

**Statewide Action Plan for Vermonters
with
Traumatic Brain Injury
and
Their Families**



State of Vermont



**Statewide Action Plan for Vermonters
with
Traumatic Brain Injury and Their Families**

November 1, 2003

Division of Vocational Rehabilitation
TBI Program
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Waterbury VT 05671-2303
802-241-2184 (v), 241-2186 (tty)
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Health Resources and Services Administration,
Maternal and Child Health Bureau.

Additional copies of the *Statewide Action Plan* and copies in alternate formats are available from The TBI Program.

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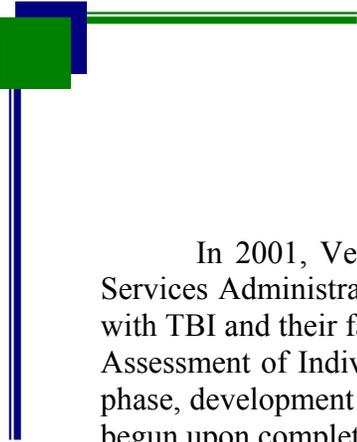
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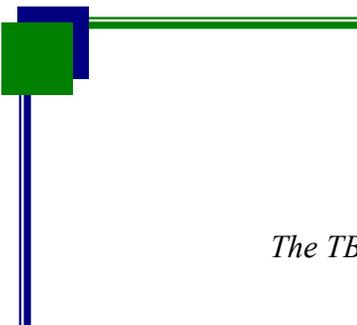
Introduction

In 2001, Vermont was awarded a Traumatic Brain Injury (TBI) Planning Grant from the Federal Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, to conduct an assessment of the needs of children and adults with TBI and their families and to develop a plan for a comprehensive system of services. The first phase of this initiative, the Needs Assessment of Individuals with Traumatic Brain Injury and Their Families, was completed in August 2003.¹ Work on the second phase, development of the Statewide Action Plan for Individuals with Traumatic Brain Injury and Their Families (Action Plan), was begun upon completion of the needs assessment.

The Action Plan is organized around four content areas that were identified as high priorities by the needs assessment: Education and Awareness, Collection of Data about TBI Incidence and Prevalence, Enhancement of Services, and Expansion and Improvement of Key Supports.

The Action Plan is intended to be a dynamic document that will evolve over time with the development of a comprehensive system of TBI services and supports in Vermont. The Action Plan is being written as Vermont develops its proposal to HRSA for a Traumatic Brain Injury Implementation Grant. The first tier Action Plan priorities will provide the foundation for the grant proposal, and have been developed in greater detail for that purpose. Second and third tier Action Plan priorities will be developed in similar detail over the next year and as the groundwork for their implementation is laid by first tier Action Plan activities.

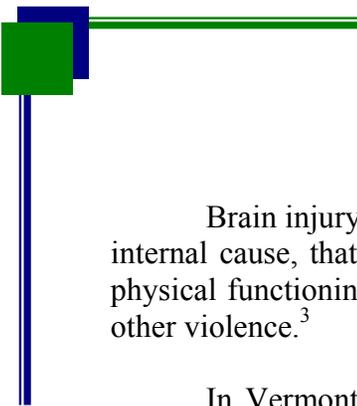
¹ Copies of the *Needs Assessment of Individuals with Traumatic Brain Injury and Their Families*, including copies in alternate formats, are available from the TBI Program, Division of Vocational Rehabilitation, 103 South Main Street, Waterbury, VT 05671-2303. 802-241-2184 (v), 241-2186 (tty)



Guiding Principles for the Action Plan

The TBI Advisory Board identified the following principles to guide the development of Vermont's TBI Action Plan.

- 1. Realistic and balanced Action Plan**—The Action Plan is realistic to implement, and at the same time reflects what should and can happen. Action Plan goals should be measurable and will be developed with broad based community, survivor/family, advocate, and provider input.
- 2. Life-long services**—Services and supports should be available not only for acute needs but on a long term basis, and should respond to the changing needs of individuals throughout the lifespan.
- 3. Self-determination and independence**—Services should be provided in an environment that promotes individuals' ability to control their own lives by enabling them to make their own decisions, direct their own services, and maintain their independence to the greatest extent possible.
- 4. Real choices**—Individuals should be afforded choice from a range of services, supports, and resource options.
- 5. Accessibility and availability**—Individuals should have equal and timely access to services, supports, resources, and information throughout the state, regardless of who they are or where they live.
- 6. Most inclusive environments**—Individuals should be supported to live in their homes and communities. All efforts should be made to avoid institutional care.
- 7. Flexibility**—Services and supports should be provided in ways that are flexible, comprehensive, coordinated, and tailored to meet individual needs.
- 8. Quality of life**—The focus of service delivery should be promotion of good health and quality of life for all people with TBI.
- 9. Cultural competency**—Services and supports should be provided in culturally appropriate ways that are inclusive of diverse populations.
- 10. Quality of services**—Quality of services should be evaluated continuously using measurable outcomes, and services should be adjusted in response to changing needs.



