Good morning NASHIA. Thank you very much for this opportunity to share some thoughts with you on some of the opportunities and challenges we face. ACL is eager to partner with you in the coming years. I also want to use this time to respond to any comments or questions you have.

It has been great to talk with many of you. Several of us from ACL are here today. This includes two of my staff in the Independent Living Administration, Elizabeth Leef and Tom Campbell, who are directly responsible for overseeing the State TBI systems and capacity building grants program. As well as Dr. Cate Miller from the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), who is responsible for the TBI Model Systems Centers, and Casey Dicocco, who works on falls prevention and health promotion programs within the Administration on Aging.

Let me say on behalf of all of us at the conference, our Acting Assistant Secretary for Aging and Acting Administrator, Edwin Walker and all of ACL, we deeply appreciate and are committed to advancing the vital work you and your colleagues do alongside of individuals with TBI and their families to improve the supports, and most importantly the opportunities they need to lead better lives and futures in community with all others.

For over 20 years this organization, in coalition with others has championed the enactment and implementation of the Traumatic Brain Injury Act, which I believe we can and must make as transformative for individuals with TBI, their families, states and the nation as the Americans with Disabilities Act. The means by which these two landmark pieces of legislation use to advance their respective purposes are different, however, I believe their basic aim is the same: To assure that people with TBI and their families are afforded the rights, knowledge, tools, accommodations, services and supports – like others with disabilities – to have the true equality of opportunity to experience full participation, independent living and economic self-sufficiency in our country. These for me, and I hope all of you, are substantial measurable goals we can work toward and achieve together.

It is also what makes the transfer of the State TBI grant program and that of the TBI Protection and Advocacy program to ACL, just one year ago, a powerful game changer. You know in preparing for today I did what every good card-carrying policy wonk does, I looked at your website to review the policy positions you and your partners have taken over the past few years. And while I knew this before two things struck me in particular. The goodness of fit and alignment between what you are seeking to advance in your individual states as well as nationally, with what we in ACL are seeking to achieve across the very complex, fragmented, yet vital enterprise we know as community living for individuals with disabilities of all ages, other older persons and their families.

The second thing that struck me especially in reading over the One Voice Consortium’s Legislative Recommendations is the degree of trust, confidence, knowledge and commitment, they reflect and place in the TBI grant programs both being housed in and becoming a driving
force of what ACL does in the present and achieves over the long-haul. So, if there is something that I want you to remember from what I am saying it is the following, Your belief in ACL and our capacity to partner with you and others in improving the opportunities, services and supports and life prospects of those with TBI is well-deserved.

But even more importantly, we know that your trust and confidence in us is not something we can or will take for granted. Rather, it is something we must be building on and continuing to gain, sustain and strategically leverage together over time. So in this spirit and with your indulgence, I want share some information and insights on several things. The first is to give you a top line sense of the senior career leadership team of ACL, what our combined experience, values, vision and goals for the organization are, and most importantly, an overview of what the sprawling enterprise of community living consists of. I then want to update you on what we have accomplished over the last 11 months and offer you my forecast of what we are intending to do over the next 12 to 18 months or so.

The Administration for Community Living is the newest operating division in the U.S. Department of Health and Human Services. In its original version, ACL brought together the Administration on Aging and those of the Administration on Intellectual and Developmental Disabilities under one umbrella. This merger occurred about 4 years ago. What is important to note, however, is that the most significant growth in the size, staffing, breadth and potential reach of the agency has taken place in just the last 6 to 12 months. Most of this has been due to changes in the Rehabilitation Act which directed that both NIDILRR and the federal independent living programs be transferred to ACL and changes in the TBI Act that enabled the Secretary to transfer the two programs to ACL as well.

I joined ACL in January as the Deputy Commissioner of the Administration on Disabilities and the Director of the Independent Living Administration following the tragic death of Jamie Kendall. Two things have helped during this time. The first, of course, is having a great staff and being part of a very talented, experienced and committed leadership team that is moving ACL and community living writ large forward. Here is what I would like you to know about our team. Collectively, we have worked extensively in both federal and state government for over a hundred years in developing implementing and assuring the quality of community living services. Some of us have worked in advocacy or direct service organizations. Since I started my career in the 80's, I have worked in all of these sectors. However, about half of my 30 years have focused on running disability programs at HHS and Social Security as well as seeding collaborative efforts across the federal government.

Our combined and shared experiences convince us of the great value in bringing all of our focus, administrative units and the programs we are responsible for under the ACL banner. Perhaps the most powerful advantages and responsibilities it gives us is that -- except for being the major funder of services which falls largely on Medicaid and even more on individuals and families -- programs we fund are what people know and trust the most:

- The State and Area Agencies on Aging.
- The Developmental Disabilities networks.
- The Aging and Disability Resource Centers and the No Wrong Door systems.
- The Centers for Independent Living and State Independent Living Councils.
- The Veteran Directed HCBS program.
- The State TBI grants and TBI Model Systems.
- The Assistive Technology projects.
- And, many more programs and activities we fund.

