



**ANNUAL PERFORMANCE REPORT**

**FISCAL YEAR 2003-2004**

**BRAIN AND SPINAL CORD INJURY PROGRAM**

**MARCH 1, 2005**

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

Jeb Bush  
Governor

## MESSAGE FROM THE SECRETARY

The Florida Department of Health's Brain and Spinal Cord Injury Program (BSCIP) is pleased to present its Annual Performance Report highlighting some of its many achievements on behalf of individuals with brain and spinal cord injuries and their families. This report provides an opportunity to reflect on the program's accomplishments, successes, and challenges for the past year.

The BSCIP, nationally recognized as the model program in linking individuals with brain and spinal cord injury to services and support, is multi-faceted and provides a full spectrum of benefits to Florida's citizens. This program encompasses:

- A central registry to report all moderate-to-severe brain and spinal cord injuries.
- A trust fund comprised of a percentage of fines levied for moving vehicle violations, driving and boating under the influence convictions, temporary license tags and a percentage of motorcycle specialty license tags.
- A statewide network of case managers and nurse case managers.
- A statewide network of designated facilities to serve the acute and rehabilitation needs of individuals with traumatic brain and spinal cord injuries.
- Funding for the provision of direct services when no other funding is available for acute care, inpatient and outpatient rehabilitation, therapies, assistive technology, home and vehicle modifications, and durable medical equipment.
- Funding for the Institutional Transition Initiative. BSCIP is one of the first statewide programs to fully implement the Olmstead ruling to identify, assess, and transition individuals from nursing homes back into the community.
- Medicaid Home and Community-based Waiver Program to provide long-term community supports to those at risk of nursing home placement.

In addition, the program funds prevention, education, and community development activities through contracts to facilitate and maintain community reintegration, and funds brain and spinal cord injury research, as well.

On a regular basis BSCIP takes the opportunity to meet with community-based contractual partners to review services provided to mutual clients, and even more importantly, review the results and comments from consumer satisfaction surveys and follow-along surveys to glean what cannot be captured in the numbers alone. That information puts into words what an examination of data can never do.

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 its field. We are committed to identify the needs of our brain and spinal cord injured citizens continually and support their diligent work to develop strategies and collaborations with federal and state partners to address these needs.

Sincerely,

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

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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, 2003 through June 30, 2004.

## **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, and research, and through its Medicaid Home and Community-Based Waiver program, long-term care services. Contractual partners provide a variety of complimentary, supplemental services to program clients and others impacted by injuries.

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 care system, and utilize program funds to leverage federal dollars and grants to support the long-term goals of the program.

### **II. Referral Data**

Referrals reported to the Central Registry during state fiscal year 2003-2004 totaled 3,226. Of these, 2,554 or 79 percent sustained a brain injury, 571 or 18 percent sustained a spinal cord injury, and 101 or 3 percent sustained a dual diagnosis brain and spinal cord injury. Referrals include both old and new injuries reported to the Central Registry.

### **III. Eligible Clients Served – Open and Closed Cases**

The Brain and Spinal Cord Injury Program (BSCIP) served 1,753 program eligible clients during state fiscal year 2003-2004. Of these, 1,072 or 62 percent had a Community Reintegration Plan (CRP) written during the year and 681 or 38 percent were closed successfully from CRPs written in previous fiscal years.

### **IV. Closures**

During state fiscal year 2003-2004, 3,367 cases were closed. Of these, 2,267 or 68 percent were closed from referral status, 1,018 or 30 percent were closed from CRP status, and 82 or 2 percent were closed from applicant status.

Of the 1,018 cases closed from CRP status, 901 or 91 percent were closed as community reintegrated. Eight hundred thirty-one (831) of these clients were considered to be community reintegrated without the need for additional BSCIP services at the time of closure, and 70 were referred to the Medicaid Home and Community-based Waiver. The remaining closures from CRP status were for a variety of reasons that included: unable to locate, death, referral to a non-vocational rehabilitation agency, left area, institutionalization, failure to cooperate with staff, declined services and medically ineligible.

## **V. New Injury Data**

During state fiscal year 2003-2004, 2,999 new injuries (injuries that occurred between July 1, 2003 and June 30, 2004) were reported to the Central Registry. Of these, 2,427 or 81 percent were brain injuries, 474 or 16 percent were spinal cord injuries, and 98 or 3 percent were dual diagnosis brain and spinal cord injuries.

## **VI. Medicaid Home and Community-Based Waiver Program**

A total of 264 clients were served by the Medicaid Home and Community-Based Waiver. Of these clients, 100 or 38 percent had sustained a brain injury, 158 or 60 percent had sustained a spinal cord injury and 6 or 2 percent had sustained a dual diagnosis brain and spinal cord injury.

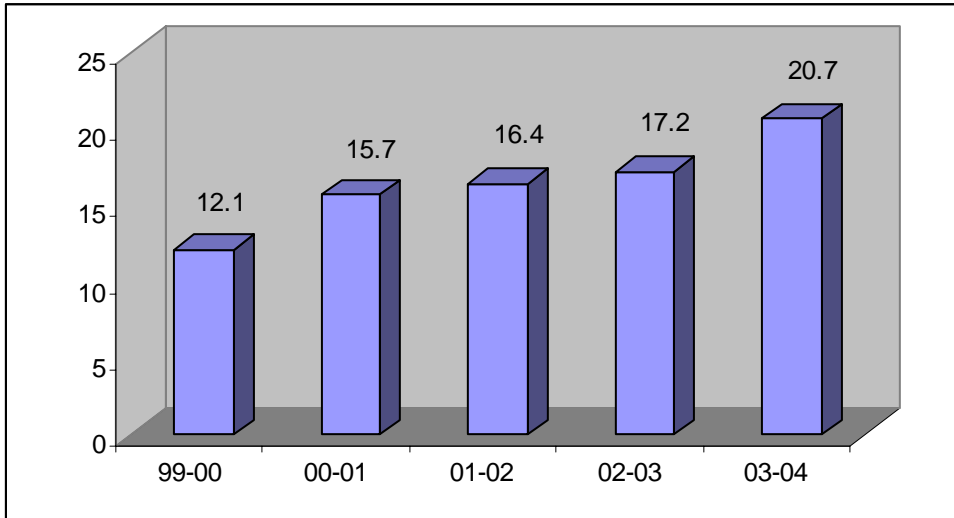
## **VII. Institutional Transition Initiative**

The Institutional Transition Initiative transitioned 32 individuals from nursing homes to the community during state fiscal year 2003-2004.

## REVENUE AND BUDGET

### TOTAL REVENUE

Total revenue made available to the Brain and Spinal Cord Injury Program through civil penalties, temporary tags, fines, federal reimbursements and subrogation during fiscal year 2003-2004 was \$20,687,875. This total does not include funds from general revenue, grants, or legislative disbursements.



### REVENUE SOURCES

Civil Penalties - \$11,743,619

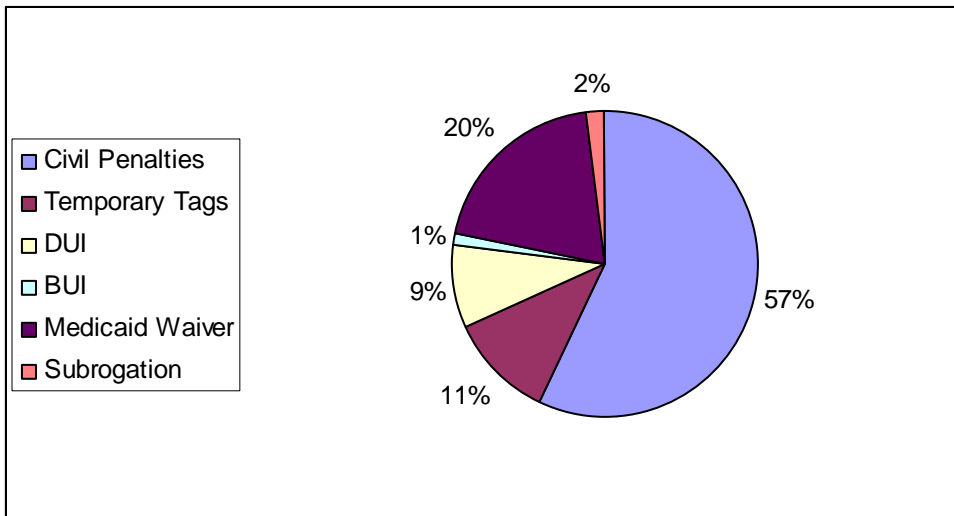
Temporary Tags - \$2,205,559

Driving Under the Influence - \$1,975,699

Boating Under the Influence - \$216,230

Medicaid Waiver Federal Reimbursements - \$4,134,767

Subrogation - \$412,002



## BSCIP PROGRAM BUDGET

Budget Authority - \$18,330,958

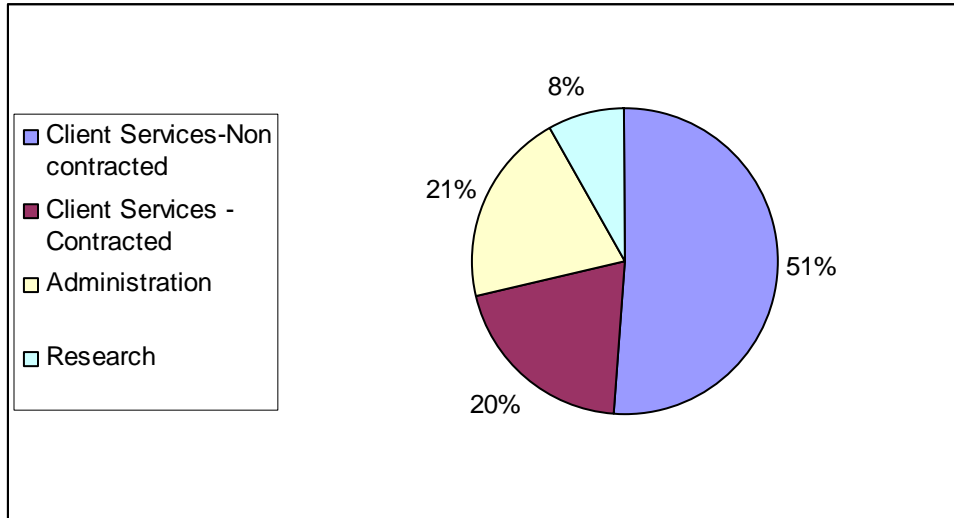
Administration - \$3,786,158

Research - \$1,426,000

Client Services

Non-Contracted - \$9,387,013

Contracted - \$3,731,787



### Client Services Contracts:

Brain Injury Association of Florida

Family/Community Support Program - \$782,640

Brain Injury Association of Florida

Resource Center - \$468,505

Brain Injury Association of Florida

TBI Grant, \$90,000

Brain Injury Association of Florida

Nursing Home Transition Program - \$10,250

Florida Alliance for Assistive Services & Technology - \$395,000

Florida Alliance for Assistive Services & Technology

Florida Spinal Cord Injury Resource Center - \$300,000

Medically Fragile Program - \$691,769

Cystic Fibrosis Program - \$993,623



**PROGRAM EXPENDITURES**

Administration - \$3,784,338

Research - University of Miami - \$1,426,000

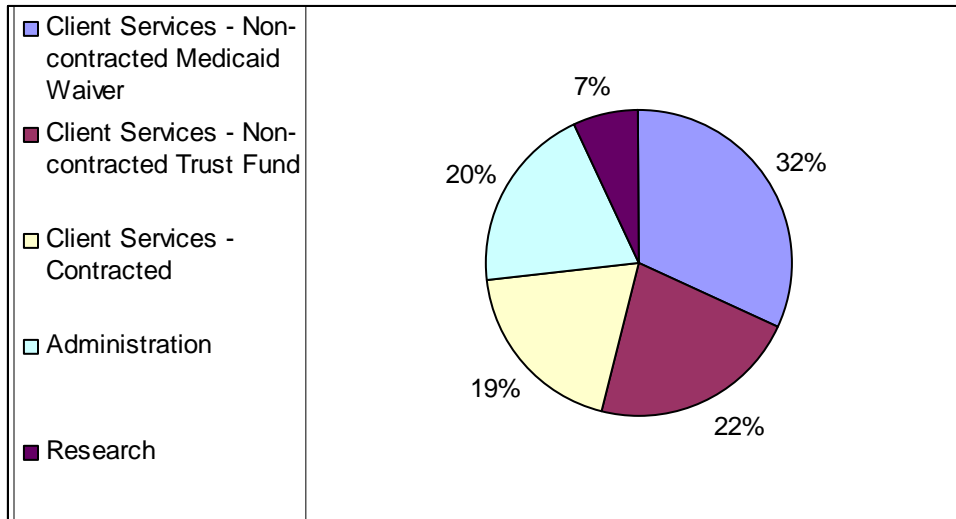
Client Services -

    Non-contracted - Trust Fund - \$4,178,621

    Non-contracted - Medicaid Home and Community-Based Waiver - \$6,114,566

    Contracted - \$3,715,603

Total Expenditures - \$19,219,128



## **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 sustained a traumatic moderate-to-severe brain and/or spinal cord injury. Every public health agency, private health agency, public agency or social agency, and attending physician reports such injuries to the program 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 a 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 Statutes*)
- 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 Statutes*)

The central registry is fully integrated into the Brain and Spinal Cord Injury (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 records and expenditures incurred on each case. Data maintained in RIMS is utilized to generate the BSCIP Annual Performance Report, the Secretary's Quarterly Performance Reports, quarterly and annual monitoring reports and purchase-client services budget. It also allows the program to develop special category reports for prevention initiatives and grant opportunities.

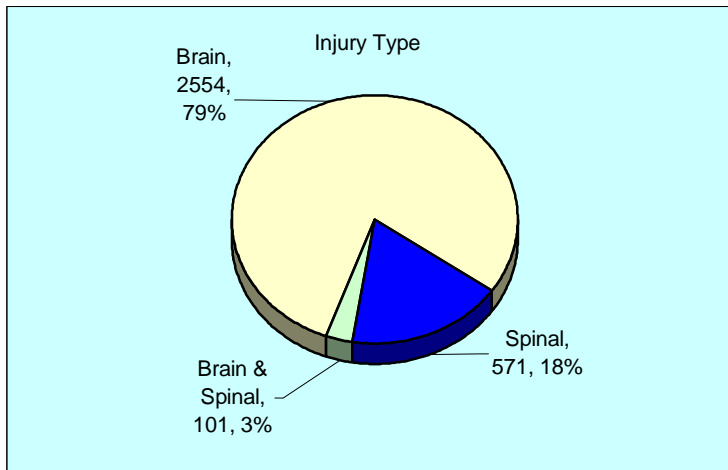
This Annual Performance Report reflects the activities of the BSCIP for the period July 1, 2003, through June 30, 2004. Individuals with a dual diagnosis of a traumatic brain and spinal cord injury have been broken out into a separate category and have not been included in the categories of an independent brain or spinal cord injury.

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

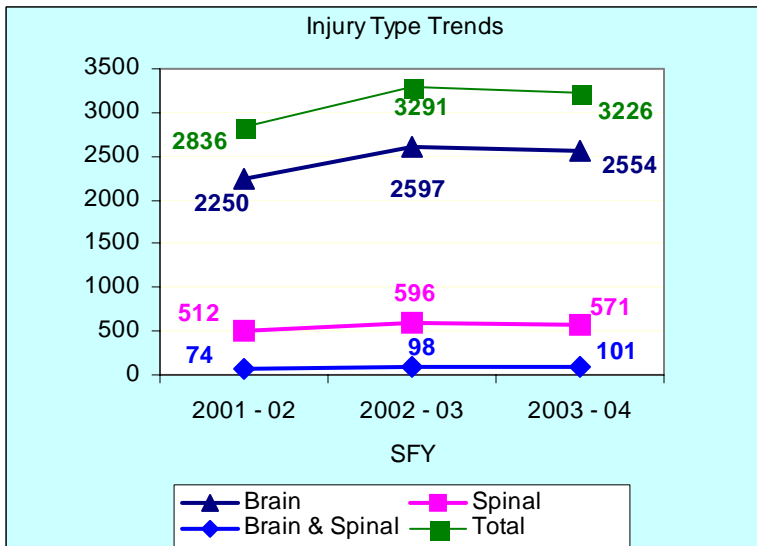
## REFERRAL DATA & THREE YEAR TRENDS

### By Injury Type

Three thousand two hundred and twenty-six (3,226) referrals were reported to the Central Registry during state fiscal year 2003-2004. This count includes both old (an injury sustained in a prior fiscal year) and new (injury sustained in the current fiscal year) injuries. Of these, 2,554 or 79 percent sustained a brain injury, 571 or 18 percent sustained a spinal cord injury and 101 or 3 percent sustained a dual diagnosis brain and spinal cord injury. Single and dual diagnoses brain injuries combined accounted for 2,655 referrals and single and dual diagnosis brain and spinal cord injuries combined accounted for 672 referrals. The remainder of this section represents the totals of single and dual diagnoses injuries.



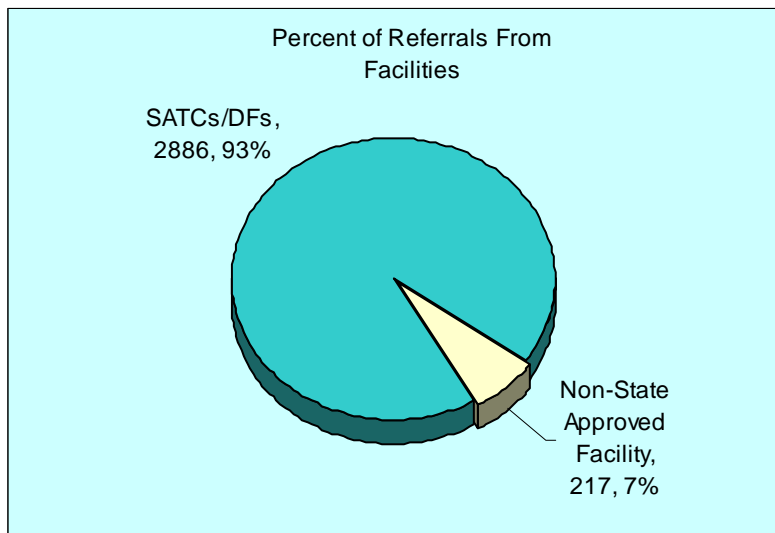
**Trends:** A comparison of numbers across injury types revealed an overall increase in referrals for all injury types when comparing numbers between 2001-2002 and 2003-2004 and decreased slightly when comparing numbers between 2002-2003 and 2003-2004. Dual diagnosis brain and spinal cord injuries were the only injury type to show a consecutive, though small increase across the three years.



## By State-Approved vs. Non-state Approved Facilities

Facility-based referrals to the Central Registry largely came from state-approved trauma centers, designated facilities, acute care hospitals and non-designated rehabilitation centers. A state-approved trauma center (SATC) is an acute care hospital that has met department standards for providing specialty care to trauma victims. A designated facility (DF) is a facility that has met department standards to provide specialty care to individuals that have sustained a brain and/or spinal cord injury.

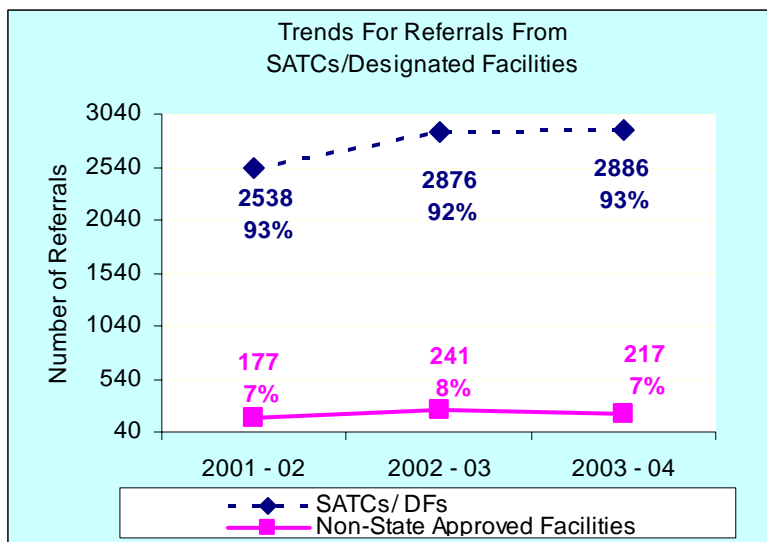
During state fiscal year 2003-2004, 3,103 referrals were submitted to the Central Registry from SATCs, DFs, acute care hospitals and rehabilitation centers. Of these, 2,886 or 93 percent came from a SATC or DF and 217 or 7 percent came from non-approved facilities.



**Trends:** A comparison of numbers across referral facility types revealed an overall increase in all referral types for all three years of data. The percentage of referrals submitted from SATCs and DFs has remained relatively constant across time at over 90 percent.

