



Progress Report: TBI (Traumatic Brain Injury) State Partnership Grant

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ACL (Administration of Community Living)

Traumatic Brain Injury State Partnership Grants Performance Measurement Reporting

December 15, 2019

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NOTE TO REVIEWERS:

This set of questions will be programmed into an online reporting tool. Guidance and instructions presented in **this document in blue font may be edited** for clarity and to align with online navigation.

PURPOSE AND GENERAL INSTRUCTIONS: ACL designed this report to provide opportunities for Traumatic Brain Injury State Partnership Program grantees to submit information about the activities they are carrying out using program funds. ACL will use these data to measure the aggregate performance of all grantees. ACL’s primary purpose in requesting this information is to understand how grantees are using TBI State Partnership Program funds and what impact they are having across all participating states.

The questions included in this report are the ones ACL would like all grantees to be able to answer in the future, to the extent they are applicable to grantees’ work. However, ACL understands that grantees have different reporting capacity and may not be able to respond fully to every question. We encourage grantees to report as comprehensively as they can, accessing only the data they can feasibly access, and using the notes fields to describe the data they are reporting as needed so ACL can interpret it correctly.

Grantees should focus on reporting about the activities funded with program funds only. Program funds are defined as those funds awarded to the grantee by ACL plus any funds or other resources (e.g., facilities, staff time) used as the required match for the

grant award. Grantees should not report about activities that program funds do not support – even if they are related to other program-funded activities. If a mixture of program funds and funds from other sources are used to carry out an activity, grantees should report on that activity in the most appropriate way they can. For example, if program funds and other funds are blended and the people being reached with these funds include a mix of TBI survivors and others, grantees may report about these activities in different ways. One grantee may be able to access data from all funded partners and report the total number of TBI survivors reached or served with program funds. Another grantee may only have data about the total number of people served including TBI survivors and others, by one funded partner only, and cannot distinguish between those reached with program funds and those reached with other funds. Both grantees should report the data they have about the people reached and use the notes field to describe the parameters and limitations of their data as appropriate.

This electronic form has numerous fields that are pre-populated and auto-calculated to generate sums and percentages. This will save grantees time and will reduce the chance of arithmetical errors. Grantees will enter relevant information for year one of the grant; in subsequent grant years, grantees will have to enter only necessary edits rather than the previously entered data from earlier years. The system will automatically save and display the data from past years.

A. Grant Activities (all grantees respond)

GUIDANCE: In this first section of the report, grantees will identify which activities they are carrying out using program funds as outlined in their grant work plan. The form will ask grantees to report further about the areas of activity they select below. It will not ask them to report further about activities below that they do not select.

GUIDANCE: You should select only those activities below that the lead grantee agency, or a partnering agency carries out with program funds. Program funds are defined as those funds awarded to the grantee by ACL plus any funds or other resources (e.g., facilities, staff time) used as the required match for the grant award. Do not select an activity below if it is funded entirely by other sources.

Please review the following examples to help determine which activities you should select in Question 1.

Example 1: The lead grantee agency uses TBI State Partnership Program funds from ACL to support provision of I&R/A to their grant's target population. Grantee should select I&R/A from answer options below.

Example 2: The lead grantee agency uses program funds from ACL to pay another entity to support provision of I&R/A to their grant's target population. Grantee should select I&R/A from answer options below.

Example 3: The lead grantee agency does not use program funds received from ACL to support provision of I&R/A, but they designated other funds that are being used for I&R/A as state matching funds for this grant. Grantee should select I&R/A below.

Example 4: The lead grantee agency coordinates closely with another entity in the state that provides I&R/A for TBI survivors. This entity is a partner and a collaborator, but they do not use program funds to provide I&R/A. They may receive program funds to work on other activities, but they do not use any program funds (direct or matching) to provide I&R/A. Grantee should NOT select I&R/A below.

Question 1

1. Which activities did you carry out as part of your ACL project using program funding during this reporting period?

Vermont's responses are in the black shaded sections.

- a. **Partnership Development** - identifying and reaching out to new partners, coordinating and aligning activities, information exchange, collaboration on grant activities, collaboration on activities related to the grant

Yes, the Lead Agency DAIL (Department of Disabilities, Aging & Independent Living) and partners, Department of Corrections and the Brain Injury Association of Vermont carried out these activities. This includes partnerships with stakeholders that participate in the Vermont Brain Injury Advisory Board, State Plan Work Group and Concussion Task Force efforts to address the brain injury system.

- b. **Planning and Infrastructure Development** - state planning, policy and procedures development, state councils, needs assessment, surveillance, registry, IT systems

Yes, DAIL and our partner the Department of Health carried out these activities. This includes things like the Youth Risk Behavior Survey, Adult Behavior Risk Factor Surveillance Systems, Vital Records and SIREN data sources.

