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a. Executive Summary:

We propose to develop, implement, evaluate and share findings related to creation of a caregiver support program for individuals caring for someone with a traumatic brain injury (TBI) or spinal cord injury (SCI). Many caregivers experience social isolation, increased rates of heart disease, obesity and other preventable conditions. By introducing support services earlier in the rehabilitation process we believe caregivers will feel more supported, The goal of this project is to introduce interventions that would impact the preparedness and success of caregivers earlier in the rehabilitation process – leading them to feel more supported and empowered to ask for help. We have three objectives that will be evaluated through this project 1. Develop and implement an innovative program to train up to eight caregiver ambassadors with lived experience – this program will include advocacy and neutrality training, 2. Provide all caregivers with knowledge of the Caregiver Ambassador Program (CAP) in anticipation of at least 25% of caregivers will request a program referral, 3. Hire a social worker to implement at least two monthly caregiver support groups and provide 1:1 services to 15% of caregivers upon referral, 4. Refer caregivers to post-discharge mentor programs with Brain Injury Association of Virginia and Blink of an Eye. At discharge, caregivers participating in the CAP program will take the Preparedness for Caregiving Scale to assess their feelings of preparedness, these scores will be reported at Year 1 and Year 2 of the project. Over 1 year of program participation caregivers, demonstrate at average of least 1 points of change on the Caregiver self-efficacy scale (CSES-8). These scores will be collected at discharge and three months post-discharge and will be reported at end of year 1, midway through year 2 and end of year 2. Earlier interventions are expected to result in caregivers feeling recognized and more comfortable asking for help before or close to the patient's discharge. Upon discharge we will also increase awareness and referrals to additional caregiver support services with BIAV and BOE. Providing access to an LCSW will expand available resources and allow BIAV and BOE to refer caregivers who need additional 1:1 support. We will incorporate feedback from caregivers, caregiver ambassadors, social worker, and community partners to improve this pilot program.

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b. Purpose and Significance

Spinal cord and brain injuries are often the result of a sudden event for which you cannot prepare. In a heartbeat the lives of a whole family are changed, including siblings, spouses, parents, extended family and others, taking on the unforeseen role of a caregiver. Typically, in the acute care and the physical rehabilitation settings focus is on the person experiencing a spinal cord or traumatic brain injury: stabilizing the person medically, beginning rehabilitation, supporting their physical, emotional and mental needs, and learning to live a new normal. Caregiver needs are often overlooked. Many caregivers internalize their stress and neglect their own needs, often at the expense of their own health. A team at the Edward Hines, Jr. Veterans Affairs Hospital in Hines, Illinois reported in their study, “Factors Related To Caregiving For Individuals With Spinal Cord Injury Compared To Caregiving For Individuals With Other Neurologic Conditions,” that caregivers of individuals with an SCI experience higher rates of heart disease, self-reported isolation, and higher rates of obesity, often leading to preventable health conditions – high blood pressure, increased anxiety and stress. Supporting a caregiver needs to begin sooner in the rehabilitation process than when their loved one is being discharged home.

During the past two years, SAI’s Community Engagement team, has enhanced and grown its peer mentor program, all with lived experience. In partnership with United Spinal Association of Virginia, Spinal Cord Injury was the first peer mentor program begun at SAI. The program has since grown to include patients with other diagnoses and injuries. We are now proposing to create a Caregiver Ambassador program aligned with our Peer Mentor program.

The Caregiver Ambassador program idea originated from SAI’s Community Advisory Council (CAC) which includes former patients and/or family members, representatives from other organizations, and community leaders. A CAC member expressed challenges with caring for his wife once they transitioned home. There is not much research on the benefits of caregiver programs, so our team held groups for caregivers to meet other caregivers which has initially demonstrated positive interactions and feedback and a need to explore program expansion.

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The Caregiver Ambassador Program will begin on our Brain Injury and Spinal Cord Injury units. The program will include: 1. ambassadors with lived experience caring for a person with a brain or spinal cord injury, and 2. a social worker with responsibility for developing group and 1:1 caregiver support, and 3. partnerships with external organizations such as Blink of an Eye (BOE) and Brain Injury Association of Virginia (BIAV) to continue providing caregiver resources upon discharge.

SAI is working with BOE to develop and implement an innovative training program for our caregiver ambassadors. According to Neil Jasey, MD, Director of Brain Injury Services at Kessler Institute for Rehabilitation, “Having a solid support network is critical for survivors and caregivers alike. Both report similar feelings of isolation, sadness, anxiety, stress, and depression, and may even feel stigmatized. While brain injury survivors and caregivers each have their own context and perspective, the need for resources and support services are imperative for both.”

Through implementation and development of a Caregiver Ambassador program we would like to determine the efficacy of introducing support services earlier in the rehabilitation process and its impact on the physical, mental, and emotional burden caregivers experience.

c. Need

According to data from United Spinal Association almost 45% of people with a spinal cord injury receive some form of assistance and support from family members, and this number will only increase. For many caregivers evidence supports a higher rate of isolation, increased body mass index – leading to secondary health conditions such as Type II Diabetes, high blood pressure and other preventable conditions. Additionally, caregiver burden disproportionately affects marginalized communities who do not have the financial, health care or other resources to meet increased needs. Approximately 22% spinal cord injuries have occurred among non-Hispanic blacks since 2010, higher than the proportion of non-Hispanic blacks in the general population (12%) (National Spinal Cord Injury Statistical Center). Overall caregivers regardless of race or ethnicity feel unprepared to take on the role. Based on a study conducted at the University of Toronto this lack of preparation is due to shorter acute care and inpatient rehabilitation

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stays. There is a greater focus on preparing patients to live as independently as possible with limited time and focus spent on caregiving skills. Virginia has a network of state- and nonprofit-supported resources available to help brain injury survivors and their loved ones, but it is still working to create and implement similar services for spinal cord injury survivors and their families.

In partnership with BIAV, Sheltering Arms launched its first volunteer Caregiver Ambassador program to those caring for TBI patients. SAI in partnership with BIAV has trained its first two Brain Injury Caregiver Ambassadors. They will be assigned to meet with loved ones caring for those living with a brain injury at SAI. This provides caregiver support at the beginning of the rehabilitation journey, but more importantly lets caregivers know it is okay to be overwhelmed and ask for help. SAI is participating in piloting referrals to the BIAV caregiver mentor program. We would like to replicate this program with those caring for patients experiencing a SCI. We have partnered with BOE, a spinal cord injury nonprofit based in Maryland, which grew out of the experience of a family caring for a son who experienced a spinal cord injury. During their journey, they realized, as so many families do, they needed to learn how to advocate for themselves and their son. Understanding advocacy becomes important to a caregiver to ensure they can navigate the healthcare system, ensure access to durable medical equipment which will be needed throughout their life, access to ongoing support systems and many other things.

