



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

2007 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 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) 2006-2007. For reference, brain injuries and spinal cord injuries refer specifically to a single diagnosis injury. Dual diagnosis injury refers specifically to individuals who have sustained both a brain and a 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 2006-2007, total revenues for the Brain and Spinal Cord Injury Program amounted to \$24,064,270. These monies were made available through traffic-related civil penalties, temporary license tags, motorcycle specialty 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 \$23,573,469. The program's total expenditures were \$22,642,408.

During FY 2006-2007, 3,517 new injury referrals were reported to the Brain and Spinal Cord Injury Program's Central Registry. Of these, 3,021, or 85.9%, were reported by state-approved trauma centers or designated facilities. Community reintegration services were provided to 2,467 clients (this count includes both open and closed cases that received community reintegration services during the year) and 3,440 cases were closed by the program. Of the 968 program eligible cases closed during the year, 864 individuals were successfully reintegrated back into the community after completing a plan of care.

The Medicaid Home and Community-Based Waiver Program served 336 individuals with moderate-to-severe traumatic brain or spinal cord injuries, with the average annual cost per consumer being \$24,925. 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, 20 individuals received services from the program at an average cost of \$21,021 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 4.6 on a possible 5-point rating scale for individuals who had sustained a brain injury and 4.3 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 through out the continuum of care process 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 traumatic brain and/or spinal cord injury. The BSCIP can provide for acute care, inpatient and/or outpatient rehabilitation, transitional living services, adaptive modifications of homes and vehicles, adaptive equipment, prevention, education, and research. Long-term care services can be provided to eligible clients through the Medicaid Home and Community-Based Waiver program. Contractual partners provide services to program clients and others impacted by injuries to sustain community reintegration.

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, as defined in Chapter 381.745, F.S., and Chapter 64I-1.001, F.A.C., 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

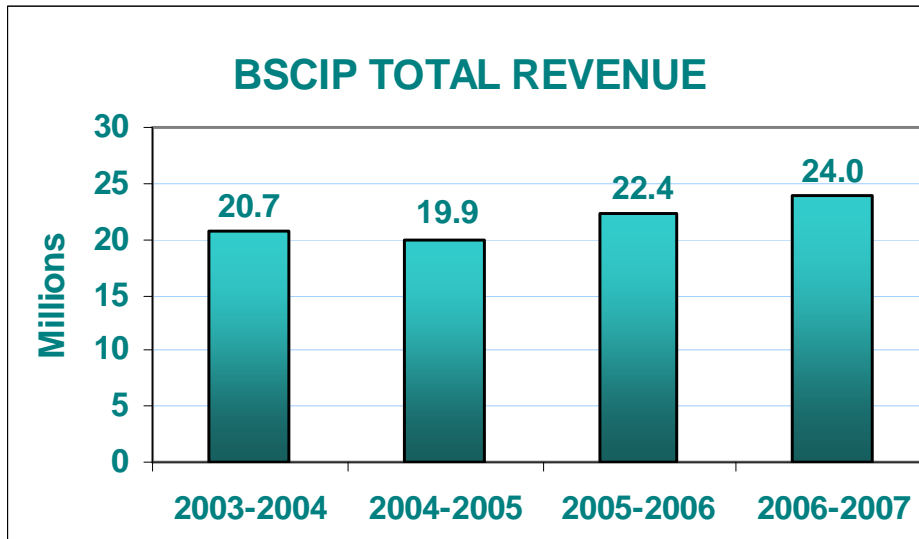
Brain and Spinal Cord Injury Program

This report summarizes the Brain and Spinal Cord Injury Program's (BSCIP) revenue, budget, and expenditures for the Brain and Spinal Cord Injury Program Trust Fund for fiscal year (FY) 2006-2007. Budget data were provided by the Department of Health's Revenue Management office. The following information does not reflect certified forwards or non-BSCIP trust fund dollars.

BSCIP also administers the Medically Fragile Program for individuals on ventilators residing at the Broward Children's Center who have aged out of the Medicaid program. General revenue funds totaling \$610,020 are used to reimburse the Broward Children's Center at the daily Medicaid rate for up to five individuals. In addition, BSCIP administers the Adult Cystic Fibrosis Waiver Program through a contract totaling \$990,000 with Abilities of Florida.

TOTAL REVENUE

Total revenue made available to the Brain and Spinal Cord Injury Program Trust Fund through traffic-related civil penalties, temporary license tags, DUI and BUI fines, federal Medicaid reimbursements and subrogation during FY 2006-2007 was \$24,064,270.



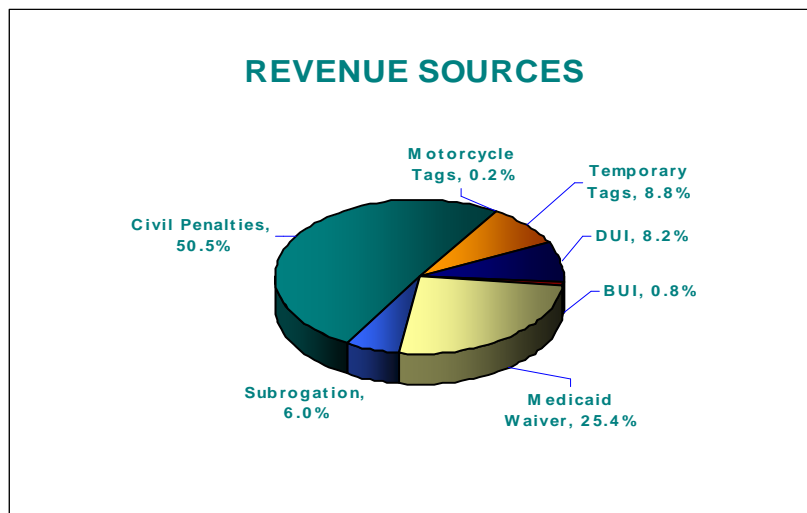
REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

BSCIP TRUST FUND REVENUE SOURCES

Total Revenue - \$24,064,270

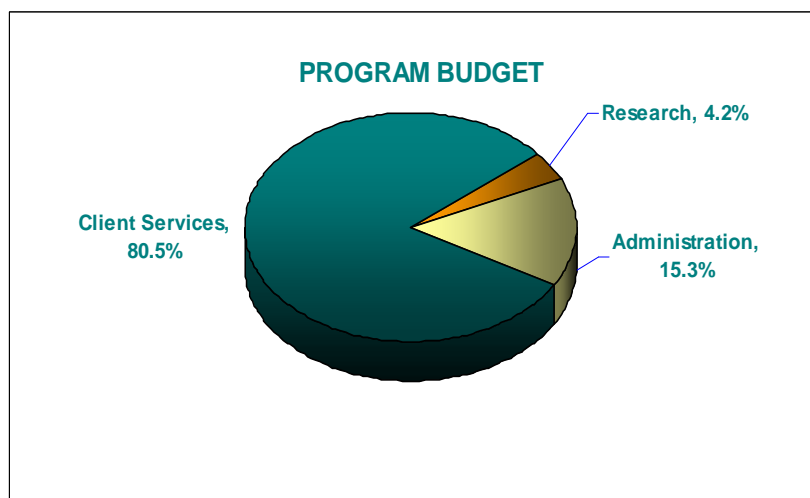
- Traffic-Related Civil Penalties – \$12,142,726
- Temporary License Tags – \$2,127,967
- Driving Under the Influence Fines – \$1,982,292
- Boating Under the Influence Fines – \$195,591
- Medicaid Waiver Federal Reimbursements – \$6,105,439
- Subrogation – \$1,454,379
- Motorcycle Specialty Tags – \$55,876



PROGRAM BUDGET

Total Budget Authority – \$23,573,469

- Administration – \$3,605,974
- Research – \$1,000,000
- Client Services – \$18,967,495 (Contracted and non-contracted services)



REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

CLIENT SERVICES CONTRACTS/DIRECT ORDERS

Brain Injury Association of Florida
Family/Community Support Program – \$1,001,069
Resource Center – \$468,505
Traumatic Brain Injury (TBI) Grant – Project ACTION – \$150,000*
*Grant period – April 1, 2006 – March 31, 2009 – \$450,000

Florida Alliance for Assistive Services and Technology
Program – \$395,000
Florida Spinal Cord Injury Resource Center – \$300,000

Sponsorships for Client-related Services – \$25,000

Marquis – Information Technology Services – \$418,400

ISC – Project Management Services – \$71,968

Manpower – Medicaid Waiver Reimbursement Technicians – \$81,411

Manpower – BSCIP Rehabilitation Technicians – \$39,956

Vitiver – BSCIP Medicaid Waiver Disability Management Specialists – \$69,600

Total Contracted Services and Direct Orders for Client Services – \$3,020,909

PROGRAM EXPENDITURES

The Brain and Spinal Cord Injury Program was administered within the program's total budget authority. Total program expenditures for FY 2006-2007 were \$22,642,408. Every effort was made to provide individuals with the basic and essential services needed to be safely reintegrated back into the community utilizing federal, state and community resources. The BSCIP trust fund was used as the payor of last resort to fill unmet needs.

