff, and the TBI Program's kiosk was exhibited at the state's minority health conference held in September of 2006. The Neuro-Resource Facilitator will use these connections to do outreach to refugees and immigrants in Vermont.

Best Practices

Established materials from other states and CDC tool kits will continue to be used to reach targeted personnel. NRF will bring Vermont to the next phase of building a comprehensive TBI service system. The best practice of team approaches to providing appropriate TBI services have been proven repeatedly within the State's Medicaid Waiver model. This project will take the experience of Vermont's Waiver model and New Hampshire's NRF model to build local systems that will effectively respond to individuals with TBI and their families. The Neuro-Resource Facilitator's function of training and supporting local service providers to assist individuals with brain injury will build on the increased awareness and education provided by the implementation grant. The project will also continue to utilize tools and materials developed at the Defense and Veterans Brain Injury Center (DVBIC). The TBI Program has already disseminated the brain injury screening tool and brain injury post-deployment questionnaire created by the DVBIC to VA personnel.

METHODOLOGY

Vermont proposes to establish a Neuro-Resource Facilitation (NRF) system based on the experience and existing system in its neighboring state of New Hampshire. Neuro-Resource Facilitators help individuals with brain injury to access and receive needed services to promote independent function. The Brain Injury Association of America and the National Association of State Head Injury Administrators (NASHIA) have recognized New Hampshire's NRF system as a best practice for the industry. The BIA of New Hampshire is partnering with Vermont to share their knowledge and lessons learned. The BIA of New Hampshire will conduct training and supervision of the new Neuro-Resource Facilitator in the first year. A feature of the New Hampshire model is that it includes TBI training for local service providers to enhance their ability to best serve individuals and families. This training is provided by the Neuro-Resource Facilitator when there is a client who needs services from these service providers. Learning is enhanced due to the immediate need to respond to the client being served. In this way, the Neuro-Resource Facilitator gradually builds local communities that have the ability to appropriately provide TBI supports and services.

The BIA of Vermont will hire the Neuro-Resource Facilitator in consultation with the State TBI Program and the BIA of New Hampshire. Vermont will work first with the Veterans Administration to create a plan to coordinate intakes and provide NRF to returned and returning

veterans who screen positively for possible brain injury. These veterans will be referred to the NRF, given education about brain injury and given options for appropriate services. Once a local provider is identified, the NRF will provide the training and education to staff necessary to ensure a successful outcome for the veteran. These services will be provided locally to the veteran whenever possible. Services may include occupational/physical/cognitive rehabilitation, access to public benefits including VA services, psychotherapy, housing, transportation, legal, advocacy, and respite. The individual's record will be kept confidential and secure.

In order to be eligible to participate in the NRF system, the veteran must be a legal Vermont resident, must have documented brain injury or assessment of probable mild brain injury, must be expected to benefit from services, and must have goals or objectives for which he/she would like assistance. These eligibility criteria coincide with those of the TBI Waiver program, except individual income and resources as well as severity of the injury will not be factor.

Neuro-Resource Facilitation is defined as a partnership that assists individuals to receive information that will enable them to make informed choices for services and supports in meeting their individual needs. Neuro-Resource Facilitators provide assistance in navigating systems and acquiring services and supports to achieve agreed-upon goals. Neuro-Resource Facilitation activities may include:

- Completing an intake form of identifying information, participant's needs and current resources;
- Educating the community and personal support systems to understand how barriers may impact the lives of participants;
- Planning mutually agreed-upon goals with services and/or supports needed to reach them;
- Identifying and locating resources, services, and supports;
- Facilitating access through the development and/or referral of resources, services, and supports;
- Monitoring the status of goals and the quality and appropriateness of services and supports;
- Adjusting services and supports as needed to attain goals;
- Provide outreach services to help identify individuals who could benefit from this program; and
- Assisting participants to advocate for themselves.

The Neuro-Resource Facilitator does not provide any direct services, but facilitates access to services. The State of Vermont TBI Program does not have a Neuro-Resource Facilitator at this time. Currently, the closest thing to neuro-resource facilitation is case management and is available only to individuals who are on the State's TBI Waiver Program. The documentation of this proposal's project will provide the evidence needed to show how advantageous NRF is to individuals and families. It is expected that the evidence will also show the financial savings in State dollars and reduction of time lost at work. In addition, the data collected will provide Vermont with more precise information on what services are most needed and where the gaps in services and supports exist. The experience gained from the project will shape the process of re-assessing needs in the state, for both children and adults. The TBI Advisory Board will continue to take a leading role in guiding and overseeing services and supports in conjunction with the Lead Agency.

Throughout the first year of the project, the development of policies and procedures will take place with oversight by the Neuro-Resource Facilitator and the BIA-VT's Executive Director. Monthly meetings will take place between the Neuro-Resource Facilitator and at least one BIA-VT board member to document procedures and set policies. The goal of these meetings will be to preserve the institutional knowledge of the training BIA-NH is providing. It is expected that the Neuro-Resource Facilitator will spend the first year learning the VA system, collaborating with the VA to identify and meet TBI training needs of the staff, and assisting with the development of the VA's new brain injury clinic.

The BIA-VT board will receive further training from the BIA-NH on board structure, board recruitment and retention, and capacity-building to sustain the NRF system. These trainings will take place quarterly in the first year. The BIA-VT will also create and implement an advertising plan for the NRF system in the first year. This plan will target State service providers, local service providers, the VA-WRJ staff, the VA's four Community-Based Clinics, and the returning veterans and their families. Various media will be used including radio, television, newspaper, magazines, professional newsletters, and materials distribution.

The enhancement of the BIA-VT's database to incorporate NRF system management will be necessary. The BIA of New Hampshire will share its database system and methods with the BIA-VT and provide on-site training to use the system. The continuously developing Information, Referral, and Assistance resource database will be made accessible to the Neuro-Resource Facilitator through a Web connection. The Neuro-Resource Facilitator will have a laptop computer to ease accessibility to data.

The NRF will be housed at the Vermont Office of Veterans Affairs in Montpelier. The Office of Veterans Affairs assists Veterans to determine their eligibility for VA benefits and navigate through the application process. Staff from this office and the NRF will confer and make appropriate referrals to each other. The staff also has extensive knowledge on VA systems to share with the NRF. In addition, the NRF will work at the VA in White River Junction at least one day a week to confer with the staff in the clinic and to meet with clients. The NRF will be an active participant in the VA's team working to identify service members with brain injury and provide access to appropriate services.

In early 2007, legislation will be introduced in Vermont proposing a TBI Trust Fund, initiated by the BIA-VT, the Vermont Disability Law Project, and the Vermont Center for Independent Living. The Coalition of Vermont Disability Rights has agreed to include the Trust Fund legislation on its platform. If made into the law, the TBI Trust Fund will charge an extra \$.50 to \$1.00 on all Vermont motor vehicle registrations including boats, snowmobiles, ATVs, motorcycles, and cars and trucks. With the potential to raise \$700,000 a year for TBI prevention, education, and services, the TBI Trust Fund would ensure a sustainable comprehensive system of support and services. Should this effort not be successful this year, the BIA-VT and the TBI Program will continue to seek other funding sources, and continue to work with existing systems to enhance capacity for assisting individuals with TBI. TBI awareness and education for Vermont legislators will be an ongoing effort throughout the three years of the project.

The second year of the grant will expand the NRF system to include all adults with TBI and their families. The TBI Program and its Advisory Board with the BIA-VT will assess the effectiveness of the NRF system, make needed adjustments, identify unmet needs, and strategize expansion. This process driven project and activities will depend on data collected from the initial project start up. The NRF system will also target individuals with TBI who are in transition after graduating from high school.

The final and third year of the project will collaborate with Vermont's Division of Children with Special Health Needs to expand the project to serve children with TBI and their families. The final year will also compile data collected in the previous year to make a better case for including Neuro-Resource Facilitation in the State Plan.

WORK PLAN

Also see attachment 6

Year 1

April – May 2007

The BIAs of Vermont and New Hampshire develop a letter of agreement.

State of Vermont enters into grant agreements with the BIAs of Vermont and New Hampshire.

BIA of Vermont, in consultation with the BIA of New Hampshire and the State TBI Program will advertise, recruit, and hire a full-time Neuro-Resource Facilitator to serve Vermont.

Equipment will be purchased: laptop, printer, cell phone and desk supplies for Neuro-Resource Facilitator.

The BIA-NH will begin training existing BIA-VT Administrative Assistant to support NRF system.

The BIA-VT Executive Director and at least one board member will visit the VA-WRJ to see the clinic and learn about current processes for screening, diagnosis, and treatment.

June 2007

BIA-NH will train the Neuro-Resource Facilitator and continue supervision for the first year.

The Vermont TBI Program and the staff of the Veterans Administration's TBI clinic will meet to share and collaborate on the scope and plan for the NRF and the remainder of the grant.

The Vermont Office of Veterans Affairs will train the new NRF on how to make appropriate referrals for application for service-connected disabilities.

The Vermont Office of Veterans Affairs will train the new Neuro-Resource Facilitator on how to make appropriate referrals for application for service-connected disabilities.

The NRF will gather samples of survey tools from BIA-NH and share them with the task force working on developing a survey tool.

June 2007 – March 2008

BIA of New Hampshire will train the Neuro-Resource Facilitator and continue supervision for the first year on an average of eight hours per week.

BIA-VT Executive Director will sit in on meetings between NRF and his/her supervisor on at least two separate occasions.

The Neuro-Resource Facilitator will spend at least one day per week working as a team member at the VA-WRJ clinic.

Hold regular meetings of Military Family Community Network to ensure proper referrals to NRF system from existing military service providers.

Create task force comprised of TBI Program staff, information technology staff, and Quality Management Unit staff, and the NRF to develop survey tool and analyze data.

BIA of New Hampshire will provide training to the BIA of Vermont board and staff on the work of the NRF and the structure needed to maintain this service over time. NH will provide this training quarterly.

The Neuro-Resource Facilitator (NRF) and the NRF supervisor maintain monthly contact with the BIA-VT ED to discuss and document the development of the NRF system, the duties of the NRF staff person and knowledge required, and work toward creating a procedures manual to protect the BIA-VT in case of NRF staff turnover.

July 2007

Consultants who developed the BIA-NH's NRF system database will work with the BIA-VT.

September 2007

The Neuro-Resource Facilitator will provide training on TBI to local service providers.

The BIA-VT and the TBI Program meet to draft policies and procedures of Neuro-Resource Facilitation.

November 2007-February 2008

The BIA-VT Executive Director and at least one board member will shadow the NRF for a full day on two separate occasions to learn the intricacies of the position.

December 2007

Apply for continuation of the grant for a second year of NRF services.

February 2008

Bring draft of Neuro-Resource Facilitation system policies and procedures to BIA-VT board for review and adoption.

The BIA-VT will develop a plan to address the second year of supervision for the NRF.

Year 2

April 2008

The Brain Injury Association of Vermont Executive Director will assume supervisory responsibility for the Neuro-Resource Facilitator as BIA Vermont will have a full year of experience and training from the BIA of New Hampshire on the NRF model.

Work with existing transition services targeted to recent high school graduates with TBI.

Data to be kept updated in the NRF database system by the NRF Administrative Assistant.

April-June 2008

TBI Advisory Board members will conduct a series of regional public forums on the needs of adults with TBI.

May 2008

Work with existing transition services targeted to recent high school graduates with TBI.

June 2008

The State Task Force and the BIA-VT will use the measurement tool created to review effectiveness of NRF system.

July-September 2008

Data gathered from the forums will be released to the public through the news media and made available on-line to help raise awareness.

Data gathered from the forums will be used to develop a plan for expansion of the NRF system and to supplement the Needs Assessment.

October 2008

Implementation of NRF system available to all adults.

Year 3

April-May 2009

Hire an additional half-time Neuro Resource Facilitator with specific expertise in Children's brain injury issues.

April-September 2009

Meet monthly with Children With Special Health Needs, Dept. of Ed., and other key service providers for children with disabilities to receive input on developing and sustaining an NRF system for children.

June 2009

The State Task Force and the BIA-VT will use the measurement tool created to review effectiveness of NRF system.

November 2009

Use input gathered from the process of collaboration to develop a plan that will address NRF system needs for children, including sustainability.

January 2010

Implement the new plan for children's NRF systems and pursue sustainability goals.

RESOLUTION OF CHALLENGES

Brain injury in the United States carries a heavy stigma, says Dr. George Zitnay, neuropsychologist and co-founder of the Defense and Veterans Brain Injury Center. (*National Geographic*, December 2006). The TBI Program has had conversations with VA staff who refer to the added stigma of being a military service member and having "mental health problems." Veterans fear being seen as weak or lazy, discharged from duty, and losing both career and pension. This problem is a true barrier to providing NRF services. The NRF and the VA staff will have to work hard to reassure service members of the value of receiving services sooner rather than later. Confidentiality will also be an issue needing to be addressed.

The BIA of Vermont is building and growing its capacity. The board is comprised of six (of a possible nine) individuals, four of whom are active between monthly board meetings. The new Executive Director works between 10 and 20 hours per week and the Information, Referral, and Assistance Specialist works full-time.

The involvement of the BIA of New Hampshire's staff to provide training for the board is integral to the success of this project. The current ED of the BIA of VT is identifying and recruiting board members, writing grants, and pursuing Vermont legislation for a TBI Trust Fund. New Hampshire's NRF Coordinator will oversee the work of the NRF in the first year. In preparation for subsequent years, the ED and at least two BIA board members will meet regularly with the NRF to develop written policies and procedures. This will help ensure the institutional memory of the NRF.

