



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst *DWD*
Date: August 9, 2018
Subject: Position and Grant Requests – JFO #2921- #2922

Enclosed please find two (2) items, including four (4) limited-service positions, which the Joint Fiscal Office has received from the administration.

JFO #2921 – Three (3) limited-service positions within the VT Dept. of Children and Families – Child Development Division. The positions would be titled Licensing Field Specialist and would be charged with inspecting regulated child care facilities. The Child Care Development and Block Grant Act, passed by Congress in 2014, requires that all regulated child care facilities are visited once per year. The State has previously received waivers for this mandate but must now comply, hence the request for three positions. All three positions would be funded by federal dollars from the ongoing federal Child Care and Development Fund (CCDF) block grant, which was recently re-awarded to the state with increased funding. The additional federal money was appropriated in Act 11 (the FY19 big bill) but the positions were not authorized. The positions would have an end date of 7/31/2021.
[JFO received 7/27/18]

JFO #2922 – \$449,011 from the U.S. Dept. of Health and Human Services to the VT Dept. of Disabilities, Aging and Independent Living (DAIL). **One (1) limited-service position is associated with this request.** The grant money would be used to improve the infrastructure of the traumatic brain injury (TBI) system of care in Vermont. The Department will perform this work in partnership with the Brain Injury Association of Vermont (BIA), the VT Dept. of Health and the VT Dept. of Corrections. The partners will provide in-kind match funding of approximately \$258,650. No general funds will be obligated within DAIL or within State-affiliated partners. A new limited-service position would be created and titled TBI Program Grant Manager to oversee the use of grant funding and coordinating with grant partners. This is a three-year program with grant funding and the position authorization expiring 5/31/2021. Approval of this request would authorize use of \$149,011 of federal grant funds in State FY2019 and the remainder would be built into DAIL's budget request for FY20 and FY21.
[JFO received 8/1/18]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by August 24, 2018 we will assume that you agree to consider as final the Governor's acceptance of these requests.


JFO# 2922

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
 [fax] 802-828-2428

RECEIVED
 Agency of Administration
 AUG 01 2018
 JOINT FISCAL OFFICE

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:		DAIL in partnership with the Brain Injury Association of Vermont (BIA), the Vermont Department of Health (VDH), and the Vermont Department of Corrections (DOC) will work to expand and enhance the infrastructure of the Traumatic Brain Injury (TBI) System of Care in Vermont.			
Date:		7/19/2018			
Department:		DAIL			
Legal Title of Grant:		Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity			
Federal Catalog #:		93.234			
Grant/Donor Name and Address:		Department of Health and Human Services Administration for Community Living AOD Traumatic Brain Injury State Demonstration Grant Program Switzer Building 330 C Street, SW Washington, DC 20201-0003			
Grant Period:		From:	To:		
		6/1/2018	5/31/2021		
Grant/Donation		\$320,634			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$149,011	\$150,000	\$150,000	\$449,011	Total approved budget is \$707,661 of which \$258,650 is in-kind provided BIA, VDH, DOC.
Position Information:		# Positions	Explanation/Comments		
		1	Trumatic Brain Injury Program Grant Manager		
Additional Comments:					
Department of Finance & Management		Adam Greshin		AG	(Initial) 

RECEIVED

**STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM**

Secretary of Administration

BSH

(Initial)

Sent To Joint Fiscal Office

Date 7/31/18



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Service			
2. Department:	Disabilities, Aging & Independent Living			
3. Program:	Traumatic Brain Injury State Partnership Grant			
4. Legal Title of Grant:	Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity			
5. Federal Catalog #:	93.234			
6. Grant/Donor Name and Address: Administration on Community Living				
7. Grant Period:	From:	6/1/2018	To:	5/31/2021
8. Purpose of Grant: To create and strengthen a state system of services and supports that maximize the independence, wellbeing, and health of Vermonters with traumatic brain injury across the life span, their family members and support networks.				
9. Impact on existing program if grant is not Accepted: The correctional system would not have the tools and resources necessary to support adequate risk screening to support and plan for services inside and outside of the correctional system. The Brain Injury Association would not have the resources to support this work with the correctional system. The state would not have a way to adequately track TBI occurrence within Vermont's system of care for future planning and analysis.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2019	FY 2020	FY 2021	
Personal Services	\$118,249	\$104,195	\$109,935	Personnel & fringe
Operating Expenses	\$36,413	\$36,254	\$37,115	
Grants	\$88,500	\$88,500	\$88,500	BIA & DOC
Total	\$243,162	\$228,949	\$235,550	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$94,151	\$78,949	\$85,550	
Federal Funds:	\$149,011	\$150,000	\$150,000	
(Direct Costs)	\$129,575	\$140,010	\$145,750	
(Statewide Indirect)	\$0	\$0	\$0	
(Departmental Indirect)	\$19,436	\$9,990	\$4,250	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$243,162	\$228,949	\$235,550	
Appropriation No:	3460020000, fund 22005	Amount:	\$88,500	
	3460017100, fund 22005		\$60,511	
			\$	
			\$	

406/28/18

JUL 09 2018

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

		\$
		\$
		\$
	Total	\$673,985

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Camille George, Deputy Commissioner Agreed by: CG (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Traumatic Brain Injury Grant Manager
Total Positions	1	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Camille George</u>	Date: <u>6/19/18</u>
	Title: <u>Deputy Commissioner, DAIC</u>	
	Signature: <u>[Signature]</u>	Date: <u>6-28-18</u>
	Title: <u>Interior Deputy Secretary</u>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>[Signature]</u>	Date: <u>7/27/18</u>
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Check One Box: Accepted	(Governor's signature) <u>[Signature]</u>	Date: <u>7/30/18</u>
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input checked="" type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input checked="" type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input checked="" type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input checked="" type="checkbox"/> Grant Budget	

