

DEDICATION

The arena of catastrophic injury, in which the Brain and Spinal Cord Injury Program (BSCIP) staff and its Advisory Council members work, reached even closer to home this year. The 2002-2003 Annual Performance Report is dedicated to the memories of the four fine individuals who were with us for such a long time, and for such a short time as well:

- *Dr. David Cahill, an astute intellect, a wonderful surgeon, a valuable member of our Advisory Council, and a good friend.*
- *Ricardo Oliver, BSCIP case manager, spinal cord injury survivor of 30 years, a man who was dedicated to his work, respected by his peers, and brought us many happy memories and times.*
- *Steve Linn, BSCIP case manager, spinal cord injury survivor of nearly 30 years, a dedicated employee, and a tenacious advocate.*
- *John Reineking, a member of the BSCIP family, Bill and Patti's son and Will's brother, a happy young man who brought us all joy whenever we were around him.*

MESSAGE FROM THE SECRETARY

An annual performance report allows us to reflect on our accomplishments and chart the way to overcoming barriers to future accomplishments. The Brain and Spinal Cord Injury Program's (BSCIP) theme for fiscal year 2002-2003 was:

Be the best—then get better.

Nationally recognized as the model program that serves individuals with brain and spinal cord injuries, the BSCIP is a multi-faceted program. The key components are:

- A legislatively mandated central registry to report all new injuries.
- A trust fund comprised of a percentage of fines levied for moving vehicle violations, driving and boating under-the-influence convictions, and temporary license tags.
- A statewide network of specialized case managers and nurse case managers.
- A system of designated facilities to serve the acute and rehabilitation needs of injured individuals.
- Funding for direct services when no other funding is available for acute care, inpatient and outpatient rehabilitation, assistive technology, home and vehicle modifications, and durable medical equipment.

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These key components are the foundation, which enable the program to coordinate and provide the most appropriate services and support necessary to ensure the most successful outcomes in a timely and efficient manner.

In addition, the program funds prevention, education, and community development activities through contracts with the Brain Injury Association of Florida, the Florida Alliance for Assistive Services and Technology, and the Florida Spinal Cord Injury Resource Center to facilitate and maintain community reintegration. These not-for-profit agencies have service missions that complement the mission and goals of the Brain and Spinal Cord Injury Program and support the Department of Health's goals of promoting and protecting the health and safety of all people in Florida. The Brain and Spinal Cord Injury Program also funds brain and spinal cord injury clinical research at the University of Florida and the University of Miami.

We at the Department of Health are proud that the Brain and Spinal Cord Injury Program is nationally recognized as the standard of excellence in the field of brain and spinal cord injury. This Annual Performance Report highlights some of our many achievements on behalf of the individuals with brain and spinal cord injuries and their families.

Sincerely,



John O. Agwunobi, M.D., M.B. A.
Secretary, Department of Health



MESSAGE FROM THE BUREAU CHIEF

In our Annual Performance Report for fiscal year 2001-2002, our annual theme was “Be the Difference that Makes the Difference.” For the 3,291 individuals referred to our Central Registry and from the results of our consumer satisfaction survey, we can honestly say that we were the difference that made the difference.

During fiscal year 2002-2003, a total of 3,092 new injuries occurred. Of the total, 2,373 (77 percent) were for adults and 719 (23 percent) were for children. There were 2,475 new individuals with traumatic brain injuries (1,853 adults and 622 children). There were 442 adults and 82 children who sustained spinal cord injuries. Seventy-eight adults and 15 children sustained both injuries.

Newly initiated services in the past few years are the Home and Community-Based Medicaid Waiver and the Consumer Directed Care Plus Waiver. Together these two waivers have the capacity to serve up to 300 individuals providing 12 individualized services that may include adaptive health and wellness, assistive technology, attendant care, behavioral programming, community support coordination, companion services, consumable medical supplies, environmental accessibility adaptations, life-skills training, personal care services, personal adjustment counseling, and rehabilitation engineering evaluation. This array of services is designed to promote the continued successful community integration goal, and to promote the health and safety of the individual while preventing inappropriate and costly care in an institutional setting.

The program also contracts with three not-for-profit community-based agencies to provide information and resources to injured individuals, their families, and health-based professionals, to promote our mission and goals and to serve individuals with mild brain injury who do not fall under our client eligibility criteria. These agencies are: The Brain Injury Association of Florida (www.biaf.org), the Florida Alliance for Assistive Services and Technology (www.faast.org), and the Florida Spinal Cord Injury Resource Center (www.flspinalcord.us).

We are proud to present this snapshot of our mission and goals; our revenue and expenses; the services we provide through the general trust fund program; our Medicaid waiver programs; and our contracts, grants, and special services. We hope you will take the time to review this Annual Performance Report. If you have questions regarding any of the data in the report, please call us toll-free at (866) 875-5660, or e-mail us via our web site at: <http://www.doh.state.fl.us/Workforce/BrainSC/index.html>, then scroll down to the section that says “For more information” and click on “BSCIP.”

From all of us who serve individuals with brain and spinal cord injury to all of you who are interested in helping us serve these individuals even better, we invite you to join us in our quest to “Be the best – then get better.”



Thom DeLilla, Chief
Bureau of Brain and Spinal Cord Injury
Successful spinal cord injury survivor of 30 years

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The data contained in this report was obtained from the Brain and Spinal Cord Injury Central Registry utilizing the Rehabilitation Information Management System and is for the period July 1, 2002, through June 30, 2003.



A BSCIP SUCCESS STORY, “OUR ASPIRATIONS ARE OUR POSSIBILITIES.”

Cory is seven years old. He is 2 1/2 years post injury. His injury is at the C-1 level. The BSCIP program has provided the resources to modify his family’s van and paid for many other items for Cory in the past two years. BSCIP is the difference that makes the difference.

CORY'S ACHIEVEMENTS IN THE LAST YEAR”

“Cory has been able to eliminate the collar almost totally and is now able to lift his head up and make 90 degree turns independently.

His speech without the use of the Passy-Miur valve has substantially increased in quality. Cory at times can now carry on clear conversation that is fully comprehensible.

Cory went flying with Challenge Air for the second year and received his "Young Eagle's Certificate". Cory enjoyed his flight and was transferred from his wheel chair to the airplane. In 2002 Cory was featured in the Sunshine Spokesman (The official magazine of the Paralyzed Veterans Association of Florida).

Cory went to camp for the second year in a row and had a great time.

He is writing full stories with his mouth stick and presented his story at a tea party at school.

Socially, Cory has gotten himself several friends and several invitations to Birthday Parties

His academic achievements have been superior:

April 2002 - Student of The Month.

February 2003 - Citizenship Certificate and Student of The Month Certificate.

March 2003 - Student of The Month.

April 2003 - Citizenship Certificate

June 2003 - Citizenship Certificate

June 2003 - Superintendent Honor Roll

June 2003 - 99 Percentile on his S.A.T. He received full score in all subjects.

Written by Cory's parents

Nadine & Maurice

"Our Aspirations are our Possibilities"



EXECUTIVE SUMMARY

I. Purpose, Mission, and Goals

Chapter 381, Florida Statutes, mandates that the Brain and Spinal Cord Injury Program (BSCIP) develop and administer a coordinated program to serve persons who have sustained a moderate-to-severe brain and/or spinal cord injury. The BSCIP provides for acute care, inpatient and outpatient rehabilitation, transitional living services, adaptive modifications of homes and vehicles, adaptive equipment, prevention, education, research, and long-term care services through its Home and Community-Based Medicaid Waiver program and contractual obligations.

The mission of the BSCIP program is to provide all eligible residents who sustain a moderate-to-severe traumatic brain and/or spinal cord injury the opportunity to obtain the necessary services enabling them to remain or return to their communities.

The goals of the program are to reintegrate injured individuals into their communities, ensure that quality services are delivered in the most effective and cost efficient manner through a coordinated system, and utilize program funds to leverage federal dollars and grants to support the long-term goals of the program.

II. Revenue

The program is funded through civil penalties, temporary tags, driving under the influence fines, boating under the influence fines, the Home and Community-Based Medicaid Waiver program, subrogation, and the Consumer Directed-Care program. The BSCIP was given budget authority for \$16,477,939 during fiscal year 2002-2003.

III. Central Registry

In accordance with section 381.74, Florida Statutes, the department established and maintains a central registry of persons who have traumatic moderate-to-severe brain or spinal cord injuries. Every public health agency, private health agency, public social agency, private social agency, and attending physician reports to the division within five days after identification or diagnosis of any person who has a moderate-to-severe brain or spinal cord injury. All individuals reported to the central registry are referred to the region where the individual was injured and assigned to a case manager. All individuals or a family representative are contacted within 10 days by the case manager to determine eligibility for services and advised of all federal, state and community resources.

The central registry is fully integrated into the BSCIP Rehabilitation Information Management System (RIMS). This statewide system enables the program to maintain specific demographic data including injury and etiology data, as well as all case management and budget information. Data maintained in RIMS is utilized to generate the reports contained in this Annual Performance Report.

IV. Referral Data

Two thousand four hundred and ninety-two adults (75.7 percent) and 799 children (24.3 percent) for a total of 3,291 individuals were referred to the Brain and Spinal Cord Injury Central Registry

during the state fiscal year (SFY) 2002-2003. Single diagnosis traumatic brain injuries accounted for the largest number of new referrals for adults (77.1 percent) and children (84.6 percent).

Of the 3,175 referrals for incidents that occurred within the state of Florida, 2,290 (90.3 percent) single diagnosis traumatic brain injuries, 443 (81.6 percent) single diagnosis spinal cord injuries, and 88 (91.7 percent) referrals for individuals with both a brain and spinal cord injury were made from state-designated facilities.

V. Community Reintegration Plan Data

During the SFY 2002-2003, a total of 957 new Community Reintegration Plans (CRPs) were written. Of this total, 640 (66.9 percent) were for individuals with a traumatic brain injury, 290 (30.3 percent) were for individuals with a spinal cord injury, and 26 (2.7 percent) were for individuals with both a traumatic brain and spinal cord injury. One Community Reintegration Plan was written for an individual with an unknown injury type.

VI. Closure Data

A total of 3,317 cases were closed during the 2002-2003 SFY. These closures represent individuals whose services began in previous fiscal years, as well as the current one. Of these cases, 2,612 (78.7 percent) were individuals with a traumatic brain injury, 617 (18.6 percent) were individuals with a spinal cord injury, 74 (2.2 percent) were individuals with both a brain and spinal cord injury, and 14 (0.4 percent) cases involved an unknown injury type. There were 2,263 (68.2 percent) cases closed in referral status, 82 (2.5 percent) were closed in applicant status, and 955 (28.8 percent) were closed for clients that had a Community Reintegration Plan written and implemented. There were 17 (0.5 percent) cases closed listing other or not-recorded closure statuses.

A total of 871 (91.2 percent) cases were successfully closed as reintegrated. Of these cases, 710 (74.3 percent) were closed as community reintegrated, 116 (12.1 percent) were referred to the Division of Vocational Rehabilitation, and 45 (4.7 percent) were referred to the Home and Community-Based Medicaid Waiver waiting list. The other reasons cases were closed were death (21, 2.2 percent), institutionalization (18, 1.9 percent), inability to locate the client (17, 1.8 percent), the client declined services (10, 1.0 percent), failure to cooperate (10, 1.0 percent), the client left the area (6, 0.6 percent), and the client was referred to a non-vocational rehabilitation agency (2, 0.2 percent).

VII. Injury Data

New injuries reported to the Central Registry during the SFY 2002-2003 indicate that there were 2,475 (80.0 percent) traumatic brain injuries, 524 (16.9 percent) spinal cord injuries, and 93 (3.0 percent) traumatic brain and spinal cord injuries for a total 3,092 injuries. Adults 21-years-old and older accounted for 2,373 (76.7 percent) injuries. Children under the age of 21 accounted for 719 (23.3 percent) injuries.

Pediatric injuries accounted for 622 (25.1 percent) traumatic brain injuries, 82 (15.6 percent) spinal cord injuries, and 15 (16.1 percent) traumatic brain and spinal cord injuries. Adult injuries accounted for 1,853 (74.9 percent) traumatic brain injuries, 442 (84.4 percent) spinal cord injuries, and 78 (83.9 percent) brain and spinal cord injuries.

Males accounted for 1,782 (72.0 percent) traumatic brain injuries, 393 (75.0 percent) spinal cord injuries, and 74 (79.6 percent) traumatic brain and spinal cord injuries. Females accounted for 690 (27.9 percent) traumatic brain injuries, 131 (25.0 percent) spinal cord injuries, and 19 (20.4 percent) traumatic brain and spinal cord injuries.

Whites accounted for 1,600 (64.6 percent) traumatic brain injuries, 335 (63.9 percent) spinal cord injuries, and 48 (51.6 percent) traumatic brain and spinal cord injuries. Blacks accounted for 399 (16.1 percent) traumatic brain injuries, 121 (23.1 percent) spinal cord injuries, and 13 (14.0 percent) traumatic brain and spinal cord injuries. Hispanics accounted for 415 (16.8 percent) traumatic brain injuries, 60 (11.5 percent) spinal cord injuries, and 28 (30.1 percent) brain and spinal cord injuries.

Motor vehicle, motorcycle, pedestrian, and other traffic-related crashes were the leading cause of injury for all injury category types. Motor vehicle, motorcycle, bicycle, pedestrian, and other traffic-related crashes accounted for 1,513 (61.2 percent) traumatic brain injuries, 240 (45.8 percent) spinal cord injuries, and 66 (71.0 percent) brain and spinal cord injuries.