Through this request we would like to add a Licensed Clinical Social Worker to the team. The mental health system across our community is overburdened and struggles to keep up with patient-centered care and patients are at the heart of care at Sheltering Arms. Many of our patients and families receiving NeuroPsychology services to adjust to life with a physical or cognitive disability are challenged with maintaining support throughout the continuum of care. Including a social worker as part of the transdisciplinary care team adds an additional level of support to prepare patients and families for lifestyle adjustments, trauma healing, and the impact of a traumatic injury on familial relationships. The social worker will continue to follow patients and families as needed throughout their recovery journey and as they experience challenges and adjustments to living as independently as possible. Our community has

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tremendous resources to help brain injury families that include caregiver support groups and 1:1 care management support for brain injury patients. However, this approach does not work for everyone. Some caregivers are not as responsive or as comfortable attending group support to share intimate challenges.

In 2019, researchers at the University of Toronto and Toronto Rehab – University health network published results from their qualitative study on “Re-building Relationships After a Spinal Cord Injury: Experiences of Family Caregivers and Care Recipients.” This study supports educating and training caregivers on coping strategies and communication skills, and the need for counseling prior to discharge.

d. Goals and Objectives:

The goal of this project is to introduce interventions that would impact the preparedness and success of caregivers earlier in the rehabilitation process. These interventions include individual meetings with a Caregiver Ambassador and access to group and/or individual sessions with a social worker to provide tailored education and coping strategies. Earlier interventions are expected to result in caregivers feeling recognized and more comfortable asking for help before or close to the patient’s discharge. Upon discharge we will increase awareness and referrals to caregiver support services with BIAV and BOE.

Objectives:

1. Within year 1, train at least eight Caregiver Ambassadors to provide the interventions necessary to impact caregiver preparedness and self-efficacy.

All caregiver ambassadors will be onboarded as SAI volunteers through SAI Volunteer Services program and will receive training through BIAV and BOE training modules.

2. Within year 1, we will serve 25% of our TBI and TSCI (41 caregivers) caregivers with the Caregiver Ambassador Program, and 15% of those participating in the caregiver ambassador program will receive individual LCSW services.

New SAI BI and SCI caregivers will be given a welcome bag with an explanation of program and a caregiver journal. Caregivers can self-refer to receive an ambassador visit, or a clinician will place a

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referral in our electronic health record for the Community Engagement (CE) team to set up a session with an ambassador. The caregiver ambassadors will be available one day per week for appointments and will be scheduled on team rounding days when caregivers are typically on site at SAI. Caregiver Ambassadors' will conduct visits with caregivers on site, or virtually if needed, will document visit response, and will assess if an additional meeting might be warranted. SAI's CE team will follow up with the caregiver to assess their satisfaction with the ambassador match and will ask if there is interest in scheduling a session.

- 3. By year 2, support at least 30% of TBI and TSCI caregivers with the Caregiver Ambassador program, and 25% of those participating in the caregiver ambassador program will receive individual LCSW services.**

The LCSW will be implemented as a full-time position in year 2.

- 4. Earlier interventions will help caregivers feel better educated and prepared on providing care at the time of patient discharge.**
- 5. Caregivers will access the social worker up to six months to address adjustment and health needs after discharge from SAI. During this time frame, we will provide a list of external mental health professionals to see ongoing.**
- 6. Referring to post-discharge caregiver services through BOE & BIAV will lead to continued feeling of support as caregivers take on the full demands of care after inpatient rehabilitation discharge. Earlier interventions will lead to feeling more supported, with an improved ability to manage feelings of anxiety and stress associated with caregiving in the early period of rehabilitation.**

Caregivers will be assigned BOE and BIAV introduction videos on our patient education and engagement system for education on community agencies that provide long term caregiver support programs resources.

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e. Implementation:

Providing resources and support to caregivers is a strategic goal of our CE Team. Over the past three years they have successfully developed, implemented, and operationalized several patient facing programs. These programs include peer mentoring, weekly adaptive sports, and others. The team has begun implementing this program in the BI Unit. In partnership with BIAV, a caregiver ambassador training program was developed; a patient referral process has begun; and the first two brain injury caregiver ambassadors have been trained. (Implementation Timeline included as Appendix B).

Key activities of this program will include working closely with BOE to develop and implement innovative video-based training content for SAI's Caregiver Ambassadors. This program will include training caregivers on advocacy to help them successfully navigate the healthcare system post-discharge to ensure their loved one has access to durable medical equipment, advanced and other technology, and support services all to help their loved one live as independently as possible.

Patients and their loved ones will learn about the program as part of SAI's admission process. The SAI team will also adapt the Caregiver Self-Assessment Questionnaire for caregivers to take. The screening tool is to encourage caregivers to begin evaluating the need for support services. If the assessment is completed and a caregiver ambassador visit requested, the assessment will be shared with the ambassador. Our clinical team will be educated on the program through Lunch and Learns, presentations, and our internal employee intranet. They will be able to speak with caregivers about the program and create an appointment in our EHR for the community engagement team to assign resources.

f. Outcomes Measurement & Evaluation:

Our program will measure both success metrics and look for observable changes in the ability for caregivers to feel prepared and to have self-efficacy (belief in being able to manage caregiving) and the demands it brings to the caregiver. In the period of inpatient rehabilitation, caregivers have not assumed the full responsibilities that will come post-discharge. Examples of these not-yet-assumed duties include administering medications, going to/from appointments, and being vigilant to changes in status of the

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person they are caring for. Measurement of their ability to be an effective caregiver will be limited at that time. In addition, the early rehabilitation period typically is full of many medical and therapy appointments, fluctuating status (medical/behavioral/emotional) for persons with TBI and SCI, and an inundation of new information. The CA program seeks not to directly reduce events which may trigger stress, anxiety, and worry. Instead, our program is aimed to provide support to caregivers in that period and empower them to identify their needs or the needs of those they care for. The table below depicts how each objective described in the program will be measured.

