



BRAIN AND SPINAL CORD INJURY PROGRAM

2010 ANNUAL REPORT

Submitted: March 1, 2011

Rick Scott
Governor

Shairi R. Turner, M.D., M.P.H.
Deputy Secretary for Health

TABLE OF CONTENTS

Brain and Spinal Cord Injury Program

Table of Figures.....	ii
Executive Summary.....	v
Program Information.....	1
Budget, Revenue and Expenditures.....	2
Central Registry.....	9
Data and Statistics.....	10
Performance Indicators.....	10
New Injuries Reported.....	12
Total Clients Served.....	14
General Program.....	15
TBI/SCI Home and Community-Based Medicaid Waiver Program.....	20
Consumer Directed Care Plus Program.....	24
Nursing Home Transition Initiative.....	27
Case Closures.....	31
Public and Private Partnerships and Contracts.....	33
Rehabilitation Information Management System.....	33
Brain Injury Association of Florida.....	34
Florida Alliance for Assistive Services and Technology.....	37
Success Stories.....	43
Appendices.....	53
Regional Information.....	53
Designated Facilities.....	54
Advisory Council.....	57

TABLE OF FIGURES

Brain and Spinal Cord Injury Program

Figure 1: Total Revenue Chart.....	2
Figure 2: Revenue Sources Chart.....	3
Figure 3: Program Expenditures Chart.....	5
Figure 4: General Program – Purchased Client Services Chart.....	6
Figure 5: TBI/SCI Home and Community-Based Medicaid Waiver Program – Purchased Client Services Chart.....	7
Figure 6: Consumer Directed Care Plus Program - Purchased Client Services Chart.....	8
Figure 7: Nursing Home Transition Initiative - Purchased Client Services Chart.....	8
Figure 8: Percent of Referrals Reported by State-Verified Trauma Centers and Designated Acute Care Facilities.....	10
Figure 9: Days between Date of Injury and Date of Referral to the Central Registry.....	10
Figure 10: Percent of BSCIP-Eligible Clients Community Reintegrated.....	11
Figure 11: New Injuries by Injury Type.....	12
Figure 12: New Injuries by Age.....	12
Figure 13: New Injuries by Gender.....	13
Figure 14: New Injuries by Race/Ethnicity.....	13
Figure 15: New Injuries by Cause of Injury.....	13
Figure 16: General Program Total Clients Served by Injury Type.....	16
Figure 17: General Program Total Clients Served by Age.....	16
Figure 18: General Program Total Clients Served by Gender.....	16
Figure 19: General Program Total Clients Served by Race/Ethnicity.....	16
Figure 20: General Program Total Clients Served by Cause of Injury.....	17
Figure 21: General Program Total Clients Served by Purchased Client Services Category – All Injury Types.....	18
Figure 22: General Program Total Clients Served by Purchased Client Services Category – Brain Injuries.....	18

TABLE OF FIGURES

Brain and Spinal Cord Injury Program

Figure 23: General Program Total Clients Served by Purchased Client Services Category – Spinal Cord Injuries.....	19
Figure 24: General Program Total Clients Served by Purchased Client Services Category – Dual Diagnosis Injuries.....	19
Figure 25: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Injury Type.....	21
Figure 26: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Age.....	21
Figure 27: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Gender.....	21
Figure 28: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Race/Ethnicity.....	21
Figure 29: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Cause of Injury.....	22
Figure 30: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Purchased Client Services Category – All Injury Types.....	23
Figure 31: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Purchased Client Services Category – Brain Injuries.....	23
Figure 32: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Purchased Client Services Category – Spinal Cord Injuries.....	24
Figure 33: TBI/SCI Home and Community-Based Medicaid Waiver Program Total Clients Served by Purchased Client Services Category – Dual Diagnosis Injuries.....	24
Figure 34: Consumer Directed Care Plus Program Total Clients Served by Injury Type.....	25
Figure 35: Consumer Directed Care Plus Program Total Clients Served by Age.....	26
Figure 36: Consumer Directed Care Plus Program Total Clients Served by Gender.....	26
Figure 37: Consumer Directed Care Plus Program Total Clients Served by Race/Ethnicity..	26
Figure 38: Consumer Directed Care Plus Program Total Clients Served by Cause of Injury.	26
Figure 39: Consumer Directed Care Plus Program Total Clients Served by Purchased Client Services Category – All Injury Types.....	27
Figure 40: Nursing Home Transition Initiative Total Clients Served by Injury Type.....	28

TABLE OF FIGURES

Brain and Spinal Cord Injury Program

Figure 41: Nursing Home Transition Initiative Total Clients Served by Age.....	28
Figure 42: Nursing Home Transition Initiative Total Clients Served by Gender.....	28
Figure 43: Nursing Home Transition Initiative Total Clients Served by Race/Ethnicity.....	28
Figure 44: Nursing Home Transition Initiative Total Clients Served by Cause of Injury.....	29
Figure 45: Nursing Home Transition Initiative Total Clients Served by Purchased Client Services Category – All Injury Types.....	29
Figure 46: Nursing Home Transition Initiative Total Clients Served by Purchased Client Services Category – Brain Injuries.....	30
Figure 47: Nursing Home Transition Initiative Total Clients Served by Purchased Client Services Category – Spinal Cord Injuries.....	30
Figure 48: Nursing Home Transition Initiative Total Clients Served by Purchased Client Services Category – Dual Diagnosis Injuries.....	30
Figure 49: Case Closures by Closure Status Type.....	31
Figure 50: Case Closures by Referral/Applicant Status Closures.....	31
Figure 51: Case Closures by Plan Status Closures.....	32

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 summarizing the activities supported by the Brain and Spinal Cord Injury Program Trust Fund to the Legislature each year. This report summarizes the Brain and Spinal Cord Injury Program's budget, revenue, expenditures, services, programs, partnerships, and statistical data for July 1, 2009 through June 30, 2010. 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 nationally recognized 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 to assist them in returning to the community post-injury.