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

JUL 09 2018

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)



**Department of Disabilities, Aging and
Independent Living**
Commissioner's Office
280 State Drive/HC 2 South
Waterbury, VT 05671-2020
www.dail.vermont.gov

[phone] 802-241-2401
[fax] 802-241-0386

*Agency of Human
Services*

Vermont Legislative Joint Fiscal Committee
One Baldwin Street
Montpelier, VT 05633-5701

June 19, 2018

Re: Traumatic Brain Injury State Partnership Grant

Dear Representative Ancel:

The Vermont Agency of Human Services (AHS), Department of Disabilities, Aging & Independent Living (DAIL) is pleased to announce the approval of a new three-year federal Administration of Community Living grant award #93.234. The total anticipated amount of the three-year project is \$707,661 which includes \$449,011 (63%) federal funds and \$258,650 (37%) State In-Kind match. Vermont has no General Funds obligation for this grant award. The federal grant period is June 1, 2018 through May 31, 2021.

DAIL, in partnership with the Brain Injury Association of Vermont (BIA), the Vermont Department of Health (VDH), the Vermont Department of Corrections (DOC), and key stakeholders will, during this three-year project, work to expand and enhance the infrastructure of the Traumatic Brain Injury (TBI) System of Care in Vermont to:

- 1) improve the surveillance of TBI in Vermont;
- 2) improve care transitions for individuals with TBI and their families/caregivers;
- 3) improve ease of access to programs and community support services;
- 4) implement screening for TBI upon entry into the correctional system; and
- 5) create a person-centered culture in the correctional system for underserved individuals with TBI.

The Agency of Human Services and DAIL requests approval to accept the federal grant award through the accompanying AA-1 and attachments which will also require approval for one (1) Traumatic Brain Injury Program Grant Manager limited position.

For more detailed information about this grant application, please refer to the accompanying Project Narrative, budget justification and federal notice of award.

Thank you for your consideration.

Sincerely,


Camille George
Deputy Commissioner



JUN 19 2018

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS/DAIL Date: 06/19/2018

Name and Phone (of the person completing this request): Megan Tierney-Ward (802) 241-0294

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
 Administration of Community Living, Traumatic Brain Injury State Partnership Grant #93.234

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Traumatic Brain Injury Grant Manager	1	DAIL/ADS/TBI Program	6/1/2018-5/31/2021 (3 years)

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position will be 100% federally funded and will be responsible for administering all grant activities, assuring deliverables and coordinating work with the key partners; Brain Injury Association of Vermont, VT Department of Corrections, and VT Department of Health. This grant is not viable without this position.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Camille George / [Signature] 6/19/18
 Signature of Agency or Department Head Date

Approved/Denied by Department of Human Resources Date

[Signature] 20 July 18
 Approved/Denied by Finance and Management Date

[Signature] 7/27/18
 Approved/Denied by Secretary of Administration Date

Comments:

406/28/18

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
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Camille Joyce [Signature] 6/19/18
 Signature of Agency or Department Head Date

[Signature] 7/20/18
 Approved/Denied by Department of Human Resources Date

Approved/Denied by Finance and Management Date

Approved/Denied by Secretary of Administration Date

Comments:

Position is for 0.50 FTE - Amended

DHR - 11/7/05

406/28/18

JUL 24 2018

Job Specifications

Back to Job Specifications List

TRAUMATIC BRAIN INJURY GRANT MANAGER

Job Code: 556000

Pay Plan: Classified

Pay Grade: 23

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date: 3/18/18

Class Definition:

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

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

Examples of Work:

Carry out all administrative functions of the Project Implementation grant including: ensuring that all state and federal financial and progress reporting requirements are met in a timely

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

Environmental Factors:

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

Minimum Qualifications

Knowledge, Skills and Abilities:

Considerable knowledge of traumatic brain injury and disability issues.

Considerable knowledge of principles of self-direction and person-centered planning

Considerable knowledge of program evaluation and compliance monitoring procedures.

Considerable knowledge of principles and practices of program planning.

Ability to evaluate grant project accomplishments in relation to project goals, activities, and timelines.

Ability to prepare grant reports including related budget.

Ability to communicate effectively in oral and written forms.

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

Ability to prepare grant reports including related budget documents.

Ability to establish and maintain effective working relationships.

Working knowledge of state fiscal procedures.

Ability to perform job duties within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience:

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

OR

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

Special Requirements:

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

Job Specifications

[Back to Job Specifications List](#)

TRAUMATIC BRAIN INJURY GRANT MANAGER

Job Code: 556000

Pay Plan: Classified

Pay Grade: 23

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date: 3/18/18

Class Definition:

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

Environmental Factors:

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Minimum Qualifications

Knowledge, Skills and Abilities:

Considerable knowledge of traumatic brain injury and disability issues.

Considerable knowledge of principles of self-direction and person-centered planning

Considerable knowledge of program evaluation and compliance monitoring procedures.

Considerable knowledge of principles and practices of program planning.

Ability to evaluate grant project accomplishments in relation to project goals, activities, and timelines.

Ability to prepare grant reports including related budget.

Ability to communicate effectively in oral and written forms.

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

Ability to prepare grant reports including related budget documents.

Ability to establish and maintain effective working relationships.

Working knowledge of state fiscal procedures.