- c. **Information and Referral/Assistance (I&R/A)** - bringing people and services together, answering questions from individuals and families about human service resources, helping people get connected to public benefits, sharing information about available services like home care and adaptive equipment. Note: I&R is about bringing people and services together. Individuals may reach out once or many times, but I&R typically does not involve ongoing engagement of individuals like Resource Facilitation. If the description provided here does not align with how your program defines this activity, please provide your definition here:

Yes, the Brain Injury Association of Vermont, carried out these activities through their information, and referral and assistance helpline. They also offered consultation to individuals.

- d. **Screening and/or Assessment** - using a standardized procedure, structured interview, or tool to elicit the lifetime history of TBI for an individual. Screening and/or assessments can be used for clinical, research, programmatic, eligibility determination, service delivery or treatment purposes. If the description provided here does not align with how your program defines this activity, please provide your definition here:

Yes, DAIL's partner, the Department of Corrections conducted HELPS screening tool to screen for the history of TBI (Traumatic Brain Injury). If the screen is positive, then an assessment procedure is conducted. The HELPS screening tool is used for all individuals who are detained or jailed in the Vermont correctional system.

- e. **Resource Facilitation** – this category of activity could include development of resources such as databases, resource directories, and communications tools to improve service delivery. It could also mean providing assistance through an accessible, holistic, and person-centered process that engages individuals in decision making about their options, preferences, values, and financial resources and helps connect them with programming, services and supports they choose. In some states this may be called service coordination, service navigation, case management, options counseling, or person-centered counseling. Resource facilitation could be of short term or long-term duration. If the description provided here does not align with how your program defines this activity, please provide your definition here:

This is not something that is currently funded in the TBI State Partnership Grant Program. However, the Brain Injury Association of Vermont had at one time coordinated a resource facilitation project with outside funding. Data may be available through partnership activities in the future.

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

Yes, DAIL's partner the Brain Injury Association of Vermont conducts training, presentations, outreach and awareness under this grant project. DAIL also takes on outreach activities to partners. For example, DAIL presented to stakeholder groups like the University of Vermont Medical Center and the Choices for Care program staff and staffed a table display at the Annual Brain Injury Association of Vermont Conference.

- g. **Other** - (Describe) Grantees will be able to add as many topics as needed

DAIL and its partner the Department of Health have agreed to add two Traumatic Brain Injury questions to the 2020 Adult Behavior Risk Factor Surveillance System Survey to enhance surveillance efforts. DAIL also completed a process to identify a contractor to help evaluate the Brain Injury State Annual Action Plan.

Question 2

2. Did you target or limit some or all your grant activities to support people in a setting or population during this reporting period? If yes, please select all that apply.

YES ____, all our activities were primarily targeted to the groups noted below,
YES__X__, some of our activities were targeted primarily to the groups noted below

NO ____, all our activities are designed to more generally support all TBI survivors in our state

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

Question 3

3. Percent of your state's counties (parishes or boroughs) targeted and reached through your grant's activities during this reporting period:

- a. Total number of counties in state # 14
- b. Counties targeted for this project # NA _____% *
- c. Counties reached this reporting period #NA _____% *

* [Total number of counties in state will be auto populated. % is auto calculated based on # of counties reached divided by total number of counties]

Question 4

4. For each of your grant activities, please provide how much of your total program funding you spent in the last completed grant year in support of each of the different activities listed below, rounded to closest \$1,000.

[Note: This question will be asked once a year in the Dec/Jan timeframe about the last completed grant year].

GUIDANCE

To start, you should determine the total amount of program funding you spent this reporting period – your Total Program Funding. Total program funding should match what you reported in your original application on the SF-424. Of this total, break out the funding you paid to contractors or partners to carry out different activities. If they do not track their actual spending by category of activity in the way below, you should use your program’s budget, your work plan, and the scope of work described in their contracts to estimate how much was spent in each category. Then consider your work plan and the estimated relative time and effort you spent on different activities to allocate the remaining program expenditures into the most appropriate categories accordingly. If there were program funds spent that do not fit easily into one of these categories, report them in one of the “Other” categories and provide an appropriate description.

Do not report funds that support these activities in your state that came from sources other than this grant. For example, your state may spend millions of dollars on provision of I&R/A from many funding streams spread out across many agencies, but your state only allocated \$100,000 of your TBI State Partnership Program funds to support provision of I&R/A. You should report \$100,000 as your total program funds spent in that category. Furthermore, if your ACL grant spent \$100,000 in support of I&R/A and these program funds helped make this service available to both TBI survivors and other populations, you should still report the full \$100,000.

If you did not spend program funds (either direct or matching) in one or more of the categories below, you should report \$0 spent in those categories. ACL will not interpret this to mean that these activities did not occur in your state or that your grant program does not support these activities in non-monetary ways. Reporting \$0 spent in a category below means only that none of these program funds were used on that activity in the last grant year.

This current system of tracking expenditures is based on the federal budget categories and not by activity. In each activity, there can be personnel, fringe,

contract and other expenses. This is an area we will need technical assistance to see methods to track this. At this time, we have entered the total federal share amount and the unobligated funds from year 1.

This information is not available for year 1.