VA staff will require training and encouragement to use the screening tool as part of the post-deployment exam. The TBI Program staff will use Implementation Grant funds to provide training to physicians at the VA in White River Junction as well as those working regionally at the Community Based Clinics. The opportunity to work with the Veterans Administration is both encouraging and daunting. The Veterans Administration is large, with many programs and policies that are unfamiliar to TBI and BIA staff. State staff and the NRF will spend a significant amount of time making connections and learning about how the Veterans Administration and other military family services programs work. Many of these connections have already been made as the TBI Program staff have been active members of Vermont's Military Family Community Network (MFCN).

Both the TBI Program Coordinator and the Grant Manager are members of the Resources subcommittee. This committee's role in the MFCN is to:

- * Expand on resources provided by VT National Guard family programs
- * Develop Vermont 211 as a central portal for MFCN
- * Identify & communicate with existing resource providers throughout state
- * Trainings for 211 call center & key point persons in each geographic areas
- * Maintain statewide and regional listing of service providers
- * Resource training & updates for MFCN members, including conferences
- * Communications with Task Force & subcommittees re: resources, gaps, etc.

The TBI Program and BIA staff and board members have participated in trainings and dissemination of materials at two regional conferences held by the MFCN for service providers and two meetings to prepare family members for the return of service members.

The first conference was held in June just before the return of a large number of service members from the Middle East. The TBI Program arranged for two survivors of TBI to speak during a scheduled presentation about TBI and its signs, symptoms, and lasting effects. TBI was not mentioned otherwise throughout the day-long conference. By contrast, in October at the second MFCN conference, TBI was mentioned several times by *other presenters* whose focus was on Post Traumatic Stress Disorder or another topic. The change in awareness was apparent. We are continuing to work on awareness and training through the TBI Implementation Grant and this project will advance the effort further by providing personnel to work closely with the VA and the MFCN on a regular basis.

The Veterans Administration in White River Junction is creating a TBI clinic to screen, diagnose, and treat returning service members specifically of Operation Iraqi Freedom. The VA plans to expand its service once the program is more fully developed. This restriction to Veterans of Operation Iraqi Freedom creates a challenge for the NRF who will not make this same distinction and will assist any returning service member. It will be necessary for the NRF to make wide contacts at the VA to encourage referrals of service members who may have served in other Operations. The NRF will conduct outreach through the MFCN, through mailings to returned service members, and through the newsletter of the BIA of Vermont about the new Program and its availability.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

Prior to finalizing tools and all processes for evaluation, Vermont's TBI Program, as the lead agency within Vermont's Division of Disability and Aging Services, will form a task force comprised of Individuals within the Division's Information and Data Unit and the Quality Management Unit along with members of the Vermont Brain Injury Association. The Quality Management Unit is responsible for ensuring quality service expectations across the age span of birth to death and across multiple areas of disability for all of the Waiver programs in the division and have an extremely comprehensive quality assurance and quality improvement management system utilizing the CMS Quality Framework. This will allow us to draw on an enormous amount of expertise to both survey quality and analyze important data. This committee will examine the program goals and objectives, and then design the appropriate tools and

measurements that will be applied to create a survey tool. This survey tool will be sent to each individual and family member who has finished receiving NRF support. Because of the process-driven nature of this project, work quality, assessment, and progress will also be monitored through completion of proposed goals, objectives and activities, submission of reports, regular scheduled meetings with TBI Program Staff, TBI Advisory Board, Executive Director of the Brain Injury Association of Vermont and the Neuro-Resource Facilitator.

In addition, NRF Program intake forms will collect demographic data such as age, sex, ethnic origin, town of residence, cause of injury, and services needed. This data will be kept confidential and gathered for reporting to State and Federal agencies. The data will also be used to better understand what services are needed the most and where gaps in services exist. This data will drive the planning process to continue to meet individuals with brain injury and families where they are and ease access to needed services. The Information and Data Unit within the Division of Disability and Aging services will be able to analyze incoming data as needed.

The NRF will be able to access both a direct supervisor from New Hampshire as well as direct support in Vermont, as access to services between states are unique in some ways. The TBI Program staff will make themselves available to consult with the NRF based on their knowledge of Vermont resources. The NRF will also have access to the ED of the BIA of Vermont and to the database of Vermont TBI resources and services housed at the BIA of Vermont.

ORGANIZATIONAL INFORMATION

The lead agency and applicant for this project is the TBI Program, which is part of the Department of Disabilities, Aging and Independent Living (DAIL) under the umbrella of The Vermont Agency of Human Services (AHS). Several project collaborators and Advisory Board members – VDH-CSHN, Office of Minority Health, VDH-Health Surveillance Division, Refugee Resettlement Project, DVH-Division of Mental Health, DAIL-Division of Vocational Rehabilitation, and the Medicaid Division – are also part of the AHS. The AHS mission is to improve the conditions and well-being of Vermonters today and tomorrow and protect those who cannot protect themselves. Governor Douglas believes strongly in this mission and he has made the improvement of service to Vermonters a top priority of his Administration. The mission of DAIL is to make Vermont the best state in which to grow old or live with a disability – with dignity, respect, and independence.

The TBI Program currently provides a rehabilitation Medicaid Waiver for over 60 clients, provides consultation services, trains TBI case managers, monitors effectiveness of providers (in conjunction with the Quality Management Unit), and plans and hosts an annual two-day statewide brain injury conference, in conjunction with the BIA-VT, attended by over 400 people. In addition, the TBI Program oversees the activities of the Implementation Grant with the Advisory Board. Activities of the grant include raising awareness, training the workforce, and enhancing services. The grant funds the Information, Referral, and Assistance Service through a contract with the BIA-VT. The TBI Program has played a major role in the growth of the BIA-VT, which now has an office space, a trained full-time Information & Referral Specialist, and a toll-free help-line.

The TBI Program and the BIA-VT continue to plan and coordinate activities together. Contracts will be made to both the BIA-VT and the BIA-NH to develop and implement an NRF system in Vermont. The BIA-VT will hire and employ the new NRF, and the BIA-NH will provide the training and supervision to effectively launch the new system.

The project will be managed by TBI Program Coordinator Erin Weaver, with input from Implementation Grant Manager Robin Castle, the TBI Advisory Board, and Waiver Supervisor Adele Edelman. Erin Weaver has worked with the TBI Program for six years and is a Certified Brain Injury Specialist. She oversees all TBI Program and grant activities, supervises the grant manager, oversees the TBI Supervised Apartment Program, consults on children with brain injuries, and performs clinical intakes and provides clinical oversight to the Waiver. Refer to Attachment 3.

Regular meetings will continue to be held with the Brain Injury Association of Vermont to discuss the progress and challenges of this project, as well as the Information, Referral, and Assistance Service. The BIA of Vermont's ED will make quarterly reports to the Advisory Board and elicit guidance and feedback from the group. It is expected that Erin Weaver will spend 20% of her time overseeing the grants to New Hampshire and Vermont BIAs and tracking the match for the award. This 20% will be an in-kind contribution to the project.

Inter-Organizational Collaboration

The State of Vermont will use the collaborative process of the TBI Advisory Board, the Brain Injury Associations of Vermont and New Hampshire, and involvement on various committees to advance the proposed project. Trainings for VA staff and other service providers will be based on the self-assessed needs of the audience. The project will continue to involve the State Protection and Advocacy System to ensure that individuals with TBI have protected rights and access to needed services. The Vermont Protection and Advocacy (VP&A) is represented on the TBI Advisory Board and also on the board of the Brain Injury Association of Vermont (BIA-VT). VP&A has agreed to assist with trainings at the Veterans Administration in White River Junction and also at the Community-Based Clinics that serve Veterans.

Individuals with TBI and family members will continue to be active on the TBI Advisory Board, the Board of the BIA-VT, and the project managers will make an effort to recruit a Veteran with a TBI onto the state Advisory Board. Providers of direct services will also continue to be included on the Advisory Board and will be sought out to help plan and evaluate trainings for providers. There is representation from the Native American community on our Advisory Board and cultural competence to serve this population and others will continue to be a top priority of all TBI Program connected activities.

The BIA-VT will continue to use its Website and resource library as depositories of information resources. The Information, Referral, and Assistance Service at the BIA-VT is designed to centralize information resources and make access to these resources easy. The TBI Program and its Advisory Board will continue to seek out TBI information from other state agencies, private

organizations, and Federal initiatives and refer appropriate information to be housed at the I/R/A service.

A major goal of the Department of Disabilities, Aging, and Independent Living's re-organization is to encourage collaboration and integration of services. This includes integration of Waivers, serving clients with the program that best meets one's needs, and working with the Medicaid office to streamline documentation with a goal of creating both a single entry point for services as well as a seamless delivery system. All AHS staff are required to go through a "Beyond the Boxes" training, based on the initiative to encourage a paradigm shift to look for solutions beyond our individual program criteria. There is also a "New Agency Team" with representation across waivers that meets on a regular basis to problem solve individuals that "fall through the cracks" and to strategize solutions.

A representative from Vermont's Children with Special Health Needs Division sits on the Advisory Board. Information is disseminated to the Maternal and Child Health Bureau (MCHB) Program in Vermont through this representative and through the Shaken Baby Syndrome initiative. The MCHB Coordinator in Vermont has been notified of this grant proposal and is looking forward to working with the TBI Program in Years 2 and 3 of the project to explore NRF systems for children and families. A copy of exchanged correspondence is included in Attachment 11.

The application was prepared by Robin Castle, Implementation Grant Manager; Erin Weaver, TBI Program Coordinator; and Adele Edelman, Waiver Supervisor. Please direct any questions about this proposal to Robin Castle at Robin.Castle@dail.state.vt.us or (802) 241-3719.

Attachment 1: Budget Justification/Narrative and Staffing Plan

Line item: Contractual
Budget Justification

Year 1. Match funds will be provided by in-kind contributions from the State of Vermont and the Brain Injury Association of Vermont (BIA-VT.) In-kind contributions from the Veterans Administration cannot be used because they are Federally funded. The majority of direct costs will be generated through grant agreements with the Brain Injury Association of Vermont and the Brain Injury Association of New Hampshire (BIA-NH.) The Contractual section of the budget is justified as follows:

<i>Category</i>	<i>Description</i>	<i>Federal</i>	<i>Match</i>	<i>Total</i>
Personnel	Neuro-Resource Facilitator to begin work in June 2007. To be paid at rate of \$20/hour x 40 hours/week x 40 weeks. Hired by BIA-VT.	\$32,000	0	\$32,000
	Administrative Assistant to work half-time. Grant will cover half of salary and the other half to be covered by BIA-VT. Hired by BIA-VT. It is expected that this position will be filled by January 2007 at 10 hours per week to assist Information, Referral, and Assistance Service. The other 10 hours per week to begin April 1, pending approval of this proposal. \$13.10/hour x 20 hours/week x 52 weeks.	\$6,812	\$6,812	\$13,624
	TBI Program Supervisor – 20% of her time will be spent managing the grant and assisting the Neuro-Resource Facilitator to access services. All will be a State match. Annual salary - \$48,755 x 20%	0	\$9,751	\$9,751
	Supervisor of Neuro-Resource Facilitator provided by BIA-NH. Estimated at 416 hours a year (average of 8 hours per week) at \$50/hour. (BIA-NH employee.) Activities include oversight of hiring process, intensive training in the first two months of NRF employment, and monthly on-site meetings thereafter. Other oversight to be provided by BIA-VT Executive Director and board provided as match.	\$20,800	\$1,800	\$22,600
	Total Personnel	\$59,612	\$18,363	\$77,975
Fringe benefits	Neuro-Resource Facilitator – 20% of salary. BIA-VT benefits include health insurance, workman’s compensation Insurance, unemployment	\$6,400	0	\$6,400

	insurance, and FICA taxes.			
	TBI Program Supervisor – 35% of time spent (20%) on project will be a match. Vermont State benefits include sick and vacation leave, FICA, workman’s compensation insurance, unemployment insurance, life insurance, health insurance, dental insurance, retirement plan, and tuition reimbursement.	0	\$3,413	\$3,413.
	Total Fringe Benefits	\$6,400	\$3,413	\$9,813
Travel	Mileage for Neuro-Resource Facilitator. Frequent travel from office in Montpelier to New Hampshire for training, to Veterans Administration and to do local trainings. Estimated at 800 miles per month x 10 months x \$.445/mile.	\$3,560	0	\$3,560
	TBI grantee meeting in DC area. Cost for 3 people at estimated \$1,337.50/person includes roundtrip airfare of \$250; ground transportation of \$80; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$39.50. Authorizations to travel outside of state included in Attachment 11.	\$4,013	0	\$4,013
	NASHIA State of the States meeting. Cost estimated at \$1,337.50/person includes roundtrip airfare of \$250; ground transportation of \$80; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$39.50.	\$1,337	0	\$1,337
	Professional Conference attendance. Estimated that Neuro-Resource Facilitator will attend up to five professional conferences at an average expense of \$100 each. Conferences may include Vermont Case Managers’, State Nurse’s Association, etc.	\$500	0	\$500
	Mileage for Neuro-Resource Facilitator Supervisor. Supervisor will travel from Concord, New Hampshire to help with the hiring process, and then visit the NRF on a monthly basis. Estimated at 140 miles each trip x 12 trips = 1,680 miles x \$.445/mile.	\$748	0	\$748

	Mileage for TBI Program and BIA-VT staff and board for hiring, trainings, meetings. Six people x 50 miles x 12 meetings x .445/mile.	0	\$1,602	\$1,602
	Total Travel	\$10,158	\$1,602	\$11,760
Equipment	A laptop will be needed for the Neuro-Resource Facilitator. The NRF will not be housed at the BIA-VT, but will work at the State Office of Veterans Affairs and the Veterans Administration, as well as out in the field. Estimated cost of laptop is based on a Dell model Latitude D820. Cost to include shipping.	\$2,000	0	\$2,000
	Printer needed for Neuro-Resource Facilitator (letters, labels, forms.) Estimated cost based on HP LaserJet 1200 base model 110V, including shipping.	\$300	0	\$300
	Total equipment	\$2,300	0	\$2,300