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 is required to report such injuries to the program within five days after the identification or diagnosis of these 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 data in this report reflects only those individuals who sustained a moderate-to-severe brain or spinal cord injury and does not include data for those 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 of 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). An 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 2006-2007 from hospitals, 93.9% were referred from an SATC or a DF. This is within 1.1% of the department's goal. BSCIP continues to work with the Division of Emergency Medical Operations and acute care hospitals to improve this percentage. Funding allocated 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/Designated Facilities	2,426	94.2%	405	90.6%	190	97.4%	3,021	93.9%
Other Acute Care Hospitals	150	5.8%	42	9.4%	5	2.6%	197	6.1%
Total	2,576	100.0%	447	100.0%	195	100.0%	3,218	100.0%

This chart represents referrals received from hospital sources only. It does not include referrals from any other referral sources.

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, 87.8% of referrals were made within 10 days of the date of injury. This is 2.2% 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		Total	
	Count	%	Count	%	Count	%	Count	%
0 - 5 days	1,844	71.6%	284	63.5%	148	75.9%	2,276	70.7%
6 - 10 days	430	16.7%	97	21.7%	23	11.8%	550	17.1%
11 - 20 days	168	6.5%	40	8.9%	15	7.7%	223	6.9%
21 - 30 days	50	1.9%	13	2.9%	4	2.1%	67	2.1%
31 - 60 days	48	1.9%	7	1.6%	4	2.1%	59	1.8%
61 - 90 days	21	0.8%	2	0.4%	1	0.5%	24	0.7%
90 Plus	8	0.3%	3	0.7%	0	0.0%	11	0.3%
Date Order Error*	7	0.3%	1	0.2%	0	0.0%	8	0.2%
Total	2,576	100.0%	447	100.0%	195	100.0%	3,218	100.0%

* Date Order Error – the referral source listed the injury date post the referral date.

Indicator 3 - Percent of BSCIP-Eligible Clients Community Reintegrated

The hallmark of the BSCIP 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 successfully reintegrate 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 968 eligible cases closed during the year, 89.3% were considered community reintegrated upon closure from the program. This is 5.7% below the target goal.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

The addition of over 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. BSCIP recently established a contract to hire eight additional staff through a state term employment services contract to serve the individuals on the Medicaid Home and Community-Based Waiver. It is expected that the transfer of these clients to the Medicaid Waiver Specialists will decrease the client to case manager ratio and will improve the percentage of clients community reintegrated.

Table 3

Closure Status Outcome	Injury Type							
	Brain Injury		Spinal Cord Injury		Brain and Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Community Reintegrated	551	90.0%	254	87.6%	59	89.4%	864	89.3%
Non-Community Reintegrated	61	10.0%	36	12.4%	7	10.6%	104	10.7%
Table Total	612	100.0%	290	100.0%	66	100.0%	968	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 the 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 699 BSCIP program-eligible clients who had sustained a brain injury and whose cases had been closed by the program during the year. Of the attempted contacts, 431 or 61.7% completed the survey. The Average Consumer Satisfaction score for these clients was 4.6 on a 5-point scale.

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

The FSCIRC attempted to contact 222 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 attempted contacts, 128 or 57.7% completed the survey. The Average Consumer Satisfaction score for these clients was 4.3 on a 5-point scale.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

NEW INJURIES

By Injury Type

There were 3,517 new injuries reported to the Brain and Spinal Cord Injury Program Central Registry during FY 2006-2007. Of these, 78.8% were for moderate-to-severe brain injuries, 15.1% were for spinal cord injuries, and 6.1% were for dual diagnosis brain and spinal cord injuries.

Table 4

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
2,772	78.8%	532	15.1%	213	6.1%	3,517	100.0%

By Age

For FY 2006-2007, 21-25 (12.5%), 26-30 (9.1%), and 41-45 (8.2%) year-old age group categories accounted for the largest percentage of all injuries.

For **brain injuries**, 21-25 (12.7%), 26-30 (9.1%), and 41-45 (7.9%) year-old age group categories accounted for the largest percentage of new brain injuries.

For **spinal cord injuries**, 21-25 (12.6%), 46-50 (9.4%), and 31-35 (9.2%) year-old age group categories accounted for the largest percentage of spinal cord injuries.

For **dual diagnosis injuries**, 26-30 (11.7%), 41-45 (11.3%), and 21-25 (10.3%) year-olds accounted for the largest percentage of new dual diagnosis injuries.

Table 5

	Injury Type											
	Brain			Spinal			Brain & Spinal			Total		
	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age
Birth - 2	67	2.4%	1.1	1	0.2%	2.0	1	0.5%	1.0	69	2.0%	1.1
3 - 5	40	1.4%	4.5	1	0.2%	4.0	2	0.9%	5.0	43	1.2%	4.5
6 - 10	53	1.9%	8.6	1	0.2%	8.0	1	0.5%	10.0	55	1.6%	8.6
11 - 15	112	4.0%	14.3	12	2.3%	14.6	7	3.3%	15.1	131	3.7%	14.4
16 - 18	196	7.1%	17.6	36	6.8%	17.6	15	7.0%	17.1	247	7.0%	17.5
19 - 20	157	5.7%	19.9	31	5.8%	19.9	12	5.6%	19.8	200	5.7%	19.9
21 - 25	351	12.7%	23.5	67	12.6%	23.2	22	10.3%	22.9	440	12.5%	23.4
26 - 30	251	9.1%	28.5	43	8.1%	28.1	25	11.7%	28.1	319	9.1%	28.4
31 - 35	201	7.3%	33.9	49	9.2%	33.5	16	7.5%	34.0	266	7.6%	33.9
36 - 40	200	7.2%	38.5	35	6.6%	38.5	16	7.5%	38.4	251	7.1%	38.5
41 - 45	219	7.9%	43.6	46	8.6%	43.2	24	11.3%	43.5	289	8.2%	43.5
46 - 50	217	7.8%	48.6	50	9.4%	48.3	16	7.5%	48.8	283	8.0%	48.6
51 - 55	171	6.2%	53.5	41	7.7%	53.5	11	5.2%	52.6	223	6.3%	53.4
56 - 60	130	4.7%	58.3	35	6.6%	58.1	13	6.1%	59.2	178	5.1%	58.4
61 - 65	91	3.3%	63.7	30	5.6%	63.6	7	3.3%	62.7	128	3.6%	63.6
66 - 70	58	2.1%	68.4	18	3.4%	67.9	5	2.3%	68.0	81	2.3%	68.3
71 - 75	61	2.2%	73.5	14	2.6%	73.5	7	3.3%	73.1	82	2.3%	73.4
76 - 80	75	2.7%	78.7	9	1.7%	78.9	8	3.8%	78.3	92	2.6%	78.7
80 Plus	122	4.4%	87.0	13	2.4%	87.5	5	2.3%	86.0	140	4.0%	87.1
Total	2772	100.0%	38.4	532	100.0%	41.0	213	100.0%	39.9	3517	100.0%	38.9

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Gender

Of the new injuries reported in FY 2006-2007, males accounted for 74.4% of new injuries across all injury types.

Table 6

	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	2,040	73.6%	415	78.0%	162	76.1%	2,617	74.4%
Females	719	25.9%	113	21.2%	51	23.9%	883	25.1%
Unknown/Not Recorded	13	0.5%	4	0.8%	0	0.0%	17	0.5%
Total	2,772	100.0%	532	100.0%	213	100.0%	3,517	100.0%

By Race/Ethnicity

Of the new injuries reported in FY 2006-2007, Whites (58.2%) accounted for the largest percentage of injuries followed by Hispanic/Latinos (20.3%), and African American/Blacks (17.1%).

For **brain injuries**, Whites (58.2%) accounted for the largest percentage of new brain injuries followed by Hispanic/Latinos (21.9%) and African American/Blacks (15.8%).

For **spinal cord injuries**, Whites (62.2%) accounted for the largest percentage of new spinal cord injuries followed by African American/Blacks (23.1%) and Hispanic/Latinos (9.8%).

For **dual diagnosis injuries**, Whites (49.3%) accounted for the largest percentage of new dual diagnosis injuries followed by Hispanic/Latinos (25.8%) and African American/Blacks (19.2%).

Table 7

	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	1,612	58.2%	331	62.2%	105	49.3%	2,048	58.2%
African American/ Black	439	15.8%	123	23.1%	41	19.2%	603	17.1%
Hispanic/Latino	607	21.9%	52	9.8%	55	25.8%	714	20.3%
Other	114	4.1%	26	4.9%	12	5.6%	152	4.3%
Total	2,772	100.0%	532	100.0%	213	100.0%	3,517	100.0%

By Cause of Injury

Of the new injuries reported in FY 2006-2007, Auto/Truck-related (34.4%), Jump/Fall (19.1%) and Motorcycle-related (11.6%) injuries accounted for over 65% of all new injuries (See Table 8).