Total revenues for the Brain and Spinal Cord Injury Program amounted to \$22,018,907. 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 \$25,655,822. The program's total expenditures were \$21,676,930.

The BSCIP Central Registry received 2,739 new injury referrals during the fiscal year. Of these, state-verified trauma centers or BSCIP designated facilities reported the majority of the new injuries (2,330).

Through its General Program, BSCIP provided community reintegration services to 1,979 clients and closed 3,057 cases. Of the 860 program-eligible cases closed during the year, 735 individuals were successfully reintegrated back into the community after completing a plan of care.

A total of 347 individuals with moderate-to-severe traumatic brain or spinal cord injuries were provided services by the TBI/SCI Home and Community-Based Medicaid Waiver Program. Of those, 25 individuals received services through the Consumer Directed Care Plus Program and 19 were served by the Nursing Home Transition Initiative.

The Consumer Directed Care Program provides clients served by the TBI/SCI Home and Community-Based Medicaid Waiver the opportunity to manage their own services budget and to hire their own service providers. The program served 25 individuals at an average cost of \$37,645 per consumer.

The Nursing Home Transition Initiative transitions individuals out of nursing homes and into the community. The initiative is funded by nursing home funds as specified in proviso language. A total of 19 individuals were transitioned out of nursing homes during the fiscal year.

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 consumer satisfaction surveys. Eligible clients, one month post closure,

EXECUTIVE SUMMARY

Brain and Spinal Cord Injury Program

ranked their satisfaction with the quality of services provided to them. Overall, the program averaged 4.4 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 accomplished many of its goals and ensured that quality services were delivered to its clients throughout 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, Brain and Spinal Cord Injury Program, 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 are provided to eligible clients through the TBI/SCI Home and Community-Based Medicaid 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 and there must be a reasonable expectation that, with the provision of appropriate services and support, the person can return to the community.

BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

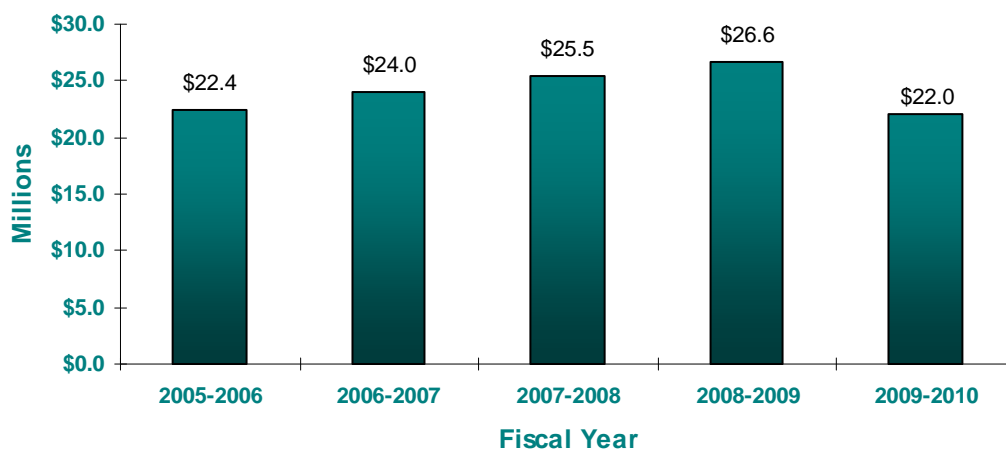
This report summarizes the BSCIP's budget, revenue, and expenditures for the Brain and Spinal Cord Injury Program Trust Fund. The following revenue and expenditure information was obtained from the Financial Information System and does not reflect certified forwards or non-BSCIP trust fund dollars. The BSCIP legislative budget authority for fiscal year 2009-2010 was \$25,655,822 (Source: 2009-2010 General Appropriations Act). Total revenues accumulated were insufficient to allow the program to expend its total budget authority.

BSCIP also administered 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 were appropriated to reimburse the Broward Children's Center at the daily Medicaid rate for up to five individuals. The program also administered the Adult Cystic Fibrosis Waiver Program through a non-BSCIP trust funded contract totaling \$522,423 with Abilities of Florida. Additional General Revenue appropriated by specific line item included \$1,000,000 in support of the Miami Project to Cure Paralysis and \$911,330 to the Brain Injury Association 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, federal Medicaid reimbursements and subrogation was \$22,018,907.43. The chart below shows the trend in total revenue received over the past five fiscal years. During fiscal year 2009-2010, total revenues for the program decreased by \$4.6 million from the previous year.

FIGURE 1 - BSCIP TOTAL REVENUE



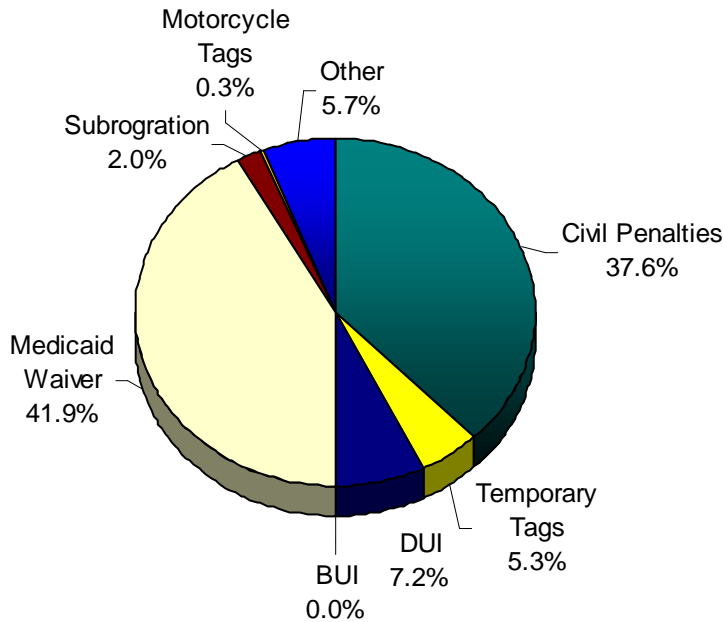
BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