Status of current equipment at State TBI Program is as follows:

<u>Equipment</u>	<u>User</u>	<u>Purchase Amt</u>	<u>Date Purchased</u>
Gateway VX700 Monitor	Waiver Supervisor	\$340	6/13/2000
Dell Optiplex GZ270D Computer	"	\$641	1/30/2004
HP IPAQ Handheld Computer	"	\$344	2/24/2005
Dell Latitude D800 Laptop	TBI Implementation Grant Manager	\$3,000	6/17/2005
Dell Flat Panel 17" Monitor	TBI Program Supervisor	\$250	3/17/2005
Dell Optiplex GX 280 Computer	"	\$650	9/19/2005
Camcorder Sony DCR TRV950	"	\$3,000	4/22/2003
Dell 1905 FP Monitor	TBI Administrative Assistant	\$400	12/21/2004
Dell Optiplex 520	"	\$1,000	12/21/2004
Dell 1704 FP Monitor	TBI Grant Administrative	\$250	3/17/2005

	Assistant		
Dell Optiplex GX 280 Computer	"	\$1,100	12/23/2004
Dell 5100cn Color Laser Printer	All	\$1,269	1/24/2005

Status of current equipment at the Brain Injury Association of Vermont is as follows:

Equipment	User	Date Purchased
Dell Inspiron 8600	I/R/A Specialist	2005
Dell Inspiron 8600	Executive Director	2005
HP LaserJet 3030 printer	I/R/A Specialist and Executive Director	2005
Canon pc 790 copier	Staff and board	2004
Sharp UX-510 Fax machine	I/R/A Specialist and Executive Director	2004

Supplies	Educational materials. Costs of books and DVDs for training purposes estimated at \$5,636. Materials supplied by the BIA-NH included. Some of this cost is match from TBI Program.	\$5,636	\$1,500	\$7,136
	Postage to mail outreach letters, books, flyers, client documentation, etc. estimated at 7,500 pieces at \$.39 each = \$2,925. Another \$95 added for larger pieces.	\$3,020	\$500	\$3,520
	Copying and printing charges estimated to include professional printing of 2,000 flyers and use of in-kind contribution copiers at the BIA-VT and State of Vermont.	\$2,500	\$1,500	\$4,000
	Desk supplies including paper, pens, file folders, etc.	\$250	0	\$250
	Total Supplies	\$11,406	\$3,500	\$14,906
Other	The Neuro-Resource Facilitator will need a cell phone due to frequent traveling. Estimated at \$100 for handset, \$100 for hands-free system (in vehicle) and \$60 each month thereafter. The BIA-VT will pay for the set-up.	\$600	\$200	\$800

	Computer support to set-up Web connection (\$500) to BIA-VT database and maintain laptop and printer, add NRF info. to Website, etc. (\$500).	\$942	\$58	\$1,000
✓	Consultation on database provided by BIA-NH outside consultant. Part of this will be an in-kind contribution. <i>hourly rate - how many hours</i>	\$7,100	\$2,900 <i>NCH</i>	\$10,000
	Internet Service Provider. The State Office of Veterans Affairs will provide Internet Service. Estimated at \$20/month <i>x 10 months</i>	0	\$200	\$200
	Office space for new NRF supplied by State Office of Veterans Affairs estimated at \$1,000/month for ten months. [Montpelier is the capitol city of Vermont and has limited and expensive office space].	0	\$10,000	\$10,000
	A meeting space stipend will be paid directly to the Veterans Administration for hosting the NRF at least one day a week as a team member. <i>Note: this is the only budget item that will be paid directly.</i> In-kind contribution from TBI Program and BIA-VT.	\$500	\$1000.00	\$500 <i>1,500</i>
	Telephone costs. Estimated \$150/month in-kind contribution from BIA-VT and State of Vermont relating to land-line expenses associated with the project.	0	\$1,800	\$1,800
	Quarterly training provided by the BIA-NH to the BIA-VT at a cost of \$950 per training x 4 trainings. BIA-VT Board Member time – in-kind contribution.	\$3,800	\$1,440 <i>hours</i>	<u>\$3,800</u>
	Training to the NRF on VA systems and the work of the State Office of Veterans Affairs provided as an in-kind contribution.	0	\$2,500	\$2,500
	Advertising and outreach to include professional designers, bus sign ads targeted to veterans, radio advertisements, newspaper advertisements, and posters. Estimated cost, partly provided in-kind through PSAs and news coverage.	\$5,000	\$2,500	\$7,500
	Task Force made up of personnel from TBI Program, Information Technology Program, and Quality Management Unit to develop a survey tool, set up computer systems to collect data, and data analysis. All of this will be a match.		\$10,024	\$10,024

59,300

	Total Other	\$17,942	\$28,982	\$46,924
	Total Direct Costs	\$107,818		
	In-Direct costs x 10% of direct	\$10,782	0	\$10,782
	Total costs for Year 1	\$118,600		

Year 2: The implementation grant will be finished and the Advisory Board time and mileage can be used as an in-kind contribution (In Year 1 all Advisory Board time is being used to match the implementation grant.)

Category	Description	Federal	Match	Total
Personnel	Neuro-Resource Facilitator to receive a cost of living increase. \$20.80/hour x 40 hours/week x 52 weeks. Hired by BIA-VT.	\$43,264	0	\$43,264
	Administrative Assistant to receive a cost of living increase and an increase in hours to support the expansion of the NRF system. The BIA-VT will pay for one third of the salary. \$13.72/hour x 30 hours.	\$14,268	\$7,134	\$21,402
	Supervision of the NRF will be provided by the BIA-VT. \$25/hour x an average of 6 hours/week x 52 weeks.	\$7,800	0	7,800
	TBI Program Supervisor - 20% of her time will be spent managing the grant and assisting the Neuro-Resource Facilitator to access services. All will be a State match. Annual salary - \$50,419 x 20%	0	\$10,083	\$10,083
	Total Personnel	\$65,332	\$17,217	\$82,549
Fringe benefits	Neuro-Resource Facilitator – 20% of salary. BIA-VT benefits include health insurance, Workman’s Compensation Insurance, Unemployment Insurance, and FICA.	\$8,653	0	\$8,653
	TBI Program Supervisor – 35% of time spent on project will be a match. Vermont State benefits include sick and vacation leave, FICA, Workman’s Compensation Insurance, Unemployment Insurance, life insurance, health insurance, dental insurance, retirement plan, and tuition reimbursement.	0	\$3,529	\$3,529
	Total Fringe Benefits	\$8,653	\$3,529	\$12,182
Travel	Mileage for Neuro-Resource Facilitator. Frequent travel to Veterans	\$5,340	0	\$5,340

	Administration and to do local trainings. Estimated at 1,000 miles per month (increase due to expansion of project) x 12 months x \$.445/mile.			
	TBI grantee meeting in DC area. Cost for 3 people at estimated \$1,337.50/person includes roundtrip airfare of \$250; ground transportation of \$80; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$39.50.	\$4,013	0	\$4,013
	NASHIA State of the States meeting. Cost estimated \$1,337.50/person includes roundtrip airfare of \$250; ground transportation of \$80; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$39.50.	\$1,337	0	\$1,337
	Professional Conference attendance. Estimated that Neuro-Resource Facilitator will attend up to five professional conferences at an average expense of \$100 each.	\$500	0	\$500
	Advisory Board members donate their mileage as an in-kind contribution. Advisory board: 25 members x 89 miles = 2,225 miles traveled per meeting x 4 meetings = 8,900 miles/year x .445 cents/mile = \$3,960.	0	\$3,960	\$3,960
	Steering committee members donate their mileage: 5 members x 86 miles = 430 miles traveled per meeting x 8 meetings = 3,440 miles/year x .445 cents per mile = \$1,531	0	\$1,531	\$1,531
	BIA-VT board members will let their mileage to board meetings be an in-kind contribution to the project. Six members x average of 50 miles each x 12 months = 3,600 miles x \$.445/mile = \$1,602.	0	\$1,602	\$1,602
	Total Travel	\$11,190	\$7,093	\$18,283
Supplies	Educational materials. Costs of books and DVDs for training purposes estimated at \$5,000. Part of this cost will be a match.	\$3,500	\$1,500	\$5,000
	Postage to mail outreach letters, books, flyers, client documentation,	\$2,400	0	\$2,400

	etc. estimated at 6,000 pieces at \$.39 each. Another \$60 added for larger pieces.			
	Copying and printing charges estimated to include professional printing of flyers and use of in-kind contribution copiers at the BIA-VT and State of Vermont.	\$1,613	\$1,635	\$3,248
	Desk supplies for both the NRF and the Administrative Assistant.	\$250	\$0	\$250
	Total Supplies	\$7,763	\$3,135	\$10,898
Other	The Neuro-Resource Facilitator will need a cell phone due to frequent traveling. Estimated at \$60 each month.	\$720	0	\$720
	Computer support of laptop and printer estimated cost.	\$500	0	\$500
	Internet Service Provider. The NRF may need to have access to the internet from home. Estimated at \$20/month.	\$240	0	\$240
	Office space for NRF and Administrative Assistant will be needed in the second year. Space in the Shelburne area [where the current BIA-VT office is located] estimated at \$750 per month. Part of this cost will be a match.	\$8,500	\$500	\$9,000
	A meeting space stipend will be paid directly to the Veterans Administration for hosting the NRF at least one day a week as a team member. <i>Note: this is the only budget item that is NOT part of the grant agreements/contractual.</i> Other meeting space will be a match from the BIA-VT.	\$500	\$500	\$1,000
	Telephone costs. Estimated \$35/month new set-up for NRF. In-kind contribution from BIA-VT and State of Vermont relating to land-line expenses associated with the project.	\$420	\$420	\$840
	Advertising and outreach to include professional designers, bus sign ads targeted to veterans, radio advertisements, newspaper advertisements, and posters. Estimated cost.	\$4,000	\$1,000	\$5,000
	TBI Advisory Board: 25 members x 60 hours of work for the year = 1,500 hours x \$20 per hour on average = \$30,000 for Advisory Board members. This includes meeting and travel time, plus work conducted	0	\$30,000	\$30,000

	outside of meetings such as training, media outreach, and advocacy.			
	Steering committee members will put in an additional 60 hours per year x 5 members = 300 hours x \$20 per hour on average = \$6,000.	0	\$6,000	\$6,000
	BIA-VT board members to contribute to oversight of the project. Monthly meetings, 2 hours/mo. x six board members x \$20 hour on average = \$240		\$240	\$240
	Total Other	\$14,880	\$38,660	\$53,540
	Total Direct Costs	\$107,18		
	In-Direct costs x 10% of direct	\$10,782	0	\$10,782
	Total costs for Year 2	\$118,600		

Year 3: The third year will include the addition of a new Neuro-Resource Facilitator.

Category	Description	Federal	Match	Total
Personnel	Neuro-Resource Facilitator to receive a cost of living increase. \$21.63/hour x 40 hours/week x 52 weeks. Hired by BIA-VT.	\$44,990	0	\$44,990
	Administrative Assistant to receive a cost of living increase. and an increase in hours to support the expansion of the NRF system. The BIA-VT will pay for two-thirds of the salary. \$14.20/hour x 30 hours x 52 weeks.	\$7,384	\$14,768	\$22,152
	Neuro-Resource Facilitator hired to work half-time. \$20/hour x 20 hours/week x 52 weeks.	\$20,800	0	\$20,800
	Supervision of the NRFs will be provided by the BIA-VT. \$25/hour x an average of 8 hours/week x 52 weeks.	\$5,200	\$5,200	\$10,400
	TBI Program Supervisor - 20% of her time will be spent managing the grant and assisting the Neuro-Resource Facilitator to access services. All will be a State match. Annual salary - \$52,021 x 20%	0	\$10,404	\$10,404
	Total Personnel	\$78,374	\$30,372	\$108,746
Fringe benefits	Neuro-Resource Facilitator (full-time)- 20% of salary. BIA-VT benefits include health insurance, Workman's Compensation	\$5,999	\$2,999	\$8,998

	Insurance, Unemployment Insurance, and FICA. The BIA-VT will cover one-third of this cost.			
	TBI Program Supervisor – 35% of time spent on project will be a match. Vermont State benefits include sick and vacation leave, FICA, Workman’s Compensation Insurance, Unemployment Insurance, life insurance, health insurance, dental insurance, retirement plan, and tuition reimbursement.	0	\$3,641	\$3,641
	Total Fringe Benefits	\$5,999	\$6,640	\$12,639
Travel	Mileage for Neuro-Resource Facilitator. Frequent travel to conduct trainings and meet with clients. Estimated at 1,000 miles per month x 12 months x \$.445/mile.	\$5,340	0	\$5,340
	Mileage for half-time NRF. Estimated at 500 miles per month x 12 months x \$.445/mile.	\$2,670	0	\$2,670
	TBI grantee meeting in DC area. Cost for 3 people at estimated \$1,337.50/person includes roundtrip airfare of \$250; ground transportation of \$80; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$39.50.	\$4,013	0	\$4,013
	NASHIA State of the States meeting. Cost estimated \$1,337.50/person includes roundtrip airfare of \$250; ground transportation of \$80; meals at \$32/day x 4 days = \$128; lodging at \$200 x 4 nights = \$800; \$40 for airport garage parking, and incidentals of \$39.50.	\$1,337	0	\$1,337
	Professional Conference attendance. Estimated that Neuro-Resource Facilitators each will attend up to five professional conferences at an average expense of \$100 each. The BIA-VT will cover this cost as a match.	0	\$1,000	\$1,000
	Advisory Board members donate their mileage as an in-kind contribution. Advisory board: 25 members x 89 miles = 2,225 miles traveled per meeting x 4 meetings = 8,900 miles/year x .445 cents/mile = \$3,960.	0	\$3,960	\$3,960