- a. Partnership Development \$ ____% *
- b. Planning and Infrastructure Development \$ ____%*
- c. Information and Referral/Assistance \$ ____% *
- d. Screening and/or Assessment \$ ____% *
- e. Resource Facilitation \$ ____% *
- f. Training, Outreach and Awareness \$ ____% *
- g. Other (describe) \$ _____ % *
- h. Other (describe) _____

i. Funds not yet spent including any carryover funds from last fiscal year
\$17,463.00 or 12% *

j. Total Program Funding \$149,011.00 **

* [% is auto calculated based on category total divided by sum of categories] **
[auto populated or auto calculated by summing categories above]

Question 5

5. Did your project use any evidence-based practices, interventions, or programs as part of your grant activities during this reporting period? If yes, please describe.

GUIDANCE: Evidence-based practice (EBP) is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. An evidence-based practice (EBP) is any practice that relies on scientific evidence for guidance and decision-making. According to the Council on Social Work Education, there are five important steps involved in any evidence-based practice model.

1. Formulating a client, community, or policy-related question;
2. Systematically searching the literature;
3. Appraising findings for quality and applicability;
4. Applying these findings and considerations in practice;
5. Evaluating the results.

This last step is particularly significant because evidence-based practice models need to continuously improve if they are to be effective. As a result, each new case should be considered additional evidence and should be analyzed along with the pre-existing data. This kind of perspective helps our social service practices continue to keep pace with a changing world.

YES NO

For the planning and infrastructure and partnership development activities, we used the prevention strategic planning process, promoted by the [Substance Abuse and Mental Health Services Administration or SAMHSA](#). A needs assessment was conducted first. We were building partnership capacity in the process by engaging new and existing stakeholder groups and individuals. Then we developed the State plan for Brain Injury and will be moving into implementation of the State plan over the next 6 months of the project. We also applied evidence -based screening in the correctional system to screen for a history of Traumatic Brain Injury. The nurses conduct the screening using the HELPS tool of all individuals who enter the jail or prison system. The [HELPS tool](#) is part of a multi-day health assessment.

B. Partnership Activities Questions 6 – 8

(all grantees respond)

6. Which organizations in your state received funding through the ACL State Partnership Program to carry out and/or support grant activities (primary awardee and sub-awarded partners) in this reporting period?

GUIDANCE: Program funds are defined as those funds awarded to the grantee by ACL plus any funds or other resources (e.g., facilities, staff time) used as the required match for the grant award.

- a. Lead Grantee Agency

[To relieve burden, ACL will fill in a.i and a.ii based on existing information from Notice of Award. Grantee will be able to edit if it is incorrect.]

- i. Name of organization:

Department of Disabilities, Aging & Independent Living

- ii. Type of organization (select all the designations below that apply to this organization):

- State Medicaid Agency
- State Vocational Rehabilitation Agency,
- State Department of Education
- State Department of Criminal Justice/Corrections
- ✓ State Unit on Aging
- ✓ State Department for Developmental Disabilities
- State Behavioral and/or Mental Health Agency
- State Department of Public Health
- Tribal Council

- Other State Agency
- University Center on Excellence for Developmental Disabilities
- University
- Other _____

b. Funded Partner 1

- Name of organization: **Brain Injury Association of Vermont**
- Type of organization (select all the designations below that apply to this organization):
 - State Medicaid Agency
 - State Vocational Rehabilitation Agency,
 - State Department of Education
 - State Department of Criminal Justice/Corrections
 - State Unit on Aging
 - State Department for Developmental Disabilities
 - State Behavioral and/or Mental Health Agency
 - State Department of Public Health
 - Tribal Council/Organization
 - Other State Agency
 - University Center on Excellence for Developmental Disabilities.
 - University
 - State Independent Living Council
 - State I/DD Council
 - Affiliate of National Brain Injury Organization**
 - County or Local Government Entity,
 - Community-Based Services Organization (e.g. CAA, ADRC, AAA, CIL),
 - Public Health Department or Clinic
 - Recovery or Substance Abuse Treatment Center
 - VA Medical Center
 - Other Health Care Provider
 - University
 - Private Business/Employer
 - Other _____
- Is this partner new this reporting period? Y/N

Add another Funded Partner Grantees can add as many funded partners as they need.

Vermont Department of Corrections oversees the health screening of 6000 individuals that are detained and jailed in the Vermont Correctional System for adults.

7. Which types of organizations are program partners and support program activities but did not receive program funds during this reporting period?