Overview of Traumatic Brain Injury

Brain injury is an insult to the brain, not of degenerative or congenital nature, the result of either an external physical force or internal cause, that produces an altered mental status, which results in an impairment of behavioral, cognitive, emotional, and/or physical functioning.² Nationally, the leading causes of traumatic brain injury (TBI) include vehicle accidents, falls, firearms and other violence.³

In Vermont, as in most other states, it is challenging to determine the exact incidence and prevalence of brain injuries. Available data on brain injuries is limited to hospital inpatient and outpatient discharges. Data collection from hospital emergency departments is in its beginning stages. These counts of moderate to severe injuries may be duplicative and data sources for mild to moderate injuries are lacking. Misdiagnosis of learning disability or attention deficit hyperactivity disorder among children with mild to moderate TBI who receive Special Education services results in inaccurate data for that population. The needs assessment recognized that Vermont must improve and expand its systems to track the incidence and prevalence of TBI in Vermont, particularly for mild to moderate TBI.

The annual average number of discharges following hospitalization for traumatic brain injury in Vermont is 388 (1997-2001). For the year 2001, there were a total of 105 TBI ambulatory discharges, i.e. outpatient surgical procedures. Over all age groups, the incidence of TBI was higher for males than for females. With the exception of inpatient hospital discharges for males age 70 and above, incidence of TBI is highest for males between the ages of 15 and 24.⁴

Needs Assessment

The Needs Assessment of Individuals with Traumatic Brain Injury and Their Families was conducted between July 2002 and July 2003. A broad-based TBI Advisory Board⁵ and its Steering Committee provided guidance and feedback throughout the

² Vermont Division of Vocational Rehabilitation, 1999

³ National Center for Health Statistics, Centers for Disease Control

⁴ Vermont Department of Health

⁵ The TBI Advisory Board is composed of individuals with TBI, family members, advocates, health care providers, and representatives of state agencies and private non-profit organizations

assessment process to the Flint Springs Consulting team⁶ that was hired by the TBI Program to conduct the assessment and facilitate the planning process.

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

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

Three complementary data collection strategies were employed to gather information for the needs assessment. Two methods were utilized to gather qualitative data: focus groups were held with 16 individuals with TBI and family members, and individual key informant interviews were conducted with 24 professionals and advocates. Using separate survey tools to gather quantitative data from two target audiences, 2,544 surveys were distributed to individuals with TBI and service providers, with an overall response rate of 14.7% (373 surveys).

Information drawn from all three information sources – the focus groups, key informant interviews and surveys – pointed to the following as the most important elements in a system of services for children and adults with TBI and their families:

- Employment, including long-term employment supports.
- Family supports and respite.
- Home-based services (life skills aides, personal care attendants, home health aides, nursing care).
- Information and referral.
- Case management or service coordination.
- TBI Waiver or Waiver-type services.
- Trained and knowledgeable health care, mental health, and direct care providers.
- Long-term services and supports (e.g., rehabilitation therapies, case management, home based services without durational limits, employment supports).
- Transportation.

Additional elements identified by the needs assessment as important to a system of services for children and adults with TBI and their families are:

- Flexible systems and funding (including eligibility barriers and insurance limits).

⁶ Judith F. Dickson, Ed.M., J.D., Erica Garfin, M.A., and Joy Livingston, Ph.D., served as consultants for TBI Planning Grant activities.

- Financial assistance for daily living and services.
- Social opportunities, support groups, and counseling.
- Public education and awareness.
- Rehabilitation therapies.