BSCIP TRUST FUND REVENUE SOURCES

Medicaid Waiver Federal Reimbursements		\$ 9,220,471.96
Traffic-Related Civil Penalties		\$ 8,287,712.51
Driving Under the Influence Fines		\$ 1,574,706.86
Other		\$ 1,255,790.52
• Transfer within agency	\$862,935.37	
• From other agency	\$367,249.92	
• Refunds	\$ 23,449.88	
• 12 Month old Warrant Cancellations	\$ 1,030.35	
• Donations	\$ 925.00	
• Prior Year Warrant Cancellations	\$ 200.00	
Temporary License Tags		\$ 1,156,302.00
Subrogation		\$ 444,685.39
Motorcycle Specialty Tags		\$ 72,514.08
Boating Under the Influence Fines		\$ 6,724.11
		=====
Total Revenue		\$22,018,907.43

FIGURE 2 - REVENUE SOURCES



BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

PROGRAM EXPENDITURES

Total program expenditures were \$21,676,930.45. 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.

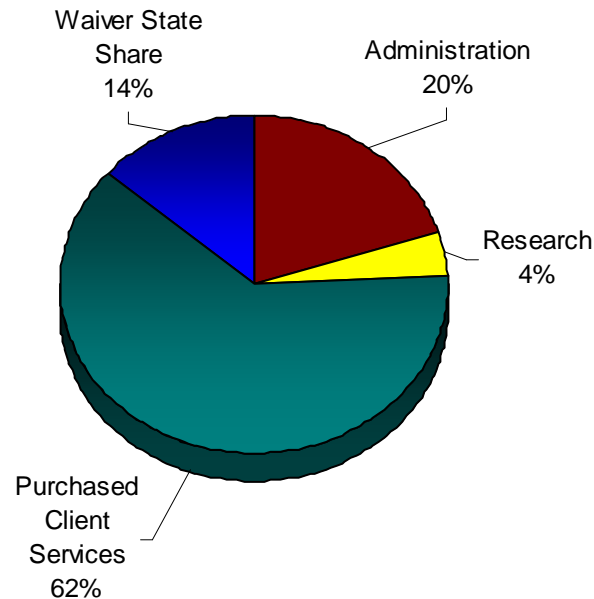
Administration		\$ 4,349,842.38*
• Salary	\$2,900,232.38*	
• Expense	\$ 776,954.12	
• Contractual Pre-Pay	\$ 366,996.64	
• Contractual	\$ 210,837.42	
• Risk Management Insurance	\$ 52,506.00	
• Transfer to DMS – HR	\$ 25,736.00	
• OPS	\$ 14,311.35	
• Refund State Revenues	\$ 1,267.82	
• OCO	\$ 1,000.65	
Purchased Client Services – Consulting Services		\$ 2,408,609.92**
• BIAF	\$ 991,735.25	
• FAAST	\$ 833,215.00	
• Cornerstone	\$ 169,693.75	
• Marquis	\$ 152,682.50	
• ISC	\$ 131,012.50	
• Vitaver and Associates	\$ 98,026.25*	
• Manpower	\$ 32,244.67	
Purchased Client Services – General Program		\$ 1,134,136.18
• Direct	\$1,128,642.45	
• Miscellaneous	\$ 5,493.73	
Purchased Client Services – Medicaid Waiver Programs		\$ 9,898,330.02
• Direct – TBI/SCI HCB Medicaid Waiver	\$9,518,167.50	
• Direct – Nursing Home Transition	\$ 337,272.88	
• Direct – Consumer Directed Care Plus	\$ 30,455.00	
• Miscellaneous	\$ 12,434.64	
Research		\$ 911,961.60
State Share for Waiver		\$ 2,974,050.35
• Transfer to AHCA	\$2,251,659.44	
• Service Charge to General Revenue	\$ 722,390.91	
		=====
Total Expenditures		\$21,676,930.45

*Administrative costs include salaries for FTE direct client service personnel, as well as contracted direct client service personnel that were fiscally coded under an administrative category. **Purchased Client Services include staff augmentation contracted services.

BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

FIGURE 3 - PROGRAM EXPENDITURES



PURCHASED CLIENT SERVICES BY PROGRAM TYPES

The following tables define the number and types of services purchased by the BSCIP and the total expenditures by service type for the individual programs operated within the BSCIP. The four programs are General Program, TBI/SCI Home and Community-Based Medicaid Waiver Program, Consumer Directed Care Plus Program, and Nursing Home Transition Initiative. These programs are defined in the Clients Served section of this report. Purchased client services are services that are purchased directly from vendors.

BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

Figure 4 - General Program – Purchased Client Services

Service Type	Brain Injury		Spinal Cord Injury		Brain & Spinal Cord		Total	
	Count	Amount	Count	Amount	Count	Amount	Count	Amount
Assistive Devices	85	\$ 37,047.32	150	\$ 148,140.17	26	\$ 21,149.63	261	\$ 206,337.12
Community ReEntry/Transitional Living	25	\$ 158,032.96		\$ -	1	\$ 6,720.00	26	\$ 164,752.96
Comprehensive Inpatient Rehab	2	\$ 6,330.90	3	\$ 26,838.27		\$ -	5	\$ 33,169.17
Diagnostics	1	\$ 13.00	2	\$ 450.00		\$ -	3	\$ 463.00
Home Modifications	7	\$ 12,660.00	26	\$ 120,482.66	3	\$ 11,040.00	36	\$ 144,182.66
Medical Follow-Up	76	\$ 16,580.25	18	\$ 4,552.09	6	\$ 993.28	100	\$ 22,125.62
Medications/Medical Supplies	42	\$ 12,444.39	46	\$ 21,430.78	12	\$ 2,288.50	100	\$ 36,163.67
Occupational Therapy	133	\$ 92,325.07	50	\$ 34,138.84	10	\$ 11,020.63	193	\$ 137,484.54
Other	81	\$ 39,128.31	35	\$ 52,560.00	7	\$ 4,293.98	123	\$ 95,982.29
Physical Therapy	78	\$ 41,776.84	45	\$ 42,617.22	12	\$ 13,744.53	135	\$ 98,138.59
Psychological/Neuropsych Evaluation	122	\$ 82,485.42	6	\$ 2,101.59	5	\$ 2,746.23	133	\$ 87,333.24
Rehab Engineer Evaluation	3	\$ 1,046.34	22	\$ 11,090.27	7	\$ 2,925.00	32	\$ 15,061.61
Speech/Cognitive Therapy	143	\$ 81,710.60	1	\$ 147.49	4	\$ 2,301.26	148	\$ 84,159.35
Transportation	8	\$ 1,422.39	2	\$ 622.60	3	\$ 1,243.64	13	\$ 3,288.63
		\$ 583,003.79		\$ 465,171.98		\$ 80,466.68		\$ 1,128,642.45