GUIDANCE: You may have a dozen or more organizations represented on your Advisory Council. For this question, please include only those organizations you see as key or strategic partners in your recent and current systems change work. Organizations should be listed as partners if you work with them regularly to coordinate grant-related activities, co-sponsor activities with them, and/or routinely collaborate with them (outside of Advisory Council meetings) in furtherance of your grant goals.

a. Types of Unfunded Partners

Select all the types of organizations that are unfunded partners and indicate if this type of organization is new (as of this reporting period) or a continuing partner)

- State Medicaid Agency
- ✓ State Vocational Rehabilitation Agency
- State Department of Education
- State Department of Criminal Justice/Corrections
- State Unit on Aging
- State Department for Developmental Disabilities
- ✓ State Behavioral and/or Mental Health Agency
- ✓ State Department of Public Health
- Protection and Advocacy Programs
- Tribal Council/Organization
- Other State Agency
- University Center on Excellence for Developmental Disabilities.
- University
- State Independent Living Council
- State I/DD Council
- Affiliate of National Brain Injury Organization
- County or Local Government Entity
- ✓ Community-Based Services Organization (e.g. CAA, ADRC, AAA, CIL)
- Public Health Department or Clinic
- ✓ Recovery or Substance Abuse Treatment Center
- ✓ VA Medical Center
- ✓ Other Health Care Provider
- University
- Private Business/Employer
- ✓ Other
- ✓ Legal Aid
- ✓ Division of Vocational Rehabilitation

✓ **Disabilities Rights**

8. Is there anything else you would like to let ACL know about your Partnership activities during this reporting period?

This question is not mandatory.

Not Applicable

C. Planning & Infrastructure Development Questions 9 -12

(all grantees respond)

Question 9 Advisory Council Members

9. Please list your advisory council members for this project period and place a check by their affiliations. You may check all that apply if a person represents two or more affiliated entities.

SEE LIST BELOW BULLETS with name and affiliation.

- Person who has experienced a TBI (Survivor)
- Family member of person who has experienced a TBI
- Center for Independent Living/State Independent Living Council representative
- Aging and Disability Resource Center representative
- Protection & Advocacy agency representative
- Long-term care ombudsman representative
- TBI Model Systems representative
- Representative from an Affiliate of National Brain Injury Organization
- Other (describe) _____

#	Name	Representation
1	Jess Leal	Brain Injury Assoc. of VT, Executive Director
	Danielle Conrad	Brain Injury Assoc. of VT, Ex-Officio ¹
	Frank Holiber	Brain Injury Assoc. of VT. Ex-Officio
2	Camille George	DAIL, resigned in December 2019
	Megan Tierney-Ward	DAIL
	Monica Hutt	DAIL
	Sheri Lynn	DAIL, Ex-Officio
	Sara Lane	DAIL, Ex-Officio

¹ May serve as designee for an organization.

3	Sharon Norton	Dept. for Children and Families
4	Annie Ramniceanu	Dept. Of Corrections
	Heidi Fox	Dept. of Corrections
	Jacqueline Rose	Dept. of Corrections
6	Frank Reed	Dept. of Mental Health
7	Trevor Squirrel	Legislative Representative
8	Eric Paige	Provider – Green Mountain Support Services
9	Matthew Gammons, MD	Provider – Rutland Regional Medical Center
10	Bryan Dague	Provider – University of Vermont
11	Emily Harvey	Public - Survivor
12	Alisha Guilford	Public –Survivor
13	Becky Hale	Public - Survivor
14	Bill Morgan	Public - Survivor
16	Calla Papademas	Public - Survivor
17	Cheryl Van-Epps	Public - Survivor
18	Deborah Black	Public - Survivor
19	Jane Hulstrunk	Public - Survivor
20	Kevin Burke	Public – Family member
21	Lorraine Wargo	Public - Survivor
22	Natalie Kelly	Public - Survivor
23	Bobby Surott-Kimberly	Public/ Veterans Hospital Vermont
24	Marsha Bancroft	Public/Disabilities Rights Vermont
24	Pam McCarthy	Vermont Family Network
25	Charles Becker	Vermont Legal Aid – Disabilities Law Project
26	Robert Burke	Veterans Affairs
27	Sue Zamecnik	Vocational Rehabilitation

Question 10 Estimate of TBI

10. Estimate the number of people in your state who have experienced a TBI and are getting home and community-based services or supports.

a. Estimate how many people living in your state have experienced a TBI:

Currently, Vermont does not have prevalence data. We will have prevalence after the 2020 Adult Behavior Risk Factor Surveillance Survey is completed and the data is analyzed. There are two new questions related to lifetime history of TBI and cause. We currently use the data related to hospitalizations and Emergency Department visits, which does not account for individuals who do not seek treatment and/or who may use a private urgent care facility.

- 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.

i. Of the total in a above, estimate how many people who have experienced a TBI are currently receiving HCBS through a Medicaid TBI waiver:

82 individuals are currently served via the TBI Program (Medicaid Funded). An additional 8 individuals are currently in the enrollment process.

ii. Of the total in a above, estimate how many people who have experienced a TBI are in your grant's target population (e.g. based on where they live in the state, their age, setting in which **they live or some other demographic or criteria**):

Vermont does not have a target population, however since there is a focus on screening of individuals who are incarcerated (jailed) and detained (awaiting trial), it can estimate that approximately 5 individuals currently enrolled in the TBI program are actively involved with Probation and Parole now that they reside in the community.

1. Of the total in aii above, estimate how many people in your target population are currently receiving services or supports that help them live in a home or community setting through a Medicaid waiver or some other kind of publicly funded program (e.g. state HCBS program, Rehabilitation Services Act, Older Americans Act).

