



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

2008 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) 2007-2008. 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 in a cost-effective manner to consumers who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries.

For FY 2007-2008, total revenues for the Brain and Spinal Cord Injury Program amounted to \$26,036,386. These monies were made available through traffic-related civil penalties, temporary license tags, motorcycle specialty tags, 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 \$25,139,737. The program's total expenditures were \$27,250,109.

During FY 2007-2008, 3,525 new injury referrals were reported to the BSCIP Central Registry. Of these, 3,040 were reported by state-approved trauma centers or designated facilities. Community reintegration services were provided to 3,003 clients (this count includes both open and closed cases that received community reintegration services during the year) and 4,401 cases were closed by the program. Of the 1,256 program-eligible cases closed during the year, 1,082 individuals were successfully reintegrated back into the community after completing a plan of care.

The Medicaid Home and Community-Based Waiver Program served 341 individuals with moderate-to-severe traumatic brain or spinal cord injuries, with the average annual cost per consumer being \$29,682. 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, 26 individuals received services from the program.

The Brain and Spinal Cord Injury Program contracted with the Brain Injury Association of Florida and the Florida Alliance for Assistive Services and Technology's 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 4.5 for individuals who had sustained a spinal cord injury.

Through partnerships with the Brain Injury Association of Florida and the Florida Alliance for Assistive Services and Technology, the program has been able to accomplish many of its goals and ensure that quality services are delivered to our clients throughout the continuum of care process in the most effective and cost-efficient manner.

EXECUTIVE SUMMARY

Brain and Spinal Cord Injury Program

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, Florida Administrative Code (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

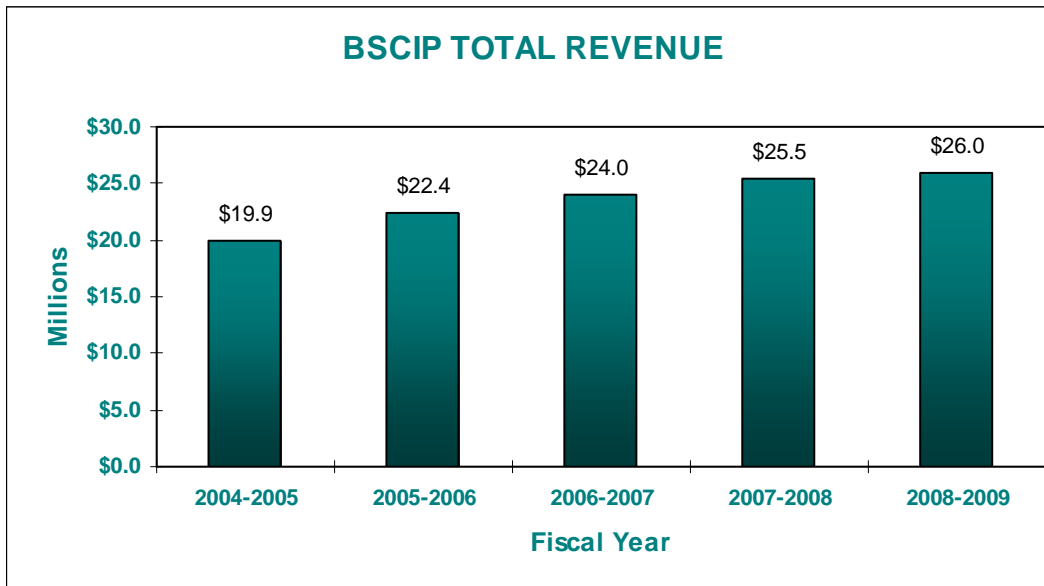
This report summarizes the BSCIP's revenue, budget, and expenditures for the Brain and Spinal Cord Injury Program Trust Fund for fiscal year (FY) 2007-2008. The following information does not reflect certified forwards or non-BSCIP trust fund dollars.

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. The program also administers the Adult Cystic Fibrosis Waiver Program through a general revenue contract totaling \$960,000 with Abilities of Florida. Additional revenues that support the activities of the trust fund include \$850,000 in general revenue for the Medicaid Waiver and federal match for Project ACTION.

TOTAL REVENUE

Total revenue made available to the Brain and Spinal Cord Injury Program Trust Fund through traffic-related civil penalties, temporary license tags, federal Medicaid reimbursements and subrogation during FY 2007-2008 was \$26,036,386.

Figure 1



REVENUE AND BUDGET

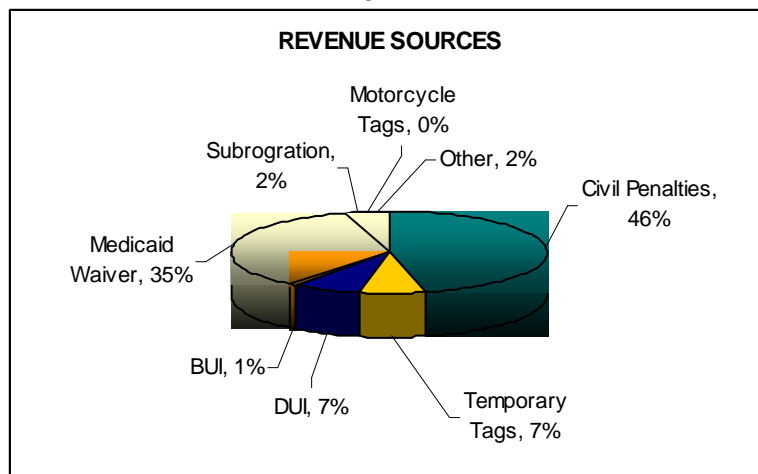
Brain and Spinal Cord Injury Program

BSCIP TRUST FUND REVENUE SOURCES

Total Revenue - \$26,036,386

- Traffic-Related Civil Penalties – \$12,067,088
- Temporary License Tags – \$1,738,496
- Driving Under the Influence Fines – \$1,830,115
- Boating Under the Influence Fines – \$218,789
- Medicaid Waiver Federal Reimbursements – \$9,051,953
- Subrogation – \$553,731
- Motorcycle Specialty Tags – \$54,258
- Other – \$521,956

Figure 2

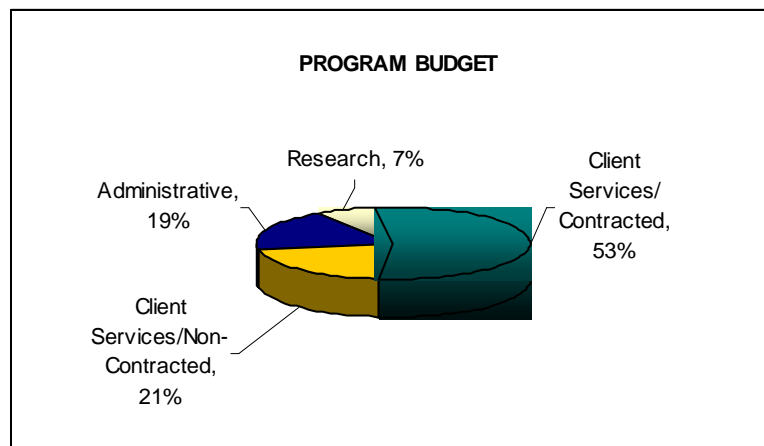


PROGRAM BUDGET

Total Budget Authority – \$25,139,737 (Source: 07-08 General Appropriations Act)

- Administration – \$4,705,648
- Research – \$1,700,000
- Total Client Services – \$18,734,089
(Contracted services - \$5,163,778 and non-contracted services - \$13,570,311)

Figure 3



REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

CLIENT SERVICES CONTRACTS/DIRECT ORDERS

Brain Injury Association of Florida – \$2,504,056
Family/Community Support Program
Resource Center

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 – \$991,922
Assistive Technology Resource Center
Florida Spinal Cord Injury Resource Center
Florida Disabled Outdoors Association
Institutional Transition Initiative

Sponsorships – \$20,000
Kids 'n Canines – Service Animal Sponsorship
2nd Chance – TBI Day Program
AbleTrust Youth Leadership Forum
University of Miami Annual Pediatric Conference
National Association of State Head Injury Administrators Annual Conference

Marquis – Information Technology Services Staffing (3 positions) – \$436,800

ISC – Project Management Services Staffing (1 position) – \$156,000

Manpower – Staffing Services (4 positions) – \$182,000

Vitaver and Associates – Staffing Services (14 positions) – \$728,000

Total Contracted Services and Direct Orders for Client Services – \$5,163,778

PROGRAM EXPENDITURES

Total program expenditures for FY 2007-2008 were \$27,250,109. 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. and Chapter 64I-1.001(1)e, F.A.C., 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 deficits. (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 who 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 (DFs). 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 2007-2008 from hospitals, 93.8% were referred from an SATC or a DF. This is within 1.2% 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.