Ability to perform job duties within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience:

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

OR

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

Special Requirements:

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

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 06/06/2018 | 93.234 | Cooperative Agreement

Department of Health and Human Services
 Administration For Community Living
 AOD Traumatic Brain Injury State Demonstration Grant Program
 Switzer Building 330 C Street, SW
 Washington, DC 20201-0003

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE
 90TBSG0031-01-00 | New
 Formerly

6. PROJECT PERIOD | MM/DD/YYYY
 From | Through
 06/01/2018 | 05/31/2021

7. BUDGET PERIOD | MM/DD/YYYY
 From | Through
 06/01/2018 | 05/31/2019

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 Public Health Service Act, Section 1252, as amended (please see remarks
 for full statute)

8. TITLE OF PROJECT (OR PROGRAM)
 Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity

9a. GRANTEE NAME AND ADDRESS
 Human Services, Vermont Agency Of
 Alternate Name: State of Vermont, Agency of Human
 Services
 280 State Dr
 Waterbury, VT 05671-9501

9b. GRANTEE PROJECT DIRECTOR
 Ms. Megan Tierney-Ward
 280 State Drive, HC2 South
 Adult Services Division
 Waterbury, VT 05671-2070
 Phone: 802 241-0294

10a. GRANTEE AUTHORIZING OFFICIAL
 Ms. Megan Tierney-Ward
 280 State Drive, HC2 South
 Adult Services Division
 Waterbury, VT 05671-2070
 Phone: 802 241-0294

10b. FEDERAL PROJECT OFFICER
 Ms. Dana Fink
 Switzer Building
 330 C Street, SW
 Washington, DC 20201-1401
 Phone: 202 795-7604

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	72,994.00
b. Fringe Benefits	45,255.00
c. Total Personnel Costs	118,249.00
d. Equipment	0.00
e. Supplies	1,000.00
f. Travel	6,942.00
g. Construction	88,500.00
h. Other	9,035.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	223,726.00
k. INDIRECT COSTS	19,436.00
l. TOTAL APPROVED BUDGET	243,162.00
m. Federal Share	149,011.00
n. Non-Federal Share	94,151.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	149,011.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	149,011.00
13. Total Federal Funds Awarded to Date for Project Period	149,011.00

14. RECOMMENDED FUTURE SUPPORT
 (Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2	150,000.00	d. 5	
b. 3	150,000.00	e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES

a. DEDUCTION
 b. ADDITIONAL COSTS
 c. MATCHING
 d. OTHER RESEARCH (Add / Deduct Option)
 e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING AGENCY 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.
 b. The grant program regulations.
 c. This award notice including terms and conditions, if any, noted below under REMARKS.
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

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 - Yes No)

This action is issued as a new award for the period identified in box 7., and federal amount on line 12d.

GRANTS MANAGEMENT OFFICIAL: Tanielle Chandler, Grants Management Officer

17. OBJ CLASS	41.45	18a. VENDOR CODE	1036000264D4	18b. EIN	036000264	19. DUNS	809376155	20. CONG. DIST.	00
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	8-2994979	b.	90TBSG003101	c. AoD		d.	\$149,011.00	e.	75-18-0142
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

PAGE 2 of 4	DATE ISSUED 06/06/2018
GRANT NO. 90TBSG0031-01-00	

STANDARD TERMS

1. Cooperative Agreement

This award is issued as a cooperative agreement, a financial assistance mechanism in which substantial ACL programmatic involvement is anticipated. This award is subject to the grantee and collaborative requirements and responsibilities set forth in the Cooperative Agreement outlined in the agency funding opportunity HHS-2018-ACL-AOD-TBSG-0282 as announced. Those responsibilities are hereby incorporated by reference as special terms and conditions of this award.

Standard Administrative Terms

This award is paid by DHHS Payment Management System (PMS). Please go to <https://pms.psc.gov/> for payment and reporting information.

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <https://www.acl.gov/grants/managing-grant#4>.

Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. Also, the general provisions from "The Consolidated Appropriations Act, 2018," Pub. L. No 115-141, signed into law on March 23, 2018, apply to this award and can be found on the ACL website: <https://www.acl.gov/grants/managing-grant#>

Initial expenditure of funds by the grantee constitutes acceptance of this award. Any future support is subject to the availability of funds and programmatic priorities.

Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award. The effective date is for all grants and contracts issued on or after July 1, 2013, through January 1, 2017.

Salary Limitation:

The General Provisions in Division H, § 202, of the Consolidated Appropriations Act, 2018 (P.L. 115-141), includes provisions for a salary rate limitation. The law limits the salary amount that may be awarded and charged to ACL grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$189,600. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an ACL grant or cooperative agreement. Note that these or other salary limitations will apply in FY 2018, as required by law.

DOMA: Implementation of United States v. Windsor and Federal Recognition of Same-Sex Spouses/Marriages:

References: United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); § 3 of the Defense of Marriage Act, codified at 1 USC § 7.

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 4	DATE ISSUED 06/06/2018
GRANT NO. 90TBSG0031-01-00	

A standard term and condition of award will be included in the final Notice of Award (NoA) that states: "In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Reporting Requirements:

Program Progress Reports are due semi-annually (within 30 days following each six month period), effective with the start date of the award. These reports must be submitted online via the ACLReporting platforms. All grantees will be required to take security and privacy training in order to use ACLReporting.

Grantees are required to submit annual financial status reports (SF 425), which are due 30 days following every other six month reporting period. You must reconcile your cash accounts with your expenditures for the reporting period and submit a cumulative report each year. An additional final report is due 90 days after the expiration date of the project period and must reconcile with the final cash portion reported on line 10c.

Federal Awardee Performance and Integrity Information System (FAPIS):

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

Federal Financial Accountability and Transparency Act (FFATA):

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System located at <http://www.FSRS.gov> for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations. Additional guidance is located at: http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx

ACL discretionary grantees are required to use GrantSolutions (GS) for their end to end grants management services (tracking and receiving various award actions, submitting financial and progress reports, general correspondence, requests etc.). The grantee authorizing official identified in box

NOTICE OF AWARD (Continuation Sheet)

PAGE 4 of 4	DATE ISSUED 06/06/2018
GRANT NO. 90TBSG0031-01-00	

10a., and grantee project director identified in box 9b., must ensure they are registered with GS and have the appropriate role assigned to them by their organization. Please follow the GS grantee account registration information located at the following

URL:<https://www.grantsolutions.gov/support/registration.html>. If you are unable to register or have questions associated with registration, contact your Grants Management Specialist (GMS).