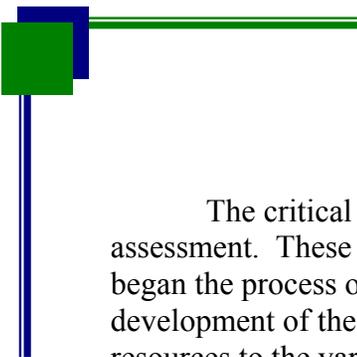
Barriers to services and supports identified by the needs assessment mirror the gaps in the current service delivery system. They include:

- Lack of knowledge about TBI among providers, individuals with TBI, and their families.
- Lack of information or inaccurate information about TBI services.
- Ineligibility for services and financial support due to age, severity of injury, pre-existing injury, or income.
- Lack of funding and services for long-term support.

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

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

Finally, the needs assessment concluded that Vermont has a number of model programs to address the needs of individuals with TBI and their families. However, information gathered from all sources in the needs assessment, as well as from TBI Program staff, points to the need to create a comprehensive system of TBI services and supports for Vermont's children and adults with TBI and their families. The Action Plan provides a road map to guide state agencies, policymakers, and community-based advocates and providers in creating this system of services and supports.



Action Planning Process

The critical elements of a system of services for children and adults with TBI and their families were identified by the needs assessment. These provided the starting point for the selection of priorities to be addressed in the Action Plan. The Advisory Board began the process of selecting priorities for inclusion in the Action Plan by agreeing upon a set of Guiding Principles for the development of the Plan. Using a structured exercise, the Advisory Board considered the merits of directing the state's finite resources to the various potential priorities. The exercise resulted in a rank ordering of priorities that the Advisory Board recommended to the Steering Committee for inclusion in the Action Plan. The Steering Committee subsequently adopted the priorities in the order recommended by the Advisory Board. The Steering Committee added one additional priority to address the over-arching need to establish systems to track incidence and prevalence of TBI in Vermont. The priorities fall into tiers, or levels of priority, as shown in the Outline of Action Plan Priorities on page 8.

The Tier One priorities, which relate to education and awareness about TBI, are Information/Referral/Assistance, Public Education about TBI, and Trained Work Force.⁷ Three Work Groups were convened to recommend long term outcomes, objectives, activities to accomplish objectives, and lead agencies and collaborators for these three priorities. Work Group participants included Advisory Board members, TBI Program staff, and individuals with expertise relevant to each subject area. The work products developed by the Work Groups for the three priorities will also provide the foundation for Vermont's application for a Traumatic Brain Injury Implementation Grant, submitted in November 2003.

Activities to accomplish objectives for priorities in Tier One are designed to build upon each other. For example, training activities for specific professional target audiences are designed to follow activities that raise awareness about TBI among those groups. Once trained, professionals will have the knowledge and skills to refer individuals with TBI for services, including those offered by the information, referral, and assistance program.

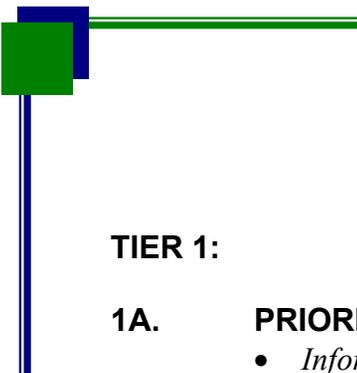
Due to the short time frame between completion of the needs assessment and submission of the Implementation Grant proposal, there was not time to convene Work Groups to address Action Plan priorities for Tiers Two and Three. TBI Program staff and consultants met to develop the proposed long term outcomes, objectives, activities, and lead agencies and collaborators for those priorities. These will be revised and refined through an ongoing planning process with input from the Advisory Board and the Steering Committee.

⁷ The first tier also includes the priority for development of a data collection system, which is considered to be of critical importance. A Work Group was not convened for this priority.

Public comment on the draft Action Plan was actively sought by the Advisory Board through notices published in statewide disability newsletters, outreach to TBI support groups, and networking by Advisory Board members. The draft Action Plan was posted on TBI Program and Brain Injury Association of Vermont websites. Comment was accepted by e-mail, phone, in writing, and in a public hearing held as part of a TBI Advisory Board meeting on October 14, 2003. The Advisory Board considered these comments when it met to discuss and suggest revisions to the Action Plan.