Figure 4

Referral Source Type	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
SATCs/Designated Facilities	2544	94.2%	368	91.8%	128	92.1%	3040	93.8%
Other Acute Care Hospitals	157	5.8%	33	8.2%	11	7.9%	201	6.2%
Total	2701	100.0%	401	100.0%	139	100.0%	3241	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, 89.2% of referrals were made within 10 days of the date of injury. This number is 0.8% 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.

Figure 5

Delay	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
0 - 5 days	2104	77.9%	294	73.3%	107	77.0%	2505	77.3%
6 - 10 days	320	11.8%	56	14.0%	11	7.90%	387	11.9%
11 - 20 days	141	5.2%	23	5.7%	19	13.70%	183	5.6%
21 - 30 days	62	2.3%	11	2.7%	0	0.00%	73	2.3%
31 - 60 days	47	1.7%	12	3.0%	1	0.70%	60	1.9%
61 - 90 days	10	0.4%	3	0.7%	0	0.00%	13	0.4%
90 Plus	8	0.3%	1	0.2%	1	0.70%	10	0.3%
Date Order Error*	9	0.3%	1	0.2%	0	0.00%	10	0.3%
Total	2701	100.0%	401	100.0%	139	100.0%	3241	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 1,256 eligible cases closed during the year, 86.1% were considered community reintegrated upon closure from the program. This number is 8.9% below the target goal.

Due to budget constraints during FY 2007-2008, one regional office experienced extremely high case loads per case manager and low community reintegration percentages. Increased case loads require case managers to focus the majority of their efforts on serving higher risk, newly

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

injured individuals as opposed to closing cases on those individuals who are receiving necessary services. Community reintegration percentages were lowered since cases were not being closed.

In addition to budget-related staffing vacancies, there was a dramatic increase in client service costs during the 2007-2008 fiscal year. As a result, the program experienced a budget shortage during the last quarter of the fiscal year and was unable to continue funding some client services. For example, several regions experienced an increase of approximately 73 percent in the daily rate for inpatient rehabilitation. (\$907.24 to \$1566.65 per day) The combined effect of budget-related short falls and increasing service costs resulted in a lower community reintegration percentage for the 2007-2008 fiscal year.

Figure 6

Closure Status Outcome	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Community Reintegrated	756	87.3%	253	83.5%	73	83.9%	1082	86.1%
Non-Community Reintegrated	110	12.7%	50	16.5%	14	16.1%	174	13.9%
Total	866	100.0%	303	100.0%	87	100.0%	1256	100.0%

Indicator 4 - Average Consumer Satisfaction Score

Each month, the BSCIP contracts with the Brain Injury Association of Florida (BIAF) and the Florida Alliance for Assistive Services and Technology (FAAST) 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 contacted 448 BSCIP program-eligible clients who had sustained a brain injury and whose cases were closed by the program during the year. 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 FAAST contacted 134 BSCIP program-eligible clients who had sustained a spinal cord injury and whose cases were closed by the program during the year. The average Consumer Satisfaction score for these clients was 4.5 on a 5-point scale.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

NEW INJURIES

By Injury Type

There were 3,525 new injuries reported to the Brain and Spinal Cord Injury Program Central Registry during FY 2007-2008. Of these, 82.1% were for moderate-to-severe brain injuries, 13.5% were for spinal cord injuries, and 4.4% were for dual diagnosis brain and spinal cord injuries.

Figure 7

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
2894	82.1%	475	13.5%	156	4.4%	3525	100.0%

By Age

For FY 2007-2008, 21-25 (12.1%), 26-30 (8.7%), and 41-45 (8.3%) year-old age group categories accounted for the largest percentage of all injuries.

For **brain injuries**, 21-25 (12.3%), 26-30 (8.9%), and 41-45 (8.8%) year-old age group categories accounted for the largest percentage of new brain injuries.

For **spinal cord injuries**, 46-50 (11.8%), 21-25 (11.2%), and 36-40 (10.9%) year-old age group categories accounted for the largest percentage of spinal cord injuries.

For **dual diagnosis injuries**, 21-25 (12.2%), 26-30 (10.9%), and 16-18 (10.3%) year-olds accounted for the largest percentage of new dual diagnosis injuries.

Figure 8

Age	Injury Type											
	Brain			Spinal			Brain & Spinal			Total		
	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age
Birth - 2	53	1.8%	1	2	0.4%	1	2	1.3%	1	57	1.6%	1
3 - 5	30	1.0%	4	2	0.4%	5	2	1.3%	5	34	1.0%	4
6 - 10	41	1.4%	8	1	0.2%	10	2	1.3%	8	44	1.2%	8
11 - 15	72	2.5%	14	9	1.9%	14	2	1.3%	15	83	2.4%	14
16 - 18	196	6.8%	17	24	5.1%	17	16	10.3%	17	236	6.7%	17
19 - 20	151	5.2%	19	29	6.1%	19	13	8.3%	19	193	5.5%	19
21 - 25	356	12.3%	23	53	11.2%	23	19	12.2%	23	428	12.1%	23
26 - 30	258	8.9%	28	30	6.3%	28	17	10.9%	29	305	8.7%	28
31 - 35	210	7.3%	33	29	6.1%	33	13	8.3%	33	252	7.1%	33
36 - 40	196	6.8%	38	52	10.9%	38	11	7.1%	38	259	7.3%	38
41 - 45	254	8.8%	43	30	6.3%	43	8	5.1%	42	292	8.3%	43
46 - 50	206	7.1%	48	56	11.8%	48	13	8.3%	48	275	7.8%	48
51 - 55	188	6.5%	53	40	8.4%	53	8	5.1%	53	236	6.7%	53
56 - 60	151	5.2%	58	30	6.3%	57	8	5.1%	59	189	5.4%	58
61 - 65	112	3.9%	63	20	4.2%	63	9	5.8%	63	141	4.0%	63
66 - 70	100	3.5%	68	20	4.2%	68	2	1.3%	66	122	3.5%	68
71 - 75	70	2.4%	73	16	3.4%	73	6	3.8%	73	92	2.6%	73
76 - 80	101	3.5%	78	13	2.7%	78	4	2.6%	79	118	3.3%	78
80 Plus	149	5.1%	85	19	4.0%	85	1	0.6%	84	169	4.8%	85
Total	2894	100.0%	40	475	100.0%	43	156	100.0%	37	3525	100.0%	40

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Gender

Of the new injuries reported in FY 2007-2008, males accounted for 74.3% of new injuries across all injury types.

Figure 9

Gender	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	2125	73.4%	379	79.8%	115	73.7%	2619	74.3%
Female	749	25.9%	92	19.4%	39	25.0%	880	25.0%
Unknown	4	0.1%	1	0.2%	0	0.0%	5	0.1%
Not Recorded	16	0.6%	3	0.6%	2	1.3%	21	0.6%
Total	2894	100.0%	475	100.0%	156	100.0%	3525	100.0%

By Race/Ethnicity

Of the new injuries reported in FY 2007-2008, Whites (57.3%) accounted for the largest percentage of injuries followed by Hispanic/Latinos (21.6%) across all injury types.

For **brain injuries**, Whites (57.4%) accounted for the largest percentage of new brain injuries followed by Hispanic/Latinos (23.2%).

For **spinal cord injuries**, Whites (60.0%) accounted for the largest percentage of new spinal cord injuries followed by African American/Blacks (23.6%).

For **dual diagnosis injuries**, Whites (48.7%) accounted for the largest percentage of new dual diagnosis injuries followed by African American/Blacks (23.7%) and Hispanic/Latinos (23.7%).

Figure 10

Race/Ethnicity	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	1660	57.4%	285	60.0%	76	48.7%	2021	57.3%
African American/ Black	446	15.4%	112	23.6%	37	23.7%	595	16.9%
Hispanic/Latino	670	23.2%	53	11.2%	37	23.7%	760	21.6%
Other	118	4.1%	25	5.3%	6	3.8%	149	4.2%
Total	2894	100.0%	475	100.0%	156	100.0%	3525	100.0%

By Cause of Injury

Of the new injuries reported in FY 2007-2008, Auto/Truck-related (31.9%), Jump/Fall-related (20.0%), Motorcycle-related (12.0%), and Pedestrian/Auto-related (7.6%) injuries accounted for 71.5% of all new injuries (See Figure 11).

For **brain injuries**, Auto/Truck-related (31.5%), Jump/Fall-related (19.2%), Motorcycle-related (12.6%), Pedestrian/Auto-related (8.8%), and Assault/Altercation-related (8.4%) injuries accounted for 80.5% of new brain injuries (See Figure 11).

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

For **spinal cord injuries**, Auto/Truck-related (30.1%), Jump/Fall-related (26.5%), Handgun-related (10.1%) and Motorcycle-related (8.0%) injuries accounted for 74.7% of new spinal cord injuries (See Figure 11).

For **dual diagnosis injuries**, Auto/Truck-related (42.9%), Jump/Fall-related (14.7%), and Motorcycle-related (12.2%) injuries accounted for 69.8% of all new dual diagnosis injuries (See Figure 11).