## By Facility & BSCIP Region

During fiscal year 2003-2004, a total of 3,226 individuals were referred to the Central Registry. Of this total, 2,886 or 93 percent were referred from state-approved trauma centers (SATCs) and/or state designated facilities. The following table reflects the number of referrals to the Central Registry from designated facilities. The following four SATCs accounted for over 50 percent of all referrals. Jackson Memorial Hospital in Miami (610; 21.1 percent) submitted the largest number of referrals followed by Shands Hospital in Jacksonville (356; 12.3 percent), Bayfront Medical Center in St. Petersburg (265; 9.2 percent), and Halifax Medical Center in Daytona Beach (224; 7.8 percent). See Appendix I for a complete listing of all trauma centers and designated facilities.



## ELIGIBLE CLIENTS SERVED – OPEN AND CLOSED CASES

The Brain and Spinal Cord Injury Program (BSCIP) served 1,753 clients during state fiscal year 2003 -2004. A 'served client' is a client that had a Community Reintegration Plan (CRP) written during the year or was closed during the year after having had a CRP written in a previous year. A CRP is a written plan of action agreed upon by the case manager and the client or his representative(s) for the purpose of reintegrating the client back into the community after sustaining a moderate-to-severe brain and/or spinal cord injury.

- Of the 1,753 eligible clients served during state fiscal year 2003-2004, 1,072 or 62 percent had a CRP written during the year.
- 681 or 38 percent were closed from CRP status from plans written in previous fiscal years.

The demographic and clinical profile of eligible clients served is as follows:

### By Injury Type

- 1,168 or 66 percent of clients served sustained a single diagnosis brain injury.
- 521 or 30 percent of clients served sustained a single diagnosis spinal cord injury.
- 64 or 4 percent of clients served sustained a dual diagnosis brain and spinal cord injury.

Injury Type	Count	Col %
Brain	1168	66.6%
Spinal	521	29.7%
Brain & Spinal	64	3.7%
Group Total	1753	100.0%

### By Age Category

- Adults accounted for 1,243 or 71 percent of clients served.
- Children (0 to 20 years-old) accounted for 510 or 29 percent of clients served.

Age Category	Count	Col %
Children	510	29.1%
Adults	1243	70.9%
Group Total	1753	100.0%

### By Age Group

- Adults between the ages of 21 - 34 accounted for the largest number (484; 28 percent) of adults served by the program.
- Children between the ages of 13 -20 accounted for the largest number (371; 21 percent) of children served by the program.

Age Groups	Count	Col %
0 - 12	139	7.9%
13 - 20	371	21.2%
21 - 34	484	27.6%
35 - 44	296	16.9%
45 - 64	365	20.8%
65 Plus	98	5.6%
Group Total	1753	100.0%

### By Gender

- Males accounted for 1,269 or 72 percent of clients served.
- Females accounted for 484 or 28 percent of clients served.

Gender	Count	Col %
Male	1269	72.4%
Female	484	27.6%
Group Total	1753	100.0%

### By Race/Ethnicity

- Whites accounted for 1,136 or 65 percent of clients served.
- African American/Blacks accounted for 343 or 20 percent of clients served.
- Hispanic White/Blacks accounted for 234 or 13 percent of clients served.
- Individuals with other or an unknown racial/ethnic background accounted for 40 or 2 percent of clients served.

Race/Ethnicity	Count	Col %
White	1136	64.8%
Black	343	19.6%
Hispanic	234	13.3%
Other/Unknown	40	2.3%
Group Total	1753	100.0%

### By Glasgow Coma Score

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.

Of the 1,232 individuals served who were diagnosed as sustaining a brain injury:

- 503 or 41 percent sustained a severe brain injury.
- 397 or 32 percent sustained a moderate brain injury.
- 282 or 23 percent were non-responsive.
- 39 or 3 percent sustained a minor brain injury.
- 11 or 1 percent fell in the non-brain injured category.

It is important to note that over time, injury severity scores may change as a result of the nature of a brain injury. Therefore, an individual with a score that is initially out of range may improve or deteriorate and become eligible for services. To be eligible for services, the client's Glasgow coma score must be between 04 and 12.

Glasgow Coma Scores	Count	Col %
Non-Responsive - 03	282	22.9%
Severe 04 - 08	503	40.8%
Moderate 09 - 12	397	32.2%
Minor 13-14	39	3.2%
Non-Brain Injured 15	11	.9%
Group Total	1232	100.0%

### By Level of Spinal Cord Injury

Of the 585 individuals served who sustained a spinal cord injury:

- 351 or 60 percent were reported to be paraplegics.
- 234 or 40 percent were reported to be quadriplegics.

Level of Injury	Count	Col %
Paraplegic	351	60.0%
Quadriplegic	234	40.0%
Group Total	585	100.0%

## CLOSURE DATA AND THREE YEAR TRENDS

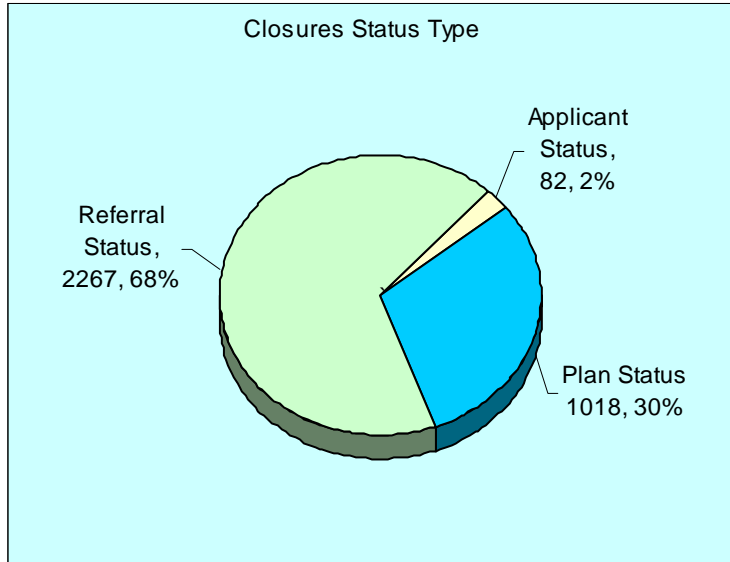
During state fiscal year 2003-2004, 3,367 cases were closed. 'Referral' status closure means the case was closed prior to the client completing an application to the program. 'Applicant' status closure means the client completed an application to the program, but was closed prior to becoming program eligible. 'CRP' status closure means the client's case was closed after he/she was accepted into the program and a CRP had been written.



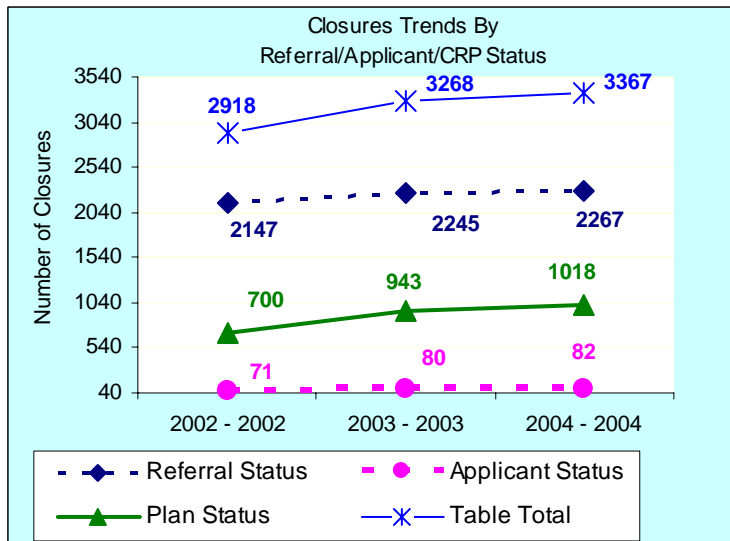
### By Closure Status Type

Of the 3,367 cases closed during the year:

- 2,267 or 68 percent were closed from referral status.
- 82 or 2 percent were closed from applicant status.
- 1,018 or 30 percent were closed from CRP status.



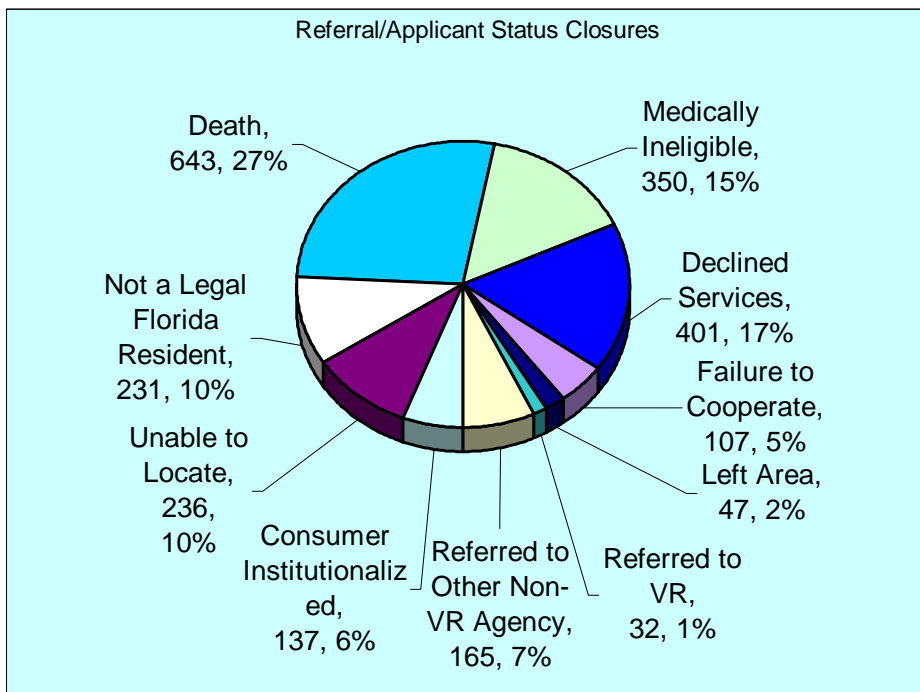
**Trends:** A comparison of numbers across closure status types revealed a consecutive increase in all closure status types. The CRP status showed the most increase.



## Referral/Applicant Status Closures

The leading reasons for referral/applicant status closures were as follows:

- Death (643; 27 percent).
- Declined services (401; 17 percent).
- Medically ineligible (350; 15 percent).
- Unable to locate (236; 10 percent).
- Not a legal Florida resident (231; 10 percent).
- Referred to a non-vocational rehabilitation agency (165; 7 percent).
- Institutionalization (137; 6 percent).
- Failure to cooperate with staff (107; 5 percent).
- Left the area (47; 2 percent).
- Referred directly to the Department of Education, Division of Vocational Rehabilitation without receiving BSCIP services (32; 1 percent).



## Community Reintegration Plan (CRP) Status Closures

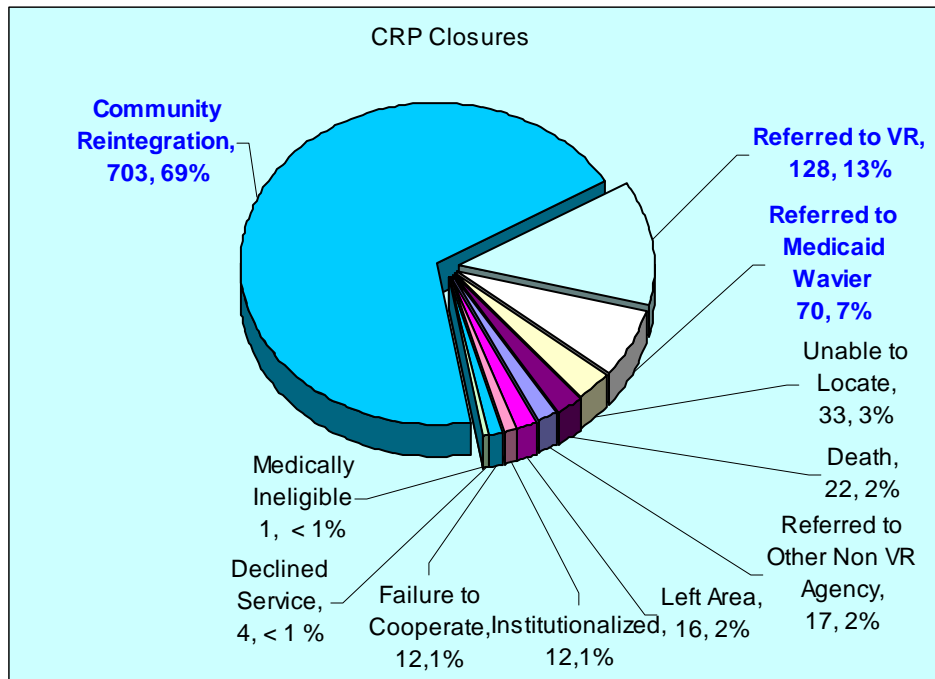
Of the 1,018 cases closed from CRP status, 901 or 91 percent were closed in a community reintegration status. Of these, 831 or 84 percent were considered to be community reintegrated without the need for BSCIP services at the time of closure. Seventy or 7 percent of cases were referred to the Medicaid Home and Community-based Waiver (MHCBW).

Of these closures:

- 703 or 69 percent were community reintegrated without the need for additional BSCIP trust fund services.
- 128 or 13 percent were referred for vocational rehabilitation services through the Department of Education, Division of Vocational Rehabilitation.
- 70 or 7 percent were referred to the Medicaid Home and Community-Based Waiver (MHCBW) program. This program provides long-term care services to eligible clients at risk of institutional placement.

The remaining 9 percent of closures were as follows:

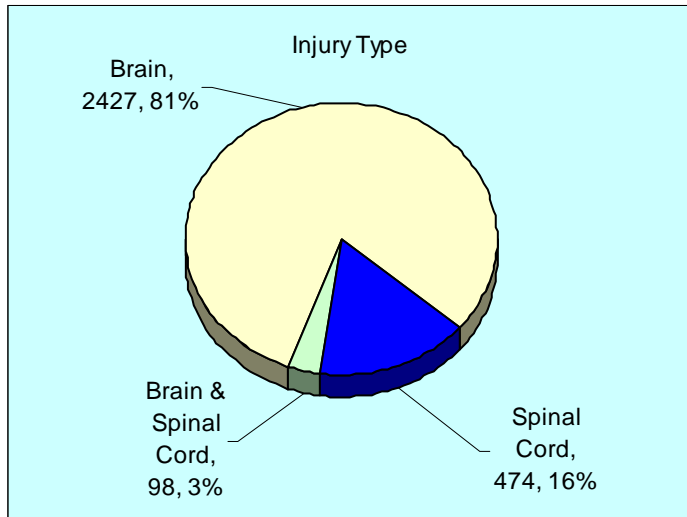
- Unable to locate (33; 3 percent)
- Death (22; 2 percent)
- Referred to a non-vocational rehabilitation agency (17; 2 percent)
- Left area (16; 2 percent)
- Institutionalization (12; 1 percent)
- Failure to cooperate with staff (12; 1 percent)
- Declined services (4; less than 1 percent)
- Medically Ineligible (1; less than 1 percent)



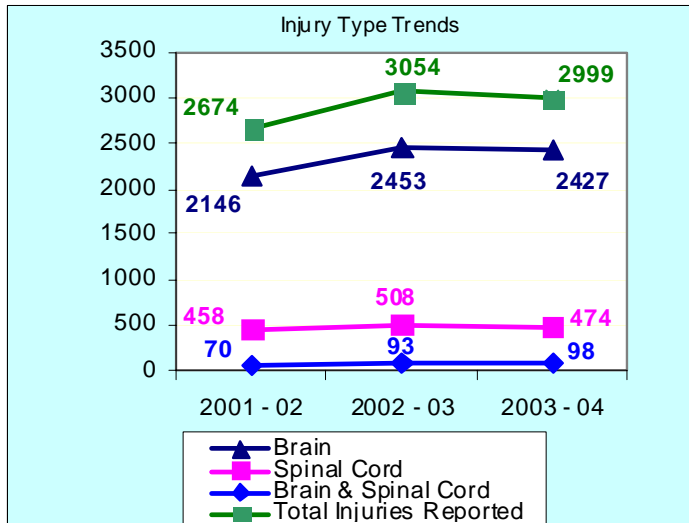
## NEW INJURY DATA & THREE YEAR TRENDS

### By Injury Type

There were 2,999 new injuries reported to the Central Registry during state fiscal year 2003-2004. Of these, 2,427 or 81 percent were brain injuries, 474 or 16 percent were spinal cord injuries and 98 or 3 percent were dual diagnosis brain and spinal cord injuries. Single and dual diagnosis brain injuries combined accounted for 2,525 new brain injuries and single and dual diagnosis spinal cord injuries combined accounted for 572 new spinal cord injuries.



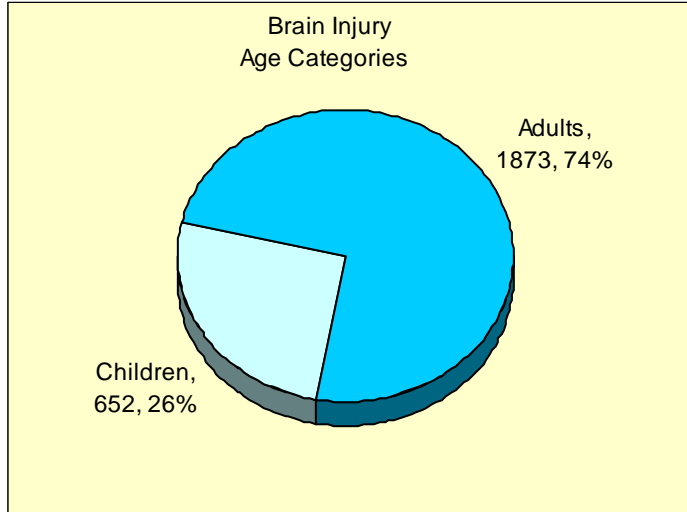
**Trends:** A comparison of numbers across injury types revealed an overall increase in all injury type categories when comparing 2001-2002 with 2003-2004 and decreased slightly when comparing numbers between 2002-2003 and 2003-2004. The number of dual diagnosis brain and spinal cord injuries was the only injury type category that showed a consecutive increase across the three years.



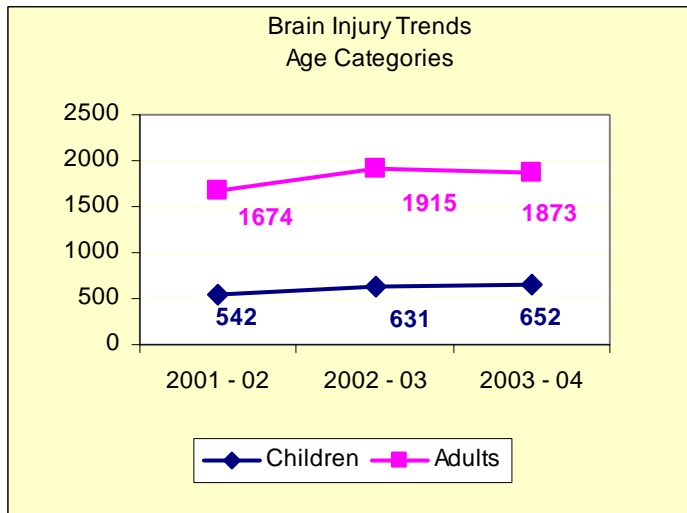
## Brain Injuries

### By Age Category

Adults accounted for 1,873 or 74 percent of all new brain injuries and children accounted for 652 or 26 percent of these injuries.

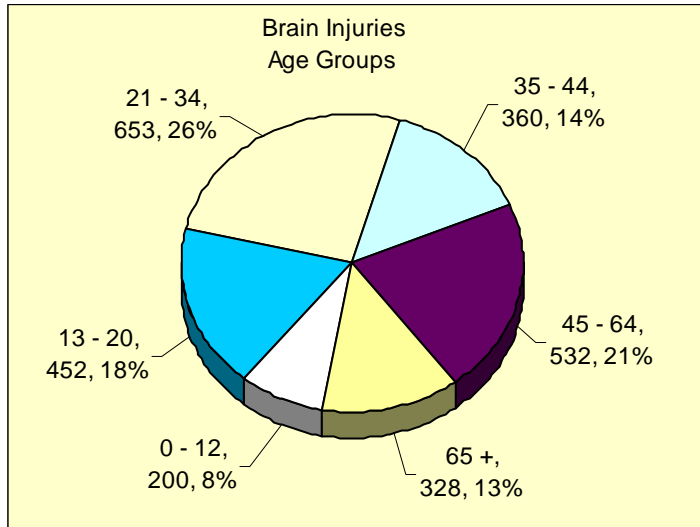


**Trends:** A comparison of numbers across age categories revealed an overall increase in both age categories when comparing 2001-2002 with 2003-2004. The number of children was the only age category that showed a consecutive increase across the three years.