The Statewide Action Plan

The Action Plan is presented in three levels of detail, beginning with the Outline of Action Plan Priorities (page 8). Plans for addressing each priority are described in the section entitled Priorities, Long Term Outcomes, Objectives and Activities (page 9). The final section, Work Plans for Tier One Priorities (page 16) presents the detailed work products of the Work Groups for Tier One Priorities only.



OUTLINE OF ACTION PLAN PRIORITIES

TIER 1:

1A. PRIORITIES RELATED TO EDUCATION AND AWARENESS

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

1B. DATA COLLECTION

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

TIER 2: PRIORITIES RELATED TO ENHANCEMENT OF SERVICES

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

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

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

PRIORITIES, LONG TERM OUTCOMES, OBJECTIVES AND ACTIVITIES

TIER ONE: PRIORITIES RELATED TO EDUCATION AND AWARENESS

Information, Referral and Assistance (I/R/A)⁸

Long Term Outcome: Individuals with TBI, and their families, will have access to accurate, consistent TBI information, referral, and assistance, to obtain appropriate services and supports.

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

Activities:

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

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

Activities:

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

⁸ For additional details on the activities for Tier One priorities, see Work Plans for Tier One Priorities, page 16.

Public Education

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

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

Activities:

- *Write article for EMS newsletter about causes, consequences, and documentation of TBI.*
- *Include information about causes, consequences, and documentation of TBI with license renewals for EMS personnel.*
- *Mail article to hospital emergency department personnel about causes, consequences, and documentation of TBI.*

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

Activities:

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

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

Activities:

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

Objective 4. Increase awareness about TBI among school personnel.

Activities:

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

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

Activities:

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

Objective 6. Increase awareness about TBI among the general public.

Activities:

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

Trained Workforce

Long Term Outcome: Improved knowledge and skills of providers will increase identification and enhance quality of services for children and adults with TBI of all levels of severity.

Objective 1. Increase TBI expertise of health care providers.

Activities:

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

Objective 2. Increase TBI expertise of school personnel.

Activities:

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

Objective 3. Increase TBI expertise of vocational counselors.

Activities:

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

Objective 4. Increase TBI expertise of emergency medical personnel.

Activities:

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

Objective 5. Increase TBI expertise of direct care workforce.

Activities:

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

TIER ONE: PRIORITIES RELATED TO DATA COLLECTION

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

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

Activities:

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

TIER TWO: PRIORITIES RELATED TO ENHANCEMENT OF SERVICES

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

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

Activities:

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

Objective 2. Increase access to TBI Waiver services.

Activities:

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

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

Activities:

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



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

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

Activities:

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

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

Activities:

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

Objective 3. Increase availability of transportation throughout the state.

Activities:

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

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

Activities:

- *Participate in disability and elder coalition efforts to increase state support for elders and individuals with disabilities of all ages.*
- *Explore creation of a TBI trust fund.*

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

Activities:

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

WORK PLANS FOR TIER ONE PRIORITIES

TIER ONE: INFORMATION, REFERRAL AND ASSISTANCE (I/R/A)

LONG TERM OUTCOME: Individuals with TBI, and their families, will have access to accurate, consistent TBI information, referral, and assistance, to obtain appropriate services and supports.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>1. Develop centralized toll-free TBI I/R/A service.</p>	<p>A. Contract with I/R/A provider.</p> <p>B. Train provider staff on I/R/A and TBI.</p> <p>C. Develop mechanisms for cross referrals to non-TBI specific I/R/A and other resources/providers.</p> <p>D. Develop client database to track requests, client characteristics, & individual information history.</p>	<p>A. TBI or I/R/A providers</p> <p>B. TBI I/R/A staff</p> <p>C. I/R/A providers</p> <p>D. TBI I/R/A provider, TBI service system</p>	<p>A. TBI Program</p> <p>B. TBI I/R/A provider/ VT AIRS, TBI I/R/A providers in neighboring states</p> <p>C. TBI I/R/A provider/ Real Choice I/R/A planning participants, HIS, Parent to Parent</p> <p>D. TBI I/R/A provider</p>

TIER ONE: INFORMATION, REFERRAL AND ASSISTANCE (continued)