Figure 11

Cause of Injury		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	913	31.5%	143	30.1%	67	42.9%	1123	31.9%
	Motorcycle	365	12.6%	38	8.0%	19	12.2%	422	12.0%
	ATV/Moped/Dirtbike	96	3.3%	16	3.4%	5	3.2%	117	3.3%
	Bicycle	133	4.6%	15	3.2%	3	1.9%	151	4.3%
	Pedestrian/Auto	254	8.8%	6	1.3%	8	5.1%	268	7.6%
	Pedestrian/Bicycle	2	0.1%	0	0.0%	0	0.0%	2	0.1%
	Pedestrian/Unknown	6	0.2%	0	0.0%	1	0.6%	7	0.2%
	Airplane/Train Crash	5	0.2%	1	0.2%	0	0.0%	6	0.2%
<i>Total</i>	1774	61.3%	219	46.1%	103	66.0%	2096	59.5%	
Falls	Jump/Fall	556	19.2%	126	26.5%	23	14.7%	705	20.0%
	Fall from Auto/Truck	15	0.5%	1	0.2%	0	0.0%	16	0.5%
	<i>Total</i>	571	19.7%	127	26.7%	23	14.7%	721	20.5%
Violence	Assault/Altercation	244	8.4%	6	1.3%	4	2.6%	254	7.2%
	Handgun	52	1.8%	48	10.1%	4	2.6%	104	3.0%
	Rifle	29	1.0%	5	1.1%	6	3.8%	40	1.1%
	Stabbing	4	0.1%	3	0.6%	0	0.0%	7	0.2%
	Domestic Violence	8	0.3%	1	0.2%	0	0.0%	9	0.3%
	Shaken Baby	14	0.5%	0	0.0%	0	0.0%	14	0.4%
	<i>Total</i>	351	12.1%	63	13.3%	14	9.0%	428	12.1%
Sports/Recreation	Boating/Jet Ski	7	0.2%	3	0.6%	0	0.0%	10	0.3%
	Diving into a pool	4	0.1%	4	0.8%	1	0.6%	9	0.3%
	Diving into a natural body of water	2	0.1%	14	2.9%	7	4.5%	23	0.7%
	Swimming	2	0.1%	2	0.4%	0	0.0%	4	0.1%
	Football/Soccer/Hockey	3	0.1%	1	0.2%	2	1.3%	6	0.2%
	Skating/Skateboard/Scooter	9	0.3%	0	0.0%	0	0.0%	9	0.3%
	Other Sport	14	0.5%	5	1.1%	1	0.6%	20	0.6%
	<i>Total</i>	41	1.4%	29	6.1%	11	7.1%	81	2.3%
Other	Falling Object	29	1.0%	6	1.3%	2	1.3%	37	1.0%
	Heavy Equipment	10	0.3%	3	0.6%	0	0.0%	13	0.4%
	Medical Complication	7	0.2%	4	0.8%	0	0.0%	11	0.3%
	Other	64	2.2%	17	3.6%	2	1.3%	83	2.4%
	Unknown	47	1.6%	6	1.3%	1	0.6%	54	1.5%
	War-Related	0	0.0%	1	0.2%	0	0.0%	1	0.0%
	<i>Total</i>	157	5.4%	37	7.8%	5	3.2%	199	5.6%
Table Total		2894	100.0%	475	100.0%	156	100.0%	3525	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TOTAL CLIENTS SERVED

The BSCIP provided community reintegration services to 3,003 clients during FY 2007-2008. 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.

Figure 12

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
1938	64.5%	856	28.5%	209	7.0%	3003	100.00%

BSCIP CASE CLOSURES

During FY 2007-2008, BSCIP closed 4,401 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 4,401 cases closed, 67.7% were closed in referral status and 28.5% were closed in plan status.

Figure 13

Closure Status Type	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referral Status	2514	71.6%	341	50.9%	124	56.1%	2979	67.7%
Applicant Status	114	3.2%	23	3.4%	9	4.1%	146	3.3%
Plan Status	866	24.7%	303	45.2%	87	39.4%	1256	28.5%
Post-Closure	16	0.5%	3	0.4%	1	0.5%	20	0.5%
Total	3510	100.0%	670	100.0%	221	100.0%	4401	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Plan Status Closures

Of the 1,256 cases closed in plan status, 86.1% were closed as community reintegrated. The remaining 13.9% of cases were closed as a result of the consumer being un-locatable (4.0%), failing to cooperate with program requirements (2.9%), being institutionalized (2.5%), dying (1.8%), leaving the area (1.3%), declining program services (1.2%), or being medically ineligible (0.2%).

Figure 14

Plan Status Closure Status Types		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Community Reintegrated	Community Reintegrated	710	82.0%	222	73.3%	67	77.0%	999	79.5%
	Referred to Vocational Rehabilitation (VR)	41	4.7%	31	10.2%	5	5.7%	77	6.1%
	Referred to Non-VR Agency	5	0.6%	0	0.0%	1	1.1%	6	0.5%
	<i>Total</i>	756	87.3%	253	83.5%	73	83.9%	1082	86.1%
Non-Community Reintegrated	Institutionalized	13	1.5%	14	4.6%	4	4.6%	31	2.5%
	Death	12	1.4%	9	3.0%	2	2.3%	23	1.8%
	Declined Services	13	1.5%	1	0.3%	1	1.1%	15	1.2%
	Failure to Cooperate	27	3.1%	9	3.0%	1	1.1%	37	2.9%
	Left Area	8	0.9%	8	2.6%	0	0.0%	16	1.3%
	Medically Ineligible	1	0.1%	1	0.3%	0	0.0%	2	0.2%
	Unable to Locate	36	4.2%	8	2.6%	6	6.9%	50	4.0%
	<i>Total</i>	110	12.7%	50	16.5%	14	16.1%	174	13.9%
Table Total		866	100.0%	303	100.0%	87	100.0%	1256	100.0%

By Referral/Applicant Status Closures

The program closed 3,125 cases in referral or applicant status. The leading reasons for closure were declining services (16.3%), death (14.8%), and being program ineligible (13.8%) for BSCIP community reintegration services. (See Figure 15)

For **brain injuries**, the leading reasons for closure were declined services (16.5%), death (15.0%), and being program ineligible (15.3%). (See Figure 15)

For **spinal cord injuries**, the leading reasons for closure were institutionalized (15.4%), declined services (15.4%), death (12.4%), and not a legal Florida resident (12.4%). (See Figure 15)

For **dual diagnosis injuries**, the leading reasons for closure were death (17.3%), not a legal Florida resident (16.5%), institutionalized (14.3%), and declined services (14.3%). (See Figure 15)

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Figure 15

Referral/Applicant Closure Status Types	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referred to VR	17	0.6%	13	3.6%	2	1.5%	32	1.0%
Referred to Other Agency	129	4.9%	23	6.3%	6	4.5%	158	5.1%
Institutionalized	218	8.3%	56	15.4%	19	14.3%	293	9.4%
Death	393	15.0%	45	12.4%	23	17.3%	461	14.8%
Declined Services	433	16.5%	56	15.4%	19	14.3%	508	16.3%
Failure to Cooperate	194	7.4%	23	6.3%	10	7.5%	227	7.3%
Left Area	54	2.1%	13	3.6%	3	2.3%	70	2.2%
Medically Ineligible	270	10.3%	34	9.3%	13	9.8%	317	10.1%
Not a Legal Florida Resident	255	9.7%	45	12.4%	22	16.5%	322	10.3%
Program Ineligible	403	15.3%	19	5.2%	10	7.5%	432	13.8%
Unable to Locate	262	10.0%	37	10.2%	6	4.5%	305	9.8%
Total	2628	100.0%	364	100.0%	133	100.0%	3125	100.0%

MEDICAID HOME AND COMMUNITY-BASED WAIVER

The Medicaid Home and Community-Based Waiver Program provided services to 341 individuals with moderate-to-severe traumatic brain or spinal cord injury at an average cost of \$29,682.44 per client during FY 2007-2008. 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
- Attendant Care
- Behavioral Programming
- Life-Skills Training
- Adaptive Health and Wellness
- Personal Adjustment Counseling
- Assistive Technology and Adaptive Equipment
- Personal Care
- Environmental Accessibility Adaptation
- Rehabilitative Engineering Evaluations
- Consumable Medical Supplies

Waiver Services by Injury Type

Of the 341 clients served during FY 2007-2008, 123 or 36.1% sustained a brain injury, 205 or 60.1% sustained a spinal cord injury, and 13 or 3.8% sustained a dual diagnosis injury.

Figure 16

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
123	36.1%	205	60.1%	13	3.8%	341	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Age

For FY 2007-2008, 26-30 (17.9%), 41-45 (17.3%), and 46-50 (13.8%) year-old age group categories accounted for the largest percentage of waiver clients. The average age of waiver clients was 40 years of age.

For **brain injuries**, 26-30 (18.7%), 41-45 (17.1%), and 36-40 (14.6%) year-old age group categories accounted for the largest percentage of waiver clients. The average age of brain injured waiver clients was 38 years of age.