	Steering committee members donate their mileage: 5 members x 86 miles = 430 miles traveled per meeting x 8 meetings = 3,440 miles/year x .445 cents per mile = \$1,531	0	\$1,531	\$1,531
	BIA-VT board members will donate their mileage to board meetings as an in-kind contribution to the project. Six members x average of 50 miles each x 12 months = 3,600 miles x \$.445/mile = \$1,602.	0	\$1,602	
	Total Travel	\$13,360	\$8,093	\$21,453
Equipment	A laptop will be needed for the new Neuro-Resource Facilitator, who will work out in the field a great deal. Estimated cost of laptop is based on a Dell model Latitude D820. Cost to include shipping.	\$2,000	0	\$2,000
	Total Equipment	\$2,000	0	\$2,000
Supplies	Educational materials. Costs of books and DVDs for training purposes estimated at \$5,000. Part of this cost will be a match.	\$1,500	\$3,500	\$5,000
	Postage to mail outreach letters, books, flyers, client documentation, etc. estimated at 6,000 pieces at \$.39 each. Another \$60 added for larger pieces.	\$631	\$1,769	\$2,400
	Copying and printing charges estimated to include professional printing of flyers and use of in-kind contribution copiers at the BIA-VT and State of Vermont.	\$64	\$2,786	\$2,850
	Desk supplies for both NRFs and the Administrative Assistant.	\$500	\$0	\$500
	Total Supplies	\$2,695	\$8,055	\$10,750
Other	Both Neuro-Resource Facilitators will need a cell phone due to frequent traveling. Estimated at \$60/month for each. The BIA-VT will cover the cost of the handset.	\$1,440	\$100	\$1,540
	Computer support of laptops and printer estimated cost.	\$500	0	\$500
	Internet Service Provider. This cost for the NRFs is estimated at \$25/month.	\$300	0	\$300
	Increased office space for NRFs and Administrative Assistant will be needed in the third year. Space in the Shelburne area [where the current BIA-VT office is located] estimated at \$850 per month. Part of	\$2,150	\$8,050	\$10,200

	this cost will be a match.			
	Meeting space will be provided as an in-kind contribution from state offices and the BIA-VT.	\$0	\$1,000	\$1,000
	Telephone costs. Estimated \$35/month cost for each NRF. In-kind contribution from BIA-VT and State of Vermont relating to land-line expenses associated with the project.	\$0	\$840	\$840
	Advertising and outreach to include professional designers, bus sign ads targeted to veterans, radio advertisements, newspaper advertisements, and posters. Estimated cost.	\$1,000	\$4,000	\$5,000
	Total Other	\$5,390	\$13,990	\$19,380
	Total Direct Costs	\$107,818		
	In-Direct costs x 10% of direct	\$10,782	0	\$10,782
	Total costs for Year 2	\$118,600		

Staffing Plan

The Brain Injury Association of Vermont (BIA-VT) will hire a full-time Neuro-Resource Facilitator (NRF) and a half-time Administrative Assistant. Both staff members will need good computer skills including Microsoft Access, Excel, Outlook, and Word.

The NRF will be required to hold a Bachelors degree in a Humans Services field, preferably a Masters Degree. Experience working with and understanding of disability (ideally brain injury) issues will be important. The NRF will need the ability to work with families and individuals effectively and with diplomacy. The NRF will need experience assessing needs, have sound judgment, and have fine presentation skills. Strong communication skills will also be necessary. The NRF will work full-time. It is expected that the NRF will initially spend some time "shadowing" the NRFs in New Hampshire, learning the health care system at the Veterans Administration (VA) and networking with VA staff. Possibly the NRF will need to learn about TBI and the TBI services currently available in Vermont. The NRF will oversee the development of the NRF system policies and procedures. Work will be generated by the VA's brain injury clinic, scheduled to be opened in April of 2007. It is expected that this work will take 40 hours per week in the first two years of the project. The third year will require another Neuro-Resource Facilitator to work half-time and focus on developing an NRF system for children and families.

The Administrative Assistant (AA) will need to help facilitate communication between the NRF and the other BIA-VT staff. The AA will assist the NRF to keep the NRF database updated, to access the resource database as needed, and to assist with intakes as needed. Ten hours of the AA's time will be covered by the grant and the other ten will be an in-kind to the grant because the AA will also support the BIA-VT with Information, Referral, and Assistance system. The AA will need to be able to supervise volunteers, work independently and communicate effectively both orally and in writing.

Attachment 2: Job Descriptions for Key Personnel

Neuro-Resource Facilitator (position to be filled)

Duties:

- Work with individuals and families who are living with a brain injury.
- Work closely with Hospital Discharge Planners
- Meet with individuals and families to develop a plan of care.
- Gather pertinent information and records pertaining to the individual.
- Review and organize information gather from various sources.
- Consult with the individual/family to identify concerns and needed/requested services.
- Conduct ongoing assessment and update planning document as needed.
- Coordinate the delivery of services to meet identified goals and objectives.
- Advocate for equal access to services to maximize individual functioning and opportunities for inclusion.
- Consult with individual/family to ensure that services being received are appropriate, timely, and meeting identified goals and objectives.
- Consult with providers to ensure that the services provided are appropriate, timely, and meet identified goals and objectives.
- Guide individuals/family in resolving difficulties with agencies, access to services and/or service delivery.
- Support self-advocacy efforts.
- Maintain information and records in accordance with established policies and procedures.
- Serve as a consultant on brain injury issues for agencies and providers to ensure equal access to services and equitable treatment for all individuals.
- Monitor Family Information Program at area hospitals and rehabilitation facilities.
- Provide training and outreach to community agencies.
- Provide information and resource supports to individuals.
- Maintain confidentiality and standards of ethical practice.

Qualifications:

- Preferred Masters Degree in Counseling, Social Work, Psychology, Sociology, or related field; minimum Bachelors Degree required.
- Understanding of disability issues.
- Excellent communication skills, both written and verbal.
- Computer skills.
- Ability to work independently.

Administrative Assistant (to be hired)

Minimum Qualifications:

Knowledge, Skills and Abilities

Working knowledge of the principles and practices of public administration. Working knowledge of modern office management methods. Awareness of supervisory principles and practices. Ability to interpret and apply statutes and regulations of considerable complexity. Ability to work independently in difficult and complex tasks. Ability to communicate effectively

orally and in writing. Ability to prepare and deliver clear oral and written reports. Ability to establish and maintain effective working relationships.

Education and Experience Associate's degree in business technology, secretarial science or office management; OR High school graduation or equivalent and three years of office clerical experience. Completion of a one-year vocational/technical training program in business and office occupations or related area may be substituted for one year of the work experience. College coursework may be substituted for the work experience on a semester for six months basis.

Summary of Duties:

- Assist with the set up and maintenance of the TBI resource, membership, and I/R/A database.
- Organize and create a spreadsheet of Library books and resources.
- Make copies of BIAVT and Support brochures along with membership forms (keep supplies stocked).
- Newsletter - help with producing and mailing to members. (4x's a year).
- Enter Data from intake forms.
- Create Kiosk images, facts about TBI. Locate information and with symptoms/ images.
- Create BIAVT fact sheets/TBI Literature to mail out in packets.
- Answer phone and take messages when I am at meetings.
- Other tasks to be assigned as they come up.
- Answer phone as needed

TBI Implementation Grant Manager (Robin Castle)

The Grant Manager's role is to ensure all goals and objectives are completed and to carry out all of the administrative functions of the grant, including: ensure all state and federal financial forms and progress reporting requirements are met in a timely manner; supervise all contracts and consultants; liaison with project collaborators; coordinate public education and trained workforce activities; staff the Advisory Board and Steering Committee; supervise the Administrative Assistant.

Minimum Qualifications:

Knowledge, Skills, and Abilities

Considerable knowledge of TBI and disability issues

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 communicate effectively in oral and written forms.

Ability to prepare grant reports including related budget.

Ability to learn applicable federal and state rules, regulations, and procedures.

Ability to establish and maintain effective working relationships.

Working knowledge of state fiscal procedures.

Education

Bachelor's degree or graduation from an accredited school of nursing.

Experience

Three years work experience in a program dealing with TBI or other disability issues, which has included administrative, supervisory, training, and grant management responsibilities.

TBI Program Coordinator (Erin Weaver)

The Coordinator implements, coordinates, and monitors TBI program. Responsible for development of Medicaid Waiver for individuals with TBI, assessment of consumer eligibility and needs, and oversight of contractual service providers. Supervises the TBI Implementation Grant Manager.

Knowledge, Skills and Abilities Minimal Qualifications

Considerable knowledge of traumatic brain injury treatment models, resources, and service delivery programs.

Considerable knowledge of Medicaid policies and regulations.

Considerable knowledge of supervisory principles and regulations.

Knowledge of resources available for TBI clients.

Knowledge of community resources and facilities for vocational training and rehabilitation.

Ability to correctly interpret and apply rules and regulations of considerable complexity.

Ability to communicate effectively, both orally and in writing.

Education and Experience

Education: Bachelor's degree in related field.

Certification as a Brain Injury Specialist.

Experience:

Four years at a professional level in a rehabilitation program, including at least two year working with clients with traumatic brain injuries.

**Department of Disability, Aging and Independent Living
Medicaid Waiver Manager (Adele Edelman)**

Major Job Duties:

Develop, administer and monitor the 1115 Choices for Care Medicaid Waiver. Activities include develop and update operational protocol, participate, develop and implement new policies, ensure revisions to all CFC manual, complete all required State and Federal reports and documentation, monitor fiscal requirements and outcomes and provide technical assistance and consultation as required.

Provide oversight of the administration, monitoring and revisions of the Traumatic Brain Injury Program. Activities include participate, develop and implement new policies, ensure revisions to program manual, ensure completion of all required State and Federal reports and documentation, monitor fiscal requirements and outcomes, and provide technical assistance and consultation as required.

Direct supervision of four professional staff and indirect supervision of 15 additional professional staff. Activities include development of training, one-on-one supervision meetings, technical assistance and consultation.

Interact with providers, other state agencies, and federal partners. Activities include collaboration, facilitate communication, resolve issues and develop policy arrangement as needed.

Collaborate with quality Improvement Unit to develop and identify quality assurance system for the waivers. Activities include identify areas of compliance issues, collaborate to establish program outcomes, and provide review teams with agency specific strengths and challenges.

Executive Director – Brain Injury Association of Vermont (Trevor J. Squirrel)

Reports to: BIA-VT Board of Directors

Summary of Position:

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

Summary of Duties:

- Ensures that the requirements of the State of Vermont appropriations and other grants and contracts to the Brain Injury Association of Vermont are carried out consistent with the letter, spirit and intent of the appropriation.
- Facilitates effective fund-raising efforts, including grant applications, development, and management.
- Ensures awareness of legislation and coordinates appropriate follow-up of legislation with impact or potential impact on survivors of brain injury and their families.
- Effectively participates as non-voting member of the Board of Directors, in discussing and reviewing policies to ensure sound financial decisions.
- Selects, develops, and motivates an Association office staff team as well as volunteers to ensure effective and smooth running day-to-day operations of the office.
- Develops an open and effective working relationship with the President and Board of Directors to ensure effectiveness and cooperation.
- Ensures for planning and successful implementation of conferences, through effective selection of and communication with a program committee, hotel management, speakers, and others, as necessary.
- Ensures maximally informative and cost-effective communication between staff/office, Board of Directors, Executive Committee, membership, mailing list, and the public, through utilization of such resources as newsletters, web page, resource center, public service announcements, timely correspondence, etc.

- Ensures that all required reports, such as monthly financial reports, annual Association reports, treasurer's reports, tax forms, tax audit, etc. are completed accurately and filed with all necessary parties on time.
- Ensures that the Association's Personnel Policy and Procedural Manual is kept current on a minimum of an annual basis.
- Communicates on a regular basis with the Brain Injury Association of America to ensure that an adequate and timely flow of information is occurring between the Brain Injury Association of America and the Brain Injury Association of Vermont.
- Demonstrates and uses effective management practices, techniques, and processes in order to optimally impact the Association and the population it represents.

Executive Director - Brain Injury Association of New Hampshire

Reports to: BIA-NH Board of Directors

Duties:

- Organize and coordinate daily operations of the Association
- Manage the principal office including hiring, termination and supervision of staff
- Responsible for all expenditures with approved budget allocations
- Provide conflict resolution
- Serve as advisor to the President
- Provide data and special reports for legislators and state agencies
- Contract with State of New Hampshire for services
- Develop community partnerships
- Maintain confidentiality and standards of ethical practice
- Expand funding stream
- Responsible for securing grant funds
- Ex-officio, non-voting member of all committees including the Board of Directors and the Executive Committee

Qualifications:

- Masters Degree Required in Public Health, Business Administration or Related Field
- Minimum two years experience in a non-profit
- Understanding of disability issues
- Excellent written and verbal communication skills
- Computer skills

Attachment 3: Biographical Sketches of Key Personnel

Bio for Adele Edelman

Medicaid Waiver Manager - State of Vermont

Mrs. Edelman has a total of over 30 years in program development, management and supervision in governmental and non governmental venues. She brings to this project a knowledge of delivery system, resource development and program planning in the TBI system as well as other community and governmental systems. Her role will be to oversee the successful implementation of the grant through active participation in staff discussions and offering guidance and direction.

Bio for Erin Weaver

Traumatic Brain Injury Supervisor – State of Vermont

Ms. Weaver is a Certified Brain Injury Specialist with 12 years experience working in the field of Traumatic Brain Injury, 6 years of which have been with Vermont State government as both a Traumatic Brain Injury Specialist and most recently TBI Supervisor. Ms. Weaver brings to this project knowledge of TBI services and supports, TBI Clinical knowledge, and Expertise in co-occurring disorders, such as Mental Health and Substance Abuse. Her role will be to oversee the Partnership grant through direct Consultation and training to the Neuro-Resource Facilitator as well as Weekly participation and oversight regarding grant objectives.