STAFF CONTACTS

1. If you need additional information, please consult the ACL website at http://acl.gov/Funding_Opportunities/Grantee_Info/Index.aspx . In addition, your assigned Grants Management Specialist and ACL Project Officer are always available to answer questions. For inquiries related to the negotiation of this award or interpreting the fiscal or administrative requirements, policies, or provisions your contact is Grants Management Specialist, **LaDeva Harris** at **LaDeva.Harris@acl.hhs.gov** or **(202) 795-7360**. If you have questions related to program requirements, contact the Program Officer listed in section 10b of the Notice of Award.

Vermont TBI State Partnership Grant Budget Narrative/Justification Year 1

6/1/2018 to 5/31/2019

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$16,357	\$0	\$56,637	\$72,994	<p>Federal TBI Grant Manager salary: \$23.50hr. X 6 mos @ 0.5 FTE= \$12,126.00; \$24.60/hr. X 2 mos @0.5 FTE = \$4231.20; Total = \$16357</p> <p>Non-Fed Cash - NA Non-Fed In-Kind Department of Corrections: Health Services Contractors (State General Funds)= 21 hours/week @ \$56,637</p>
Fringe Benefits	\$10,141	\$0	\$35,114	\$45,255	<p>Federal TBI Grant Manager salary: \$23.50hr. X 6 mos @ 0.5 FTE= \$12,126.00; \$24.60/hr. X 2 mos @0.5 FTE = \$4231.20; Total = \$16357.20 salary X .62 Fringe= \$10141 FICA: 12% Dental: 3% Health Ins.: 56% Life Ins.: 1% Retirement: 28%</p> <p>Non-Fed Cash - NA Non-Fed In-Kind Department of Corrections: (Fringe Benefits @ 40%) Health Services Contractors (State General Funds) @ 21 hrs/week= \$35,114/yr</p>

<p>Travel</p>	<p>\$4,542</p>	<p>\$0</p>	<p>\$2,400</p>	<p>\$6,942</p>	<p>Federal <u>NASHIA State of the States Meeting</u> cost estimate for 3 people (grant manager, TBI program manager, TBI UR nurse consultant) @ \$450 per person = \$1350 total for transportation only (airfare = \$350 each, ground transport = \$100 each). Other conference costs under "Other" <u>ACL TBI State Grantee Meeting:</u> estimate for 2 people @ \$450 each = \$900 total for transportation only. TBI Grant Manager Mileage, estimate 20 miles/week @ \$0.545/per mile = \$567/year Advisory Board Member Mileage= 9 volunteers @ \$0.545/per mile = \$1200/yr Steering Committee Mileage= 4 Volunteers @ \$0.545/per mile = \$525/yr</p> <p>Non-Fed Cash = NA</p> <p>Non-Fed In-Kind Brain Injury Association of VT: Mileage = \$2,100 Conferences = \$300</p>
<p>Equipment</p>	<p>\$2,275</p>	<p>\$0</p>	<p>\$0</p>	<p>\$2,275</p>	<p>Federal Computer= 1 HP ProBook Laptop @ \$700 Printer= 1 multifunction combo printer @ \$600 SAMS license= 1 new user @ \$975</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>

Supplies	\$1,000	\$0	\$0	\$1,000	<p>Federal Educational Materials Professional Printing-Marketing Materials- Helpline Desk Supplies- paper, pens Postage Total Estimate = \$1000</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>
Contractual	\$88,500	\$0	\$0	\$88,500	<p>Federal <u>Brain Injury Association of Vermont</u>- \$58,500/yr total -Hire 1 FTE @ \$20/hr + 20% Fringe to work with Lead Agency and Department of Corrections to plan/implement toolkit for care transitions and participate in planning/implementation of other grant activities = \$50,000 Education & Outreach= 5 hours/week @ \$4,000/yr Website manager = 1 hour/week @ \$2,000/yr Marketing & education tools (for example online training, videos, PSA, etc) - \$2500 <u>Vermont Department of Corrections</u>- \$30,000/yr Work with Lead Agency and Brain Injury Association to implement evidence based TBI screening, training and education in current system</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>

Vermont TBI State Partnership Grant Budget Narrative/Justification Year 2

6/1/2019 to 5/31/2020

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	
Personnel	\$23,863	\$0	\$40,455	\$64,318	<p>Federal TBI Grant Manager salary: \$23,863 (2% estimated COLA and Step increase)</p> <p>Non-Fed Cash - NA Non-Fed In-Kind Department of Corrections: Health Services Contractors (State General Funds)= 15 hours/week @ \$40,455</p>
Fringe Benefits	\$14,795	\$0	\$25,082	\$39,877	<p>Federal TBI Grant Manager salary: \$23,863 x .62 = \$14,795/year FICA: 12% Dental: 3% Health Ins.: 56% Life Ins.: 1% Retirement: 28%</p> <p>Non-Fed Cash - NA Non-Fed In-Kind Department of Corrections: (Fringe Benefits @ 40%) Health Services Contractors (State General Funds) @ 15 hrs/week= \$25,082/yr</p>