All individuals enrolled in the TBI program are served in a home and community-based setting. Approximately 450 individuals who have experienced an acquired brain injury are served via the Long-Term Care Medicaid Program, Choices

for Care. This program examined Vermont's long -term care system and now approximately 43% of individuals are served in an institutional setting compared to 57% in a home and community-based setting.

GUIDANCE: ACL hopes that TBI State Partnership Program grantees will work to calculate these estimates to inform their planning and infrastructure development activities. ACL recognizes grantees may not have access to all the potential data sources needed to make precise estimates. Grantees should use the data sources they can feasibly access to make estimates and use the space below to describe the data sources used, their associated dates, and the methodology used to calculate these estimates:

The Vermont Department of Health uses Vital Statistics and Hospital Discharge Data to report on TBI. The last data brief used data from 2010 – 2014.

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) uses Welsky Aging and Disabilities case management software to track and manage individuals who are enrolled in the TBI program and the Choices for Care Program. Reports can be run to obtain specific enrollment data.

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

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

We have developed goals, identified strategies and drafted measures of progress. A final state plan and annual action plan is available. We are currently confirming with partners their responsibilities and commitment to components of the plan. Additionally, we will be gathering public comments over the next six months.

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

An updated version of the Vermont Brain Injury State Plan is available.

D. Information & Referral/Assistance (I&R/A) Questions 13 - 15

(if applicable to grant activities)

This is not part of the grant activities under this project. But we have added information here because the outreach and awareness activities funded by this

grant have impacted the information and referral and assistance activities (not funded under this grant

13. How many I&R/A contacts were made in this reporting period (across all funded partners providing grant related I&R/A

GUIDANCE

An I&R/A contact is generally defined as an individual contact made by a consumer, caregiver, or professional by telephone or in-person. One person may contact the I&R/A provider multiple times in the reporting period so Total Contacts is likely to be a significantly larger number than total number of individuals served. "Funded partners" refers to partners receiving program funds as well as using funds that have been designated state matching funds. I&R/A providers generally track total number of contacts overall. They may or may not track the number of contacts that related to an individual who has experienced a TBI unless this is a requirement for them. Please enter a positive number, zero, or unknown.

- a. How many people live in the collective service areas of the organization or organizations providing I&R/A with grant funding? **24**
- b. Total number of contacts made to organizations that use program funds to support some or all their I&R/A activities: **not applicable**
- c. Total number of contacts made to these funded partners regarding TBI in reporting period #:

Not applicable

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

The Brain Injury Association of Vermont tracks calls to the helpline, an information and referral/ assistance toll-free line. The Brain Injury Association promotes the helpline through its website and social media platforms. Information and referral activities are an outcome the outreach and awareness activities. Additionally, some of the training offered to professionals promotes the helpline. Because outreach activities promote the Brain Injury Association helpline, we asked that they track the contacts to the helpline as one way to evaluate the outreach activities.

14. How often are different types of services referred for I&R/A callers who have experienced a TBI, their family members, or other professionals and service providers during this reporting period across all funded partners providing grant related I&R/A? Please select **an option for each type of referral**.

ANSWER OPTIONS: COMMONLY/OCCASIONALLY/NEVER/UNKNOWN TBI

- a. Grant-funded resource facilitation, service coordination UNKNOWN TBI
- b. Other type of resource facilitation, service coordination (provided by other unfunded partners or other organizations such as an affiliate of national brain injury organization, ADRC, CIL, other ABI association, or other organization) COMMONLY
- c. Older Americans Act services (e.g., nutrition services, LTC Ombudsman) NEVER
- d. Behavioral health services OCCASIONALLY
- e. Brain injury support groups COMMON
- f. Caregiver supports OCCASIONALLY
- g. Independent living services COMMON
- h. Domestic violence help services OCCASIONALLY
- i. Employment counseling COMMONLY
- j. Educational counseling or school disability services COMMONLY
- k. Health insurance information or counseling (e.g. SHIP, Medicaid eligibility) OCCASIONALLY
- l. General medical services NEVER
- m. Specialized TBI/ABI services OCCASIONALLY
- n. Homeless services provider OCCASIONALLY
- o. Housing supports OCCASIONALLY
- p. Medicaid waiver services COMMONLY
- q. Physical, occupational, recreational or speech therapy NEVER
- r. Legal or advocacy services OCCASIONALLY
- s. Transportation services OCCASIONALLY
- t. Social Security NEVER
- u. Veteran's hospital or clinic NEVER
- v. Vocational rehabilitation services COMMONLY
- w. In-home services and supports COMMONLY
- x. Other: _____

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

The activities reported in this section are not directly funded by the grant but are an outcome of outreach activities to raise awareness about the helpline administered by the Brain Injury Association of Vermont.

E. Screening & Assessments Questions 17 - 20

(if applicable to grant activities)

16. How many unduplicated people did you and your funded partners screen or assess to identify their likelihood of TBI during this reporting period (across all funded partners providing grant-related screening and assessment)? Please enter a positive number, zero or unknown in every field.