Bio for Robin Castle

Traumatic Brain Injury Grant Manager – State of Vermont

Ms. Castle has a certification in Human Services; BA in Psychology and MA in Religious Studies. She has experience working as an advocate for elders, and grant management experience in a variety of non-profit organizations. She has worked for the State of Vermont as the TBI Implementation Grant Manager since February 2005. She has been successful in raising awareness, training the workforce, and networking with community partners.

Bio for 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.

Bio for Steven Wade

Executive Director – Brain Injury Association of New Hampshire

Steven Wade received his Master of Business Administration from Babson College. He has been the Executive Director for the Brain Injury Association of New Hampshire since 1992. Under his leadership, the Association has grown from one employee to sixteen. He has developed many new programs including the Neuro-Resource Facilitation Program. Mr. Wade is very active with community agencies as well as being a board member of the Brain Injury Association of America.

Attachment 4: Descriptions of Proposed Contracts

In year one of the proposed project, the State of Vermont will grant funds to the Brain Injury Association of Vermont (BIA-VT) and the Brain Injury Association of New Hampshire (BIA-NH).

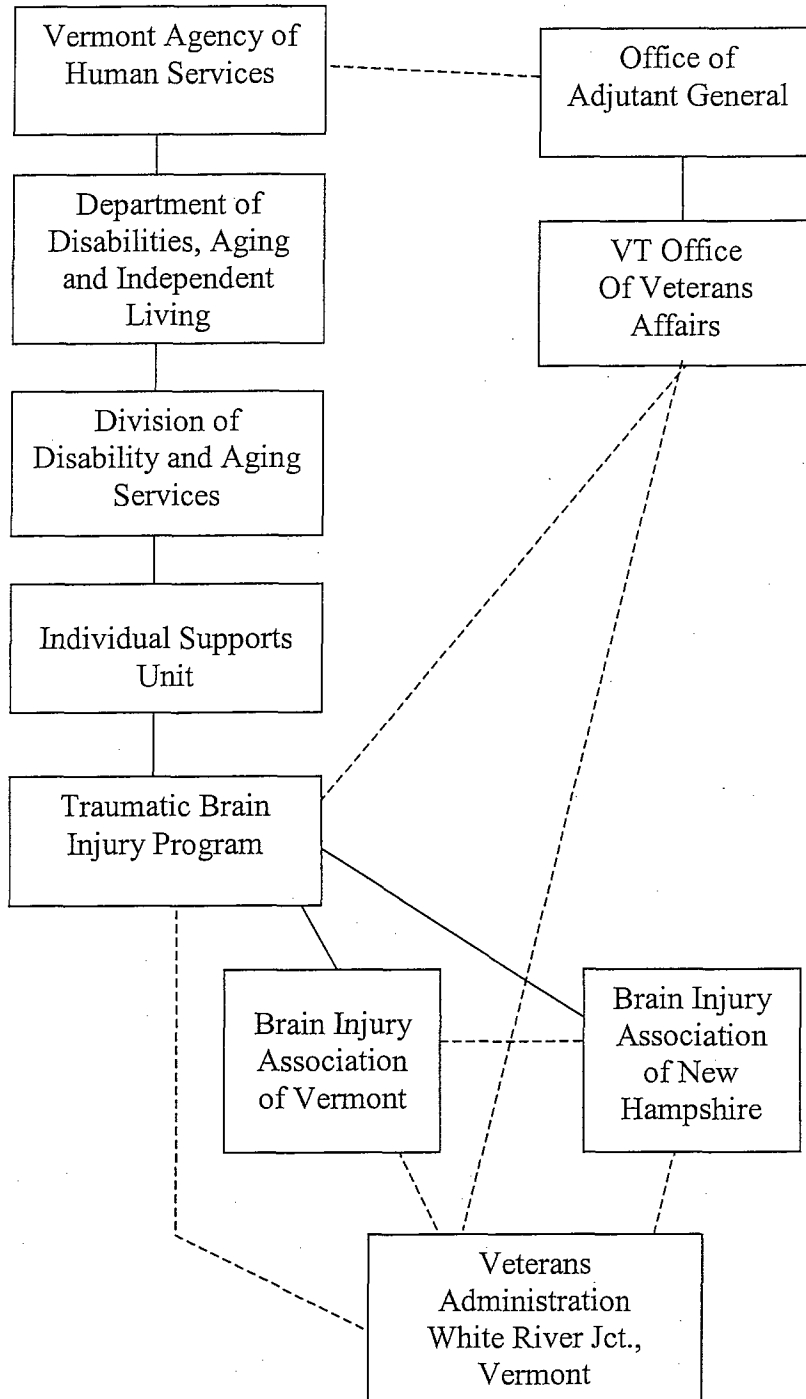
The pending deliverables for the BIA-VT will include:

- Hire a Neuro-Resource Facilitator (NRF) by the end of May 2007.
- Develop and sign a letter of agreement with the Veterans Administration in White River Junction that specifies the nature and scope of their working relationship including protection of the confidentiality of all individuals with TBI and their families.
- Develop and sign a letter of agreement with the BIA-NH that specifies the nature and scope of their working relationship including protection of the confidentiality of all individuals with TBI and their families.
- Develop policies and procedures for NRF systems.

The pending deliverables for the BIA-NH will include:

- Participate in the hiring process of the new NRF and make recommendations.
- Train the new NRF and continue supervision on an average of eight hours per week at the rate of \$50/hour through March 31, 2008.
- Consult with the BIA-VT as needed on NRF systems development.
- On a quarterly basis, train the Board and staff of BIA-VT on board structure, board recruitment and retention, development of policies and procedures, and capacity-building to sustain NRF services.

Attachment 5: Project Organizational Chart



Attachment 6: Work Plan with Timeline

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
GOAL 1: As the result of a comprehensive system, an increased number of returned/returning veterans with TBI will be identified and will have access to appropriate services within the VA and within their local communities.						
Objective 1: Develop and implement a Neuro-Resource Facilitation system in Vermont targeted to returning veterans with TBI.	BIA's of Vermont and New Hampshire develop a letter of agreement.	April-May				BIA-VT
	State of Vermont enters into grant agreements with the BIA's of Vermont and New Hampshire.	Completion date: April 30.				TBI Program
	Apply for continuation of the grant for a second year of NRF services.		Planning mtgs. Take place	Completion Date: December 1, 2007		TBI Program
Objective 2: Hire and train a full-time Neuro-Resource Facilitator and a part-time administrative assistant.	BIA of Vermont, in consultation with the BIA of New Hampshire and the State TBI Program will advertise, recruit, and hire a full-time Neuro-Resource Facilitator to serve Vermont.	April-May				BIA-VT

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
	BIA-NH will begin training existing Administrative Assistant to support NRF system.	April -June				BIA-VT with BIA-NH
	Equipment will be purchased: Laptop, printer, cell phone and desk supplies for Neuro-Resource Facilitator.	April 30.				BIA-VT
	BIA of New Hampshire will train the Neuro-Resource Facilitator and continue supervision for the first year on an average of eight hours per week.	Beginning June	Ongoing	Ongoing	Contract with BIA-NH to provide supervision ends March 31.	BIA-NH
Objective 3: Collaborate with the Veterans' Administration, the State Office of Veterans Affairs and members of the Military Family Community Network to establish a partnership for system implementation.	Hold regular meetings of Military Family Community Network to ensure proper referrals to NRF system from existing military service providers.	June	September	December	March	TBI Program with the VA

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
	The Vermont Office of Veterans Affairs will train the new NRF on how to make appropriate referrals for application for service-connected disabilities.	June	Ongoing	Ongoing	Completion of training March 31.	BIA-VT
	The NRF will provide training on TBI to local service providers.			September	Ongoing	BIA-VT
Objective 4: The Veterans Administration will provide training to the Brain Injury Association of Vermont on the VA system, processes, and newly instated VA-WRJ TBI Clinic.	The BIA-VT ED and at least one board member visit the VA to see the clinic and learn about current processes for screening, diagnosis, and treatment.	May				BIA-VT
	The NRF will spend at least one day per week working as a team member at the VA clinic.	Beginning June	Ongoing	Ongoing	Ongoing	BIA-VT
Objective 5: Establish protocols among partners to ensure clarity and sustainability.	BIA-VT, and TBI Program meet to draft policies and procedures of NRF system.			September		BIA-VT
	Bring draft of NRF System policies and procedures to BIA-VT board for review and adoption.				February	BIA-VT
GOAL 2: The Brain Injury Association of Vermont will have the capacity to sustain an effective Neuro-Resource Facilitation Program.						

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
Objective 1: Increase the knowledge and skill of BIA of Vermont so they have the capacity to sustain an effective Neuro-Resource Facilitation program.	BIA of New Hampshire will provide training to the BIA of Vermont board and staff on the work of the NRF and the structure needed to maintain this service over time. NH will provide this training quarterly.	April	July	October	January	BIA-VT with BIA-NH
Objective 2: Establish cross-training mechanisms to ensure institutional memory of Neuro-Resource Facilitation.	The NRF and NRF supervisor maintain monthly contact with the BIA-VT ED to discuss and document the development of the NRF system, the duties of the NRF staff person and knowledge required, and work toward creating a procedures manual to protect the BIA-VT in case of NRF staff turnover.	Convene in June	Ongoing	Ongoing	Completion of procedures manual: March 31, 2008.	BIA-VT
Objective 3: Increase capacity of the BIA-VT to assume leadership of the NRF system.	The BIA-VT will develop a plan to address the second year of supervision for the NRF.				March 1	BIA-VT
	The BIA-VT Executive Director and at least one board member will shadow the NRF for a full day on two separate occasions to learn the intricacies of the position.			November - December	February	BIA-VT
	BIA-VT Executive Director will sit in on meetings between NRF and his/her supervisor on at least two separate occasions.		June-July		January-February	BIA-VT
Objective 4: Enhance the efficiency of the BIA-VT's database.	Consultants who developed the BIA-NH's NRF system database will work with the BIA-VT.		July	Ongoing	Ending March 31.	BIA-VT

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
Objective 5: Develop and maintain systems to collect demographic statistics and to evaluate the system's effectiveness.	Create task force comprised of TBI Program staff, information technology staff, and Quality Management Unit staff, and the NRF to develop survey tool and analyze data.	June	Ongoing	Completion of survey tool.	Implementation of tool and gathering of data.	TBI Program
	The NRF will gather samples of survey tools from BIA-NH and share them with the task force.	June				BIA-VT
<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year2/ Quarter1</u>	<u>Year2/ Quarter2</u>	<u>Year2/ Quarter3</u>	<u>Year2/ Quarter4</u>	<u>Lead Agency</u>
GOAL 3: A professional Neuro-Resource Facilitation system will be available to all adults in Vermont with TBI.						
Objective 1: Modify the NRF system to include the general adult population, 16 and older.	TBI Advisory Board members will conduct a series of regional public forums on the needs of adults with TBI.	April-June				TBI Program with the BIA-VT
	Data gathered from the forums will be released to the public through the news media and made available on-line to help raise awareness.		July-September			TBI Program with the BIA-VT
	Data gathered from the forums will be used to develop a plan for expansion of the NRF system and to supplement the Needs Assessment.		July-September			TBI Program with the BIA-VT
	Implementation of NRF system available to all adults.			October 15		TBI Program with the BIA-VT

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
Objective 2: As training needs to the VA decrease, the number of individuals accessing the NRF system will increase.	Data to be kept updated in the NRF database system by the NRF Administrative Assistant.	Ongoing	Ongoing	Ongoing	Ongoing	BIA-VT
Objective 3: Reassess NRF eligibility criteria, including ages served and priorities and revise policies as needed based on the analyzing data from year one.	The State Task Force and the BIA-VT will use the measurement tool created to review effectiveness of NRF system.		June			TBI Program with BIA-VT
Objective 4: Collaborate with existing transition services targeted to recent high school graduates with TBI.	Work with existing transition services targeted to recent high school graduates with TBI.	May	Ongoing	Ongoing	Ongoing	TBI Program
<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year3/ Quarter1</u>	<u>Year3/ Quarter2</u>	<u>Year3/ Quarter3</u>	<u>Year3/ Quarter4</u>	<u>Lead Agency</u>
GOAL 4: Children with TBI and their families will have access to the appropriate supports and services within their communities.						
Objective 1: Reassess NRF eligibility criteria, including ages served and priorities and revise policies as needed based on the analyzing data from year two.	The State Task Force and the BIA-VT will use the measurement tool created to review effectiveness of NRF system.		June			BIA-VT and TBI Program

<u>Goals/Objectives</u>	<u>Activities</u>	<u>Year1/ Quarter1</u>	<u>Year1/ Quarter2</u>	<u>Year1/ Quarter3</u>	<u>Year1/ Quarter4</u>	<u>Lead Agency</u>
Objective 2: Hire an additional half-time NRF with expertise in Children and Brain Injury so that appropriate referrals occur.	TBI Program and the BIA-VT will advertise and hire a new half-time NRF to focus on children's services.	May 31				BIA-VT
Objective 3: Collaborate with Vermont's Division of Children with Special Needs to develop an appropriate NRF system for children under age 16.	Meet monthly with Children With Special Health Needs, Dept. of Ed., and other key service providers for children with disabilities to receive input on developing and sustaining an NRF system for children.	April-June	July-September			BIA-VT and TBI Program
	Use input gathered from the process of collaboration to develop a plan that will address NRF system needs for children, including sustainability.				November 1	BIA-VT and TBI Program
	Implement the new plan for children's NRF systems and pursue sustainability goals.				January 1	BIA-VT

Attachment 7: Lead Agency Designation

The Department of Disabilities, Aging, and independent Living is recognized by the Vermont Agency of Human Services as the lead agency for TBI supports and services. There is no statute, executive order, or official policy on this matter.