Travel	\$4,542	\$0	\$2,400	\$6,942	<p>Federal <u>NASHIA State of the States Meeting</u> cost estimate for 3 people (grant manager, TBI program manager, TBI UR nurse consultant) @ \$450 per person = \$1350 total for transportation only (airfare = \$350 each, ground transport = \$100 each). Other conference costs under "Other" <u>ACL TBI State Grantee Meeting</u>: estimate for 2 people @ \$450 each = \$900 total for transportation only. TBI Grant Manager Mileage, estimate 20 miles/week @ \$0.545/per mile = \$567/year Advisory Board Member Mileage= 9 volunteers @ \$0.545/per mile = \$1200/yr Steering Committee Mileage= 4 Volunteers @ \$0.545/per mile = \$525/yr</p> <p>Non-Fed Cash = NA Non-Fed In-Kind Brain Injury Association of VT: Mileage = \$2,100</p>
Equipment	\$550	\$0	\$0	\$550	<p>Federal SAMS license= 1 new user = \$550 Non-Fed Cash - NA Non-Fed In-Kind - NA</p>
Supplies	\$1,000	\$0	\$0	\$1,000	<p>Federal Educational Materials Professional Printing-Marketing Materials- Helpline Desk Supplies- paper, pens Postage Total Estimate = \$1000</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>

Contractual	\$88,500	\$0	\$0	\$88,500	<u>Federal</u> <u>Brain Injury Association of Vermont</u> - \$58,500/yr total -Hire 1 FTE @ \$20/hr + 20% Fringe to work with Lead Agency and Department of Corrections to plan/implement toolkit for care transitions and participate in planning/implementation of other grant activities = \$50,000 Education & Outreach= 5 hours/week @ \$4,000/yr Website manager = 1 hour/week @ \$2,000/yr Marketing & education tools (for example online training, videos, PSA, etc) - \$2500 <u>Vermont Department of Corrections</u> - \$30,000/yr Work with Lead Agency and Brain Injury Association to implement evidence based TBI screening, training and education in current system <u>Non-Fed Cash - NA</u> <u>Non-Fed In-Kind - NA</u>
Other	\$6,760	\$0	\$0	\$6,760	<u>Federal</u> <u>NASHIA conference for 3 people</u> (minus travel) @\$1720 each = \$5160 total (conference fee @ \$450 pp, meals @ \$40/day X 4 days = \$160 pp; Lodging @ \$240/night X 4 nights= \$960 pp; incidentals @ \$150pp). <u>ACL State TBI Grantee Meeting for 2 people</u> , estimating 1 overnight = \$1000 total <u>TBI State Conference for 4 people</u> @150 each registration and 1 overnight = \$600 total <u>Non-Fed Cash - NA</u> <u>Non-Fed In-Kind - NA</u>
Indirect Charges	\$9,990	\$0	\$11,012	\$21,002	<u>Federal - NA</u> <u>Non-Fed Cash - NA</u> <u>Non-Fed In-Kind - Estimated based on \$140,010 direct costs.</u>
TOTAL	\$150,000	\$0	\$78,949	\$228,949	
Difference:	\$0.00		\$ (3,948.50)		

Vermont TBI State Partnership Grant Budget Narrative/Justification Year 3

6/1/2020 to 5/31/2021

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$27,406	\$0	\$40,455	\$67,861	<p>Federal TBI Grant Manager salary: \$27,406 (2% estimated COLA)</p> <p>Non-Fed Cash - NA Non-Fed In-Kind Department of Corrections: Health Services Contractors (State General Funds)= 15 hours/week @ \$40,455</p>
Fringe Benefits	\$16,992	\$0	\$25,082	\$42,074	<p>Federal TBI Grant Manager salary: \$24,406 x .62 = \$16992/year FICA: 12% Dental: 3% Health Ins.: 56% Life Ins.: 1% - Retirement: 28%</p> <p>Non-Fed Cash - NA Non-Fed In-Kind</p> <p>Department of Corrections: (Fringe Benefits @ 40%) Health Services Contractors (State General Funds) @ 15 hrs/week= \$25,082/yr</p>

Travel	\$4,542	\$0	\$2,400	\$6,942	<p>Federal <u>NASHIA State of the States Meeting</u> cost estimate for 3 people (grant manager, TBI program manager, TBI UR nurse consultant) @ \$450 per person = \$1350 total for transportation only (airfare = \$350 each, ground transport = \$100 each). Other conference costs under "Other" <u>ACL TBI State Grantee Meeting</u>: estimate for 2 people @ \$450 each = \$900 total for transportation only. TBI Grant Manager Mileage, estimate 20 miles/week @ \$0.545/per mile = \$567/year Advisory Board Member Mileage= 9 volunteers @ \$0.545/per mile = \$1200/yr Steering Committee Mileage= 4 Volunteers @ \$0.545/per mile = \$525/yr</p> <p>Non-Fed Cash = NA Non-Fed In-Kind Brain Injury Association of VT: Mileage = \$2,100 Conferences = \$300</p>
Equipment	\$550	\$0	\$0	\$550	<p>Federal SAMS license= 1 new user = \$550 Non-Fed Cash - NA Non-Fed In-Kind - NA</p>
Supplies	\$1,000	\$0	\$0	\$1,000	<p>Federal Educational Materials Professional Printing-Marketing Materials- Helpline Desk Supplies- paper, pens Postage Total Estimate = \$1000</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>

Contractual	\$88,500	\$0	\$0	\$88,500	<p>Federal <u>Brain Injury Association of Vermont</u>- \$58,500/yr total -Hire 1 FTE @ \$20/hr + 20% Fringe to work with Lead Agency and Department of Corrections to plan/implement toolkit for care transitions and participate in planning/implementation of other grant activities = \$50,000 Education & Outreach= 5 hours/week @ \$4,000/yr Website manager = 1 hour/week @ \$2,000/yr Marketing & education tools (for example online training, videos, PSA, etc) - \$2500 <u>Vermont Department of Corrections</u>- \$30,000/yr Work with Lead Agency and Brain Injury Association to implement evidence based TBI screening, training and education in current system</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>
Other	\$6,760	\$0	\$0	\$6,760	<p>Federal <u>NASHIA conference for 3 people</u> (minus travel) @\$1720 each = \$5160 total (conference fee @ \$450 pp, meals @ \$40/day X 4 days = \$160 pp; Lodging @ \$240/night X 4 nights= \$960 pp; incidentals @ \$150pp). <u>ACL State TBI Grantee Meeting for 2 people</u>, estimating 1 overnight = \$1000 total <u>TBI State Conference for 4 people</u> @150 each registration and 1 overnight = \$600 total</p> <p>Non-Fed Cash - NA Non-Fed In-Kind - NA</p>
Indirect Charges	\$4,250	\$0	\$17,613	\$21,863	<p>Federal - NA Non-Fed Cash - NA Non-Fed In-Kind - Estimated based on \$145,750 direct costs.</p>
TOTAL	\$150,000	\$0	\$85,550	\$235,550	
Difference:	\$0.00		\$ (10,549.50)		

