



**Florida Department of Health
BRAIN AND SPINAL CORD INJURY PROGRAM**

2006 ANNUAL REPORT

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EXECUTIVE SUMMARY

Brain and Spinal Cord Injury Program

Chapter 381, *Florida Statutes (F.S.)*, mandates that the Brain and Spinal Cord Injury Program (BSCIP) provide an annual report to the Legislature each year. This report summarizes the Brain and Spinal Cord Injury Program's revenue, budget, expenditures, services, programs, partnerships, and data for fiscal year (FY) 2005-2006. Throughout this document, the words brain and spinal cord injuries respectively refer to single diagnosis injuries and dual diagnosis injury refers to an individual that sustained both a brain and spinal cord injury.

The Brain and Spinal Cord Injury Program is recognized nationally as a leader for its coordinated statewide system of services. The goal of the program is to enhance and provide quality services to consumers who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries in a cost-effective manner.

For FY 2005-2006, total revenues for the Brain and Spinal Cord Injury Program amounted to \$22,413,733.94. These monies were made available through traffic-related civil penalties, temporary license tags, driving under the influence (DUI) and boating under the influence (BUI) fines, federal Medicaid reimbursements, and subrogation. This total does not include funds from general revenue, grants, or legislative disbursements. The total budget authority for the program was \$25,390,821.00. The program's total expenditures were \$22,988,912.82.

During FY 2005-2006, 2,833 new injury referrals were reported to the Brain and Spinal Cord Injury Program's Central Registry. Of these, 2,546 or 90.0% were reported by a state-approved trauma center or a designated facility. Community reintegration services were provided to 2,334 clients (this count includes both open and closed cases that received community reintegration services during the year), and 3,103 cases were closed from the program. Of the 1,015 BSCIP eligible cases closed during the year, 856 individuals were successfully reintegrated back into the community after completing a plan of care.

The Medicaid Home and Community-Based Waiver Program served 317 individuals with moderate-to-severe traumatic brain or spinal cord injuries, with the average annual cost per consumer being \$22,211. Waiver services are provided to those who may otherwise be placed in skilled nursing facilities/nursing homes.

The Institutional Transition Initiative was established in 2003 to move individuals with moderate-to-severe brain and spinal cord injuries from nursing homes to community-based settings. During this fiscal year, 12 individuals received services from the program at an average cost of \$11,043 per integration.

The Brain and Spinal Cord Injury Program contracted with the Brain Injury Association of Florida and the Florida Spinal Cord Injury Resource Center to conduct Customer Satisfaction Surveys. Eligible clients, one month post closure, ranked their satisfaction with the quality of service provided to them. Overall, the program averaged 4.5 on a possible 5-point rating scale for individuals who had sustained a brain injury and 4.4 for individuals who had sustained a spinal cord injury.

Through partnerships with the Brain Injury Association of Florida, the Florida Alliance for Assistive Services and Technology, and the Florida Spinal Cord Injury Resource Center, the

EXECUTIVE SUMMARY

Brain and Spinal Cord Injury Program

program has been able to accomplish many of its goals and ensure that quality services are delivered to our clients in the most effective and cost-efficient manner.

Additional data reports are available upon request from the Brain and Spinal Cord Injury Program, via phone at (850) 245-4045 or by sending your request to ATTENTION: DATA REQUEST, 4052 Bald Cypress Way, BIN C-25, Tallahassee, Florida, 32399-1744.

PROGRAM INFORMATION

Brain and Spinal Cord Injury Program

PURPOSE

Chapter 381, *F.S.*, 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 services to sustain community reintegration to program clients and others impacted by injuries.

MISSION

The mission of the BSCIP 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 in or return to their communities.

GOALS

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.

PROGRAM ELIGIBILITY

Any Florida resident who has sustained a traumatic brain or spinal cord injury meeting the state's definition of such injuries and who has been referred to the BSCIP Central Registry (1-800-342-0778) is eligible for services.

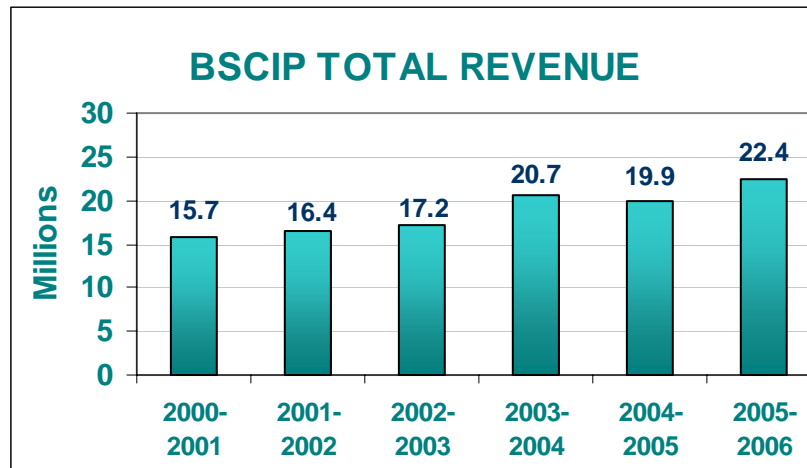
The individual must be medically stable to be eligible for services. There must be a reasonable expectation that, with the provision of appropriate services and support, the person can return to the community.

REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

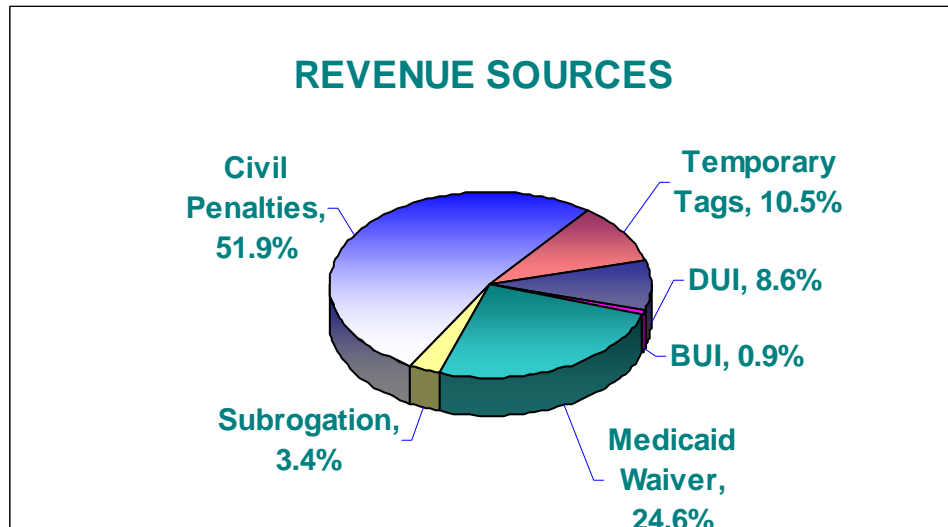
TOTAL REVENUE

Total revenue made available to the Brain and Spinal Cord Injury Program through traffic-related civil penalties, temporary license tags, DUI and BUI fines, federal Medicaid reimbursements and subrogation during FY 2005-2006 was \$22,413,734. This total does not include funds from general revenue, grants, or legislative disbursements.



REVENUE SOURCES

Traffic-Related Civil Penalties - \$11,606,341
Temporary License Tags - \$2,351,886
Driving Under the Influence Fines – \$1,923,885
Boating Under the Influence Fines – \$209,045
Medicaid Waiver Federal Reimbursements – \$5,501,023
Subrogation – \$770,690



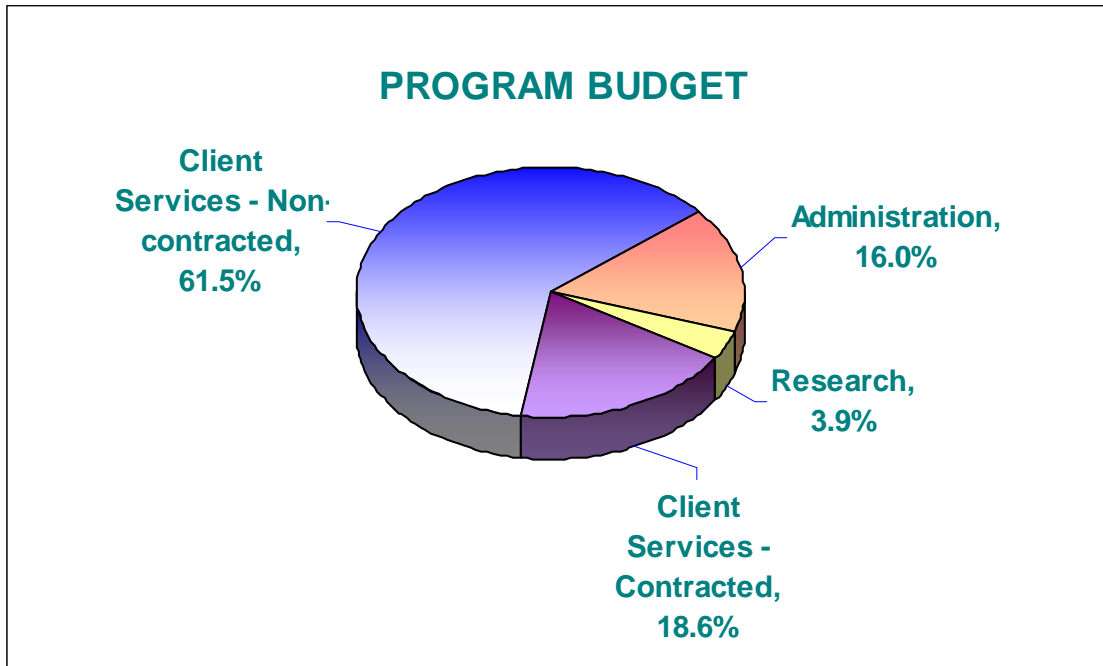
REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

