



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Massachusetts Rehabilitation Commission
Fort Point Place
27 Wormwood Street
Boston, MA 02210 - 1616*

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

ELMER C. BARTELS
COMMISSIONER

(617) 204-3600
1 (800) 245-6543
Voice/IDD (617) 204-3868
FAX (617) 727-1354

November 3, 2005

Janie Martin Heppel
Division of Services for Children with Special Health Care Needs
Maternal and Child Health Bureau, HRSA
Parklawn Building 18A-18
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Heppel,

Massachusetts is pleased to submit an application to the Maternal and Child Health Bureau under the TBI State Grants Program, CFDA #93.234. This proposed project is titled Northeast Regional Veterans with TBI Consortium. The Massachusetts Acquired Brain Injury Advisory Board and the Massachusetts Rehabilitation Commission believe that this innovative approach to addressing the needs of veterans returning from Iraq with TBI and their families will move this state forward in its efforts to develop a responsive and comprehensive system of care.

Thank you for this opportunity and consideration. If there are any questions please feel free to contact Debra Kamen, Director of Statewide Head Injury Program at (617) 204-3852.

Sincerely,


Elmer C. Bartels, Commissioner
Massachusetts Rehabilitation Commission

been accomplished through targeted outreach, partnership development, training and technical assistance and the allocation of financial resources often accessed through the state's Trust Fund. It is the intention of SHIP and the Board to replicate the model being piloted under this grant in other regions of the state if proven successful in addressing the needs of veterans with TBI.

Project Goals and Objectives:

Goal 1: To establish Northeast Veterans with TBI Consortium as a working committee under MABIAB.

Objective 1.1. Identify and bring together key stakeholders during the second quarter of year 1 of the grant

Objective 1.2 Cross train and educate members on traumatic brain injury and both the veterans' and TBI service systems during the second quarter of year 1

Objective 1.3 Identify and implement joint collaborative initiatives directed at addressing items in the work plan under Objective 2.4 during the second half of year 2 and first half of year 3

Goal 2: Identify the needs of veterans who sustained their TBI during combat in the Iraqi war and their families, including those from diverse cultures.

Objective 2.1 Outreach to veterans' organizations and service providers, including community based organizations that represent people from diverse communities, and identify veterans and family members during the third and fourth quarters of year 1

Objective 2.2. Hold five (5) focus groups around the region for veterans, family members and professionals during the first quarter of year 2 to identify outcome areas important to this underserved population residing in the Northeast region

Objective 2.3 Implement a resource mapping process and document the existing resources within the Northeast region that are targeted for veterans with TBI and their families during the second quarter of year 2

Objective 2.4 Develop a work plan for the region, which will focus on enhancing and improving systems of care based on the identified needs and gaps or duplication in services in quarter three of year 2.

Goal 3: Design a regional model for improving access to needed services for veterans and their families.

Objective 3.1: Develop a Replication Guide to be used in other regions of the state to implement a Regional Veterans with TBI Consortium in the second quarter of year 3

Objective 3.2 Develop a report for MABIAB that includes recommendations, tools and successful strategies that will enhance and expand critical service systems for veterans statewide while maximizing existing resources in quarter three of year 3

Objective 3.3. MABIAB will amend the State Action Plan and select priorities based on the report submitted by the Northeast Consortium under objective 3.2

DESCRIPTION OF METHODS

The success of this grant in enhancing service systems for veterans and their families hinges on the effectiveness of the partnerships and collaborations developed under the Northeast Veterans with TBI Consortium. This Consortium will be a sub-committee of MABIAB. It will include a wide range of representatives and systems within Massachusetts that are seen as critical to providing expanded and appropriate healthcare, rehabilitation and community supports and services to this population. This will include representatives of the brain injury community, veterans and families, veterans' service organizations, the veterans' service system and providers, diverse community organizations, disability service provider agencies, local state and federal agency personnel and other relevant entities.

The goal of the Consortium will be to design an improved system of care based on the needs of these veterans and their families, document the existing resources within this region that can be enhanced through joint collaboration, and identify gaps that may exist. New program development or adaptation of the existing service delivery model will be considered so that it can be more responsive to the needs of the consumers. The recommendations and experiences of the Consortium will be shared with MABIAB, which will then use this information to amend the State's Action Plan. This plan is used by the Board to set priorities statewide, advocate with the Legislature for new resources and stimulate necessary systems change.