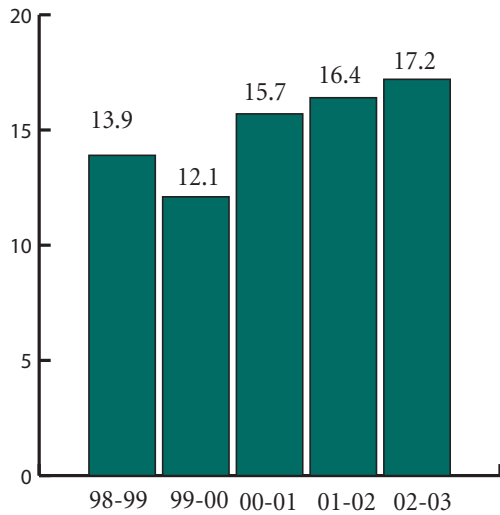
VIII. Home and Community-Based Medicaid Waiver Program

The Home and Community-Based Medicaid Waiver (HCBMW) program provides long-term services to Medicaid-eligible individuals with brain and/or spinal cord injuries. During the SFY 2002-2003, the HCBMW program served 215 clients. Of these, 80 (37.2 percent) individuals served had traumatic brain injuries, 132 (61.4 percent) had spinal cord injuries, and 3 (1.4 percent) had a brain and spinal cord injury.

IX. Nursing Home Transition Grant Project

The Nursing Home Transition Grant Project was funded for the purpose of transitioning 45 individuals with brain and/or spinal cord injuries from nursing homes into the community. Grant funds were used for start-up living costs including rent, security and utility deposits, home modifications, and basic household items such as furniture, linens, food, dishes, utensils, etc. A total of 46 individuals were transitioned into the community over the two-year life of the project. During the SFY 2002-2003, 23 of those 46 individuals were transitioned into the community. Outcomes also included the production of a "Promising Practices Manual for Nursing Home Diversion and De-Institutionalization," which will soon be published and distributed statewide. The Nursing Home Transition Grant Project ended September 2003.

REVENUE AND BUDGET



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BSCIP PROGRAM BUDGET

Budget Authority—\$16,477,939

Administration—\$3,697,678

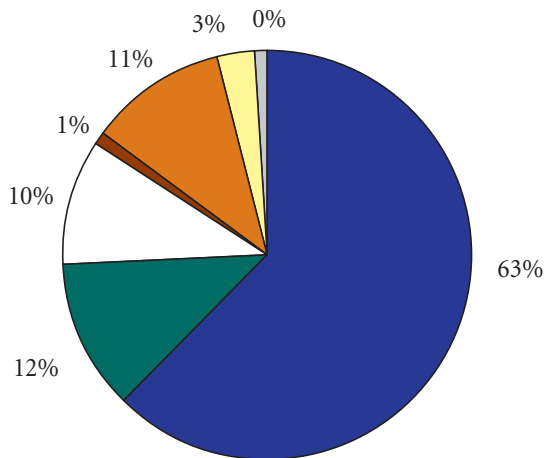
Research—\$1,000,000

- University of Florida—\$500,000

- University of Miami—\$500,000

Client Services—\$11,530,261

Able Trust Foundation—\$250,000*



- Civil Penalties
- Temporary Tags
- DUI
- BUI
- Medicaid Waiver
- Subrogation
- CDC

REVENUE SOURCES

Civil Penalties—\$10,918,738

Temporary Tags—\$2,078,314

Driving Under the Influence—\$1,791,918

Boating Under the Influence—\$151,202

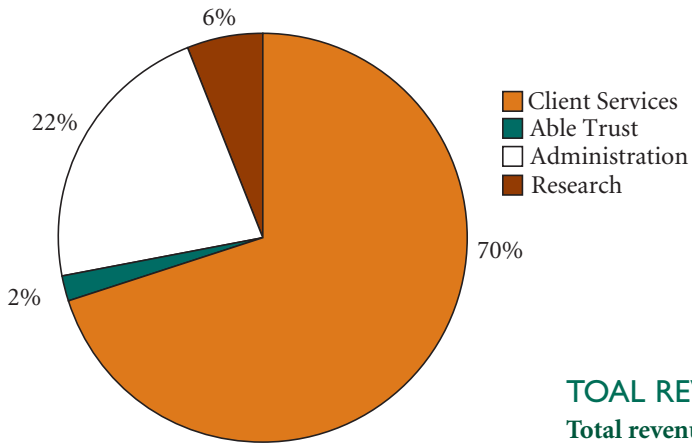
Medicaid Waiver—\$1,841,561

Subrogation—\$478,517

Consumer Directed Care—\$6,300

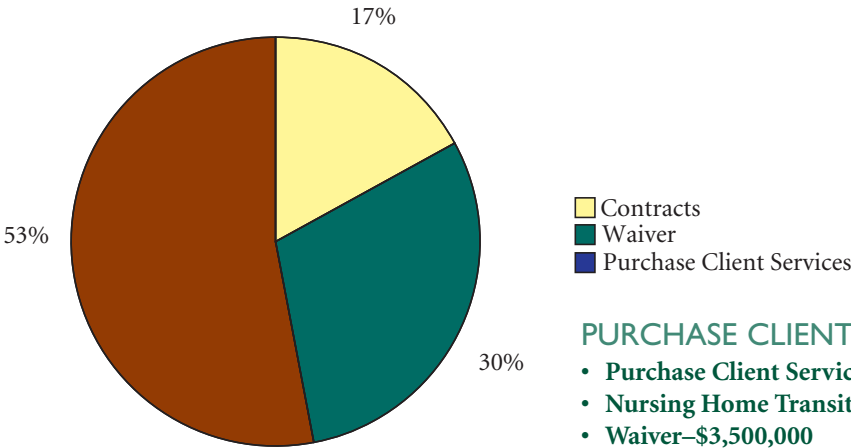
"I wish I knew what they did before BSCIP; it's like a ride through the wilderness without them."

— SATISFIED CLIENT—



TOAL REVENUE

Total revenue made available to the Brain and Spinal Cord Injury Program was \$17,266,550.



PURCHASE CLIENT SERVICES

- Purchase Client Services—\$6,350,447
- Nursing Home Transition—\$264,970
- Waiver—\$3,500,000
- Contracts—\$1,679,814
 - Florida Alliance for Assistive Services and Technology/
 - Florida Spinal Cord Injury Resource Center—\$250,000
 - Florida Alliance for Assistive Services and Technology—\$250,000
 - Brain Injury Association of Florida Resource Center—\$383,883
 - Brain Injury Association of Florida Family Community Support Program —\$745,431
 - Brain Injury Association of Florida Promising Practices Manual—\$20,500
 - Brain Injury Association of Florida Faces of Brain Injury— \$30,000

The 2002 Legislature enacted HB 295, which provided for the development of a personal care attendant pilot program by the Florida Association of Centers for Independent Living to provide personal care attendants for eligible individuals with spinal cord injury who have the potential to obtain gainful employment. This law provided for the expansion of the tax collection enforcement diversion program in the Fourth Judicial Circuit (Duval) to four additional counties to increase the collection of revenues from persons who have not remitted their collected sales tax. This legislation mandated the BSCIP loan \$250,000 from the Brain and Spinal Cord Injury Trust Fund to The Able Trust for deposit into the Florida Endowment Foundation to fund the initial startup costs of the tax collection enforcement diversion offices. The law provided that 75 percent of the revenues collected by the counties be deposited into the General Revenue fund and 25 percent into the Florida Endowment Foundation to fund the personal care attendant program. The percentage of funds collected from the tax collection enforcement diversion pilot program is deposited with the Able Trust Foundation to fund the Personal Care Attendant Pilot Program. The Able Trust Foundation and the department's Brain and Spinal Cord Injury Program have a memorandum of understanding (MOU) that the tax collection revenues utilized to repay the \$250,000 loan from the Florida Brain and Spinal Cord Injury Program Trust Fund will not include more than \$50,000 from any individual tax collection enforcement diversion pilot program participating in the Personal Care Attendant Pilot Program. The MOU also stipulates that The Able Trust will make loan repayments to the Brain and Spinal Cord Injury Program Trust Fund of 25 percent of all revenue collected from each pilot site each quarter and deposited to the Florida Endowment Foundation until the repayments total \$250,000 (\$50,000 from each pilot site).



BRAIN AND SPINAL CORD INJURY CENTRAL REGISTRY

In accordance with Section 381.74, Florida Statutes, the department established and maintains a central registry of persons who have traumatic moderate-to-severe brain and/or spinal cord injuries. Every public health agency, private health agency, public agency or social agency, and attending physician shall report such injuries to the division within five days after the identification or diagnosis of the injuries. All individuals reported to the central registry are referred to the region where the individual was injured and assigned to a case manager. All individuals or family representative are contacted within 10 days by the case manager to determine eligibility for services and are advised of all federal, state, and community resources.

The statutory definitions of brain and spinal cord injury are:

- **A spinal cord injury is a lesion to the spinal cord or cauda equina, resulting from external trauma with evidence of significant involvement of two of the following deficits or dysfunctions: (1) motor deficit, (2) sensory deficit, or (3) bowel and bladder dysfunction. (Section 381.745(2)(a), Florida Statute)**
- **A brain injury is an insult to the skull, brain, or its covering resulting from external trauma that produces an altered state of consciousness or anatomic, sensory, cognitive, or behavioral deficit. (Section 381.745(2)(b), Florida Statute)**

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The central registry is fully integrated into the Brain and Spinal Cord Injury Prevention (BSCIP) Rehabilitation Information Management System (RIMS). This statewide system enables the program to maintain specific demographic data including injury and etiology data. In addition to the demographic data, RIMS provides real-time case management (plan of services, case notes, and expenditures incurred including equipment costs, therapies, etc.) on each case. Data maintained in RIMS is utilized to generate the BSCIP Annual Performance Report, the Secretary's Quarterly Performance Reports, and quarterly and annual monitoring of case management, and purchase-client services budget. It also allows the program to develop special category reports for prevention initiatives and grant opportunities.

This Annual Performance Report reflects the activities of the BSCIP for the period July 1, 2002, through June 30, 2003. Individuals with a dual diagnosis of a traumatic brain and spinal cord injury have been broken out into a separate category and have not been included in the categories of an independent brain or spinal cord injury.

Additional data information is available upon request from the Brain and Spinal Cord Injury Program at (866) 875-5660.

"We lived with so much fear when the accident happened. BSCIP was good in easing this fear—they gave us knowledge."

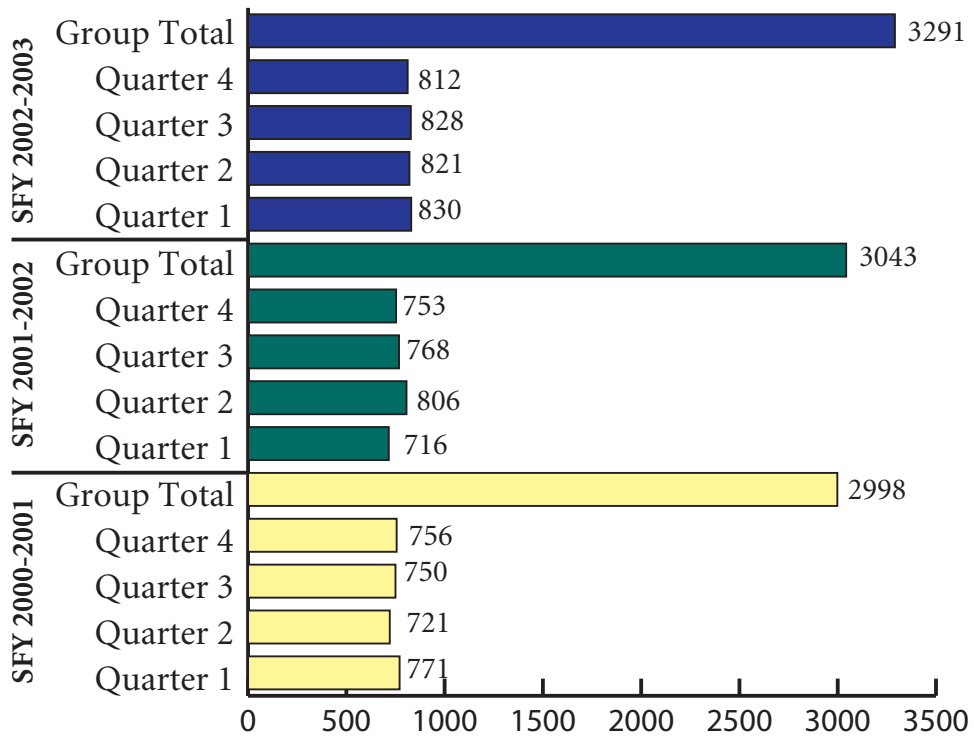
— SATISFIED CLIENT—

FIRST TIME REFERRALS

Referral data includes injuries reported to the Central Registry for the first time between July 1, 2002, and June 30, 2003. The referral may reflect a prior or current injury.

REFERRALS REPORTED TO THE CENTRAL REGISTRY

Overall, 3,291 first time referrals were submitted to the BSCIP Central Registry, an increase of 8.2 percent from the previous year.