PROGRAM BUDGET

- Administration - \$4,065,263
- Research - \$1,000,000
- Client Services
 - Non-Contracted - \$15,612,306
 - Contracted - \$4,713,252

Total Budget Authority - \$25,390,821



CLIENT SERVICES CONTRACTS

Brain Injury Association of Florida

- Family/Community Support Program - \$1,001,069
- Resource Center - \$468,505
- Traumatic Brain Injury (TBI) Grant - \$37,500

Florida Alliance for Assistive Services and Technology

- Program - \$395,000
- Florida Spinal Cord Injury Resource Center - \$300,000

Medically Fragile Program* - \$610,020

Cystic Fibrosis Program* - \$990,000

UF Cystic Fibrosis Program* - \$100,000

Marquis - \$400,000

BSCIP Medicaid Waiver Disability Management Specialists** - \$411,158

*GR (General Revenue) funded programs

** State contract not available to hire these positions

REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

PROGRAM EXPENDITURES

Administration - \$3,885,043

Research

University of Miami - \$500,000

University of Florida - \$500,000

Client Services – Contracted - \$2,733,153

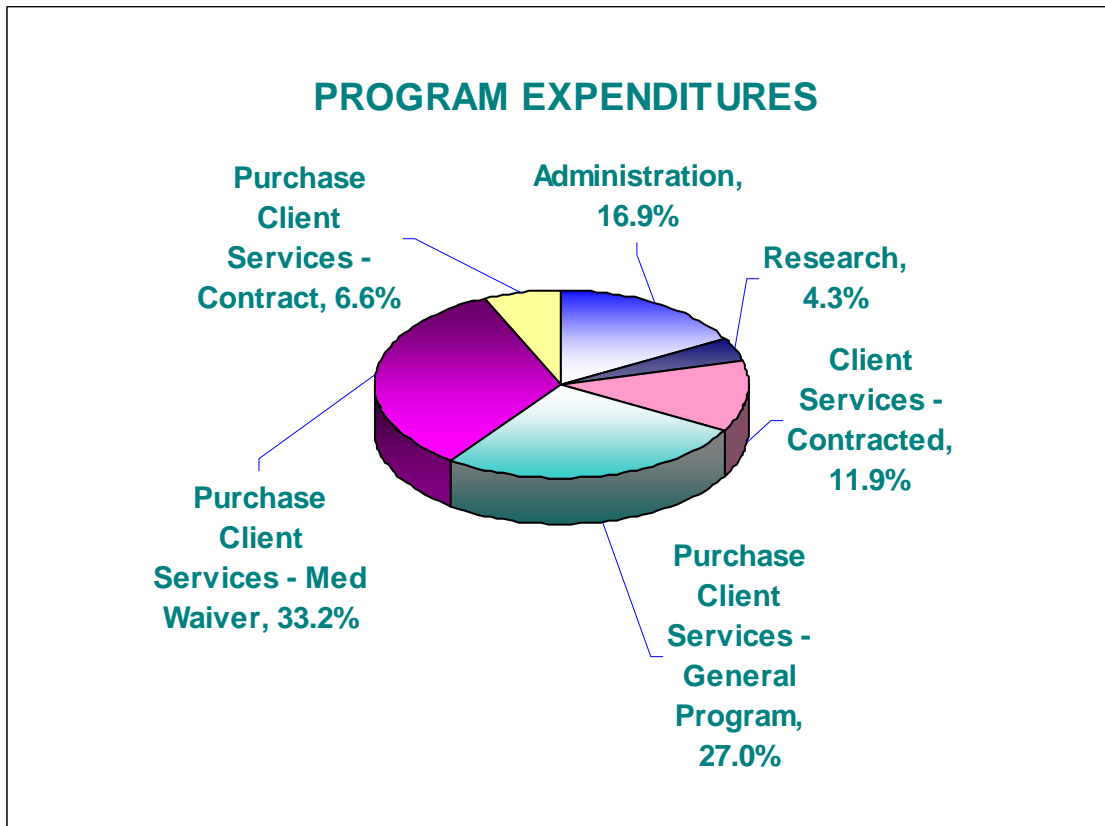
Purchase Client Services

Non-contracted – General Program - \$6,201,222

Non-contracted - Medicaid Home and Community-Based Waiver - \$7,641,863

Contracted Services - \$1,527,633

Total Expenditures - \$22,988,914



CENTRAL REGISTRY

Brain and Spinal Cord Injury Program

CENTRAL REGISTRY

In accordance with section 381.74, *F.S.*, the department established and currently 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. Injured 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. If eligible, and the client and family so wish, a Brain and Spinal Cord Injury Program case manager will work with the client and family to develop a plan of rehabilitation and care.

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), *F.S.*)
- 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), *F.S.*)

The Central Registry was used as the primary data source for the Data and Statistics chapter of this report. The counts in this report only include moderate-to-severe injuries and do not include counts for individuals that died prior to their referral being made to the Central Registry.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

PERFORMANCE INDICATORS

Indicator 1 - Percent Referrals Reported by State Approved Trauma Centers and Designated Acute Care Facilities

Referrals to the Central Registry largely came from State-Approved Trauma Centers (SATCs), and BSCIP Designated Acute Care Facilities (DF). A SATC is an acute care hospital that has met department standards for providing specialty care to trauma victims. A DF is an acute care facility that has met BSCIP standards to provide specialty care to individuals who have sustained a brain and/or spinal cord injury. The department has set a goal that 95% of all referrals be submitted by SATCs and DFs.

Of the new injuries reported in FY 2005-2006, 92.2% were referred from a SATC or a DF. This is within 2.8% of the department's goal. BSCIP continues to work with Emergency Medical Operations and acute care hospitals to improve this percentage. New funding allocated during this fiscal year to build new trauma centers should dramatically increase this percentage in coming years.

Table 1

Referral Source Type	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	
SATCs /DFs	2012	92.9%	376	92.4%	158	93.5%	2546	92.9%
Other Acute Care Hospitals	154	7.1%	31	7.6%	11	6.5%	196	7.1%
Total	2166	100.0%	407	100.0%	169	100.0%	2742	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Indicator 2 - Days between Date of Injury and Date of Referral to the Central Registry

Section 381.74, F.S., requires that all acute care hospitals report moderate-to-severe traumatic brain and spinal cord injuries to the Central Registry within five days of the injury diagnosis. The department has set a goal that 90% of all referrals be reported to the Central Registry within 10 days of the date the injury was identified.

This year, 85.3% of referrals were made within 10 days of the date of injury. This is 4.7% below the target goal. BSCIP continually works with acute care hospitals and the referral process to find ways of increasing the percentage of referrals made within 10 days of the date of injury.

Table 2

Delay	Injury Type							
	Brain		Spinal		Brain & Spinal		Table Total	
	Count	%	Count	%	Count	%	Count	%
0 - 5 Days	1393	64.3%	271	66.6%	93	55.0%	1757	64.1%
6 - 10 Days	470	21.7%	71	17.4%	42	24.9%	583	21.3%
Group Total	1863	86.0%	342	84.0%	135	79.9%	2340	85.3%
11 - 30 Days	224	10.3%	52	12.8%	26	15.4%	302	11.0%
31 Plus Days	79	3.6%	13	3.2%	8	4.7%	100	3.6%
Group Total	303	14.0%	65	16.0%	34	20.1%	402	14.7%
Table Total	2166	100.0%	407	100.0%	169	100.0%	2742	100.0%

Indicator 3 - Percent BSCIP-Eligible Clients Community Reintegrated

The hallmark of the Brain and Spinal Cord Injury Program is the provision of community reintegration services with the purpose of successfully returning individuals who have sustained a moderate-to-severe brain and/or spinal cord injury back into their community once they are medically stabilized.

The department has set a goal to reintegrate successfully 95% of all program-eligible clients back into the community. A successful community reintegration closure is a case that was closed from the program with no further need for BSCIP services, referred to the Division of Vocational Rehabilitation (VR), referred to another community agency, or referred to the Medicaid Home and Community-Based Waiver for more extensive community support services. Of the 1,015 eligible cases closed during the year, 84.3% were considered community reintegrated upon closure from the program. This is 10.7% below the target goal.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

The addition of 300 Medicaid Home and Community-Based Waiver clients in the past 3 years without any additional case management staff has resulted in the case managers having less time to serve traditional BSCIP clients. This has resulted in lower than expected community reintegration percentages. Efforts are presently underway to hire additional staff through a state term employment services contract to serve individuals on the Medicaid Home and Community-Based Waiver.