For **brain injuries**, Auto/Truck-related (34.3%), Jump/Fall (18.5%), Motorcycle-related (12.0%), Pedestrian/Auto (9.5%), and Assault/Altercation-related (7.9%) injuries accounted for over 82% of new brain injuries (See Table 8).

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

For **spinal cord injuries**, Auto/Truck-related (29.7%), Jump/Fall (25.0%), Handguns (11.7%) and Motorcycle-related (9.6%) injuries accounted for 76% of new spinal cord injuries (See Table 8).

For **dual diagnosis injuries**, Auto/Truck-related (47.4%), Jump/Fall (11.7%), Motorcycle-related (11.3%) and Pedestrian/Auto-related (8.9%) injuries accounted for over 79% of all new dual diagnosis injuries (See Table 8).

Table 8

		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	950	34.3%	158	29.7%	101	47.4%	1,209	34.4%
	Motorcycle	333	12.0%	51	9.6%	24	11.3%	408	11.6%
	ATV/Moped/Dirtbike	112	4.0%	17	3.2%	2	0.9%	131	3.7%
	Bicycle	99	3.6%	17	3.2%	3	1.4%	119	3.4%
	Car Surfing	1	0.0%	0	0.0%	0	0.0%	1	0.0%
	Pedestrian/Auto	263	9.5%	8	1.5%	19	8.9%	290	8.2%
	Pedestrian/Bicycle	5	0.2%	0	0.0%	1	0.5%	6	0.2%
	Pedestrian/Unknown	1	0.0%	0	0.0%	0	0.0%	1	0.0%
	Airplane/Train Crash	0	0.0%	2	0.4%	3	1.4%	5	0.1%
<i>Total</i>	<i>1,764</i>	<i>63.6%</i>	<i>253</i>	<i>47.6%</i>	<i>153</i>	<i>71.8%</i>	<i>2,170</i>	<i>61.7%</i>	
Falls	Jump/Fall	513	18.5%	133	25.0%	25	11.7%	671	19.1%
	Fall from Auto/Truck	16	0.6%	1	0.2%	0	0.0%	17	0.5%
	<i>Total</i>	<i>529</i>	<i>19.1%</i>	<i>134</i>	<i>25.2%</i>	<i>25</i>	<i>11.7%</i>	<i>688</i>	<i>19.6%</i>
Violence	Assault/Altercation	220	7.9%	11	2.1%	7	3.3%	238	6.8%
	Handgun	59	2.1%	62	11.7%	12	5.6%	133	3.8%
	Rifle	25	0.9%	4	0.8%	3	1.4%	32	0.9%
	Stabbing	1	0.0%	2	0.4%	0	0.0%	3	0.1%
	Domestic Violence	9	0.3%	0	0.0%	0	0.0%	9	0.3%
	Shaken Baby	11	0.4%	0	0.0%	0	0.0%	11	0.3%
	<i>Total</i>	<i>325</i>	<i>11.7%</i>	<i>79</i>	<i>14.8%</i>	<i>22</i>	<i>10.3%</i>	<i>426</i>	<i>12.1%</i>
	Sports/Recreation	Boating/Jet Ski	3	0.1%	2	0.4%	1	0.5%	6
Diving into a pool		2	0.1%	4	0.8%	1	0.5%	7	0.2%
Diving into a natural body of water		2	0.1%	17	3.2%	5	2.3%	24	0.7%
Swimming		6	0.2%	2	0.4%	0	0.0%	8	0.2%
Football/Soccer/Hockey		2	0.1%	2	0.4%	0	0.0%	4	0.1%
Skating/Skateboard/Scooter		6	0.2%	0	0.0%	0	0.0%	6	0.2%
Other Sport		14	0.5%	2	0.4%	0	0.0%	16	0.5%
<i>Total</i>		<i>35</i>	<i>1.3%</i>	<i>29</i>	<i>5.5%</i>	<i>7</i>	<i>3.3%</i>	<i>71</i>	<i>2.0%</i>
War-Related	War	0	0.0%	2	0.4%	0	0.0%	2	0.1%
	Total	0	0.0%	2	0.4%	0	0.0%	2	0.1%
Other	Falling Object	22	0.8%	7	1.3%	1	0.5%	30	0.9%
	Heavy Equipment	2	0.1%	0	0.0%	1	0.5%	3	0.1%
	Medical Complication	3	0.1%	2	0.4%	0	0.0%	5	0.1%
	Other	53	1.9%	17	3.2%	4	1.9%	74	2.1%
	Unknown/Not Recorded	39	1.4%	9	1.7%	0	0.0%	48	1.4%
	<i>Total</i>	<i>119</i>	<i>4.3%</i>	<i>35</i>	<i>6.6%</i>	<i>6</i>	<i>2.8%</i>	<i>160</i>	<i>4.5%</i>
Table Total	2,772	100.0%	532	100.0%	213	100.0%	3,517	100.0%	

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TOTAL CLIENTS SERVED

The BSCIP provided community reintegration services to 2,467 clients during FY 2006-2007. This count includes both open and closed cases that received community reintegration services during the year. Clients may have been referred in the previous year.

Table 9

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
1,677	68.0%	612	24.8%	178	7.2%	2,467	100.0%

BSCIP CASE CLOSURES

During FY 2006-2007, BSCIP closed 3,440 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 3,440 cases closed, 67.7% were closed in referral status, 28.1% were closed in plan status, and 4.0% were closed in applicant status.

Table 10

Closure Status Type	Injury Type							
	Brain Injury		Spinal Cord Injury		Brain and Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referral Status	1871	72.0%	310	50.0%	148	67.0%	2329	67.7%
Applicant Status	110	4.2%	19	3.1%	7	3.2%	136	4.0%
Plan Status	612	23.5%	290	46.8%	66	29.9%	968	28.1%
Other Post-Closure	6	0.2%	1	0.2%	0	0.0%	7	0.2%
Total	2599	100.0%	620	100.0%	221	100.0%	3440	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Plan Status Closures

Of the 968 cases closed in plan status, 89.3% were closed as community reintegrated. The remaining 10.7% of cases were closed as a result of the consumer being institutionalized (3.5%), death (1.8%), leaving the area (1.8%), because they could not be located (1.5%), failing to cooperate with program requirements (1.5%), for declining services (.5%), and being medically ineligible (.1%).

Table 11

		Injury Type							
		Brain Injury		Spinal Cord Injury		Brain and Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Community Reintegrated	Community Reintegrated	516	84.3%	232	80.0%	51	77.3%	799	82.5%
	Referred to Vocational Rehabilitation	29	4.7%	21	7.2%	8	12.1%	58	6.0%
	Referred to Non-VR Agency	6	1.0%	1	0.3%	0	0.0%	7	0.7%
	Total	551	90.0%	254	87.6%	59	89.4%	864	89.3%
Non-Community Reintegrated	Consumer Institutionalized	15	2.5%	16	5.5%	3	4.5%	34	3.5%
	Death	9	1.5%	8	2.8%	0	0.0%	17	1.8%
	Declined Services	4	0.7%	1	0.3%	0	0.0%	5	0.5%
	Failure to Cooperate	13	2.1%	1	0.3%	1	1.5%	15	1.5%
	Medically Ineligible	1	0.2%	0	0.0%	0	0.0%	1	0.1%
	Unable to Locate	9	1.5%	5	1.7%	1	1.5%	15	1.5%
	Left Area	10	1.6%	5	1.7%	2	3.0%	17	1.8%
	Total	61	10.0%	36	12.4%	7	10.6%	104	10.7%
Table Total		612	100.0%	290	100.0%	66	100.0%	968	100.0%

Referral/Applicant Status Closures

The program closed 2,465 cases in referral or applicant status. The leading reasons for closure were death (17.2%), declining services (16.0%), and being medically ineligible (15.8%) for BSCIP community reintegration services. (See Table 12)

For **brain injuries**, the leading reasons for closure were death (18.0%), declining services (16.7%) and being medically ineligible (15.3%) for BSCIP community reintegration services. (See Table 12)

For **spinal cord injuries**, the leading reasons for closure were medically ineligible (20.1%), not a legal Florida resident (16.7%) and consumer institutionalized (14.9%). (See Table 12)

For **dual diagnosis injuries**, the leading reasons for closure were not a legal Florida resident (18.7%), death (16.8%), and declining services (14.8%) for BSCIP community reintegration services. (See Table 12)