Attachment 8: Advisory Board Roster & Composition

Members:

<p>Name: Marsha Bancroft (Vice-Chair)** Vt. Protection & Advocacy/Family</p> <p>Address: Member 141 Main Street, Suite 7</p> <p>Phone: Montpelier, VT 05602</p> <p>Fax: 800-834-7890, ext. 106</p> <p>Email: marsha@vtpa.org</p>	<p>Name: Diane Bogdan, BSN, CCNP (Chair)**</p> <p>Address: VSH - Education & Training Coordinator</p> <p>Phone: 103 South Main Street</p> <p>Fax: Waterbury, VT 05671-1001</p> <p>Email: (802) 241-3122 dbogdan@vdh.state.vt.us</p>
<p>Name: Nancy Breiden Disability Law Project</p> <p>Address: 57 North Main Street Rutland, VT 05701</p> <p>Phone: (802) 775-0021, ext. 429</p> <p>Fax: (802) 775-0022</p> <p>Email: nbreiden@vtlegalaid.org</p>	<p>Name: Emmie Burke Head Injury Stroke Ind.</p> <p>Address: Proj./Family Member P.O. Box 1837A</p> <p>Phone: Rutland, VT 05701</p> <p>Fax: (802) 446-2302</p> <p>Email: (802) 446-2302 eburke7773@aol.com</p>
<p>Name: Michael Ferguson Vt. Department of Education</p> <p>Address: 654 Granger Road Berlin, VT 05602</p> <p>Phone: (802) 828-5110</p> <p>Fax: (802) 828-0573</p> <p>Email: mferguson@doe.state.vt.us</p>	<p>Name: Leon Freimour Individual with a TBI</p> <p>Address: 22 Outlook Lane Jericho, VT 05465</p> <p>Phone: (802) 769-4137 (M-W) 802-899-</p> <p>Fax: 9946</p> <p>Email: freimour@us.ibm.com</p>
<p>Name: William F. Frey, PhD Psychologist</p> <p>Address: 64 Allen St. Rutland, VT 05701</p> <p>Phone: (802) 773-3965</p> <p>Fax: (802) 773-3965</p> <p>Email: wfreyed@hotmail.com</p>	<p>Name: Tishia Goddard Individual with a TBI</p> <p>Address: 3 Hutchins Circle Barre, VT 05641</p> <p>Phone: (802) 479-0740</p> <p>Fax:</p> <p>Email: tolzersf@aol.com</p>
<p>Name: Margaret Higgins Professional Nurses Service</p> <p>Address: P.O. Box 188 Winooski, VT 05404</p> <p>Phone: (802) 655-7111 / 800-446-8773 /</p> <p>Fax: home) (802) 475-2934</p> <p>Email: (802) 655-8281 m.higgins@pronurses.com</p>	<p>Name: Roger Knakal, MD Fletcher Allen Health Care</p> <p>Address: 790 College Parkway Colchester, VT 05446</p> <p>Phone: (802) 847-6900.</p> <p>Fax:</p> <p>Email: roger.knakal@vtmednet.org</p>

<p>Name: Betsy Lawrence VDH, Children with Special Address: Health Needs PO Box 70 Phone: Burlington, VT 05402 Fax: (802) 863-7338 or (802) 865-1328 Email: blawren@vdh.state.vt.us</p>	<p>Name: Dr. Todd Lefkoe Rutland Regional Medical Center Address: 106 Allen Street Rutland, VT 05701 Phone: (802) 747-3633 Fax: (802) 747-6223 Email: tlefkoe@rrmc.org</p>
<p>Name: Maureen Mayo** Vt. Center for Independent Address: Living/Individual with a TBI 455 S. Main Street Phone: Northfield, VT 05663 Fax: (802) 229-0501 Email: (802) 229-0503 moekel@vcil.org</p>	<p>Name: Susan Patch-Crandall Individual with a TBI Address: 353 Clay Hill Rd. Hartland, VT 05048 Phone: (802) 295-5025 Fax: Email: susanpcall@earthlink.net</p>
<p>Name: Judy Peterson Central Vt. Home Health and Address: Hospice 600 Granger Road Phone: Barre, VT 05641 Fax: (802) 224-2222 Email: jpeterson@cvhhh.org</p>	<p>Name: Anne Tisbert Family Member of Individual Address: with a TBI 5901 Pleasant Valley Road Phone: Cambridge, VT 05444 Fax: (802) 644-6598 Email: tisbert@pshift.com</p>
<p>Name: James Vyhna** Individual with a TBI Address: 8 Mountain Street Bristol, VT 05443 Phone: (802) 985-8440 Fax: Email: vyhna@sover.net</p>	<p>Name: Jason Whitney Individual with a TBI Address: 354 Hildred Drive Burlington, VT 05401 Phone: (802) 864-0446 Fax: Email: redsvermont@aol.com</p>
<p>Name: Eileen Worcester (Secretary)** Division of Mental Health Services Address: PO Box 70, 108 Cherry St. Burlington, VT 05402-0070 Phone: (802) 652-2015 Fax: Email: eworcester@vdh.state.vt.us</p>	<p>Name: Vacant Director, Office of Minority Address: Health PO Box 70 Phone: Burlington, VT 05402 Fax: () - Email:</p>

Ex Officio:

Name: Samantha Baraw TBI Program Address: 103 South Main Street, Weeks Bldg. Waterbury, VT 05671-1601 Phone: (802) 241-3624 Fax: (802) 241-4224 Email: Samantha.Baraw@dail.state.vt.us	Name: Robin Castle TBI Program Address: 103 South Main Street, Weeks Bldg. Waterbury, VT 05671-1601 Phone: (802) 241-3719 Fax: (802) 241-4224 Email: Robin.Castle@dail.state.vt.us
Name: Adele Edelman TBI Program and Family Member Address: 103 South Main Street, Weeks Bldg. Waterbury, VT 05671-1601 Phone: (802) 241-2402 Fax: (802) 241-4224 Email: Adele.Edelman@dail.state.vt.us	Name: Heather Gauvin TBI Program Address: 103 South Main Street, Weeks Bldg. Waterbury, VT 05671-1601 Phone: (802) 241-4593 Fax: (802) 241-4224 Email: Heather.Gauvin@dail.state.vt.us
Name: Erin Weaver TBI Program Address: 103 South Main Street, Weeks Bldg. Waterbury, VT 05671-1601 Phone: (802) 241-1456 Fax: (802) 241-4224 Email: Erin.Weaver@dail.state.vt.us	

Consultants:

Name: Clayton Clark Vermont Office of Veterans Affairs Address: 118 State Street Montpelier, VT 05620-4401 Phone: (802) 828-3379 Fax: (802) 828-5932 Email: Clayton.Clark@state.vt.us	Name: Bryan Dague UVM Supported Employment Address: Technical Consultant 208 Colchester Ave., Mann Hall, 3rd floor Phone: Burlington, VT 05405 Fax: (802) 656-1345 Email: (802) 656-1357 bryan.dague@uvm.edu
Name: Caroline Dawson Vt. Department of Health/Health Address: Surveillance PO Box 70, 108 Cherry St Phone: Burlington, VT 05402 Fax: (802) 865-7783 Email: (802) 865-7701 cdawson@vdh.state.vt.us	Name: Denise Lamoureux Refugee Resettlement Address: Coordinator 103 South Main Street Phone: Waterbury, VT 05671-2303 Fax: (802) 241-2229 Email: denisel@ahs.state.vt.us

<p>Name: Glen McClintock Vt. Supported Employment</p> <p>Address: Coordinator, DVR 103 South Main Street</p> <p>Phone: Waterbury, VT 05671</p> <p>Fax: (802) 241-2195</p> <p>Email: glen.mcclintock@dail.state.vt.us</p>	<p>Name: Trevor Squirrel Brain Injury Association of</p> <p>Address: Vermont PO Box 226</p> <p>Phone: Shelburne, VT 05482</p> <p>Fax: (802) 985-8440</p> <p>Email: (802) 985-8440 tsquirrel@sover.net</p>
<p>Name: Edith Munene Vt. Department of Health/ Health</p> <p>Address: Surveillance PO Box 70, 108 Cherry St</p> <p>Phone: Burlington, VT 05402</p> <p>Fax: (802) 651-1978</p> <p>Email: (802) 651-1634 emunene@vdh.state.vt.us</p>	<p>Name: Sheila Tourangeau** Brain Injury Association of</p> <p>Address: Vermont PO Box 226</p> <p>Phone: Shelburne, VT 05482</p> <p>Fax: (802) 985-8440</p> <p>Email: (802) 985-8440 biavtinfo@adelphia.net</p>

Attachment 9: Summary of Needs and Resources Assessment

The conclusion of the Needs Assessment was that Vermont does not have a comprehensive system of services for individuals with TBI and their families. In general, the more severe the injury and the higher the level of need, the more likely an individual with TBI is to receive comprehensive services and supports. In particular, the system lacks services for people who have suffered mild to moderate TBI. This is closely tied to the fact that these individuals frequently are unidentified. Lack of identification in turn is tied to lack of awareness about TBI among the general public, professionals, educators and service providers. Inadequate data sources to track incidence and prevalence of mild to moderate TBI also contributes to this problem.

For individuals with TBI who meet its eligibility criteria, the services provided under the TBI Waiver are regarded as comprehensive, appropriate, and of high quality. But even the TBI Waiver is not designed to meet the long-term needs of many individuals with TBI and their families. For individuals with TBI who are not Waiver-eligible, it is difficult to access comprehensive services, even for those with private insurance coverage or personal financial resources. For these individuals, it is a patchwork of services and supports with gaps and varying eligibility requirements.

Vermont has a number of model programs to address the needs of individuals with TBI and their families. However, information gathered from all sources in the needs and resource assessment, as well as from TBI Program staff, points to the need to create a comprehensive system of TBI services and supports for Vermont with TBI and their families.

The Statewide Action Plan

The Action Plan is presented in three levels of detail, beginning with the Outline of Action Plan Priorities. Plans for addressing each priority are described in the section entitled Priorities, Long Term Outcomes, Objectives and Activities.

OUTLINE OF ACTION PLAN PRIORITIES

TIER 1:

1A. PRIORITIES RELATED TO EDUCATION AND AWARENESS

- Information and Referral/Assistance (and links to resource facilitation).
- Trained work force (health care professionals, educators, vocational counselors, direct care providers, and staff of community-based organizations).
- Public education about TBI (audiences include individuals with TBI, their families, service providers, professionals, and the general public).

1B. DATA COLLECTION

- Development of systems to track incidence and prevalence of TBI among children and adults, particularly for mild and moderate TBI.

TIER 2: PRIORITIES RELATED TO ENHANCEMENT OF SERVICES

- Case management/resource facilitation.
- Expansion of TBI Waiver, i.e., duration and eligibility.
- Services and supports without durational limits, including rehabilitation therapies, case management, home based services, and employment supports.

TIER 3: PRIORITIES RELATED TO EXPANSION AND IMPROVEMENT OF KEY SERVICES AND SUPPORTS

- Family supports.
- Respite.
- Transportation.
- Financial assistance for daily living and services.
- Social opportunities, support groups, and counseling.

PRIORITIES, LONG TERM OUTCOMES, OBJECTIVES AND ACTIVITIES

TIER ONE: PRIORITIES RELATED TO EDUCATION AND

AWARENESS

Information, Referral and Assistance (I/R/A)

Long Term Outcome: Accurate, consistent, and accessible TBI information will enhance the ability of Vermont to meet the needs of children and adults with TBI, their families, and the professionals serving them.

Objective 1. Develop a centralized toll-free TBI I/R/A service.

Activities:

- Contract with I/R/A provider and train I/R/A staff.
- Develop mechanisms for cross referrals to non-TBI specific I/R/A providers and other resources/providers.
- Develop resource database specific to TBI and database for client information.

Objective 2. Improve access to appropriate services and supports, and increase knowledge about TBI among children and adults with TBI, their families, and providers.

Activities:

- Develop resource library, resource packets and mechanisms for dissemination.
- Create web-site with links to access materials in resource library and other web links, by categories.
- Respond to and follow up on requests for information, referral, and assistance.
- Establish referral links to resource facilitation and case management.

Public Education

Long Term Outcome: Increased identification of TBI, particularly mild to moderate, in children and adults to promote timely referral for services and supports.

Objective 1. Increase awareness about TBI among emergency medical personnel.

Activities:

- Write article for EMS newsletter about causes, consequences, and documentation of TBI.
- Include information about causes, consequences, and documentation of TBI with license renewals for EMS personnel.

- Mail article to hospital emergency department personnel about causes, consequences, and documentation of TBI.

Objective 2. Increase awareness about TBI among individuals with mild to moderate TBI and their families.

Activities:

- Adapt/develop TBI information and Vermont resources card.
- Distribute TBI information/Vermont resources card through hospital emergency departments and primary care providers.
- Provide information about TBI through an EMS cancellation form for individuals who refuse hospital emergency services.

Objective 3. Increase awareness about TBI among health care providers.

Activities:

- Mail quick reference card with TBI screening tool and resource information to primary care providers.
 - Offer CDC physician toolkit at trainings and public education events for primary care providers.
 - Submit articles on TBI to local and state nursing journals and newsletters.
 - Offer TBI presentation as part of ongoing awareness events for UVM family practice residents.

Objective 4. Increase awareness about TBI among school personnel.

Activities:

- Include TBI information in Vermont Department of Health annual mailing to school nurses.
- Submit article on TBI for special educators' newsletter.
- Offer presentation on TBI at regional meetings of Vermont special educators.
- Mail informational card about sports and concussion to school and college coaches and physical education teachers.

Objective 5. Increase awareness about TBI among ethnic and racial minorities.

Activities:

- Contact leaders of faith-based organizations.
- Present information at workplaces with significant numbers of employees from ethnic and racial minorities.