Objective:	Measurable Outcome	Collector	Collection Method	Timeframe
Within year 1, train at least 8 Caregiver ambassadors to provide the interventions necessary to impact caregiver preparedness and self-efficacy.	Total number of caregiver ambassadors initiated with volunteer training and completion of training modules	Community Engagement Manager	Tracking sheet of caregiver ambassadors completing all requirements	End of Year 1
Within year 1, we will serve 25% of our TBI and TSCI (41 caregivers) caregivers with the Caregiver Ambassador Program, and 15% of those participating in the caregiver ambassador program will receive individual LCSW services.	Number of caregivers referred Number of caregivers completing Ambassador visit Number of caregivers receiving LCSW visits	Community Engagement Manager and/or Specialist, LCSW	Secure tracking sheet/report for all participants in program including date of each visit during inpatient rehab Secure tracking sheet for LCSW visits	End of Year 1
By year 2, support at least 30% of TBI and TSCI caregivers with the Caregiver Ambassador program, and 25% of those participating in the caregiver ambassador program will receive individual LCSW services.	Number of caregivers referred Number of caregivers completing Ambassador visit Number of caregivers receiving LCSW visits	Community Engagement Manager and/or Specialist, LCSW	Secure tracking sheet/report for all participants in program including date of each visit during inpatient rehab	End of Year 2

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			Secure tracking sheet for LCSW visits	
Earlier interventions will help caregivers feel better educated and prepared for providing care at the time of patient discharge.	Average score of all participants on Preparedness for Caregiving Scale Preparedness for Caregiving Scale.pdf (phelpshealth.org)	LCSW	Secure tracking sheet/report for all participants in program including date of each visit during inpatient rehab	Collected at patient discharge. Reported End of Year 1, Midway Year 2, End of Year 2
Caregivers will access the social worker to address adjustment and health needs after discharge from SAI	Number of LCSW contacts/visits per caregiver receiving services	LCSW	Secure tracking sheet for LCSW visits	End of Year 1, Midway Year 2, End of Year 2
Referring to post-discharge caregiver services through BOE & BIAV will lead to continued feeling of support as caregivers take on the full demands of care after inpatient rehabilitation discharge. Earlier interventions will lead to feeling more supported, with an improved ability to manage feelings of anxiety and stress associated with caregiving in the early period of rehabilitation.	Over 1 year of program participation caregivers, demonstrate at average of least 1 points of change on the Caregiver self-efficacy scale (CES-8) https://selfmanagementresource.com/wp-content/uploads/English-self-efficacy_for_caregiving.pdf	LCSW	Secure tracking sheet for LCSW visits	Collected at patient discharge and 3 months post discharge. Reported Midway Year 2, End of Year 2

The **Preparedness for Caregiving Scale** (Archbold, Stewart, Greenlick, & Harvath, 1990) will provide a basic assessment of the effectiveness of the SAI team, including the Caregiver Ambassadors, on preparing caregivers prior to inpatient rehab discharge. This scale was developed for older adults, the basic and few questions allow for a generalized understanding of preparedness that will be easy to administer without being an overwhelming survey to caregivers. It would only be administered one time. Average scores representing a single point in time will be useful in determining if the program is generally preparing caregivers.

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The **Caregiver self-efficacy scale (CSES-8)** (Ritter, et al. 2022), will be measured at two distinct points in time to understand if the post-discharge caregiver services are effective in increasing confidence in being a caregiver while feeling able to cope with the demands. Improved self-efficacy improves health outcomes, and thus we seek to influence this domain with caregivers as well. The development by Ritter, et al includes meaningful metrics regarding how much change is needed to show change in caregiver self-efficacy. They report at least one-half of the standard deviation would be significant, therefore we aim to show at least 1 point improvement on average for all participants to demonstrate positive effect of the program post-discharge.

g. Organizational Capacity:

The community engagement team led by Alison Clarke are well positioned to lead this project at SAI. They have developed partnerships with more than 20 organizations across Virginia that help extend patient and caregiver services. We have an established partnership with BIAV and other brain injury coalition organizations. They have the experience working with brain injury survivors post-discharge and have implemented a new program to help caregivers. We will be able to share results and findings on caregiver interventions. BOE is a new partnership, and their caregiver program has been established to help caregivers and patients continue to adjust to life post-discharge.

h. Sustainability Plan:

Funding for projects and programs at Sheltering Arms Institute is sustained through several revenue streams – SAI operational budget, team member donors, community donors, former patients and family members donors, and grant revenue. Sheltering Arms Institute leadership will use project outcomes to operationalize the social work position at SAI.

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Budget Narrative

We are requesting a total of \$275,500 over two years—to help us operationalize this program. We will be able to implement all parts of the program within the first year, allowing us to test the efficacy of this program in meeting the needs of caregivers.

A large percentage of this budget supports hiring an LCSW to create and implement group and 1:1 support service. This support will begin during inpatient physical rehabilitation and the social worker will follow the caregiver post discharge. The LCSW position will begin as a part-time position in Year 1, concentrating on building services to those caring for a spinal cord injury patient. In Year 2, it is proposed this position will become full-time and begin working with traumatic brain injury caregivers. We will apply lessons learned from Year 1 to Year 2, thereby learning from and implementing changes to our interactions with caregivers.

Upon admission each caregiver will receive a Caregiver Welcome Bag, this bag will include a caregiver journal from the Josie King Foundation, [Caregiver's Journal - Josie King Foundation](#), instructions on accessing assigned training via our GetWell Network, a Caregiver Ambassador informational brochure, and snacks provided via SAI's café. The Caregiver Journal will have an additional sticker included that shares support for this program is provided by Commonwealth Neurotrauma Initiative with a QR code to access resources. Our clinical team has been using a patient journal from the Josie King Foundation. The patient journal allows clinicians to include treatment, practice and other notes for the patient.

SAI's marketing team will help develop marketing materials related to this request. Those materials include; creating and/or updating community partner videos for Brain Injury Association of Virginia and Blink of an Eye, creating and producing video content related to the Community Ambassador Program, and development and printing of a tri-fold Community Ambassador tri-fold brochure and poster. The videos will be accessible to patients and caregivers via our GetWell Network. We can assign educational materials to patients and caregivers through the GetWell Network. Additionally, the marketing team will create an external website with Caregiver resources and information on the Caregiver Ambassador program.

Blink of an Eye has experience teaching relational advocacy and maintaining neutrality in a trauma setting. We will work closely with their team to develop a new and innovative approach to training our Caregiver Ambassadors. Their team will be creating this training based on their lived and professional experience. It will help our Caregiver Ambassadors teach caregivers on how to advocate for their needs as well as the needs of their loved ones experiencing a TBI or SCI.

The Idea Center, which is registered in the SWaM database, will shoot, edit, and produce our training videos. They have experience working with nonprofit organizations like, Court Appointed Special Advocates, healthcare clients and Commonwealth of Virginia agencies.

ProPrint, also registered in the SWaM database and a women owned company, will provide services related to brochure and poster printing. We use ProPrint on a regular basis for printing services.