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Table 12

Closure Status Type	Injury Type							
	Brain Injury		Spinal Cord Injury		Brain and Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referred to VR	11	0.6%	5	1.5%	0	0.0%	16	0.6%
Referred to Other Agency	135	6.8%	21	6.4%	10	6.5%	166	6.7%
Consumer Institutionalized	197	9.9%	49	14.9%	20	12.9%	266	10.8%
Death	356	18.0%	43	13.1%	26	16.8%	425	17.2%
Declined Services	331	16.7%	41	12.5%	23	14.8%	395	16.0%
Failure to Cooperate	139	7.0%	12	3.6%	9	5.8%	160	6.5%
Left Area	48	2.4%	12	3.6%	3	1.9%	63	2.6%
Medically Ineligible	303	15.3%	66	20.1%	21	13.5%	390	15.8%
Not a Legal Florida Resident	233	11.8%	55	16.7%	29	18.7%	317	12.9%
Program Ineligible	21	1.1%	8	2.4%	2	1.3%	31	1.3%
Unable to Locate	207	10.4%	17	5.2%	12	7.7%	236	9.6%
Total	1981	100.0%	329	100.0%	155	100.0%	2465	100.0%

MEDICAID HOME AND COMMUNITY-BASED WAIVER

The Medicaid Home and Community-Based Waiver Program provided services to 336 individuals with moderate-to-severe traumatic brain or spinal cord injury at an average cost of \$24,924.54 per client during FY 2006-2007. Services are provided to individuals who may otherwise be placed in a skilled nursing facility. The waiver program offers the following 12 core services:

- Community Support Coordination
- Companion Services
- Personal Care
- Attendant Care
- Behavioral Programming
- Life-Skills Training
- Adaptive Health and Wellness
- Personal Adjustment Counseling
- Assistive Technology and Adaptive Equipment
- Environmental Accessibility Adaptation
- Rehabilitative Engineering Evaluations
- Consumable Medical Supplies

Waiver Services by Injury Type

Of the 336 clients served during FY 2006-2007, 122 or 36.3% sustained a brain injury, 203 or 60.4% sustained a spinal cord injury, and 11 or 3.3% sustained a dual diagnosis injury.

Table 13

Injury Type							
Brain Injury Only		Spinal Cord Injury Only		Brain & Spinal Cord Injury		Total	
Count	%	Count	%	Count	%	Count	%
122	36.3%	203	60.4%	11	3.3%	336	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Age

For FY 2006-2007, 41-45 (19.3%), 26-30 (16.4%), and 46-50 (14.6%) year-old age group categories accounted for the largest percentage of waiver clients. The average age of waiver clients was 40.3 years of age.

For **brain injuries**, 26-30 (18.9%), 41-45 (18.0%), and 31-35 (15.6%) year-old age group categories accounted for the largest percentage of waiver clients. The average age of brain injured waiver clients was 37.4 years of age.

For **spinal cord injuries**, 41-45 (21.2%), 46-50 (18.2%), and 26-30 (14.3%) year-old age group categories accounted for the largest percentage of waiver clients. The average age of spinal cord injured waiver clients was 42.3 years of age.

For **dual diagnosis injuries**, 26-30 (27.3%) and 36-40 (27.3%) year-olds accounted for the largest percentage of waiver clients. The average age of dual diagnosis injured waiver clients was 34.6 years of age.

Table 14

Age Category	Injury Type											
	Brain			Spinal			Brain & Spinal Cord Injury			Total		
	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age
19 - 20	0	0.0%	.	1	0.5%	20.8	0	0.0%	.	1	0.3%	20.8
21 - 25	18	14.8%	23.7	14	6.9%	24.4	2	18.2%	23.0	34	10.1%	24.0
26 - 30	23	18.9%	28.3	29	14.3%	28.4	3	27.3%	28.6	55	16.4%	28.3
31 - 35	19	15.6%	33.4	14	6.9%	33.5	1	9.1%	35.4	34	10.1%	33.5
36 - 40	17	13.9%	38.8	23	11.3%	38.4	3	27.3%	38.9	43	12.8%	38.6
41 - 45	22	18.0%	43.5	43	21.2%	43.9	0	0.0%	.	65	19.3%	43.8
46 - 50	10	8.2%	48.9	37	18.2%	48.2	2	18.2%	48.1	49	14.6%	48.4
51 - 55	7	5.7%	53.3	21	10.3%	53.4	0	0.0%	.	28	8.3%	53.4
56 - 60	4	3.3%	58.3	17	8.4%	58.7	0	0.0%	.	21	6.3%	58.6
61 - 65	1	0.8%	65.4	2	1.0%	62.5	0	0.0%	.	3	0.9%	63.5
66 - 70	1	0.8%	67.8	2	1.0%	69.0	0	0.0%	.	3	0.9%	68.6
Total	122	100.0%	37.4	203	100.0%	42.3	11	100.0%	34.6	336	100.0%	40.3

Waiver Services by Gender

During FY 2006-2007, males accounted for 75.9% of all waiver clients.

Table 15

Gender	Injury Type							
	Brain Injury Only		Spinal Cord Injury Only		Brain & Spinal Cord Injury		Total	
	Count	%	Count	%	Count	%	Count	%
Male	99	81.1%	148	72.9%	8	72.7%	255	75.9%
Female	23	18.9%	55	27.1%	3	27.3%	81	24.1%
Total	122	100.0%	203	100.0%	11	100.0%	336	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Race/Ethnicity

During FY 2006-2007, Whites accounted for the largest percentage (77.7%) of all waiver client injuries.

Table 16

Race/Ethnicity	Injury Type							
	Brain Injury Only		Spinal Cord Injury Only		Brain & Spinal Cord Injury		Total	
	Count	%	Count	%	Count	%	Count	%
White	104	85.2%	149	73.4%	8	72.7%	261	77.7%
African American/ Black	12	9.8%	39	19.2%	1	9.1%	52	15.5%
Hispanic/Latino	5	4.1%	13	6.4%	2	18.2%	20	6.0%
Other	1	0.8%	2	1.0%	0	0.0%	3	0.9%
Total	122	100.0%	203	100.0%	11	100.0%	336	100.0%

Waiver Services by Cause of Injury

During FY 2006-2007, Auto/Truck-related (44.9%) injuries accounted for the largest percentage of all waiver client injuries (See Table 17).

For **brain injuries**, auto/truck-related (55.7%) and pedestrian/auto (13.9%) injuries accounted for over 69% of all waiver client injuries (See Table 17).

For **spinal cord injuries**, auto/truck-related (38.9%) and diving into a natural body of water (16.3%) injuries accounted for over 55% of all waiver client injuries (See Table 17).

For **dual diagnosis injuries**, auto/truck-related (36.4%) and motorcycle-related (18.2%) injuries accounted for over 54% of waiver client injuries (See Table 17).

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Table 17

Cause of Injury	Injury Type							
	Brain Injury Only		Spinal Cord Injury Only		Brain & Spinal Cord Injury		Total	
	Count	%	Count	%	Count	%	Count	%
Auto/Truck	68	55.7%	79	38.9%	4	36.4%	151	44.9%
Motorcycle	14	11.5%	4	2.0%	2	18.2%	20	6.0%
ATV/Moped/Dirtbike	3	2.5%	6	3.0%	0	0.0%	9	2.7%
Bicycle	3	2.5%	6	3.0%	0	0.0%	9	2.7%
Pedestrian/Auto	17	13.9%	3	1.5%	1	9.1%	21	6.3%
Unknown Vehicle	1	0.8%	4	2.0%	0	0.0%	5	1.5%
Jump/Fall	4	3.3%	18	8.9%	1	9.1%	23	6.8%
Assault/Altercation	3	2.5%	3	1.5%	0	0.0%	6	1.8%
Handgun	2	1.6%	15	7.4%	1	9.1%	18	5.4%
Rifle	1	0.8%	2	1.0%	0	0.0%	3	0.9%
Other Gun	0	0.0%	2	1.0%	0	0.0%	2	0.6%
Stabbing	0	0.0%	1	0.5%	0	0.0%	1	0.3%
Diving into a pool	1	0.8%	6	3.0%	0	0.0%	7	2.1%
Diving into a natural body of water	0	0.0%	33	16.3%	0	0.0%	33	9.8%
Swimming	0	0.0%	2	1.0%	1	9.1%	3	0.9%
Recreational Sport	0	0.0%	3	1.5%	0	0.0%	3	0.9%
Other Sport	0	0.0%	1	0.5%	0	0.0%	1	0.3%
Falling Object	1	0.8%	1	0.5%	0	0.0%	2	0.6%
Heavy Equipment	0	0.0%	1	0.5%	0	0.0%	1	0.3%
Medical Complication	0	0.0%	2	1.0%	0	0.0%	2	0.6%
Other	1	0.8%	3	1.5%	0	0.0%	4	1.2%
Unknown	3	2.5%	8	3.9%	1	9.1%	12	3.6%
Total	122	100.0%	203	100.0%	11	100.0%	336	100.0%

Overall, the average cost of care for the 336 clients served by the waiver during the year was \$24,925. Community support coordination, personal care, companion services, and consumable medical supplies were the most commonly provided services.

