

FINAL REPORT ABSTRACT

Traumatic Brain Injury Implementation Grant
Grant # H21MC02561

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<http://ddas.vermont.gov/ddas-programs/programs-tbi-default-page>

Project Period: April 1, 2004 – March 31, 2008

Total Amount of Grant Awarded:
\$600,000

ABSTRACT OF FINAL REPORT

PROBLEM: In the 2003 *Needs Assessment of Individuals with Traumatic Brain Injury and Their Families*, service coordination was noted by professionals, families, and individuals with TBI as one of the most important elements of a TBI system of care. The needs assessment also noted ineligibility for service and a lack of funding for ongoing support as major barriers. Four years later, Vermont's General Assembly established a Traumatic Brain Injury Study Committee. The legislative study, completed in 2007, reached the same conclusions as the 2003 Needs Assessment, noting that the current TBI system of care "lacks services for people who have suffered mild to moderate TBI." and that there is a "need to create a comprehensive system of TBI services and supports for Vermonters with TBI and their families."

The Implementation Grant provided the opportunity to engage in a collaborative, statewide project to develop the infrastructure for comprehensive system of culturally competent, person/family centered TBI supports and services.

GOALS AND OBJECTIVES: Vermont utilized the MCHB Implementation Grant to accomplish the following goals:

1. Increase access to accurate and consistent Information, Referral & Assistance
2. Use Public Education to increase identification of TBI for timely referral & support.
3. Develop a Trained Workforce that will increase identification and provide quality services.
4. Improve Data Collection to support planning efforts
5. Improve capacity and accessibility through Enhanced Services.

6. Create TBI Services for Veterans

Specific objectives included, but were not limited, to the following:

- Develop a centralized toll-free TBI I/R/A service
- Improve access to appropriate services and supports, and increase knowledge about TBI among children and adults with TBI, their families, and providers.
- Increase awareness about TBI among emergency medical personnel.
- Increase awareness about TBI among individuals with mild to moderate TBI and their families.
- Increase awareness and TBI expertise among health care providers
- Increase awareness and TBI expertise among school personnel
- Increase awareness of TBI among ethnic and racial minorities.
- Increase awareness about TBI among the general public.
- Increase TBI expertise of vocational counselors
- Increase TBI expertise of emergency medical personnel
- Increase TBI expertise of direct care workforce
- Collaborate with Shaken Baby Syndrome (SBS) Committee to implement a proposal that targets education to those at highest risk to shake a baby and increases public awareness.
- Case managers who work with the elderly will have awareness and skills to identify TBI and refer clients appropriately.

- Domestic violence and sexual assault workers will have awareness and skills to identify TBI and refer clients appropriately.
- Establish systems to track incidence and prevalence of all levels of TBI.
- Develop detailed Action Plans for priorities related to Enhanced Services
- Establish pilot to offer targeted resource facilitation to the TBI population not receiving waiver services.
- TBI Program and the Veteran's Administration (VA) in White River Jct. will develop and follow a plan to help returning veterans access services and the TBI Program will assist the VA to develop a method for identifying soldiers who were exposed to blasts.

METHODOLOGY: The current TBI Program Supervisor acts as Project Director and under supervision of this position, the TBI Grant manager is responsible for grant goal attainment. Activities were primarily focused on building collaborative efforts with stakeholders that could mutually support training activities, distribution of targeted print materials, and marketing.

EVALUATION: Because of the process-driven nature of this planning project, work quality and progress was monitored through completion of proposal goals, objectives and activities, submission of required reports, regularly scheduled meetings with the Project Director and TBI Advisory Board, and increased documented services and activities of collaboration. All goals are either complete or are in process.

RESULTS AND OUTCOMES: The major results of Vermont's Implementation Grant are the completion of stated goals and objectives. All goals for the Implementation Grant are either complete or in process.

PUBLICATIONS/PRODUCTS: Products from Vermont's planning grant include variety of print materials including trainings, publications, Public Service Announcements, and a variety of print materials. These materials have been included in prior grant reports or have been submitted to Traumatic Brain Injury Technical Assistance Center (TBITAC).

DISSEMINATION/UTILIZATION OF RESULTS: Vermont has taken a lead role in working with other states through NASHIA to develop best practice strategies and to share program products and lessons learned. Vermont is also currently involved in a collaboration with the Brain Injury Association of New Hampshire, who has been recognized for their best practice example of neuro-resource facilitation (NRF), to help Vermont develop its own NRF system.

FUTURE PLANS/FOLLOWUP: Vermont has received an Implementation Partnership Grant which will focus activities on the development of a neuro-resource facilitation system. This work will include continued oversight of activities developed through the Implementation in order to integrate them into an overall statewide system of comprehensive TBI services.

TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE: All methods utilized by Vermont could be replicated in other states; however, Vermont's small size and low population mean that relative to larger states, Vermont has an advantage. In similar size states, the amount of support and resources may remain relatively the same. In larger states, however, with greater populations, it may take up to three times as much resources to achieve similar results.