The methodology being proposed is a regional approach that can be replicated statewide in the future if successful. The focus will be on the Northeast region of the state where SHIP has already begun to work with the Bedford VA Hospital in providing supports to veterans with substance abuse and has done outreach to homeless veterans in this area.

The grant partners identified to date who will work together to accomplish these goals and objectives include MABIAB; MRC/Statewide Head Injury Program Director, Northeast Regional Service Coordinators and Chief Neuropsychologist; MRC/Vocational Rehabilitation North District Director; the Department of Education & Training Career Services Division; the BIA of MA; the Director of Rehabilitation for the American Legion and a representative from the Disabled American Veterans' organization; the Veterans Health Administration's Integrated Service Network; the Department of Veterans Affairs Operation Iraqi Freedom & Operation Enduring Freedom Returning Veteran Coordinator; the North American Indian Center of Boston, Inc.; NeuroRehab Management, Inc. and HealthSouth/New England Rehab Hospital along with other brain injury providers; the Independent Living Center of the North Shore and Cape Ann; and providers of services to veterans (see Appendix E).

According to the literature, TBI is not the only high frequency disability inflicted by the Iraqi war. Visual impairments also occur at a much higher rate due to explosive devices that also cause TBI. In addition significant mental health issues such as PTSD are often faced by these veterans. Therefore another active member of the Consortium will be a Regional Director from the state's Commission for the Blind, while we have recruited the Department of Mental Health Northeast Region Medical Director as an ad hoc member. Several Consortium members are veterans of other wars, however individual veterans who have returned from Iraq and family members will be aggressively recruited to be in the Consortium as well. All of these partners have acknowledged their limited understanding of each other's service system. Therefore it is

expected that members will educate each other through regular meetings and additionally requested trainings. MABIAB will support, review and monitor all of the grant activities.

Consortium members will be used to identify and outreach to veterans and veterans' service organizations, such as the local American Legion posts, in an effort to identify individuals with TBI injured in combat and their families. Five focus groups will be held to determine what the unique needs of this community are, what gaps in service exist and what information and resource systems need to be made more accessible and inclusive of this population. There will be a number of more specific focus groups targeted for families and professionals as well as groups representing veterans from diverse cultures including Native Americans. The information gathered will be analyzed by the Consortium and contribute to the development of the regional work plan as will the outcome of the resource mapping process. Members will prioritize certain need areas and design and pilot two joint initiatives that maximize resources across systems and are believed will improve services for veterans and their families. The experiences, developments and successes of the Consortium will be used to develop a formal report that will be presented to MABIAB as well as produce a Replication Guide for other regions.

As already stated the overall purpose of this project is to develop a service delivery model that maximizes existing resources, identifies gaps in service that are unique to this population and creates a blueprint to enhance and improve systems of care to better serve our veteran population with TBI and their families. The blueprint will be part of the final recommendations to the Board and hopefully be integrated into the state's action plan. The development of this model will be accomplished through the establishment of linkages and collaborations with veterans' services and organizations, brain injury providers and public and private disability agencies; increases in outreach to and identification of veterans with TBI, with a special emphasis on veterans from diverse cultures such as Native Americans; and increased access to the public service system in order to provide appropriate and timely supports and services to individuals with TBI and their families who are veterans of the Iraqi war and returning home to Massachusetts.

Work Plan:

Immediately upon award of this grant the Project Director (P.D.) along with representatives of MABIAB will recruit a full time Project Coordinator (P.C.) with preference given to veterans and those with disability experience. It is anticipated that this hiring process will be completed during the first three months of the project along with a part-time support staff person. Once hired the P.C. will work with the in-kind P.D. and support staff to convene the first meeting of the Northeast Veterans with TBI Consortium to be held at a convenient location in the Northeast region (Objective 1.1). This meeting will be used to introduce the representatives from each agency and system, to give an overview of the grant proposal and role of the Consortium, to educate each other about these organizations, their mission and who they serve; and to determine any other stakeholders that need to be invited to the table including the identification of a veteran and family member. Members will be engaged in discussions to identify their training and education needs as they relate to the purpose and implementation of this project (Objective 1.2). An ongoing schedule will be established with the goal of meeting at least once every eight weeks. The P.C. will be responsible for coordinating these meetings and following up on all

related matters such as the scheduling of trainings and contact with potential new members. The P.C. and other project staff will present updates to the Board at their quarterly meetings. Consortium members will be invited to participate while some members are already on MABIAB.