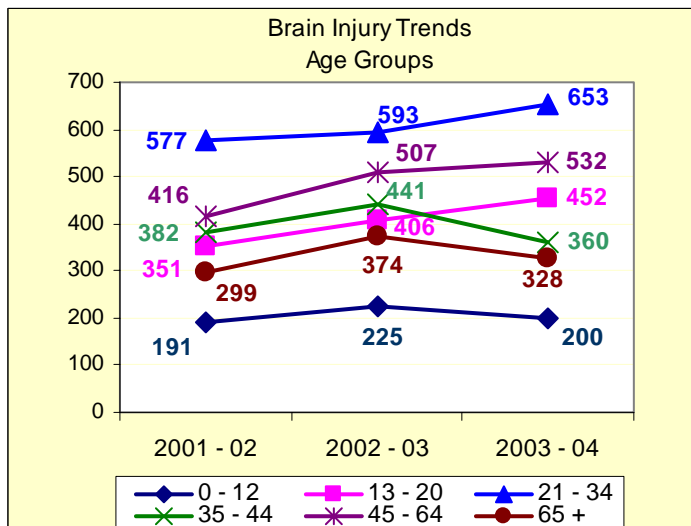


### By Age Group

Individuals between the ages of 21- 34 (653; 26 percent), 45 - 64 (532; 21 percent) and 13 - 20 (452; 18 percent) accounted for 65 percent of all new brain injuries.

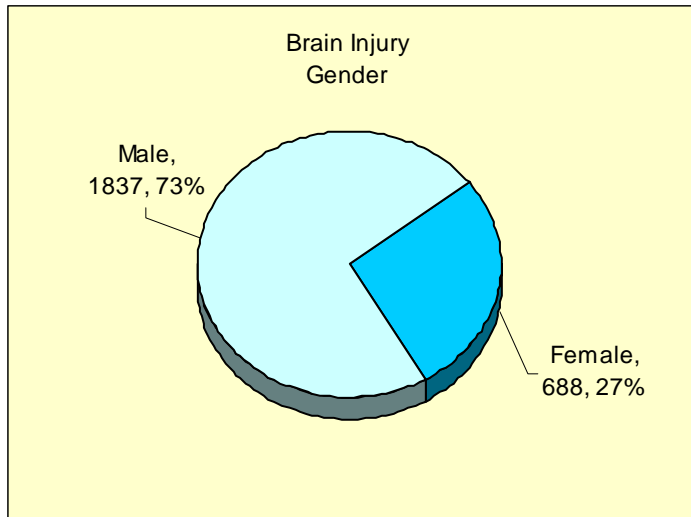


**Trends:** A comparison of numbers across age groups revealed an overall increase in all age categories. The only exception to this was 35-44 year olds. Their numbers showed a decrease when comparing numbers for the same two years. The 13-20, 21-34, and 45-64 age groups were the only age groups to show a consecutive increase across the three years.

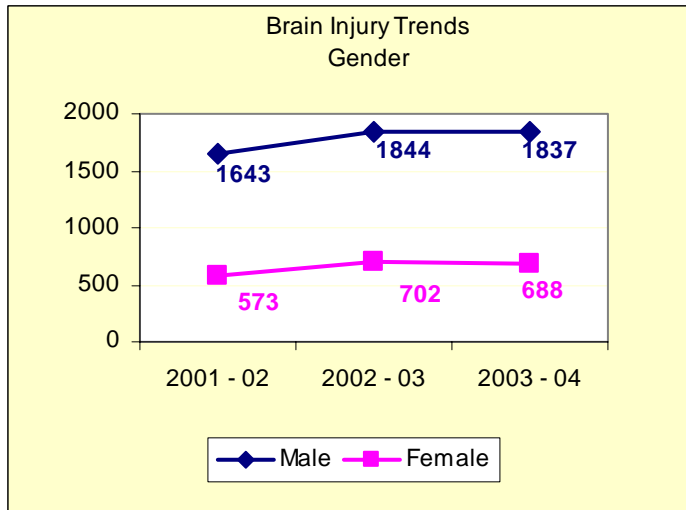


### By Gender

Males accounted for 1,837 or 73 percent of all new brain injuries, while females accounted for 688 or 27 percent.

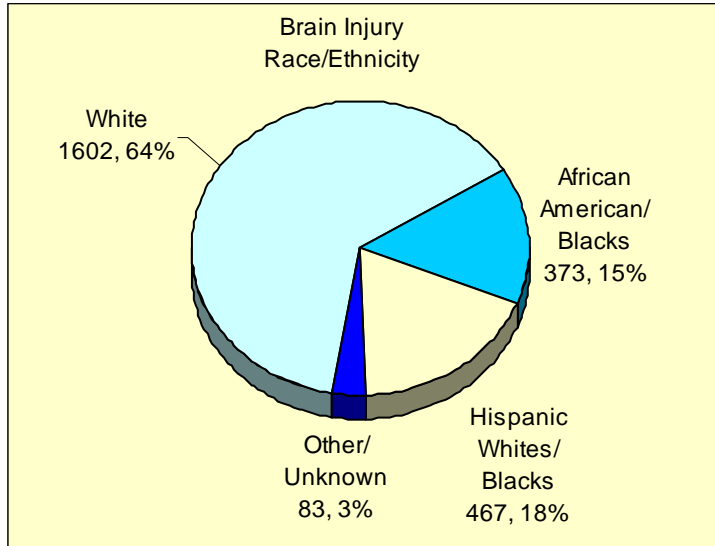


**Trends:** A comparison of numbers across gender revealed an increase for both gender categories when comparing 2001-2002 with 2003-2004.

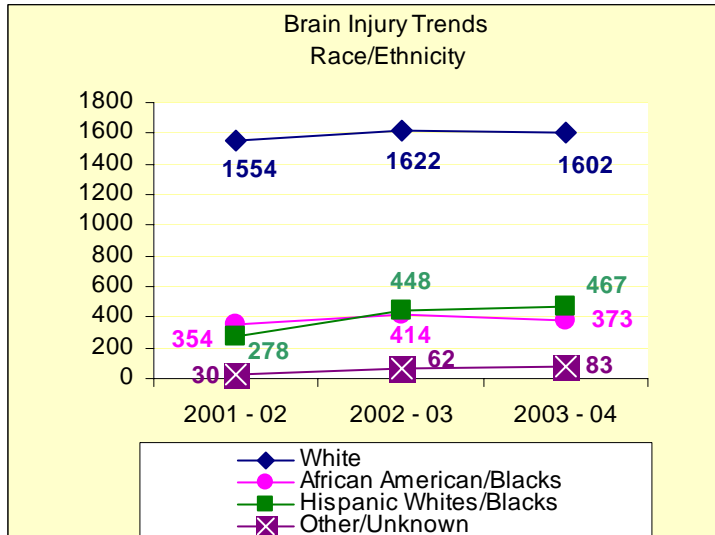


### By Race/Ethnicity

Whites accounted for 1,602 or 64 percent of all new brain injuries. Hispanic Whites/Blacks (467; 18 percent), African Americans/ Blacks (373; 15 percent), and individuals with other (American Indians/Alaska Natives, Asians, Hawaiians/Pacific Islanders, and Haitians) or unknown racial identities (83; 3 percent) accounted for the remaining 36 percent of new brain injuries.



**Trends:** A comparison of numbers across racial/ethnic groups revealed an overall increase in numbers for all racial/ethnic groups. The largest increase occurred within the Hispanic Whites/Blacks group.



Note: The code for Hispanics was added during the middle of state fiscal year 2002-2003 which may explain the increase in the number of Hispanics.



### By County and BSCIP Region of Injury

A total of 2,525 new brain injuries were reported to the Central Registry during state fiscal year 2003-2004. The following five counties accounted for 1,183 or 47 percent of all new brain injuries: Miami-Dade (522; 20.7 percent), Duval (215; 8.5 percent), Volusia (163; 6.5 percent), Hillsborough (154; 6.1 percent) and Pinellas (129; 5.1 percent).

Brain Injuries	State Fiscal Year					
	2001 - 02		2002 - 03		2003 - 04	
	Count	Col %	Count	Col %	Count	Col %
<b>Region 1</b>						
Alachua	39	1.8%	19	0.7%	20	0.8%
Baker	6	0.3%	6	0.2%	6	0.2%
Bay	13	0.6%	13	0.5%	17	0.7%
Bradford	4	0.2%	6	0.2%	6	0.2%
Calhoun	1	0.0%	2	0.1%	3	0.1%
Clay	22	1.0%	27	1.1%	27	1.1%
Columbia	18	0.8%	14	0.5%	17	0.7%
Dixie	2	0.1%			1	0.0%
Duval*	145	6.5%	178	7.0%	215	8.5%
Escambia	66	3.0%	69	2.7%	49	1.9%
Franklin	3	0.1%	3	0.1%	1	0.0%
Gadsden	7	0.3%	7	0.3%	14	0.6%
Gilchrist	4	0.2%	1	0.0%	6	0.2%
Gulf	1	0.0%				
Hamilton	4	0.2%	4	0.2%	5	0.2%
Holmes	1	0.0%	1	0.0%	4	0.2%
Jackson	5	0.2%	5	0.2%	5	0.2%
Jefferson	3	0.1%	3	0.1%	5	0.2%
Lafayette	4	0.2%	3	0.1%	1	0.0%
Leon	24	1.1%	28	1.1%	32	1.3%
Levy	7	0.3%	5	0.2%	8	0.3%
Liberty			2	0.1%	1	0.0%
Madison	9	0.4%	3	0.1%	4	0.2%
Nassau	12	0.5%	10	0.4%	13	0.5%
Okaloosa	20	0.9%	20	0.8%	23	0.9%
St. Johns	26	1.2%	16	0.6%	31	1.2%
Santa Rosa	17	0.8%	17	0.7%	15	0.6%
Suwannee	10	0.5%	7	0.3%	2	0.1%
Taylor			6	0.2%	3	0.1%
Union			4	0.2%	7	0.3%
Wakulla	3	0.1%	6	0.2%	6	0.2%
Walton	5	0.2%	6	0.2%	4	0.2%
Washington	4	0.2%			2	0.1%
Region Total	485	21.9%	491	19.3%	553	21.9%

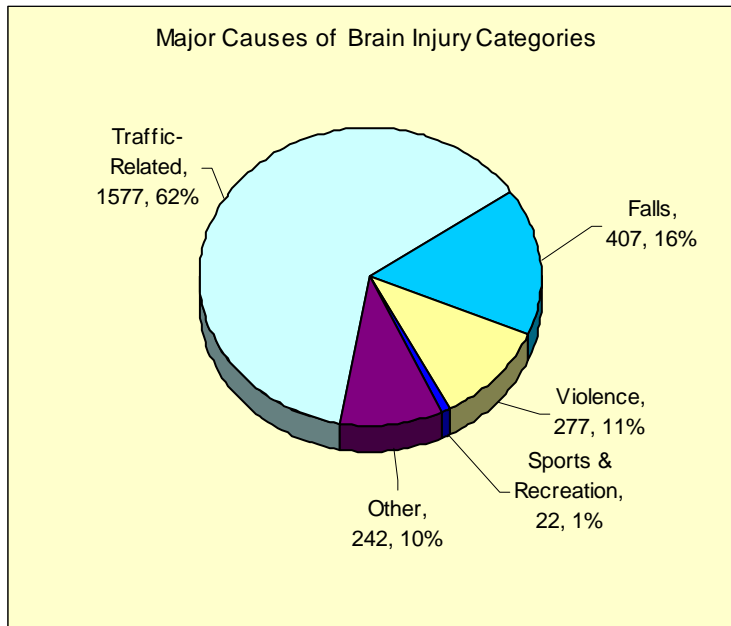
## By County and BSCIP Region of Injury Continued

Brain Injuries	State Fiscal Year					
	2001 - 02		2002 - 03		2003 - 04	
	Count	Col %	Count	Col %	Count	Col %
<b>Region 2</b>						
Brevard	69	3.1%	66	2.6%	60	2.4%
Citrus	7	0.3%	19	0.7%	10	0.4%
Flagler	10	0.5%	13	0.5%	27	1.1%
Hernando	19	0.9%	10	0.4%	15	0.6%
Lake	19	0.9%	17	0.7%	24	1.0%
Marion	25	1.1%	39	1.5%	30	1.2%
Orange	102	4.6%	45	1.8%	72	2.9%
Osceola	16	0.7%	14	0.5%	20	0.8%
Putnam	9	0.4%	15	0.6%	22	0.9%
Seminole	15	0.7%	24	0.9%	22	0.9%
Sumter	2	0.1%	7	0.3%	2	0.1%
Volusia*	138	6.2%	148	5.8%	163	6.5%
Region Total	431	19.4%	417	16.4%	467	18.5%
<b>Region 3</b>						
DeSoto	2	0.1%	2	0.1%	2	0.1%
Hardee	3	0.1%	5	0.2%	6	0.2%
Highlands	6	0.3%	14	0.5%	9	0.4%
Hillsborough*	105	4.7%	154	6.0%	154	6.1%
Manatee	34	1.5%	35	1.4%	36	1.4%
Pasco	40	1.8%	56	2.2%	73	2.9%
Pinellas*	109	4.9%	149	5.9%	129	5.1%
Polk*	65	2.9%	93	3.7%	88	3.5%
Sarasota	41	1.9%	63	2.5%	65	2.6%
Region Total	405	18.3%	571	22.4%	562	22.3%
<b>Region 4</b>						
Broward*	136	6.1%	126	4.9%	117	4.6%
Charlotte	8	0.4%	11	0.4%	15	0.6%
Collier	19	0.9%	24	0.9%	17	0.7%
Glades			2	0.1%	1	0.0%
Hendry	6	0.3%	6	0.2%	6	0.2%
Indian River	21	0.9%	17	0.7%	18	0.7%
Lee	64	2.9%	53	2.1%	63	2.5%
Martin	11	0.5%	22	0.9%	17	0.7%
Okeechobee	5	0.2%	12	0.5%	5	0.2%
Palm Beach*	122	5.5%	154	6.0%	116	4.6%
St. Lucie	19	0.9%	21	0.8%	21	0.8%
Region Total	411	18.5%	448	17.6%	396	15.7%
<b>Region 5</b>						
Miami-Dade*	465	21.0%	600	23.6%	522	20.7%
Monroe	19	0.9%	19	0.7%	25	1.0%
Region Total	484	21.8%	619	24.3%	547	21.7%
<b>Statewide Total</b>	2216	100.0%	2546	100.0%	2525	100.0%

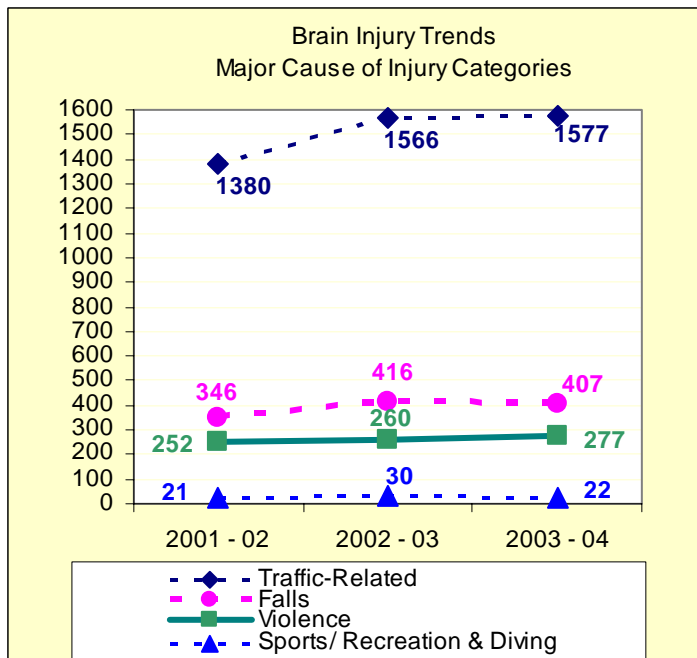
- Indicates that 3 or more percent of all new brain injuries occurred in a particular county.

**By Major Cause of Injury Categories**

The major causes of new brain injuries were traffic-related injuries (1,577; 62 percent), falls (407; 16 percent), violence (277; 11 percent), other or unknown causes (242; 10 percent), and sports/recreation and diving-related injuries (22; 1 percent).

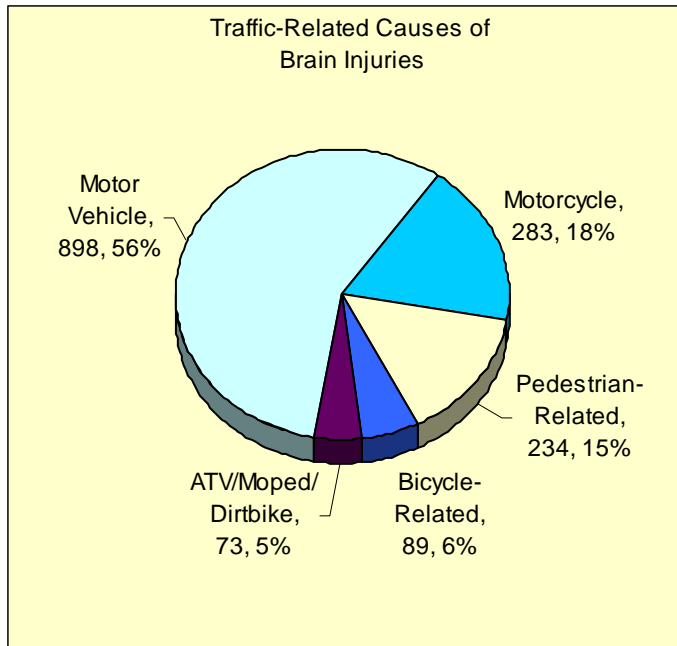


**Trends:** A comparison of numbers across major causes of injury revealed an increase in all major cause of injury categories. Traffic and violence-related injuries showed a consecutive increase across the three years.

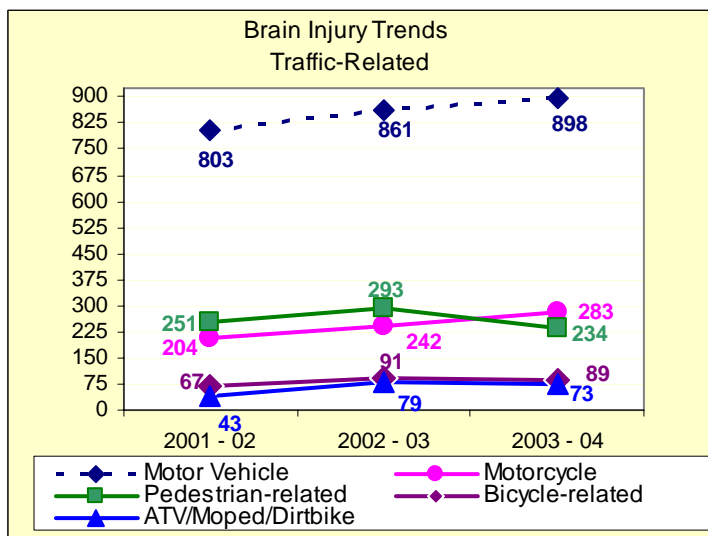


### Traffic-Related Brain Injuries

A total of 1,577 or 62 percent of all new brain injuries reported were traffic-related. The causes of these injuries were distributed as follows: motor-vehicle related injuries (898; 56 percent), motorcycle-related injuries (283; 18 percent), pedestrian-related injuries (234; 15 percent), bicycle-related injuries (89; 6 percent), and ATV/Moped/Dirt-bike-related injuries (73; 5 percent).

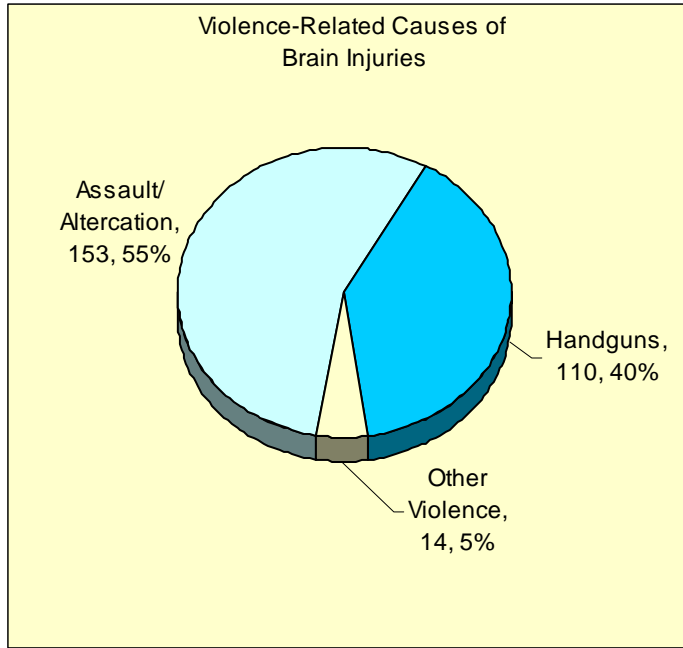


**Trends:** A comparison of numbers across traffic-related causes of brain injuries revealed an overall increase in motor vehicle, motorcycle and ATV/moped/dirt-bike-related injuries. Pedestrian injuries showed a decrease. Motor vehicle and motorcycle-related injuries showed a consecutive increase across the three years.