VERMONT

Agency of Human Services

Department of Disabilities, Aging & Independent Living

280 State Drive, HCSD South

Waterbury, VT 05671-2070

TBI STATE PARTNERSHIP GRANT NARRATIVE

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



Contents	Page
Summary/Abstract	1
Problem Statement	1
Goals and Objective	4
Person Centered Planning and Underserved Populations	5
Proposed Activities	6
Outcomes	12
Mentorship and Technical Assistance	13
Organizational Capability & Project Management	13

- Attachment A: Vermont TBI Advisory Board Roster
- Attachment B: Vitae Bios for Key Lead State Agency Staff and Key Stakeholders
- Attachment C: Job Descriptions for Key Lead State Agency Staff
- Attachment D: Organizational Charts for Lead State Agency
- Attachment E: Letters of Support:
- Brain Injury Association of Vermont
 - Vermont Department of Corrections
 - Vermont Congressional Delegates
 - Disability Rights Vermont
 - Ann Pugh, VT Representative, House Human Services Committee Chair
 - Vermont Department of Health

Summary/Abstract

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

Problem Statement

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

ACL: TBI State Partnership Grant Funding Opportunity Narrative- Vermont

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

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

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

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

Survey Category	Unmet Needs (<i>Top 3 responses</i>)
Individuals with TBI	<ol style="list-style-type: none">1. The need for ongoing support/assistance (not time limited)2. Access to TBI Screening/Neuropsychiatric Evaluation3. Need for TBI Services for aging population (over age 50)
Family/Caregivers	<ol style="list-style-type: none">1. The need for ongoing support/assistance (not time limited)2. Family/Caregiver Support3. Access to TBI Screening/Neuropsychiatric Evaluation
Providers	<ol style="list-style-type: none">1. The need for ongoing support/assistance (not time limited)2. Assistance to find and maintain housing3. Individual and family counseling (TBI specialty)

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

ACL: TBI State Partnership Grant Funding Opportunity Narrative- Vermont

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

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

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

Goals and Objective

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

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

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

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

Person Centered Planning and Underserved Populations

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

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

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

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

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

Proposed Activities

Care Transitions

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

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

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

Enhanced Surveillance

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

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

ACL: TBI State Partnership Grant Funding Opportunity Narrative- Vermont

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

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

TBI Advisory Board

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

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

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

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

Annual State Plan

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

Development of the Annual State Plan:

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

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

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

Underserved Population

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

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

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

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

To comply with this statute, the VT Department of Corrections (DOC) has partnered with Lead State Agency to create a system to find out if an adult individual has participated in any of VT Long Term Services and Support (LTSS) Programs, including the State TBI Program. The DOC will soon have access to an existing electronic database for a more efficient process of identifying program participation.

If an individual has participated in an LTSS program, they are then given the SFI designation while incarcerated. This designation is then shared with the correctional staff, so staff may provide appropriate individualized interventions for behaviors when managing a “flagged” inmate.

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

Trust Fund

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

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

Outcomes

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

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

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

Mentorship and Technical Assistance

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

Organizational Capacity and Project Management

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

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

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

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

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

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

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

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

The End

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

ATTACHMENT A

Vermont TBI Advisory Board Members

MEMBERS

Agency Name

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

CONSULTANTS

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

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

EX OFFICIO (DAIL)

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

Standing Committees

Concussion Task Force

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

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

Veterans

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

Needs Assessment

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

Steering (7)

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

ATTACHMENT B

Vitae- Bio Sketches

Andre R. Courcelle

Quality & Provider Relations Program Director- State of Vermont

Department of Disabilities, Aging and Independent Living

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

Vacant

Traumatic Brain Injury State Partnership Grant Manager- State of Vermont

Department of Disabilities, Aging and Independent Living

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

Sara Lane, BSN, RN

Traumatic Brain Injury Program Coordinator- State of Vermont

Department of Disabilities, Aging and Independent Living

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

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

Trevor J. Squirrell

Executive Director – Brain Injury Association of Vermont

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

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

Barb Winters

Neuro Resource Facilitator- Brain Injury Association of Vermont

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

Ben Watts

Chief, Vermont Corrections Health Services Administrator

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

Job Descriptions

TRAUMATIC BRAIN INJURY GRANT MANAGER

Vacant

Job Code: 556000

Pay Plan: Classified

Pay Grade: 23

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date: TBD

Class Definition:

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

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

Examples of Work:

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

Environmental Factors:

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

Minimum Qualifications

Knowledge, Skills and Abilities:

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

Education and Experience:

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

OR

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

Special Requirements:

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

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

Sara Lane, RN

Job Code: 000075

Pay Plan: Classified

Pay Grade: 26

Occupational Category: Healthcare & Medical Practitioners

Effective Date: 05/15/2016

Class Definition:

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

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

Examples of Work:

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

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

Environmental Factors:

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

Minimum Qualifications

Knowledge, Skills and Abilities:

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

Education and Experience: (see RN position description)

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

OR

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

Special Requirements:

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

QUALITY AND PROVIDER RELATIONS PROGRAM DIRECTOR

Andre Courcelle

Job Code: 486000

Pay Plan: Classified

Pay Grade: 28

Occupational Category: Human Services

Effective Date: 04/07/2013

Class Definition:

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

Examples of Work:

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

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

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

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

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

Environmental Factors:

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

Minimum Qualifications

Knowledge, Skills and Abilities:

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

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

Education and Experience:

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

OR

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

Preferred:

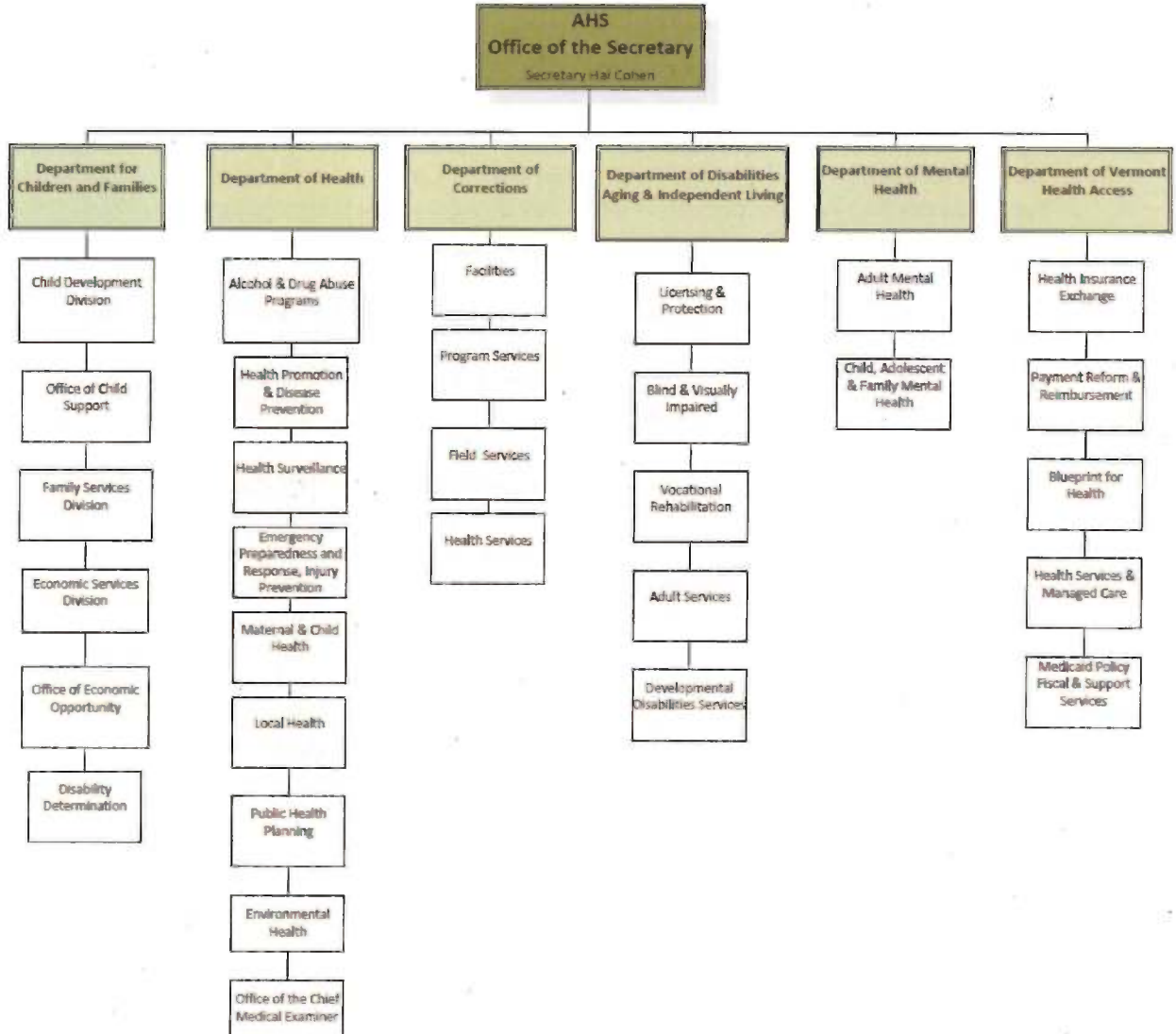
Master's degree.

Nursing degree.