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Budget Year 1

REQUEST FOR APPLICATION (RFA) # 28493

OFFEROR BUDGET TEMPLATE

Name of Company / Organization: Sheltering Arms Institute

YEAR 1

BUDGET CATEGORY	STATE (CNI) FUNDS REQUESTED	OTHER NON- STATE FUNDING SOURCES	TOTAL
PERSONNEL			
Salaries / Wages			
List all positions and indicate if FT or PT and % of time funded by state (CNI) dollars			
LCSW Position (PT, 100% funded through this request) (FT/PT and % of time funded by state dollars)	53,664		0
Name/Position (FT/PT and % of time funded by state dollars)			53664
Name/Position (FT/PT and % of time funded by state dollars)			0
Name/Position (FT/PT and % of time funded by state dollars)			0
Benefits	53664	0	53664
FICA	4105		4105
Health / Disability / Retirement	11806		11806
TOTAL PERSONNEL / BENEFITS	69575	0	69575
NON PERSONNEL			
Corporate / Organization Expenses			0
Equipment			0
Printing / Postage / Supplies / Materials	1100		1100
Public Relations / Marketing	51,516		51516
Rent / Utilities / Building Maintenance			0
Staff Development / Training			0
Staff Travel / Lodging / Meals related to training			0
Staff Travel / Lodging / Meals not related to training			0
Telecommunications			0
Contractual Services			0

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Case Service Funds	18100		18100
Miscellaneous			0
TOTAL NON PERSONNEL	70716	0	70716
GRAND TOTAL	140291	0	140291

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Budget Year 2

REQUEST FOR APPLICATION (RFA) # 28493 OFFEROR BUDGET TEMPLATE

Name of Company / Organization: Sheltering Arms Institute

YEAR 2

BUDGET CATEGORY	STATE (CNI) FUNDS REQUESTED	OTHER NON- STATE FUNDING SOURCES	TOTAL
PERSONNEL			
Salaries / Wages			
List all positions and indicate if FT or PT and % of time funded by state (CNI) dollars			
LCSW Position (PT, 100% funded through this request) (FT/PT and % of time funded by state dollars)	89440		89440
Name/Position (FT/PT and % of time funded by state dollars)			
Name/Position (FT/PT and % of time funded by state dollars)			0
Name/Position (FT/PT and % of time funded by state dollars)			0
Benefits	89440	0	89440
FICA	6842.16		6842.16
Health / Disability / Retirement	19676.8		19676.8
TOTAL PERSONNEL / BENEFITS	115958.96	0	115958.96
NON PERSONNEL			
Corporate / Organization Expenses			0
Equipment			0
Printing / Postage / Supplies / Materials	1100		1100
Public Relations / Marketing			0
Rent / Utilities / Building Maintenance			0
Staff Development / Training			0
Staff Travel / Lodging / Meals related to training			0
Staff Travel / Lodging / Meals not related to training			0
Telecommunications			0

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Case Service Funds	18100		18100
Contractual Services			0
Miscellaneous			0
TOTAL NON PERSONNEL	19200	0	19200
GRAND TOTAL	135158.96	0	135158.96

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ATTACHMENT A: APPLICANT INFORMATION

The applicant must have the capability and capacity in all respects in order to fully satisfy all of the contractual requirements.

1. **APPLICANT/COMPANY NAME:** Rehab JV LLC (Sheltering Arms Institute)
2. **YEARS IN BUSINESS:** 3 years 4 months (providing this type of service)
3. **eVA VENDOR ID #:** VS0000346107
4. **DSBSD CERTIFICATION #:** _____ Type _____
Expiration _____
5. **DUNS #:** R3OCXYWFP8A9
6. **PERFORMANCE/DELIVERY DATE:** State your earliest firm delivery date/performance start date: 01/2024

7. **REFERENCES:** Provide a list of at least four recent references where similar goods and/or services have been provided. Each reference shall include the name of the organization, the complete mailing address, the name of the contact person, email address and telephone number.

ORGANIZATION	ADDRESS	CONTACT PERSON	EMAIL ADDRESS	TELEPHONE
1. Virginia Commonwealth University	1223 E. Marshall St. Richmond, VA 23298	Amol Karmarkar	amol.karmarkar@vcuhealth.org	804-828-4098
2 Virginia Commonwealth University	2000 Wilkes Ridge Drive Richmond, VA 23233	Dr. Richard Kunz	richard.kunz@vcuhealth.org	804-578-6552
3. United Spinal Association of Virginia	PO Box 654 Midlothian, VA 23113-0654	Richard Bagby	richard@unitedspinalva.org	804-803-3696 804-347-0046
4. Sheltering Arms Institute	2000 Wilkes Ridge Drive Richmond, VA 23233	Amber Walter	Amber.walter@sai.rehab	804-578-6544

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8. LICENSING:

License Type	License Number	Type/Class	Expiration Date
Virginia Grantee			
Virginia Grantee (if utilizing a Subgrantee)			
Applicant Private Security Services			
Applicant Private Security Services (if utilizing a Subgrantee)			

9. SUBSIDIARY FIRM: Are you a subsidiary firm?

If yes, list the name and location of your parent affiliation:

GRANTEE'S REPRESENTATIVE: The Grantee shall assign a representative to be in contact with DBHDS for any resulting contract from this solicitation. The Grantee's representative shall handle and resolve all issues including, but not limited to billing and reporting.

Name: Patricia Ambler Telephone: 804-342-4321
 Email: tambler@shelteringarms.com

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ATTACHMENT B: SUPPLIER DIVERSITY & SMALL BUSINESS SUBCONTRACTING PLAN

Small Business Subcontracting Plan

Definitions

Small Business: "Small business" means an independently owned and operated business which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years. Note: This shall not exclude DSBSD-certified women- and minority-owned businesses when they have received DSBSD small business certification.

Women-Owned Business: Women-owned business means a business concern that is at least 51% owned by one or more women who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, or in the case of a corporation, partnership or limited liability company or other entity, at least 51% of the equity ownership interest is owned by one or more women who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, and both the management and daily business operations are controlled by one or more women who are citizens of the United States or non-citizens who are in full compliance with the United States immigration law.

Minority-Owned Business: Minority-owned business means a business concern that is at least 51% owned by one or more minority individuals or in the case of a corporation, partnership or limited liability company or other entity, at least 51% of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.

All small businesses must be certified by the Commonwealth of Virginia, Department of Small Business and Supplier Diversity (DSBSD) by the due date of the solicitation to participate in the SWAM program.

Certification applications are available through DSBSD online at www.DSBSD.virginia.gov (Customer Service).

Offeror Name: _____

Preparer Name: _____ Date: _____

Instructions

A. If you are certified by the Department of Small Business and Supplier Diversity (DSBSD) as a small business, complete only Section A of this form. This shall not exclude DSBSD-certified women- owned and minority-owned businesses when they have received DSBSD small business certification.