Count = The unique client count that received a service for the fiscal year.

Amount = The total dollar amount of services provided for a particular service type for the fiscal year.

The figures in this report are derived from completed authorizations from the year in which they were encumbered. This does not include pending, cancelled, or voided authorizations.

BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

Figure 5 - TBI/SCI Home and Community-Based Medicaid Waiver Program – Purchased Client Services

Service Type	Brain Injury		Spinal Cord Injury		Brain & Spinal Cord		Count	Total Amount
	Count	Amount	Count	Amount	Count	Amount		
Assistive Technologies	13	\$ 12,261.93	69	\$ 79,759.33	8	\$ 5,218.48	90	\$ 97,239.74
Attendant Care	17	\$ 69,045.50	73	\$ 873,150.00	4	\$ 66,384.00	94	\$ 1,008,579.50
Behavioral Programming	7	\$ 29,512.00	1	\$ 376.00		\$ -	8	\$ 29,888.00
Community Support Coordination	116	\$ 176,057.00	174	\$ 259,810.00	13	\$ 20,125.00	303	\$ 455,992.00
Companion Services	105	\$ 1,432,384.00	150	\$ 2,026,978.50	11	\$ 135,173.50	266	\$ 3,594,536.00
Consumable Med Supplies	49	\$ 60,392.65	138	\$ 131,329.04	8	\$ 9,587.64	195	\$ 201,309.33
Environ Access Adaptation	2	\$ 896.00	5	\$ 19,231.00	1	\$ 2,495.00	8	\$ 22,622.00
Life Skills Training	19	\$ 155,498.00	1	\$ 525.00	1	\$ 14,400.00	21	\$ 170,423.00
Personal Adjustment	2	\$ 1,134.00	2	\$ 1,428.00		\$ -	4	\$ 2,562.00
Personal Care	83	\$ 1,059,096.50	156	\$ 2,710,950.43	12	\$ 164,219.00	251	\$ 3,934,265.93
Rehab Engineer Evaluation	1	\$ 300.00	1	\$ 450.00		\$ -	2	\$ 750.00
		\$ 2,996,577.58		\$ 6,103,987.30		\$ 417,602.62		\$ 9,518,167.50

Count = The unique client count that received a service for the fiscal year.

Amount = The total dollar amount of services provided for a particular service type for the fiscal year.

The figures in this report are derived from completed authorizations from the year in which they were encumbered. This does not include pending, cancelled, or voided authorizations.

BUDGET, REVENUE AND EXPENDITURES

Brain and Spinal Cord Injury Program

Figure 6 - Consumer Directed Care Plus Program – Purchased Client Services

Service Type	Brain Injury		Spinal Cord Injury		Brain & Spinal Cord		Total	
	Count	Amount	Count	Amount	Count	Amount	Count	Amount
Consulting Services	7	\$ 8,390.00	18	\$ 22,065.00		\$ -	25	\$ 30,455.00
		\$ 8,390.00		\$ 22,065.00		\$ -		\$ 30,455.00

Figure 7 - Nursing Home Transition Initiative – Purchased Client Services

Service Type	Brain Injury		Spinal Cord Injury		Brain & Spinal Cord		Total	
	Count	Amount	Count	Amount	Count	Amount	Count	Amount
Assistive Technologies	1	\$ 3,795.00	7	\$ 45,697.33	1	\$ 5,042.12	9	\$ 54,534.45
Attendant Care	2	\$ 3,991.50	6	\$ 14,161.00		\$ -	8	\$ 18,152.50
Community Support Coordination	7	\$ 4,860.00	10	\$ 5,020.00	1	\$ 1,595.00	18	\$ 11,475.00
Companion Services	7	\$ 49,168.13	10	\$ 45,038.50	1	\$ 9,082.50	18	\$ 103,289.13
Consumable Med Supplies	3	\$ 694.15	8	\$ 4,223.35	1	\$ 2,057.80	12	\$ 6,975.30
Environ Access Adaptation	2	\$ 8,575.00	3	\$ 25,518.00	1	\$ 15,000.00	6	\$ 49,093.00
Life Skills Training	1	\$ 1,642.50		\$ -		\$ -	1	\$ 1,642.50
Personal Care	6	\$ 22,378.00	10	\$ 51,283.00	1	\$ 18,450.00	17	\$ 92,111.00
		\$ 95,104.28		\$ 190,941.18		\$ 51,227.42		\$ 337,272.88

For both tables on this page:

Count = The unique client count that received a service for the fiscal year.

Amount = The total dollar amount of services provided for a particular service type for the fiscal year.

The figures in this report are derived from completed authorizations from the year in which they were encumbered. This does not include pending, cancelled, or voided authorizations.

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 the injured individual is eligible for and requests program services, the BSCIP 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 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 submitted to the Central Registry.