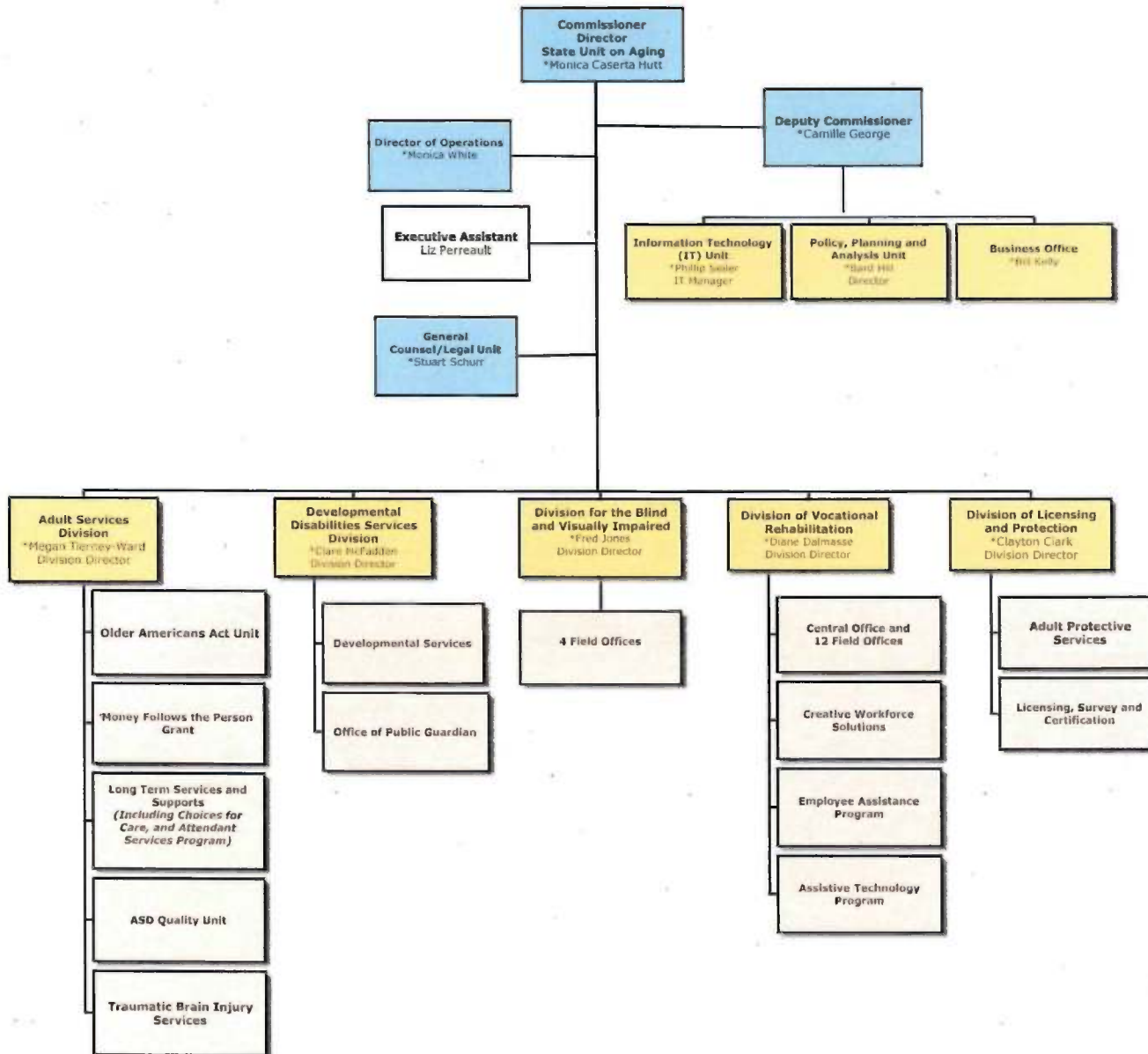
Work is performed independently and, in an office setting as well as in the field for which private transportation should be available.

ATTACHMENT D

Organizational Charts



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



As of 10/2/2017

* = Identifies contacts for DAAIL Senior Leadership

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

**Adult Services Division
February 2018**

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

**Administrative
Services Coordinator**
Colleen Bedard
760147

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

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

Jessica Dalley
Administrative
Assistant B
760326

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

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

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

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

Older American Act
Project Director
Angela Smith-Dieng
760007

State Unit Operations Team Leader
Mary Woodruff
760177

Elder Substance
Abuse Policy and
Operations Manager
Charles Gurney
765008

Aging & Disabilities
Program Admin
Tiffany Smith
760005

Deb Coult
Nurse Administrator I
760325

Debra Currier
Transition
Coordinator
760323

Teresa Nelson
Transition
Coordinator
760328

Herman Fossi
Transition
Coordinator
760324

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

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

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

Agency of Human Services

April 4, 2018

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

To Whom It May Concern:

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

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

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

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

Sincerely,



Lisa Menard, Commissioner of VT DOC



ATTACHMENT E



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

March 27, 2018

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

Subject: Letter of Support for Vermont TBI Grant Application

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

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

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

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

Sincerely,

Trevor J Squirrel

Trevor Squirrel
Executive Director, Brain Injury Association of Vermont

Congress of the United States

Washington, DC 20515

March 28, 2018

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

Dear Assistant Secretary Robertson:

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

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

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

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

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

Sincerely,


PATRICK LEAHY
United States Senator


BERNARD SANDERS
United States Senator


PETER WELCH
United States Representative



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

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

EXECUTIVE DIRECTOR

Ed Paquin

SUPERVISING ATTORNEY

A.J. Ruben

STAFF ATTORNEYS

Lindsey Owen Babson

Zachary Hozid

INTAKE SPECIALIST/PARALEGAL

Marsha Bancroft

SENIOR INVESTIGATORS

Merry Postemski

Tina Wood

ADVOCATES

Linda Cramer

Jocelyn Hard

Clark Postemski

COMMUNICATION SUPPORT PROJECT

Lynne C. Cardozo, Director

Amy Whitehorne

BUSINESS MANAGER

Donna Samson-Sprake

OFFICE MANAGER

Jennifer Le Scouezec

RECEPTIONIST

Lisa Fletcher

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David Gallagher

David Lacroix

Kirsten Murphy

Ericka Reil

Bonnie Stearns

Jesse Suter

Tom Van Meter

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

Dana Fink

Project Officer

U.S Department of Health and Human Services

Administration for Community Living

330 C St. SW

Washington, DC 2021

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

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

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

Defending and Advancing the rights of people with disabilities.

Email at info@DisabilityRightsVT.org,

On the web: www.disabilityrightsvt.org

State of Vermont
Department of Health
Commissioner's Office
108 Cherry Street—PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-951-1258
[fax] 802-951-1275

Agency of Human Services

April 13, 2018

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

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

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

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

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

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

Sincerely,



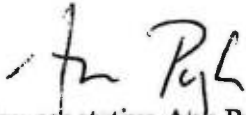
Mark A. Levine, MD
Commissioner
Vermont Department of Health



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

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

Sincerely,



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

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



STATE OF VERMONT
GENERAL ASSEMBLY
HOUSE COMMITTEE ON HUMAN
SERVICES

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

March 22, 2018

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

Dear Dana Fink:

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

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

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

consideration from HHS.

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

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

Sincerely,

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

Ed Paquin
Executive Director
Disability Rights Vermont