B. If you are not a DSBSD-certified small business, complete Section B of this form. For the offeror to receive credit for the small business subcontracting plan evaluation criteria, the offeror shall identify the portions of the contract that will be subcontracted to DSBSD-certified small business in this section. Points will be assigned

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based on each offeror's proposed subcontracting expenditures with DSBSD certified small businesses for the initial contract period as indicated in Section B in relation to the offeror's total price.

Section A

If your firm is certified by the Department of Small Business and Supplier Diversity (DSBSD), are you certified as a **(check only one below)**:

Small Business

Small and Women-owned Business

Small and Minority-owned Business

Certification number: _____ Certification Date: _____

Section B

Populate the table below to show your firm's plans for utilization of DSBSD-certified small businesses in the performance of this contract. This shall not exclude DSBSD-certified women-owned and minority-owned businesses when they have received the DSBSD small business certification. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.

B. Plans for Utilization of DSBSD-Certified Small Businesses for this Procurement

Small Business Name & Address DSBSD Certificate #	Status if Small Business is also: Women (W), Minority (M)	Contact Person, Telephone & Email	Type of Goods and/or Services	Planned Involvement During Initial Period of the Contract	Planned Contract Dollars During Initial Period of the Contract
Pearman Impressions DBA: ProPrint 4627 W. Broad St. Richmond, VA 23230 DSBSD# 669651 Pearman Impressions	W	Jennifer Pearman jenni.proprint@comcast.net (804) 359-1368	Brochure, Printed Material, Binders		\$1,100

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Creative Energies Unlimited, Inc. DBA: The Idea Center 15 s 23rd st Ridge, VA 23233 DSBSD# 824510		Barry Martin barry@theideacenter.com (804) 868-0622	Filming & Video Production & Editing	At least one full day of filming and editing of educational video to be used in Caregiver Ambassador Program Training	\$19,000	
Totals \$						\$20,100

It is Sheltering Arms Institute's intent to use SWaM vendors when appropriate in purchasing goods and services. In identifying vendors for this RFP, we sought out vendors within the SWaM database. Sheltering Arms Foundation and Sheltering Arms Institute Marketing's team have both used ProPrint. We ask our business partners to share our commitment to supplier diversity.

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ATTACHMENT C: STATE CORPORATION COMMISSION FORM

Virginia State Corporation Commission (SCC) registration information.

The Applicant: Sheltering Arms Institute (Rehab JV LLC)

x <input type="checkbox"/>	is a corporation or other business entity with the following SCC identification number: <u>S6160180</u>
<input type="checkbox"/>	is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust
<input type="checkbox"/>	is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the applicant in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from applicant's out-of-state location)
<input type="checkbox"/>	is an out-of-state business entity that is including with this application an opinion of legal counsel which accurately and completely discloses the undersigned applicant's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.
<input type="checkbox"/>	**NOTE** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for applications (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver): <input type="checkbox"/>

Project Narrative

Appendix A

BioSketches

Alison Clarke, CTRS

Alison Clarke has more than 30 years' experience developing and implementing community-based programs. She received a Bachelor of Science in Recreation and Parks, with a concentration in Therapeutic Recreation Services in 1988 and a Certificate of Gerontology from West Virginia University, Morgantown, West Virginia. In her current role at Sheltering Arms Institute, Alison is responsible for strategic planning, facilitation of community partnerships, program development and operationalizing the inaugural community engagement department for new 114-bed inpatient physical rehabilitation hospital. During the past three years, she has

- Developed peer mentor programs for varying diagnosis including mentor recruitment and training
- Developed strategic partnership with national, local, and statewide agencies
- Integrated community partner collaborations into daily operations
- Secured grant funding for integration of community-based referral platform into electronic health record
- Secured grant funded community health worker position for stroke population
- Coordinated community education events for varying diagnosis
- Implemented expansion of community partnerships across the continuum of care

Before joining the SAI team, she created Sheltering Arms Club Rec program, a day recreation program for adults in our community who are living with a lifelong diagnosis or disability. Alison understands the importance of providing resources and programs to help our community through their recovery or rehabilitation.

Project Narrative

Louise Phipps Senft

Louise Phipps Senft, an attorney and nationally recognized mediator for family, divorce, commercial, and healthcare issues, is Chief Executive Officer of Baltimore Mediation. She has developed a unique and successful approach to conflict resolution grounded in relational conflict theory and in Knowing Thyself with a focus on the Enneagram of Personality. Louise creates opportunities for understanding oneself at a deeper level as a secret to remaining neutral as well as intuitive for assisting others with quality dialogue and empowerment. She is a masterful teacher encouraging all to befriend the internal and external barriers as she weaves in trauma healing understandings and the role of family systems in workplace and politics as well as personality motivations to bring conflict theory to life in her experiential relational teaching.

In 2015 Louise's life was dramatically changed when one of her children was injured in a diving accident, rendering him a quadriplegic. She and her family remained at his side during months in the ICU and then in a physical rehabilitation hospital. Louise understands firsthand the value of advocating for resources for caregivers and patients. In 2020 she created Blink of an Eye podcast to share her stories and experience with others in the hopes that her experience could help others. She founded Blink of an Eye nonprofit to further her work in helping other families experiencing a spinal cord injury earlier in their recovery process. Louise has applied her experience in relational advocacy and maintaining neutrality to training their volunteer Caregiver Navigators. Their navigators help families stay hopeful, providing mediation and conflict transformation tips and helping them stay a step ahead in understanding the healthcare system to transition their lives successfully. She understands the value of helping families and not just patients on their recovery journey. Louise will bring her experience to develop innovative relational advocacy and maintaining neutrality to educating SAI's Caregiver Ambassadors.

Project Narrative

Lori Mostofsky, LCSW-C

Licensed Clinical Social Worker practicing in the field of mental health for over 30 years, having graduated from SUNY Stony Brook, School of Social Work, in 1990. She has been an adjunct professor at McDaniel College and has worked in child psychiatry at Johns Hopkins University, where she served on the ethics committee. She has advanced training in family therapy and as a certified mediator using a transformative framework. In her practice she focuses on quality dialogue and communication breakthroughs. Lori has a focus on family and domestic mediation. Along with Louise, Lori will use her knowledge of mediation in trauma and conflict to help develop relational advocacy and neutrality training.