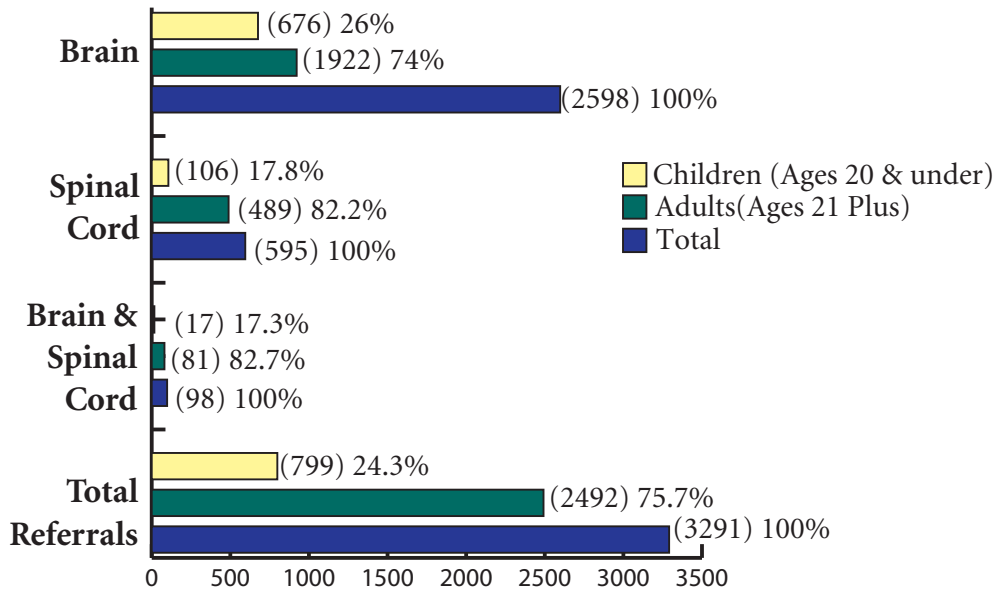
"Who would have dreamed that a state agency would work as well as this one did. Our case manager helped us."

"The only thing my husband responded to was the family cat. The case manager helped me talk to my husband again"

—SATISFIED CLIENTS—

FIRST TIME REFERRALS BY AGE CATEGORY

Overall, 2,492 (75.7 percent) of the first time referrals reported were for adults age 21 and over, and 799 (24.3 percent) were for children under the age of 21.



- For traumatic brain injuries, 1,922 (74.0 percent) were reported for adults, and 676 (26.0 percent) were reported for children.
- For spinal cord injuries, 489 (82.2 percent) were reported for adults, and 106 (17.8 percent) were reported for children.
- For traumatic brain and spinal cord injuries, 81 (82.7 percent) were reported for adults, and 17 (17.3 percent) were reported for children.

"We heard the words, "Your son is going to make it", and we were overjoyed. She helped us to transition from coma to coming alive again."

"BSCIP saved us. We pulled through because of them."

—SATISFIED CLIENTS—

REFERRALS BY REFERRAL SOURCE

	Injury Type:						Total	
	Brain Injuries		Spinal Cord Injuries		Brain & Spinal Cord (Dual Diagnoses)			
TOTAL NUMBER OF REFERRALS BY INJURY TYPE	Count	%	Count	%	Count	%	Count	%
	2598	78.9%	595	18.1%	98	3.0%	3291	100%
TOTAL NUMBER OF REFERRALS FOR INJURIES OCCURRING IN FLORIDA	Count	%	Count	%	Count	%	Count	%
Trauma Center/Designated Facility	2290	90.3%	443	81.6%	88	91.7%	2821	88.9%
Non Trauma/Designated Facility	164	6.5%	57	10.5%	3	3.1%	224	7.1%
BSCIP Program/Self Referral	56	2.2%	30	5.5%	3	3.1%	89	2.8%
Other Agency/Unknown	26	1.0%	13	2.4%	2	2.1%	41	1.3%
Total	2536	100%	543	100%	96	100%	3175	100%

Excludes 116 incidents that occurred out-of-state.

- 2,821 (88.9 percent) referrals were received from state-approved trauma centers (SATC) and/or designated facilities.
- 224 (7.1 percent) referrals were from non-state approved hospitals or facilities.
- 89 (2.8 percent) referrals were self-referred.
- 41 (1.3 percent) referrals were from other agencies or unknown referral sources.



REFERRALS BY FACILITY AND BSCIP REGION

The following list reflects referrals from all SATCs and designated facilities that have been approved by the state of Florida to serve patients with brain and/or spinal cord injuries. A goal of the program is to continue outreach to ensure that all individuals who sustain a brain and/or spinal cord injury are transported and/or treated at a SATC, state-approved pediatric referral trauma center, and/or a designated facility.

		Injury Type:						Total	
		Brain Injuries		Spinal Cord Injuries		Brain & Spinal Cord (Dual Diagnoses)			
		Count	%	Count	%	Count	%	Count	%
REFERRALS FROM STATE APPROVED TRAUMA CENTERS AND/OR DESIGNATED FACILITIES BY INJURY TYPE									
Region 1	Baptist Hospital, Incorporated SATC/II/D	36	1.6%	8	1.8%	1	1.1%	45	1.6%
	Brooks Rehabilitation Hospital D	12	0.5%	8	1.8%	1	1.1%	21	0.7%
	Columbia W Florida Reg Med Cntr SATC/II/D	35	1.5%	8	1.8%	1	1.1%	44	1.6%
	Healthsouth Emerald Coast Rehabilitation D			2	0.5%			2	0.1%
	Healthsouth Rehab Hospital of Tallahassee D	2	0.1%					2	0.1%
	Sacred Heart Hospital SAPTRC/II	33	1.4%	3	0.7%			36	1.3%
	Shands Hospital - University of Florida D	38	1.7%	22	5.0%	3	3.4%	63	2.2%
	Shands Rehabilitation Hospital D	3	0.1%	4	0.9%			7	0.2%
	Tallahassee Memorial Regional Med Cntr D	49	2.1%	13	2.9%	1	1.1%	63	2.2%
	University Medical Center D	271	11.8%	58	13.1%	6	6.8%	335	11.9%
Group Total	479	20.9%	126	28.4%	13	14.8%	618	21.9%	
Region 2	Halifax Medical Center SATC/II/D	161	7.0%	24	5.4%	2	2.3%	187	6.6%
	Healthsouth Sea Pines Rehabilitation D	12	0.5%	3	0.7%			15	0.5%
	Holmes Regional Medical Center SATC/II	67	2.9%	15	3.4%	2	2.3%	84	3.0%
	Orlando Regional Medical Center SATC/I	69	3.0%	23	5.2%	3	3.4%	95	3.4%
	Sand Lake Hospital D	11	0.5%					11	0.4%
	Group Total	320	14.0%	65	14.7%	7	8.0%	392	13.9%
Region 3	All Children's Hospital SAPTRC	51	2.2%	2	0.5%			53	1.9%
	Bayfront Medical Center SATC/II/SAPTRC/D	213	9.3%	22	5.0%	6	6.8%	241	8.5%
	Lakeland Regional Medical Center SATC/II	71	3.1%	11	2.5%	4	4.5%	86	3.0%
	St Joseph's Hospital SATC/II/SAPTRC	58	2.5%	7	1.6%	4	4.5%	69	2.4%
	Tampa General Hospital SATC/I/D	166	7.2%	43	9.7%	6	6.8%	215	7.6%
	Tampa General Rehabilitation Center D	10	0.4%	4	0.9%			14	0.5%
Group Total	569	24.8%	89	20.1%	20	22.7%	678	24.0%	
Region 4	Broward General Medical Center SATC/I	56	2.4%	12	2.7%	2	2.3%	70	2.5%
	Delray Medical Center SATC/II/SAPTRC	71	3.1%	8	1.8%	1	1.1%	80	2.8%
	Healthsouth Rehabilitation the Bridge D	2	0.1%					2	0.1%
	Lee Memorial Health System SATC/II	63	2.8%	12	2.7%			75	2.7%
	Memorial Regional Hospital SATC/I/D	34	1.5%	6	1.4%	1	1.1%	41	1.5%
	N Broward Medical Center SATC/II	22	1.0%	10	2.3%			32	1.1%
	St Mary's Hospital, Inc. SATC/II/SAPTRC/D	98	4.3%	22	5.0%	3	3.4%	123	4.4%
Group Total	346	15.1%	70	15.8%	7	8.0%	423	15.0%	
Region 5	Baptist Hospital of Miami D	5	0.2%			1	1.1%	6	0.2%
	Healthsouth Regional Rehab Hospital D	1	0.0%	1	0.2%			2	0.1%
	Jackson Memorial Hospital SATC/I/D	566	24.7%	84	19.0%	40	45.5%	690	24.5%
	Jackson Memorial Rehabilitation Center D	1	0.0%	8	1.8%			9	0.3%
	Miami Children's Hospital SAPTRC	3	0.1%					3	0.1%
	Group Total	576	25.2%	93	21.0%	41	46.6%	710	25.2%
Total	2290	100%	443	100%	88	100%	2821	100%	

This table excludes referrals whose injuries occurred outside the state of Florida.

D = BSCIP Designated Acute Care Facility

SATC = State Approved Trauma Center

SAPTRC = State Approved Pediatric Trauma Referral Center

I = Level I - Teaching Affiliation

II = Level II - Non-Teaching Affiliation

COMMUNITY REINTEGRATION PLANS WRITTEN

Community reintegration plan (CRP) data reflects the number of individuals that were accepted into the program and had a service plan written between July 1, 2002, and June 30, 2003.

Overall, 957 CRPs were written. Of these:

- **640 (66.9 percent) CRPs were written for individuals with a traumatic brain injury.**
- **290 (30.3 percent) CRPs were written for individuals with a spinal cord injury.**
- **26 (2.7 percent) CRPs were written for individuals with both a traumatic brain and spinal cord injury.**
- **1 CRP was written for an unknown injury type.**

CLOSURES

Closure data reflects the total number of program-eligible individuals whose cases were closed during the SFY 2002-2003. This data includes cases that were referred in previous years.

A total of 3,317 cases were closed. Of these, 2,612 (78.7 percent) were for individuals with a traumatic brain injury, 617 (18.6 percent) were for individuals with a spinal cord injury, and 74 (2.2 percent) were for individuals with both a traumatic brain and spinal cord injury. Fourteen (0.4 percent) cases had an unknown injury type.

Of the 3,317 cases closed:

- **2,263 (68.2 percent) were closed from referral status.**
- **82 (2.5 percent) were closed from applicant status.**
- **955 (28.8 percent) were closed after the case was accepted into the program and a CRP was implemented.**
- **17 (0.5 percent) were closed because a CRP was written, but not initiated, or the closure status was not available.**

CLOSURES IN REFERRAL STATUS

Overall 2,263 (68.2 percent) cases were closed from referral status. This means that a referral was reported to the central registry, but the case was closed prior to the individual completing an application for services.

Of the cases closed from a referral status, 1,899 (83.9 percent) were individuals with a traumatic brain injury, 313 (13.8 percent) were individuals with a spinal cord injury, 49 (2.2 percent) were individuals with both a brain and spinal cord injury, and 2 (0.1 percent) individuals had an unknown injury type.

Of the 2,263 cases closed from referral status, 624 (27.6 percent) died, 460 (20.3 percent) declined services, 334 (14.8 percent) were medically ineligible, 249 (11.0 percent) could not be located, 145 (6.4 percent) were institutionalized, 123 (5.4 percent) were referred to a non-vocational agency, 116 (5.1 percent) were not legal Florida residents, 112 (4.9 percent) left the area, 63 (2.8 percent) failed to cooperate, and 37 (1.6 percent) were referred to the Division of Vocational Rehabilitation.

CLOSURES IN APPLICANT STATUS

Overall, 82 (2.5 percent) cases were closed from applicant status. This means that the case was closed during the application for services process.

Of these cases closed from applicant status, 59 (72.0 percent) were individuals with a traumatic brain injury, 19 (23.2 percent) were individuals with a spinal cord injury, 1 (1.2 percent) individual had both a brain and spinal cord injury, and 3 (3.7 percent) were cases with an unknown injury type.

Of the 82 cases closed from applicant status, 16 (19.5 percent) declined service, 13 (15.9 percent) were medically ineligible, 13 (15.9 percent) were referred to a non-vocational agency, 9 (11.0 percent) failed to cooperate, 7 (8.5 percent) died, 7 (8.5 percent) were referred to the Division of Vocational Rehabilitation, 6 (7.3 percent) were institutionalized, 5 (6.1 percent) could not be located, 3 (3.7 percent) left the area, and 3 (3.7 percent) were not legal residents of Florida.

CLOSURES IN COMMUNITY REINTEGRATION PLAN STATUS

A total of 995 cases were closed after community reintegration plans were written and implemented. This means that the client was accepted into the program and that a community reintegration plan was both written and implemented prior to the case being closed. This section includes community reintegration plans written and implemented in previous years.

Of the 955 cases closed, 871 (91.1 percent) were closed successfully.

- **710 (74.3 percent) were reintegrated into the community.**
- **116 (12.1 percent) were referred to the Division of Vocational Rehabilitation.**
- **45 (4.7 percent) were placed on the Home and Community-Based Medicaid Wavier Waiting List.**

There were 84 (8.1 percent) cases closed for other reasons: 21 (2.2 percent) died, 18 (1.9 percent) were institutionalized, 17 (1.8 percent) could not be located, 10 (1.0 percent) declined services, 10 (1.0 percent) failed to cooperate, 6 (0.6 percent) left the area, and 2 (0.2 percent) were referred to a non-vocational rehabilitation agency.

OTHER CLOSURE STATUSES

Seventeen (0.5 percent) cases were closed with no closure reason listed. Detailed information on closure reasons broken out by injury type is available upon request from the department.

“One morning my son drove off to work. By that night, our lives had turned upside down. The BSCIP was our guiding light.”