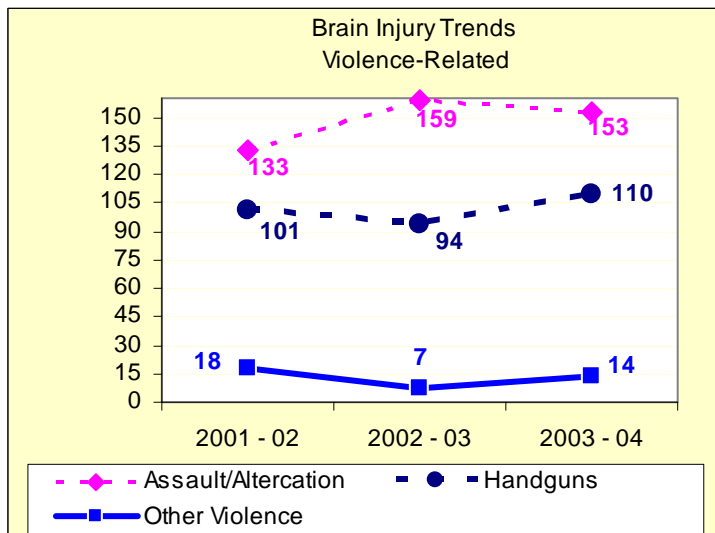


### Violence-Related Brain Injuries

A total of 277 or 11 percent of all new brain injuries reported last year were violence-related. The causes of these injuries were distributed as follows: assaults/altercations (153; 55 percent), handgun usage (110; 40 percent) and other forms of violence (14; 5 percent) such as domestic violence, stabbings, and shaken baby syndrome.

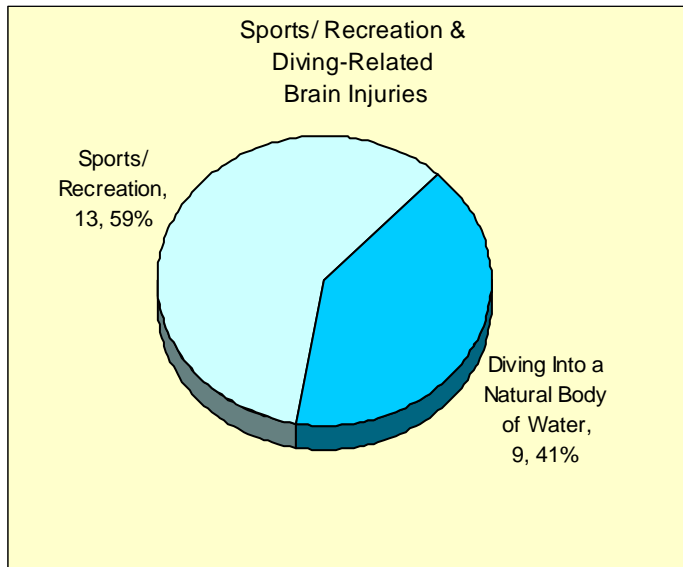


**Trends:** A comparison of numbers between across causes of violence-related brain injuries revealed an overall increase in violence-related injuries with the exception of other forms of violence. There were no consecutive increases across the three years.

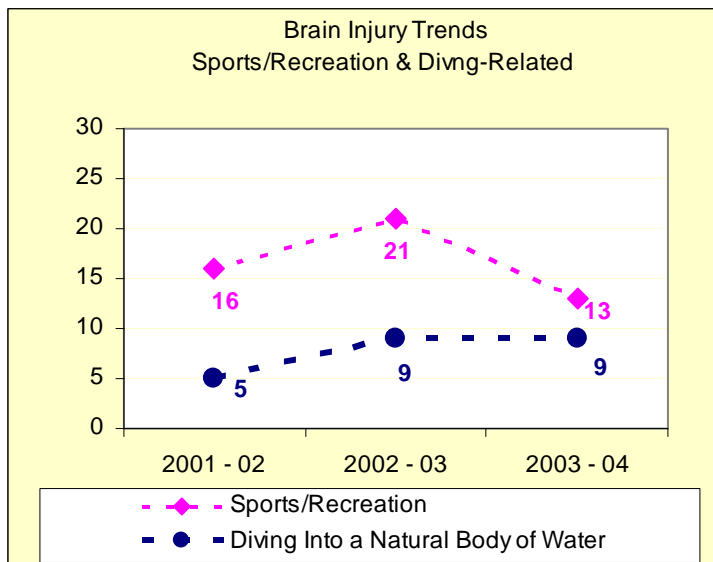


### Sports/Recreation and Diving-Related Brain Injuries

A total of 22 or 1 percent of all new brain injuries reported last year were sports/recreation or diving-related. The causes of these injuries were distributed as follows: sports/recreation (13; 59 percent) and diving into a natural body of water (9; 41 percent).

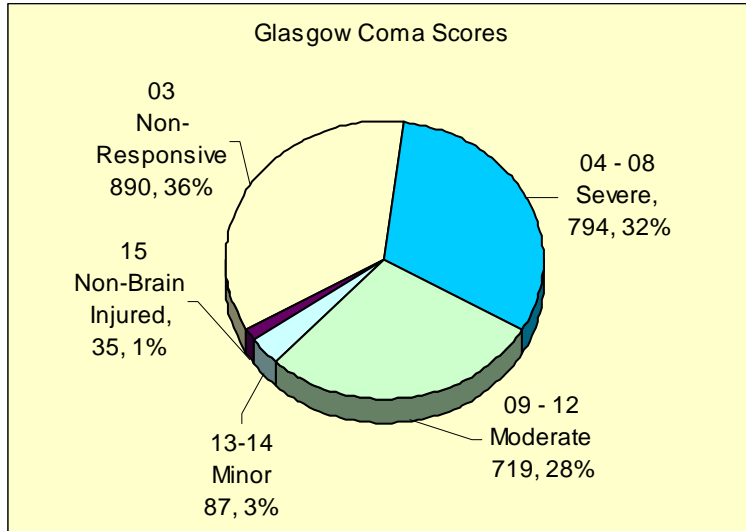


**Trends:** A comparison of numbers across causes of sports/recreation and diving-related causes of brain injury revealed a slight increase in the number of diving-related injuries and a decrease in the number of sports/recreation-related injuries.

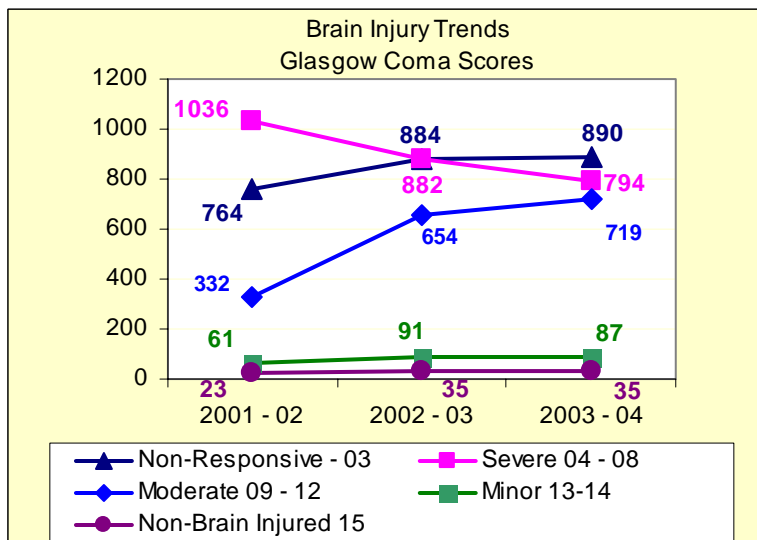


### By Glasgow Coma Score

Of the 2,525 new brain injuries reported to the Central Registry, 890 or 36 percent were reported to have a Glasgow Coma score that fell in the non-responsive range, 794 or 32 percent were reported to have sustained a severe brain injury, 719 or 28 percent were reported to have sustained a moderate brain injury, 87 or 3 percent were reported to have sustained a minor brain injury and 35 or 1 percent fell in the non-brain injured category



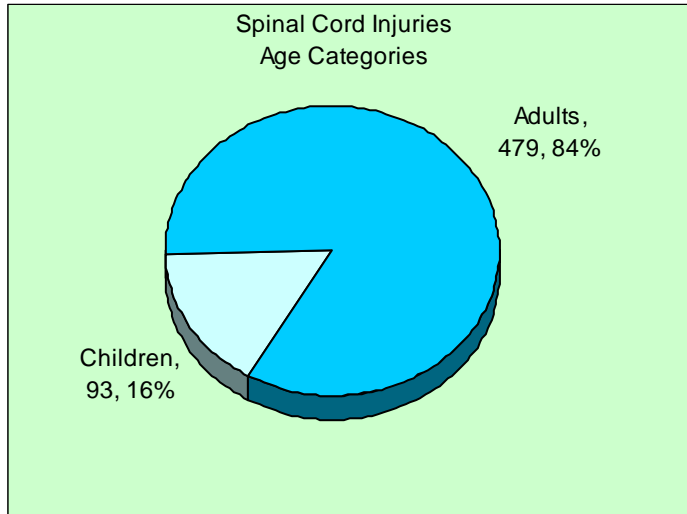
**Trends:** A comparison of numbers across Glasgow Coma Scores revealed an overall increase in all injury severity categories with the exception of severe injuries. The number of these injuries decreased. Non-responsive and moderate injuries showed a consecutive increase across the three years.



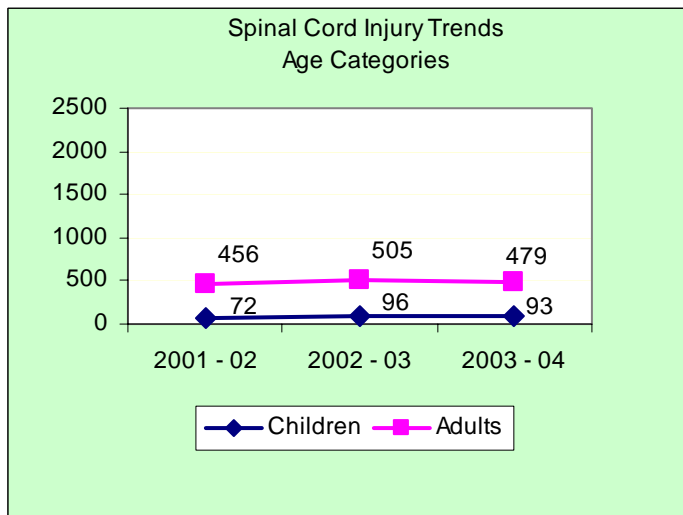
## Spinal Cord Injuries

### By Age Category

Adults accounted for 479 or 84 percent of all new spinal cord injuries and children accounted for 93 or 16 percent of these injuries.



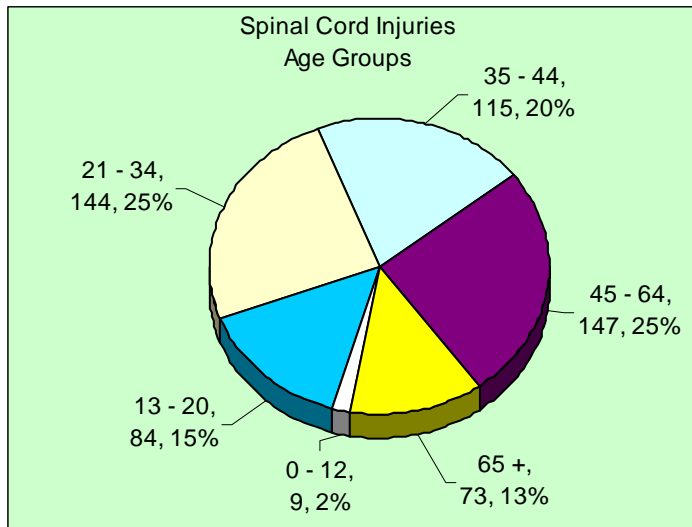
**Trends:** A comparison of numbers across age categories revealed an increase in both age categories when comparing 2001-2002 with 2003-2004.



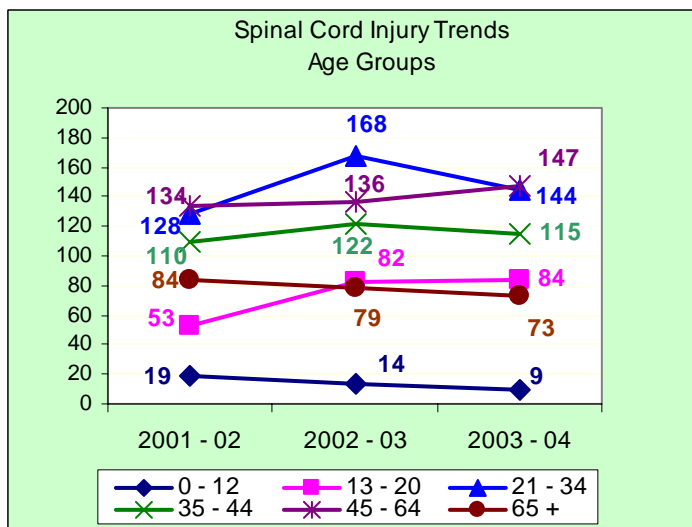


### By Age Group

Individuals between the ages of 45 – 64 (147; 25 percent) and 21 - 34 (144; 25 percent) accounted for 50 percent of all new spinal cord injuries.

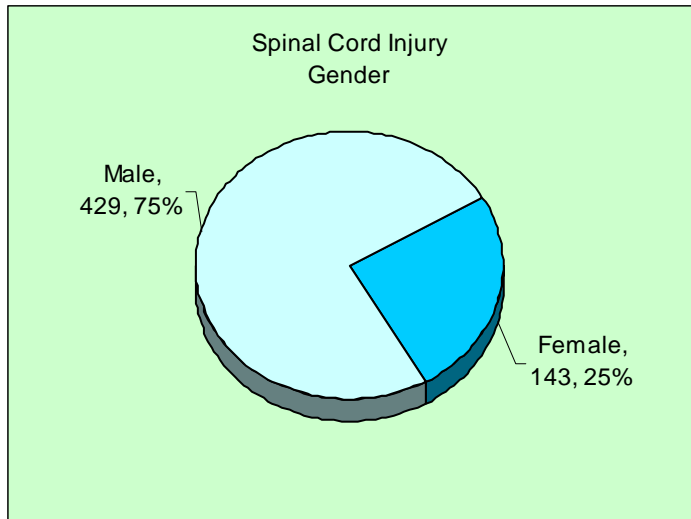


**Trends:** A comparison of numbers across age groups revealed an overall increase in all age categories with the exception of 0 - 12 year olds and individuals age 65 and over when comparing numbers for 2001-2002 with 2003-2004 numbers. The 13 - 20 and 45 - 64 age groups were the only age groups that showed a consecutive increase across the three years.

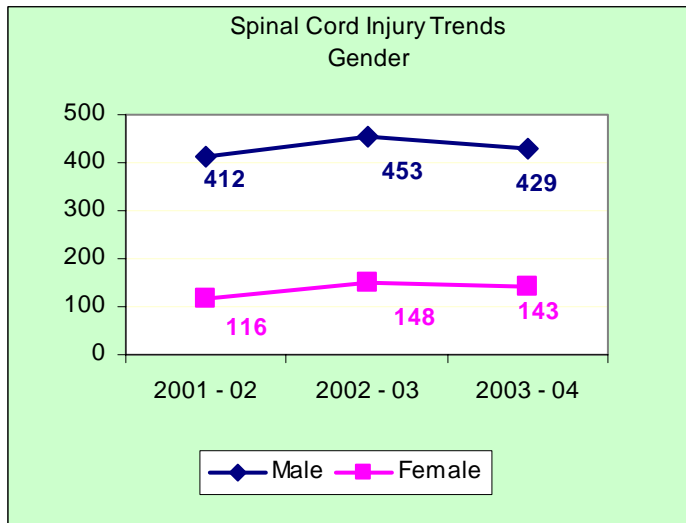


### By Gender

Males accounted for 429 or 75 percent of all new spinal cord injuries, while females accounted for 143 or 25 percent of these injuries.

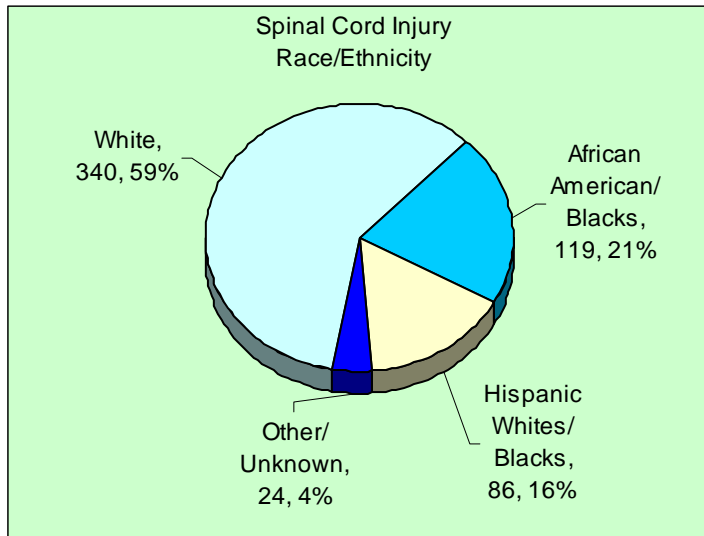


**Trends:** A comparison of numbers across gender revealed an increase for both gender categories when comparing 2001-2002 with 2003-2004.

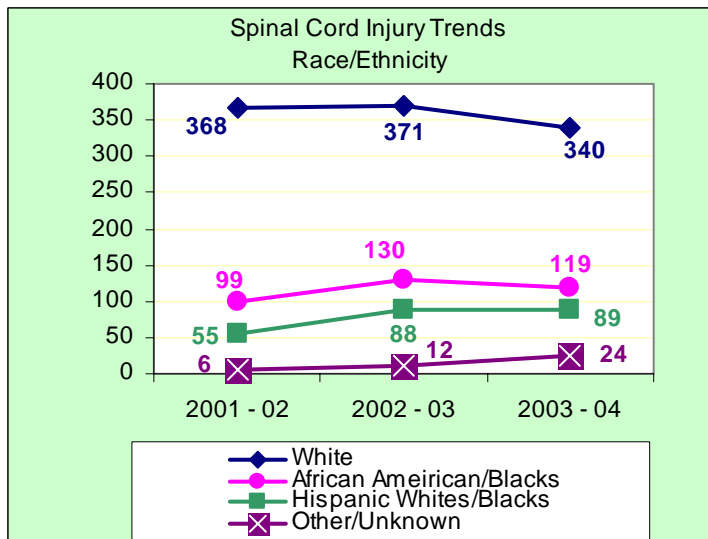


**By Race/Ethnicity**

Whites accounted for 340 or 59 percent of all new spinal cord injuries. African Americans/Blacks (119; 21 percent), Hispanic Whites/Blacks (86; 16 percent), and other or unknown racial identities (24; 4 percent) accounted for the remaining 41 percent of new spinal cord injuries.



**Trends:** A comparison of numbers across racial/ethnic groups revealed an overall increase in all racial/ethnic groups with the exception of Whites. The largest increase occurred within the Hispanic Whites/Blacks racial/ethnic group.



### By County and BSCIP Region of Injury

A total of 572 new spinal cord injuries were reported to the Central Registry during state fiscal year 2003-2004. The following four counties accounted for 226 or nearly 40 percent of all new spinal cord injuries: Miami-Dade (118; 20.6 percent), Duval (43; 7.5 percent), Hillsborough (36; 6.3 percent), and Palm Beach (29; 5.1 percent).