Table 3

Closure Status Outcome	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
*Community Reintegrated	576	84.0%	225	83.3%	55	93.2%	856	84.3%
Non-Community Reintegrated	110	16.0%	45	16.7%	4	6.8%	159	15.7%
Total	686	100.0%	270	100.0%	59	100.0%	1,015	100.0%

Indicator 4 - Average Consumer Satisfaction Score

Each month, the BSCIP contracts with the Brain Injury Association of Florida (BIAF) and the Florida Spinal Cord Injury Resource Center (FSCIRC) to conduct BSCIP Consumer Satisfaction Surveys with eligible clients 30 days after their case is closed by the program. The purpose of the surveys is to measure consumer satisfaction with regard to quality of service provided by BSCIP case managers to program-eligible clients across the state. Consumer Satisfaction Scores range from a one, which represents the lowest level of satisfaction, to a five, which represents the highest level of satisfaction.

Brain Injuries (Includes Single and Dual Diagnosis Brain Injuries)

The BIAF attempted to contact 753 BSCIP program-eligible clients who had sustained a brain injury and whose cases had been closed by the program during the year. Of the 753 attempted contacts, 427 or 56.7% completed the survey. The Average Consumer Satisfaction score for these clients was 4.5 on a 5-point scale.

Spinal Cord Injuries (Includes Single and Dual Diagnosis Spinal Cord Injuries)

The FSCIRC attempted to contact 239 BSCIP program-eligible clients who had sustained a spinal cord injury and whose cases had been closed by the program during the year. Of the 239 attempted contacts, 145 or 60.7% completed the survey. The Average Consumer Satisfaction score for these clients was 4.4 on a 5-point scale.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

NEW INJURIES

By Injury Type

There were 2,833 new injuries reported to the Brain and Spinal Cord Injury Program Central Registry during FY 05-06. Of these, 78.6% were for moderate-to-severe brain injuries, 15.2% were for spinal cord injuries, and 6.2% were for dual diagnosis brain and spinal cord injuries.

Table 4

Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
2,226	78.6%	432	15.2%	175	6.2%	2,833	100.0%

By Age

For FY 2005-2006, 16-20 (11.8%), 21-25 (11.6%), 26-30 (9.5%), and 46-50 (8.2%) year old age group categories accounted for the largest percentage of all injuries. The average age of injury occurrence was 38.9 years of age (See Table 5).

For **brain injuries**, 21-25 (11.6%), 26-30 (9.2%), 41-45 (8.1%), and 16-20 (12.3%) year old age group categories accounted for the largest percentage of new brain injuries. The average age of injury occurrence for a new brain injury was 38.9 years of age (See Table 5).

For **spinal cord injuries**, 21-25 (11.8%), 26-30 (11.1%), 46-50 (10.6%), and 16-20 (9.7%) year old age group categories accounted for the largest percentage of spinal cord injuries. The average age of injury occurrence for a new spinal cord injury was 42.5 years of age (See Table 5).

For **dual diagnosis injuries**, 46-50 (13.1%), 21-25 (12.0%), 36-40 (10.3%), and 16-20 year olds (10.3%) year olds accounted for the largest percentage of new dual diagnosis injuries. The average age of injury occurrence for a new dual diagnosis injury was 42.3 years of age (See Table 5).

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Table 5

Age Group Categories	Injury Type											
	Brain			Spinal			Brain & Spinal			Total		
	Count	%	Mean	Count	%	Mean	Count	%	Mean	Count	%	Mean
Birth – 5	83	3.7%	2.6	4	0.9%	3.2	2	1.1%	2.5	89	3.1%	2.6
6 – 10	59	2.7%	8.6	1	0.2%	7.7	0	0.0%	.	60	2.1%	8.6
11 – 15	107	4.8%	13.7	6	1.4%	15.2	2	1.1%	15.5	115	4.1%	13.8
*16 – 20	274	12.3%	18.7	42	9.7%	18.9	18	10.3%	18.7	334	11.8%	18.7
*21 – 25	258	11.6%	23.3	51	11.8%	23.7	21	12.0%	23.3	330	11.6%	23.3
*26 – 30	205	9.2%	28.9	48	11.1%	28.9	15	8.6%	28.7	268	9.5%	28.9
31 – 35	130	5.8%	33.5	36	8.3%	33.2	14	8.0%	34.3	180	6.4%	33.5
*36 – 40	162	7.3%	38.8	37	8.6%	38.9	18	10.3%	38.0	217	7.7%	38.7
*41 – 45	181	8.1%	43.6	28	6.5%	43.7	14	8.0%	44.0	223	7.9%	43.6
*46 – 50	163	7.3%	48.4	46	10.6%	48.1	23	13.1%	49.1	232	8.2%	48.4
51 – 55	122	5.5%	53.4	21	4.9%	53.4	11	6.3%	54.5	154	5.4%	53.5
56 – 60	110	4.9%	58.6	29	6.7%	58.3	7	4.0%	58.2	146	5.2%	58.5
61 – 65	71	3.2%	63.6	25	5.8%	63.4	11	6.3%	62.9	107	3.8%	63.5
66 – 70	61	2.7%	68.6	15	3.5%	68.1	4	2.3%	68.8	80	2.8%	68.5
71 – 75	74	3.3%	73.5	16	3.7%	73.4	2	1.1%	73.3	92	3.2%	73.5
76 – 80	66	3.0%	78.6	14	3.2%	78.2	5	2.9%	78.5	85	3.0%	78.5
80 Plus	100	4.5%	86.5	13	3.0%	84.9	8	4.6%	85.6	121	4.3%	86.2
Total	2226	100.0%	38.9	432	100.0%	42.5	175	100.0%	42.3	2833	100.0%	39.6

By Gender

Of the new injuries reported in FY 2005-2006, males accounted for 75.9% of new injuries across all injury types.

Table 6

		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Gender	*Male	1,669	75.0%	343	79.4%	138	78.9%	2,150	75.9%
	Female	557	25.0%	89	20.6%	37	21.1%	683	24.1%
	Total	2,226	100.0%	432	100.0%	175	100.0%	2,833	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Race/Ethnicity

Of the new injuries reported in FY 2005-2006, Whites (62.4%) accounted for the largest percentage of injuries followed by Hispanic/Latinos (17.5%), and African American/Blacks (15.3%).

For **brain injuries**, Whites (62.9%) accounted for the largest percentage of new brain injuries followed by Hispanic/Latinos (18.3%) and African American/Blacks (13.9%).

For **spinal cord injuries**, Whites (62.0%) accounted for the largest percentage of new spinal cord injuries followed by African American/Blacks (21.3%) and Hispanic/Latinos (11.1%).

For **dual diagnosis injuries**, Whites (56.0%) accounted for the largest percentage of new dual diagnosis injuries followed by Hispanic/Latinos (22.3%) and African American/Blacks (18.3%).

Table 7

		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Race/ Ethnicity	*White	1,401	62.9%	268	62.0%	98	56.0%	1,767	62.4%
	African American/Blacks	309	13.9%	92	21.3%	32	18.3%	433	15.3%
	Hispanic/Latino	408	18.3%	48	11.1%	39	22.3%	495	17.5%
	Other	108	4.9%	24	5.6%	6	3.4%	138	4.9%
	Total	2,226	100.0%	432	100.0%	175	100.0%	2,833	100.0%

By Cause of Injury

Of the new injuries reported in FY 2005-2006, Auto/Truck-related (33.7%), Jump/Fall (19.6%) and Motorcycle-related (11.8%) injuries accounted for over 65% of all new injuries (See Table 8).

For **brain injuries**, Auto/Truck-related (33.0%), Jump/Fall (18.4%), Motorcycle-related (12.8%), Pedestrian/Auto (10.7%), and Assault/Altercation-related (5.9%) injuries accounted for the largest percentage of new brain injuries (See Table 8).

For **spinal cord injuries**, Auto/Truck-related (33.6%) and Jump/Fall (26.2%) injuries accounted for over 59% of all new spinal cord injuries. Handguns (8.3%), Motorcycle-related (7.9%), and Diving Into a Natural Body of Water-related (3.0%) injuries followed (See Table 8).

For **dual diagnosis brain and spinal cord injuries**, Auto/Truck-related (42.9%) and Jump/Fall (19.4%) injuries accounted for over 62% of all new dual diagnosis injuries. Motorcycle-related (8.6%) and Pedestrian/Auto-related (6.3%) injuries followed (See Table 8).