LONG TERM OUTCOME: Individuals with TBI, and their families, will have access to accurate, consistent TBI information, referral, and assistance, to obtain appropriate services and supports.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>2. Improve access to appropriate services and supports and increase knowledge about TBI among children and adults with TBI, their families, and providers.</p>	<p>A. Develop resource library (gather & catalog materials).</p> <p>B. Develop mechanisms for use and dissemination of resources (e.g., on-line, lending library, on-site).</p> <p>C. Develop web-site with links to access materials in resource library and other web links.</p> <p>D. Respond to requests for information, referral and assistance.</p> <p>E. Follow up to determine if needs have been addressed by information, referral and assistance.</p> <p>F. Establish referral links to resource facilitation and case management.</p>	<p>A. TBI I/R/A provider</p> <p>B. General public including individuals with TBI, family members and providers</p> <p>C. General Public</p> <p>D. General public, including individuals with TBI, their families and providers</p> <p>E. Individuals with TBI and their families</p> <p>F. Individuals with TBI and their families</p>	<p>A. TBI I/R/A provider/ BIA-America, TBITAC at NASHIA</p> <p>B. TBI I/R/A provider/ other I/R/A resource libraries/ BIA-America, TBITAC at NASHIA</p> <p>C. TBI I/R/A provider/ BIA-America, TBITAC at NASHIA</p> <p>D. TBI I/R/A provider/ 2-1-1, VCIL, other linked I/R/A providers</p> <p>E. TBI I/R/A provider</p> <p>F. TBI I/R/A provider, TBI Program</p>

TIER ONE: PUBLIC EDUCATION

LONG TERM OUTCOME: Increased identification of TBI, particularly mild to moderate, in children and adults will promote timely referral for services and supports.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>1. Increase awareness about TBI among emergency medical personnel.</p>	<p>A. Write article for EMS newsletter about causes, consequences, and documentation of TBI.</p> <p>B. Include information about causes, consequences and documentation of TBI with license renewals for EMS personnel.</p> <p>C. Mail TBI article to hospital emergency department personnel about causes, consequences and documentation of TBI.</p>	<p>A. All pre-hospital emergency medical providers</p> <p>B. Emergency medical professionals licensed by VDH</p> <p>C. Emergency department physicians, physician assistants, and nurses</p>	<p>A. TBI Program/ VDH</p> <p>B. TBI Program/VDH</p> <p>C. TBI Program/VDH</p>
<p>2. Increase awareness about TBI among individuals with TBI and their families.</p>	<p>A. Adapt/develop TBI information/VT resources card.</p> <p>B. Provide information about TBI through an EMS cancellation form for individuals who refuse hospital emergency services.</p> <p>C. Distribute TBI information/VT resources card through hospital emergency and social work departments.</p>	<p>A. Children and adults with TBI and their families</p> <p>B. Children and adults with TBI symptoms or brain injuries who receive emergency medical services in non-hospital settings</p> <p>C. Children and adults with TBI symptoms or brain injuries who receive care in hospital settings</p>	<p>A. TBI Program/ BIA-VT</p> <p>B. TBI Program/ VDH</p> <p>C. TBI Program/ VDH, VAHHS</p>

TIER ONE: PUBLIC EDUCATION (continued)

LONG TERM OUTCOME: Increased identification of TBI, particularly mild to moderate, in children and adults will promote timely referral for services and supports.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>3. Increase awareness about TBI among health care providers.</p>	<p>A. Mail quick reference card with TBI screening tool and resource information to primary care providers.</p> <p>B. Offer CDC physician toolkit at trainings and public education events for primary care providers.</p> <p>C. Submit articles on TBI to local and state nursing journals and newsletters.</p> <p>D. Offer TBI presentation as part of ongoing awareness events for UVM family practice residents.</p>	<p>A. Primary care, urgent care, and student health service providers (physicians, nurse practitioners and physician assistants)</p> <p>B. Primary care, urgent care, and student health service providers (physicians, nurse practitioners and physician assistants)</p> <p>C. Primary care office nurses, school nurses, student health service nurses</p> <p>D. UVM family practice residents</p>	<p>A. TBI Program</p> <p>B. TBI Program</p> <p>C. TBI Program/ VSNA, Board of Nursing</p> <p>D. TBI Program/ UVM College of Medicine, FAHC-PRM</p>
<p>4. Increase awareness about TBI among school personnel.</p>	<p>A. Include TBI information in VDH annual mailing to school nurses.</p> <p>B. Submit article on TBI for special educators' newsletter.</p> <p>C. Offer presentation on TBI at regional meetings of VT special educators.</p> <p>D. Mail informational card about sports and concussion to school and college coaches and physical education teachers.</p>	<p>A. School nurses</p> <p>B. Special educators</p> <p>C. Special educators</p> <p>D. School and college coaches and physical education teachers</p>	<p>A. TBI Program/ VDH, VT School Nurses Association, DOE, VPIC</p> <p>B. TBI Program/ DOE, VPIC</p> <p>C. TBI Program/ DOE, VPIC</p> <p>D. TBI Program/ DOE, VT NEA</p>