Project Narrative

(RFA) # 28493, B

Appendix B

Timeline

CAP Program Phases & Timeline	Development				Implementation				Evaluation			
	Dissemination Activities											
	2024				2025							
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CAP Materials & Training Development	●	●										
Recruit CAP's – TBI & SCI	●	●										
Stakeholder Meeting & Webinar												
Progress Report to DARS/CNI Board												
Caregiver Ambassador Survey	●	●	●	●								
Caregiver Survey		●										
Educate Team Members									●	●		
Program Objectives 1-3: Evaluation									●			●
LCSW - Recruit, Onboard, & Train	●	●	●	●					●	●	●	●
Dissemination Activities	●	●	●	●					●	●	●	●
Final Report to DARS/CNI Board									●	●	●	●

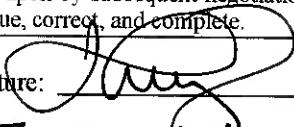
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)

Meeting ID: 161 956 0928

Passcode: 222257

Find your local number: <https://dsa-virginia.zoomgov.com/u/a7ASlbv0O>

In compliance with this Request for Application (RFA) and all conditions imposed in this RFA, the undersigned firm hereby offers and agrees to furnish all goods and services in accordance with the attached signed application or as mutually agreed upon by subsequent negotiation, and the undersigned firm hereby certifies that all information provided below and, in any schedule, attached hereto is true, correct, and complete.

Name of Firm: <u>Rehab JV LLC</u>	Authorized Signature: 
Street: <u>2000 Wilkes Ridge DR.</u>	Printed Name: <u>Tanza Westby</u>
Street: _____	Title: <u>AVP, Hospital Operations</u>
City/State: <u>Richmond VA</u>	Date: <u>10/13/2023</u>
Zip Code: <u>23233</u>	Phone Number: <u>804.578.6554</u>
eVA ID: <u>VS0000346107</u>	Email Address: <u>tanza.westby@sai.rehab</u>

DUNS: <u>B3QCXYWFP8A9</u>	
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NOTE: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, §2.2-4343.1 or against an Applicant because of race, religion, color, sex, national origin, age, disability, sexual orientation, gender identity, political affiliation, or veteran status or any other basis prohibited by state law relating to discrimination in employment. Faith-based organizations may request that the issuing agency not include subparagraph 1.e. in General Terms and Condition C. Such a request shall be in writing and explain why an exception should be made in the Request for Application.

THIS PAGE SHALL BE COMPLETED AND INCLUDED IN APPLICATION SUBMISSION

Name of Company / Organization:

Updated Year 1

BUDGET CATEGORY	STATE (CNI) FUNDS REQUESTED	OTHER NON- STATE FUNDING SOURCES	TOTAL
PERSONNEL			
Salaries / Wages			
List all positions and indicate if FT or PT and % of time funded by state (CNI) dollars			
Name/Position (FT/PT and % of time funded by state dollars)	67080		0
Name/Position (FT/PT and % of time funded by state dollars)			67080
Name/Position (FT/PT and % of time funded by state dollars)			0
Name/Position (FT/PT and % of time funded by state dollars)			0
Benefits	67080	0	67080
FICA	5131		5131
Health / Disability / Retirement	14757		14757
TOTAL PERSONNEL / BENEFITS	86968	0	86968
NON PERSONNEL			
Corporate / Organization Expenses			0
Equipment			0
Printing / Postage / Supplies / Materials	1100		1100
Public Relations / Marketing	34123		34123
Rent / Utilities / Building Maintenance			0
Staff Development / Training			0
Staff Travel / Lodging / Meals related to training			0
Staff Travel / Lodging / Meals not related to training			0
Telecommunications			0
Contractual Services			
Miscellaneous	18100		18100
TOTAL NON PERSONNEL	53323	0	53323

GRAND TOTAL	140291	0	140291
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GENERAL DESCRIPTION OF BUDGET CATEGORIES

Corporate / Organization Expenses: Worker's Compensation; State Corporation Commission; Virginia Department of Agriculture & Consumer Services (VDACS); Directors & Officers / General / professional liability insurance

Equipment: purchase / lease / repair of computers (hardware), copiers, fax machines, scanners, postage machines

Printing / Postage / Supplies / Materials: brochures, flyers, business cards, postal costs including UPS, Fed Ex, etc., general office supplies, software, reference materials, journal subscriptions

Public Relations / Marketing: newspaper ads, conference exhibitor fees; program sponsorship of training workshops, seminars, conferences (not for employees), national/state organizational membership fees

Rent / Utilities / Building Maintenance: water, sewer, electricity, janitorial

Staff Development / Training: registration and other fees for program employees to attend training, workshops, seminars, conferences

Staff Travel / Meals: mileage, lodging, per diem for meals, incidentals (*related to employee training*)

Staff Travel / Meals: mileage, lodging, per diem for meals, incidentals (*not related to employee training*)

Telecommunications: telephones (land lines, cell phones, pagers), Internet, Website hosting/maintenance

Contractual Services: professional services *provided to the program / organization* such as bookkeeping, payroll, audit, tax services; neuropsychological, educational specialist consultation for program staff, etc.

Case Service Funds: Community Support Services or goods *provided to individuals* served by the program

Miscellaneous:

Sheltering Arms Institute – Updated Project Narrative

Sheltering Arms Institute is excited to be a recipient of a 2024 Commonwealth Neurotrauma Initiative Trust Fund grant. This grant will help us expand our Caregiver Ambassador program for our traumatic brain injury and spinal cord injury patients and families. All aspects of our program outlined in the proposal submitted in October 2023 remain the same; however, we have identified alternative partners to help us expand education and post-discharge services. Below are services/activities Blink of an Eye was partnering with us to deliver We have replaced BOE with well-established community partners or internal resources who will help us deliver services or expand programming:

1. Refer Caregivers to their ongoing peer mentor program post-discharge to continue community based 1:1 mentoring. SAI's Community Engagement team has connected with the Christopher and Dana Reeve Foundation's Caregiver Mentor program. Their program has helped more than 22,000 people across 40 states. Their mentors must have at least a year's experience as a family member or caregiver of someone living with paralysis and must be knowledgeable of resources available to those living with paralysis. We will increase awareness of these additional caregiver support services through informational videos and other internal referrals from our Community Engagement team.
2. Develop an innovative training program for our volunteer Caregiver Ambassadors, Caregivers, team members and patients. This includes developing Neutrality and Advocacy training.
 - a. Neutrality training content will be developed by Tammy Redman, Psy.D. and Dr. Deborah Hill-Barlow, both are VCU Health System Physical, Medicine and Rehab Psychologists practicing at Sheltering Arms Institute. Both have a 10+ year history of treating patients, families and caregivers who are experiencing life-altering injuries or diagnoses. The video will feature both, and they will be available to volunteer Caregiver

Ambassadors for ongoing questions or program enhancement based on feedback provided by caregivers, Caregiver Ambassadors, and others.