These programs are what individuals and families turn to each day to enable their independence. Collectively, they are the designers, the provider networks and innovators driving community living. When these programs were sprawled across the federal government, they were often regarded as small clogs in a very large and complex wheel. Now we have ACL, we can and must become the hub that drives the wheel.

In speaking to you today, I have referred to community living as something we need to view and manage and lead as a cohesive enterprise. And here is why. Those in government, business and the nonprofit sectors are increasingly experiencing what the Brooking Institute, a book with the same title has dubbed:  *Wicked problems*. Their characteristics are ones we are all too familiar with. Wicked problems are ones no one agency owns or can address effectively. Instead, they require enterprise wide leadership that recognizes both the problem and the strategies used to ameliorate it. These problems also require we bring all the agencies, systems, payers, individuals, families and stakeholders to the table to develop a shared sense of responsibility, accountability and vision, and the hardnosed strategies, mutual metrics and resources to solve them. Wicked problems are called that not just because they are complicated and complex, but even more so because the price of the status quo is wickedly prohibitive. The costs to the federal and state governments are of course highly excessive. But the costs to individuals with TBI and their families are far higher: In misdiagnosis, no treatment or support, incarceration, unjustifiable institutionalization, life sentences of poverty, depression, learned helplessness and substance abuse. Or worse.

We know that these are the wicked problems you and your colleagues grapple with and continue to make important progress in turning the corner on every day. My top priority, that of my staff and the leadership of ACL in terms of TBI, is to figure out how we can best leverage the state grants program and the Model Systems initiative to better enable you to do this work through the increased collaboration blending and leveraging our combined knowledge and resources across other ACL programs, and by forging greater communication and collaboration with other key players such as SAMHSA, CMS Justice, Education and Labor. One of the advantages all of us here I believe sees in concentrating everything in ACL is it enables us to facilitate these types of conversations. It will be important that we be strategic, targeted and thoughtful in zeroing in on opportunities for collaboration most likely to produce early results and early wins.

I want to provide you now with a high level snap shot of what we did in the last year as well as some of the reasoning behind the decisions we made and then offer up my forecast for the coming 12 to 18 months. As I said, we had a horrendous time for many reasons throughout much of the year which made transferring the program over- which would have been challenging, arcane and time intensive under the best of conditions- even more so. This said, we had an ACL wide team oversee the transition of the grant program to us. As part of this, we held a series of virtual listening sessions with a wide range of TBI stakeholders including several of you here, to
gauge individuals and organizations views on the grant program and the technical assistance efforts and where we should go next. Based on these conversations two things among others were abundantly clear. First, that folks have strongly held views on the program and the future direction it should best take. And second, while many expressed strong views and good ideas, these enquired more consideration conversation and fleshing out. Based on this and frankly the calendar, we decided to make no substantive changes this year. As a result, we are funding the current grantees to continue to do the same work they have been doing and will continue to fund them through to the end of FY 18.

We are doing this to give ourselves ample time to develop a funding opportunity announcement for the next round of state TBI grants. We will do this in widespread consultation with all of you and most critically with individuals living with TBI of all ages, their families and advocates. To help with this, we are under taking a two part assessment. The first part takes a comprehensive snapshot of the program and its perceived effectiveness through interviews with stakeholders and similar methods. The second part will follow the same approach to gather feedback and perspectives on what the program should look like in the future. We intend to share both parts of the assessments widely and to solicit further input. I also anticipate holding additional listening sessions to dive deeper into certain topics. We also will be facilitating calls and conversations that all State TBI programs regardless of whether they are grantees or not can take part in with different parts of ACL. I see these as a chance to learn from each other and explore ways to partner.

We are also working closely with the CDC, NIDILRR and others to coordinate and align our efforts to support what States are doing. We also share your interest in creating a clearing house on what is working, knowledge translation and rapid cycle innovation strategies. This is something we can get a large bang out of and I do not think we should wait until 2018 to get going. We need to be smart about it, however. Finally, we are also beginning to look at how to think about and develop meaningful performance measures for the grant program. We are at the very start of what will be a highly iterative and interactive process in which everyone will have ample chance for helping to shape the metrics and how we use them.

Many across ACL worked hard throughout the year to stand up the TBI program. In particular, Elizabeth Leef has done much of the work necessary and continues to do it exceptionally well. Most of all, I want to again thank you all for your leadership and the work you do in your State on improving the lives of children, youth and adults with TBI.