TIER ONE: PUBLIC EDUCATION (continued)

LONG TERM OUTCOME: Increased identification of TBI, particularly mild to moderate, in children and adults will promote timely referral for services and supports.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>5. Increase awareness about TBI among ethnic and racial minorities.</p>	<p>A. Contact leaders of faith-based organizations.</p> <p>B. Present TBI information to employers at workplaces of racial and ethnic minorities.</p>	<p>A. Leaders of faith-based organizations with significant minority membership</p> <p>B. Workplaces with significant numbers of employees from racial and ethnic minorities</p>	<p>A. VDH, TBI Program/ BIA-VT</p> <p>B. DVR, TBI Program/ VABIR, VT Refugee Resettlement</p>
<p>6. Increase awareness about TBI among the general public through public relations activities in coordination with other Public Education objectives and activities.</p>	<p>A. Submit general press release about Vermont TBI Action Plan and human interest stories to weekly newspapers.</p> <p>B Offer TBI presentations on Vermont radio forums and local cable access TV.</p> <p>C. Distribute BIA-America video clips to media outlets (local cable access stations, local networks).</p> <p>D. Publicize TBI I/R/A service.</p>	<p>A. General public</p> <p>B. General public</p> <p>C. General public</p> <p>D. General public, professionals</p>	<p>A. BIA-VT, TBI Program</p> <p>B. BIA-VT, TBI Program</p> <p>C. BIA-VT, TBI Program</p> <p>D. I/R/A/ Provider/ PR firm</p>

TIER ONE: TRAINED WORKFORCE

LONG TERM OUTCOME: Improved knowledge and skills of providers will increase identification and enhance quality of services and supports for children and adults with TBI.

Objective	Activities	Target Population	Lead Agency/Collaborators
1. Increase TBI expertise of health care providers.	<p>A. Explore opportunities to offer TBI training at conferences of VT medical specialty associations (e.g., family practice, pediatrics).</p> <p>B. Explore opportunities to offer TBI training at hospital grand rounds and through telemedicine.</p> <p>C. Offer workshop on TBI and staffed information table at annual VSNA conference.</p>	<p>A. Primary care, urgent care, emergency department and student health service providers (physicians, nurse practitioners and physician assistants)</p> <p>B. Primary care and specialists (e.g., family practice, emergency medicine, neurology, pediatrics, psychiatry)</p> <p>C. Nurses</p>	<p>A. TBI Program/ BIA-VT-VT medical specialty associations, CSHN</p> <p>B. TBI Program/ hospitals, BIA-VT, Parent to Parent, FAHC-PRM, CSHN</p> <p>C. TBI Program/ VSNA, BIA-VT</p>
2. Increase TBI expertise of school personnel.	<p>A. Explore options to provide training and TBI screening tools to special educators and evaluators.</p> <p>B. Offer TBI workshop at school nurses conference.</p> <p>C. Offer TBI workshop at annual VT NEA conference.</p>	<p>A. Special education administrators, educators and evaluators</p> <p>B. School nurses</p> <p>C. All school personnel</p>	<p>A. TBI Program/ DOE, VT Association of Sp Ed Administrators, VPIC, VT Psychological Association</p> <p>B. TBI Program/ DOE, VPIC, VT School Nurses Association, CSHN</p> <p>C. TBI Program/ DOE, VT NEA, VPIC</p>

TIER ONE: TRAINED WORKFORCE (continued)