- b. Advocacy training content will be developed with help from Kelly Hickok, a community member living with a disability and who has become an advocate for herself and others in our community. She has managed accessibility projects for local, state, and federal agencies and is the Community Services Manager for Resources for Independent Living, Inc. Kelly will be assisted in content development from VCUH/SAI psychology team, marketing team, volunteers, and caregivers with lived experience.

Sheltering Arms Institute – Updated Budget Narrative

SAI requested \$275,500 over two years—to help us operationalize this program. We will be able to implement all parts of the program within the first year, allowing us to test the efficacy of this program in meeting the needs of caregivers.

Through this budget update, we are requesting the opportunity to re-allocate BOE funding designated in the original budget request to create content for two videos – Becoming an Advocate and Maintaining Neutrality as Caregiver Mentor. Dr. Tammy Redman and Dr. Deborah Hill-Barlowe, who are both psychologists practicing at Sheltering Arms Institute will create content and participate in filming for the Maintaining Neutrality video. Both have an intimate understanding of the challenges faced by caregivers of people who have experienced a spinal cord or traumatic brain injury. Kelly Hickok, who has lived with a disability for much of her life has created content and led training on advocacy for others in our community. She will be creating content and participating in filming for our Becoming an Advocate video. We will also need to include an additional day of filming with The Idea Center. With the decrease funding needed for video production we propose re-allocating the budget dollars to the LCSW position.

A sizable percentage of this budget supports hiring an LCSW to create and implement group and 1:1 support service. This support will begin during inpatient physical rehabilitation, and the social worker will follow the caregiver post discharge. The LCSW position will begin as a part-time position in Year 1, concentrating on building services to those caring for a spinal cord injury patient. Specifically, we are proposing re-allocation of \$17,393 from the public relations & marketing category to the LCSW position. These funds were previously allocated to content development and video production. This will provide additional LCSW support to caregivers in Year 1. This may help us begin implementation of the LCSW position to caregivers of people experiencing a traumatic brain injury sooner. We will apply lessons learned from Year 1 to Year 2, thereby learning from and implementing changes to our interactions with caregivers.

Alison Clarke, CTRS

Alison Clarke has more than 30 years' experience developing and implementing community-based programs. She received a Bachelor of Science in Recreation and Parks, with a concentration in Therapeutic Recreation Services in 1988 and a Certificate of Gerontology from West Virginia University, Morgantown, West Virginia. In her current role at Sheltering Arms Institute, Alison is responsible for strategic planning, facilitation of community partnerships, program development and operationalizing inaugural community engagement department for new 114 bed inpatient physical rehabilitation hospital.

During the past three years, she has

- Developed peer mentor programs for varying diagnosis including mentor recruitment and training
- Developed strategic partnership with national, local, and statewide agencies
- Integrated community partner collaborations into daily operations
- Secured grant funding for integration of community-based referral platform into electronic health record
- Secured grant funded community health worker position for stroke population
- Coordination of community education events for varying diagnosis
- Implementation of expansion of community partnerships across the continuum of care

Before joining the SAI team, she created Sheltering Arms Club Rec program, a day recreation program for those in our community who are 18+ living with a lifelong diagnosis or disability. Alison understands the importance of providing resources and programs to help our community through their recovery.

Kelly Allen Hickock

A lifelong advocate for herself and others with disabilities, Kelly has dedicated her career to those in our community living with a disability. She is a current member of the National and Commonwealth of Virginia Americans with Disabilities (ADA) Leadership Network. In addition to participating in ADA

Sheltering Arms Institute – Updated Bio Sketches

training, Kelly developed training materials and presented on ADA to community groups. managed Americans with Disability Act building, renovation and construction projects for school districts, United States Post Offices, and local businesses. Kelly has helped these organizations through recommending renovations, modifications and construction suggestions.

Currently, Kelly is the Community Services Manager for Resources for Independent Living, Inc. In this position she serves as an advocate and helps increase public awareness of the needs and rights of individuals living with disabilities in our community. One of her many projects was to work on the Help America Vote Initiative to evaluate the accessibility of polling places within the Commonwealth of Virginia. In previous positions, Kelly worked with local construction and design companies to recommend modifications to new construction homes and for home renovations to help make those living in those homes more independent.

Kelly will be helping us design, produce, and develop our Advocacy Training series that will be presented to Caregiver Ambassadors, patients and caregivers.

Tammy Redman, PSY.D.

Dr. Tammy Redman has 23 years of experience as a practicing clinical psychologist in a healthcare setting. Before joining the Sheltering Arms team in 2010 she was a Staff Psychologist with Cumberland Hospital. Her responsibilities included conducting individual, family and group psychotherapy within an inpatient setting and residential programs for children and adolescents. Through this position, Dr. Redman served on a patient care committee responsible for developing staff training on psychological issues related to patient care. She has been practicing Physical Medicine and Rehab Psychology with Sheltering Arms since 2010. She transitioned to Sheltering Arms Institute, a collaboration with VCU Health team in July 2020. As part of our transdisciplinary inpatient care team, she is responsible for individual, family, and group psychotherapy for patients 16+ who have been diagnosed with a complex medical condition or

who have experienced a life-altering injury. Dr. Redman's therapeutic focus includes addressing anxiety, pain management, and helping patients and their caregivers adjust to life-changing medical conditions, including spinal cord injury and traumatic brain injury. She earned a BS in Psychology from Longwood College (1996) and her MA in Clinical Psychology (1998) and PSY.D. in Clinical Psychology (2001) from the American School of Professional Psychology. Dr. Redman will be helping develop content and implement volunteer training on maintaining neutrality for Caregiver Ambassadors.

Deborah A. Hill-Barlow, Ph.D.

Dr. Deborah Hill-Barlow began practicing psychology at Cumberland Hospital in New Kent, VA in 1999, remaining until 2011. She began providing individual and family therapy to families with children with a variety of medical and psychiatric diagnoses. In 2003, Dr. Hill-Barlow became Director of Psychology and Psychotherapy at Cumberland, managing a team of 15 professionals. She also worked on training to help staff develop clinical skills to effectively work with patients.

In 2011, Dr. Hill-Barlow joined the Sheltering Arms team and in 2020 transitioned to the Sheltering Arms Institute, a collaboration with VCU Health team. Over the past 13 years, she has been engaged in individual and group therapy for inpatients, outpatients, and their families. The focus of her practice includes pain management, anxiety depression, trauma, concussion care and adjustment to loss. Dr. Hill-Barlow has been part of our transdisciplinary care team to either develop or revise clinical practice guidelines for inpatient stroke care and concussion care. She facilitates our Stroke Support program to help patients and caregivers transition from SAI inpatient care to home. Through her direct work with the patients served at SAI, she is familiar with the needs and challenges our population faces as they transition home. She will work with Dr. Redman to develop and implement our Neutrality training.