The Brain and Spinal Cord Injury Program, Rehabilitation Information Management System was used as the primary data source for the Data and Statistics chapter of this report. To distinguish the highest counts and percentages, yellow highlighting has been used within the data tables.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

PERFORMANCE INDICATORS

Indicator 1 - Percent of Referrals Reported by State-Verified Trauma Centers (SVTCs) and Designated Acute Care Facilities (DFs)

Referrals to the Central Registry primarily came from State-Verified Trauma Centers and BSCIP Designated Acute Care Facilities. A SVTC 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 should be submitted by SVTCs and DFs. Of the new injuries reported from hospitals, 93.2% were referred from a SVTC or a DF. This is within 1.8% of the department's goal. BSCIP continues to work with the Division of Emergency Medical Operations and acute care hospitals to improve this reporting percentage.

Figure 8	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
SVTCs/Designated Facilities	1925	93.4%	310	92.8%	95	91.3%	2330	93.2%
Other Acute Care Hospitals	137	6.6%	24	7.2%	9	8.7%	170	6.8%
Total	2062	100.0%	334	100.0%	104	100.0%	2500	100.0%

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

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 fiscal year, 90.0% of referrals were made within 10 days of the date of injury. This met the department's 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 9	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
0 - 10 days	1879	91.1%	280	83.8%	91	87.5%	2250	90.0%
11 - 20 days	92	4.5%	25	7.5%	4	3.8%	121	4.8%
21 - 30 days	53	2.6%	9	2.7%	3	2.9%	65	2.6%
31 - 60 days	24	1.2%	14	4.2%	5	4.8%	43	1.7%
60 Plus days	14	0.7%	6	1.8%	1	1.0%	21	0.8%
Total	2062	100.0%	334	100.0%	104	100.0%	2500	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 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 traumatic 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 TBI/SCI Home and Community-Based Medicaid Waiver for more extensive community support services. Of the 860 eligible cases closed during the year, 85.5% were community reintegrated upon closure from the program. This number is 9.5% below the target goal.

Figure 10	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Community Reintegrated	484	84.5%	205	87.6%	46	86.8%	735	85.5%
Non-Community Reintegrated	89	15.5%	29	12.4%	7	13.2%	125	14.5%
Total	573	100.0%	234	100.0%	53	100.0%	860	100.0%

Indicator 4 - Average Consumer Satisfaction Score

The BSCIP contracted 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 was closed by the program. The purpose of the surveys is to measure consumer satisfaction with regard to the quality of services 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 581 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 4.4 on a 5-point scale.

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

The FAAST contacted 139 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 REPORTED

New Injuries Reported by Injury Type

There were 2,739 new injuries reported to the Brain and Spinal Cord Injury Program Central Registry. Of these, 80.8% were brain injuries, 14.9% were spinal cord injuries, and 4.3% were dual diagnosis injuries.

Figure 11

Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
2213	80.8%	408	14.9%	118	4.3%	2739	100%

New Injuries Reported by Age

The age groups with the largest percentage of injuries for all injury types was 21-25 year-olds (11.5%), 26-30 year-olds (8.2%), and 46-50 year-olds (8.0%).

Figure 12

	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
0 - 2	67	3.0%	4	1.0%	2	1.7%	73	2.7%
3 - 5	19	0.9%	1	0.2%	2	1.7%	22	0.8%
6 - 10	38	1.7%	2	0.5%	1	0.8%	41	1.5%
11 - 15	69	3.1%	12	2.9%	7	5.9%	88	3.2%
16 - 18	132	6.0%	15	3.7%	6	5.1%	153	5.6%
19 - 20	59	2.7%	16	3.9%	2	1.7%	77	2.8%
21 - 25	241	10.9%	55	13.5%	19	16.1%	315	11.5%
26 - 30	175	7.9%	38	9.3%	11	9.3%	224	8.2%
31 - 35	167	7.5%	40	9.8%	6	5.1%	213	7.8%
36 - 40	125	5.6%	27	6.6%	9	7.6%	161	5.9%
41 - 45	157	7.1%	24	5.9%	6	5.1%	187	6.8%
46 - 50	180	8.1%	32	7.8%	8	6.8%	220	8.0%
51 - 55	172	7.8%	26	6.4%	13	11.0%	211	7.7%
56 - 60	139	6.3%	24	5.9%	9	7.6%	172	6.3%
61 - 65	99	4.5%	18	4.4%	6	5.1%	123	4.5%
66 - 70	77	3.5%	20	4.9%	4	3.4%	101	3.7%
71 - 75	85	3.8%	13	3.2%	1	0.8%	99	3.6%
76 - 80	78	3.5%	17	4.2%	3	2.5%	98	3.6%
80 Plus	134	6.1%	24	5.9%	3	2.5%	161	5.9%
Total	2213	100.0%	408	100.0%	118	100.0%	2739	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

New Injuries Reported by Gender

Of the new injuries reported, males accounted for 74.5% of new injuries for all injury types.

Figure 13	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	1639	74.1%	312	76.5%	89	75.4%	2040	74.5%
Female	574	25.9%	96	23.5%	29	24.6%	699	25.5%
Total	2213	100.0%	408	100.0%	118	100.0%	2739	100.0%

New Injuries Reported by Race/Ethnicity

Of the new injuries reported, Whites (60.1%) accounted for the largest percentage of injuries for all injury types.

Figure 14	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	1360	61.5%	229	56.1%	57	48.3%	1646	60.1%
African American/Black	318	14.4%	100	24.5%	25	21.2%	443	16.2%
Hispanic/Latino	405	18.3%	42	10.3%	31	26.3%	478	17.5%
Other	130	5.9%	37	9.1%	5	4.2%	172	6.3%
Total	2213	100.0%	408	100.0%	118	100.0%	2739	100.0%

New Injuries Reported by Cause of Injury

Of the new injuries reported, Auto/Truck-related (25.3%), Jump/Fall-related (24.4%), Motorcycle-related (11.1%), and Pedestrian/Auto-related (8.2%) injuries accounted for 69.0% of all new injuries.