LONG TERM OUTCOME: Improved knowledge and skills of providers to increase identification and enhance quality of services and supports for children and adults with TBI.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>3. Increase TBI expertise of vocational counselors.</p>	<p>A. Research development of TBI certificate program for rehabilitation counselors.</p> <p>B. Offer continuing education credit for employment track at annual TBI Conference.</p> <p>C. Offer TBI workshop at supported employment quarterly trainings and annual conference.</p>	<p>A. VR, DET, supported employment and private vocational counselors</p> <p>B. VR supported employment and VABIR counselors</p> <p>C. VR, supported employment, VT Associates and VABIR counselors</p>	<p>A. TBI Program, DVR, CDCI/ Assumption College, VCIL, VTPA, APSE, DLP/CAP</p> <p>B. TBI Program, DVR, BIA-VT/ APSE, CDCI, VTPA, VCIL, DLP/CAP</p> <p>C. TBI Program, DVR/ APSE, CDCI, VCIL, VTPA, DLP/CAP</p>
<p>4. Increase TBI expertise of emergency medical personnel.</p>	<p>A. Offer “full-day intensive” TBI training preceding EMS annual conference with continuing education credits.</p>	<p>A. EMTs, First Responders, life guards, ski patrol, sports trainers, student health center personnel</p>	<p>A. TBI Program & VDH/ EMT Association, BIA-VT</p>
<p>5. Increase TBI expertise of direct care workforce.</p>	<p>A. Explore vehicles to provide TBI training to direct care workers for children and adult with TBI.</p> <p>B. Initiate select training for direct care workforce.</p>	<p>A. Case managers/resource facilitators, job coaches, life skills aids, LNAs, PCAs, paraprofessionals, mental health/ developmental services support workers, unpaid caregivers (family, friends, volunteers)</p> <p>B. Case managers/resource facilitators, job coaches, life skills aids, LNAs, PCAs, paraprofessionals, mental health/ developmental services support workers, unpaid caregivers (family, friends, volunteers)</p>	<p>A. TBI Program/ COVE, AHECs, VAHHA, PNS, BIA-VT support groups, Parent to Parent, CSHN</p>

TIER ONE: DATA COLLECTION

LONG TERM OUTCOME: Planning for TBI services and supports is based on TBI incidence and prevalence data for all ages and levels of severity in Vermont.

Objective	Activities	Target Population	Lead Agency/Collaborators
<p>1. Establish systems to track incidence and prevalence of TBI in Vermont.</p>	<p>A. Study data collection models used by other states.</p> <p>B. Explore creation of a TBI registry in collaboration with VDH and BIA-VT.</p> <p>C. Explore sources of funding to support data collection efforts.</p>	<p>A. TBI Program, health policy planners, and providers</p> <p>B. TBI Program, health policy planners, and providers</p> <p>C. TBI Program, health policy planners, and providers</p>	<p>A. TBI Program, VDH/ BIA-VT</p> <p>B. TBI Program, VDH/ BIA-VT</p> <p>C. TBI Program, VDH/ BIA-VT</p>

Acronyms Used in the TBI Action Plan

AHEC	Area Health Education Center	I/R/A	information, referral, and assistance
APSE	Association for Persons in Supported Employment	NASHIA	National Assoc. of State Head Injury Administrators
BIA-America	Brain Injury Association of America	PNS	Professional Nurses Service
BIA-VT	Brain Injury Association of Vermont	PR	public relations
CDC	Centers for Disease Control	TBI	traumatic brain injury
CDCI	Center for Disability & Community Inclusion	TBITAC	Traumatic Brain Injury Technical Assistance Center
COVE	Community of Vermont Elders	UVM	University of Vermont
CSHN	Children with Special Health Needs	VABIR	Vermont Association of Business, Industry, & Rehabilitation
DET	Vermont Department of Employment & Training	VAHHA	Vermont Assembly of Home Health Agencies
DLP/CAP	Disability Law Project/Client Assistance Program	VAHHS	Vermont Association of Hospitals & Health Systems
DOE	Vermont Department of Education	VCIL	Vermont Center for Independent Living
DVR	Vermont Division of Vocational Rehabilitation	VDH	Vermont Department of Health
ED	emergency department	VPIC	Vermont Parent Information Center
EMS	emergency medical services	VSNA	Vermont State Nurses Association
EMT	emergency medical technician	VT	Vermont
FAHC-PRM	Fletcher Allen Health Care—Physical & Rehabilitation Medicine	VT AIRS	Vermont Alliance of Information and Referral Systems
HIPAA	Health Insurance Portability and Accountability Act	VT NEA	Vermont National Education Association
HIS	Head Injury Stroke Independence	VTPA	Vermont Protection & Advocacy
HRSA	Health Resources and Services Agency, US Department of Health & Human Services	2-1-1	Vermont 2-1-1