Once Consortium members are comfortable with their level of knowledge and understanding of their agencies and systems as well as TBI, the last two quarters of year 1 will be focused on designing the process to be used to implement the five focus groups around the region which will be held during the first quarter of year 2 (Objective 2.2). The process will include the identification of organizations, agencies or facilities where outreach can be done to identify veterans, family members and professionals who may participate in the focus groups. Outreach strategies will be geared to insure the greatest number of participants and diversity around the region (Objective 2.1). Individual veterans and family members will be given as much support as necessary, (e.g., transportation and childcare), to encourage and insure their ability to attend if they choose. The P.C. is responsible for developing a database of organizations and individuals that will assist in the identification of people who will become participants in the focus groups. The P.C. will also work with any individual who wants to participate in the focus groups to be held during the third and fourth quarters of year 1 to insure the supports necessary for their participation.

The Consortium will assist project staff, led by the Chief Neuropsychologist, in the development of guided questions to be used at the focus groups. The same questions will be used at each focus group in an effort to collect common information that can be analyzed on the needs and service gaps that exist for veterans with TBI and their families. Specific common outcome areas important to this population will be identified for use in the resource mapping process. Focus groups will also be used as an opportunity to educate individuals and share information regarding existing resources that they may qualify for and be able to access more immediately. These would include SHIP-funded services as well as the support group network operating under the BIA of MA. Focus groups will be facilitated by the P.C. with support of the P.D., Chief Neuropsychologist and an additional Consortium member. The P.C. will be responsible for following up individually with participants and assisting them in making the appropriate linkages to the systems that may be able to address their needs. The P.C. will also draft and present a summary of the information gathered to the Consortium for their review, feedback and comment during quarter one of year 2.

A consultant agency will be contacted and, during the second quarter of year 2, work with the P.C. and Consortium to facilitate and document a resource mapping process (see Appendix E) for the region (Objective 2.3). This process will be guided by the outcome areas identified in the focus group summary. The information gathered through this mapping process will focus on the identification of existing relevant resources available to veterans with TBI and their families. The result of this exercise will include an action plan and database of resources that can be updated with new contacts and information and is accessible to individuals and participating agencies including Consortium members. The resource mapping process has been a successful tool used in the field of transition of youth with disabilities (Crane, K. and Mooney, M., 2005). This information will be integrated with the report summarizing the outcome of the focus groups.

The thorough review and synthesis of these activities under these objectives will be used by the Consortium to develop a work plan for that region (Objective 2.4) which will include the identification of two joint projects that address issues in the work plan and can be piloted the end of year 2 and first three quarters of year 3 with the goal of replication in other regions. The P.C. will lead and staff this initiative. The innovative systems efforts will be piloted at the local level in the hope of enhancing the system of care for veterans with TBI and family members. The project staff will assist in the organization, implementation, and tracking of these projects.

At the end of the project period, project staff will create a Replication Guide that will be edited and finalized by Consortium members and used as a guideline for implementation in other parts of the state.

A Final Report will also be produced by the project staff and Consortium members. It will include successful strategies used in the Northeast to improve the service system, pilot project outcomes and associated relevant findings, newly developed tools and practices, and recommendations for other initiatives that will require additional action. This Report will be submitted to the Board the beginning of the last quarter of year 3.

The Board's quarterly meeting at the end of year 3 of the grant will be focused on amending the State's Action Plan based on the final report and experiences during the grant. MABIAB will thus be able to utilize this information to enhance the state's systems of care for veterans with TBI returning from the war. At that time they will establish priorities for advocacy efforts with the Legislature that can have a positive impact on both the existing community of veterans with TBI and those that may be affected in the future. This would include human resources, increased revenue and possibly regulatory changes.

Resolution of Challenges:

The Work Plan activities are ambitious and will require the Consortium to meet on a regular basis and sustain that momentum for the entire three year period. Project staff will make every effort to insure that each meeting is carefully planned, easily accessible and allows for the greatest number of members to attend. This project also brings together a large number of individuals representing various public and private systems. Although there has been a very positive response from all those identified to be part of the Consortium, a significant challenge is assisting this diverse group to become a working collaborative team with a common goal of improved service systems for veterans with TBI and their families. We will be asking members to look critically at their own service system in an effort to identify barriers to achieving the goal. Project staff will inspire members to see this collaboration as a benefit to those they seek to serve as well as themselves and their agencies. The provision of technical assistance, training and the sharing of identified resources should be seen as a benefit and will help build trust among the partners.