Figure 15		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	578	26.1%	79	19.4%	36	30.5%	693	25.3%
	Motorcycle	273	12.3%	22	5.4%	9	7.6%	304	11.1%
	ATV/Moped/Dirtbike	73	3.3%	13	3.2%	3	2.5%	89	3.3%
	Bicycle	91	4.1%	14	3.4%	4	3.4%	109	4.0%
	Pedestrian/Auto	201	9.1%	4	1.0%	20	16.9%	225	8.2%
	Pedestrian/Bicycle	1	0.0%	1	0.2%	0	0.0%	2	0.1%
	Pedestrian/Unknown	6	0.3%	0	0.0%	0	0.0%	6	0.2%
	Airplane/Train Crash	3	0.1%	1	0.2%	0	0.0%	4	0.1%
Total	1226	55.4%	134	32.8%	72	61.0%	1432	52.3%	

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

New Injuries Reported by Cause of Injury Continued

Falls	Jump/Fall	521	23.6%	129	31.6%	19	16.1%	669	24.4%
	Fall from Auto/Truck	19	0.9%	2	0.5%	0	0.0%	21	0.8%
	Total	540	24.4%	131	32.1%	19	16.1%	690	25.2%
Violence	Assault/Altercation	164	7.4%	4	1.0%	3	2.5%	171	6.2%
	Handgun	81	3.7%	47	11.5%	11	9.3%	139	5.1%
	Rifle	2	0.1%	1	0.2%	1	0.8%	4	0.1%
	Stabbing	3	0.1%	1	0.2%	0	0.0%	4	0.1%
	Domestic Violence	2	0.1%	0	0.0%	0	0.0%	2	0.1%
	Shaken Baby	17	0.8%	0	0.0%	0	0.0%	17	0.6%
	Total	269	12.2%	53	13.0%	15	12.7%	337	12.3%
Sports/ Recreation	Boating/Jet Ski	3	0.1%	3	0.7%	0	0.0%	6	0.2%
	Diving into a pool	1	0.0%	4	1.0%	0	0.0%	5	0.2%
	Diving into a natural body of water	1	0.0%	18	4.4%	8	6.8%	27	1.0%
	Swimming	2	0.1%	3	0.7%	0	0.0%	5	0.2%
	Football/Soccer/Hockey	3	0.1%	2	0.5%	0	0.0%	5	0.2%
	Skating/Skateboard/Scooter	13	0.6%	0	0.0%	0	0.0%	13	0.5%
	Other Sport	8	0.4%	3	0.7%	2	1.7%	13	0.5%
	Total	31	1.4%	33	8.1%	10	8.5%	74	2.7%
Other	Falling Object	31	1.4%	16	3.9%	1	0.8%	48	1.8%
	Heavy Equipment	3	0.1%	1	0.2%	0	0.0%	4	0.1%
	Medical Complication	1	0.0%	4	1.0%	0	0.0%	5	0.2%
	Other	73	3.3%	34	8.3%	1	0.8%	108	3.9%
	Unknown	38	1.7%	2	0.5%	0	0.0%	40	1.5%
	Total	146	6.6%	57	14.0%	2	1.7%	205	7.5%
Table Total		2213	100.0%	408	100.0%	118	100.0%	2739	100.0%

TOTAL CLIENTS SERVED

During fiscal year 2009-2010, 2,310 program eligible clients received case management and may have received purchased client services through one of four programs within the BSCIP. Of these clients, 1,979 clients received short-term community reintegration services from the General Program, 305 received long-term community-based services from the TBI/SCI Home and Community-Based Medicaid Waiver Program, 25 received services from the Consumer Directed Care Plus Program and 19 received services from the Nursing Home Transition Initiative.

Purchased client services are services that are purchased directly from vendors. Case management, unless otherwise specified, refers to the case management services provided to

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

the client directly or indirectly by the Brain and Spinal Cord Injury Program. Client counts in this section of the report represent unduplicated counts within a program and/or service type.

General Program

The General Program provides short-term case management, information and referral, and purchased client services to individuals with moderate-to-severe traumatic brain and spinal cord injuries that meet the program's eligibility requirements. The General Program is funded through revenues deposited into the Brain and Spinal Cord Injury Program Trust Fund. BSCIP utilizes 21 case managers and 21 rehabilitation technicians located throughout Florida to provide case management services to all eligible clients.

Purchased Client Services for the General Program may include:

- Assistive Devices
- Community Re-Entry/Transitional Living
- Comprehensive Inpatient Rehabilitation
- Home Modifications
- Occupational Therapy
- Physical Therapy
- Psychological/Neuropsychological Evaluations
- Rehabilitation Engineering Evaluations
- Speech/Cognitive Therapy
- Transportation
- Other-Related Services (e.g. Vehicle Modifications, Insurance Premiums, Insurance Co-Pays, etc.)

During fiscal year 2009-2010, the General Program provided case management services to 1,979 clients. Of these, 746 clients received purchased client services at an average expenditure of \$1,513 per client. The remainder were assisted with obtaining needed services and resources through private insurance or other federal, state, or community agencies. Clients may have been referred in a previous fiscal year and were still receiving services during this fiscal year.

The largest percentage of clients served by the General Program were brain injured (66.2%), white (59.2%), male (73.5%), and between 21-30 years of age (25.2%). The mean age of clients served was 34.8 years. The largest percentage of injuries resulted from an auto/truck traffic-related accident (35.6%).

The most commonly provided services to General Program clients were assistive devices, occupational therapy, and speech/cognitive therapy. The highest percentage of purchased client services dollars was spent for assistive devices, community re-entry, home modifications, and occupational therapy.