Caregiver Ambassador Program Updates



Sheltering Arms Institute
A collaboration with **VCU**Health

Caregiver Program Goals

- Introducing caregivers to benefit of support earlier in the inpatient rehabilitation stay
- Making caregivers feel valued and vital part of the treatment team
- Impact TBI & SCI caregivers preparedness for caregiving role
- Ensuring caregivers feel supported and empowered to ask for help
- Providing 1:1 post discharge caregiver support in group & individual settings with Social Worker intervention



Plan – Grant Submission

Caregiver Ambassador program expansion to SCI Caregivers

- Foundation of training components from BIAV will be utilized
- Filling in gaps for BI caregiver programs

Creation of Caregiver Ambassador training components supporting BI & SCI families

- Advocacy
- Neutrality

Recruitment and training to expand number of Caregiver Ambassadors for BI & SCI

Referrals and resources provide long term caregiver support post d/c

- Social Worker intervention for 1:1 services for BI/SCI populations
- Social Worker leads Caregiver Support Group

Social Worker follow up on impact of caregiver self efficacy in ability to manage role post discharge from SAI.

- Supports burden on mental health system to meet ongoing needs



Updates

Changed vendor for creation of Caregiver Ambassador Training modules on Maintaining Neutrality & Self Advocacy

Partnership with Christopher and Dana Reeve Foundation Caregiver Mentor program for long term mentoring for SCI caregivers

Funds (saved with vendor change) directed to increasing Social Worker from 24 to 30 hours per week in the first year



Vendor Changes & Partnerships

SAI Neuro Psychology Team Members

- Creation of neutrality training for Caregiver Ambassador Program

Partnership with Resources for Independent Living

- Creation of self advocacy training for patient/caregivers and caregiver ambassador training

Partnership with Christopher & Dana Reeve Foundation

- Long term caregiver mentor support for SCI population post discharge from SAI
- Supporting caregiver ambassador training for SCI caregivers



Reason for Vendor Changes

Blink of An Eye (BOE) collaboration changes after submitting initial grant:

- The proposed BOE services commence at the bedside of acute care trauma hospitals and extend to accompany caregivers throughout the continuum of recovery, encompassing Inpatient Rehabilitation (IPR) and home settings.
- Partnerships between local trauma hospital(s) and BOE were not finalized, necessitating BOE to request ongoing financial expectations per case to facilitate support for SCI caregiver referrals post-discharge.
- Proposed in grant
 - SCI caregivers to be referred to BOE caregiver mentor program following discharge from SAI

OUTCOME : Cost allocated to develop training video content reduced after exploring new community partners for collaboration efforts. Re-allocated savings to direct family impact by increasing LCSW hours from 24-30 in the first year





Caregiver Ambassador start up for BI successes! Grant will continue to fill in gaps for BI caregivers and expand program to SCI caregivers

31 referrals for Caregiver Ambassador Visits

- Starting November 2023



1. Your original proposal noted "we are now proposing to create a Caregiver ambassador program aligned with our Peer Mentor program" however your updated project narrative states "this grant will help us expand our Caregiver ambassador program". Is the Caregiver Ambassador Program already implemented and this project is an expansion or is this project to develop the CAP?

In November 2023, SAI launched its Caregiver Ambassador Program on our Brain Injury Unit. Following a request from the CNI Board, we presented preliminary results, including number of visits and caregivers engaged with the program, in February 2024.

We have not expanded our Caregiver Ambassador program to our Spinal Cord Injury unit. We have also not recruited or hired an LCSW, external funding is needed to hire this position. We have also not created additional training on Advocacy and Neutrality for our Caregiver Ambassadors or begun offering education to patients and their caregivers.

We partnered with Brain Injury Association of Virginia to incorporate parts of their caregiver peer mentor training into our Traumatic Brain Injury Caregiver Ambassador training program. Additionally, one of our Caregiver Ambassadors' volunteers concurrently with BIAV as a Caregiver Peer Mentor.

2. Your original proposal noted SAI already has a Peer Mentor program with the aim to align with the newly created CAP. Your updated project narrative number 1 says "refer caregivers to their ongoing peer mentor program post-discharge to continue community based 1:1 mentoring. Why would caregivers need to be referred to a program they are already a part of on an ongoing basis?

Sheltering Arms Institute's Caregiver Ambassador program was created to occur within the inpatient setting, aiming to acquaint families with the importance of earlier support during the recovery journey. We intend to provide education on community-based resources at an earlier stage in the process while also encouraging caregivers to recognize the importance of seeking assistance when needed.

Through our partnerships with local Brain Injury agencies and/or the Christopher and Dana Reeve Foundation we will be able to refer patients/families to a mentor who is based local to them. Partnering with other community organizations helps us expand our network of Caregiver Ambassadors beyond Central Virginia to other communities within Virginia and the broader mid-Atlantic region, especially since 30% of our patients travel 60+ miles to receive care.

3. The Christopher and Dana Reeve Foundation's Caregiver Mentor Program is free and SAI plans to increase awareness of this free program by creating informational videos and other internal referrals?

Yes, we have many community partners who provide resources to patients and families post-discharge. We introduce patients and families to these resources in a variety of ways, one of those is through two-to-three-minute videos introducing community

partner organization to patients, families and caregivers. These videos are assigned based on diagnosis and viewed via the TV in the patient's room.

4. Is Lori Mostofsky still the LCSW that will be hired to create and implement group and 1:1 support service?

No, Lori Mostofsky will not be hired as our LCSW. We will work with our Human Resources team to recruit an LCSW. Lori Mostofsky works for Blink of an Eye and was included in our grant application as she was to help develop and video trainings on advocacy and maintaining neutrality. Additionally, she was going to design educational videos to be shared with TBI and SCI patients, families and their caregivers.

5. Is there any change to the six goals and objectives outlined in the original proposal?

No, there will not be any changes to the six goals and objectives outlined in the original proposal. All aspects of the original proposal as outlined will remain the same. The only part we are changing is Blink of an Eye will not help us develop and record Caregiver Ambassador and patient and family education videos. We are reallocating funding from the Year 1 budget that was designated to Blink of an Eye to expand hours for the LCSW in Year 1.

6. On the original proposal it was stated "These programs include peer mentoring, weekly adaptive sports, and others. The team has begun implementing this program in the BI Unit. In partnership with BIAV, a caregiver ambassador training program was developed; a patient referral process has begun; and the first two brain injury caregiver ambassadors have been trained. (Implementation Timeline included as Appendix B)." How is this changing?

No, the timeline is not changing, and we have a referral process in place for patients who would like to be referred to any of our community programs. This referral process is used for our Peer Mentor, Adaptive Sports and will be used for our Caregiver Ambassador program.