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Table 8

			Injury Type						Table Total	
			Brain		Spinal		Brain & Spinal			
			Count	Col %	Count	Col %	Count	Col %	Count	Col %
Major Causes of Injury	Traffic-Related	Auto/Truck	735	33.0%	145	33.6%	75	42.9%	955	33.7%
		Motorcycle	285	12.8%	34	7.9%	15	8.6%	334	11.8%
		ATV/Moped/Dirt bike	82	3.7%	8	1.9%	5	2.9%	95	3.4%
		Bicycle	72	3.2%	7	1.6%	7	4.0%	86	3.0%
		Pedestrian/Auto	239	10.7%	12	2.8%	11	6.3%	262	9.2%
		Pedestrian/Bicycle	2	0.1%					2	0.1%
		Pedestrian/Unknown	3	0.1%	1	0.2%	1	0.6%	5	0.2%
		Airplane/Train Crash	3	0.1%					3	0.1%
		Group Total	1,421	63.8%	207	47.9%	114	65.1%	1,742	61.5%
	Falls	Jump/Fall	409	18.4%	113	26.2%	34	19.4%	556	19.6%
		Fall from Auto/Truck	12	0.5%	2	0.5%			14	0.5%
		Group Total	421	18.9%	115	26.6%	34	19.4%	570	20.1%
	Violence	Assault/Altercation	132	5.9%	6	1.4%	5	2.9%	143	5.0%
		Handgun	48	2.2%	36	8.3%	7	4.0%	91	3.2%
		Rifle	2	0.1%	1	0.2%			3	0.1%
		Stabbing	4	0.2%	3	0.7%			7	0.2%
		Domestic Violence	5	0.2%	1	0.2%	1	0.6%	7	0.2%
		Shaken Baby	11	0.5%					11	0.4%
		Group Total	202	9.1%	47	10.9%	13	7.4%	262	9.2%
		Sports/Recreation	Diving into a pool	3	0.1%	5	1.2%	3	1.7%	11
	Diving into a natural body of water		1	0.0%	13	3.0%	2	1.1%	16	0.6%
	Swimming		5	0.2%	1	0.2%			6	0.2%
	Football/Soccer/Hockey		2	0.1%					2	0.1%
	Skating/Skateboard/Scooter		2	0.1%					2	0.1%
	Other Sport		13	0.6%	3	0.7%	3	1.7%	19	0.7%
	Group Total		26	1.2%	22	5.1%	8	4.6%	56	2.0%
	Other	Falling Object	15	0.7%	9	2.1%			24	0.8%
		Heavy Equipment	5	0.2%	2	0.5%			7	0.2%
		Medical Complication	9	0.4%	1	0.2%			10	0.4%
Other		63	2.8%	14	3.2%	6	3.4%	83	2.9%	
Unknown		64	2.9%	15	3.5%			79	2.8%	
	Group Total	156	7.0%	41	9.5%	6	3.4%	203	7.2%	
Table Total			2,226	100.0%	432	100.0%	175	100.0%	2,833	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

BSCIP CASE CLOSURES

During FY 05-06, BSCIP closed 3,103 cases. Cases can be closed from referral, applicant, or plan status. A 'referral' status closure means the case was closed after the referral was submitted to the Central Registry, but before the individual applied for services from the program. An 'applicant' status closure means the client completed an application to the program, but the case was closed prior to becoming program-eligible. A 'plan' status closure means the client's case was closed after acceptance into the program and a Community Reintegration Plan (CRP) had been written.

By Closure Status Type

Of the 3,103 cases closed, 64.6% were closed in referral status, 32.7% were closed in plan status, and 2.7% were closed in applicant status.

Table 9

		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Closure Status Type	*Referral Status	1592	68.2%	301	50.8%	110	62.5%	2003	64.6%
	Applicant Status	56	2.4%	22	3.7%	7	4.0%	85	2.7%
	Plan Status	686	29.4%	270	45.5%	59	33.5%	1015	32.7%
	Total	2334	100.0%	593	100.0%	176	100.0%	3103	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Plan Status Closures – Community Reintegrated

Of the 1015 cases closed in plan status, 84.3% were closed as Community Reintegrated. The remaining 15.7% of cases were closed as a result of death (2.4%), because they could not be located (4.3%), failing to cooperate with program requirements (3.2%), leaving the area (2.7%), being institutionalized (2.3%), and for declining services (.9%).

Table 10

		Brain		Spinal		Brain & Spinal		Table Total	
		Count	%	Count	%	Count	%	Count	%
Community Reintegrated	*Community Reintegration	479	69.8%	159	58.9%	37	62.7%	675	66.5%
	Referred to Medicaid Home & Community-Based Waiver	20	2.9%	35	13.0%	4	6.8%	59	5.8%
	Referred to Vocational Rehabilitation (VR)	56	8.2%	29	10.7%	13	22.0%	98	9.7%
	Referred to Non-VR Agency	21	3.1%	2	0.7%	1	1.7%	24	2.4%
	Group Total	576	84.0%	225	83.3%	55	93.2%	856	84.3%
Non-Community Reintegrated	Consumer Institutionalized	13	1.9%	9	3.3%	1	1.7%	23	2.3%
	*Death	10	1.5%	14	5.2%			24	2.4%
	Declined Services	7	1.0%	2	0.7%			9	0.9%
	Failure to Cooperate	26	3.8%	5	1.9%	1	1.7%	32	3.2%
	*Unable to Locate	34	5.0%	10	3.7%			44	4.3%
	Left Area	20	2.9%	5	1.9%	2	3.4%	27	2.7%
	Group Total	110	16.0%	45	16.7%	4	6.8%	159	15.7%
Table Total		686	100.0%	270	100.0%	59	100.0%	1,015	100.0%

Referral/Applicant Status Closures

The program closed 2,088 cases in referral or applicant status. The leading reasons for closure were Death (19.4%), Declining Services (16.4%), and being Medically Ineligible (16.3%) for BSCIP community reintegration services. (See Table 11)

For **brain injuries**, the leading reasons for closure were Death (20.8%), Declining Services (17.3%) and being Medically Ineligible (15.5%) for BSCIP community reintegration services. (See Table 11)

For **spinal cord injuries**, the leading reasons for closure were Medically Ineligible (20.7%) and Declining Services (14.2%). (See Table 11)

For **dual diagnosis injuries**, the leading reasons for closure were Not a Legal Florida Resident (21.4%), Death (17.9%), and being Medically Ineligible (16.2%) for BSCIP community reintegration services. (See Table 11)

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Table 11

	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referred to Vocational Rehabilitation	9	0.5%	10	3.1%	0	0.0%	19	0.9%
Referred to Other Non VR Agency	163	9.9%	36	11.1%	13	11.1%	212	10.2%
Consumer Institutionalized	132	8.0%	34	10.5%	13	11.1%	179	8.6%
Unable to Locate	118	7.2%	20	6.2%	3	2.6%	141	6.8%
*Not a Legal Florida Resident	191	11.6%	40	12.4%	25	21.4%	256	12.3%
*Death	343	20.8%	41	12.7%	21	17.9%	405	19.4%
*Medically Ineligible	255	15.5%	67	20.7%	19	16.2%	341	16.3%
*Declined Service	285	17.3%	46	14.2%	12	10.3%	343	16.4%
Failure to Cooperate	107	6.5%	14	4.3%	10	8.5%	131	6.3%
Left Area	45	2.7%	15	4.6%	1	0.9%	61	2.9%
Total	1,648	100.0%	323	100.0%	117	100.0%	2,088	100.0%

MEDICAID HOME AND COMMUNITY-BASED WAIVER

During FY 2005-2006, 317 individuals with moderate-to-severe traumatic brain or spinal cord injury were provided services through the Medicaid Home and Community-Based Waiver Program at an average cost of \$22,282 dollars per client. Services are provided to individuals who may otherwise be placed in a skilled nursing facility.

Currently, the Medicaid Home and Community-Based Waiver Program is limited to serving 325 individuals. It is anticipated that the number of clients served by this program will continue to increase and reach its cap during FY 2006-2007.

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

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services Provided By Injury Type

Overall, the average cost of care for the 316 clients served by the Medicaid Home and Community-Based Waiver during the year was 22,282 dollars. These clients were predominantly white males who had sustained a traffic-related injury. Of the 316 clients served, 123 or 38.9% sustained a brain injury, 183 or 57.9% sustained a spinal cord injury, and 10 or 3.2% sustained a dual diagnosis injury. The average age across injury types was 40 years old and Community Support Coordination, Personal Care, Companion Services, and Consumable Medical Supplies were the most commonly provided services.

Table 12

Services	Count	%	Waiver Dollars	Average Cost
Assistive Technologies	101	9.4%	\$140,449	\$1,391
Attendant Care	65	6.0%	\$808,757	\$12,442
Behavioral Programming	14	1.3%	\$73,474	\$5,248
Community Support Coordinator	284	26.4%	\$324,120	\$1,141
Companion Services	196	18.2%	\$2,293,306	\$11,701
Consulting Services	5	0.5%	\$6,144	\$1,229
Consumable Med Supplies	150	14.0%	\$174,234	\$1,162
Environ Access Adaptation	13	1.2%	\$37,246	\$2,865
Life Skills Training	32	3.0%	\$191,376	\$5,980
Personal Adjustment	11	1.0%	\$25,414	\$2,310
Personal Care	201	18.7%	\$2,965,510	\$14,754
Rehab Engineer Evaluation	3	0.3%	\$951	\$317
Total		100.0%	\$7,040,979	\$22,282

For **brain injuries**, the average cost of care for the 123 clients that were served by the program was 17,360 dollars. The average age of the 123 clients served was 37 years old and Community Support Coordination, Companion Services, and Personal Care were the most commonly provided services.