Statistical information about clients served by the General Program follows:

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

General Program by Injury Type

Figure 16							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
1311	66.2%	536	27.1%	132	6.7%	1979	100.0%

General Program by Age

Figure 17	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Birth – 2	24	1.8%	2	.4%	1	.8%	27	1.4%
3 – 5	28	2.1%	3	.6%	1	.8%	32	1.6%
6 – 10	48	3.7%	4	.7%	6	4.5%	58	2.9%
11 – 15	60	4.6%	11	2.1%	3	2.3%	74	3.7%
16 – 18	110	8.4%	24	4.5%	9	6.8%	143	7.2%
19 – 20	120	9.2%	39	7.3%	20	15.2%	179	9.0%
21 – 25	190	14.5%	86	16.0%	17	12.9%	293	14.8%
26 – 30	131	10.0%	62	11.6%	13	9.8%	206	10.4%
31 – 35	79	6.0%	44	8.2%	10	7.6%	133	6.7%
36 – 40	106	8.1%	36	6.7%	13	9.8%	155	7.8%
41 – 45	88	6.7%	40	7.5%	9	6.8%	137	6.9%
46 – 50	87	6.6%	42	7.8%	8	6.1%	137	6.9%
51 – 55	69	5.3%	49	9.1%	4	3.0%	122	6.2%
56 – 60	51	3.9%	30	5.6%	7	5.3%	88	4.4%
61 – 65	45	3.4%	27	5.0%	4	3.0%	76	3.8%
65 Plus	75	5.7%	37	6.9%	7	5.3%	119	6.0%
Total	1311	100.0%	536	100.0%	132	100.0%	1979	100.0%

General Program by Gender

Figure 18	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	936	71.4%	421	78.5%	97	73.5%	1454	73.5%
Female	375	28.6%	115	21.5%	35	26.5%	525	26.5%
Total	1311	100.0%	536	100.0%	132	100.0%	1979	100.0%

General Program by Race/Ethnicity

Figure 19	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	825	62.9%	289	53.9%	58	43.9%	1172	59.2%
African American/ Black	201	15.3%	156	29.1%	35	26.5%	392	19.8%
Hispanic/Latino	240	18.3%	62	11.6%	30	22.7%	332	16.8%
Other	45	3.4%	29	5.4%	9	6.8%	83	4.2%
Total	1311	100.0%	536	100.0%	132	100.0%	1979	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

General Program by Cause of Injury

Figure 20		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	479	36.5%	169	31.6%	56	42.4%	704	35.6%
	Motorcycle	205	15.6%	33	6.2%	16	12.1%	254	12.8%
	ATV/Moped/Dirtbike	51	3.9%	18	3.4%	7	5.3%	76	3.8%
	Bicycle	54	4.1%	13	2.4%	2	1.5%	69	3.5%
	Pedestrian/Auto	124	9.5%	4	.7%	9	6.8%	137	6.9%
	Pedestrian/Bicycle	1	.1%	0	.0%	0	.0%	1	.1%
	Pedestrian/Unknown	5	.4%	0	.0%	0	.0%	5	.3%
	Airplane/Train Crash	7	.5%	1	.2%	0	.0%	8	.4%
	Total	926	70.6%	238	44.5%	90	68.2%	1254	63.4%
Falls	Jump/Fall	157	12.0%	113	21.1%	16	12.1%	286	14.5%
	Fall from Auto/Truck	16	1.2%	2	.4%	0	.0%	18	.9%
	Total	173	13.2%	115	21.5%	16	12.1%	304	15.4%
Violence	Assault/Altercation	69	5.3%	6	1.1%	1	.8%	76	3.8%
	Handgun	38	2.9%	94	17.6%	15	11.4%	147	7.4%
	Rifle	6	.5%	5	.9%	4	3.0%	15	.8%
	Stabbing	0	.0%	2	.4%	0	.0%	2	.1%
	Domestic Violence	4	.3%	0	.0%	0	.0%	4	.2%
	Shaken Baby	21	1.6%	0	.0%	0	.0%	21	1.1%
	Total	138	10.5%	107	20.0%	20	15.2%	265	13.4%
Sports/Recreation	Boating/Jet Ski	6	.5%	4	.7%	0	.0%	10	.5%
	Diving into a pool	0	.0%	6	1.1%	0	.0%	6	.3%
	Diving into a natural body of water	1	.1%	23	4.3%	2	1.5%	26	1.3%
	Swimming	0	.0%	1	.2%	0	.0%	1	.1%
	Football/Soccer/Hockey	4	.3%	5	.9%	0	.0%	9	.5%
	Skating/Skateboard/Scooter	13	1.0%	0	.0%	2	1.5%	15	.8%
	Other Sport	7	.5%	11	2.1%	1	.8%	19	1.0%
	Total	31	2.4%	50	9.3%	5	3.8%	86	4.3%
Other	Falling Object	13	1.0%	10	1.9%	0	.0%	23	1.2%
	Heavy Equipment	3	.2%	0	.0%	0	.0%	3	.2%
	Medical Complication	0	.0%	3	.6%	0	.0%	3	.2%
	Other	21	1.6%	12	2.2%	1	.8%	34	1.7%
	Unknown	6	.5%	0	.0%	0	.0%	6	.3%
	Total	43	3.3%	25	4.7%	1	.8%	69	3.5%
Table Total		1311	100.0%	536	100.0%	132	100.0%	1979	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

General Program by Purchased Client Services Category – All Injury Types

Figure 21	# of Clients Receiving Service	% of Clients Receiving Service	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Service Type				
Assistive Devices	261	35.0%	206,337.12	790.56
Community Re-entry/Transitional Living	26	3.5%	164,752.96	6,336.65
Comprehensive Inpatient Rehabilitation	5	0.7%	33,169.17	6,633.83
Diagnostics	3	0.4%	463.00	154.33
Home Modifications	36	4.8%	144,182.66	4,005.07
Medical Follow-Up	100	13.4%	22,125.62	221.26
Medications/Medical Supplies	100	13.4%	36,163.67	361.64
Occupational Therapy	193	25.9%	137,484.54	712.36
Other	123	16.5%	95,982.29	780.34
Physical Therapy	135	18.1%	98,138.59	726.95
Psychological/Neuropsych Evaluation	133	17.8%	87,333.24	656.64
Rehabilitation Engineer Evaluation	32	4.3%	15,061.61	470.68
Speech/Cognitive Therapy	148	19.8%	84,159.35	568.64
Transportation	13	1.7%	3,288.63	252.97
Total All Injury Types	746	100.0%	1,128,642.45	1,512.93