— SATISFIED CLIENT —

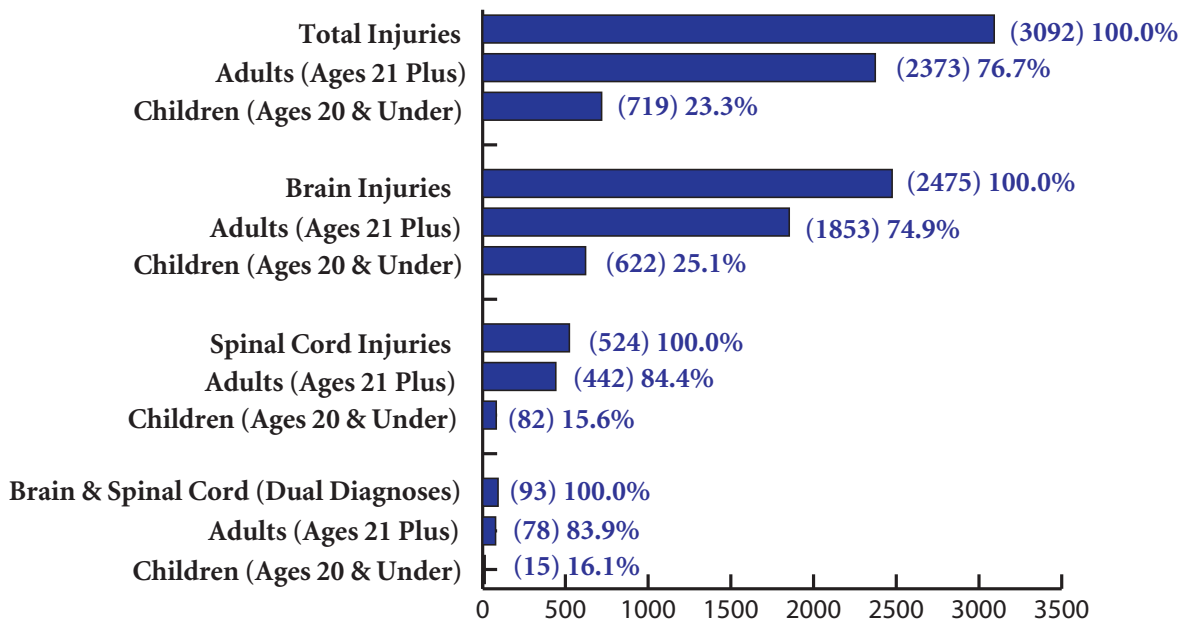
NEW INJURIES

This data reflects the number of new traumatic brain or spinal cord injuries reported to the central registry during the SFY 2002-2003. This includes Florida residents, out-of-state visitors who were injured in Florida, and Florida residents injured outside the state of Florida.

Overall, 3,092 new injuries were reported.

- 2,475 (80.1 percent) were for individuals with a traumatic brain injury.
- 524 (16.9 percent) were for individuals with a spinal cord injury.
- 93 (3.0 percent) were for individuals with both a traumatic brain and spinal cord injury.
- 2,373 (76.7 percent) were for adults age 21 or older, and 719 (23.3 percent) were for children under the age of 21.

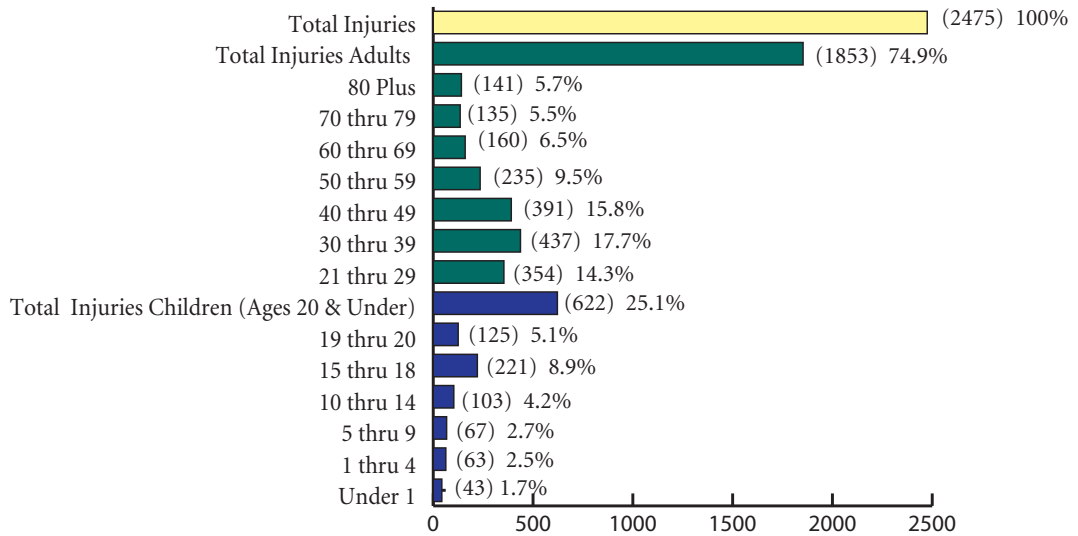
INJURIES BY AGE CATEGORY



- For traumatic brain injuries, 1,853 (74.9 percent) were reported for adults, and 622 (25.1 percent) were reported for children.
- For spinal cord injuries, 442 (84.4 percent) were reported for adults, and 82 (15.6 percent) were reported for children.
- For traumatic brain and spinal cord injuries, 78 (83.9 percent) were reported for adults, and 15 (16.1 percent) were reported for children.

INJURIES BY AGE GROUPS

Brain Injury



- 21 through 49-year-olds accounted for the highest percentage of traumatic brain injuries in adults, accounting for 1,182 (47.8 percent) injuries. Within this group, 30 through 39-year-olds accounted for the largest percentage of injuries at 437 (17.7 percent) injuries.
- 10 through 20-year-olds accounted for the highest percentage of traumatic brain injuries in children, accounting for 449 (18.2 percent) injuries. Within this group, 15 through 18-year-olds accounted for the largest percentage of injuries at 221 (8.9 percent) injuries.

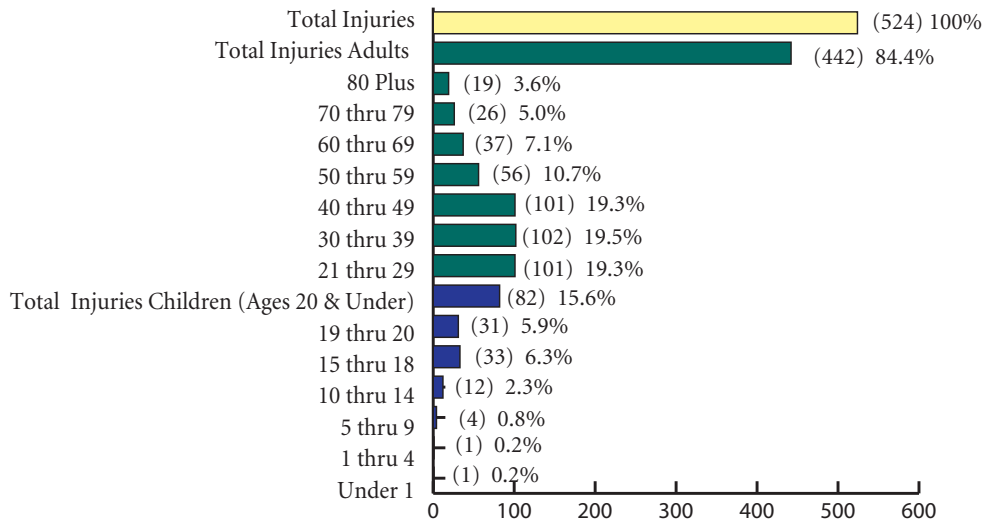
"We had some tough decisions. The case manager helped us work our way through them."

"We would not have made it through this without BSCIP and the case managers."

"You have to give BSCIP credit; they take over when the family falls apart."

— SATISFIED CLIENTS —

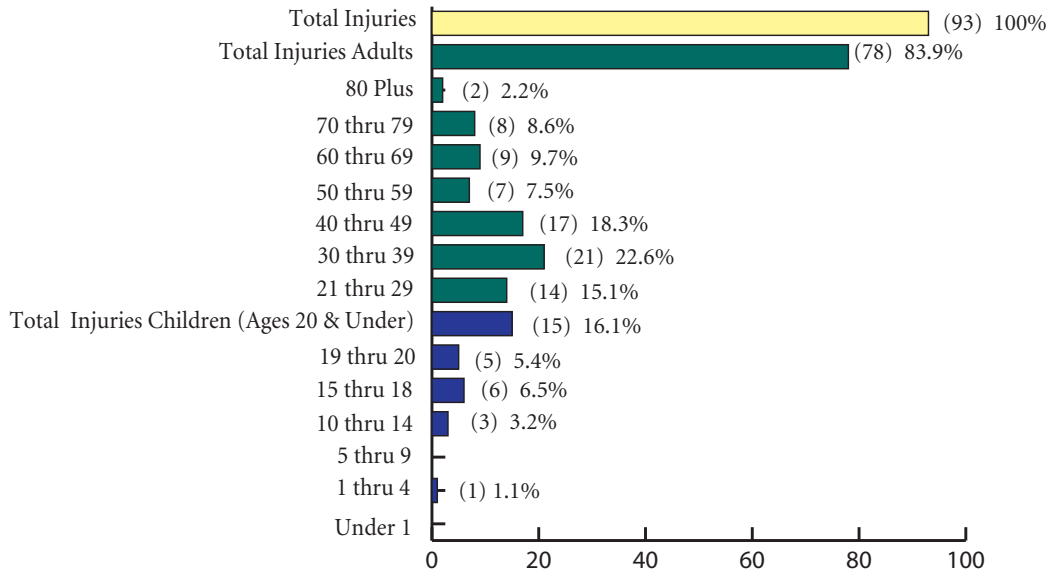
Spinal Cord Injury



- 21 through 49-year-olds accounted for the highest percentage of spinal cord injuries in adults, accounting for 304 (58.1 percent) injuries.
- 15 through 20-year-olds accounted for the highest percentage of spinal cord injuries in children, accounting for 64 (12.2 percent) injuries.



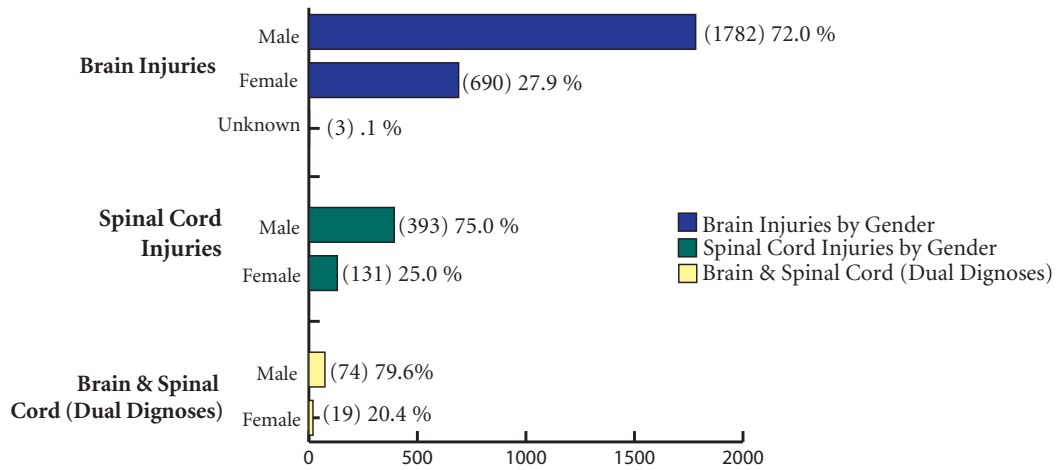
Brain and Spinal Cord Injury



- 21 through 49-year-olds accounted for the highest percentage of traumatic brain and spinal cord injuries in adults, accounting for 52 (56.0 percent) injuries. Within this group, 30 through 39-year-olds accounted for the largest percentage of injuries at 21 (22.6 percent) injuries.



INJURIES BY GENDER

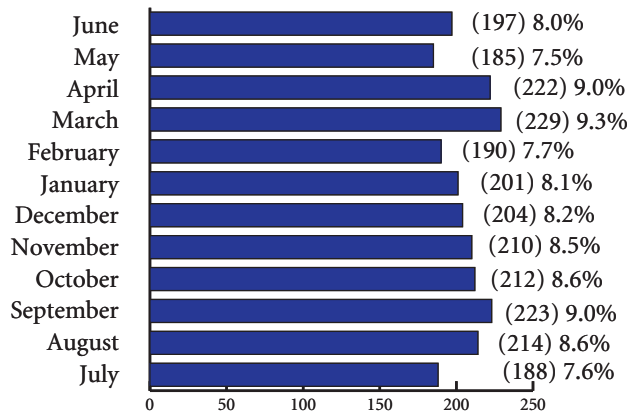


- 1,782 (72.0 percent) traumatic brain injuries were reported for males, 690 (27.9 percent) for females, and gender was unknown for 3 (0.1 percent) individuals.
- 393 (75.0 percent) spinal cord injuries were reported for males, and 131 (25.0 percent) were reported for females.
- 74 (79.6 percent) traumatic brain and spinal cord injuries were reported for males, and 19 (20.4 percent) were reported for females.



INJURIES BY MONTH

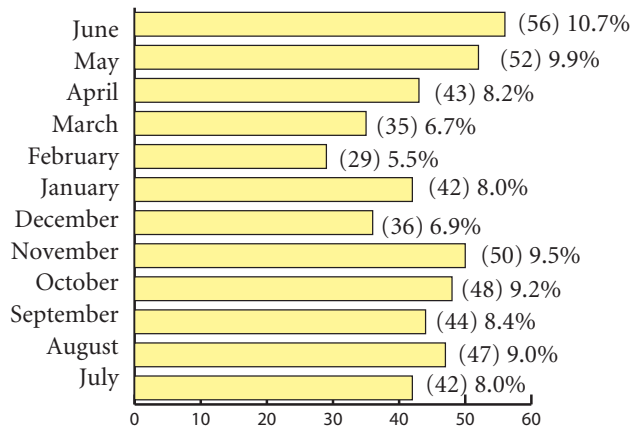
Brain Injury



26

- The highest number of traumatic brain injuries recorded were in March (229; 9.3 percent), September (223; 9.0 percent), and April (222; 9.0 percent), accounting for 674 (27.3 percent) injuries.