Table 13

Services	Count	%	Waiver Dollars	Average Cost
Assistive Technologies	18	4.8%	\$29,535	\$1,641
Attendant Care	6	1.6%	\$76,035	\$12,673
Behavioral Programming	14	3.8%	\$73,474	\$5,248
Community Support Coordinator	113	30.3%	\$129,120	\$1,143
Companion Services	85	22.8%	\$876,594	\$10,313
Consulting Services	1	0.3%	\$1,536	\$1,536
Consumable Med Supplies	38	10.2%	\$50,227	\$1,322
Environmental Access Adaptation	2	0.5%	\$6,560	\$3,280
Life Skills Training	26	7.0%	\$168,131	\$6,467
Personal Adjustment	8	2.1%	\$12,684	\$1,586
Personal Care	61	16.4%	\$711,162	\$11,658
Rehab Engineer Evaluation	1	0.3%	\$200	\$200
Total		100.0%	\$2,135,258	\$17,360

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

For **spinal cord injuries**, the average cost of care for the 183 clients that were served by the program was 25,398 dollars. The average age of the 183 clients served was 42 years old and Community Support Coordination, Personal Care, Consumable Medical Supplies, and Companion Services were the most commonly provided services.

Table 14

Services	Count	%	Waiver Dollars	Average Cost
Assistive Technologies	78	11.7%	\$105,276	\$1,350
Attendant Care	56	8.4%	\$686,785	\$12,264
Community Support Coordinator	163	24.4%	\$185,400	\$1,137
Companion Services	104	15.6%	\$1,340,083	\$12,885
Consulting Services	4	0.6%	\$4,608	\$1,152
Consumable Med Supplies	109	16.3%	\$122,890	\$1,127
Environmental Access Adaptation	10	1.5%	\$29,438	\$2,944
Life Skills Training	5	0.7%	\$17,945	\$3,589
Personal Adjustment	2	0.3%	\$2,650	\$1,325
Personal Care	134	20.1%	\$2,151,943	\$16,059
Rehab Engineer Evaluation	2	0.3%	\$751	\$375
Total		100.0%	\$4,647,767	\$25,398

For **dual diagnosis injuries**, the average cost of care for the 10 clients that the program served was 25,795 dollars. The average age of the 10 clients served was 37 years old and Community Support Coordination, Companion Services, and Personal Care were the most commonly provided services.

Table 15

Services	Count	%	Waiver Dollars	Average Cost
Assistive Technologies	5	14.3%	\$5,638	\$1,128
Attendant Care	3	8.6%	\$45,938	\$15,313
Community Support Coordinator	8	22.9%	\$9,600	\$1,200
Companion Services	7	20.0%	\$76,629	\$10,947
Consumable Medical Supplies	3	8.6%	\$1,117	\$372
Environmental Access Adaptation	1	2.9%	\$1,248	\$1,248
Life Skills Training	1	2.9%	\$5,300	\$5,300
Personal Adjustment	1	2.9%	\$10,080	\$10,080
Personal Care	6	17.1%	\$102,405	\$17,068
Total		100.0%	\$257,954	\$25,795

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

INSTITUTIONAL TRANSITION INITIATIVE

The Institutional Transition Initiative (ITI) was established during FY 2003-2004 to ensure that all individuals with a traumatic brain or spinal cord injury living in Florida's nursing homes have the opportunity to live in the community rather than in an institution.

Each year, the Brain and Spinal Cord Injury Program sets aside \$100,000 from its trust fund to support institutional transition services. Monies are spent on "non-traditional" services that may include moving costs, rent and utility deposits, basic furniture and appliances, and other domestic goods.

The Florida Alliance For Assistive Services and Technology (FAAST), through a contract with the BSCIP, conducts an annual survey of all licensed nursing homes in Florida. This survey identifies individuals with traumatic brain and/or spinal cord injuries that are currently living in the Florida nursing home system. Once identified, these individuals are contacted and interviewed to determine their appropriateness for ITI services. If it is determined that these individuals have the potential to be reintegrated into a community-based setting, they are enrolled in the ITI program.

During FY 2005-2006, 176 individuals residing in a nursing home were identified and assessed for community reintegration potential through provision of services from the ITI. Of the 176 individuals screened, 12 individuals were successfully transitioned from a nursing home into the community. The average cost of the 12 transitions was 11,043 dollars. The remaining 164 individuals were determined to be appropriately placed in a nursing home.

It should be noted, that many persons currently residing in Florida's nursing homes are in need of in home supports and affordable accessible housing in order to leave the nursing home. These services are obtainable; however, there are currently long waiting lists. Without these community-based services, these individuals will continue to remain institutionalized in nursing homes. FAAST and the ITI program are aggressively approaching these other key programs to improve system delivery to better accommodate persons with disabilities who would choose community-based living as an alternative to living in an institutional setting.

Since its establishment in 2003, the ITI has successfully transitioned 71 individuals from a nursing home setting into the community.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

BRAIN INJURY ASSOCIATION OF FLORIDA

FAMILY/COMMUNITY SUPPORT PROGRAM (FCSP)

Program Overview

Brain Injury Association of Florida Inc., (BIAF) is the only non-profit organization in the state of Florida that is dedicated solely to helping individuals understand and live with the long-term effects 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 keep them in their most integrated settings and strengthen their 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

- 1,871 individuals were served.
- 520 consumers received individualized short-term and long-term support services.
- Medical, financial, and vocational were ranked in order of primary areas in which services were delivered.
- Of those served 2% were severe, 45% were moderate and 53% were mild brain injuries.
- 56% of all those served incurred their injury in a motor vehicle crash.
- 68% of those served were 4 years or less post injury.
- Average length of service in the program is 6.9 months.
- No individuals served were institutionalized.

Community Capacity Building

- 145 community capacity-building activities were conducted statewide.
- 85% of the activities conducted were in the area of employment, which was a primary need identified from the 2002 consumer needs survey.

Vocational

- Seven \$20,000 grants were awarded to 7 community-based vocational organizations across the state to build their capacity to provide disability adjustment counseling and vocational guidance counseling to individuals with traumatic brain injury seeking employment.

BSCIP/TBI Medicaid Waiver

- Six Medicaid waiver support coordinators and 13 Medicaid waiver providers accessed scholarships from BIAF to attend our 2005 statewide educational conference on traumatic brain injury.
- 458 Medicaid waiver providers and support coordinators were surveyed to determine educational needs and preferred training delivery mechanisms.
- Surveys indicated preferences for receiving educational materials were by mail, online, and in newsletters.
- 42 Medicaid waiver providers and support coordinators requested and received copies of *Learning About Traumatic Brain Injury- The Silent Epidemic* CD-ROM and *Faces of Brain Injury* video.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

- 475 Medicaid waiver providers and support coordinators were mailed copies of our SiGNal support group newsletters, Brainwaves newsletters and other educational materials.

Centers for Independent Living (CIL)

- 24 CIL staff members registered for BIAF's 2005 statewide educational conference on traumatic brain injury; 15 attended under scholarships offered through BIAF to attend the conference.
- 14 Centers for Independent Living were sent copies of *Learning About Traumatic Brain Injury-the Silent Epidemic* CD-ROM and *Faces of Brain Injury* video.

INFORMATION AND RESOURCE CENTER

Service Overview

The Resource Center provides information on the nature of Traumatic Brain Injury (TBI) in adults and children, the 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, 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:

- 3,561 requests for information and/or resources received responses.
- 9,741 pieces of information were provided to those who requested information or resources.
- The 800 Help Line and BSCIP's "paper referrals" produced the greatest number of referrals.
- Medical, financial, and housing information and resources were requested most often.

Outreach and Public Awareness

- 35 brain-injury support groups received 10 SiGNal support group newsletters with supporting materials throughout the year.
- 5 BSCIP regions each received one in service training session on BIAF's Information and Resource Center's materials.
- Two disability-related conferences, including the "Family Café" and "Caregivers Magazine" conferences, were attended and a BIAF display booth with materials was made available at each conference.
- 3 BIAF newsletters were produced and mailed to approximately 5,000 members, support groups, BSCIP offices, and board members throughout the year.
- 2,300 Mild TBI fact sheets and 23 "Mild Traumatic Brain Injury and Mass Casualty Incidence- Approach to Emergency Care" training curriculum on CD-ROM were sent to emergency medical services personnel.
- 14 Centers for Independent Living received BIAF's "Learning about Traumatic Brain Injury- the Silent Epidemic" educational CD-ROM.
- BIAF made presentations to 70 attendees at the Florida Fire Marshals and Inspectors Association statewide conference.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

Consumer Satisfaction Survey

- 427 BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP.
- The average degree of satisfaction with BSCIP services was rated a 4.46 on a possible 5-point rating scale.
- More than 80% of consumers felt BSCIP case managers performed their jobs well and were satisfied with the services that they received.
- 10% of consumers felt that case managers were not sensitive to their needs.

Follow Up Survey

- 285 BSCIP consumers were contacted for the purpose of a one-year follow up to BSCIP services.
- Over 90% of consumers reported housing and having friends or family to help them was adequate to meet their needs.
- Over 80% of consumers reported having adequate housing, and being able to perform activities of daily living.
- More than 50% of the consumers reported that they do not: a) receive SSI or SSDI, b) receive Medicaid, c) are not employed, and d) have not returned to school.