Spinal Cord Injuries	State Fiscal Year					
	2001 - 02		2002 - 03		2003 - 04	
Region 1	Count	Col %	Count	Col %	Count	Col %
Alachua	2	0.4%	17	2.8%	8	1.4%
Baker	1	0.2%	3	0.5%	4	0.7%
Bay	4	0.8%	6	1.0%	12	2.1%
Bradford	2	0.4%	2	0.3%	3	0.5%
Clay	4	0.8%	3	0.5%	4	0.7%
Columbia	9	1.7%	7	1.2%		
Dixie	2	0.4%			3	0.5%
Duval *	19	3.6%	52	8.7%	43	7.5%
Escambia *	16	3.0%	20	3.3%	21	3.7%
Franklin	2	0.4%	3	0.5%	1	0.2%
Gadsden	3	0.6%	3	0.5%	3	0.5%
Gilchrist	1	0.2%	1	0.2%		
Gulf			2	0.3%	2	0.3%
Hamilton	3	0.6%			1	0.2%
Jackson	3	0.6%	2	0.3%		
Jefferson	1	0.2%	2	0.3%		
Lafayette	1	0.2%	2	0.3%		
Leon	15	2.8%	4	0.7%	7	1.2%
Levy	1	0.2%	3	0.5%	2	0.3%
Liberty			1	0.2%	2	0.3%
Madison	2	0.4%	1	0.2%		
Nassau			2	0.3%	3	0.5%
Okaloosa			2	0.3%	5	0.9%
St. Johns	9	1.7%	5	0.8%	4	0.7%
Santa Rosa	6	1.1%	4	0.7%	5	0.9%
Suwannee	1	0.2%	4	0.7%	1	0.2%
Taylor					2	0.3%
Union					3	0.5%
Wakulla	1	0.2%	2	0.3%		
Walton	5	0.9%			1	0.2%
Region Total	113	21.4%	153	25.5%	140	24.5%

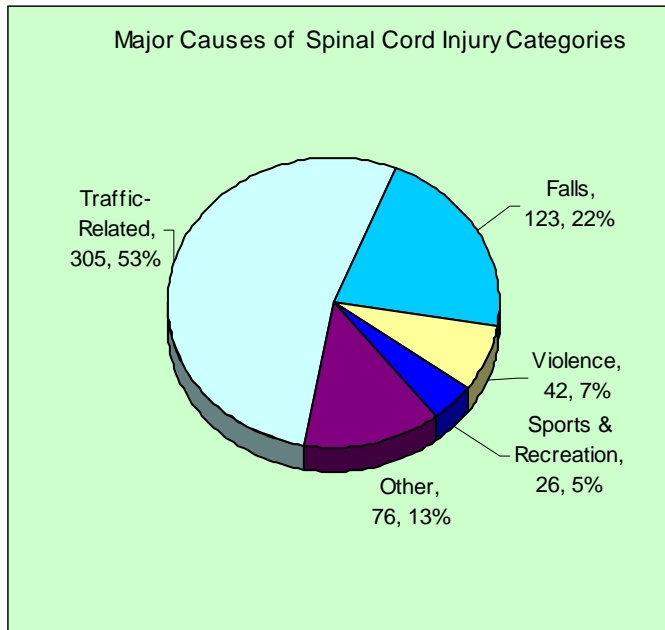
## By County and BSCIP Region of Injury Continued

Spinal Cord Injuries	State Fiscal Year					
	2001 - 02		2002 - 03		2003 - 04	
Region 2	Count	Col %	Count	Col %	Count	Col %
Brevard *	14	2.7%	16	2.7%	17	3.0%
Citrus	1	0.2%	6	1.0%	4	0.7%
Flagler	3	0.6%	3	0.5%	3	0.5%
Hernando	1	0.2%	4	0.7%	9	1.6%
Lake	6	1.1%	5	0.8%	7	1.2%
Marion *	11	2.1%	10	1.7%	19	3.3%
Orange *	26	4.9%	15	2.5%	21	3.7%
Osceola	3	0.6%	2	0.3%	3	0.5%
Putnam	3	0.6%	4	0.7%	2	0.3%
Seminole	7	1.3%	4	0.7%	3	0.5%
Sumter	1	0.2%	3	0.5%	5	0.9%
Volusia *	22	4.2%	25	4.2%	23	4.0%
Region Total	98	18.6%	97	16.1%	116	20.3%
<b>Region 3</b>						
DeSoto	2	0.4%	1	0.2%	1	0.2%
Hardee	1	0.2%	1	0.2%	1	0.2%
Highlands	1	0.2%	2	0.3%	5	0.9%
Hillsborough *	27	5.1%	44	7.3%	36	6.3%
Manatee	5	0.9%	7	1.2%	5	0.9%
Pasco	4	0.8%	8	1.3%	10	1.7%
Pinellas*	12	2.3%	21	3.5%	19	3.3%
Polk*	17	3.2%	21	3.5%	24	4.2%
Sarasota	9	1.7%	7	1.2%	8	1.4%
Region Total	78	14.8%	112	18.6%	109	19.1%
<b>Region 4</b>						
Broward *	25	4.7%	38	6.3%	22	3.8%
Charlotte	4	0.8%	2	0.3%	5	0.9%
Collier	4	0.8%	8	1.3%	1	0.2%
Glades	2	0.4%			1	0.2%
Hendry	4	0.8%			1	0.2%
Indian River	10	1.9%	5	0.8%	3	0.5%
Lee	16	3.0%	9	1.5%	10	1.7%
Martin	6	1.1%	4	0.7%	5	0.9%
Okeechobee	2	0.4%	4	0.7%	1	0.2%
Palm Beach *	33	6.3%	30	5.0%	29	5.1%
St. Lucie	4	0.8%	7	1.2%	5	0.9%
Region Total	110	20.8%	107	17.8%	83	14.5%
<b>Region 5</b>						
Miami-Dade *	125	23.7%	125	20.8%	118	20.6%
Monroe	4	0.8%	7	1.2%	6	1.0%
Region Total	129	24.4%	132	22.0%	124	21.7%
<b>Statewide Total</b>	<b>528</b>	<b>100.0%</b>	<b>601</b>	<b>100.0%</b>	<b>572</b>	<b>100.0%</b>

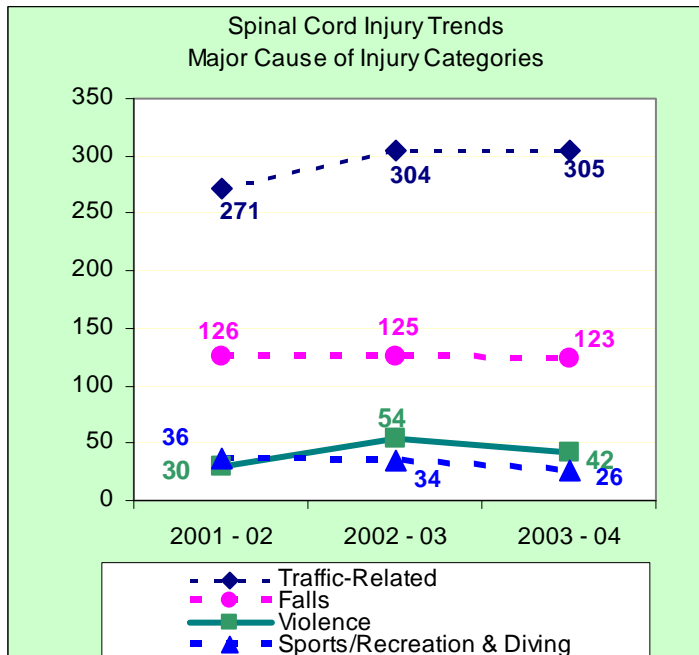
\* Indicates that 3 or more percent of all new spinal cord injuries occurred in a particular county.

**By Major Cause of Injury Categories**

The major causes of new spinal cord injuries were traffic-related injuries (305; 53 percent), falls (123; 22 percent), other or unknown cause (76; 13 percent), violence (42; 7 percent), and sports/recreation and diving-related injuries (26; 5 percent).

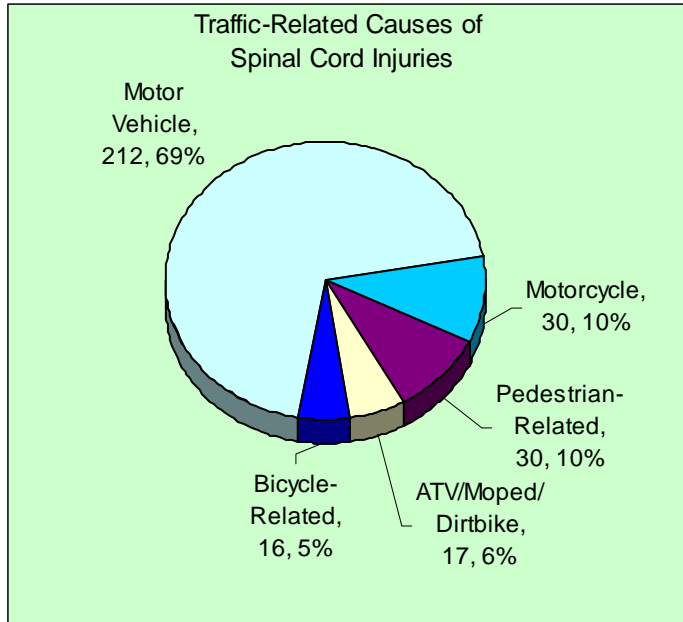


**Trends:** A comparison of numbers across major causes of injury revealed a slight increase in traffic and violence-related injuries and a decrease in falls and sports/recreation and diving-related injuries. Traffic-related causes of injury were the only cause of injury category to show a consecutive increase across the three years.

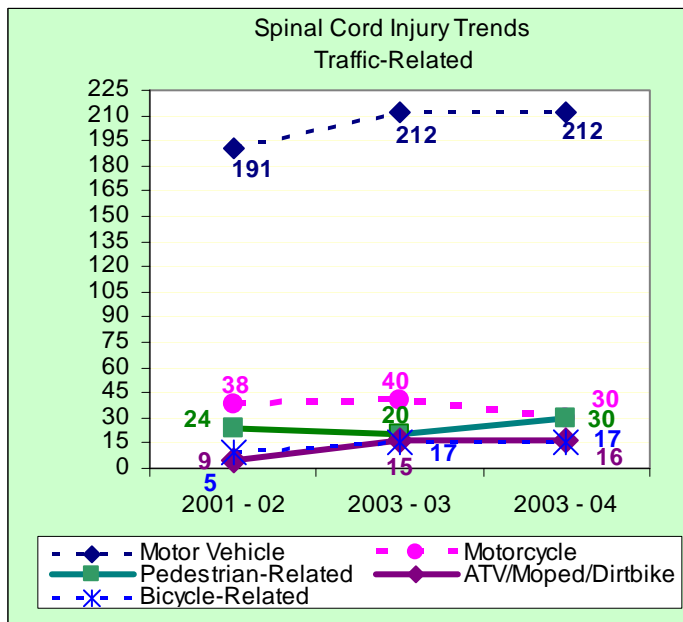


### Traffic-Related Spinal Cord Injuries

A total of 305 or 53 percent of all new spinal cord injuries reported were traffic-related. The causes of these injuries were distributed as follows: motor vehicle-related injuries (212; 69 percent), motorcycle-related injuries (30; 10 percent), pedestrian-related injuries (30; 10 percent), ATV/moped/dirt-bike-related injuries (17; 6 percent) and bicycle-related injuries (16; 5 percent).

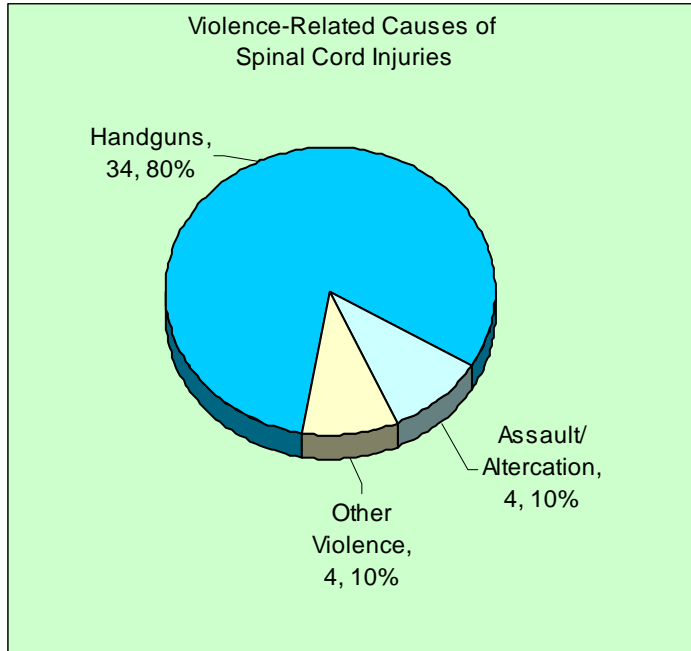


**Trends:** A comparison of numbers across traffic-related causes of spinal cord injury revealed an overall increase in all traffic-related injuries with the exception of motorcycle-related injuries.

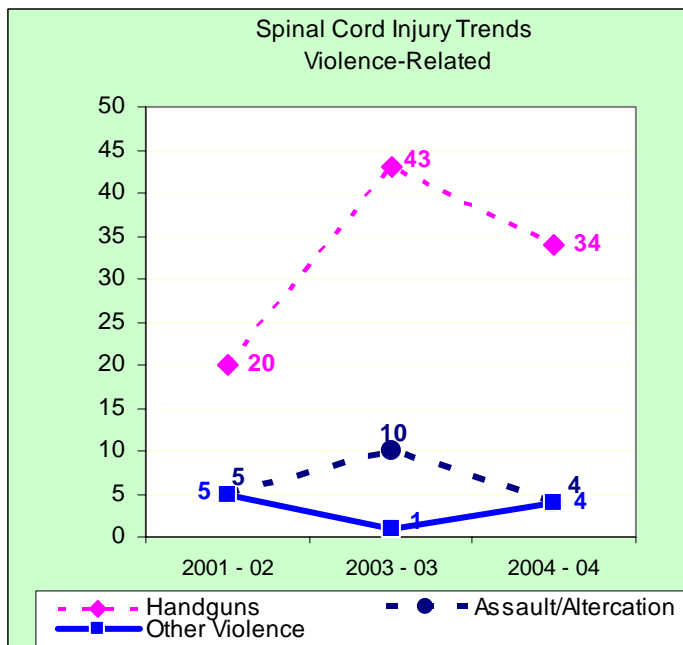


### Violence-Related Spinal Cord Injuries

A total of 42 or 7 percent of all new spinal cord injuries reported were violence-related. The causes of these injuries were distributed as follows: handgun usage (34; 80 percent), assaults/altercations (4; 10 percent), and other forms of violence (4; 10 percent) such as domestic violence, stabbings, and shaken baby syndrome.



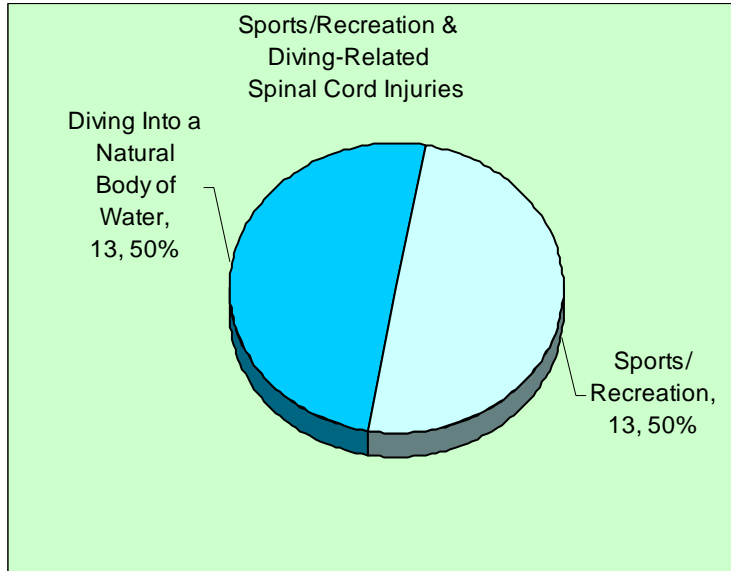
**Trends:** A comparison of numbers across causes of violence-related spinal cord injuries revealed an overall increase in hand gun injuries and a decrease in the number of injuries related to assaults/altercations and other forms of violence. There were no consecutive increases across the three years.



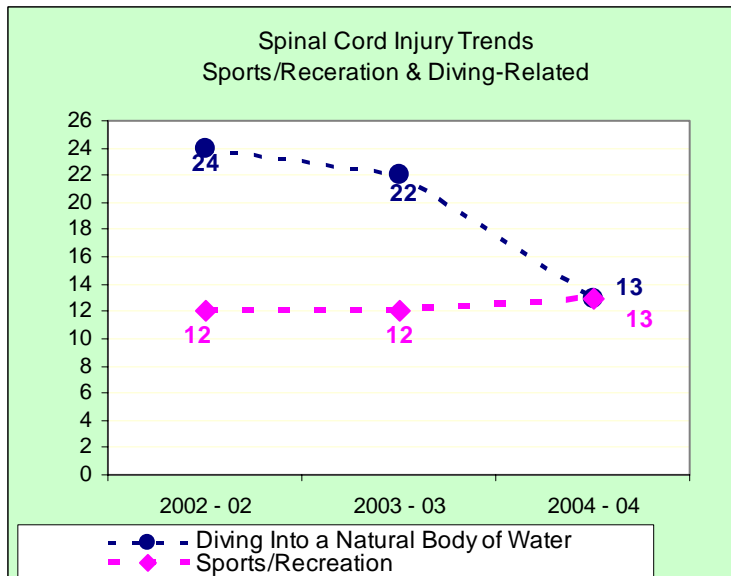


### Sports/Recreation and Diving-Related Spinal Cord Injuries

A total of 26 or 5 percent of all new brain injuries reported were sports/recreation or diving-related. The causes of these injuries were distributed evenly at 13 or 50 percent each.

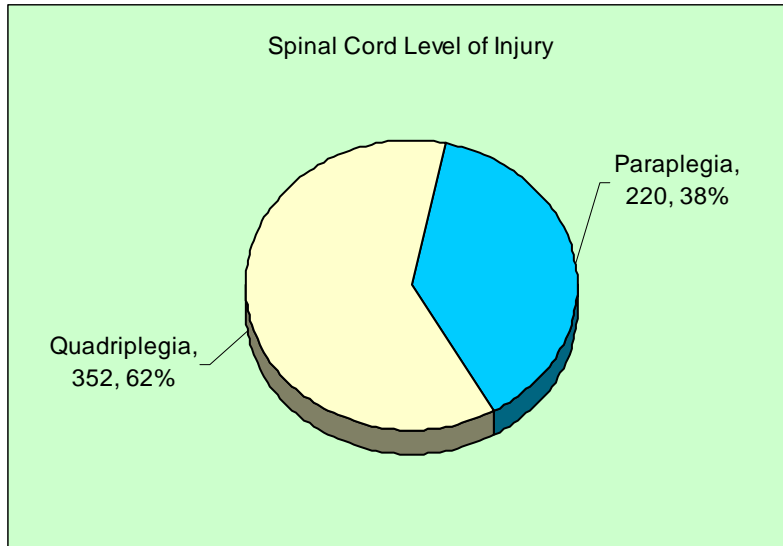


**Trends:** A comparison of numbers across causes of sports/recreation and diving-related causes of injury revealed a dramatic decrease in the number of injuries related to diving into a natural body of water and a slight change in the number of sports/recreation-related injuries.

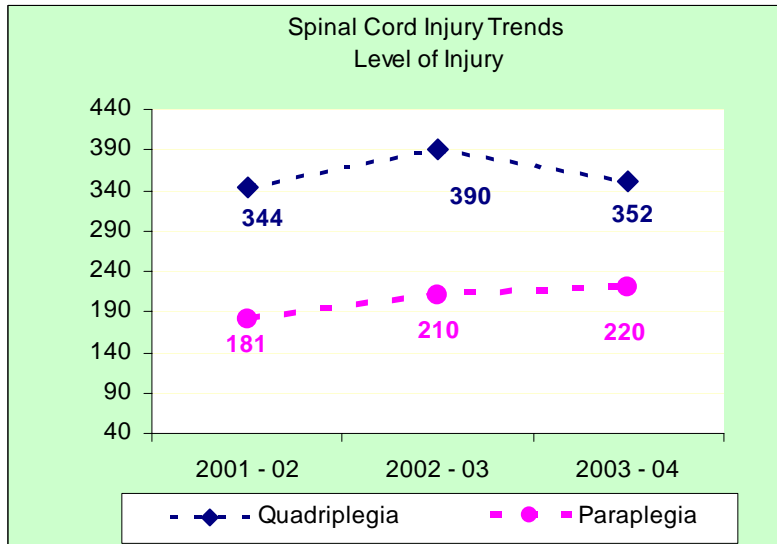


### By Level of Injury

Quadriplegics accounted for 352 or 62 percent of new spinal cord injuries and paraplegics accounted for 220 or 38 percent.



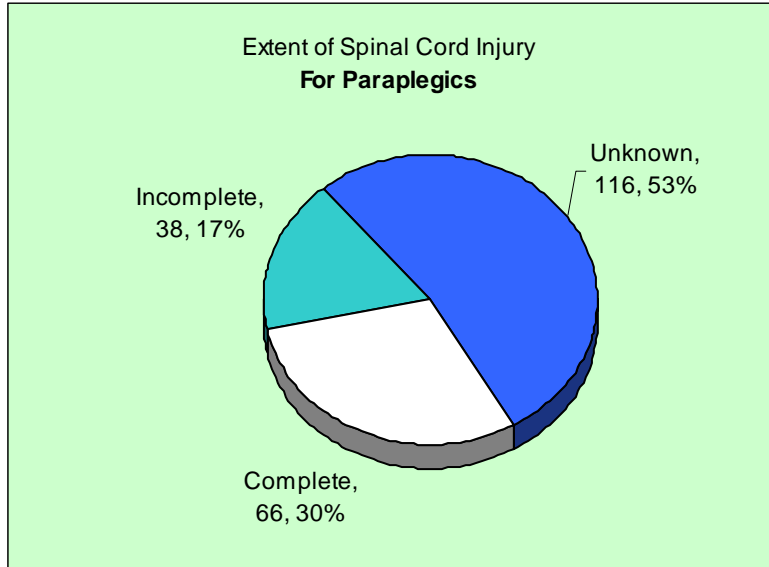
**Trends:** A comparison of numbers across levels of injury revealed an overall increase in numbers for both paraplegics and quadriplegics. The number of paraplegics showed a consecutive increase across the three years.