- a. Total number of unduplicated people screened or assessed this reporting period # 2,016
 b. Number of people screened who were identified as having a history of TBI: #377

- Number of people under age 22 # 16
- Number of people between 22-59 # 353
- Number of people 60 or older # 8
- Number of veterans of any age # 7

17. Select which standardized instruments you or your partners used for screening and assessment procedures during this reporting period. (Select all that apply)

Tool	Yes	No
a. The Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID)	YES_	NO X
b. A modified version of the OSU TBI-ID		
c. The Brain Injury Screening Questionnaire (BISQ)	YES_	NO X
d. Defense and Veterans Brain Injury Center TBI Screening Tool (DVBIC TBI), also called The Brief Traumatic Brain Injury Screen (BTBIS)	YES_	NO X
e. The Traumatic Brain Injury Screening Instrument (TBISI)	YES_	NO X
f. HELPS	YES X	NO_
g. Military Acute Concussion Evaluation (MACE)	YES_	NO X
h. Automated Neuropsychological Assessment Metrics (ANAM)	YES_	NO X
i. Others:	YES_	NO X

18. Of the people who have experienced a TBI whom you screened in this reporting period; how many were living in these following settings at the time of their screening? Please enter a positive number, zero or unknown in every field.

a. On their own/independent	# 0	_____
b. Homeless	# 0	_____
c. With parent or grandparent	# 0	_____
d. With immediate family	# 0	_____
e. With friends or other extended family	# 0	_____
f. Group home	# 0	_____
g. Prison or Jail/Justice involved setting	# 377	_____
h. Transitional living program or temporary housing	# 0	_____
i. Community Based Neurobehavioral Rehabilitation Services	# 0	_____
j. Nursing facility or in-patient rehab setting	# 0	_____
k. Supervised living program	# 0	_____
l. Assisted-living settings	# 0	_____
m. Other:	# 0	_____

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

The data is for individuals who are jailed and have not gone to trial and those in the prison systems. We do not screen in the parole and probation system. However, the state annual action plan will work on raising awareness among parole officers about information and referral and resources for those individuals who screen positive with a TBI and are transitioning to the community or group home. The data collected while in the correctional system will inform the discharge process from prison and identify needs of TBI services.

19. Of the people who have experienced a TBI whom you screened during this reporting period how many were in competitive, integrated employment and/or in school at the time of the screening? Please enter a positive number, zero (0), or unknown in every field.

a. Competitive, integrated employment	# 0	_____
b. In school or training	# 0	_____

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

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

No there is nothing else to report, currently.

F. Resource Facilitation Questions 21 - 26

(if applicable to grant activities) **Not applicable for this grant project.**

21. For how many unduplicated people who have a TBI did you or your partners provide resource facilitation in this reporting period (across all funded partners providing grant-related resource facilitation)? Please enter a positive number, zero (0), or unknown in every field.

This is not funded by this project.

Total number of unduplicated people who have experienced a TBI who were provided with resource facilitation in this reporting period #NA _____

- Number of people under age 22 #NA _____
- Number of people between 22-59 #NA _____
- Number of people 60 or older #NA _____
- Number of veterans of any age #NA _____

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

22. What types of referrals did those providing Resource Facilitation make for people who have experienced a TBI and who received resource facilitation during this reporting period? Please select a response for each type of referral

ANSWER OPTIONS: COMMONLY/OCCASIONALLY/NEVER/UNKNOWN

- a. Grant-funded resource facilitation, service coordination
- b. Other type of resource facilitation, service coordination (provided by other unfunded partners or other organizations such as a Brain Injury Alliance or Association, ADRC, CIL, TBI association or other)
- c. Older Americans Act services (e.g., nutrition services, LTC Ombudsman)
- d. Behavioral health services
- e. Brain injury support groups
- f. Caregiver supports
- g. Independent living services
- h. Domestic violence help services
- i. Employment counseling
- j. Educational counseling or school disability services
- k. Health insurance information or counseling (e.g. SHIP, Medicaid eligibility)
- l. General medical services
- m. Specialized TBI services
- n. Homeless services provider
- o. Housing supports
- p. Medicaid waiver services

- q. Physical, occupational, recreational or speech therapy
 - r. Legal or advocacy services
 - s. Transportation services
 - t. Social Security
 - u. Veteran's hospital or clinic
 - v. Vocational rehabilitation services
 - w. In-home services and supports
 - x. Other: _____
23. Of the people who have experienced a TBI for whom you provided resource facilitation this reporting period, how many were living in these different settings at the time you worked with them? Please enter a positive number, zero (0), or unknown in every field.
- a. On their own/independent #NA _____
 - b. Homeless #NA _____
 - c. With parent or grandparent #NA _____
 - d. With immediate family #NA _____
 - e. With friends or other extended family #NA _____
 - f. Group home #NA _____
 - g. Prison or Jail/Justice involved setting #NA _____
 - h. Transitional living program or temporary housing #NA _____
 - i. Community Based Neurobehavioral Rehabilitation Services #NA _____
 - j. Nursing facility or in-patient rehab setting #NA _____
 - k. Supervised living program #NA _____
 - l. Assisted-living settings #NA _____
 - m. Other: _____ #NA _____