Prevention

- 50 law enforcement departments requested and received Project LEAP, a law-enforcement training curriculum on TBI.
- Two CMS nurse-case managers delivered I.M. Brainy lessons to 60 pre-school children.
- Helmut mascot delivered safety messages to 5,974 individuals at nine safety events.
- 62,955 brochures and promotional items were distributed to people of all ages.
- 1,936 people ages 60 and older attended “Be HeadSmart, Seniors!” that were conducted throughout the state

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

FLORDIA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY

The Florida Alliance for Assistive Services and Technology (FAAST) is a non-profit organization that works with consumers, family members, caregivers, providers, and agencies to ensure that individuals with disabilities continue to benefit from assistive technology as they move between home, school, work, and the community. The program is funded by the United States Department of Education, Rehabilitation Services Administration (RSA), The Assistive Technology Act of 2004 (ATA), U.S. Public Law 108-364, reauthorized the "Tech Act," and is sponsored by the Florida Department of Education with administration through its Division of Vocational Rehabilitation.

FAAST has demonstration centers throughout Florida. These centers have a variety of high- and low-tech devices on display and for demonstration. Assistive technology consultations can be received by visiting a regional center.

Technology and Vendor Recruitment System

- Recruited 332 service providers for the BSCIP in the following categories: alternative and augmentative communication evaluations; alternative and augmentative communication reseller; adaptive computer evaluations; adaptive computer reseller; contractor, driver evaluations; durable medical equipment/home medical equipment resellers; driver training; environmental control evaluations; environmental control reseller; wheelchair/elevator lifts; home modification evaluations; loan closets; mobility aids evaluations; peer mentors; vehicle modification reseller; and wheelchair reseller.
- To ensure that BSCIP vendors are reselling the best in rehabilitation devices, FAAST has begun a process of working with manufactures to ensure their resellers are signed as approved vendors. Manufactures that have agreed to this process are SpanAmerica, Waverly Glenn, BHM, Peagus Air Systems, and ActiveAid.
- Conducted 52 consumer satisfaction surveys.

Community Integration and Housing

- Assisted 135 clients with affordable, accessible housing.
- Completed the updated BSCIP "Resource Guide for Affordable Accessible Housing" and distributed them to BSCIP personnel at the statewide training.
- Continued publication of the monthly *Housing Facts* newsletter.
- Participated in a partnership with the Florida Housing Finance Corporation to develop the web site, FloridaHousingSearch.org. It was launched in June of 2006. This service currently provides detailed information on affordable rental housing that has been financed by Florida Housing Finance Corporation and/or counties choosing to participate in the service. The goal is to make this locator service the primary source for affordable rental housing in Florida. Over time, this service will grow to include all subsidized and affordable rental housing throughout the state of Florida.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

The housing locator service allows people to locate available housing that best fits their individual and family needs. The service can be accessed online 24 hours a day and is supported by a toll-free, bilingual call center M-F, 9-6 EST. Individuals can easily search for housing using a wide variety of search criteria with special mapping features and receive apartment listings that provide a multitude of important information about each unit. In addition, the site connects people to other housing resources through web site links and provides helpful tools for renters such as an affordability calculator, rental checklist, and renter rights and responsibilities information.

Advocacy and Awareness

- Continued updates to the BSCIP part of the FAAST web site weekly. Sections have recently been devoted to Florida's Medicaid Request for Proposal for a sole source consumable medical supply vendor, legislative updates, Medicare reform information, and training opportunities for professionals and consumers.

Alternative Finance Program

FAAST partners with banking institutions to provide loans with favorable interest rates to consumers who need help financing an assistive technology (AT) purchase. AT allows individuals to overcome barriers to independence education and employment by providing them with the tools and technology that would allow them to experience the highest degree of inclusion possible. Persons can borrow from \$500 to \$20,000 to purchase things like vehicle or home modifications, adaptive computer equipment, scooters, etc.

- The FAAST Alternative Finance Program continues to expand in its capacity to serve individuals with disabilities in need of financing for assistive technology or home modifications. With the awarding of an additional \$2.6 million in federal and state funds last year, the number of loans made through the FAAST loan program has increased with each quarter. A total of 96 loan applications were received this fiscal year, with 18 loans awarded.

Access to Telework Program

The Access to Telework Program, FAAST's newest program, is designed to help individuals with disabilities achieve their individual goals of obtaining independence and self-sufficiency through home-based employment opportunities. Access to telework offers financing to AT users who want to telecommute (work from home) or start their own home-based business, but do not have the funds to create a workplace with all the needed adaptations. This program serves individuals who have viable business plans and/or a telecommuting opportunity. Telework funds remove the financial barrier from making work at home accessible. Telework allows FAAST to pair potential business-owners with community partners who help develop business plans and counsel consumers with small business success tools.

- The Access to Telework Program went into operation this fiscal year. A total of eight loan applications were received this fiscal year, with two loans awarded.

Training and Education

- Conducted regional trainings in all five BSCIP regions on "Safe Patient Handling" and "Support Surfaces," which provided continuing education units (CEUs) to all case managers.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

Best Practices

- Developed a pressure-mapping Request for Proposal for BSCIP to purchase pressure-mapping systems for all designated care facilities.
- Launched the universal referral and assessment form.
- Conducted a Needs Assessment with all BSCIP case managers to develop a Statewide Device Loan Program.
- Launched the Statewide Device Loan Program.
- Conducted research to develop an online Funding Resource Guide.

BSCIP Nursing Home Diversion/De-institutionalization

- The Institutional Transition Initiative received and reviewed 176 unduplicated institutional closure templates from the five BSCIP regions.
- The Institutional Transition Initiative successfully completed 12 unduplicated institutional closures.
- The Institutional Transition Initiative spent a grand total of \$132,510.58 on institutional closures activities.
- The Institutional Transition Initiative cases averaged \$11,042.58 on institutional closures activities.

Of Special Interest

- As anticipated, Governor Bush included a recommended appropriation of \$519,443 for FFAST in his budget recommendations for FY 2007-2008. The money will be used to buy devices for the Statewide Loan Program.
- The Computer Recycling Program continues to operate with the funds appropriated during the last fiscal year. Complete systems are sold to consumers with disabilities for \$35 per system. There have been 65 applications for computers with a total of 36 consumers purchasing a computer system from FFAST during FY 2005-2006.
- The Device Recycling Program stated this fiscal year. Different to the Computer Recycling Program, the Device Recycling Program includes all other types of technology except computers. This service is free to consumers. A total of 51 consumers received refurbished assistive technology using this program.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

FLORIDA SPINAL CORD INJURY RESOURCE CENTER

The Florida Spinal Cord Injury Resource Center (FSCIRC) is administered by the Florida Alliance for Assistive Services and Technology through a contract with the Department of Health's BSCIP. The FSCIRC is housed in Tampa General Hospital in Tampa, Florida. The primary function of the FSCIRC is to act as a clearinghouse of information on spinal cord injuries. The information provided is available to persons with new injuries and the 10,000 people with spinal cord injuries living in Florida. The method of dissemination varies upon the request, but the primary methods are a toll-free phone number, web site, periodicals, and instructional videos.

In addition to the information and referral resources, FSCIRC is also responsible for conducting prevention programs. FSCIRC has two prevention campaigns. The first is *Go On Living with Disability (GOLD)*, which uses a speaker in classrooms to defray misperceptions about disabilities and the reality of potential risk taking behaviors. Secondly, FSCIRC had a 13-week advertising campaign on National Public Radio in the Tallahassee area urging drivers to drive safely.

In response to the need for personal adjustment counseling for new spinal cord injuries, FSCIRC also coordinates a Peer Mentoring Program. Currently, there are 39 mentors who have been trained and are available to serve clients of the BSCIP. These mentors are requested by BSCIP case managers for clients who are struggling with psychosocial adjustment post-injury. FSCIRC is continuing to grow this program to meet the diverse needs of case managers and spinal cord injured individuals across the entire state.

Finally, FSCIRC staff is responsible for quality assurance measurement for the BSCIP. The quality assurance measurement comes in the form of three surveys. The first is a consumer satisfaction survey, the second is a follow-up survey for clients that have had their case closed for one year, and the third is a survey of individuals who have been referred to the state's Vocational Rehabilitation program.

Information and Referral

- 238 new spinal cord injured individuals in Florida received the FSCIRC introductory packet. This packet includes various magazines and informational publications on spinal cord injury including: *Christopher Reeve Resource Directories*, the *Family and Survivors Guide to SCI*; Social Security booklets; Vocational Rehabilitation booklets; FSCIRC newsletter; *Disabled Dealer* magazine; *New Mobility* magazine; *Paraplegia News*; the *Guide to Disability Rights* booklet; *Sports-n-Spokes* magazine; and the *Florida Contacts Directory*.
- During FY 2005-2006, FSCIRC redesigned its web site. The new web site has a form request page allowing clients to request specific information or publications easily. Many clients seem to prefer using the Internet to access FSCIRC services as opposed to using the phone.

Peer Mentor Network

Entering its third year, the Peer Mentor Network has an established pool of 39 mentors; however, the usage of mentors by BSCIP case managers has been disappointing. FSCIRC is planning to promote the mentor program to BSCIP case managers next fiscal year.

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

Advocacy and Awareness

- FSCIRC continued to assist clients through self-advocacy training and ongoing support.

Prevention

- FSCIRC continued an extremely successful prevention program, *Go On Living with Disability* (GOLD).
- FSCIRC purchased airtime on National Public Radio in Tallahassee promoting the FSCIRC and urging drivers to drive safely.