Table 18

Services Provided	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditure
Assistive Technologies	122	36.3%	\$159,090.25	1.9%	\$1,304.02
Attendant Care	82	24.4%	\$842,310.30	10.1%	\$10,272.08
Behavioral Programming	12	3.6%	\$124,416.00	1.5%	\$10,368.00
Community Support Coordination	314	93.5%	\$390,600.00	4.7%	\$1,243.95
Companion Services	236	70.2%	\$2,668,444.00	31.9%	\$11,306.97
Consulting Services	6	1.8%	\$6,656.00	0.1%	\$1,109.33
Consumable Medical Supplies	198	58.9%	\$255,155.97	3.0%	\$1,288.67
Environ Access Adaptation	21	6.3%	\$59,088.50	0.7%	\$2,813.74
Life Skills Training	32	9.5%	\$201,660.00	2.4%	\$6,301.88
Personal Adjustment	8	2.4%	\$13,370.40	0.2%	\$1,671.30
Personal Care	241	71.7%	\$3,647,952.74	43.6%	\$15,136.73
Rehab Engineer Evaluation	12	3.6%	\$5,900.00	0.1%	\$491.67
Total	336	100.0%	\$8,374,644.16	100.0%	\$24,924.54

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Dollar totals exclude service costs of eight clients that participated in and received Consumer Directed Care (CDC) Plus Program services during the reporting period. The Florida Department of Elder Affairs (DOEA) tracks the waiver dollars for these clients. The Consumer Directed Care Plus Program allows individuals to utilize their waiver service dollars and have more direct control and influence in the direction of their care. Clients enrolled in the CDC Plus Program are responsible for identifying, hiring and firing service providers of the clients choosing. Consumers are accountable for their monthly budgets and are monitored by the DOEA.

For **brain injuries**, the average cost of care for the 122 clients served by the program was \$20,438. Community support coordination, companion services, and personal care were the most commonly provided services.

Table 19

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditure
Assistive Technologies	24	19.7%	\$17,550.43	0.7%	\$731.27
Attendant Care	4	3.3%	\$50,310.00	2.0%	\$12,577.50
Behavioral Programming	11	9.0%	\$119,448.00	4.8%	\$10,858.91
Community Support Coordination	115	94.3%	\$146,280.00	5.9%	\$1,272.00
Companion Services	89	73.0%	\$1,022,347.60	41.0%	\$11,487.05
Consulting Services	1	0.8%	\$1,536.00	0.1%	\$1,536.00
Consumable Medical Supplies	47	38.5%	\$62,084.48	2.5%	\$1,320.95
Environmental Access Adaptation	4	3.3%	\$10,313.00	0.4%	\$2,578.25
Life Skills Training	24	19.7%	\$173,422.50	7.0%	\$7,225.94
Personal Adjustment	4	3.3%	\$7,404.00	0.3%	\$1,851.00
Personal Care	66	54.1%	\$881,446.38	35.4%	\$13,355.25
Rehab Engineer Evaluation	4	3.3%	\$1,250.00	0.1%	\$312.50
Total	122	100.0%	\$2,493,392.39	100.0%	\$20,437.64

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

For **spinal cord injuries**, the average cost of care for the 203 clients served by the program was \$27,426. Community support coordination, personal care, consumable medical supplies, and companion services were the most commonly provided services.

Table 20

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditures
Assistive Technologies	93	45.8%	\$135,125.43	2.4%	\$1,452.96
Attendant Care	74	36.5%	\$731,835.30	13.1%	\$9,889.67
Community Support Coordination	188	92.6%	\$230,280.00	4.1%	\$1,224.89
Companion Services	139	68.5%	\$1,555,757.40	27.9%	\$11,192.50
Consulting Services	5	2.5%	\$5,120.00	0.1%	\$1,024.00
Consumable Medical Supplies	145	71.4%	\$189,212.68	3.4%	\$1,304.92
Environmental Access Adaptation	16	7.9%	\$48,567.50	0.9%	\$3,035.47
Life Skills Training	7	3.4%	\$18,162.50	0.3%	\$2,594.64
Personal Adjustment	3	1.5%	\$2,654.40	0.0%	\$884.80
Personal Care	167	82.3%	\$2,646,349.76	47.5%	\$15,846.41
Rehab Engineer Evaluation	7	3.4%	\$4,500.00	0.1%	\$642.86
Total	203	100.0%	\$5,567,564.97	100.0%	\$27,426.43

For **dual diagnosis injuries**, the average cost of care for the 11 clients served by the program was \$28,517. Community support coordination, companion services, and personal care were the most commonly provided services.

Table 21

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditures
Assistive Technologies	5	45.45%	\$6,414.39	2.0%	\$1,282.88
Attendant Care	4	36.36%	\$60,165.00	19.2%	\$15,041.25
Behavioral Programming	1	9.09%	\$4,968.00	1.6%	\$4,968.00
Community Support Coordination	11	100.00%	\$14,040.00	4.5%	\$1,276.36
Companion Services	8	72.73%	\$90,339.00	28.8%	\$11,292.38
Consumable Medical Supplies	6	54.55%	\$3,858.81	1.2%	\$643.14
Environmental Access Adaptation	1	9.09%	\$208.00	0.1%	\$208.00
Life Skills Training	1	9.09%	\$10,075.00	3.2%	\$10,075.00
Personal Adjustment	1	9.09%	\$3,312.00	1.1%	\$3,312.00
Personal Care	8	72.73%	\$120,156.60	38.3%	\$15,019.58
Rehab Engineer Evaluation	1	9.09%	\$150.00	0.0%	\$150.00
Total	11	100.00%	\$313,686.80	100.0%	\$28,516.98

PUBLIC AND PRIVATE PARTNERSHIPS AND CONTRACTS

Brain and Spinal Cord Injury Program

FLORIDA 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 also is supported, in part, through a contractual relationship with the Florida Department of Health, Brain and Spinal Cord Injury Program, to accomplish specific services and activities.

FAAST has six regional demonstration centers throughout Florida. The Gulf Coast Center is located in Pensacola and serves three surrounding counties. The Northwest Center is located in Tallahassee and serves 14 surrounding counties. The Northeast Center is located in Jacksonville and serves 18 surrounding counties. The Atlantic Center is located in Orlando and serves ten surrounding counties. The Central Center is located in Tampa and serves 13 surrounding counties, and the South Florida Center is located in Miami and serves nine surrounding counties. 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. For more information on the Regional Demonstration Centers and their services, visit the FAAST website at: www.faast.org.

Technology and Vendor Recruitment System

- FAAST has recruited 274 service providers for the BSCIP in the following categories: alternative and augmentative communication evaluations (11); alternative and augmentative communication reseller (18); adaptive computer evaluations (15); adaptive computer reseller (9); contractor (77), driver evaluations (11); durable medical equipment/home medical equipment resellers (112); driver training (8); environmental control evaluations (24); environmental control reseller (19); home modification evaluations (40); mobility aids evaluations (45); vehicle modification reseller (51); and wheelchair reseller (77).
- During this fiscal year, FAAST twice attempted to offer the Certified Aging in Place Specialist (CAPS) training to prospective vendors without success. The barrier to offering this training is securing a collaborative partnership with a local homebuilders association. Five separate homebuilders associations were contacted. All five notified FAAST their training calendars were set for the year, but were receptive to dates in the next fiscal year.
- FAAST collaborated with Dr. Tony Gentry from Virginia Commonwealth University to offer training on assistive memory devices to BSCIP case managers, technicians, TBI/SCI Medicaid Waiver providers, Brain Injury Association of Florida (BIAF) staff members, staff from the Centers for Independent Living, and Florida Division of Vocational Rehabilitation (DVR) case managers.
- During this fiscal year, FAAST conducted 66 surveys to measure BSCIP staff and client satisfaction with home modifications.

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Brain and Spinal Cord Injury Program

Community Integration and Housing

- Assisted 158 clients with affordable, accessible housing.
- FAAST updated the BSCIP Resource Guide for Affordable Accessible Housing. In addition, FAAST collaborated with the Florida Housing Finance Corporation on a new, web-based affordable housing search engine.
- Continued publication of the monthly *Housing Facts* newsletter which is sent to BSCIP/Children's Medical Services staff, as well as to other community partners throughout the state.

Advocacy and Awareness

- FAAST updates the BSCIP part of the FAAST website on a weekly basis. Sections have recently been devoted to Medicare competitive bidding, new durable medical equipment products, and assistive devices to help individuals with cognitive impairments.

Training and Education

- In the fall, FAAST conducted training in all five BSCIP regions. The training was titled, "Cognitive Aids – Assistive Technology for TBI". Continuing education units were offered to all who were in attendance.
- In the spring, FAAST conducted training in all five BSCIP regions. The training was titled, "Urological Supplies and Universal Designs". Continuing education units were provided to all case managers.

Alternative Finance Program

FAAST partners with banking institutions to provide loans with favorable interest rates to consumers who need help financing assistive technology (AT) purchases. Assistive technology allows individuals to overcome barriers to independence, education, and employment by providing them with the tools and technology that allows 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 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. During this fiscal year, 45 loan applications were received and 7 loans awarded.