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

24. Of the people who have experienced a TBI for whom you provided resource facilitation this reporting period, how many were in competitive, integrated employment and/or in school while receiving resource facilitation? Please enter a positive number, zero (0), or unknown in every field.
- a. Competitive, integrated employment #NA _____
 - b. In school or training #NA _____

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

25. Of the people who have experienced a TBI for whom you provided resource facilitation this reporting period, how many did you support through a transition from an institutional setting (e.g. criminal justice system, nursing facility) into the

community? Please enter a positive number, zero (0), unknown, or not applicable in every field.

- a. Number transitioning from criminal justice system to community (with or without HCBS) #NA_____
- b. Number transitioning from nursing facility/medical facility to community (with or without HCBS) #NA_____
- c. Number transitioning from another setting to community (with or without HCBS) (describe) #NA_____

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

26. Is there anything else you would like to let ACL know about your resource facilitation efforts during this period?

This question is not mandatory.

G. Training, Outreach & Awareness Questions 27 - 30

(if applicable to grant activities)

27. How many different types of people received grant-supported training in this reporting period (across all funded partners that provide training with program funds)? Please enter a positive number, zero (0), unknown or not applicable in every field.

GUIDANCE

One individual person may serve in different capacities and may have received different kinds of training for different reasons. If one person received training you offered for EMS providers and a different training you offered for athletic coaches, they may be counted in both places.

a. Staff providing grant-related services # 0

- Staff providing, I&R/A # 0
- Staff conducting Screenings/Assessments # 0
- Staff providing Resource Facilitation # 0

b. Clinical/medical providers # 92

- Physicians # 0
- Emergency medical services providers/first responders # 0
- Other clinical/medical providers # 0

c. Coaches or other athletics personnel # 0

d. Domestic violence services staff # 0

e. Family, friends, informal caregivers # 0

f. Homeless services organization staff # 23

g. Individuals who have experienced a TBI # 70

- h. In-home services and supports staff # 0
- i. Law enforcement personnel # 0
- j. Prison or criminal justice system staff # 0
- k. Protection and advocacy staff # 0
- l. Residential rehabilitation center staff # 0
- m. Nursing home staff # 0
- n. Universities, colleges, or school staff (excluding school coaches) # 0
- o. Veterans & military organization staff # 0
- p. Other: _____ # 0
- q. Other: _____ # 0

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

Training and education services were being developed at that time by the Brain Injury Association of Vermont. These are the attendees to the annual Brain Injury Conference in October. The numbers include presenters, survivors, exhibitors, board members, volunteers and staff.

28. Please provide the number of grant-sponsored trainings took place this reporting period, by topic area and number of attendees. Please enter a positive number, zero (0), unknown, or not applicable in every field. Note: “grant-sponsored trainings” refers to those using program funds or state matching funds.

GUIDANCE: If you offered the same TBI Basics training four different times for different groups of grantees, enter 4 as the # of trainings offered and the total number of attendees across all 4 trainings as the # attendees.

- a. TBI Basics # _____ # attended: _____
- b. Aging and TBI # _____ # attended: _____
- c. Assistive technology # _____ # attended: _____
- d. Athletics # _____ # attended: _____
- e. Behavioral health and TBI # _____ # attended: _____
- f. Caregiving # _____ # attended: _____
- g. Children and TBI # _____ # attended: _____
- h. Concussions & mild TBI # _____ # attended: _____
- i. Criminal justice and TBI # _____ # attended: _____
- j. Diagnosis # _____ # attended: _____
- k. Educational issues # _____ # attended: _____
- l. Employment and training of people with TBI # _____ # attended: _____
- m. Identification, screening, assessment # _____ # attended: _____
- n. Independent living # _____ # attended: _____
- o. Substance Use and TBI # _____ # attended: _____
- p. Neurobehavioral aspects of TBI # _____ # attended: _____

- q. Public Policy # _____ # attended: _____
- r. Person Centered Planning/Counseling # _____ # attended: _____
- s. Community-based services and support resources# _____ # attended: _____
- t. Treatment and therapies # _____ # attended: _____
- u. Other: Hospital Discharge Planners # 1 # attended: 8
- v. Other: Conference Oct 8 # 1 # attended: 196

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

The Brain Injury Association of Vermont is the primary partner working on training. During the first six months, research was conducted to find out needs of target audiences. The other category represents outreach that DAIL completed through its training presentation to Vermont’s largest hospital, the University of Vermont. The October 8, 2019 conference trained caregivers, professionals and survivors and family members. The workshops offered that day and plenary sessions cover some of the topics listed in a-t.