For **spinal cord injuries**, 46-50 (19.0%), 41-45 (18.5%), and 26-30 (16.1%) year-old age group categories accounted for the largest percentage of waiver clients. The average age of spinal cord injured waiver clients was 42 years of age.

For **dual diagnosis injuries**, 26-30 (38.5%) and 36-40 (30.8%) year-olds accounted for the largest percentage of waiver clients. The average age of dual diagnosis injured waiver clients was 34 years of age.

Figure 17

Age	Injury Type											
	Brain			Spinal			Brain & Spinal			Total		
	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age
19 - 20	1	0.8%	20	1	0.5%	20	0	0.0%	.	2	0.6%	20
21 - 25	17	13.8%	24	16	7.8%	24	2	15.4%	24	35	10.3%	24
26 - 30	23	18.7%	28	33	16.1%	28	5	38.5%	29	61	17.9%	28
31 - 35	17	13.8%	33	14	6.8%	33	0	0.0%	.	31	9.1%	33
36 - 40	18	14.6%	38	18	8.8%	38	4	30.8%	39	40	11.7%	38
41 - 45	21	17.1%	43	38	18.5%	44	0	0.0%	.	59	17.3%	43
46 - 50	7	5.7%	48	39	19.0%	48	1	7.7%	47	47	13.8%	48
51 - 55	9	7.3%	53	24	11.7%	53	1	7.7%	51	34	10.0%	53
56 - 60	5	4.1%	58	17	8.3%	58	0	0.0%	.	22	6.5%	58
61 - 65	2	1.6%	62	4	2.0%	63	0	0.0%	.	6	1.8%	63
66 - 70	3	2.4%	71	1	0.5%	68	0	0.0%	.	4	1.2%	70
Total	123	100.0%	38	205	100.0%	42	13	100.0%	34	341	100.0%	40

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Gender

During FY 2007-2008, males accounted for 76.8% of all waiver clients.

Figure 18

Gender	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	99	80.5%	153	74.6%	10	76.9%	262	76.8%
Female	24	19.5%	52	25.4%	3	23.1%	79	23.2%
Total	123	100.0%	205	100.0%	13	100.0%	341	100.0%

Waiver Services by Race/Ethnicity

During FY 2007-2008, whites accounted for the largest percentage (78.0%) of all waiver client injuries.

Figure 19

Race/Ethnicity	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	104	84.6%	153	74.6%	9	69.2%	266	78.0%
African American/Black	12	9.8%	37	18.0%	2	15.4%	51	15.0%
Hispanic/Latino	6	4.9%	14	6.8%	2	15.4%	22	6.5%
Other	1	0.8%	1	0.5%	0	0.0%	2	0.6%
Total	123	100.0%	205	100.0%	13	100.0%	341	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cause of Injury

During FY 2007-2008, Auto/Truck-related (44.6%) injuries accounted for the largest percentage of all waiver client injuries.

For **brain injuries**, auto/truck-related (56.1%) and pedestrian/auto-related (14.6%) injuries accounted for 70.7% of all waiver client injuries.

For **spinal cord injuries**, auto/truck-related (38.0%) and diving into a natural body of water-related (18.0%) injuries accounted for 56% of all waiver client injuries.

For **dual diagnosis injuries**, auto/truck-related (38.5%) and motorcycle-related (23.1%) injuries accounted for 61.6% of waiver client injuries.

Figure 20

Cause of Injury		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	69	56.1%	78	38.0%	5	38.5%	152	44.6%
	Motorcycle	12	9.8%	6	2.9%	3	23.1%	21	6.2%
	ATV/Moped/Dirtbike	3	2.4%	7	3.4%	0	0.0%	10	2.9%
	Bicycle	3	2.4%	6	2.9%	0	0.0%	9	2.6%
	Pedestrian/Auto	18	14.6%	2	1.0%	1	7.7%	21	6.2%
	Unknown Vehicle	1	0.8%	3	1.5%	0	0.0%	4	1.2%
	<i>Total</i>	106	86.2%	102	49.8%	9	69.2%	217	63.6%
Falls	Jump/Fall	4	3.3%	18	8.8%	1	7.7%	23	6.7%
	<i>Total</i>	4	3.3%	18	8.8%	1	7.7%	23	6.7%
Violence	Assault/Altercation	4	3.3%	3	1.5%	0	0.0%	7	2.1%
	Handgun	2	1.6%	15	7.3%	1	7.7%	18	5.3%
	Rifle	1	0.8%	2	1.0%	0	0.0%	3	0.9%
	Other Gun	0	0.0%	1	0.5%	0	0.0%	1	0.3%
	Stabbing	0	0.0%	1	0.5%	0	0.0%	1	0.3%
	<i>Total</i>	7	5.7%	22	10.7%	1	7.7%	30	8.8%
Sports/Recreation	Diving into a pool	1	0.8%	4	2.0%	0	0.0%	5	1.5%
	Diving into a natural body of water	0	0.0%	37	18.0%	0	0.0%	37	10.9%
	Swimming	0	0.0%	2	1.0%	1	7.7%	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%
	<i>Total</i>	1	0.8%	47	22.9%	1	7.7%	49	14.4%
Other	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	2.4%	9	4.4%	1	7.7%	13	3.8%
	<i>Total</i>	5	4.1%	16	7.8%	1	7.7%	22	6.5%
Total		123	100.0%	205	100.0%	13	100.0%	341	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cost

Overall, the average cost of care for the 341 clients served by the waiver during FY 2007-2008 was \$29,682. Community support coordination, companion services, personal care, and consumable medical supplies were the most commonly provided services.

Figure 21

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditure
Assistive Devices	8	2.3%	\$47,014.20	0.5%	\$ 5,876.78
Assistive Technologies	138	40.5%	\$208,624.88	2.1%	\$ 1,511.77
Attendant Care	95	27.9%	\$981,573.02	9.7%	\$10,332.35
Behavioral Programming	17	5.0%	\$157,186.40	1.6%	\$ 9,246.26
Community ReEntry/Trans Living	1	0.3%	\$2,450.00	0.0%	\$ 2,450.00
Community Support Coordination	326	95.6%	\$467,307.00	4.6%	\$ 1,433.46
Companion Services	267	78.3%	\$3,195,880.88	31.6%	\$11,969.59
Consulting Services	10	2.9%	\$11,559.00	0.1%	\$ 1,155.90
Consumable Medical Supplies	227	66.6%	\$270,824.21	2.7%	\$ 1,193.06
Environ Access Adaptation	45	13.2%	\$241,657.16	2.4%	\$ 5,370.16
Home Modification Evaluation	9	2.6%	\$48,874.04	0.5%	\$ 5,430.45
Housing	1	0.3%	\$5,604.00	0.1%	\$ 5,604.00
Life Skills Training	33	9.7%	\$193,966.00	1.9%	\$ 5,877.76
Medical Follow-Up	1	0.3%	\$192.00	0.0%	\$ 192.00
Medications/Medical Supplies	5	1.5%	\$3,664.51	0.0%	\$ 732.90
Moving Costs	1	0.3%	\$2,775.49	0.0%	\$ 2,775.49
Occupational Therapy	4	1.2%	\$6,857.88	0.1%	\$ 1,714.47
Other	3	0.9%	\$20,605.00	0.2%	\$ 6,868.33
Personal Adjustment	12	3.5%	\$13,205.50	0.1%	\$ 1,100.46
Personal Care	261	76.5%	\$4,205,793.28	41.6%	\$16,114.15
Physical Therapy	4	1.2%	\$6,673.38	0.1%	\$ 1,668.35
Psychological/Neuropsych Evaluation	3	0.9%	\$2,034.70	0.0%	\$ 678.23
Rehab Engineer Evaluation	28	8.2%	\$15,925.00	0.2%	\$ 568.75
Speech/Cognitive Therapy	3	0.9%	\$4,904.80	0.0%	\$ 1,634.93
Transportation	3	0.9%	\$6,559.63	0.1%	\$ 2,186.54
<i>Total</i>	<i>341</i>	<i>100.0%</i>	<i>\$10,121,711.96</i>	<i>100.0%</i>	<i>\$29,682.44</i>

Dollar totals exclude service costs of 18 clients who 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 their choosing. They are also accountable for their monthly budgets and are monitored by the DOEA.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cost for Brain Injuries

For **brain injuries**, the average cost of care for the 123 clients served by the program was \$25,336. Community support coordination, companion services, and personal care services were the most commonly provided services.