Community Outreach

- FSCIRC full time staff participated in four professional conferences: The Family Cafe on Disabilities; a Decubitis Colloquium at Shands, UF; BSCIP Statewide Training; and the Tri-annual meeting of VR supervisors.

Special Projects

- FSCIRC began conducting in-services for third year medical students at USF. This allows staff to express the needs and issues pertaining to spinal cord injured clients to future practitioners.
- FSCIRC has been instrumental in the shaping of the Personal Care Attendant program by participating on monthly conference calls. Staff has also been promoting the program via the web site and by distributing brochures to newly injured individuals.

Web Page

The web page has been completely redesigned. It has many of FSCIRC's publications for download, as well as information sheets on various spinal cord injury-related topics. It also features a database that allows the client to easily search for various organizations; such as support groups, BSCIP case managers, recreational organizations, durable medical equipment providers, etc. The new web site is updated twice a week with news stories about the disabled community; it has received an average of 750 hits per week since its launch.

FSCIRC Newsletter

FSCIRC published two newsletters during the fiscal year and raised \$2,000 from a sponsor's ad to help offset the printing cost. FSCIRC also increased the distribution of the newsletter to over 2,000 clients.

Prevention

FSCIRC staff remains dedicated to the issue of prevention. During this fiscal year, staff performed five G.O.L.D. presentations in Hillsborough County.

FSCIRC's advertisement on National Public Radio aired multiple times a day for a 13-week period.

SUCCESS STORIES

Brain and Spinal Cord Injury Program

On January 3, 2005, Yannie sustained a right frontal traumatic brain injury with loss of consciousness. She also sustained multiple rib fractures, contusion to her chest, facial and forehead lacerations, burns to her left arm and wrist, and a right ankle fracture, because of a head-on collision, motor vehicle accident. Yannie was taken to Jackson Ryder Trauma Center via air rescue and was immediately referred to the BSCIP Central Registry.

After waking up from her coma and becoming medically stable, Yannie became eligible for community reintegration services from the BSCIP. She was discharged to her home after a week, with recommendations to follow-up with an orthopedic doctor and the Traumatic Brain Injury Clinic. Yannie was having difficulties with ambulation, short-term memory loss, poor concentration and attention, problems with word finding, inability to process thoughts, slurred speech, unable to carry out daily functions, and organize and plan her daily activities. She also reported difficulties with her marriage. Yannie was suffering from depression, anxiety, irritability, low frustration tolerance and would easily start to cry. She felt lightheaded, fatigued, had overall numbness and pain, as well as complaints of nausea and headaches.

Yannie had no health insurance and needed funding for her outpatient rehabilitation. BSCIP funded her therapies, which included physical therapy, speech, and neuro-psychology. She was able to increase her memory, cognition and become independent in her home management activities, improved her mood, and learned new strategies to cope with her disability. Without these needed therapies, she would not have been able to accomplish these goals.



Today, Yannie is a full-time mom to her two daughters, Danielle and Yanelle, and states, “My marriage of twenty years to my husband Nelson, is stronger than ever.” Yannie is able to carry out her daily functions. She prepares meals, walks every morning in the park, and attends weekly church bible study and activities in her congregation. She also states, “I am slower now and unable to multitask as before my injury, I can only do one thing at a time.”

Yannie now assists her husband in the family business in making client contacts, following up with financial planning and scheduling. Yannie continues to keep her memory book/daily planner to keep her on track.

Yannie believes her strong religious beliefs, family support, and the services that have been provided by BSCIP, who placed all the right team players in her life, was the key to her success and recovery. She is most grateful to BSCIP and all the dedicated individuals and unconditional support from her family and friends, who played such an important part in her rehabilitation and community reintegration.

Yannie is very positive and optimistic about her future and hopes to continue her education and obtain her mortgage broker/real estate license in the near future.



SUCCESS STORIES

Brain and Spinal Cord Injury Program

Labrawn was involved in a serious car accident about three years ago, which resulted in quadriplegia. He was initially treated at Tampa General Hospital, a Level I Trauma Center and BSCIP designated acute care hospital. He was immediately referred to the BSCIP Central Registry and was assigned a case manager.

According to Labrawn, the BSCIP case manager helped him to focus on his short and long-term goals. They provided him with information and resources necessary to assist him in his reintegration efforts to return to the community.

Initially, Labrawn had difficulty adapting to being in a wheelchair. However, he was determined to continue his life and ultimately developed the skills to become independent. Shortly after his accident, he went back to high school and finished his senior year. Following his graduation from high school, he moved into his own apartment and has been living independently on his own for over a year. He states, "Despite all of the obstacles that came my way, I was able to persevere and I did not allow my disability to disable me from life...Living on my own has really given me an opportunity to become accustomed to my predicament."

To enhance his independence he purchased a car and had hand controls installed. He is now able to transfer into the car, load his wheelchair, and drive independently. Labrawn was interested in continuing his education by going to college and preparing for gainful employment. The BSCIP case manager provided him with information and referral to the Division of Vocational Rehabilitation who assisted him with his tuition and the cost of books and supplies. He credits the BSCIP and Vocational Rehabilitation with assisting him with going from "being an ordinary boy to an extraordinary man."

Labrawn has learned how to focus on the future and not dwell on the past. When he was first injured, he did not think he would be able to live independently with his disability. Never the less, through his integrity and ambition, he has learned to persevere. The help he has received from BSCIP and other community partners has positioned him to be able to live on his own and become completely independent. His wheelchair has not stopped him from accomplishing his goals.

"I have been taught the proper techniques that it takes to achieve my goals and I want others to realize the importance of taking advantage of these different programs in the community." He quotes Booker T. Washington who said, "I have learned that success is not to be measured by the position that one has reached, but by the obstacles in which he has overcome while trying to succeed."

APPENDICES

Brain and Spinal Cord Injury Program

REGIONAL INFORMATION

The Brain and Spinal Cord Injury Program's five regions are as follows:

- Region 1:** Alachua, Baker, Bay, Bradford, Calhoun, Clay, Columbia, Dixie, Duval, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Nassau, Okaloosa, Santa Rosa, Saint Johns, Suwannee, Taylor, Union, Wakulla, Walton, and Washington counties – Offices are located in Pensacola, Tallahassee, Gainesville, and Jacksonville
- Region 2:** Brevard, Citrus, Flagler, Hernando, Lake, Marion, Orange, Osceola, Putnam, Seminole, Sumter, and Volusia counties - Office is located in Orlando
- Region 3:** DeSoto, Hardee, Highlands, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sarasota counties – Offices are located in Saint Petersburg, Winter Haven, and Bradenton
- Region 4:** Broward, Charlotte, Collier, Glades, Hendry, Indian River, Lee, Martin, Okeechobee, Palm Beach, and Saint Lucie counties – Offices are located in Fort Lauderdale, Fort Pierce, West Palm Beach, and Cape Coral
- Region 5:** Miami-Dade and Monroe counties – Office is located in Miami

Contact information for each region is as follows:

Region 1

Mary Brown, Regional Manager
Midtown Centre
2000 Building, Suite 101B
3974 Woodcock Drive
Jacksonville, Florida 32207
Phone: (904) 348-2755

Region 2

Nancy Hardy, Regional Manager
3751 Maguire Boulevard, Suite 211
Orlando, Florida 32803
Phone: (407) 897-5964

Region 3

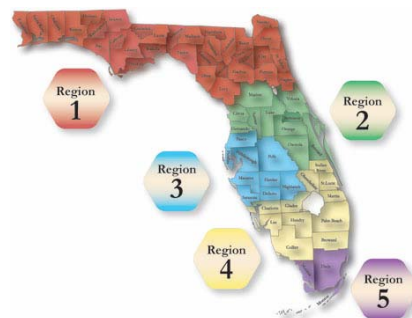
Scott Homb, Regional Manager
9400 4th Street North, Suite 212
Saint Petersburg, Florida 33702
Phone: (727) 570-3427

Region 4

Rick Schwarz, Regional Manager
2550 West Oakland Park Boulevard
Fort Lauderdale, Florida 33311
Phone: (954) 677-5639

Region 5

Marilyn Larrieu, Regional Manager
401 Northwest 2nd Avenue, Room S-221
Miami, Florida 33128
Phone: (305) 377-5464



DESIGNATED FACILITIES

Florida has a nationally prominent and unique system of care through its designated facilities. A variety of services is provided in state-designated facilities, which meet established BSCIP program standards including: acute care; inpatient and outpatient rehabilitation care; transitional living; adaptive modifications and devices; prevention; education; basic research; and medical rehabilitation.

Licensed rehabilitation centers must be accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) and centers are required to maintain expertise in the areas of brain injury, spinal cord injury, or pediatric rehabilitation. In addition, inpatient rehabilitation centers must also be subscribers of the Uniform Data System (UDS-Pro) to collect patient outcome information. To remain a designated facility, all centers are required to undergo surveys at least every three (3) years by the BSCIP to determine compliance with rehabilitation standards and criteria as established by the Brain and Spinal Cord Injury Advisory Council.

The mission of the state designated rehabilitation centers includes:

- Individuals with brain and/or spinal cord injuries will have available the highest quality rehabilitation program possible.
- Individuals with brain and/or spinal cord injuries will be rehabilitated to optimal independence within the context of the rehabilitation program.
- Adult and pediatric rehabilitation centers are systems with expertise in providing optimal comprehensive care for persons with brain and/or spinal cord injury and their families.
- Rehabilitation centers provide a continuum of care by developing an efficient referral pattern with hospitals.