Objective 6. Increase awareness about TBI among the general public through public relations activities in coordination with other Public Education objectives and activities.

Activities:

- Submit general press release about Vermont TBI Action Plan and human interest stories to weekly newspapers.
- Offer TBI presentations on Vermont radio forums and local cable access television stations.
- Distribute BIA-America video clips to media outlets.
- Develop publicity campaign for TBI I/R/A service.

Trained Workforce

Long Term Outcome: Improved knowledge and skills of providers to increase identification and enhance quality of services and supports for children and adults with TBI.

Objective 1. Increase TBI expertise of health care providers.

Activities:

- Explore opportunities to offer TBI training at conferences of Vermont medical specialty associations.
- Explore opportunities to offer TBI training at hospital grand rounds and through telemedicine.
- Offer workshop on TBI and staffed information table at annual nurses conference.

Objective 2. Increase TBI expertise of school personnel.

Activities:

- Explore options to provide training and TBI screening tools to special educators and evaluators.
- Offer TBI workshop at school nurses conference.
- Offer TBI workshop at annual Vermont NEA conference.

Objective 3. Increase TBI expertise of vocational counselors.

Activities:

- Research development of TBI certificate program for rehabilitation counselors.
- Offer TBI workshop at supported employment quarterly trainings and annual conference.

Objective 4. Increase TBI expertise of emergency medical personnel.

Activities:

- Offer workshop and full-day intensive training at EMS annual conference.

Objective 5. Increase TBI expertise of direct care workforce.

Activities:

- Explore vehicles to provide TBI training to direct care workers for children and adults with TBI.

TIER ONE: PRIORITIES RELATED TO DATA COLLECTION

Long Term Outcome: Planning for TBI services and supports is based on TBI incidence and prevalence data for all ages and levels of severity in Vermont.

Objective 1. Establish systems to track incidence and prevalence of TBI in Vermont.

Activities:

- Study data collection models used by other states.
- Explore creation of a TBI registry in collaboration with Vermont Department of Health and BIA-Vermont.
- Explore sources of funding to support data collection efforts.

TIER TWO: PRIORITIES RELATED TO ENHANCEMENT OF SERVICES

Long Term Outcome: Increased access to comprehensive and coordinated services for children and adults with all levels of severity of TBI.

Objective 1. Provide universal access to comprehensive and coordinated services.

Activities:

- Explore models for case management and resource facilitation.
- Explore sources of funding for case management and resource facilitation.
- Explore needed changes in Vermont statute, regulation, policy, and Vermont Medicaid State Plan.

Objective 2. Increase access to TBI Waiver services.

Activities:

- Identify extent of need through collaborative relationships with other state agencies, service providers, and advocacy groups.
- Explore amending TBI Waiver to expand eligibility requirements and durational limits.

Objective 3. Provide appropriate services and supports without durational limits (especially rehabilitation therapies, case management, home based services, and employment).

Activities:

- Explore creation of a Vermont TBI Services Trust Fund.
- Explore needed changes in Vermont statute, regulation, policy, and Vermont Medicaid State Plan.

TIER THREE: PRIORITIES RELATED TO EXPANSION & IMPROVEMENT OF KEY SUPPORTS

Long Term Outcome: Increased quality and availability of key supports needed for a stable community-based system of services for children and adults with all levels of severity of TBI.

Objective 1. Increase quality and availability of supports for family members of children and adults with TBI.

Activities:

- Identify counselors with disability expertise statewide to support family members of children and adults with TBI.
- Explore sources of funding for counseling for family members of children and adults with TBI.
- Establish support groups specifically for family members of children and adults with TBI.

Objective 2. Expand availability of quality respite services for family members of children and adults with TBI.

Activities:

- Establish a network of quality respite providers in collaboration with other agencies providing services and supports to individuals with disabilities, elders and parents.
- Explore sources of funding for expanded respite services for caregivers of children and adults with TBI.

Objective 3. Increase availability of transportation throughout the state.

Activities:

- Participate in coalition efforts to increase availability of transportation for Vermonters statewide.

Objective 4. Increase financial assistance for daily living and services.

Activities:

- Participate in disability and elder coalition efforts to increase state support for elders and individuals with disabilities of all ages.

- Explore creation of a TBI trust fund.

Objective 5. Increase social opportunities, support groups and counseling for individuals with TBI.

Activities:

- Explore creation of a buddy program to provide one-to-one support and companionship for social and recreational activities.
- Expand statewide network of support groups for individuals with TBI.
- Identify counselors with TBI expertise to provide counseling to children and adults with TBI.
- Explore sources of funding for counseling for children and adults with TBI.

Attachment 11: Other Relevant Documents (Including letters of support)
(Requested from Dartmouth Hospital, VA, State Office of Veterans Affairs, BIAs of NH & VT.)
Letters of Support:



STATE OF VERMONT
OFFICE OF VETERANS AFFAIRS
118 State Street, Montpelier, VT 05620-4401
(802) 828-3379; Fax: (802) 828-5932
clayton.clark@state.vt.us
www.va.state.vt.us

December 5, 2006

To: Jane Martin Heppel; Director, Federal TBI Program
Attn: TBI State Grants Program
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18 A-18
5600 Fishers Lane
Rockville, MD 20857

Regarding: Vermont Office of Veterans Affairs Support to the Vermont Traumatic Brain Injury Program

Dear Ms. Heppel;

The Vermont Office of Veterans Affairs is willing to support the Vermont Traumatic Brain Injury (TBI) Program's request for a grant to hire an individual to assist Vermonters, including Vermont veterans, with traumatic brain injury.

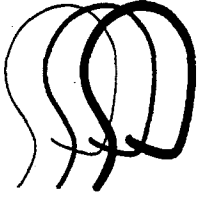
If the grant is provided, my office can provide them with space to work. This would include a designated work area with desk and access to the internet, standard office equipment, and a handicapped accessible and private consultation room.

This arrangement would be symbiotic for both the TBI Program and our office. As we assist Vermont veterans with state benefits, including advocacy work for veterans applying for Disability Compensation, we can refer appropriate customers to the new TBI Program staff member. As the TBI Program staff member reaches out to veterans, when they come across veterans that could benefit from our programs, they can be referred to us.

Please don't hesitate to contact me if you have any questions.

Sincerely;
//SIGNED//
CLAYTON A. CLARK
Veteran Services Director

State of Vermont



Brain Injury Association of Vermont

877-856-1772- biavtinfo@adelphia.net - www.biavt.org

P.O. Box 226, Shelburne, VT 05482

December 7th, 2006

Ms. Jane Martin-Heppel
Director, Federal TBI Program
Attn: TBI State Grants Program
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18 A-18
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Jane Martin-Heppel;

Please accept this letter referencing our unconditional support of Vermont's TBI Program application for a grant to help develop a resource facilitation service for service members with TBI returning from the Middle East.

We currently collaborate with Vermont's TBI program and the Brain Injury Association of New Hampshire on other programs and issues and find these partnerships helpful, productive, and effective in helping us deliver programs and services to the TBI community.

We not only look forward to broadening this partnership in the implementation of this grant but also recognize the opportunity to create more capacity in our organization in the provisioning of resource facilitation services.

Sincerely,

Trevor J. Squirrell
Executive Director

[Unable to include letterhead from Brain Injury Association (BIA) of New Hampshire due to formatting problems. The address for the BIA is 109 North State St., Suite 2; Concord, NH 03301. Phone: 603-225-8400. Fax: 603-228-6749. Help-Line: 1-800-773-8400. E-mail: mail@bianh.org. Website: www.bianh.org]

December 6, 2006

Ms. Robin T. Castle
Traumatic Brain Injury Program
Division of Disability & Aging Services
103 South Main St., Weeks 2A
Waterbury, VT 05671-1601

RE: Letter of Support

Dear Robin,

On behalf of the Board of Directors of the Brain Injury Association of New Hampshire, we very much look forward to partnering with your agency and BIAV to help build the capacity for Neuro-Resource Facilitation (NRF) in the State of Vermont.

Since our states are next door neighbors and very similar demographically, it makes a lot of sense to share with you our already established NRF program, which has been up and running for the past four years. In that way you won't have to start from scratch or "reinvent the wheel", so to speak, in developing an NRF program in Vermont.

We are prepared to assist you with:

- NRF program development and start-up
- Hiring and training of NRF staff
- Supervision and on-going support of NRF staff
- On-going consultation on NRF programming

Erin Hall, MS, CBIS, is our lead NRF program manager here in New Hampshire, and she will be working with you.

We believe strongly that building NRF capability in your state is one of the best things you can do to strengthen support for people with brain injury and families.

Sincerely,

Stephen D. Wade
Executive Director, BIANH

[Unable to include letterhead from Department of Veterans Affairs due to formatting problems. The address is Medical Center; 215 North Main St., White River Jct., VT 05009. Phone: 866-687-8387 (Toll free in New England) or 802-295-9363 (Commercial). Website: www.visn1.med.va.gov/wrj/]

December 8, 2006

Jane Martin-Heppel
Director, Federal TBI Program
Attn: TBI State Grants Program
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18 A-18
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Martin-Heppel:

I write in support of the Vermont Agency of Human Services' proposal to develop a Neuro-Resource Facilitation service for individuals with traumatic brain injury who live in Vermont. The first year's focus on the needs of service members returning from Iraq and Afghanistan is both timely and appropriate.

Our Veterans Administration is developing a screening, diagnosis, and treatment program for service members returning from Iraq and seeking services at our site. We will be utilizing the post deployment questionnaire as developed by the Defense and Veterans Brain Injury Center for screening. We plan to hire a full-time neuro-psychologist to work on the diagnosis and treatment of service members with mild to moderate injuries. A registry of all those who come to the clinic will help us track individual progress and assess the need for TBI supports and services for this population.

The Neuro-Resource Facilitator that this grant proposes will be an integral piece in successfully providing services to those service members diagnosed with TBI. The TBI Program and the Brain Injury Association of Vermont have resources and experience to share with the VA as we take on this new project. We will welcome the Neuro-Resource Facilitator as part of our team.

We plan to launch our initiative in April of 2007. Please contact me with any questions regarding this initiative and/or the role we will play in the Partnership Grant. I can be reached at (802) 295-9363, ext. 6944.

Sincerely,

E. Lanier Summerall, M.D.
Fellow, VA Quality Scholars Program

VAN & ROC (11Q)
215 N. Main Street
White River Jct., VT 05009-0001
lanier.summerall@va.gov
summerall@dartmouth.edu

Documentation of notification to State MCH agency (e-mail):

From: Hassler, Carol [CHassle@vdh.state.vt.us]
Sent: Wednesday, December 06, 2006 9:54 AM
To: Berry, Patricia; Swartz, Donald; Kerschner, Sally; Robin Castle
Cc: Lawrence, Betsy; Lorraine Wargo
Subject: RE: Notification of grant proposal

Thanks; I am forwarding to Betsy Lawrence who is on the current TBI grant's advisory board. The expansion for services for children younger than 16 would be very welcome.

Carol
Carol R. Hassler, MD
Director, Children with Special Health Needs
Division of Health Improvement
VT Department of Health
108 Cherry St.
PO Box 70
Burlington, VT 05402
802-863-7338
fax: 802-863-7635
chassle@vdh.state.vt.us

-----Original Message-----

From: Berry, Patricia
Sent: Tuesday, December 05, 2006 3:10 PM
To: Swartz, Donald; Kerschner, Sally; Hassler, Carol
Subject: FW: Notification of grant proposal

fyi

patricia berry

-----Original Message-----

From: Robin Castle [mailto:Robin.Castle@dail.state.vt.us]
Sent: Tuesday, December 05, 2006 2:00 PM
To: Berry, Patricia
Subject: Notification of grant proposal

MEMO

To: Patricia Berry, Director of Community Public Health Division
From: Robin Castle, TBI Implementation Grant Manager
Date: December 5, 2006
RE: Grant proposal

To follow our prior phone conversation, please note that the Traumatic Brain Injury (TBI) Program is applying for an Implementation Partnership Grant. This grant opportunity for \$118,000 would begin on April 1, 2007 and end March 31, 2008. The grant is part of the continued effort to provide TBI supports and services to states as mandated under the TBI Act and administered through HRSA. Assuming funds remain available at the Federal level, the State of Vermont will be eligible to apply for this grant for two years after the first year, which would extend the project until March 31, 2010.

Grant funds would be used to develop a Neuro-Resource Facilitation service for returning Veterans with TBI using New Hampshire's Nationally-recognized model. The Brain Injury Association of New Hampshire would provide training and technical assistance to the Brain Injury Association of Vermont to implement this work. The BIA of Vermont would expand the project after the first year to encompass all individuals with brain injury who do not have access to Neuro-Resource Facilitation services by any other means. The Brain Injury Associations of both New Hampshire and Vermont have expressed enthusiasm about pursuing this initiative.

Although the project will not specifically address children's issues in the first year, the second year will include the development of expanded services to children under 16. We welcome the opportunity to collaborate with your Division to increase access to TBI supports and services for children and families.

Ms. Robin T. Castle
Traumatic Brain Injury Program
Division of Disability & Aging Services
103 South Main St., Weeks 2A
Waterbury, VT 05671-1601
(802) 241-3719 (office)
(802) 224-6079 (cell)
www.dad.state.vt.us/tbi/

This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email message from your computer.

CAUTION: The Agency of Human Services / Vermont Department of Health cannot ensure the confidentiality or security of email transmissions.

Transmission Report

Date/Time
Local ID
Local Name
Company Logo

7-30-07;11:59PM
802 828 2483
JOINT FISCAL OFFICE
STATE OF VERMONT

This document was confirmed.
(reduced sample and details below)
Document Size Letter-S

Form AA-1 Page 2

11. Will grant monies be spent by one or more personal services contracts?
 YES NO
 If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding.
X

12a. Please list any requested Limited Service positions:

Titles	Number of Positions
DDAIL plans to transition two positions created by JFC 2188 (9/04) to this grant.	
TOTAL	

12b. Equipment and space for these positions:
 is presently available in
 Can be obtained with available funds.