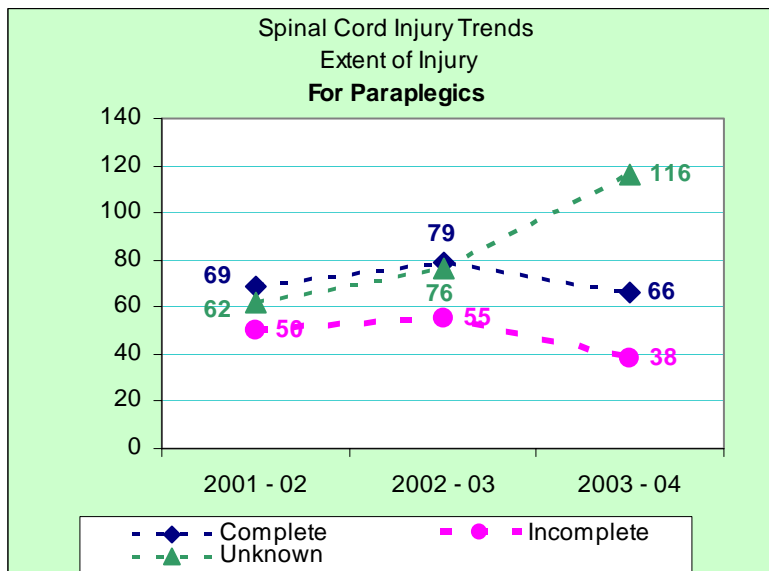
### By Extent of Injury for Paraplegics

Extent of injury measures the degree to which a spinal cord injured individual maintains motor and sensory sensation in their bodies below the point of injury. A complete injury results in no motor or sensory sensation below the point of injury, while an incomplete injury results in a partial ability to feel motor and sensory sensations below the point of injury.

Of the 220 paraplegics reported, 66 or 30 percent had a complete injury, 38 or 17 percent had an incomplete injury and 116 or 53 percent had an unknown extent of injury.

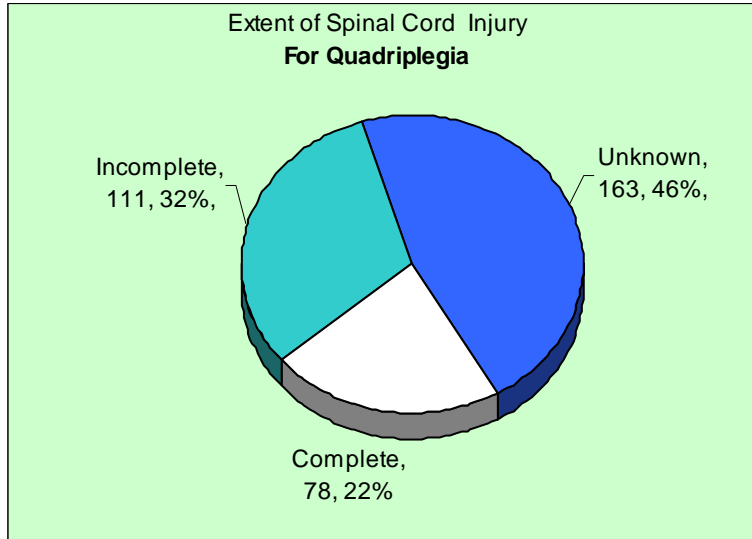


**Trends:** A comparison of numbers across extent of injury revealed an overall increase in the unknown category and decreases in the complete and incomplete categories. The unknown extent of injury category increased consecutively across the three years.

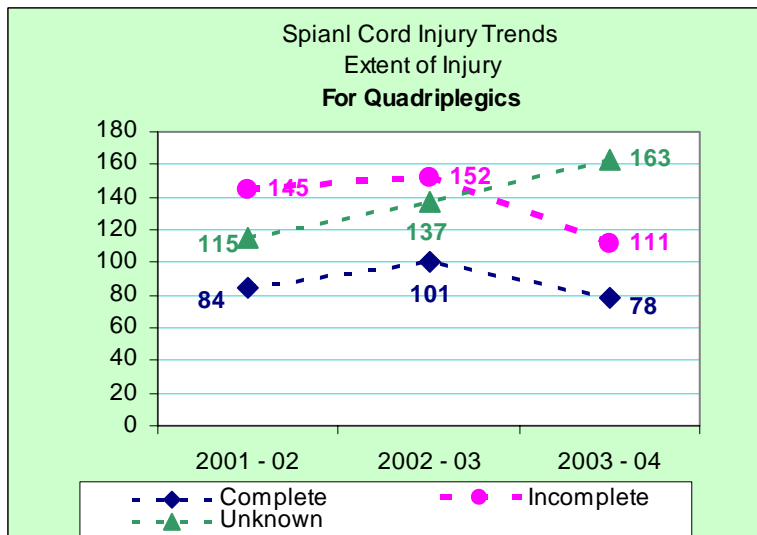


### Extent of Injury for Quadriplegics

Of the 352 quadriplegics reported, 78 or 22 percent had complete injuries, 111 or 32 percent had incomplete injuries and 163 or 46 percent had an unknown extent of injury.



**Trends:** A comparison of numbers across extent of injury revealed an overall increase in the unknown category and decreases in the complete and incomplete categories. The unknown extent of injury category increased consecutively across the three years.



## **MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM**

During state fiscal year 2003-2004, 264 individuals were provided services through the Medicaid Home and Community-Based Waiver Program for individuals that have sustained a moderate-to-severe brain or spinal cord injury. Services are provided to individuals who may otherwise be placed in nursing homes at a greater cost to the state.

In accordance with the approved federal waiver, the Medicaid Home and Community-Based Waiver Program is limited to serving 300 brain and/or spinal cord injured people. The number of clients served over the past three fiscal years has consistently increased from 149 individuals in state fiscal year 2001-2002 to 264 individuals in 2003-2004. It is anticipated that the number of clients served by this program will continue to increase and reach the program's cap during fiscal year 2004-2005.

The following 12 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
- Adaptive Health and Wellness

The most commonly used services were companion services, personal care, attendant care, and assistive technology and adaptive equipment.

The demographic and dollar expenditure profile of these clients follows:

### By Injury Type

- 100 or 38 percent of eligible clients served sustained a single diagnosis brain injury. The average cost for these clients was \$19,648 dollars.
- 158 or 60 percent of eligible clients served sustained a single diagnosis spinal cord injury. The average cost for these clients was \$27,802 dollars.
- 6 or 2 percent of eligible clients served sustained a dual diagnosis brain and spinal cord injury. The average cost for these clients was \$22,455 dollars.

Medicaid Waiver Counts and Expenditures By Injury Type				
		2001 - 2002	2002 - 2003	2003 - 2004
Brain	Count	64	80	100
	Col %	43.0%	37.0%	37.9%
	Mean	\$13,014.92	\$17,611.42	\$19,647.56
Spinal	Count	84	133	158
	Col %	56.4%	61.6%	59.8%
	Mean	\$18,308.24	\$21,851.26	\$27,801.70
Brain & Spinal	Count	1	3	6
	Col %	0.7%	1.4%	2.3%
	Mean	\$19,280.00	\$14,288.67	\$22,454.51
Group Total	Count	149	216	264
	Col %	100.0%	100.0%	100.0%
	Mean	\$16,041.12	\$20,175.92	\$24,591.48

### By Age Group

- Adults between the ages of 21 – 34 (88; 33 percent), 35 – 44 (92; 35 percent) and 45 - 64 (75; 28 percent) accounted for 96 percent of clients served.
- The remaining 4 percent of eligible clients served were adults between the ages of 18 - 20 (7; 3 percent), and adults over the age of sixty-four (2; 1 percent).

Medicaid Wavier Clients Served								
By Age Group & Injury Type								
	Brain		Spinal		Brain & Spinal		Table Total	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
18 - 20	7	7.0%					7	2.7%
21 - 34	39	39.0%	48	30.4%	1	16.7%	88	33.3%
35 - 44	37	37.0%	52	32.9%	3	50.0%	92	34.8%
45 - 64	17	17.0%	56	35.4%	2	33.3%	75	28.4%
65 Plus			2	1.3%			2	0.8%
<b>Total</b>	<b>100</b>	<b>100.0%</b>	<b>158</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>	<b>264</b>	<b>100.0%</b>

### By Gender

- Males accounted for 206 or 78 percent of clients served.
- Females accounted for 58 or 22 percent of clients served.

Medicaid Wavier Clients Served								
By Gender & Injury Type								
	Brain		Spinal		Brain & Spinal		Table Total	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Male	87	87.0%	115	72.8%	4	66.7%	206	78.0%
Female	13	13.0%	43	27.2%	2	33.3%	58	22.0%
Total	100	100.0%	158	100.0%	6	100.0%	264	100.0%

### By Race/Ethnicity

- Whites accounted for 216 or 82 percent of clients served.
- African Americans/Blacks accounted for 37 or 14 percent of clients served.
- Hispanic Whites/Blacks accounted for 9 or 3 percent of clients served.
- Other or unknown racial/ethnic identities accounted for 2 or 1 percent of clients served.

Medicaid Wavier Clients Served								
By Race/Ethnicity & Injury Type								
	Brain		Spinal		Brain & Spinal		Total	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
White	89	89.0%	121	76.6%	6	100.0%	216	81.8%
African American/Black	11	11.0%	26	16.5%			37	14.0%
Hispanic White/Black			9	5.7%			9	3.4%
Other/Unknown			2	1.3%			2	0.8%
Total	100	100.0%	158	100.0%	6	100.0%	264	100.0%

### By Major Cause of Injury Categories

- Traffic-related (170; 64 percent)
- Fall-related (21; 8 percent)
- Violence-related (15; 6 percent)
- Sports/recreation & diving-related (38; 14 percent)
- Other causes (20; 8 percent)

Medicaid Wavier Clients Served								
Major Cause of Injury Categories and Injury Type								
	Brain		Spinal		Brain & Spinal		Total	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Traffic Related	87	87.0%	80	50.6%	3	50.0%	170	64.4%
Falls	4	4.0%	16	10.1%	1	16.7%	21	8.0%
Violence	3	3.0%	12	7.6%			15	5.7%
Sports/Recreation & Diving	1	1.0%	37	23.4%			38	14.4%
Other	5	5.0%	13	8.2%	2	33.3%	20	7.6%
Total	100	100.0%	158	100.0%	6	100.0%	264	100.0%

### Traffic-Related Injuries

A total of 170 or 64 percent of all injuries were traffic-related. The causes of these injuries were distributed as follows:

- Auto/Truck (122; 72 percent)
- Motorcycle (14; 8 percent)
- ATV/Moped/Dirt bike (16; 9 percent)
- Bicycle/Auto (5; 3 percent)
- Bicycle/Non-Auto (4; 2 percent)
- Pedestrian/Auto (8; 5 percent)
- Unknown Vehicle Type (1; 1 percent)

Medicaid Wavier Clients Served									
Traffic-Related Causes of Injury and Injury Type									
	Brain		Spinal		Brain & Spinal		Total		
	Count	Col %	Count	Col %	Count	Col %	Count	Col %	
Auto/Truck	62	71.3%	57	71.3%	3	100.0%	122	71.8%	
Motorcycle	9	10.3%	5	6.3%			14	8.2%	
ATV/Moped/Dirtbike	5	5.7%	11	13.8%			16	9.4%	
Bicycle/Auto	4	4.6%	1	1.3%			5	2.9%	
Bicycle/Non Auto	1	1.1%	3	3.8%			4	2.4%	
Pedestrian/Auto	6	6.9%	2	2.5%			8	4.7%	
Unknown Vehicle			1	1.3%			1	0.6%	
<b>Total</b>	<b>87</b>	<b>100.0%</b>	<b>80</b>	<b>100.0%</b>	<b>3</b>	<b>100.00%</b>	<b>170</b>	<b>100.0%</b>	

### Violence-Related Injuries

A total of 15 or 7 percent of all injuries were related to violence. The causes of these injuries were distributed as follows:

- Handgun/Rifles (8; 53 percent)
- Assault/Altercations (6; 40 percent)
- Stabbing (1; 7 percent)

Medicaid Wavier Clients Served							
Violence-Related Causes of Injury and Injury Type							
	Brain		Spinal		Total		
	Count	Col %	Count	Col %	Count	Col %	
Assault/Altercation	3	100.0%	3	25.0%	6	40.0%	
Handgun			6	50.0%	6	40.0%	
Rifle			2	16.7%	2	13.3%	
Stabbing			1	8.3%	1	6.7%	
<b>Total</b>	<b>3</b>	<b>100.0%</b>	<b>12</b>	<b>100.0%</b>	<b>15</b>	<b>100.0%</b>	



### Sports/Recreation and Diving-Related Injuries

A total of 38 or 14 percent of all injuries were related to sports/recreation or diving into a natural body of water. The causes of these injuries were distributed as follows:

- Diving into a natural body of water (25; 66 percent)
- Diving into a pool, (9; 24 percent)
- Other recreational activities (4; 10 percent)

Medicaid Wavier Clients Served						
Sports/Recreation & /Diving-Related Injuries and Injury Type						
	Brain		Spinal		Total	
	Count	Col %	Count	Col %	Count	Col %
Boating/Jet Ski			1	2.7%	1	2.6%
Diving into a pool	1	100.0%	8	21.6%	9	23.7%
Diving into a natural body of water			25	67.6%	25	65.8%
Recreational Sport			1	2.7%	1	2.6%
Football/Soccer/Hockey			1	2.7%	1	2.6%
Other Sport			1	2.7%	1	2.6%
<b>Total</b>	<b>1</b>	<b>100.0%</b>	<b>37</b>	<b>100.0%</b>	<b>38</b>	<b>100.0%</b>

### By Glasgow Coma Score

Of the 106 brain injured clients served:

- 56 or 53 percent were reported with a moderate brain injury
- 37 or 35 percent were reported with a severe brain injury
- 9 or 8 percent were reported with a minor brain injury at the time of referral
- 4 or 4 percent were reported to be non-responsive at the time of referral

Medicaid Waiver Clients Served						
By Glasgow Coma Score and Injury Type						
	Brain		Brain & Spinal		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Non-Responsive - 03	4	4.0%			4	3.8%
Severe 04 - 08	36	36.0%	1	16.7%	37	34.9%
Moderate 09 - 12	52	52.0%	4	66.7%	56	52.8%
Minor 13-14	8	8.0%	1	16.7%	9	8.5%
<b>Group Total</b>	<b>100</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>	<b>106</b>	<b>100.0%</b>

It is important to note that the Glasgow Coma Score is only one indicator of the severity of injury. Therefore, a small percentage of cases in the minor and non-injured range may be reported as a result of professional judgment.

**By Level of Injury**

Of the 164 spinal cord injured clients served:

- 156 or 95 percent were quadriplegics
- 8 or 5 percent were paraplegics

Medicaid Waiver Clients Served						
	Level of Injury and Injury Type					
	Spinal		Brain & Spinal		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Quadriplegia	151	95.6%	5	83.3%	156	95.1%
Paraplegia	7	4.4%	1	16.7%	8	4.9%
Group Total	158	100.0%	6	100.0%	164	100.0%

**By Extent of Injury**

Of the 164 spinal cord injured clients served:

- 84 or 51 percent sustained complete injuries.
- 58 or 35 percent sustained incomplete injuries.
- 22 or 13 percent had an unknown level of injury.

Medicaid Waiver Clients Served							
Extent of Injury and Injury Type							
		Spinal		Brain & Spinal		Total	
		Count	Col %	Count	Col %	Count	Col %
Extent Of Injury	Complete	79	50.0%	5	83.3%	84	51.2%
	Incomplete	58	36.7%			58	35.4%
	Unknown	21	13.3%	1	16.7%	22	13.4%
Total		158	100.0%	6	100.0%	164	100.0%

## INSTITUTIONAL TRANSITION INITIATIVE

The Brain and Spinal Cord Injury Program's Institutional Transition Initiative grew out of the findings, results, and recommendations from the Centers for Medicare and Medicaid Services funded grant, "2000-2003, Partnerships for Community Living." The goal of that project was to transition 45 individuals from skilled nursing facilities to the community. With \$300,000 in grant funds for direct services to clients, the program transitioned 46 individuals with severe brain and spinal cord injuries from nursing homes to the community. Recognizing that follow-along services were necessary for individuals whose cases were closed in institutional placements, i.e., skilled nursing facilities, because those individuals were still in coma or had severe secondary conditions such as skin breakdowns, the BSCIP developed the position of Institutional Transition Coordinator. With a renewed emphasis on nursing home de-institutionalization because of the grant funds, the program also turned its attention to nursing home diversion. This coordinator position is currently funded under contract with the Florida Alliance for Assistive Services and Technology.

In combination with the new position, the program also established a separate fund of \$100,000 and a fund code to track all monies spent on nursing home diversion and de-institutionalization. These funds are typically spent for "non-traditional" services necessary to return individuals to their community such as rent and utility deposits, basic furniture and cooking apparatus, and other basic household goods.

During state fiscal year 2003-2004, the Institutional Transition Initiative Program established a goal of moving 25 individuals from nursing homes to community-based settings. The goal was exceeded in its first year. The program transitioned 32 individuals. The program also exceeded the funds allotted by approximately \$20,000. The extra funds were approved by the Bureau Chief as central to the mission of the program. The average cost per transition fell from nearly \$7,000 during the grant program to \$3,750 during the first year of implementation.

Of the 32 individuals transitioned:

### By Injury Type

- 10 or 31 percent of clients served sustained a single diagnosis brain injury
- 20 or 63 percent of clients served sustained a single diagnosis spinal cord injury
- 2 or 6 percent of clients served sustained a dual diagnosis brain and spinal cord injury

ITI Clients Served By Injury Type		
	Count	Col %
Brain	10	31.3%
Spinal	20	62.5%
Brain & Spinal	2	6.3%
Total	32	100.0%

### By Age Group

- Adults between the ages of 21 - 34 (13; 41 percent) accounted for the largest percentage of injuries, followed by 35 - 44 year-olds and 45 - 64 year-olds with each accounting for 9 or 28 percent of injuries. There was one (3 percent) individual over the age of 65.

ITI Clients Served By Age Group		
21 - 34	13	40.6%
34 - 44	9	28.1%
45 - 64	9	28.1%
65 Plus	1	3.1%
Total	32	100.0%

### By Gender

- Males accounted for 25 or 78 percent of clients served.
- Females accounted for 7 or 22 percent of clients served.

ITI Clients Served By Gender		
Male	25	78.1%
Female	7	21.9%
Total	32	100.0%

### By Race/Ethnicity

- Whites accounted for 23 or 72 percent of clients served
- African Americans/Blacks accounted for 8 or 25 percent of clients served
- Hispanic Whites/Blacks accounted for 1 or 3 percent of clients served

ITI Clients Served By Race/Ethnicity		
White	23	71.9%
African American/Black	8	25.0%
Hispanic White/Black	1	3.10%
Total	32	100.0%

### By Major Cause of Injury Categories

The causes of injuries for the 32 individuals served were:

- Traffic-related (18; 56 percent)
- Falls (2; 6 percent)
- Violence-Related (3; 9 percent),
- Sports/Recreation and Diving-Related (5; 16 percent)
- Other (4; 13 percent)

ITI Clients Served By Cause of Injury		
Auto/Truck	12	37.5%
Motorcycle	2	6.3%
ATV/Moped/Dirt bike	1	3.1%
Pedestrian/Auto	3	9.4%
Jump/Fall	2	6.3%
Assault/Altercation/Gun	3	9.4%
Diving into a natural body of water	4	12.5%
Recreational Sport	1	3.1%
Other	4	12.5%
Total	32	100.0%

### By Glasgow Coma Score

Of the 12 brain injured clients served:

- 8 or 67 percent were reported with a moderate brain injury
- 3 or 25 percent were reported with a severe brain injury
- 1 or 8 percent was reported to be non-responsive at the time of referral

ITI Clients Served By Glasgow Coma Score		
Non-Responsive - 03	1	8.3%
Severe 04 - 08	3	25.0%
Moderate 09 - 12	8	66.7%
Total	12	100.0%

### By Level of Injury

Of the 22 spinal cord injured clients served:

- 21 or 95 percent were quadriplegics
- 1 or 5 percent was a paraplegic

ITI Clients Served By Level of Injury		
Quadriplegia	21	95.5%
Paraplegia	1	4.5%
Total	22	100.0%

### By Extent of Injury

- The extent of injury was evenly distributed between incomplete and complete injuries with each accounting for 8 or 36 percent of all injuries.
- Individuals who had an unknown extent of injury accounted for the remaining injuries.