Access to Telework Program

The Access to Telework 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.

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Brain and Spinal Cord Injury Program

Best Practices

- FAAST has developed an assistive technology recycling program. During this fiscal year, over 400 pieces of assistive technology were recycled to Floridians with disabilities.
- FAAST has been operating a statewide assistive technology device loan program. During this fiscal year, over 120 pieces of assistive technology were loaned to Floridians with disabilities. Thirty eight (38) individuals with brain injuries utilized this program with BSCIP purchasing 12 of the devices.
- FAAST has been instrumental in working with the Special Needs Shelter (SpNS) Program. One proposal FAAST advocated for during this fiscal year was the distribution of empty waterproof bags that have a list of emergency items printed on the bag itself. In the case of an emergency, an individual would fill the bag with the items listed (items specific to their disability, such as wheelchair prescription, etc.) and be prepared for the shelter should they need to leave their home.

Of Special Interest

- FAAST completed the section relating to persons with physical disabilities for the FY 2005-2010 State of Florida HUD Consolidated Housing Plan. A FAAST recommendation was that the required policy formation boards (over 200 in state) consider membership by at least one advocate endorsed by the Center for Independent Living in that geographical location.
- FAAST has provided BSCIP with data input for its 2007 Nursing Home Survey.
- FAAST, BSCIP, and the Florida Disabled Outdoor Association (FDOA) entered into a partnership to develop an online database for adaptive recreation events, activities, products, devices, and services. It is anticipated that this partnership will be expanded in the next fiscal year.

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 for 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, and the Peer Mentor Program.

In addition to the information and referral resources, FSCIRC is also responsible for conducting prevention programs. FSCIRC has two main components to their prevention program. The first is *Go On Living with a Disability (GOLD)* which uses a speaker in classrooms to defray misperceptions about disabilities and the reality of potential risk taking behaviors. Secondly, FSCIRC partnered with the Darryl Gwynn Foundation for the inaugural Florida Spinal Cord Injury Awareness Week. During the week, spinal cord injury survivors spoke at schools,

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Brain and Spinal Cord Injury Program

information on prevention was distributed at businesses, public service announcements aired on television, and various events were held throughout the state.

In response to the need for personal adjustment counseling for new spinal cord injuries, FSCIRC also coordinates a Peer Mentor Program. Currently, 32 mentors have been trained and are available to serve clients with a spinal cord injury. These mentors are requested by BSCIP case managers and other healthcare professionals for individuals who are struggling with psycho-social 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

- FSCIRC changed the delivery method for introduction packets. FSCIRC now provides the BSCIP case managers with the introduction packet and they deliver the packet to the client during their initial meeting. This assures that the client actually receives the packet and does so in a timely manner.
- Two hundred eighty-two 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 the following: *Christopher Reeve Resource Directory*; *Family and Survivors Guide to SCI*; Social Security booklets; Vocational Rehabilitation booklets; FSCIRC newsletter; *Disabled Dealer* magazine; *New Mobility* magazine; *Paraplegia News*; *Guide to Disability Rights* booklet; *Sports-n-Spokes* magazine; *Action* magazine; and *Florida Contacts Directory*.

Peer Mentor Network

- Entering its fourth year, the Peer Mentor Network has an established pool of 32 mentors. Staff continued to promote the service to BSCIP case managers and began offering peer mentoring service in-house. In January, FSCIRC began contacting newly injured clients and offering them the peer mentor service. To date, the FSCIRC has matched 20 clients with peer mentors.

Advocacy and Awareness

- FSCIRC continued to assist clients through self-advocacy training and ongoing support.
- FSCIRC spoke to Florida legislators and informed them about upcoming bills pertaining to the spinal cord injured community.

Prevention

- FSCIRC continued an extremely successful prevention program, *Go on Living with a Disability* (GOLD).
- FSCIRC partnered with the Darryl Gwynn Foundation for the inaugural Florida Spinal Cord Injury Awareness Week.

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Brain and Spinal Cord Injury Program

Community Outreach

- FSCIRC staff participated in two professional conferences: The Family Cafe on Disabilities and the Florida Disabled Outdoors Association's SportsAbility Expo.

Special Projects

- FSCIRC continued conducting in-services for 3rd year medical students at the University of South Florida. This allows staff to express the needs and issues pertaining to spinal cord injured clients to future practitioners.
- FSCIRC continued to be 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 website and by distributing brochures to persons with new injuries.

Web Page

- The webpage has been an overwhelming success for FSCIRC. The website is updated biweekly with news stories, upcoming events, FSCIRC publications, and various other items of interest to those living with a spinal cord injury. FSCIRC has seen the number of web hits soar each quarter to a total of 109,224 hits for the past year.

FSCIRC Newsletter

- FSCIRC published two newsletters during the fiscal year. The summer newsletter was the largest one to date with sixteen pages of information. The newsletter is distributed to over 2,000 clients and state organizations.

Consumer Satisfaction Survey

- One hundred twenty-eight BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP.
- The average degree of satisfaction with BSCIP services was rated 4.3 on a possible 5-point rating scale.

Follow Up Survey

- One hundred forty-nine BSCIP consumers were contacted for the purpose of a one-year follow up to BSCIP services.
- Over 95% of the consumers reported they have access to reliable transportation.

INSTITUTIONAL TRANSITION INITIATIVE

The Institutional Transition Initiative (ITI) was established during fiscal year 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.

The ITI is administered by the Florida Alliance for Assistive Services and Technology (FAAST), through a contract with the BSCIP. FAAST also conducts an annual survey of all licensed nursing homes in Florida for the BSCIP. This survey identifies individuals with traumatic brain and/or spinal cord injuries who are currently living in a Florida nursing home. Once identified, these individuals are contacted and interviewed to determine their readiness and capacity to live safely and independently in the community. 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.

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Brain and Spinal Cord Injury Program

During FY 2006-2007, a total of 229 individuals residing in nursing homes were identified. Twenty individuals were enrolled in the BSCIP/ITI and transitioned to the community.

In previous years, the ITI Program only provided funding for “non-traditional” services that included moving costs, rent and utility deposits, basic furniture and appliances, domestic goods and assistive technology devices. During FY 2006–2007, the program began funding all services available to eligible clients through the BSCIP Trust Fund, as well as the non-traditional services. The total cost for the ITI for FY 2006-2007 was \$420,420.14. The average cost per ITI case was \$21,021.

The barriers to successful community re-integration continue to be affordable/accessible housing, in-home paid supports through the Medicaid Home and Community-Based Waiver (there continues to be a waiting list) and the lack of identified “natural supports” (family and friends).

FAAST, BSCIP, and the Centers for Independent Living are aggressively approaching other key programs to improve service delivery to better accommodate persons with disabilities who choose community-based living as an alternative to living in an institutional setting.

Since the Institutional Transition Initiative was established in 2003, the ITI has successfully transitioned 91 individuals from a nursing home setting into the community. When calculating the average cost of \$21,021 per transition against the average annual cost for Skilled Nursing Home Services (\$170 X 365/days = \$62,050/year), the state of Florida recoups the transition costs in approximately five months from the date the individual leaves the nursing home.

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 TBI and remain out of institutional settings, i.e., nursing homes, mental health institutions and jails.

Direct Services/Support

- The program served 1,508 individuals.
- Individualized short-term and long-term support services were provided to 517 consumers.
- Medical, financial and vocational were ranked in order of primary areas in which services were delivered.
- Forty-eight percent of those served were four years or less post-injury.
- No individuals served were institutionalized.

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Brain and Spinal Cord Injury Program

- One hundred thirty-one individuals attended BIAF's annual Family and Survivor Jamboree which provided social and recreational activities, forums and experiences that attendees learned to integrate into their daily lives.
- Twenty-one individuals received training under BIAF's new Independent Mentoring program that pairs trained mentors with partners who need the guidance and support of someone who has had similar experiences.

Community Capacity Building

- Statewide, 168 activities designed to increase the capacity of community organizations to serve individuals with TBI were conducted.
- Sixty-seven percent of the activities conducted were in the area of employment, which consistently is identified as a primary need by consumers.

Vocational

- Sixty-six individuals entered into disability adjustment counseling and vocational guidance counseling through programs developed and supported by yearly grants from BIAF.
- Six Vocational Project grantees developed materials to increase local awareness about their new TBI services.
- Fifty-one individuals from 25 vocational organizations attended BIAF's *Supporting Employment on the Forefront* conference aimed at building the capacity of front-line service providers to serve individuals with TBI.

BSCIP/TBI Medicaid Waiver

- Forty-seven individuals attended our statewide educational teleconference titled "Medicaid Waiver Policies and Procedures."
- Thirty-eight individuals attended the statewide educational teleconference titled "Five Basic Principles for Managing Behavior Problems after Traumatic Brain Injury."