Figure 22

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditure
Assistive Devices	2	1.6%	\$4,245.00	0.1%	\$2,122.50
Assistive Technologies	26	21.1%	\$25,995.59	0.8%	\$999.83
Attendant Care	7	5.7%	\$56,808.00	1.8%	\$8,115.43
Behavioral Programming	15	12.2%	\$151,036.40	4.8%	\$10,069.09
Community ReEntry/Trans Living	1	0.8%	\$2,450.00	0.1%	\$2,450.00
Community Support Coordination	119	96.7%	\$168,857.00	5.4%	\$1,418.97
Companion Services	103	83.7%	\$1,265,214.21	40.6%	\$12,283.63
Consulting Services	2	1.6%	\$1,920.00	0.1%	\$960.00
Consumable Medical Supplies	50	40.7%	\$73,141.45	2.3%	\$1,462.83
Environ Access Adaptation	13	10.6%	\$78,484.00	2.5%	\$6,037.23
Home Modification Evaluation	2	1.6%	\$15,804.04	0.5%	\$7,902.02
Life Skills Training	29	23.6%	\$170,980.75	5.5%	\$5,895.89
Medications/Medical Supplies	1	0.8%	\$625.00	0.0%	\$625.00
Occupational Therapy	4	3.3%	\$6,857.88	0.2%	\$1,714.47
Personal Adjustment	5	4.1%	\$7,924.80	0.3%	\$1,584.96
Personal Care	77	62.6%	\$1,063,524.35	34.1%	\$13,812.00
Physical Therapy	4	3.3%	\$6,673.38	0.2%	\$1,668.35
Psychological/Neuropsych Evaluation	2	1.6%	\$1,591.70	0.1%	\$795.85
Rehab Engineer Evaluation	10	8.1%	\$5,750.00	0.2%	\$575.00
Speech/Cognitive Therapy	3	2.4%	\$4,904.80	0.2%	\$1,634.93
Transportation	1	0.8%	\$3,570.00	0.1%	\$3,570.00
Total	123	100.0%	\$3,116,358.35	100.0%	\$25,336.25

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cost for Spinal Cord Injuries

For **spinal cord injuries**, the average cost of care for the 205 clients served by the program was \$32,042. Community support coordination, personal care services, consumable medical supplies, and companion services were the most commonly provided services.

Figure 23

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditures
Assistive Devices	6	2.9%	\$42,769.20	0.65%	\$7,128.20
Assistive Technologies	105	51.2%	\$166,454.80	2.53%	\$1,585.28
Attendant Care	82	40.0%	\$846,004.02	12.88%	\$10,317.12
Behavioral Programming	1	0.5%	\$288.00	0.00%	\$288.00
Community Support Coordination	195	95.1%	\$280,005.00	4.26%	\$1,435.92
Companion Services	154	75.1%	\$1,818,383.17	27.68%	\$11,807.68
Consulting Services	8	3.9%	\$9,639.00	0.15%	\$1,204.88
Consumable Medical Supplies	168	82.0%	\$191,183.64	2.91%	\$1,138.00
Environ Access Adaptation	31	15.1%	\$159,198.16	2.42%	\$5,135.42
Home Modification Evaluation	6	2.9%	\$32,620.00	0.50%	\$5,436.67
Housing	1	0.5%	\$5,604.00	0.09%	\$5,604.00
Life Skills Training	3	1.5%	\$9,165.25	0.14%	\$3,055.08
Medical Follow-Up	1	0.5%	\$192.00	0.00%	\$192.00
Medications/Medical Supplies	4	2.0%	\$3,039.51	0.05%	\$759.88
Moving Costs	1	0.5%	\$2,775.49	0.04%	\$2,775.49
Other	1	0.5%	\$160.00	0.00%	\$160.00
Personal Adjustment	7	3.4%	\$5,280.70	0.08%	\$754.39
Personal Care	174	84.9%	\$2,982,662.43	45.41%	\$17,141.74
Psychological/Neuropsych Evaluation	1	0.5%	\$443.00	0.01%	\$443.00
Rehab Engineer Evaluation	17	8.3%	\$9,750.00	0.15%	\$573.53
Transportation	2	1.0%	\$2,989.63	0.05%	\$1,494.82
Total	205	100.0%	\$6,568,607.00	100.00%	\$32,041.99

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Waiver Services by Cost for Dual Diagnosis Injuries

For **dual diagnosis injuries**, the average cost of care for the 13 clients served by the program was \$33,596. Community support coordination, companion services, and personal care services were the most commonly provided services.

Figure 24

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Waiver Dollars	Average Waiver Expenditures
Assistive Technologies	7	53.8%	\$16,174.49	3.7%	\$2,310.64
Attendant Care	6	46.2%	\$78,761.00	18.0%	\$13,126.83
Behavioral Programming	1	7.7%	\$5,862.00	1.3%	\$5,862.00
Community Support Coordination	12	92.3%	\$18,445.00	4.2%	\$1,537.08
Companion Services	10	76.9%	\$112,283.50	25.7%	\$11,228.35
Consumable Medical Supplies	9	69.2%	\$6,499.12	1.5%	\$722.12
Environ Access Adaptation	1	7.7%	\$3,975.00	0.9%	\$3,975.00
Home Modifications Evaluation	1	7.7%	\$450.00	0.1%	\$450.00
Life Skills Training	1	7.7%	\$13,820.00	3.2%	\$13,820.00
Other	2	15.4%	\$20,445.00	4.7%	\$10,222.50
Personal Care	10	76.9%	\$159,606.50	36.5%	\$15,960.65
Rehab Engineer Evaluation	1	7.7%	\$425.00	0.1%	\$425.00
Total	13	100.0%	\$436,746.61	100.0%	\$33,595.89

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REHABILITATION INFORMATION MANAGEMENT SYSTEM

BSCIP uses the Rehabilitation Information Management System (RIMS) to electronically manage client records. RIMS is an integral facet of case management as is evident by the Davis Productivity Award that was awarded to the RIMS Team during fiscal year 2007-2008.

The RIMS Team modified the process and redesigned the screens used to submit claims to the Agency for Health Care Administration for Medicaid Waiver reimbursement on behalf of our clients. The modifications resulted in a savings of 36 hours, out of 40 per week for the staff member responsible for the billing. This new-found time has afforded the staff member the opportunity to focus on rejected claims, allowing a proactive instead of a reactive approach for future Medicaid Waiver reimbursement billing. Hundreds of thousands of dollars have been recovered to date, that would have otherwise been lost.

Several other significant modifications were implemented with RIMS, which include, but are not limited to, the following:

- RIMS was upgraded to meet the Department of Health, Division of Information Technology's initiatives by upgrading from SQL Server 2000 to SQL Server 2005, upgrading from ASP.NET framework 1.1 to ASP.NET framework 2.0, and upgrading all existing reports from Crystal Reports version 10 to Crystal Reports version 11.5.
- The financial module was enhanced to include several new reporting features. The financial validation rules were also strengthened. These modifications and enhancements were later instrumental in facilitating BSCIP's move from the Division of Health Access and Tobacco to the Division of Emergency Medical Operations.
- The care plan module was strengthened to ensure compliance with federal statutes for the Medicaid Waiver program. Further enhancements were included that allow each care plan to have its own set of amendments. A care plan amendment will now contain every service (current or expired) that has been provided to a client. Care plan validation rules were strengthened.

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FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY

The Florida Alliance for Assistive Services and Technology, Inc. (FAAST) is a not-for-profit 501(c)(3) organization. FAAST's mission is to improve the quality of life for all Floridians with disabilities through advocacy and awareness activities that increase access to and acquisition of assistive services and technology. FAAST works with consumers, family members, caregivers, providers, and agencies to help ensure that individuals with disabilities continue to benefit from assistive services and technology as they move between home, school, work, and within the community. FAAST also is supported, in part, through a contractual relationship with BSCIP, to accomplish specific core services through goals, objectives, and activities.

FAAST Website

The FAAST website (www.faaast.org) includes a searchable database of assistive technology devices that are available through a statewide loan program. The website also maintains an easy to search directory of vendors and service providers who provide assistive technology, home and vehicle modifications, and other services. The website is host to AT Bay, which connects people who are interested in buying, selling, or trading assistive technologies that improve the quality of life for Floridians with disabilities. The FAAST website provides a consumer-oriented database where Floridians with disabilities can search for affordable accessible housing in the community. The FAAST website averages 1,530 visits per day. FAAST documented 560,285 contacts to its website during fiscal year 2007-2008.

AT Bay

The FAAST website supports AT Bay, which is a free online device exchange program where individuals can buy, trade, or sell assistive technology. AT Bay assists with the acquisition and reuse of assistive technology such as adapted vehicles, cognitive aids and adaptive recreation equipment. During the reporting period, 97 new users signed up for an AT Bay account.

Statewide Device Loan Program

FAAST purchases, maintains and loans assistive technology devices recommended through a needs assessment survey. This service provides consumers with access to assistive technology devices and the means to make informed decisions. During fiscal year 2007-2008, FAAST's statewide assistive technology device loan program loaned 396 assistive technology devices for individuals with disabilities, including individuals with brain and spinal cord injuries.

Assistive Technology Recycling

During fiscal year 2007-2008, FAAST's assistive technology recycling program recycled 444 assistive technology devices and durable medical equipment for individuals with disabilities including individuals with brain and spinal cord injuries. These items included 93 refurbished computers.