Spinal Cord Injury

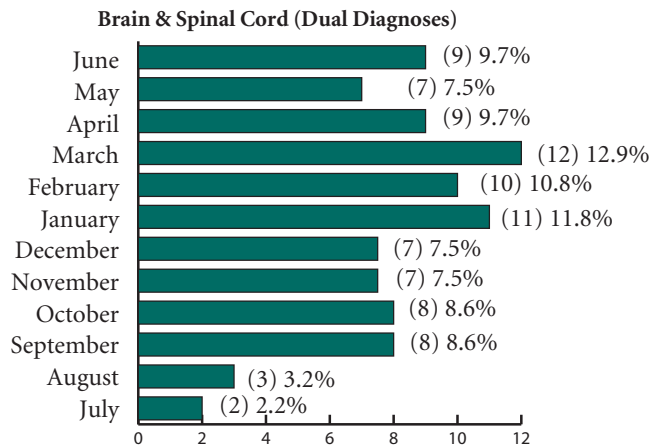


- The highest number of spinal cord injuries recorded were in June (56; 10.7 percent), May (52; 9.9 percent), and November (50; 9.5 percent), accounting for 158 (30.1 percent) injuries.

“Brain injury is a tragic thing- the entire family suffers. Our worker gave us hope when we had no hope that things would get better.”

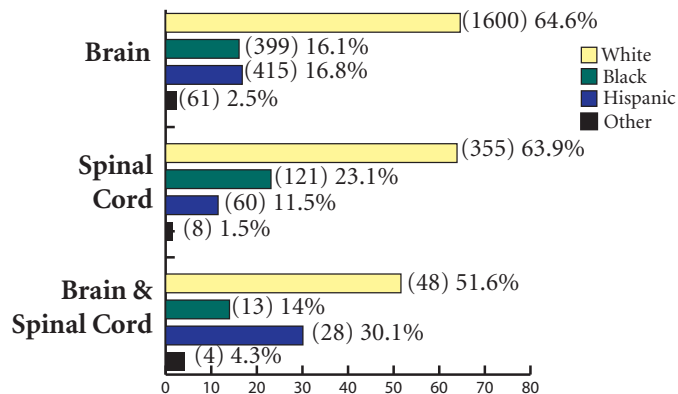
— SATISFIED CLIENT —

Brain and Spinal Cord Injury



- The highest number of traumatic brain and spinal cord injuries recorded were in March (12; 12.9 percent), January (11; 11.8 percent), and February (10; 10.8 percent), accounting for 33 (35.5 percent) injuries.

INJURIES BY RACE



- 1,600 (64.6 percent) traumatic brain injuries were reported for Whites, 399 (16.1 percent) were reported for Blacks, 415 (16.8 percent) were reported for Hispanics, and 61 (2.5 percent) were reported for other or unknown race.
- 335 (63.9 percent) spinal cord injuries were reported for Whites, 121 (23.1 percent) were reported for Blacks, 60 (11.5 percent) were reported for Hispanics, and 8 (1.5 percent) were reported for other or unknown race.
- 48 (51.6 percent) traumatic brain and spinal cord injuries were reported for Whites, 13 (14.0 percent) were reported for Blacks, 28 (30.1 percent) were reported for Hispanics, and 4 (4.3 percent) were reported for other or unknown race.

COUNTY OF INJURY BY INJURY TYPE

	Brain		Spinal Cord		Brain & Spinal Cord (Dual Diagnoses)		Total	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Statewide Total	2475	80.0%	524	16.9%	93	3.0%	3092	100%
County of Injury								
Alachua	17	0.7%	14	2.7%	2	2.2%	33	1.1%
Baker	6	0.2%	3	0.6%			9	0.3%
Bay	13	0.5%	5	1.0%			18	0.6%
Bradford	6	0.2%	2	0.4%			8	0.3%
Brevard	63	2.5%	13	2.5%	2	2.2%	78	2.5%
Broward	120	4.8%	34	6.5%	4	4.3%	158	5.1%
Calhoun	2	0.1%					2	0.1%
Charlotte	11	0.4%	2	0.4%			13	0.4%
Citrus	18	0.7%	5	1.0%	1	1.1%	24	0.8%
Clay	26	1.1%	3	0.6%			29	0.9%
Collier	24	1.0%	8	1.5%			32	1.0%
Columbia	14	0.6%	7	1.3%			21	0.7%
Miami-Dade	555	22.4%	81	15.5%	37	39.8%	673	21.8%
DeSoto	2	0.1%	1	0.2%			3	0.1%
Duval	174	7.0%	45	8.6%	5	5.4%	224	7.2%
Escambia	67	2.7%	18	3.4%	2	2.2%	87	2.8%
Flagler	13	0.5%	3	0.6%			16	0.5%
Franklin	2	0.1%	2	0.4%	1	1.1%	5	0.2%
Gadsden	7	0.3%	3	0.6%			10	0.3%
Gilchrist	1	0.0%	1	0.2%			2	0.1%
Glades	2	0.1%					2	0.1%
Gulf			2	0.4%			2	0.1%
Hamilton	4	0.2%					4	0.1%
Hardee	4	0.2%			1	1.1%	5	0.2%
Hendry	6	0.2%					6	0.2%
Hernando	10	0.4%	4	0.8%			14	0.5%
Highlands	14	0.6%	2	0.4%			16	0.5%
Hillsborough	145	5.9%	36	6.9%	8	8.6%	189	6.1%
Holmes	1	0.0%					1	0.0%
Indian River	17	0.7%	4	0.8%			21	0.7%
Jackson	4	0.2%	1	0.2%	1	1.1%	6	0.2%
Jefferson	3	0.1%	1	0.2%			4	0.1%
Lafayette	3	0.1%	2	0.4%			5	0.2%

COUNTY OF INJURY BY INJURY TYPE (CONTINUED)

County of Injury continued

	Brain		Spinal Cord		Brain & Spinal Cord (Dual Diagnoses)		Total	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Lake	15	0.6%	4	0.8%	1	1.1%	20	0.6%
Lee	52	2.1%	9	1.7%			61	2.0%
Leon	28	1.1%	4	0.8%			32	1.0%
Levy	5	0.2%	3	0.6%			8	0.3%
Liberty	2	0.1%	1	0.2%			3	0.1%
Madison	3	0.1%	1	0.2%			4	0.1%
Manatee	35	1.4%	6	1.1%	1	1.1%	42	1.4%
Marion	38	1.5%	9	1.7%	1	1.1%	48	1.6%
Martin	22	0.9%	4	0.8%			26	0.8%
Monroe	16	0.6%	4	0.8%	3	3.2%	23	0.7%
Nassau	10	0.4%	2	0.4%			12	0.4%
Okaloosa	20	0.8%	2	0.4%			22	0.7%
Okeechobee	11	0.4%	3	0.6%	1	1.1%	15	0.5%
Orange	44	1.8%	14	2.7%	1	1.1%	59	1.9%
Osceola	13	0.5%	2	0.4%			15	0.5%
Palm Beach	146	5.9%	26	5.0%	3	3.2%	175	5.7%
Pasco	53	2.1%	6	1.1%	2	2.2%	61	2.0%
Pinellas	142	5.7%	14	2.7%	6	6.5%	162	5.2%
Polk	89	3.6%	16	3.1%	4	4.3%	109	3.5%
Putnam	15	0.6%	4	0.8%			19	0.6%
St. Johns	15	0.6%	4	0.8%	1	1.1%	20	0.6%
St. Lucie	19	0.8%	7	1.3%			26	0.8%
Santa Rosa	17	0.7%	4	0.8%			21	0.7%
Sarasota	63	2.5%	7	1.3%			70	2.3%
Seminole	23	0.9%	3	0.6%	1	1.1%	27	0.9%
Sumter	7	0.3%	3	0.6%			10	0.3%
Suwannee	6	0.2%	3	0.6%	1	1.1%	10	0.3%
Taylor	6	0.2%					6	0.2%
Union	4	0.2%					4	0.1%
Volusia	146	5.9%	23	4.4%	2	2.2%	171	5.5%
Wakulla	6	0.2%	2	0.4%			8	0.3%
Walton	6	0.2%					6	0.2%
Out of State	44	1.8%	32	6.1%	1	1.1%	77	2.5%
Total	2475	100%	524	100%	93	100%	3092	100.0%

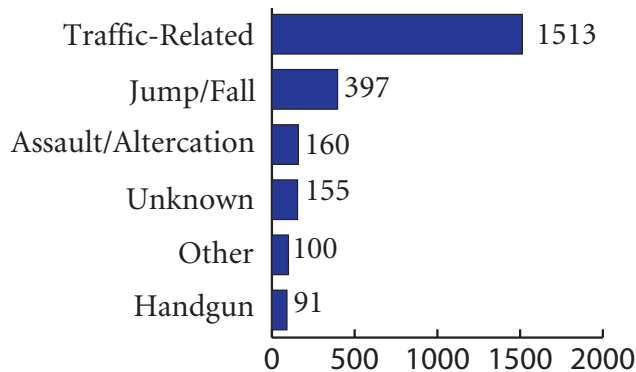
This table includes 77 individuals whose injuries occurred outside the state of Florida. Of these 77 individuals, 45 were Florida residents.

“When a family member is suffering the entire family suffers. BSCIP gave us relief.”

LEADING CAUSES OF INJURY*

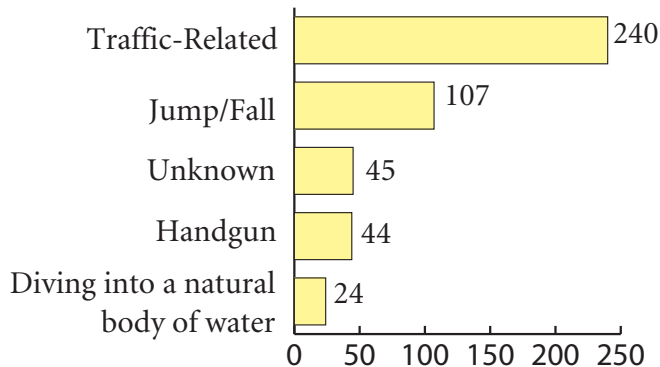
Brain Injury

Traffic-related crashes (1,513; 61.2 percent), falls/jumps (397; 16.0 percent), assaults/altercations (160; 6.5 percent), and handguns (91; 3.7 percent) were the leading known causes of traumatic brain injuries, accounting for 2,161 (87.4 percent) injuries.



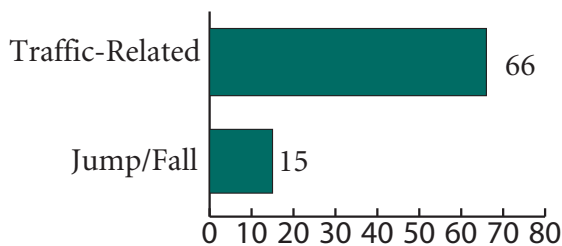
Spinal Cord Injury

Traffic-related crashes (240; 45.8 percent), falls/jumps (107; 20.4 percent), handguns (44; 8.4 percent), and diving into a natural body of water (24; 4.6 percent) were the leading known causes of spinal cord injuries, accounting for 415 (79.2 percent) injuries.



Brain and Spinal Cord Injury

Traffic-related crashes (66; 71.1 percent) and falls/jumps (15; 16.1 percent) were the known leading causes of traumatic brain and spinal cord injuries, accounting for 81 (87.2 percent) injuries.



*Traffic-related injuries include motor vehicles, motorcycles, bicycles, pedestrian, and other related causes of injury.

ALL CAUSES OF INJURY

Brain Injury

	Count	Col %
Auto/Truck	839	33.9%
Motorcycle	232	9.4%
ATV/Moped/Dirtbike	79	3.2%
Bicycle/Auto	67	2.7%
Bicycle/Non Auto	19	0.8%
Pedestrian/Auto	272	11.0%
Pedestrian/Bicycle	2	0.1%
Pedestrian/Unknown	3	0.1%
Motorvehicle/Motorcycle/Pedestrian/Bicycle/Other sub-total	1513	61.2%
Jump/Fall	397	16.0%
Fall from Auto/Truck	3	0.1%
Fall sub-total	400	16.1%
Assault/Altercation	160	6.5%
Stabbing	1	0.0%
Handgun	91	3.7%
Rifle	1	0.0%
Shaken Baby Syndrome	4	0.2%
Domestic Violence	1	0.0%
Assault/Altercation/Domestic Violence/Other Related Cause sub-total	258	10.4%
Boating/Jet Ski	1	0.0%
Diving into a natural body of water	8	0.3%
Skating/Skateboard/Scooter	2	0.1%
Swimming	3	0.1%
Other Sport	14	0.6%
Recreation sub-total	28	1.1%
Equipment	5	0.2%
Falling Object	12	0.5%
Medical Complication	4	0.2%
Other	100	4.0%
Unknown	155	6.3%
Other sub-total	276	11.2%
Brain Injury Total	2475	100%



*“Bikers Care.”
A percentage of the new bikers tag will help raise thousands of dollars to prevent blindness and provide support to Floridians with disabilities.*