Centers for Independent Living (CIL)

- CILs received daily Google alerts, copies of bi-monthly "SiGNal" support group newsletters, and were invited to participate at all BIAF-sponsored conferences and teleconferences.

INFORMATION AND RESOURCE CENTER

Service Overview

The BIAF 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 BIAF Resource Center including survivors of brain injury, their families and caregivers and professionals who work with survivors. The BIAF Resource Center also initiates outreach activities to share information and resources with individuals, agencies and community programs throughout the state.

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Brain and Spinal Cord Injury Program

Direct Services

- Responded to 5,515 requests for information and/or resources.
- Provided 7,161 pieces of information to those who requested information or resources.
- The 800 Help Line and BSCIP's "paper referrals" produced the greatest number of referrals.
- Other than basic information on TBI, medical, financial and employment information and resources were requested most often.

Outreach and Public Awareness

- BIAF's newly expanded and user-friendly website, www.biaf.org was visited by 31,911 unique visitors.
- BIAF's clinically-based professional conference that was held in Orlando was attended by 450 individuals. Of these, 140 were from Florida.
- Thirty-five brain injury support groups received 11 "SiGNal" support group newsletters with supporting materials throughout the year.
- Four BSCIP regions each received one in-service training session on BIAF's Information and Resource Center's materials.
- Two professional conferences, including the Family Café, and Florida Association of PTAs were attended and a BIAF display booth with materials was made available at each conference.
- Two BIAF newsletters were produced and mailed to approximately 3,500 members, support groups, BSCIP offices and board members throughout the year.
- Distributed 2,000 posters about mild TBI to health department immunization clinics.

Consumer Satisfaction Survey

- Four hundred thirty-one BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP.
- The average degree of satisfaction with BSCIP services was rated a 4.6 on a possible 5 point rating scale.

Follow Up Survey

- Two hundred eleven BSCIP consumers were contacted for the purpose of a one-year follow up to BSCIP services.
- Over 90% of consumers reported housing, transportation, and having friends or family to help them was adequate to meet their needs.
- Nearly 70% indicated that they are receiving the regular medical care they require and their medications.
- Only approximately 50% reported that they participate in social activities in their community, receive third party funding of SSI or SSDI, are employed or returned to school.

Prevention

- Distributed 66,159 brochures and other prevention-related materials to people of all ages.
- One hundred law enforcement departments requested and were provided Project LEAP, a law enforcement training curriculum on TBI.
- Distributed 187 Mock THIS! anti-DUI CD's through a new partnership with Allstate Insurance agents in Jacksonville, Orlando, and Miami regions.
- Be HeadSmart, Seniors! was designated as Best Practice in Injury Prevention by Florida Department of Elder Affairs.

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Brain and Spinal Cord Injury Program

BSCIP Task Forces

- The Neurobehavioral Task Force reviewed model programs around the country, identified key components for a continuum of care, and developed a proposal for consideration by other out-of-state public health agencies and the Florida Legislature.

Project ACTION: Assessing Communities To Identify Ongoing Needs

In 2006, BSCIP submitted a proposal to the Health Resources Services Administration (HRSA) to receive a Traumatic Brain Injury State Demonstration Grant. The title of the proposal was Project ACTION: Assessing Communities to Identify Ongoing Needs. Under the proposal, BSCIP would be the grant recipient, the Brain Injury Association of Florida (BIAF) would be the project administrator and the WellFlorida Council was to be the subcontracted provider of various needs assessment and strategic planning services.

Early in 2006, the three-year grant was awarded to BSCIP. For each of the three years, the federal funding is \$100,000 with a concomitant match by BSCIP of \$50,000. Year 1 focused on conducting the statewide needs assessment for traumatic brain injury (TBI) in cooperation with the WellFlorida Council. Year two thus far has focused on dissemination of the needs assessment and educating key constituencies, as well as preliminary activities to create a five-year strategic plan.

Under the auspices of Project ACTION, BSCIP and BIAF convened 40 statewide leaders in service provision, funding, policymaking and treatment of persons with TBI in order to initiate Year two strategic planning activities at a one-and-a-half day strategic planning summit. During the summit, facilitated by the WellFlorida Council, participants engaged in discussion on six key issue areas identified in the needs/resource assessment related to the TBI system of services in Florida.

The summit's intent was to yield a framework for discussion on the most pressing issues in each of these issue areas and to identify priority issues within each of the issue areas. In addition, key strategies were identified for each of the priority issues. Members broke into three groups with each group working through two key issue areas. Group membership was constructed to give each group a diverse representation of perspectives and insights.

One critical insight during this process is that though the approach started with six separate issue areas, the priority issues generated and strategies identified within each issue area are not mutually exclusive of each other. For the most part, they are inextricably linked and impact upon one another in a variety of ways.

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Brain and Spinal Cord Injury Program

The work conducted in the TBI Strategic Planning Summit will now be forwarded to the full Brain and Spinal Cord Injury Program Advisory Council for the next phase of strategic planning. The work of the summit group should provide the Advisory Council with the critical framework for the strategic plan. It is hoped that a task force or subcommittee of the Advisory Council will now take this framework and provide additional detail, including altering strategies where necessary; creating the action steps necessary to enact the desired strategies; identifying responsible parties (or necessary partners) and resources critical to success; and creating completion times for various objectives.

Key Issue Areas:

- Public/Professional Awareness of TBI
- Acute Care and Short-Term TBI Support Services
- Long-Term TBI Support Services
- TBI Resources and Capacity Education
- Partnerships and Linkages
- Employment, Housing, and Financial Assistance

SUCCESS STORIES

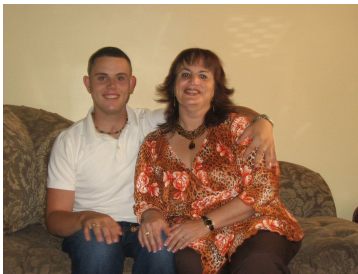
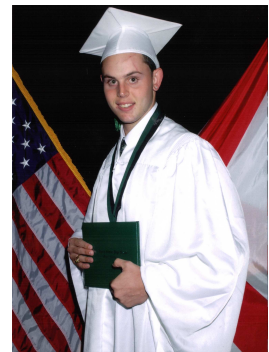
Brain and Spinal Cord Injury Program

Gregory Willis

Gregory Willis was injured in a motor vehicle crash on September 30, 2005. His car somersaulted and landed upside down. He sustained multiple injuries, including fractures to his pelvis, jaw and ribs which resulted in collapsed lungs; lacerations to his liver, kidneys, spleen and lower bowels. In addition, he sustained injuries to his head resulting in a severe traumatic brain injury. Gregory was taken to the Ryder Trauma Center at Jackson Memorial Hospital where he underwent multiple operations. He was discharged home from the hospital on January 6, 2006.

A Brain and Spinal Cord Injury Program case manager was involved with the family and monitored his medical condition after his admission into the hospital. The case manager provided the family with information ranging from insurance eligibility, Medicaid, SSI and informational resources regarding traumatic brain injury. Upon discharge from the hospital, BSCIP provided assistive devices, funded his rehabilitation through intensive outpatient services at Baptist Hospital and HealthSouth Hospital. Due to the severity of his injuries, he was also funded for the comprehensive day treatment program, psychotherapy (individual and group) and was provided ongoing case management.

Prior to his accident, Gregory was a high school senior enrolled in regular and honors classes. His goal was to become a paramedic and firefighter. While he was at Jackson Memorial Hospital's Pediatric Rehabilitation Unit he was enrolled in the hospital's Homebound Program. He graduated from high school with a special diploma. Following his graduation, Gregory registered at Robert Morgan Educational Center/Vocational Rehabilitation in the medical assistant tract. He earned his CNA and has enrolled in the LPN program.



Today, Gregory's mom says that he is doing great and that he has made tremendous gains through the services provided by the Brain and Spinal Cord Injury Program. The family is thankful for the assistance provided by the program.

SUCCESS STORIES

Brain and Spinal Cord Injury Program

Steve Servis

On February 13, 2005, Steve Servis's life was turned upside down. The 26-year-old motorcycle racer injured his spinal cord in a race in Homestead, Florida. Steve was doing his warm-up laps when his bike slid out from under him. He sustained a C5/C6 incomplete burst fracture injury. Steve was taken to Jackson Memorial Hospital in Miami, Florida, where he underwent C5 and C6 surgery. Once he was stable, he was transferred to Tampa General Rehabilitation Unit in Tampa, Florida, where he spent 38 days in inpatient therapy.

Steve worked hard in therapy and had a great attitude. He left in-patient therapy with a power chair and was transferred to outpatient therapy at Tampa General. BSCIP helped to fund his out-patient therapies and a home modification so he could get around his home.

Steve continued to work hard in outpatient therapy. His goal was, "To get back to independence." Steve progressed from a power chair to power assist wheels on a manual chair, provided by BSCIP. After eight months of outpatient rehab, he was able to propel a manual chair unassisted. BSCIP provided Steve with a standing frame that he used daily which assisted him in developing balance and stamina to continue his quest for independence.