Advocacy and Awareness

FAAST's partnership with BSCIP has incorporated advocacy for preservation of the BSCIP Trust Fund during legislative session this fiscal year. FAAST also worked extensively on the Safe Patient Handling Bill calling for protocols to be developed for safe patient handling. Staff attended legislative committee meetings throughout the special and regular sessions and

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produced eight periodic bill tracking reports and periodic public policy alerts. During the legislative session, staff sent out a monthly *Public Policy Roundup* email newsletter. FAAST staff met with over 30 lawmakers during FAAST's Annual Legislative Workday and included discussions of key legislation supporting BSCIP interests and the preservation of the BSCIP Trust Fund.

A popular quarterly publication, *FAAST Access Magazine*, highlighting BSCIP-related issues, reached a subscription base of over 5,175 individuals and entities, including the BSCIP Regional Offices. Bulk copies were distributed to all school districts, FAAST Regional Demonstration Centers and Centers for Independent Living. During the reporting period, published articles included features promoting the expansion of the Personal Care Attendant Program, an interview with a young adult who survived a traumatic brain injury, and an article written by the mother of a spinal cord injury survivor.

FAAST launched a public awareness campaign utilizing Florida Public Radio. During the reporting period, FAAST statewide public service announcements aired 32 times.

FAAST exhibited assistive technology in eight statewide outreach events, including the Family Café Annual Conference, the 54th Annual ARC Conference, the Council for Exceptional Children Conference, the Florida ARF Annual Conference, the Disability Employment Awareness Celebration, Spinal Cord Injury Awareness Week, Children's Week, and the Family Network on Disabilities Heart and Hope Conference.

Alternative Finance Program

The FAAST Alternative Finance Program, also available for individuals with brain and spinal cord injuries, continues to provide loans with favorable rates and terms to consumers for the purchase of assistive technology. The FAAST Alternative Finance Program allows Floridians with disabilities to purchase all types of assistive technology to improve independence and quality of life. Individuals with disabilities, family members and others who qualify can borrow up to \$30,000 for the purchase of assistive technology such as home modifications, vehicle modifications, adaptive computer software, hearing aids, low vision aids, and recreational equipment.

The FAAST Alternative Finance Program communicated with and sent materials to over 150 Floridians throughout the year. The program received 36 loan applications and four loans were awarded.

Access to Telework Program

The FAAST Access to Telework Program, also available for individuals with brain and spinal cord injuries, allows for financing of business and equipment needs, including but not limited to assistive technology, to start and/or maintain a home-based business or to establish a work from home telecommuting workstation. Individuals with disabilities, family members and others who qualify can borrow up to \$20,000 to purchase Telework-related items such as equipment and technology, desks, computers, fax machines, sewing machines, and farm equipment.

The FAAST Access to Telework Program communicated with and sent materials to 24 Floridians throughout the year. The program received one Access to Telework Loan application

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and one loan was awarded. In the coming fiscal year, these programs plan to conduct a major outreach campaign.

Regional Demonstration Centers

FAAST's partnership with BSCIP also supports assistive technology demonstration centers in communities across the state where children and adults with disabilities receive individualized assistive technology instruction. FAAST has six regional demonstration centers with a variety of high- and low-technology devices on display and for demonstration. Individuals can visit a demonstration center for an assistive technology consultation.

- FAAST's Regional Demonstration Center in Tampa provided over 7,700 assistive technology demonstrations for individuals with disabilities, family members and support personnel improving independent living skills within the home, school, on the job and in the community.
- FAAST's Regional Demonstration Center in Jacksonville completed over 4,000 assistive technology trainings for individuals with disabilities, teaching computer skills that are vital to increasing employability and communication with loved ones.
- FAAST's Regional Demonstration Center in Pensacola built 32 accessible ramps, increasing access for individuals with disabilities in the community.
- FAAST's Regional Demonstration Center in Orlando provided a unique summer camp program for preschoolers with communication disabilities. These children and their parents were taught to use assistive technology to help them communicate and to develop language and early literacy skills.
- FAAST's Regional Demonstration Center in Tallahassee refurbished over 135 computers and other assistive technology devices and provided them to families who otherwise could not afford them.
- FAAST's Regional Demonstration Center in Miami increased access to assistive technology by conducting over 300 assistive technology demonstrations, trainings, and public awareness activities.

Vendor Recruitment System

FAAST's partnership with BSCIP incorporates an expanded vendor recruitment and registration program with additional provider categories. Vendors' registration includes a verification of tax identification, liability insurance, and business licensure.

During fiscal year 2007-2008, FAAST successfully recruited 384 vendors in the following categories: augmentative/alternative communication evaluations (12); augmentative/alternative communication reseller (21); adaptive computer evaluations (18); adaptive computer reseller (10); contractor (85); cognitive aid evaluations (1); cognitive aid reseller (1); ceiling lifts reseller (3); driver evaluations (11); durable medical equipment/home medical equipment reseller (128); driver training specialist (8); environmental control evaluations (25); environmental control reseller (21); elevator/wheelchair lifts (64); home modification evaluations (65); mobility aid

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evaluations (53); vehicle modification reseller (57); vocational specialist/training (4); and wheelchair reseller (87).

In addition to expanding the provider categories, FFAST expanded the professional status categories to include the following: Assistive Technology Practitioner (ATP); Assistive Technology Supplier (ATS); Certified Aging in Place Specialist (CAP); Certified Driver Rehabilitation Specialist (CDR); Certified Environmental Access Consultant (CEA); Clinical Neuropsychologist (CNP); Certified Rehabilitation Technology Suppliers (CRT); National Mobility Equipment Dealers Association (NME); National Registry of Rehabilitation Technology Suppliers (NRR); Optometrist (OP); Ophthalmologist (OPT); Occupational Therapist (OT); Physical Therapist (PT); Rehabilitation Engineer (RE); and Speech Language Pathologist (SLP).

Community Integration and Housing

FAAST assisted 77 individuals with disabilities to locate affordable, accessible housing during fiscal year 2007-2008.

FAAST created and distributed a comprehensive easy to search 31-page *General Housing Resources and Self-Help Guide* including a table of contents and applicable attachments. The guide provides comprehensive resource and self-help information for family members, caregivers, guardians, advocates/representatives, and other individuals with disabilities. The guide is located in the Additional AT Resources section of the FFAST website and by hard copy. The FFAST website also provides a regularly updated affordable/accessible housing search webpage, which allows individuals with disabilities and their families to search for affordable/accessible housing in their area and to access additional housing facts.

FAAST produced and distributed statewide a monthly *Housing Facts* newsletter to educate and provide updates on current affordable and accessible housing policies, programs, community services and legislation that affect Floridians with disabilities.

Training and Education

During December 2007, FFAST assisted with the coordination of Region I BSCIP trainings in Jacksonville, Florida. Trainings focused on universal design concepts and baby boomers' housing trends.

During March 2008, FFAST worked in collaboration with the Tampa Bay Builders' Association to coordinate training for 25 individuals who worked for three days to achieve national certification as Certified Aging-In-Place Specialists (CAPS). Achievement of this national certification will have a far reaching impact to remove barriers encountered by individuals with disabilities as the CAPS training was created to assist individuals with disabilities to live more independently in universally accessible homes within the community.

FAAST coordinated a training May 12 - 14, 2008 featuring Dr. Tony Gentry, a nationally recognized expert in neurological rehabilitation and assistive technology for cognition. This training on assistive technology devices and solutions for individuals with traumatic brain injuries was presented to 26 BSCIP service providers. The training focused on assistive technology devices including cognitive aids/memory devices, in-depth case studies, and real life solutions.

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During May 2008, FFAST, in partnership with the Governor's Commission on Volunteerism and Community Service (Volunteer Florida), presented two training sessions at the Governor's Hurricane Conference in Miami. These presentations were jointly conducted with Stephen Sundarrao with the University of South Florida's Rehabilitation Engineering and Technology Program and Carol Stachurski with the Advocacy Center for Persons with Disabilities. Training was targeted to emergency management personnel across the state and focused on tips and tools for disaster preparedness. In addition, hurricane preparedness fact sheets were created and distributed to BSCIP personnel and were posted to the FFAST website.

During August 2007, FFAST training included a partnership with Home Depot of Tallahassee hosting an Assistive Technology clinic. This training included tips to safely adapt the home using off-the-shelf, inexpensive, and accessible home improvement items found within the store.

INSTITUTIONAL TRANSITION INITIATIVE

FAAST's partnership with BSCIP incorporates an Institutional Transition Initiative (ITI) that includes an Institutional Transition Coordinator who serves as a BSCIP Ombudsman to assist BSCIP case managers in investigating survivor/family complaints to resolution. The ITI monitors individuals with brain and spinal cord injuries whose cases were closed as institutionalized by BSCIP, including but not limited to, individuals who were admitted to nursing home facilities. These individuals are monitored for a period of one year from the date of admission to the nursing home. The ITI also assesses BSCIP eligible individuals at risk of institutionalization and advises on the coordination of essential services for deinstitutionalization.