ALL CAUSES OF INJURY

Spinal Cord Injury

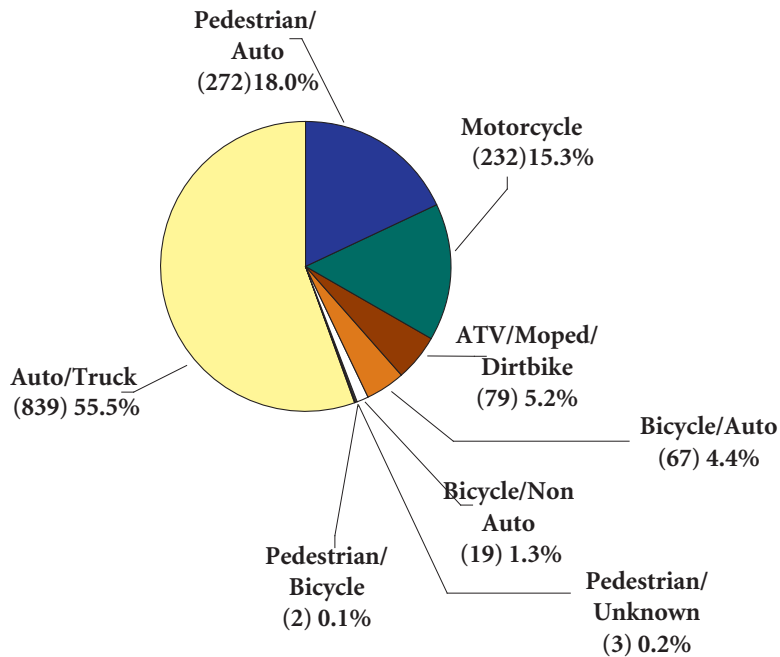
	Count	Col %
Auto/Truck	173	33.0%
Motorcycle	30	5.7%
ATV/Moped/Dirtbike	16	3.1%
Bicycle/Auto	7	1.3%
Bicycle/Non Auto	3	0.6%
Pedestrian/Auto	10	1.9%
Airplane	1	0.2%
Motorvehicle/Pedestrian/Bicycle/Other Related Causes sub-total	240	45.8%
Jump/Fall	107	20.4%
Fall from Auto/Truck	1	0.2%
Fall sub-total	108	20.6%
Assault/Altercation	11	2.1%
Stabbing	1	0.2%
Handgun	44	8.4%
Assault/Altercation/Domestic Violence/Other sub-total	56	10.7%
Boating/Jet Ski	3	0.6%
Diving into a pool	3	0.6%
Diving into a natural body of water	24	4.6%
Football/Soccer/Hockey	1	0.2%
Other Sport	8	1.5%
Swimming	1	0.2%
Recreation sub-total	40	7.7%
Equipment	3	0.6%
Falling Object	9	1.7%
Medical Complication	6	1.1%
Other	17	3.2%
Unknown	45	8.6%
Other sub-total	80	15.2%
Spinal Cord Injury Total	524	100%

Brain and Spinal Cord Injury

	Count	Col %
Auto/Truck	41	44.1%
Motorcycle	9	9.7%
ATV/Moped/Dirtbike	1	1.1%
Bicycle/Auto	5	5.4%
Pedestrian/Auto	10	10.8%
Motorvehicle/Motorcycle/Pedestrian/Bicycle/Other Related Causes sub-total	66	71.1%
Jump/Fall	15	16.1%
Fall sub-total	15	16.1%
Assault/Altercation	2	2.2%
Handgun	3	3.2%
Assault/Altercation/Domestic Violence/Other Related Cause sub-total	5	5.4%
Diving into a natural body of water	1	1.1%
Recreation sub-total	1	1.1%
Other	2	2.2%
Unknown	4	4.3%
Other sub-total	6	6.5%
Brain & Spinal Cord Injury (Dual Diagnoses) Total	93	100%

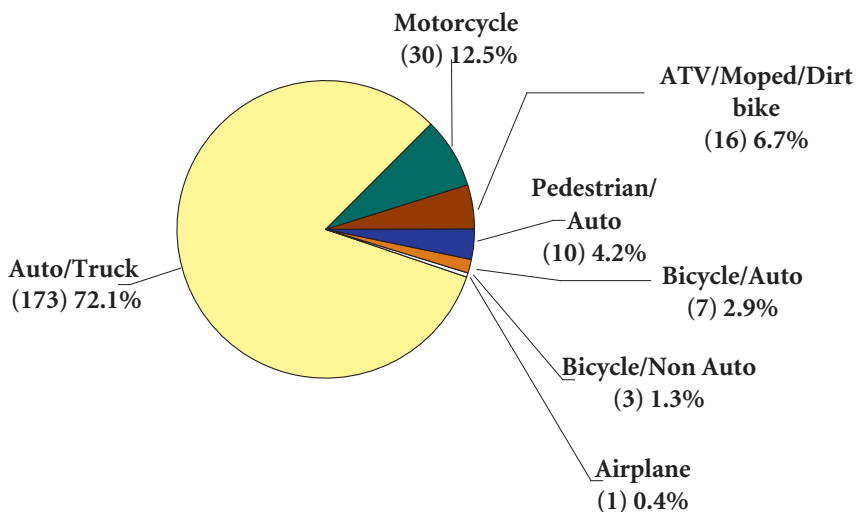
TRAFFIC-RELATED INJURIES

Brain Injury



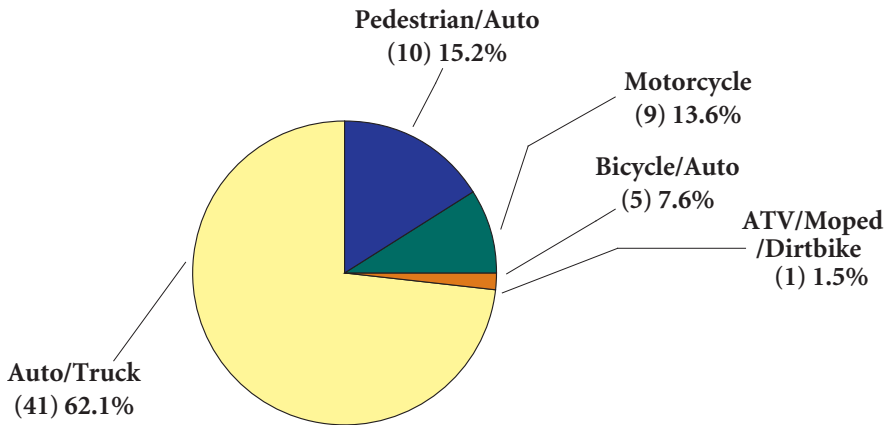
- Auto/truck (839; 55.5 percent), pedestrian/automobile (272; 18.0 percent), and motorcycle (232; 15.3 percent) crashes were the leading causes of traffic-related traumatic brain injuries, accounting for 1,343 (88.8 percent) injuries.

Spinal Cord Injury



Auto/truck (173; 72.1 percent) and motorcycle (30; 12.5 percent) crashes were the leading causes of traffic-related spinal cord injuries, accounting for 203 (84.6 percent) injuries.

Brain and Spinal Cord Injury



- Auto/truck (41; 62.1 percent), pedestrian/automobile (10; 15.2 percent), and motorcycle (9; 13.6 percent) crashes were the leading causes of traffic-related traumatic brain and spinal cord injuries, accounting for 60 (90.9 percent) injuries.

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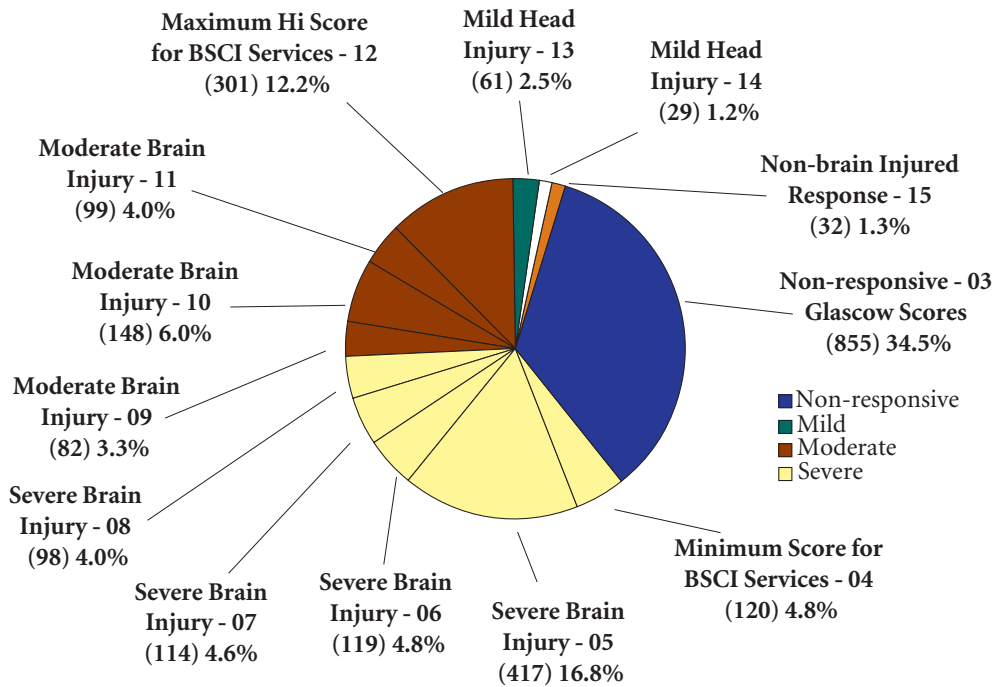
“Mobility... the difference that makes the difference”

GLASCOW COMA SCORES (SEVERITY OF INJURY)

The Glasgow Coma Scale is the most widely used scoring system to quantify levels of consciousness following traumatic brain injury. It is used primarily because it is simple, because it has a relatively high degree of inter-observer reliability, and because it correlates well with outcomes following moderate-to-severe brain injuries.

Brain Injury

A total of 2,475 traumatic brain injuries with a single diagnosis occurred during SFY 2002–2003.



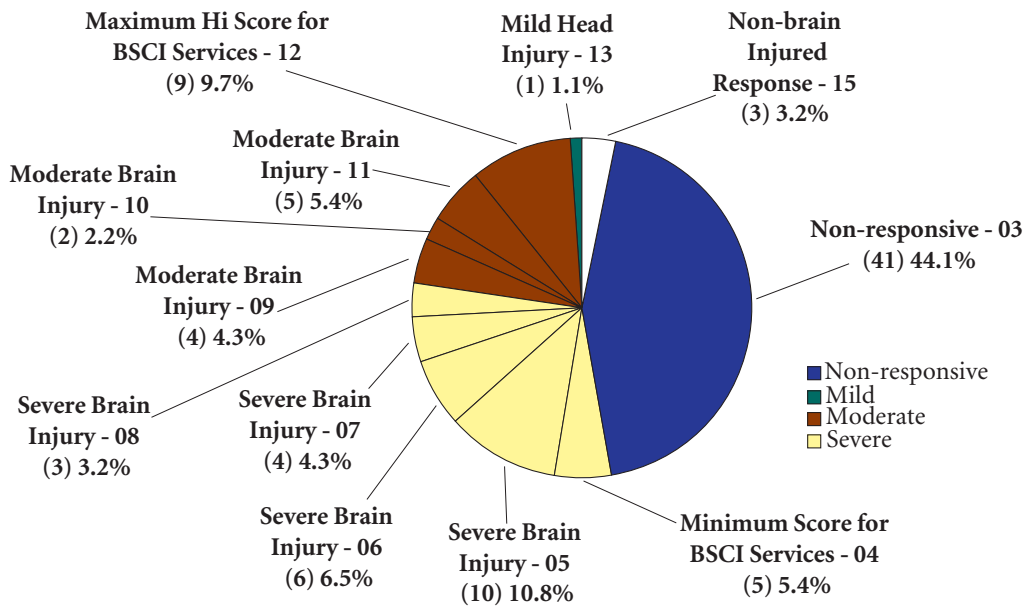
- 855 (34.5 percent) traumatic brain injuries were in the non-responsive range, 868 (35.1 percent) were in the severe injury range, 630 (25.5 percent) were in the moderate injury range, and 122 (4.9 percent) were in the mild to non-injured range.

"We fought so hard to save my husband. The BSCIP worker seemed to fight as hard as we did."

— SATISFIED CLIENT—

Brain and Spinal Cord Injury

A total of 93 clinically diagnosed brain and spinal cord injuries occurred during SFY 2002–2003



- 41 (44.1 percent) traumatic brain and spinal cord injuries were in the non-responsive range, 28 (30.1 percent) were in the severe injury range, 20 (21.5 percent) were in the moderate injury range, and 4 (4.3 percent) were in the mild to non-injured range.

EXTENT AND LEVEL OF SPINAL CORD INJURY

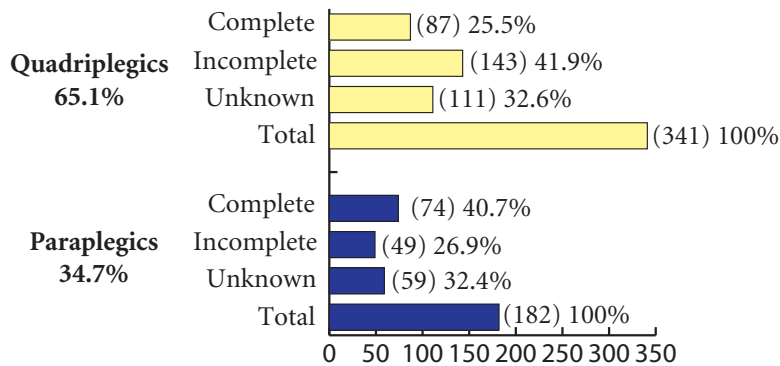
Quadriplegia refers to an injury involving one of the eight cervical segments. Paraplegia involves the thoracic, lumbar, or sacral vertebrae. A complete injury involves total motor and sensory loss, and an incomplete injury involves partial motor and sensory loss.

Of the total 617 individuals incurring a spinal cord injury, 524 (84.9 percent) incurred a spinal cord injury and 93 (15.1 percent) incurred a brain and spinal cord injury. Quadriplegics accounted for 341 (65.1 percent) spinal cord injuries, and 59 (63.4 percent) brain and spinal cord injuries. Paraplegics accounted for 182 (34.7 percent) spinal cord injuries, and 34 (36.6 percent) brain and spinal cord injuries.

"We pulled my husband out of a nursing home and BSCIP put him into rehab. It gets better every day."