ITI Clients Served By Extent of Injury		
Complete	8	36.4%
Incomplete	8	36.4%
Unknown	6	27.3%
Total	22	100%

## **PUBLIC AND PRIVATE PARTNERSHIPS**

### **Brain Injury Association of Florida, Inc. - Family/Community Support Program Executive Summary – State Fiscal Year 2003-2004**

#### **Program Overview**

Brain Injury Association of Florida (BIAF) is the *only* non-profit organization in the state of Florida that is dedicated solely to helping people understand and live with the long-term consequences of traumatic brain injury (TBI). Through a statewide network of eight Family/Community Support offices, BIAF provides practical solutions to the difficult problems faced by individuals and families when living with the long-term consequences of a TBI. Family/Community Support services are designed to assist individuals with TBI and their families with identifying and accessing community resources and needed services. These services assist to keep individuals in their homes and with their families. They strengthen the individual's ability to live with the life long consequences of traumatic brain injury and remain out of institutional settings, i.e. nursing homes, mental health institutions, and jails.

#### **Direct Services/Support**

- 1,058 individuals were served
- 483 individuals required long-term support services
- Employment, recreation, and medical were ranked in order of primary areas in which services were needed
- Of those served, 19 percent were individuals with severe injury, 69 percent moderate, and 12 percent mild
- 55 percent of those served were over 3 years post injury
- 48 percent of those served required 1-6 months of services, 46 percent required 6-12 months of services
- 84 percent were determined as successful closures by meeting goals identified on their individualized plan of care
- Less than 1 percent of those served were institutionalized

#### **Community Capacity Building**

- 86 community capacity building activities were conducted statewide
- 50 percent of the activities conducted were in the areas of employment and recreation, which are the two primary needs identified from the 2002 consumer needs survey
- Recreational facilities and vocational providers have begun to identify ways to provide or streamline services in some of the Family/Community Support Program regions

#### **Vocational**

- 124 individuals with Traumatic Brain Injury (TBI) were referred by BSCIP to the Division of Vocational Rehabilitation (DVR)
- 47 percent of those referred either declined services or did not respond to contacts made by the Family/Community Support Program

- 10 percent returned to work without assistance from DVR
- Barriers to accessing employment services have been identified and an interagency task force was established between BSCIP/BIAF and DVR to examine barriers and recommendations for systems change

### **BSCIP/TBI Medicaid Waiver**

- 88 individuals with TBI were identified from the BSCIP Medicaid waiver waiting list
- 44 percent of those identified received services from BIAF
- 51 resources were provided to those served
- 88 percent of the resources provided were in the areas of socialization (34 percent), housing (29 percent) and medical (25 percent)
- 24 scholarships were awarded to BSCIP Support Coordinators to attend BIAF's educational conference for training on TBI

### **Coordination with the Centers for Independent Living**

- BIAF participated in a two-day summit hosted by BSCIP and provided training on TBI and BIAF programs to Florida's 14 Centers for Independent Living (CILs) and their satellite affiliates. Ongoing training needs for CILs will be identified in the next contract year.

## **Brain Injury Association of Florida, Inc. - Prevention Programs Executive Summary - State Fiscal Year 2003-2004**

### **Service Overview**

BIAF's statewide mission for prevention is to enhance, aid, and build the capacity of local safety programs by providing information, tools, materials, and resources about brain injury. BIAF's audience is the public at large, however, we reach them by working collaboratively with many groups and organizations. Local groups include police and fire departments, local Safe Kids Coalitions, epilepsy associations, Think First organizations, county health departments, rural and CMS nurses, school boards, traffic safety groups, trauma and rehabilitation centers and many others. BIAF interacts and collaborates with such statewide groups as the Florida Injury Prevention Program for Seniors, Safe Kids Florida Coalition, Florida Bicycle Association, Florida Crime Prevention Association, the Florida Epilepsy Services Program, the Area Agency on Aging Community and Wellness Program, and others.

### **Service Achievements by Target Population**

#### **People Ages 60+**

- Furthered partnership with the Florida Injury Prevention Program for Seniors through collaborative distribution of materials
- Created a new cost-saving brochure for seniors that has been enthusiastically received statewide
- Expanded outreach to individuals and organizations serving the elder population through articles in Elder Update



- Initiated partnerships with Area Agency on Aging health educators at statewide conference
- Developed and pilot-tested HeadSmartz, A Cranium Challenge training curriculum and presentation kit
- Provided memorable and motivational educational experience to hundreds of South Florida senior citizens
- Gained international recognition for Be HeadSmart, Seniors program through participation at conference sponsored by World Health Organization
- Worked with researchers from University of Florida to develop and complete evaluation of HeadSmartz, A Cranium Challenge project
- Achieved significant results in motivating seniors to take action to reduce their risk of falls and brain injury

#### **Law Enforcement Departments**

- Developed dual-format training curriculum for law enforcement officers to teach them how to recognize and interact with people with TBI

#### **Children and Teens**

- Pilot-tested I.M. Brainy puppet and curriculum, a new prevention approach for pre-school children
- Provided financial and advisory support to Safe Kids Coalitions and chapters statewide
- Worked cooperatively with Community Traffic Safety Teams, Epilepsy Associations and other safety groups to deliver messages targeting children and teens

#### **Injury Prevention Professionals and General Population**

- Developed both on-line and printed version of prevention materials catalog and streamlined fulfillment process
- Created new framework for presenting prevention information on BIAF website and made many prevention materials available in printable form online

### **Brain Injury Association of Florida, Inc. - Resource Center Executive Summary – State Fiscal Year 2003-2004**

#### **Service Overview**

The Resource Center provides information on the nature of TBI in adults and children, its consequences and effects on the family, cognitive/behavioral issues, neuropsychological evaluation, substance abuse, minor brain injury, and practical suggestions for living with TBI. Anyone can contact the Resource Center including survivors of brain injury, their families and caregivers, and professionals who work with survivors. The Resource Center also initiates outreach activities to share information and resources with individuals, agencies, and community programs throughout the state.

**Direct Services:**

- 5,527 requests for information or resources were responded to during this contract year
- 19,240 pieces of information were provided to those who requested information or resources
- The greatest number of referrals were received via the 800 Help Line and from BSCIP “paper referrals”
- Consumers requested information on medical, social, and vocational resources most often

**Outreach and Public Awareness**

- 11 SiGNal support group newsletters, with supporting materials, were sent to approximately 35 support groups throughout the year
- 1 in-service training session regarding BIAF was held in each of the five BSCIP regions
- BIAF attended and exhibited at three disability-related conferences including the “Family Café”, “Living and Aging with a Disability”, and the “Emerging Workforce” conference
- 3 BIAF newsletters were produced and mailed to approximately 2,500 members, support groups, BSCIP offices, and board members
- Approximately 300 high school athletic coaches around the state were distributed information on mild traumatic brain injury

**Consumer Satisfaction Survey**

- 628 BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP
- The average degree of satisfaction with BSCIP services is high, rating a 4.13 on a possible 5 point rating scale
- 75 percent of consumers felt BSCIP case managers were knowledgeable about services, explained BSCIP services well, and kept set appointments
- 21 percent of consumers felt that case managers did not respond to their phone calls in a timely manner

**Follow Up Survey**

- 28 BSCIP consumers were contacted for the purpose of a one year follow up to BSCIP services
- Over 80 percent of consumers reported housing, transportation and having friend or family to help them was adequate to meet their needs
- 50 percent of consumers reported that they do not participate in social activities, receive SSI or SSDI, receive Medicaid and are not employed, or have not returned to school

## **Florida Alliance for Assistive Services and Technology Executive Summary – State Fiscal Year 2003-2004**

Through its contract with the Florida Department of Health's Brain and Spinal Cord Injury Program (BSCIP), the Florida Alliance for Assistive Services & Technology (FAAST) has been able to significantly expand the services it provides as the statewide Assistive Technology Program for the state of Florida.

Although the contract with BSCIP is geared specifically to individuals with traumatic brain and spinal cord injuries, the vast majority of the work accomplished through the contract is disability-neutral. As such, through the support of BSCIP, FAAST has been able to expand upon and improve the infrastructure of supports, information, and services available not just to people with traumatic brain and spinal cord injuries, but to all people with disabilities.

FAAST is a non-profit organization dedicated to helping Floridians with disabilities learn about and acquire assistive technology devices and services that can help them live as independently as possible. However, the simple delivery of assistive services and technology is often only one piece of the package of supports that a person with a brain or spinal cord injury – or any disability for that matter – needs to live as independently as possible.

As such, the partnership between FAAST and BSCIP has grown over the years to encompass many new areas of practice, service delivery, and resource development in addition to the delivery of assistive services and technology.

Some of the highlights of the past year include:

### **FAAST Regional Demonstration Centers**

FAAST has four Regional Assistive Technology Demonstrations Centers in Tallahassee, Jacksonville, Tampa, and Miami. These centers are designed to allow consumers, providers, family members, and any other interested parties to learn about the various types of assistive technology available to help people with disabilities live more independently.

The centers have samples of assistive technology devices and software that consumers can try out, take out on loan, and ask questions about. These centers play an important role in ensuring that BSCIP case management staff are making the right decision when purchasing assistive devices for their clients.

Each of the centers has staff available to perform assessments for BSCIP clients to determine which type of assistive technology is most appropriate for clients' particular needs. Clients can also take devices out on loan so they have an opportunity to try out the equipment before buying it.

Through the regional centers, FAAST also performs home accessibility assessments to determine the best way to make a home accessible for someone in a wheelchair or with a mobility impairment.

## **Housing Initiative**

As part of its contract with BSCIP, FFAST provides assistance to the program and clients with housing needs. FFAST staff works directly with clients and their families to determine their housing and accessibility needs. FFAST works with local State Housing Initiatives Partnership (SHIP) programs, Public Housing Agencies, HUD, and the Florida Housing Finance Corporation on behalf of BSCIP clients to maximize the program's ability to leverage community resources.

This leveraging of community housing resources to reduce BSCIP spending is critical to the BSCIP's ability to successfully transition clients back into the community without exhausting limited trust fund dollars.

FFAST has proposed several innovative housing alternatives to the BSCIP in an effort to realize cost savings for the program, including the use of a client's home modification allowance for down payment assistance as a more cost-effective means of providing clients with a home that is fully accessible. FFAST has also encouraged home ownership for BSCIP clients, particularly fully accessible manufactured homes, which can significantly reduce a client's need for personal care assistance.

FFAST also provides guidance to case managers and clients on Fair Housing issues, which frequently arise over a request for reasonable modifications.

FFAST produces a monthly newsletter entitled, *FFAST Housing Facts*, which is emailed to all BSCIP staff. This newsletter provides information about affordable accessible housing issues for people with disabilities.

FFAST has recently revised and updated the *Affordable and Accessible Housing Resource Guide*, which is a comprehensive resource for BSCIP case management staff, containing contact information for most of the affordable housing and home modification programs throughout the state. The guide is organized by BSCIP region and also includes information about local Legal Services programs, Habitat for Humanity, Centers for Independent Living, and other community resources.

## **BSCIP Staff Education**

FFAST conducts training for all BSCIP staff twice per year in each of the five BSCIP regions. During the fall of 2003, the topic was Vehicle Modifications, and the training included hands-on demonstrations of different types of vehicle modifications conducted by industry specialists and FFAST staff.

During the spring of 2004, FAAST staff conducted sessions on affordable and accessible housing. The programs focused on the BSCIP policy with regard to home modifications and the practical applications of assessments and modifications.



### **FAAST Website**

FAAST maintains a website with a separate container for BSCIP-related links, resources, and information. The BSCIP container includes a database of vendors approved to provide services through BSCIP. The database is divided into 11 different service categories and is searchable by county and service type. FAAST recruits and screens vendors, and once approved, loads them into the searchable database. The BSCIP container also includes a list of the BSCIP designated transitional, rehabilitation, and acute care facilities and an assistive technology referral form.

From the BSCIP container, case managers can also link to a list of organizations that have loan closets for assistive technology or durable medical devices, which is another way that BSCIP can reduce the cost of providing services to program clients.

The website is updated regularly and also contains a comprehensive database of affordable rental properties throughout the state, organized by county. This useful tool includes the names, addresses, and phone numbers of HUD-assisted properties, USDA properties, and public housing properties. The searchable database allows case managers and clients to search for affordable housing opportunities on their own and find out about all of the options available to them.

### **Alternative Financing Program**

The FAAST Alternative Financing Program continues to grow in scope and impact. Each year since its inception in 2002, the number of requests for loans and loans made increases exponentially.

The Alternative Financing Program has become a vital resource for BSCIP clients who need to borrow money at favorable interest rates to purchase assistive technology. The most commonly purchased items are modified vehicles, which are not an allowable expense under the BSCIP. With the purchase of a modified van or vehicle, BSCIP clients can look forward to returning to employment, getting to and from doctor's appointments, and regaining a fundamental component of their independence.

The Alternative Financing Program has played a significant role in many BSCIP clients' successful community reintegration.

## **Access to Telework Program**

Based on the success of the Alternative Financing Program, FFAST was awarded additional federal and state funds to implement the Access to Telework Program. The Telework Program is designed to provide low interest loans to individuals with disabilities so they can purchase the equipment they need to be able to work from home for another employer, or to start a home-based business.

FFAST is honored to be one of only 20 state Assistive Technology Projects to be awarded this funding. FFAST envisions the Telework Program as a natural complement to their efforts to facilitate the community reintegration of BSCIP clients.

Especially for high level quadriplegics and individuals with traumatic brain injuries who are unable to drive, working from home is a very attractive alternative to commuting to and from a remote work environment each day. FFAST initiated the Telework Program in the fall of 2004, and is making it an integral part of the services they provide BSCIP clients.

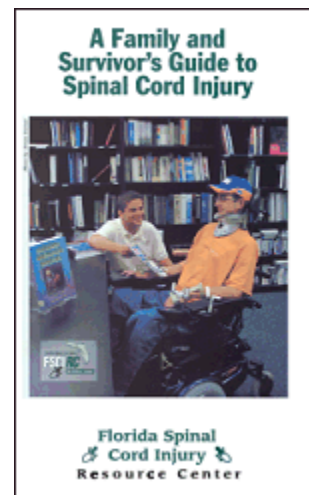
## **Florida Spinal Cord Injury Resource Center Executive Summary – State Fiscal Year 2003-2004**

### **Program Overview**

#### **Information and Referral**

The Florida Spinal Cord Injury Resource Center (FSCIRC) had a very productive year. In July, FSCIRC issued the final edition of its resource directory. This 290 page directory was distributed to 750 individuals with spinal cord injury and healthcare professionals across the state. The directory serves as a compendium of contact information and information on spinal cord injury-related issues.

During the year, the resource center also published an update of the FSCIRC Family and Survivors Guide to Spinal Cord Injury. This publication continues to act as an effective tool in providing very basic information to family, friends, and survivors in their first days of dealing with their catastrophic injuries. By curbing the initial shock of their injury, the readers of this valuable publication can begin moving in a positive direction, rather than dwelling on negative thoughts. Approximately 650 of these guides were distributed and it continues to be one of the most popular publications distributed by the center.



As the contract year came to a close, FSCIRC began the process of reprinting all of its publications. This process has involved some editing of the materials to keep them up to date. Furthermore, FSCIRC staff has begun to seek out a translator so that the materials can be made available in Spanish.

## Community Outreach

Community outreach is performed in two primary ways: Exhibiting our materials and publications at community events and providing training or in-service presentations, usually in the BSCIP designated facilities. These events are directed toward more exposure for the services the center provides, as well as educating individuals on the various topics related to spinal cord injury.



During the year, FSCIRC participated in approximately 25 events throughout the state. These events ranged from health fairs to disability sports expositions. To list some of these events: ***Sportsability, Americorps Disability Sensitivity Training, Florida Gulf Coast University Adaptive Sports Day, and the AbleTrust Youth Leadership Forum.***

FSCIRC staff also conducted approximately 35 in-services. Some of the participants included: ***Hillsborough County Community College Nursing Students, The Center for Comprehensive Services, Brooks Rehabilitation Hospital, Jackson Memorial Rehabilitation Hospital, and each region of the Brain and Spinal Cord Injury Program.***

## Prevention

Part of FSCIRC's ongoing mission is to serve individuals with spinal cord injury, but to also promote a message of preventing these catastrophic injuries. To this end, FSCIRC



staff conducted 18 prevention programs this year. The bulk of these programs used the previously developed GOLD (Go On Living With a Disability) program. FSCIRC staff conducted the majority of these programs for students ranging in age from 5-18. The program carries a powerful message of using your mind to protect your body.

In addition to the GOLD program, FSCIRC staff also produced a key chain made of foam and designed to float. On the key chain was the message "Feet First, First Time." The product was created after consultation with BSCIP data analyst Ms. Andrea Slapion. This consultation revealed that there were 30 injuries related to diving in the year 2002-2003. Of these 30 injuries, 29 were in natural bodies of water. Hence, the floating key chains were distributed to various state parks around the state and individuals participating in the GOLD program.

## Surveying

A large part of FSCIRC's relationship with BSCIP is involved in the following client surveys:

**Consumer Satisfaction** surveying pertains to individuals who have recently had their case closed by a BSCIP case manager. FSCIRC surveyor Mr. Ed Sykes phones these clients and asks a series of nine questions directed toward assessing the quality of services provided by BSCIP staff. This contract year the numbers have remained consistent with the average rating being 4.2 on a scale of 1-5.



This contract year marked the inception of the **Follow Along Survey**. This survey tracks individuals one year after their case has been closed by a BSCIP case manager. The survey is directed towards gathering information about BSCIP clients' medical, social, vocational or educational success, and the stability of their community re-entry. This survey, much like the consumer satisfaction survey, offered very positive results. Fifty-four (54) surveys were successfully completed revealing a high degree of support from family and friends. On the other hand, the ability of BSCIP clients to return to work, return to school, and participate in community events is a challenge.

**Vocational Rehabilitation Closure** surveying: Rather than simply tracking the clients who have been referred to Vocational Rehabilitation by BSCIP, this survey offers assistance to those participating in the survey. The goal is to empower the individual to use effective communication skills in their attempt to access vocational rehabilitation services. To date, FSCIRC staff has surveyed 53 individuals who were referred to Vocational Rehabilitation. What we learned is that many individuals experience difficulty with transportation. Additionally, in generating ideas on the best practices to access Vocational Rehabilitation, this contract year has shown that the timeline between accessing vocational rehabilitation services and vocational rehabilitation closure is extremely individualized. Therefore, the surveying does provide quantitative data, but the true benefit of the program is the continued contact with clients after they have been closed from BSCIP caseload.

## Peer Mentoring

As part of its mission to empower individuals to gain maximum independence, FSCIRC launched a new peer mentoring program this contract year. The program pairs



individuals who have had success post-injury with individuals who are newly injured. These pairings lead to informational sessions between mentors and those with new spinal cord injuries. Topics that are covered range from skin care, bladder and bowel management, sexuality, family issues, and employment.

In its first six months, the program paired 10 newly injured survivors with mentors. At present, there are 13 mentors across the entire state who are available for mentoring. In the coming year, we plan to continue to recruit new mentors so that the mentors can be matched to individuals with new injuries based on the highest compatibility possible. It is FSCIRC's hope that the mentoring sessions will engender independence by providing newly injured individuals with a role model with whom they can identify.



## **SUCCESS STORIES**

### **Brain Injury Success Stories**

#### **The Closet Artist**

Tom called our office one morning in a frenzy. During the weekend, Tom had taken magic markers and had "painted" his house. The entire outside of Tom's house was covered in bright colored magic markers. "I know I probably shouldn't have done it," said Tom, "But I could not help myself." Tom's neighbors had come to his house that morning very angry. They had reported Tom and his magic markers to the police.

Here at the Brain Injury Association of Florida (BIAF) we did some research and discovered that Tom had sustained a severe brain injury in 2002, and after many months of hospitalization had returned to the home he had lived in prior to the accident.

We recommended that Tom go to the Neighborhood Legal Foundation in his hometown and explain what happened. We also asked him to have one of the employees from the Foundation call us. This Neighborhood Legal Foundation came up with the following solution.

Tom's house was in an area where many of the homes were being gentrified. The Legal Foundation recommended that they apply for this funding on Tom's behalf and that the money be used to "restore" his house.

Tom had so many volunteers show up to "restore" his house that the local paper did a news article on the gathering and the general party atmosphere of the entire "happening".

An update on Tom – A friend of BIAF, who is a survivor and an artist, helped to channel Tom's artistic energy in a positive direction. Tom is now participating in an art program at a community college. Tom sent us one of his "masterpieces" and we were told that the original is hanging in the halls of the college.

#### **'I Want To Feel Like a Human Being'**

A young man from the West Palm Beach area was a high achiever. He had received a degree in Natural History from an eastern university and was on his way to a very successful career. The day after graduation this young man was assaulted during a robbery and spent over eight months in the hospital with a severe brain injury. According to his family, the injury changed this young man's personality from mild mannered to severely depressed, angry, and aggressive with his family.

Both the survivor and his family called BIAF looking for help. The parents wanted to know what they could do to subdue him, and the survivor said, "I just want to feel like a human being again." We recommended that this young man apply for a volunteer position at the South Florida Science Museum and we made some preliminary calls for him.

We heard from the family over the holidays. This survivor is now helping to lead tours in the museum and the museum is considering hiring him as a regular member of their staff. His anger and depression have nearly disappeared.