During fiscal year 2007-2008, the ITI assisted 26 individuals with brain and spinal cord injuries to transition from nursing homes to the community. Twenty-three of these individuals returned to their homes or the homes of family or friends. Three clients required placement in BSCIP sponsored Transitional Living Programs prior to returning to the community. Three clients required in-patient rehabilitation hospital placements prior to their return to the community. The ITI also coordinated 108 information and referral requests related to the prevention of institutionalization and/or deinstitutionalization.

The most frequently requested and most expensive services identified continue to be home modifications and non-traditional/non-Medicaid billable durable medical equipment. Major barriers to community reintegration are the availability of affordable accessible housing and Medicaid Home and Community-Based Waiver services.

Annual Nursing Home Survey (Part A)

FAAST conducted a survey of 457 nursing home officials, of which 298 responded. Two hundred-six nursing home officials reported having no residents with a diagnosis of traumatic brain injury and/or spinal cord injury residing in their facility. Ninety-two nursing home officials self-identified having a total of 245 individuals with traumatic brain injury and/or spinal cord injury residing in their facilities. Of these 245 individuals, 67 were identified as having spinal cord injuries, 153 were identified as having brain injuries, and 7 were identified as having a dual diagnosis injury. There were 188 males and 51 females identified, with no data reported on 6

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individuals. It is important to note that these individuals are self-identified and that under reporting and misdiagnosis may be a factor.

FAAST SPINAL CORD INJURY RESOURCE CENTER

FAAST's partnership with BSCIP incorporates the FAAST Spinal Cord Injury Resource Center (FSCIRC) located within Tampa General Hospital. Services provided by FSCIRC include, but are not limited to, peer mentoring and peer mentoring training, an information and referral system on spinal cord injuries, prevention training programs, and brain and spinal cord injury client satisfaction surveys. FSCIRC offers a toll-free number, an informative web site, a monthly email newsletter, a biannual newsletter *Knowledge is Power*, and other outreach materials and services.

Client Satisfaction Surveys

FSCIRC conducts three quality assurance satisfaction surveys for BSCIP. These surveys include a BSCIP case manager consumer satisfaction survey, a follow-up survey after a BSCIP case has been closed for approximately one year, and a follow-up survey of BSCIP clients who have been referred to the state's Vocational Rehabilitation program.

One hundred thirty-four BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP case managers. The average degree of satisfaction with BSCIP services was rated 4.5 on a possible 5-point rating scale.

One hundred sixty BSCIP consumers were contacted for the purpose of a one-year follow up to BSCIP services after their case was closed.

Eighteen individuals, formerly with BSCIP, were contacted to determine the level of services they are receiving through Vocational Rehabilitation and other entities, as well as any obstacles or barriers that have become problematic or that have been overcome.

Peer Mentor Network

FSCIRC peer mentoring services are designed to provide newly injured individuals with spinal cord injuries with mentors with similar disabilities who are well adjusted and successful post-injury. Peer mentors can be requested through FSCIRC by BSCIP case managers and other healthcare professionals for individuals who are struggling with psycho-social adjustment post-injury.

The Peer Mentor Network has an established pool of 88 mentors who are available to peer mentor individuals with spinal cord injuries only after being required to go through a rigorous training program and background check.

FSCIRC conducted 13 formal peer mentor trainings around the state during fiscal year 2007-2008.

Information and Referral

FSCIRC produced and disseminated 319 introductory information backpacks for newly injured individuals with spinal cord injuries. Materials in these backpacks include, but are not limited to,

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the *FAAST Access* magazine; *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 a *Florida Contacts Directory*.

FSCIRC Website

The FSCIRC website is updated biweekly with news stories, upcoming events, FSCIRC publications, and various other items of interest for those living with a spinal cord injury. The number of web hits during fiscal year 2007-2008 totaled 222,380.

Community Outreach and Prevention

FSCIRC staff presented and participated in professional trainings and conferences including six University of South Florida trainings for medical students on spinal cord injury and prevention; In The Know: Caring for the SCI Client; the Family Café on Disabilities Annual Conference; the Florida Disabled Outdoors Association's SportsAbility Expo; Disability Mentoring Day; Huff & Puff Adaptive Fitness Expo; United Spinal's Independence Expo; ADA Awareness Day; Emergency Disaster Preparedness training; two hospital accreditation reviews; and the Florida Injury Prevention Council.

Go on Living with a Disability (GOLD): GOLD is a disability awareness and spinal cord injury prevention program for middle and high school students. FSCIRC participated in 11 GOLD presentations.

FLORIDA DISABLED OUTDOORS ASSOCIATION

FAAST's partnership with BSCIP incorporates a partnership with the Florida Disabled Outdoors Association (FDOA). FDOA's program contains a comprehensive recreation and leisure resource network of accessible recreation products, programs and services to promote the health and wellness of survivors of traumatic brain and spinal cord injury statewide.

Services provided by FDOA during fiscal year 2007-2008 included, but were not limited to, the maintenance of an FDOA website targeted specifically to reach family members/survivors, professionals, and the general public to help them access pertinent information, publications, and opportunities specific to their needs through links to relevant websites. FDOA's website includes a comprehensive statewide database on accessible recreation and leisure activities. FDOA's website address is www.fdoa.org.

FDOA also offered an annual adaptive recreational activities training for staff of BSCIP, Children's Medical Services, the Brain Injury Association of Florida (BIAF), and other service providers.

Annual SportsAbility Event

During fiscal year 2007-2008, FDOA conducted its annual *SportsAbility* event, as well as trainings and events across the state on products and services available through BSCIP designated facilities, the Centers for Independent Living, and BIAF.

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During April 2008, the annual *SportsAbility* event offered the opportunity for individuals with disabilities, their families and friends to experience recreation and leisure opportunities available and to speak with service providers during a Resource EXPO. *SportsAbility* is designed to encourage participation, regardless of age or ability, by offering the opportunity for everyone to engage in physical activities while embracing a healthy lifestyle. Through *SportsAbility*, individuals with brain and spinal cord injuries and other disabilities learned about the many options available in a first-hand way. Approximately 1,000 individuals attended this event over a four-day period.

No Barriers newsletter

FDOA's summer 2008 *No Barriers* newsletter issue was mailed to over 10,000 people across the state of Florida. The issue discussed outreach efforts, including demonstrations of recreation assistive technology, hands-on interactive activities and information on the health benefits of recreation and an active lifestyle for people with brain or spinal cord injuries.

Outreach activities

During fiscal year 2007-2008, FDOA presented and participated in 98 outreach activities including, but not limited to, the Florida Recreation and Park Association Annual Conference; Florida Fish and Wildlife Conservation Commission meetings; staff development programs with healthcare providers including Shands Rehabilitation Hospital and clinicians; programs at Florida state parks; Walt Disney World; YMCA; the Family Café Annual Conference, the Brain Injury Association; and social clubs such as the Rotary.

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

Direct Services/Support

- The program served 1,462 individuals.
- Medical, social and vocational were ranked in order of primary areas in which services were delivered.
- No individuals served were institutionalized.
- One hundred twenty-nine 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.
- Nine Mentor/Partner matches were made this year as part of the TBI Individual Mentor Program, "I.M. By Your Side".

Community Capacity Building

- Eighty-six activities designed to increase the capacity of community organizations to serve individuals with TBI were conducted statewide.
- BIAF developed a Statewide TBI Resource Guide for BSCIP and other community partners. The Resource Guide is available on BIAF's website at www.biaf.org.

Vocational

- Eight \$20,000 grants were awarded to 8 community-based vocational organizations across the state to develop a vocational model of service delivery in the area of supported employment for individuals with TBI.
- Forty-five individuals received supported employment services through the development of the grant projects.
- Three individuals were gainfully employed within six months of receiving these supported employment services.
- BIAF's Family and Community Support Program assisted 93 individuals who were referred from BSCIP in obtaining vocational services. These services were obtained from a variety of sources including the Division of Vocational Rehabilitation, One Stop Centers, Centers for Independent Living, and local community programs.

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BSCIP Task Forces

- The Brain and Spinal Cord Injury Advisory Council Neurobehavioral Task Force worked collectively to define “neurobehavioral” and identify an array of services needed. Model programs in other states were reviewed for key components for cost and delivery of services in preparation for the 2010 legislative session.

INFORMATION AND RESOURCE CENTER

Service Overview

The BIAF Resource Center provides information on the nature of 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 educational, outreach and prevention activities to share information and resources with individuals, agencies and community programs throughout the state.

Direct Services

- Responded to 4,139 requests for information and/or resources.
- Provided 3,203 pieces of printed information to those who requested information or resources. Many of these same publications were also made available online and have been accessed in that way.
- The 800 Help Line and BSCIP’s “paper referrals” produced the greatest number of referrals.
- Other than basic information on TBI, medical, social and employment information and resources were requested most often.