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

The Brain Injury Association of Vermont distributed at least 200 each of its fact sheets and services brochures. These were printed/distributed at events and mailed to those on a mailing list that the Brain Injury Association has collected. Approximately 2000 Brain Injury Association of Vermont newsletters were mailed. This equates to two quarterly newsletters during this reporting period.

30. Is there anything else you would like to let ACL know about your training activities during this reporting period?

The Brain Injury Association of Vermont has revamped its website to be easier for survivors to use. The new look and navigation include education and training information. They will be developing an assessment and training plan to address the training needs of survivors, caregivers and providers. This question is not mandatory.

H. Other Questions 31 - 36

(if applicable to grant activities)

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

DAIL has identified a contractor to support the evaluation of the annual Brain Injury State Plan. This is possible with unobligated funds from year one. The National Association of State Head Injury Administrators will provide technical assistance to ensure the plan is measurable.

Other carry forward funds DAIL is using this year, is to find a media contractor to help develop an outreach plan and message development for target audiences. DAIL received three proposals in response to a Request for Proposals and a review team will help select the vendor.

Lastly, DAIL's request to have TBI questions added on the 2020 Adult Behavioral Risk Factor Surveillance System survey has been accepted by the Department of Health. This was possible with the carry forward funds from year one.

32. How many unduplicated people did you work with or support through 15 activity during this reporting period? Please enter a positive number, zero (0), or unknown in every field.

Total number of people who have experienced a TBI who participated in the media proposals review activity# 2

- Number of people under age 22 # NA
- Number of people between 23-59 # 2
- Number of people 60 or older # NA

Notes about data provided: (e.g., unknown because none of our partners collect this information, data are incomplete because only some of our partners collect this information. Please describe.)

I. Narrative Responses Questions 33 - 37

(all grantees respond)

33. Please describe the TBI mentoring and work group activities your program led or participated in during this reporting period.

DAIL and our partners are part of the Data, Criminal and Juvenile Justice, and Employment and Transition mentoring work groups. As one of the partner states participating on monthly conference calls and providing input on deliverables. The Brain Injury Association of Vermont has a representative on each workgroup in addition to two DAIL staff. The Department of Corrections participates in the Criminal and Juvenile Justice work group with DAIL staff.

The deliverables the mentor and partner states are working on include:

- ✓ Review of articles to assess if the competencies in the survey to vocational rehabilitation counselors are mentioned. Work group members took steps to validate and prioritize the list of Vocational Rehabilitation Counselor (VRC) core competencies that were drafted and submitted as the group's Year one product, broadening the scope of work to include competencies for Employment Specialists, Assistive Technology Specialists, Rehabilitation Providers and Employers.
- ✓ Discuss and develop a survey about each state's registry and surveillance activities. As states discussed issues around Behavior Risk Factor Surveillance Survey and various state success and challenges with having questions accepted at the optional state module level, we learned that the majority of states (15-25) that had been successful at their state levels were already using validated The Ohio State University TBI Screening Tool as an industry standard.

A small subcommittee made up of representatives developed a questionnaire related to state TBI Registries that will be used as the basis to write a "White Paper" on Best Practices for TBI Registries as one of this work group products.

- ✓ Start to develop a survey for review by each state's experts on the skills and knowledge for positions or roles in the correctional system. The Criminal Justice/Juvenile Justice CJ/JJ work group membership took several steps towards the development of Workforce Competencies. Steps included:
 - Literature review, where it was determined that specific research, addressing BI Education and Training competencies, is not available.
 - Review and adoption of other work group Core Competencies
 - Development of additional, CJ/JJ Core Competencies
 - Alignment of Core Competencies with the Sequential Intercept Model
 - Identification of Subject Matter Experts.

The work group mentor states will provide additional details about these efforts in their progress reports.

34. Please describe the extent to which the mentoring and work group activities you participated in added value to your program, the national program, and/or any other aspect of your TBI work.

- a. Each work group has provided an opportunity to ask questions of other states that have processes and systems in place that Vermont does not. For example, we heard about registries in the data group and the challenges with information and referral procedures.

b. The work to identify competencies for those that interact with a person with a TBI is a good start for Vermont. We can use the surveys with partners to better understand what training and outreach is best suited to enhance how to work with a person who has experienced a TBI.

35. Did you use the services of the TBI Technical Assistance and Resource Center (TARC) during this reporting period? [Yes/No] If yes, please describe these services. If you did not use the services of the TBI TARC during this reporting period, please explain why not.

The direct services we received prior to the transition to the new administrator of TARC was the State Snapshot. Since September, we have listened to the webinar on the new administrators of TARC services. We also had a call with new TARC to discuss what our needs may be in the coming year.

36. How would you describe the quality of services you received from the TBI TARC during this reporting period?

The only experience we had with the TBI TARC prior to September was drafting and finalizing Vermont's Community Snapshot, which has been helpful to adapt for outreach purposes.

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

Please see the updated Vermont Brain Injury State Plan. We are pleased to use as a roadmap for our partners and to making changes that improve the outcomes of Vermonters who experience a brain injury.

Public Burden Statement:

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