The following acute care hospitals were re-designated in FY 2005-2006 by the BSCIP:

- St. Mary's Hospital, West Palm Beach, FL;
- Shands Jacksonville Hospital, Jacksonville, FL;
- Halifax Medical Center, Daytona Beach, FL;
- Jackson Memorial Hospital, Miami, FL;
- Tampa General Hospital, Tampa, FL;
- West Florida Rehabilitation Institute, Pensacola, FL;
- Shands Rehabilitation Hospital, Gainesville; and
- Winter Haven Hospital, Joy Fuller Rehabilitation Center, Winter Haven, FL

These hospitals have met or exceeded the standards of care as set by the program.

APPENDICES

Brain and Spinal Cord Injury Program

BSCIP DESIGNATED FACILITIES

Baptist Hospital - Davis Center for Rehabilitation

8900 North Kendall Drive
Miami, FL 33176-2197
Bus: (786) 596-6520
Bus Fax: (786) 270-3640
Facility Type: Inpatient

Bayfront Medical Center

701 Sixth Street South
Saint Petersburg, FL 33701-4814
Bus: (727) 893-6808
Bus Fax: (813) 893-6864
Facility Type: Inpatient and Outpatient

Biscayne Institutes of Health and Living

2785 Northeast 183rd Street
Aventura, FL 33160
Bus: (305) 932-8994
Bus Fax: (305) 932-9362
Facility Type: Outpatient

Brooks Rehabilitation Hospital

3599 University Boulevard South
Jacksonville, FL 32216
Bus: (904) 858-7602
Bus Fax: (904) 858-7610
Facility Type: Inpatient and Outpatient

Center for Comprehensive Services

2411 Clement Road
Lutz, FL 33549
Bus: (813) 948-3325
Mobile: (813) 781-1694
Other: (800) 769-2890
Bus Fax: (813) 948-6560
Facility Type: Transitional Living Facility

Florida Institute for Neurologic Rehabilitation

Post Office Box 1348
Wauchula, FL 33873-1348
Bus: (863) 773-2857
Bus Fax: (863) 773-2041
Facility Type: Transitional Living Facility

Halifax Medical Center

303 North Clyde Morris Boulevard
Daytona Beach, FL 32215
Bus: (386) 254-4000
Bus Fax: (386) 254-4375
Facility Type: Acute Care

HealthSouth Rehabilitation and The Bridge

1007 West Commercial Boulevard
Fort Lauderdale, FL 33309
Bus: (954) 202-3445
Bus Fax: (954) 202-3439
Facility Type: Outpatient

HealthSouth Rehabilitation Hospital - Miami

20601 Old Cutler Road
Miami, FL 33189
Bus: (305) 251-3800
Bus Fax: (305) 251-5978
Facility Type: Outpatient

Baptist Hospital

1000 West Moreno Street
Pensacola, FL 32501
Bus: (850) 434-4011
Bus Fax: (850) 469-2253
Facility Type: Acute Care

Jackson Memorial Hospital

1611 North West 12th Avenue
Miami, FL 33136
Bus: (305) 325-7429
Other: (305) 585-7112
Facility Type: Acute Care

Jackson Memorial Rehab Center

1611 Northwest 12th Avenue
Miami, FL 33136
Bus: (305) 585-7112
Bus Fax: (305) 355-4018
Facility Type: Inpatient and Outpatient

Joy-Fuller Rehabilitation Center

200 Avenue F, Northeast
Winter Haven, FL 33881
Bus: (863) 293-1121
Bus Fax: (863) 291-6762
Facility Type: Inpatient

Memorial Regional Hospital

3501 Johnson Street
Hollywood, FL 33021
Bus: (954) 987-2020, extension 1725
Bus Fax: (954) 985-2243
Facility Type: Acute Care

APPENDICES

Brain and Spinal Cord Injury Program

Neuroscience Institute, Shands - Jacksonville

580 West 8th Street; Tower 1, 9th Floor
Jacksonville, FL 32209
Bus: (904) 244-9839
Bus Fax: (904) 244-9493
Facility Type: Acute Care

Pinecrest Rehabilitation Hospital

5360 Linton Boulevard
Delray Beach, FL 33484
Bus: (561) 495-0400
Bus Fax: (954) 973-8266
Facility Type: Inpatient

Premier-Lauderhill, Rescare

4870 Northwest 73rd Avenue
Lauderhill, FL 33319
Bus: (954) 748-3085
Bus Fax: (954) 252-8279
Facility Type: Transitional Living Facility

Program, ESTEEM Outpatient

3425 Lake Alfred Road
Winter Haven, FL 33881
Bus: (863) 292-4061
Bus Fax: (863) 293-6985
Facility Type: Outpatient

Lucerne Hospital

Orlando Regional Rehabilitation Institute
818 Main Lane
Orlando, FL 32801
Bus: (407) 649-6111
Bus Fax: (321) 841-4099
Facility Type: Inpatient and Outpatient

Shands Hospital - University of Florida

Box I-306 JHMHC
Gainesville, FL 32610
Bus: (352) 265-0002
Other: (352) 395-0224
Bus Fax: (352) 265-5420
Facility Type: Acute Care

Shands Rehabilitation Hospital

8900 Northwest 39th Avenue
Gainesville, FL 32606
Bus: (352) 265-5491
Bus Fax: (352) 338-0622
Facility Type: Inpatient

Saint Mary's Medical Center

901 45th Street
West Palm Beach, FL 33407-2495
Bus: (561) 840-6013
Bus Fax: (561) 881-0945
Facility Type: Acute Care

Tallahassee Memorial Health Care, Inc.

1300 Miccosukee Road
Tallahassee, FL 32308
Bus: (850) 431-5371
Bus Fax: (850) 494-6107
Facility Type: Acute Care

Tampa General Hospital

Post Office Box 1289
Tampa, FL 33136
Bus: (813) 251-7000
Bus Fax: (813) 253-4144
Facility Type: Acute Care

Tampa General Rehabilitation Center

Post Office Box 1289
Tampa, FL 33601
Bus: (813) 844-7701
Bus Fax: (813) 253-4283
Facility Type: Inpatient and Outpatient

West Florida Hospital

8383 North Davis Highway
Pensacola, FL 32523
Bus: (850) 494-4677
Bus Fax: (850) 494-3510
Facility Type: Acute Care

West Florida Rehabilitation Institute

Post Office Box 18900
Pensacola, FL 32523-8900
Bus: (850) 494-6100
Other: (850) 494-6000
Bus Fax: (850) 494-4881
Facility Type: Inpatient

APPENDICES

Brain and Spinal Cord Injury Program

BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL

The Department of Health, Brain and Spinal Cord Injury Advisory Council, is comprised of 16 members appointed by the Secretary of Health. The membership consists of four (4) individuals who have brain injuries or are family members of individuals who have brain injuries; four (4) individuals who have spinal cord injuries or are family members of individuals who have spinal cord injuries; and two (2) individuals who represent the special needs of children who have brain or spinal cord injuries. The balance of the council members are physicians, other allied health professionals, administrators of brain and spinal cord injury programs, and representatives from support groups who have expertise in areas related to the rehabilitation of individuals who have brain or spinal cord injuries. Appointed members serve a four-year term and may serve no more than two terms (two consecutive or lifetime terms).

2005-2006 ADVISORY COUNCIL MEMBERS

Chair - Marilyn Sutherland, R.N., B.S.N., M.S., C.N.R.N.	Miami
Vice-Chair - JoAnn Hefner	Royal Palm Gardens
Bernard Brucker, Ph.D., A.B.P.P.	Miami
James R. Edwards, B.S.N., R.N., C.R.R.N.	Jacksonville
R. Patrick Jacob, M.D.	Gainesville
Thomas R. Kerkhoff, Ph.D.	Gainesville
Dawn M. Leuck	Ormond Beach
Robert G. Melia, Jr.	Orlando
Barbara Milazzo	Tavares
David Moore	Oviedo
Grace Peay	Indian Rocks Beach
Dale S. Santella	Sarasota
Reverend James Tucker	Jacksonville

The council is responsible for:

- Providing advice and expertise to the department in the preparation, implementation, administration, and periodic review of the BSCIP.
- Assisting in the development and oversight of the BSCIP strategic plan.
- Developing standards for quality assurance and improvement of the state's BSCIP designated facilities.

2005-2006 ADVISORY COUNCIL AD HOC MEMBERS

Tom Dockery	Deltona
Barry P. Nierenberg, Ph.D.	Miami
Artis Striglers	Jacksonville
Karen L. Williams, M.D.	Saint Petersburg

The Secretary of the Department of Health established the Brain and Spinal Cord Injury Advisory Council Ad Hoc Committee in 2002 pursuant to section 20.34(6), *F.S.* The purpose of the committee is to ensure that historical knowledge, continuity, and technical assistance is maintained for the purpose of continuous strategic planning and quality improvement efforts of the council and the BSCIP. The committee is established for a period of two years and may be reestablished if deemed necessary. The committee is comprised of five members appointed by the Secretary of Health.