— SATISFIED CLIENT —

Spinal Cord Injury

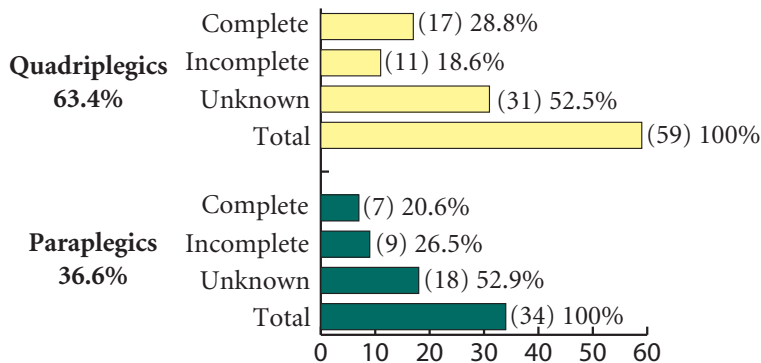


One case with an unknown level of injury was included in the totals but not displayed in the chart.

- For quadriplegics with a spinal cord injury, 87 (25.5 percent) individuals had complete injuries, 143 (41.9 percent) individuals had incomplete injuries, and 111 (32.6 percent) individuals had an unknown extent of injury.
- For paraplegics with a spinal cord injury, 74 (40.7 percent) individuals had complete injuries, 49 (26.9 percent) individuals had incomplete injuries, and 59 (32.4 percent) individuals had an unknown extent of injury.

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Brain and Spinal Cord Injury



- For quadriplegics with a brain and spinal cord injury, 17 (28.8 percent) individuals had complete injuries, 11 (18.6 percent) individuals had incomplete injuries, and 31 (52.5 percent) individuals had an unknown extent of injury.
- For paraplegics with a brain and spinal cord injury, 7 (20.6 percent) individuals had complete injuries, 9 (26.5 percent) individuals had incomplete injuries, and 18 (52.9 percent) individuals had an unknown extent of injury.

HOME AND COMMUNITY-BASED MEDICAID WAIVER

During the SFY 2002-2003, 215 individuals were provided services through the Brain and Spinal Cord Injury Home and Community-Based Medicaid Waiver Program.

Twelve core services are offered through the waiver program—community support coordination, companion services, personal care, attendant care, behavioral programming, life-skills training, personal adjustment counseling, assistive technology and adaptive equipment, environmental accessibility adaptation, rehabilitative engineering evaluations, consumable medical supplies, and adaptive health and wellness. The most common services used were companion services, personal care, attendant care, and assistive technology and adaptive equipment. The average annual cost for all waiver cases was \$23,000.

OF THE 215 CLIENTS SERVED:

- 80 (37.2 percent) individuals had a traumatic brain injury, 132 (61.4 percent) had a spinal cord injury, and 3 (1.4 percent) had a brain and spinal cord injury.
- 118 (54.9 percent) individuals were between the ages of 21 and 39 at the time of their injury.
- 95 (72.0 percent) were males with spinal cord injuries and 67 (83.8 percent) were males with traumatic brain injuries. Females accounted for 37 (28.0 percent) spinal cord injuries and 13 (16.3 percent) brain injuries.
- Whites were the largest race category with reported injuries, accounting for 74 (92.5 percent) brain injuries and 100 (75.8 percent) spinal cord injuries. Blacks followed, accounting for 6 (7.5 percent) brain injuries and 22 (16.7 percent) spinal cord injuries. Hispanics accounted for 8 (6.1 percent) spinal cord injuries and other races accounted for 2 (1.5 percent) spinal cord injuries.
- Auto/truck crashes (50; 37.9 percent), diving into a natural body of water (19; 14.4 percent), and jumps/falls (15; 11.4 percent) were the leading known causes of spinal cord injuries.
- Auto/truck crashes (51; 63.8 percent) were the leading known cause of traumatic brain injuries, followed by motorcycle (5; 6.3 percent), ATV/Moped/Dirt bike (5; 6.3 percent), and Pedestrian/Auto (5; 6.3 percent).
- At the time of injury, the majority of Glasgow Coma scores for traumatic brain injuries predominately fell in the moderate (Glasgow-12) and severe (Glasgow-5) range accounting for 63 (75.9 percent) of all traumatic brain injuries.
- Quadriplegics accounted for 127 (94.1 percent) spinal cord injuries, and paraplegics accounted for 7 (5.2 percent) spinal cord injuries. One client had an unknown level of injury.

"How is it that Tallahassee did something right? This is a great program."

— SATISFIED CLIENT —

MEDICAID WAIVER CLIENTS SERVED

Dates of Service: 7/1/2002-6/30/2003

Medicaid Waiver Clients Served		Brain Injuries		Spinal Cord Injuries		Brain & Spinal Cord (Dual Diagnoses)		Total	
		Count	%	Count	%	Count	%	Count	%
Injury Type		80	37.2%	132	61.4%	3	1.4%	215	100%
Age at Injury	Birth -4	1	1.3%		0.0%		0.0%	1	0.5%
	5 - 14		0.0%	4	3.0%		0.0%	4	1.9%
	15 - 18	12	15.0%	20	15.2%		0.0%	32	14.9%
	19 - 20	13	16.3%	8	6.1%		0.0%	21	9.8%
	21 - 39	40	50.0%	76	57.6%	2	66.7%	118	54.9%
	40 - 59	14	17.5%	22	16.7%	1	33.3%	37	17.2%
	60 - 79		0.0%	2	1.5%		0.0%	2	0.9%
	Total	80	100%	132	100%	3	100%	215	100%
Current Age as of 6/30/2003	19 - 20	2	2.5%	1	0.8%		0.0%	3	1.4%
	21 - 39	47	58.8%	56	42.4%	1	33.3%	104	48.4%
	40 - 59	29	36.3%	71	53.8%	2	66.7%	102	47.4%
	60 - 79	2	2.5%	4	3.0%		0.0%	6	2.8%
	Total	80	100%	132	100%	3	100%	215	100%
Gender	Female	13	16.3%	37	28.0%	1	33.3%	51	23.7%
	Male	67	83.8%	95	72.0%	2	66.7%	164	76.3%
	Total	80	100%	132	100%	3	100%	215	100%
Race	White	74	92.5%	100	75.8%	3	100%	177	82.3%
	Black	6	7.5%	22	16.7%		0.0%	28	13.0%
	Hispanic		0.0%	8	6.1%		0.0%	8	3.7%
	Other		0.0%	2	1.5%		0.0%	2	0.9%
	Total	80	100%	132	100%	3	100%	215	100%
Cause of Injury	Auto/Truck	51	63.8%	50	37.9%	2	66.7%	103	47.9%
	Motorcycle	5	6.3%	3	2.3%		0.0%	8	3.7%
	ATV/Moped/Dirt bike	5	6.3%	11	8.3%		0.0%	16	7.4%
	Bicycle/Auto	4	5.0%	1	0.8%		0.0%	5	2.3%
	Bicycle/Non Auto	1	1.3%	2	1.5%		0.0%	3	1.4%
	Pedestrian/Auto	5	6.3%	2	1.5%		0.0%	7	3.3%
	Unknown Vehicle		0.0%	1	0.8%		0.0%	1	0.5%
	Jump/Fall	3	3.8%	15	11.4%	1	33.3%	19	8.8%
	Assault/Altercation	3	3.8%	3	2.3%		0.0%	6	2.8%
	Stabbing		0.0%	1	0.8%		0.0%	1	0.5%
	Handgun		0.0%	4	3.0%		0.0%	4	1.9%
	Rifle		0.0%	1	0.8%		0.0%	1	0.5%
	Boating/Jet Ski		0.0%	1	0.8%		0.0%	1	0.5%
	Diving into a pool	1	1.3%	8	6.1%		0.0%	9	4.2%
	Diving into a natural body of water		0.0%	19	14.4%		0.0%	19	8.8%
	Recreational Sport		0.0%	1	0.8%		0.0%	1	0.5%
	Football/Soccer/Hockey		0.0%	1	0.8%		0.0%	1	0.5%
	Other Sport		0.0%	1	0.8%		0.0%	1	0.5%
	Equipment		0.0%	1	0.8%		0.0%	1	0.5%
	Falling Object	1	1.3%		0.0%		0.0%	1	0.5%
	Medical Complication		0.0%	1	0.8%		0.0%	1	0.5%
	Other		0.0%	3	2.3%		0.0%	3	1.4%
	Unknown	1	1.3%	2	1.5%		0.0%	3	1.4%
	Total	80	100%	132	100%	3	100%	215	100%

Medicaid Waiver Clients Served continued		Brain Injuries		Spinal Cord Injuries		Brain & Spinal Cord (Dual Diagnoses)		Total	
		Count	%	Count	%	Count	%	Count	%
		Glasgow Coma Score by Injury Type Non-responsive - 03 Minimum Score for Services - 04 Severe Brain Injury - 05 Severe Brain Injury - 08 Moderate Brain Injury - 09 Moderate Brain Injury - 11 Maximum HI Score for Services - 12 Mild Head Injury - 13 Total	3	3.8%				0.0%	3
	2	2.5%				0.0%	2	2.4%	
	26	32.5%			1	33.3%	27	32.5%	
	3	3.8%				0.0%	3	3.6%	
	1	1.3%				0.0%	1	1.2%	
	3	3.8%				0.0%	3	3.6%	
	35	43.8%			1	33.3%	36	43.4%	
	7	8.8%			1	33.3%	8	9.6%	
	80	100%			3	100%	83	100%	
Level and Extent of Injury by Injury Type									
Quadriplegic	Complete			66	50.0%	2	66.7%	68	50.4%
	Incomplete			47	35.6%		0.0%	47	34.8%
	Unknown			12	9.1%		0.0%	12	8.9%
	Sub-total			125	94.7%	2	66.7%	127	94.1%
Paraplegic	Complete			4	3.0%	1	33.3%	5	3.7%
	Incomplete			1	0.8%		0.0%	1	0.7%
	Unknown			1	0.8%		0.0%	1	0.7%
	Sub-total			6	4.5%	1	33.3%	7	5.2%
Grand Total				132	100%	3	100%	135	100%

One case with an unknown injury type was not included on this table.



NURSING HOME TRANSITION GRANT PROJECT

During the SFY 2002-2003, 23 individuals were provided services through the Nursing Home Transition Grant Project, "Partnerships for Community Living." This project was funded by the federal Centers for Medicare and Medicaid Services from June 2001 through September 2003. The goal was to facilitate the transition of up to 45 individuals with a brain and/or spinal cord injury from nursing homes into residential settings. The \$315,000 budget was used to fund start up costs for things such as housing (for example, rent, security deposits, utility deposits, and connect fees), home modifications, and the purchase of domestic items (such as furniture, linens, food, and other household items).

Other services provided by the grant project included educational workshops about affordable accessible housing, and the development of the Promising Practices Manual on Nursing Home Diversion and De-Institutionalization. These services and supports were contracted to the Florida Housing Coalition and the Brain Injury Association of Florida, respectively.

PUBLIC/PRIVATE PARTNERSHIPS BRAIN INJURY ASSOCIATION OF FLORIDA, INCORPORATED

"Brain Injury. It's the LAST thing on your mind, until it's the ONLY thing."

The Brain Injury Association of Florida (BIAF) is the only organization dedicated solely to working with individuals with brain injury and their families. The mission of BIAF is to improve the quality of life for persons with brain injury and their families by creating a better future through brain injury prevention, research, education, support services, and advocacy.

Program: Information and Resource Center

The BIAF Information and Resource Center is designed to offer basic information to the more than 20,000 individuals in Florida who incur mild-to-severe brain injuries each year. BIAF maintains a statewide resource center that provides information and support to help people understand, cope with, and prevent further traumatic brain injuries. The following is a summary of activities for the period July 1, 2002, through June 30, 2003.

Information and Support

- 8,101 requests were received for information.
- An average of 675 requests per month were made for information.
- 40 percent of the requests were by individuals with a traumatic brain injury.
- Requests for medical, housing, behavioral, and legal/financial information were the most frequent requests.
- Refinement of the web site (www.biaf.org) is an ongoing goal.

Promote Utilization of the Resource Center

- 12 SiGNal Support Group Newsletters were published and distributed.
- The BIAF Newsletter was published and distributed tri-annually.
- Quarterly information on traumatic brain injury was sent to community partners.
- The Mild Brain Injury Fact Sheet was distributed and placed on the web site for use by hospitals, physicians, health professionals, and community-based service providers.

Prevention Initiatives

- The Be Smart/Stay Smart Project educated law enforcement officers about traumatic brain injury and its consequences.
- The Be Head Smart Seniors Project was initiated.
- The Head Smartz: A Cranium Challenge game was created and initiated.
- Be Head Smart Seniors resource directories, folders, and checklist were created and distributed.
- The online Helmutt fan club was developed (www.helmutt.com).
- Action plans for Be Head Smart Communities in 5 areas of the state were developed.
- The Be Head Smart Communities Project was honored by the CDC at its annual meeting.
- “Because I Love You” brochures about child bicycle helmet safety were created for distribution to parents.

BSCIP Consumer Satisfaction Activities conducted by BIAF

- 458 individuals were surveyed.
- An average of 61.7 percent strongly agree that they are satisfied with the program.
- Less than 3 percent were completely dissatisfied with the services of the program.
- The highest rated service was the description of BSCIP services provided by the BSCIP case manager to the client.
- The lowest rated service was not returning phone calls in a timely manner.

Typical Consumer Satisfaction Comments

- “Eighteen months ago my wife was in a coma. Now she’s cooking me dinner.”
- “BSCIP came through with good help.”
- “My preacher told me to pray. BSCIP put the AMEN to that.”

Program: Family/Community Support

Through a statewide network of eight Family/Community Support offices, the BIAF provides practical solutions to the difficult problems faced by individuals and families when living with the long-term consequences of a traumatic brain injury. Family/Community Support services are designed to assist individuals with traumatic brain injury, and their families with identifying and accessing community resources and needed services. These services keep injured individuals in their most integrated community settings, and strengthen their ability to live with the life-long consequences of traumatic brain injury and remain out of institutional settings, such as nursing homes, mental health institutions, and jails.