### **Nursing Home Blues**

A young traumatic brain injury survivor who was living in a nursing home was feeling depressed and angry by the demands of her 91 year-old roommate. Nancy wrote to our organization about how she felt “like a prisoner” and begged for help.

Upon visiting with this individual, the Brain Injury Association of Florida’s Family Support Specialist discovered that this young lady had sustained a lack of oxygen at birth and was diagnosed with cerebral palsy. She sustained a brain injury after a fall as a result of her original disability. Because this survivor was in a very rural area she did not know about the Cerebral Palsy (CP) Foundation and the help they offer. BIAF’s Family Support Specialist arranged for a representative of the CP Organization to visit this survivor.

Efforts by BIAF’s Family Support Specialist have resulted in the traumatic brain injury survivor living in a different nursing home where her roommate is a “contemporary.” She now has a computer (which we helped her obtain) and is taking classes to relearn how to read and write.

We even received an email during the holidays written by the survivor herself. This is what makes it all worthwhile.

### **Swimming with the Dolphins**

In September of 2002, a young man was involved in a motorcycle crash and was flown to Jackson Memorial where he was diagnosed with severe brain injury. He made remarkable strides in his recovery – but he would not talk. The doctors told the mother that there was no physical reason why her son could not talk. One day when the son was watching television, he showed great interest in a program called: “Swimming with the DOLPHINS.” His excitement was so great that he made the first sound he had made in many months, exhibiting a loud shriek to draw his mother’s attention to the program. That’s when his mother called BIAF.

She asked if there was a therapy program anywhere in the United States where children with disabilities could swim with the dolphins. After some research, we called her back with information about a program in the Keys that could offer her son just that.

During the holidays, we received a thank you from this family, telling us that not only was her son swimming with the dolphins – he has been talking since the 5<sup>th</sup> month after swimming with the dolphins. Sometimes miracles happen in the smallest ways.

## **Guidance and Advocacy Bring Results**

Susie was 13 years old and in middle school when she sustained her traumatic brain injury. Her accident brought about many changes in her life and she was afraid to return to school. Her mom was worried about Susie's medical needs and wasn't sure how to work with the school system to get Susie's needs met. The mother turned to Brain Injury Association of Florida (BIAF) for information on how to advocate for her daughter's needs. BIAF's Family/Community Support Specialist in her area taught Susie's mom how to advocate with the school system and worked with the mom and the school to obtain home schooling and specialized testing for Susie. The Specialist also worked with the mom in obtaining ongoing medical care and services through Children's Medical Services. Counseling services were identified to help Susie and her family adjust to the changes in their lives. Susie is now getting her medical and school needs addressed. As Susie's needs change, her mom feels more equipped to advocate for what her daughter needs.

## **Getting Back on Track**

Betty was a young adult when she sustained her traumatic brain injury. Twenty years later, Betty was still experiencing life changes from the brain injury she sustained in her teenage years. Betty was feeling very isolated from her friends and husband, and was extremely frustrated over not being able to keep her most recent job. Betty met a Brain Injury Association of Florida, Family/Community Support Specialist through a local support group and partnered with the Specialist to help her find and maintain a job, something she was unsuccessful in achieving over the years. The Specialist worked with Betty to help her become eligible for Vocational Rehabilitation (VR) services through the state, a system she had tried to access before, but was disheartened by. The Specialist worked with the VR counselor and Betty until Betty was able to obtain a part-time position (a temporary position that later became permanent). The Specialist also helped Betty find resources in her community where she could socialize and become involved. Betty uses many of the resources provided her and has become confident enough to take prep courses at a vocational technical center to prepare her for college, something she has always wanted to do.

## Brain Injury Association of Florida – Survivors Jamboree & Family Forum



Brain injury survivors, families and caregivers thank Brain Injury Association of Florida (BIAF) and Florida Department of Health, Brain and Spinal Cord Injury Program (BSCIP) at the 2004 BIAF Survivors Jamboree and Family Forum. The Jamboree and Family Forum event is an annual weekend recreational and supportive experience for survivors of traumatic brain injuries and their families. It is held at Canterbury Retreat in Oviedo, Florida, usually in the late spring/early summer. This weekend is often the only “vacation” the attendees have during their year, and is full of fun activities like volleyball, nature walks, arts and crafts, a dance and movies and other opportunities for socialization.

## Spinal Cord Injury Success Stories

### Comprehensive Services at Work

Ashton is a six year-old with paraplegia. He was injured as an improperly restrained passenger. He had been buckled into the front seat of the vehicle in tandem with his seven year-old sister in an adult seat belt. His father was killed in the crash. Even though his sister was seriously injured in the accident, she has been very protective of her brother and constantly shadows him when they are together. The Brain and Spinal Cord Injury Program Registered Nurse care coordinator attended school and outpatient clinical meetings on his behalf, and funded an evaluation for home modifications and equipment. The care coordinator also steered his mother toward cost effective, local pediatric counseling after the child's health insurance would have sent him many miles from home in order to fund services. Ashton very much needed counseling to deal with his life altering injuries and his father's death. Now Ashton is all over the apartment using "arm power" to propel his wheelchair, climb on furniture and navigate the carpet and floors.



### Achieving Life Goals

It was not too long ago that Lee was fighting his way on and off of a therapy mat. But now finds him fighting his way back to a normal life as a college student. "I just got tired of being depressed and so I figured I ought to get up and do something with my life." commented Lee during a recent interview by the Florida Spinal Cord Injury Resource Center. It is through this motivation and the help of the Brain and Spinal Cord Injury Program that Lee is back on track toward achieving his goals in life.



“Just like anyone else I want to graduate from college, get a job, and also become an avid hunter again.” Currently he is majoring in accounting, but he is just beginning his college career and is open to other options. When asked about his expectations with school he stated, “I was a little anxious about how it would go at first. But I soon learned that I had a choice. I could either worry about the things that could go wrong while in school or I could just go for it. I chose the latter.”

Lee is also the proud owner of a newly modified vehicle. The vehicle, a pick-up truck with a crane and covered bed, was a huge step towards independence. No longer does he need to rely on his family to transport him to school or other activities. Instead he jumps in and goes where he wants, when he wants. “My nerves were going crazy when I took the drivers test. But now that I have my license things feel more and more normal.”



### A New Direction

For Tom, what started as casual stroll with his dog proved to be the start of a new direction in his life. As his dog darted in one direction Tom's feet caught some loose gravel and he ended up breaking the 5<sup>th</sup> vertebrae in his neck. His subsequent hospitalization also proved to be a trying venture as a miscue during a transfer landed him on the floor with more damage to his neck. The result of this fall was the need for a halo to stabilize his neck.



As Tom recounted this experience in a recent interview, “You don't appreciate a good night's sleep until you try to do it with four pins screwed in your head.”

Soon thereafter he was transferred to Tampa General Hospital where he began to make great strides toward recovery. “The change in hospitals was very important because at Tampa General (a BSCIP accredited hospital) they were serious about rehabilitation.”

Since returning home, Tom has continued to work on improving. He routinely walks for 20 minutes on a treadmill in his home. Since sustaining his injury, he has returned to his profession as a sign maker, but in a limited fashion. "The biggest difference has been the lack of strength in my upper body to perform the manual labor." But because he has such a great appreciation for life post-injury, he has also begun volunteering at the Florida Spinal Cord Injury Resource Center. Two days a week he helps stuff envelopes, answers telephones, and mentors others with new injuries. As Tom sees it, "Being able to help others through sharing my life experience is extremely rewarding."

Tom epitomizes what it means to be successfully reintegrated into his community. While many aspects of his life have changed, he remains passionate about living. Supported by his wife Darlene he continues to radiate the positive energy necessary for living with a permanent disability.

### **Independence Gained**

An 18 year-old young man who sustained a C7 to T1 injury as the driver in a motor vehicle rollover accident had completed high school in a youth correctional facility prior to his injury. After working hard in inpatient and outpatient rehabilitation, he regained most of the functional use of his hands including writing skills. BSCIP helped to obtain needed adaptive equipment and some home modifications to increase home accessibility. He has assumed ownership of his daily care—aiming to remain as healthy as possible. He volunteers his time visiting the rehabilitation hospital and encouraging other teens with spinal cord injuries. The BSCIP nurse case manager provided contact information to the Florida Spinal Cord Injury Resource Center so he could apply to be a peer mentor. He recently traveled to Disney World and took a short cruise. He plans to enroll at the local community college next term. He is positive and proactive in embracing a full life.

## Appendix I

Referrals By Facility and BSCIP Region								
	Injury Type						Total	
	Brain		Spinal		Brain & Spinal			
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
<b>Region 1</b>								
Baptist Hospital, Incorporated SATC/II/DF	42	1.8%	13	2.8%	1	1.1%	56	1.9%
Brooks Rehabilitation Hospital DF	15	0.6%	8	1.8%			23	0.8%
Columbia W Florida Reg Med Center SATC/II/DF	16	0.7%	9	2.0%			25	0.9%
HealthSouth Emerald Coast Rehabilitation DF	1	0.0%	1	0.2%			2	0.1%
HealthSouth Rehab Hospital of Tallahassee DF		0.0%	1	0.2%			1	0.0%
Sacred Heart Hospital SAPTC/SATC/II	28	1.2%	7	1.5%			35	1.2%
Shands Hospital - University of Florida DF*	41	1.8	20	4.4	3	3.3%	64	2.2%
Shands Rehabilitation Hospital DF	9	0.4%	6	1.3%			15	0.5%
Tallahassee Memorial HealthCare, Inc. DF	63	2.7%	10	2.2%	3	3.3%	76	2.6%
Shands Jacksonville Hospital SATC/II/DF *	334	14.3	44	9.6	11	12.1%	389	13.5%
Region Total	549	23.5%	119	26.0%	18	19.8%	686	23.8%
<b>Region 2</b>								
Halifax Medical Center SATC/II/DF *	193	8.3%	27	5.9%	4	4.4%	224	7.8%
HealthSouth Sea Pines Rehabilitation DF	7	0.3%	2	0.4%			9	0.3%
Holmes Regional Medical Center SATC/II *	80	3.4%	14	3.1%	2	2.2%	96	3.3%
Orlando Regional Medical Center SATC/I *	101	4.3%	29	6.3%	1	1.1%	131	4.5%
Sand Lake Hospital DF	14	0.6%					14	0.5%
St Mary's Hospital, Inc. SATC/II/SAPTC/DF			1	0.2%			1	0.0%
Total	395	16.9%	73	16.0%	7	7.7%	475	16.5%
<b>Region 3</b>								
All Children's Hospital SAPTC	29	1.2%					29	1.0%
Bayfront Medical Center SATC/II/SAPTC/DF *	235	10.1%	25	5.5%	5	5.5%	265	9.2%
Lakeland Regional Medical Center SATC/II *	69	3.0%	18	3.9%	9	9.9%	96	3.3%
St Joseph's Hospital SATC/II/SAPTC *	111	4.7%	18	3.9%	4	4.4%	133	4.6%
Tampa General Hospital SATC/II/DF *	114	4.9%	36	7.9%	6	6.6%	156	5.4%
Tampa General Rehabilitation Center DF	10	0.4%	2	0.4%			12	0.4%
Region Total	568	24.3%	99	21.7%	24	26.4%	691	23.9%



### By Facility & BSCIP Region Continued

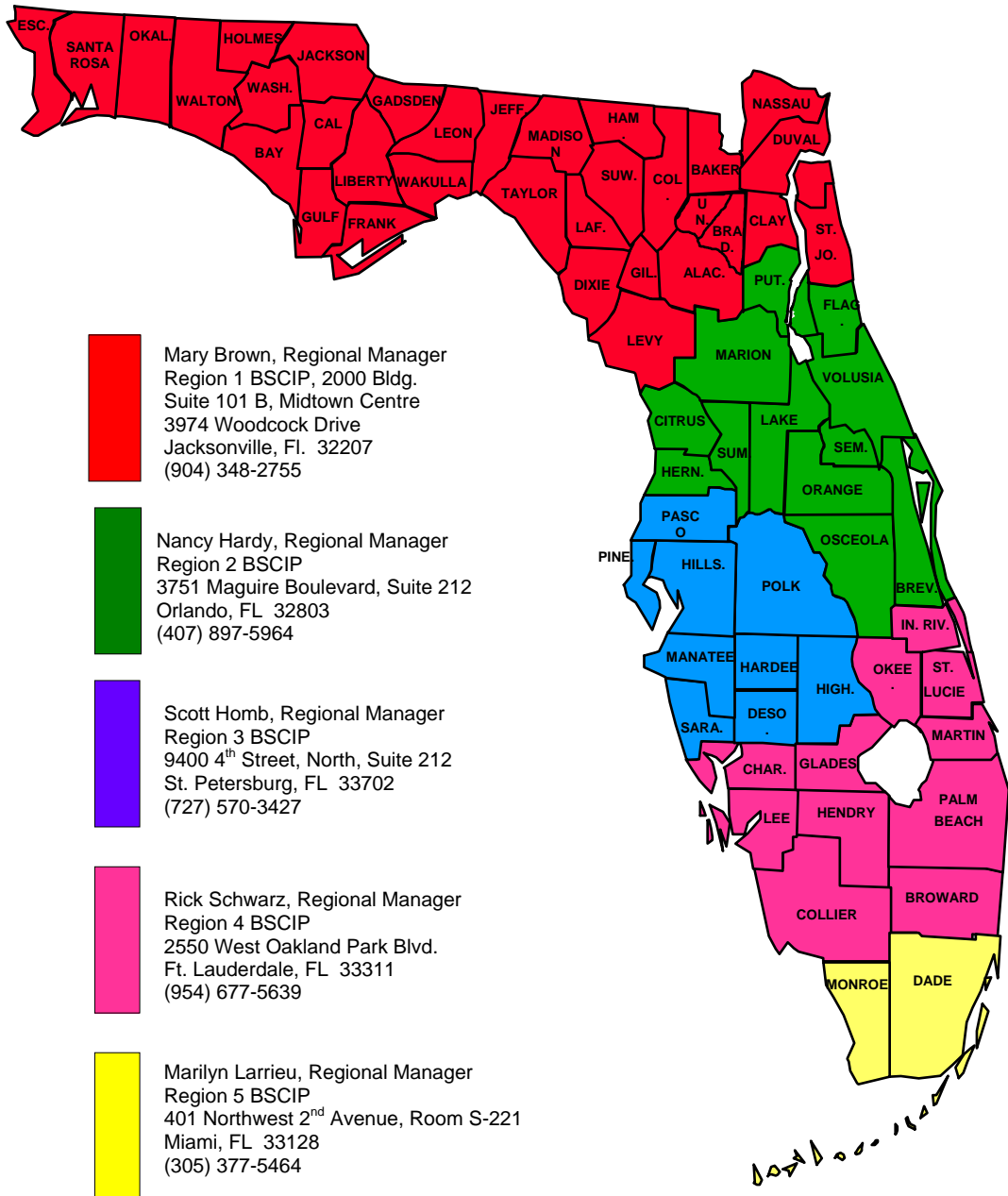
	Injury Type						Total	
	Brain		Spinal		Brain & Spinal			
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
<b>Region 4</b>								
Broward General Medical Center SATC/I	48	2.1%	8	1.8%	1	1.1%	57	2.0%
Delray Medical Center SATC/II/SAPTC	55	2.4%	10	2.2%			65	2.3%
HealthSouth Rehabilitation the Bridge DF	3	0.1%					3	0.1%
Lee Memorial Health System SATC/II	69	3.0%	14	3.1%			83	2.9%
Memorial Regional Hospital SATC/II/DF	34	1.5%	3	0.7%			37	1.3%
N Broward Medical Center SATC/II	25	1.1%	9	2.0%	1	1.1%	35	1.2%
St Mary's Hospital, Inc. SATC/II/SAPTC/DF *	73	3.1%	18	3.9%	1	1.1%	92	3.2%
Region Total	307	13.1%	62	13.6%	3	3.3%	372	12.9%
<b>Region 5</b>								
Baptist Hospital of Miami DF	5	0.2%					5	0.2%
HealthSouth Regional Rehabilitation Hospital DF	4	0.2%	1	0.2%			5	0.2%
Jackson Memorial Hospital SATC/II/DF *	477	20.4%	96	21.0%	37	40.7%	610	21.1%
Jackson Memorial Rehabilitation Center DF	10	0.4%	7	1.5%	1	1.1%	18	0.6%
Miami Children's Hospital SAPTC	23	1.0%			1	1.1%	24	0.8%
Region Total	519	22.2%	104	22.8%	39	42.9%	662	22.9%
<b>Statewide Total</b>	2388	100.0%	457	100.0%	91	100.0%	2886	100.0%

An '\*\*' indicates that a particular facility accounted for the submission of 3 percent or more of all referrals.

SATC/I – State-Approved Trauma Center, Level I  
 SATC/II – State-Approved Trauma Center, Level II  
 SAPTC – State-Approved Trauma Center, Pediatric  
 SATC/I/P – State-Approved Trauma Center, Provisional Status  
 DF – Designated Facility

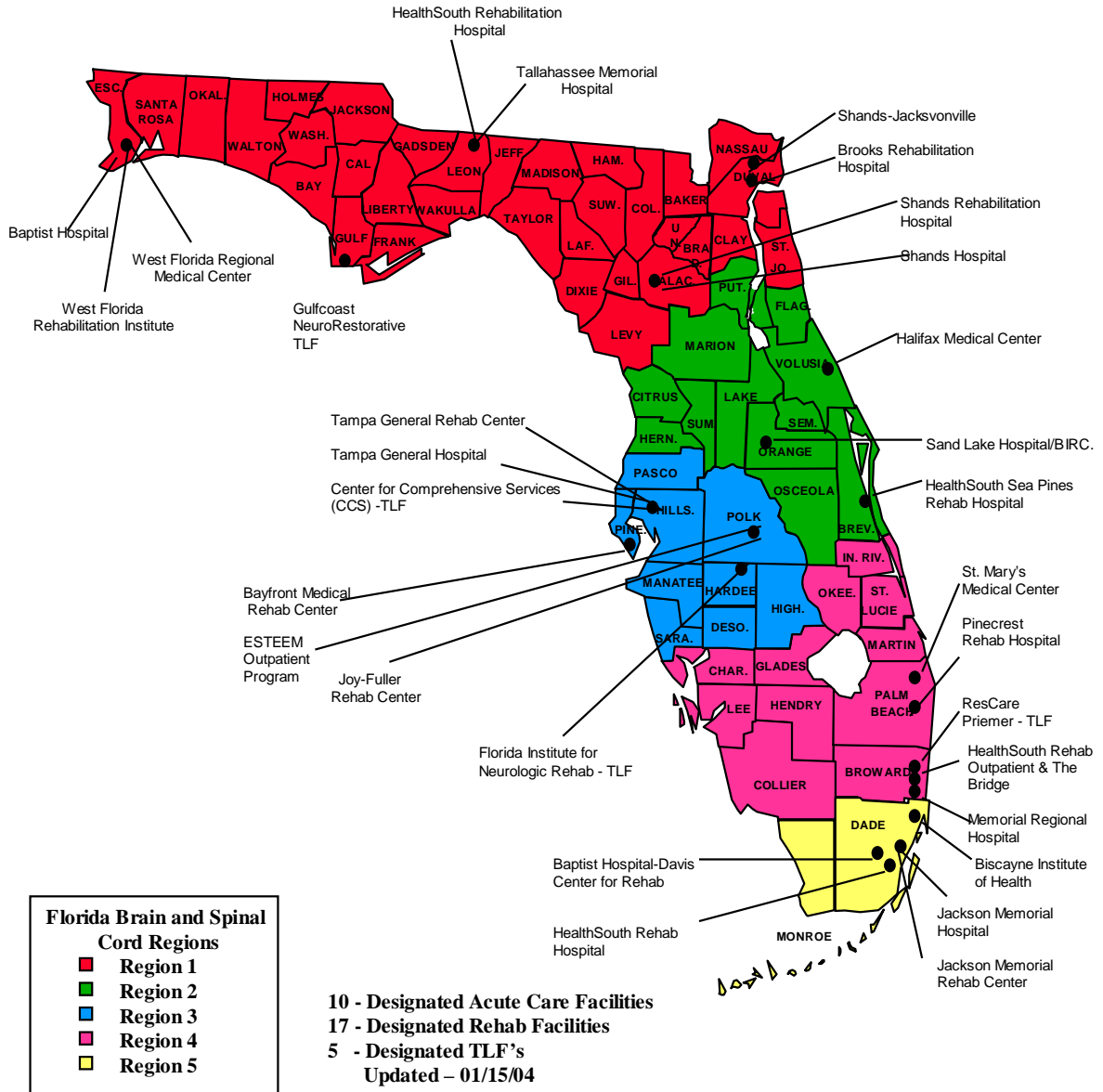
Appendix II

**FLORIDA BRAIN & SPINAL CORD INJURY PROGRAM -- REGIONAL OFFICES**



Appendix III

**Brain and Spinal Cord Injury Program  
All Designated Facilities**



**This map includes all Acute Care, Rehabilitation and Transitional Living Facilities serving the BSCIP**