While at outpatient therapy at Tampa General, doing occupational and physical therapy, Steve was introduced to wheelchair rugby. Steve said, "Wheelchair rugby was the best rehab I received as it helped with strength training and muscle development. To be around others with the same injury and to see what they had accomplished, gave me the knowledge that I could succeed."

Steve stated that his biggest fear as a motorcycle racer was ending up in a wheelchair. He told his parents, "If I end up in a wheelchair I don't want to live. Knowing that this injury was an incomplete spinal cord injury gave me the hope and courage to keep working toward walking again."

Steve attributes his family as being his biggest support, he said, "They have been great, whatever equipment that I needed and the insurance would not provide they would make at their body shop business." He thinks that being transferred to Tampa General was a blessing because they had the best nurses and therapists, and it allowed him to be closer to his family and friends for support.



Steve now works fulltime at the family business, which is an auto body repair shop. Steve has a great attitude and is a firm believer in "live life for today, you never know what may happen to you, and do not be a why-me person". Steve has pushed himself hard. He recently returned from a cruise and said that he is not finished yet. He wants to explore ways that he can safely return and participate in sky diving and auto racing. He has his own auto, which has been modified for him to drive. Steve says he would not change anything over the past 2 years. He is still heavily into wheelchair rugby and said, "I would be back to bike riding if I could, I can't sit and feel sorry for myself."

Steve is very grateful for all of the assistance he has received from BSCIP in this most difficult time in his life and is a positive role model for others.

SUCCESS STORIES

Brain and Spinal Cord Injury Program

Neil Hunter

Neil Hunter is a 28-year-old male who sustained a spinal cord injury (paraplegia) on August 5, 2006, as the result of a gunshot wound. Neil is from the Daytona Beach area and received his rehabilitation services from Brooks Rehabilitation Hospital in Jacksonville, FL. Upon completion of his rehab services, Neil requested not to return to Daytona Beach due to a dysfunctional family environment and legal issues that had the possibility of being repeated upon return. BSCIP assisted Neil with securing housing at Liberty Studio Apartments, which is an environment that can accommodate his disability. This is a facility that offered him a studio apartment on the first floor and all bills are paid with the exception of phone and cable.



Neil plans to find employment and is working with the Division of Vocational Rehabilitation. He enjoys participating in a Brooks' sponsored wheelchair basketball team. Neil is also using the Brooks Health and Fitness Operations Center to continue his therapy independently. He has acquired braces from Bremer Brace and with the assistance of a rolling walker can make a few steps.

Neil has utilized all of the community services available to him: Medicaid; SSI; Vocational Rehabilitation; and BSCIP to assist with his community reintegration. Neil could have returned to an all too familiar environment, but chose to turn his life around with the assistance of Brain and Spinal Cord Injury Program services.



SUCCESS STORIES

Brain and Spinal Cord Injury Program

Don Chester

Don Chester is a 60-year-old married male who is a St. Mary's Medical Center Administrator. He sustained an injury to his spinal cord as the result of a pedestrian vs. motor vehicle accident on December 24, 2004, during his morning jog. Mr. Chester suffered a C7-T1 fracture subluxation with a complete spinal cord injury syndrome. He also suffered multiple traumas and a mild closed blunt head injury.

He received his trauma care at St. Mary's Medical Center in West Palm Beach. When he was taken off the respirator, his first priority was to try to get back to work. On February 3, 2005, Mr. Chester was discharged from St. Mary's and admitted to Pinecrest Rehabilitation Hospital in Delray Beach for aggressive in-patient therapies.

He was discharged home to the care of his wife Sally on May 24, 2005. Mr. Chester then received in-home therapies. He has a home gym and worked with his wife on his therapies. He slowly began to return to his hospital duties. On January 23, 2006 a referral was made to Vocational Rehabilitation.

The Chesters now live in West Palm Beach with their service dog Polly. Mr. Chester is well known in the area for his community participation and charitable activities.



The Chesters had their home modified with guidance information provided by BSCIP service providers. BSCIP provided supplies not covered by the insurance, and much guidance and counseling.



Today, Mr. Chester works out of his office and home, as well as working on several special interest projects. One project involves The Business Leaders Network, which awards a federal grant to educate employers about hiring people with disabilities. Mr. Chester also makes it his priority to visit every spinal cord injured client at St. Mary's Hospital.

SUCCESS STORIES

Brain and Spinal Cord Injury Program

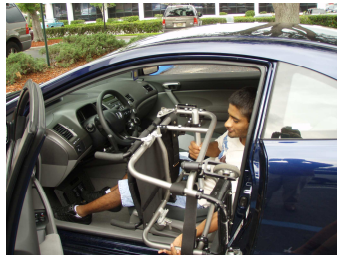
Kevin Patel



Kevin Patel is a 20-year-old male who sustained a spinal cord injury at the T6-7 level as a result of a single car accident on December 15, 2005. Mr. Patel was a restrained driver whose vehicle rolled over in a single car collision.

Mr. Patel was reported to the Central Registry and was contacted by a Brain and Spinal Cord Injury Case Manager. He was referred to the Social Security Administration and was approved for SSI and Medicaid. He transferred to Lucerne Rehabilitation Center where he actively participated in a comprehensive rehabilitation program. He was discharged to his parents' home in Daytona Beach on February 2006.

The Brain and Spinal Cord Injury Program helped coordinate community, state and federal resources. The program sponsored outpatient physical and occupational therapy, purchased durable medical equipment and assistive devices. The program funded a driver's evaluation, driver's training and vehicle modifications. Mr. Patel is now able to transfer into his car and drive independently.



Upon completion of his outpatient therapy in April of 2006, he moved back to Orlando to complete his education to become a micro-molecular biologist majoring in Pharmaceutical Studies at the University of Central Florida. He shares an apartment with his brother.

His positive attitude and appropriate supports are credited for his quick return to community life and school.

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

**Rebecca Robinson and Suzanne Kelly,
Acting Regional Managers**

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



APPENDICES

Brain and Spinal Cord Injury Program

DESIGNATED FACILITIES

Florida has a nationally prominent and unique system of care through its designated facilities. A variety of services are 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 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 efficient referral patterns with hospitals.

The BSCIP surveyed the following facilities in FY 2006-2007:

- HealthSouth Rehabilitation and The Bridge, Ft. Lauderdale, FL;
- Pinecrest Rehabilitation Hospital, Delray Beach, FL;
- Brooks Rehabilitation Hospital, Jacksonville, FL;
- Tampa General Rehabilitation Center, Tampa, FL;
- Bayfront Medical Center, St. Petersburg, FL;
- Jackson Memorial Rehab Center, Miami, FL;
- Lucerne Hospital, Orlando, FL;
- HealthSouth Rehabilitation Hospital, Miami, FL;
- Baptist Hospital-Davis Center for Rehabilitation, Miami, FL;
- Baptist Hospital, Pensacola, FL;
- HealthSouth Sunrise Rehabilitation Hospital, Sunrise, FL; and
- Biscayne Institutes of Health and Living, Aventura, FL

These facilities have met or exceed 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: Outpatient - Adult

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 – Adult & Pediatric

Brooks Rehabilitation Hospital

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

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 - Adult

HealthSouth Rehabilitation Hospital - Miami

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

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
Adult & Pediatric

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 - Adult

Premier-Lauderhill, Rescare

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

ESTEEM Outpatient Program

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: Outpatient - Adult

HealthSouth Sunrise Rehabilitation Hospital

4399 Nob Hill Road
Sunrise, FL 33351
Bus: (954) 749-0300
Facility Type: Outpatient – Adult

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
Adult & Pediatric

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 State Surgeon General. The membership consists of four individuals who have brain injuries or are family members of individuals who have brain injuries; four individuals who have spinal cord injuries or are family members of individuals who have spinal cord injuries; and two 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).

2006-2007 ADVISORY COUNCIL MEMBERS

Chair - Marilyn Sutherland, R.N., B.S.N., M.S., C.N.R.N.

Vice-Chair - JoAnn Hefner, R.N.

Bernard Brucker, Ph.D., A.B.P.P.

Patricia Byers, M.D.

Barbara Castlow

Susanne Deaton, R.N.

James R. Edwards, B.S.N., R.N., C.R.R.N.

R. Patrick Jacob, M.D.

Thomas R. Kerkhoff, Ph.D.

Dawn M. Leuck

Robert G. Melia, Jr.

David Moore

Tai Q. Nguyen, M.D.

Grace Peay

Dale S. Santella

Reverend James Tucker

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.

2006-2007 ADVISORY COUNCIL AD HOC MEMBERS

Tom Dockery

Barry P. Nierenberg, Ph.D.

Artis Striglers

Karen L. Williams, M.D.

In 2002, the then Secretary of the Department of Health established the Brain and Spinal Cord Injury Advisory Council Ad Hoc Committee 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 State Surgeon General.