13. Signature of Appointing Authority
 I certify that no funds have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant.

(Signature) <u>Patrick Flinn</u> (Title) <u>OSHM SECRETARY</u>	(Date) <u>5/29/07</u>
(Signature) <u>Steph Gill</u> (Title) <u>Dep. Sec. AHS</u>	(Date) <u>6/26/07</u>

14. Action by Governor:
 Approved Rejected
 (Signature) [Signature] (Date) 7/20/07

15. Secretary of Administration:
 request to JFO information to JFO
 (Signature) [Signature] (Date) 7-18-07

16. Action by Joint Fiscal Committee: (Dates)

<input type="checkbox"/> Request to be placed on JFC agenda	_____
<input type="checkbox"/> Approved (not placed on agenda in 30 days)	_____
<input type="checkbox"/> Approved by JFC	_____
<input type="checkbox"/> Rejected by JFC	_____
<input type="checkbox"/> Approved by Legislature	_____

(Signature) _____ (Date) _____

Total Pages Scanned : 1 Total Pages Confirmed : 1

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	78	92411363	7-30-07;11:58PM	34"	1 / 1	EC		CP 14.4

Notes :

EC: Error Correct	RE: Resend	PD: Polled by Remote	MB: Receive to Mailbox
BC: Broadcast Send	MP: Multi-Poll	PG: Polling a Remote	PI: Power Interruption
CP: Completed	RM: Receive to Memory	DR: Document Removed	TM: Terminated by user
HS: Host Scan	HP: Host Print	FO: Forced Output	WT: Waiting Transfer
HF: Host Fax	HR: Host Receive	FM: Forward Mailbox Doc.	WS: Waiting Send

11. Will grant monies be spent by one or more personal services contracts?

YES NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding.

X _____

12a. Please list any requested Limited Service positions:

Titles	Number of Positions
DDAIL plans to transition two positions created by JFC 2168	(9/04) to this grant.
TOTAL	

12b. Equipment and space for these positions:

Is presently available in
 Can be obtained with available funds.

13. Signature of Appointing Authority

I certify that no funds have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant.

Patrick Flood
(Signature)

5/29/07
(Date)

su

COMMISSIONER
(Title)

(Date)

Signature of AHS Secretary

[Signature]
(Signature)
Dep. Sec AHS
(Title)

6/26/07
(Date)
(Date)

14. Action by Governor:

Approved
 Rejected

[Signature]
(Signature)

7/20/07
(Date)

15. Secretary of Administration:

request to JFO
 information to JFO

[Signature]
(Signature)

7-18-07
(Date)

16. Action by Joint Fiscal Committee:

(Dates)

- Request to be placed on JFC agenda
- Approved (not placed on agenda in 30 days)
- Approved by JFC
- Rejected by JFC
- Approved by Legislature

(Signature)

(Date)

Opportunity Title:	Traumatic Brain Injury State Partnership Grant Program
Offering Agency:	Health Resources & Services Administration
FA Number:	93.234
CFDA Description:	Traumatic Brain Injury State Demonstration Grant Program
Opportunity Number:	HRSA-07-026
Competition ID:	2348
Opportunity Open Date:	10/10/2006
Opportunity Close Date:	12/11/2006
Agency Contact:	Jane Martin Heppel Federal TBI Program Director Division of Services for Children with Special Needs

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

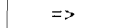
This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: Vermont Implementation Partnership Grant

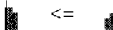
Mandatory Documents

Budget Narrative Attachment Form
Project Narrative Attachment Form
Budget Information for Non-Construction Programs (SF-424A)

Move Form to Submission List



Move Form to Documents List



Open Form

Mandatory Completed Documents for Submission

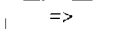
Application for Federal Assistance (SF-424)
Grants.gov Lobbying Form
HHS Checklist Form PHS-5161
Assurances for Non-Construction Programs (SF-424B)

Open Form

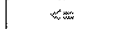
Optional Documents

Disclosure of Lobbying Activities (SF-LLL)
Attachments

Move Form to Submission List



Move Form to Documents List



Open Form

Optional Completed Documents for Submission

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Open Form

Instructions

- 1 Enter a name for the application in the Application Filing Name field.**

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Submit" button will not be functional until the application is complete and saved.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <=< button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Submit" button to submit your application to Grants.gov.**

 - Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
 - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	--

8. APPLICANT INFORMATION:

* a. Legal Name: Vermont Agency of Human Services	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-6000274	* c. Organizational DUNS: 809376155

d. Address:

* Street1: Division of Disability & Aging Services
Street2: 103 S. Main St.
* City: Waterbury
County: Washington
* State: VT: Vermont
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 05671

e. Organizational Unit:

Department Name: Disabilities, Aging & Independ	Division Name: Disability & Aging Services
---	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.	* First Name: Robin
Middle Name: _____	
* Last Name: Castle	
Suffix: _____	

Title: TBI Implementation Grant Manager

Organizational Affiliation: State of Vermont
--

* Telephone Number: 802-241-3719	Fax Number: 802-241-4224
----------------------------------	--------------------------

* Email: Robin.Castle@dail.state.vt.us
--

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources & Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.234

CFDA Title:

Traumatic Brain Injury State Demonstration Grant Program

*** 12. Funding Opportunity Number:**

HRSA-07-026

* Title:

Traumatic Brain Injury State Partnership Grant Program

13. Competition Identification Number:

2348

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Vermont

*** 15. Descriptive Title of Applicant's Project:**

Development of Vermont Neuro-Resource Facilitation System

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

***6. Congressional Districts Of:**

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="118,600.00"/>
* b. Applicant	<input type="text" value="59,300.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="177,900.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

Vermont Agency of Human Services

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Ms. * First Name: Theresa Middle Name:
* Last Name: Wood Suffix: * Title: Deputy Commissioner of Dept.

* SIGNATURE: Completed on submission to Grants.gov * DATE: Completed on submission to Grants.gov

Budget Narrative File(s)

* **Mandatory Budget Narrative**

To add more Budget Narrative attachments, please use the attachment buttons below.

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 04/30/2008

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
TBI Partnership Grant	93.234	\$ 0.00	\$ 0.00	\$ 118,600.00	\$ 59,300.00	\$ 177,900.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 118,600.00	\$ 59,300.00	\$ 177,900.00

SECTION B - BUDGET CATEGORIES

GRANT PROGRAM, FUNCTION OR ACTIVITY

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) TBI Partnership Grant	(2)	(3)	(4)	
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b. Fringe Benefits	0.00				0.00
c. Travel	0.00				0.00
d. Equipment	0.00				0.00
e. Supplies	0.00				0.00
f. Contractual	107,818.00				107,818.00
g. Construction	0.00				0.00
h. Other	0.00				0.00
i. Total Direct Charges (sum of 6a-6h)	107,818.00	0.00	0.00	0.00	\$ 107,818.00
j. Indirect Charges	10,782.00				\$ 10,782.00
k. TOTALS (sum of 6i and 6j)	\$ 118,600.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 118,600.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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Prescribed by OMB (Circular A-102)

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	TBI Partnership Grant	\$ 59,300.00	\$	\$	\$ 59,300.00
9.					0.00
11.					0.00
12. TOTAL (sum of lines 8-11)		\$ 59,300.00	\$ 0.00	\$ 0.00	\$ 59,300.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
	13. Federal	\$ 118,650.00	\$ 29,650.00	\$ 29,650.00	\$ 29,650.00	\$ 29,650.00
14. Non-Federal	\$ 59,300.00	14,825.00	14,825.00	14,825.00	14,825.00	
15. TOTAL (sum of lines 13 and 14)		\$ 177,950.00	\$ 44,475.00	\$ 44,475.00	\$ 44,475.00	\$ 44,475.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. TBI Partnership Grant	\$ 118,600.00	\$ 118,600.00	\$ 188,600.00	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 118,600.00	\$ 118,600.00	\$ 188,600.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: \$107,818	▲ ▼	22. Indirect Charges: \$10,782	▲ ▼
23. Remarks:			

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [] Noncompeting Continuation [] Competing Continuation [] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [X]
2. Proper Signature and Date on PHS-5161-1 "Certifications" page [X]
3. Proper Signature and Date on appropriate "Assurances" page [X]
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[] Civil Rights Assurance (45 CFR 80)
[] Assurance Concerning the Handicapped (45 CFR 84)
[] Assurance Concerning Sex Discrimination (45 CFR 86)
[] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)
5. Human Subjects Certification, when applicable (45 CFR 46) [] [X]

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] [X]
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X]
3. Has the entire proposed project period been identified on the SF-424? [X]
4. Have biographical sketch(es) with job description(s) been attached, when required? [X] []
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X]
6. Has the 12 month detailed budget been provided? [X] []
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] []
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [] [X]
9. For Competing Continuation and Supplemental applications, has a progress report been included? [] [X]

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made
Name: Prefix: Ms. * First Name: Theresa Middle Name:
* Last Name: Wood Suffix:
Title: Deputy Commissioner Organization: DAIL
Address: * Street1: Division of Disability & Street 2: 103 S. Main St., Waterbury
* City: Waterbury * State: T: Vermont
Province: * Country: UNITED STATES
* Zip / Postal Code: 05671
Telephone Number: 802-241-2614
E-mail Address: Theresa.Wood@dail.state.vt.us
Fax Number: 802-241-4224

Program Director/Project Director/Principal Investigator designated to direct the proposed project
Name: Prefix: Ms. * First Name: Erin Middle Name:
* Last Name: Weaver Suffix:
Title: TBI Program Supervisor Organization: DAIL
Address: * Street1: Division of Disability & Street2: 103 S. Main St., Waterbury
* City: Waterbury * State: T: Vermont
Province: * Country: UNITED STATES
* Zip / Postal Code: 05671
Telephone Number: 802-241-1456
E-mail Address: Erin.Weaver@dail.state.vt.us
Fax Number: 802-241-4224

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

[]-03-6000274-[]

SOCIAL SECURITY NUMBER

[]

HIGHEST DEGREE EARNED

B.S.

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)

on *(Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order, 12372 and, where appropriate, whether the State has been given an opportunity to comment.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Deputy Commissioner of Dept. of Disabilities,</p>
<p>* APPLICANT ORGANIZATION</p> <p>Vermont Agency of Human Services</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

Review Public Burden Disclosure Statement

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input style="width: 100%;" type="text"/> * Street 1: <input style="width: 50%;" type="text"/> Street 2: <input style="width: 50%;" type="text"/> * City: <input style="width: 30%;" type="text"/> State: <input style="width: 10%;" type="text"/> Zip: <input style="width: 10%;" type="text"/> Congressional District, if known: <input style="width: 50%;" type="text"/>	5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="border: 1px solid black; height: 100px;"></div>	
6. * Federal Department/Agency: <input style="width: 100%;" type="text"/>	7. * Federal Program Name/Description: <div style="border: 1px solid black; padding: 2px;">Traumatic Brain Injury State Demonstration Grant Program</div> <div style="border: 1px solid black; padding: 2px;">CFDA Number, if applicable: 93.234</div>	
8. Federal Action Number, if known: <input style="width: 100%;" type="text"/>	9. Award Amount, if known: \$ <input style="width: 50%;" type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix * First Name Middle Name <input style="width: 20%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> * Last Name Suffix <input style="width: 70%;" type="text"/> <input style="width: 10%;" type="text"/> * Street 1: <input style="width: 50%;" type="text"/> Street 2: <input style="width: 50%;" type="text"/> * City: <input style="width: 30%;" type="text"/> State: <input style="width: 10%;" type="text"/> Zip: <input style="width: 10%;" type="text"/>	b. Individual Performing Services (including address if different from No. 10a) Prefix * First Name Middle Name <input style="width: 20%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> * Last Name Suffix <input style="width: 70%;" type="text"/> <input style="width: 10%;" type="text"/> * Street 1: <input style="width: 50%;" type="text"/> Street 2: <input style="width: 50%;" type="text"/> * City: <input style="width: 30%;" type="text"/> State: <input style="width: 10%;" type="text"/> Zip: <input style="width: 10%;" type="text"/>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	* Signature: Completed on submission to Grants.gov * Name: Prefix * First Name Middle Name <input style="width: 20%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> * Last Name Suffix <input style="width: 70%;" type="text"/> <input style="width: 10%;" type="text"/> Title: <input style="width: 80%;" type="text"/> Telephone No.: <input style="width: 60%;" type="text"/> Date: Completed on submission to Grants.gov	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Commissioner's Office
103 South Main Street
Waterbury VT 05671-1601
Voice 241-2410

TO: TBI Grant Reviewers

FROM: Jim Giffin, Financial Services Director

DATE: May 29, 2007

RE: Information pertaining to the attached grant

After the Department received the enclosed Traumatic Brain Injury Grant, Department staff and the Brain Injury Association of Vermont agreed that the timing was not correct for the BIA to take on the responsibilities outlined in the original grant proposal. Additionally, changes within the Veterans Administration affected their processes for screening Iraq returnees for potential brain injuries.

These changes necessitated a rewrite of the grant year one budget. Enclosed with the packet of information find a revised budget and the explanation submitted to the federal granting organization. We expect that the estimated budget and work plans for years two and three will also change once we initiate the year one activities. The current thinking projects the State staff in grant year 2 at $\frac{3}{4}$ time for the project manager and $\frac{1}{2}$ time for the administrative assistant. We estimate this time for grant year three at $\frac{1}{2}$ time for the project manager and 0 time for the administrative assistant.

I have not included any expenses for SFY07 since the Department does not anticipate approval until after June. The budget shown on the AA1 reflects an expected blend of the submitted grant year one budget and an estimate of a grant year two budget.