Direct Services/Support

- 953 individuals were served.
- 410 individuals required long-term support services.
- 35–years-old is the median age of the individuals served.
- 56 percent of those served were three-years post injury or beyond.
- 82 percent of the individuals served had mild-to-moderate traumatic brain injury.
- 55 percent of those served required 7–12 months of services.
- Primary needs are, in the following order of priority: vocational, medical, and financial.
- 6 percent of the 81 cases closed by BSCIP as “Referred to Vocational Rehabilitation” became open cases for Division of Vocational Rehabilitation.

Community Capacity Building

- Three-year Community Development Plans to increase the capacity of agencies to serve or better serve individuals with traumatic brain injury have been developed within each of the eight Family/Community Support Program regions.
- More than 100 agencies, coalitions, and/or committees are being targeted for various system changes in employment, recreation, mental health, education, housing, and transportation.

Education and Training

- 44 targeted educational trainings were provided
- 929 individuals were trained to recognize causes and consequences of brain injury.

Reaching Florida’s Providers Regarding TBI Grant Project (Project RFP)

Implementation of this project began in April 2003, and involved the BSCIP, the BIAF, and the Health Resources and Services Administration.

As part of its strategic planning process, the BSCIP and its Advisory Council identified “lack of appropriate and consistent medical care and access to care for individuals with traumatic brain injury throughout the state” as one of the primary issues to be addressed. The BSCIP recognizes the need to improve the capacity of medical service providers in rural and underserved areas of the state. This project is designed to develop a model to improve the capacity of medical care providers to better identify traumatic brain injury and to increase the ability of nursing professionals to provide patient education about traumatic brain injury to individuals who have sustained an injury and their families.

Goals and Objectives

Through a partnership with the BIAF and Big Bend Area Health Education Center (AHEC), the BSCIP project targets nurses in rural communities to better serve the needs of individuals who sustain a traumatic brain injury. Better identification and diagnosis of brain injury, and better access to patient education and care could allow individuals in rural communities to receive appropriate treatment, as well as allow families to make use of the resources available to them.

Goal I: Increase the clinical knowledge of nursing professionals in rural and medically underserved communities about traumatic brain injury so they can better identify and implement a nursing plan of care to meet the needs of individuals who have sustained a traumatic brain injury.

- Develop a one- to two-hour video that meets all criteria established by the Florida Board of Nursing for continuing education units to be used as a clinical home study course for nurses.

Goal II: Increase the ability of nursing professionals to provide patient education about traumatic brain injury to injured individuals and family members.

- Design a resource in video format for nursing professionals to use in supporting their patient education efforts.
- Create a special supplementary section that teaches family members and patients to self-evaluate, if they suspect a mild traumatic brain injury.

Goal III: Promote the home study course to a minimum of 1,000 nurses through a partnership with Florida's Big Bend AHEC and other AHECs serving rural and medically-underserved communities.

- **Promote the home study program in other AHECs located in Florida's rural and medically-underserved communities as identified through the Florida Department of Health.**

FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY

The Florida Alliance for Assistive Services and Technology (FAAST) is a non-profit organization whose mission is to enhance the quality of life for all Floridians with disabilities by promoting access to, awareness of, and advocacy for assistive technology. Through its BSCIP contract, the FAAST is working cooperatively with the BSCIP to improve the life of individuals with brain and spinal cord injuries. The FAAST/BSCIP partnership's focus includes:

- Increasing the availability of public funding for and access to assistive technology services and devices.
- Increasing the availability of local and state funding for accessibility modifications for individuals with brain and spinal cord injuries who wish to live in their homes.
- Developing a seamless delivery system that facilitates better coordination among organizations and agencies throughout the state.
- Developing and implementing strategies to ensure timely acquisition and delivery of services to all persons with disabilities.

The direct services and support activities undertaken by the FAAST on behalf of the BSCIP include:

- Recruitment, screening, and certification of more than 250 assistive technology practitioners, suppliers, home modification specialists, durable medical equipment suppliers, vehicle modification specialists, and other assistive technology providers to meet the needs of BSCIP clients.
- Development of a BSCIP web site hyperlinked to the FAAST web site, which provides BSCIP staff with a one-stop resource for approved providers of assistive technology services and equipment, as well as resources and information on accessible housing. The web site includes a statewide directory of assistive technology vendors, a comprehensive Affordable Housing Resource Guide, and links to other organizations and resources.
- The FAAST has been very successful in working with local, state, and federal housing agencies on behalf of BSCIP clients to secure funding for home modifications and accessibility adaptations.
- Based on the results of a statewide survey of BSCIP staff to determine the specific assistive technology needs of the BSCIP staff, FAAST developed and conducted training workshops in each of the five BSCIP regions.
- The FAAST distributed its monthly newsletter, FAAST Housing Facts, to all BSCIP staff, as well as the centers for independent living and other interested stakeholders throughout the state.
- The FAAST conducted a survey of the 17 centers for independent living and other community-based organizations to develop a database of organizations that offer "loan closets" or programs to promote the re-distribution of used assistive technology equipment. This database has been organized by county and is accessible from the FAAST web site.
- The FAAST developed and organized a 39-member vendor fair for the BSCIP Annual Statewide Training to provide BSCIP staff with an opportunity to speak directly to assistive technology product and service providers and to learn more about the products and services available to program clients.

Florida Spinal Cord Injury Resource Center

Administered by the FFAST, the Florida Spinal Cord Injury Resource Center (FSCIRC) is a statewide resource and information clearinghouse that provides access to the most recent spinal cord injury-related print, video, and online reference materials. This information is distributed to spinal cord injury survivors, families, support groups, students, and rehabilitation professionals. The FSCIRC provides peer mentoring and support throughout the state at designated acute and rehabilitation facilities, support groups, and the centers for independent living.

Information and Support

- 424 requests were received for information from the toll-free number.
- An average of 35 requests per month were made via the toll-free number.
- Health care and rehabilitation, disability rights, peer support, equipment, and benefits were the most frequent requests for information.
- Refinement of the web site (www.flspinalcord.us) is an ongoing process.

Promote Utilization of the Resource Center

- Published and distributed a semi-annual newsletter sent to approximately 1,500 individuals.
- Made in-service presentations to 10 designated rehabilitation facilities.
- Developed an employment seminar attended by 40 individuals.
- Developed a sexuality seminar attended by 38 individuals.
- Created and distributed a handbook for each conference.
- Advertised in the Disabled Dealer each month.
- Made a presentation at the National Physical Therapist's Association meeting held in Tampa, Florida.

Prevention Initiatives

- Made 12 presentations of the "GOLD" (Go On Living with A Disability) program to teens in middle and high schools.
- Coordinated activities with BIAF for the development of "Play It Safe Florida" to be held during spring break week, Daytona Bike Week, and other high-risk activity weeks.

BSCIP Consumer Satisfaction Activities conducted by FSCIRC

- 367 satisfaction surveys were attempted by telephone.
- 111 or 30 percent of the surveys were successfully completed.
- The most highly rated service was the BSCIP case manager keeping set appointments.
- The second most highly rated service was returning phone calls in a timely manner.
- The lowest rated service was case manager knowledge of spinal cord injury resources.

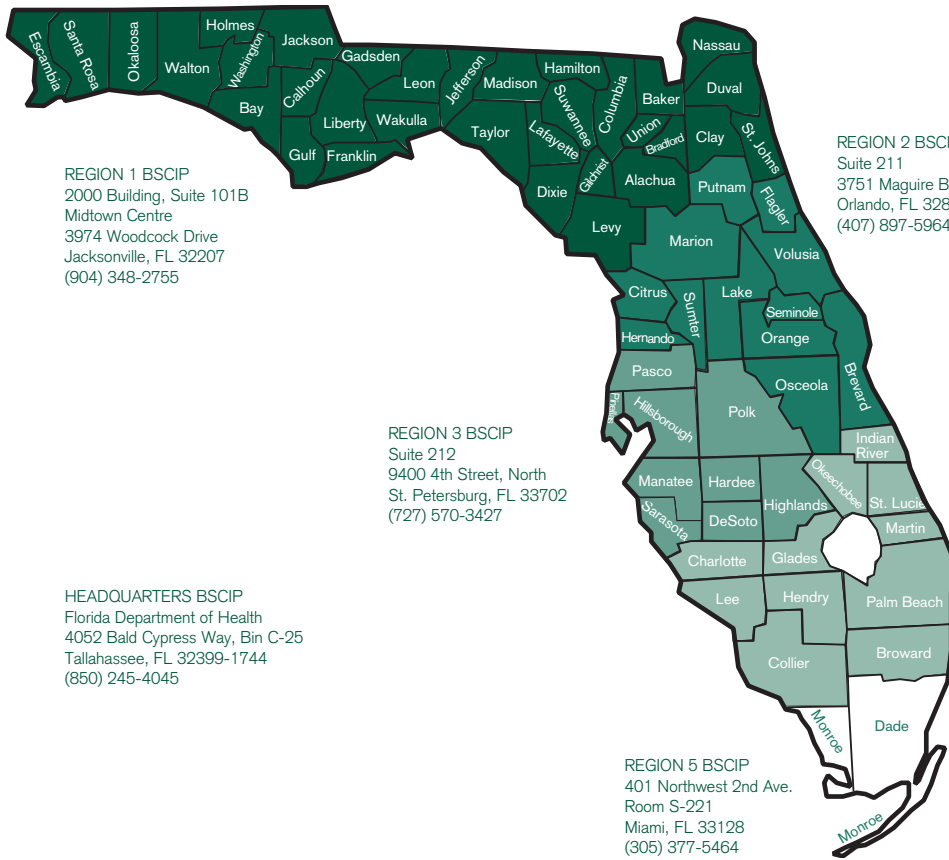
"Who would have dreamed that a state agency would work as well as this one did. Our case manager helped us."

"The only thing my husband responded to was the family cat. The case manager helped me talk to my husband again"

—SATISFIED CLIENTS—

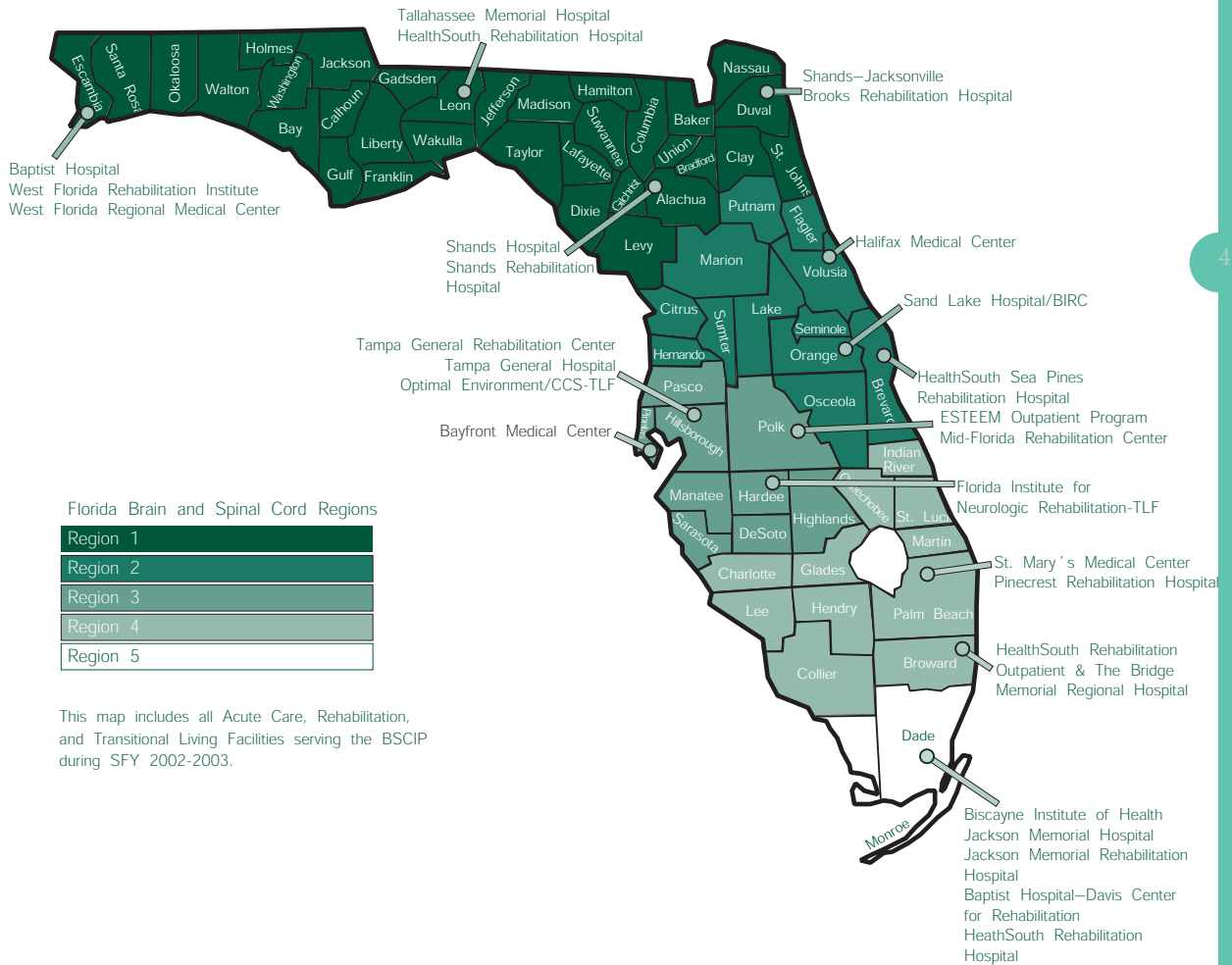
APPENDIX I

BSCIP MAP OF PROGRAM REGIONS



APPENDIX II

MAP OF DESIGNATED FACILITIES



"You have to give BSCIP credit; they take over when the family falls apart."

— SATISFIED CLIENT —