BSCIP Consumer Satisfaction Survey

- Four hundred forty-eight BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP.
- The average degree of satisfaction with BSCIP services was rated a 4.68 on a possible 5 point rating scale.

BSCIP Follow Up Survey

- Three hundred thirteen BSCIP consumers were contacted for the purpose of a one-year follow up to BSCIP services.
 - 95% of those surveyed indicated they had adequate housing to meet their needs
 - 95% said they had friends or family who were available to help them
 - 91% said they were able to perform activities of daily living independently
 - 52% said they were not receiving SSI or SSDI
 - 66% said they were not receiving Medicaid
 - 62% said they were not employed or had not returned to school

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Education & Training

- Provided education and training for 240 professionals in Florida as follows:
 - 118 staff from 23 school districts at 5 regional workshops
 - 12 school district Physical Impairment Directors at a national workshop
 - 37 law enforcement officers from 14 departments
 - 18 Medicaid Waiver service providers at annual teleconference
 - 55 students, supervisors, and faculty at Florida State Fire College
- BIAF's online course *Learning About Traumatic Brain Injury* was taken by 1,952 individuals
- Approximately 258 professionals attended BIAF's clinically-based professional conference sponsored by Contemporary Forums. Seventy attendees were from Florida.

Outreach and Public Awareness

- BIAF's website, www.biaf.org was visited by 49,045 unique visitors who viewed 182,865 pages.
- Enhanced website with ability to conduct online satisfaction surveys for BIAF's helpline, programs and services including, Medicaid waiver education programs, Department of Education staff, law enforcement officers, and prevention programs such as I.M. Brainy and Be HeadSmart, Seniors!
- Four teleconferences were held with leaders of the brain injury support groups from around the state
- Two BIAF newsletters were produced and mailed to approximately 3,500 members, support groups, BSCIP offices and board members
- Distributed 2,000 posters about mild TBI to health department immunization clinics

Prevention

- Distributed 29,967 brochures and other prevention-related materials to community partners and the general public
- The BIAF mascot, Helmutt, traveled to health and safety events attended by 50,800 individuals
- Be HeadSmart, Seniors! prevention presentations were delivered to 888 individuals ages 60+
- Be HeadSmart, Seniors! Walking Buddies project was recognized by the National Public Health Association
- Partnered with 26 middle and high school coaches to deliver sports-concussion messages
- Partnered with 76 Department of Education Health Education Coordinators to pilot Project LIFT teen DUI prevention lessons in 230 classrooms
- Partnered with four major Police Athletic League programs and three Children's Medical Services Nurses to deliver I.M. Brainy lessons to preschoolers
- Awarded mini-grants to three BSCIP-designated facilities to enhance TBI prevention activities
- Served on three statewide advisory boards related to injury prevention

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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 would 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 2 focused on dissemination of the needs assessment and educating key constituencies, as well as preliminary activities to create a five-year strategic plan. Year 3 has been dedicated to completing the five-year strategic plan. The remainder of the project period will be spent distributing the plan to our consumers, families, and other key stakeholders.

The first half of Year 2 was spent distributing the findings from *Traumatic Brain Injury in Florida: A Needs and Resources Assessment*. Findings were shared via presentations and press releases. WellFlorida Council also presented the findings to TBI survivors and family members at the annual BIAF Jamboree.

In October 2007, under the auspices of Project ACTION, BSCIP and BIAF held The Traumatic Brain Injury Strategic Planning Summit which convened 40 statewide leaders in the TBI community to develop key strategic issues based on the needs assessment conducted in Year 1. During the summit, facilitated by the WellFlorida Council, four strategic issues were identified:

- A widely recognized and known central information and referral hub is needed for the creation and dissemination of resources and education.
- An effective and uniform TBI message is lacking.
- Provider and professional education is lacking across the health care and support spectrum, including competency-based standards and training.
- The life-long/long-term system of care supporting infrastructure is limited, inconsistent, and does not support transitions.

The work conducted at the TBI Strategic Planning Summit was forwarded to the full Brain and Spinal Cord Injury Program Advisory Council for the next phase of strategic planning. The BSCIP Advisory Council formed a workgroup to continue the development of the strategic plan. The Strategic Planning Workgroup meets monthly and is currently working to complete the strategic planning process by developing goals, objectives, 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. Eight goals have been identified to address the strategic issues outlined above. *Elevating TBI by 2013: Florida's Five-Year Strategic Vision for the Traumatic Brain Injury System of Care* will be released in February 2009.

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The remainder of the project period will be spent distributing and educating our consumers and key stakeholders on the strategic plan. Our goal is to engage members of the TBI community and to encourage them to become active participants in helping us achieve our goals set forth in the strategic plan.

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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

Janette Barbe, 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
4500 North State Road 7, Suite 308
Lauderdale Lakes, Florida 33319
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's statewide coordinated system of care includes a network of designated acute care hospitals, inpatient and outpatient rehabilitation centers, and transitional living facilities. These facilities must meet standards and criteria established by the Brain and Spinal Cord Injury Advisory Council. All facilities are surveyed by a team of medical and rehabilitation professionals every three years to ensure compliance with the standards.

All licensed acute care hospitals must be accredited by the Joint Commission and all licensed rehabilitation centers must be accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). These facilities are required to maintain expertise in the areas of brain injury, spinal cord injury, or pediatric rehabilitation. Licensed rehabilitation hospitals must also be subscribers of the Uniform Data System (UDS-Pro) to collect patient outcome information.

The BSCIP surveyed the following facilities in FY 2007-2008:

- Memorial Regional Hospital, Hollywood, FL;
- Shands Hospital, Gainesville, FL
- Tallahassee Memorial Hospital, Tallahassee, FL;
- The Rehabilitation Hospital, Ft. Myers, FL;

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

APPENDICES

Brain and Spinal Cord Injury Program

BSCP 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 Brain Injury Program

Baptist Hospital

1000 West Moreno Street
Pensacola, FL 32501
Bus: (850) 434-4011
Bus Fax: (850) 469-2253
Facility Type: Acute Care Adult Brain & Spinal Cord Injury Program/Trauma Center Level II

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 Adult Brain Injury Program

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 Brain Injury Program

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 Brain & Spinal Cord Injury Program

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 – Adult Brain Injury Program

ESTEEM Outpatient Program

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

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 – Adult Brain Injury Program

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 Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level II

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 Brain Injury Program

HealthSouth Rehabilitation Hospital - Miami

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

HealthSouth Sunrise Rehabilitation Hospital

4399 Nob Hill Road
Sunrise, FL 33351
Bus: (954) 749-0300
Bus Fax: (954) 746-1365
Facility Type: Outpatient – Adult Brain Injury Program

Jackson Memorial Hospital

1611 North West 12th Avenue
Miami, FL 33136
Bus: (305) 325-7429
Other: (305) 585-7112
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

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 Brain & Spinal Cord Injury Program

Joy-Fuller Rehabilitation Center

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

APPENDICES

Brain and Spinal Cord Injury Program

BSCIP DESIGNATED FACILITIES (Continued)

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 – Adult Brain & Spinal Cord Injury Program

Memorial Regional Hospital

3501 Johnson Street
Hollywood, FL 33021
Bus: (954) 987-2020, extension 1725
Bus Fax: (954) 985-2243
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

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 Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Pinecrest Rehabilitation Hospital

5360 Linton Boulevard
Delray Beach, FL 33484
Bus: (561) 495-0400
Bus Fax: (954) 973-8266
Facility Type: Inpatient - Adult Brain & Spinal Cord Injury Program

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 Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Shands Rehabilitation Hospital

8900 Northwest 39th Avenue
Gainesville, FL 32606
Bus: (352) 265-5491
Bus Fax: (352) 338-0622
Facility Type: Inpatient Adult Brain & Spinal Cord Injury Program

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 Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level II

Tallahassee Memorial Hospital

1300 Miccosukee Road

Tallahassee, FL 32308

Bus: (850) 431-5371

Bus Fax: (850) 494-6107

Facility Type: Acute Care Adult Brain & Spinal Cord Injury Program/Provisional Trauma Center Level II

Tampa General Hospital

Post Office Box 1289

Tampa, FL 33136

Bus: (813) 251-7000

Bus Fax: (813) 253-4144

Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

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 Brain & Spinal Cord Injury Program

The Rehabilitation Hospital

Lee Memorial Health System

2776 Cleveland Ave.

Ft. Myers, FL 33901

Bus: (239) 334-5868

Bus Fax: (239) 334-5306

Facility Type: Inpatient – Adult Brain & Spinal Cord Injury Program

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 Adult Brain & Spinal Cord Injury Program

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).

2007-2008 ADVISORY COUNCIL MEMBERS

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

Vice-Chair – Thomas R. Kerkhoff, Ph.D., A.B.P.P.

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.

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.

2007-2008 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. The purpose of the committee is to ensure that historical knowledge, continuity, and technical assistance are maintained for the purpose of continuous strategic planning and quality improvement efforts of the council and the BSCIP. The committee is comprised of up to five members appointed by the State Surgeon General.