A greater challenge will be implementing change within existing systems. This barrier has been partially addressed by inviting members to the table who represent these systems at a statewide level and have a greater degree of oversight and authority to approve changes. Those members who function more at a regional and local level will be able to garner support in their advocacy

efforts from other Consortium members to pilot innovative joint collaborative initiatives. Successful strategies can be brought forward at the state level, which in turn can translate into operational changes at the point of contact with veterans and families. In addition the State's Secretary of Veterans' Services has made himself and staff of the Secretariat available as a resource and support to this grant and its participants.

An additional challenge, based on other SHIP experiences, will be the identification of veterans and family members willing to participate in the focus groups. Consortium members will be used to assist in outreach and identification activities. This will begin early on through linkages with other groups and organizations working closely with this population, as well as contacts that will be made directly with veterans and family members who will be asked to join the Consortium.

III. Evaluative Measures

The Massachusetts Rehabilitation Commission will conduct the ongoing evaluation component of this project. Dr. William Noone, Director of MRC Research, Evaluation and Development, will be responsible for overseeing the development and implementation of all evaluation activities. Dr. Noone has over 20 years experience in program evaluation and outcome management. Dr. Noone and other MRC research staff will work closely with the Consortium and Program Coordinator to monitor project goals and outcomes.

The evaluation of this project will focus on three major areas:

- Did the project meet its stated goals and objectives in a timely manner, such as establishing the Consortium that met regularly and producing a Replication Guide?
- Was the project effective in developing an efficient model for serving veterans with TBI?
- Were the partners in this Consortium satisfied with the process and outcome of the project?

Evaluators will utilize a variety of quantitative and qualitative methods to evaluate this project, including participant observation, interviews with key staff, Project Management Gantt Chart and review of work products. Research staff will attend all of the quarterly MABIAB meetings and have regular contact with the Project Coordinator to monitor progress on goals and objectives. MABIAB serves as the Project Advisory Committee for this grant. Evaluators will utilize a Project Management Gantt Chart to track work progress and outcomes on a quarterly basis. The Evaluators will review the project outcomes and provide input and a written report to MABIAB members and project staff at the quarterly advisory meetings. In the final year of the project, evaluators will write a final evaluation report outlining the effectiveness and efficiency of the Consortium in implementing the necessary system changes to better serve veterans with TBI. This report will be based on interviews with key staff and Consortium members, as well as a review of work product and goals and objectives. A final report will be presented to the Consortium in the last quarter of Year 3.

IV. Resources/Capabilities

MASSACHUSETTS TBI STATE ACTION PLAN

<u>NEED AREA</u>	<u>% ACCOMPLISHED TO DATE</u>
1. Access to case management competitively procured & established listing of qualified providers	90%
2. Increase community based services increased programs & services based on funding	75%
3. Increase prevention activities reinstated seat belt law; injury prevention rep. on MABIAB	75%
4. Expand funding base existing Trust Fund including speeding violation fees & TBI Waiver	100%
5. Increase family support providing respite services statewide; developed family assistance program	95%
6. Improved special education services provide ongoing T.A. to schools; developed training package	80%
7. Increased interagency collaboration established interagency steering committee w/ work plan; trained state agency staff; some joint agency efforts	50%
8. Increased housing options provided trainings on subsidized housing; increased residential programs & providers; changed Trust Fund language	75%
9. Increased employment opportunities implemented an ABI Certificate Program for counselors; developed recommended neuropsych protocol for use in rehab	75%
10. Improved service delivery to minority comm.. developed working relationships in minority communities; contract with community based minority organizations; recruited SHIP staff who are bilingual and bi cultural from China, Vietnam and Cambodia; integrating cultural competence throughout system	75%
11. Decrease isolation ongoing increases in recreational/social opportunities statewide	75%
12. Address substance abuse needs utilized a task force to develop policies; competitively procured substance abuse treatment services which is ongoing; developed joint model of service delivery for TBI with traditional substance abuse treatment providers	90%
13. Address needs of aging/elderly with TBI participate in state's public health initiative to address the needs of the elderly with TBI's which has increased significantly in Massachusetts	25%
14. Create a registry Board members met with the state's Public Health department and determined that a registry would not be pursued at this time	N/A
15. Increase education/awareness financially support our BIA to do education via PSA's, billboards, speakers bureau, etc.; working with BIA to develop an information package to be given to hospitals for dissemination with patients & family members	75%