General Program by Purchased Client Services Category – Brain Injuries

Figure 22	# of Clients Receiving Service	% of Clients Receiving Service	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Service Type				
Assistive Devices	85	18.9%	37,047.32	435.85
Community Re-entry/Transitional Living	25	5.6%	158,032.96	6,321.32
Comprehensive Inpatient Rehabilitation	2	0.4%	6,330.90	3,165.45
Diagnostics	1	0.2%	13.00	13.00
Home Modifications	7	1.6%	12,660.00	1,808.57
Medical Follow-Up	76	16.9%	16,580.25	218.16
Medications/Medical Supplies	42	9.4%	12,444.39	296.30
Occupational Therapy	133	29.6%	92,325.07	694.17
Other	81	18.0%	39,128.31	483.07
Physical Therapy	78	17.4%	41,776.84	535.60
Psychological/Neuropsych Evaluation	122	27.2%	82,485.42	676.11
Rehabilitation Engineer Evaluation	3	0.7%	1,046.34	348.78
Speech/Cognitive Therapy	143	31.8%	81,710.60	571.40
Transportation	8	1.8%	1,422.39	177.80
Total Brain Injuries	449	100.0%	583,003.79	1,298.45

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

General Program by Purchased Client Services Category – Spinal Cord Injuries

Figure 23	# of Clients Receiving Service	% of Clients Receiving Service	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Service Type				
Assistive Devices	150	62.2%	148,140.17	987.60
Comprehensive Inpatient Rehabilitation	3	1.2%	26,838.27	8,946.09
Diagnostics	2	0.8%	450.00	225.00
Home Modifications	26	10.8%	120,482.66	4,633.95
Medical Follow-Up	18	7.5%	4,552.09	252.89
Medications/Medical Supplies	46	19.1%	21,430.78	465.89
Occupational Therapy	50	20.7%	34,138.84	682.78
Other	35	14.5%	52,560.00	1,501.71
Physical Therapy	45	18.7%	42,617.22	947.05
Psychological/Neuropsych Evaluation	6	2.5%	2,101.59	350.27
Rehabilitation Engineer Evaluation	22	9.1%	11,090.27	504.10
Speech/Cognitive Therapy	1	0.4%	147.49	147.49
Transportation	2	0.8%	622.60	311.30
Total Spinal Cord Injuries	241	100.0%	465,171.98	1,930.17

General Program by Purchased Client Services Category – Dual Diagnosis Injuries

Figure 24	# of Clients Receiving Service	% of Clients Receiving Service	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Service Type				
Assistive Devices	26	46.4%	21,149.63	813.45
Community Re-entry/Transitional Living	1	1.8%	6,720.00	6,720.00
Home Modifications	3	5.4%	11,040.00	3,680.00
Medical Follow-Up	6	10.7%	993.28	165.55
Medications/Medical Supplies	12	21.4%	2,288.50	190.71
Occupational Therapy	10	17.9%	11,020.63	1,102.06
Other	7	12.5%	4,293.98	613.43
Physical Therapy	12	21.4%	13,744.53	1,145.38
Psychological/Neuropsych Evaluation	5	8.9%	2,746.23	549.25
Rehabilitation Engineer Evaluation	7	12.5%	2,925.00	417.86
Speech/Cognitive Therapy	4	7.1%	2,301.26	575.32
Transportation	3	5.4%	1,243.64	414.55
Total Brain & Spinal Cord Injuries	56	100.0%	80,466.68	1,436.91

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TBI/SCI Home and Community-Based Medicaid Waiver Program

The TBI/SCI Home and Community-Based Medicaid Waiver Program provides long-term case management and community-based services and supports to individuals age 18 and over with moderate-to-severe traumatic brain and/or spinal cord injuries. Waiver clients must be eligible for Medicaid and meet Level II nursing home level of care requirements as determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program.

The Brain and Spinal Cord Injury Program Trust Fund is used as state match for the Waiver program. The state match during fiscal year 2009-2010 was 32.36% for each dollar spent on waiver services. BSCIP utilized eight contracted Disability Management Specialists located throughout Florida to provide case management services to all eligible clients.

Purchased Client Services for the TBI/SCI Home and Community-Based Medicaid Waiver Program include:

- 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

During fiscal year 2009-2010, the TBI/SCI Home and Community-Based Medicaid Waiver Program provided case management and purchased client services to 303 clients. The total cost for purchased client services for Waiver services was \$9,518,168, with an average purchased client service cost of \$31,413 per client.

The largest percentage of clients served by the Waiver were spinal cord injured (57.4%), white (77.9%), male (76.6%), and between 26-35 and 41-50 years of age. The mean age of clients served was 41.3 years. The largest percentage of injuries resulted from an auto/truck traffic-related accident (44.9%).

The most commonly provided services to TBI/SCI Home and Community-Based Medicaid Waiver Program clients were community support coordination, companion services, personal care, and consumable medical supplies. The highest percentage of purchased client services dollars was spent for personal care, companion services, attendant care and community support coordination.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Detailed information on all clients served by the TBI/SCI Home and Community-Based Medicaid Waiver Program follows:

TBI/SCI Home and Community-Based Medicaid Waiver Program by Injury Type

Figure 25							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
116	38.3%	174	57.4%	13	4.3%	303	100.0%

TBI/SCI Home and Community-Based Medicaid Waiver Program by Age

Figure 26	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
19 - 20	0	.0%	1	.6%	0	.0%	1	.3%
21 - 25	8	6.9%	9	5.2%	1	7.7%	18	5.9%
26 - 30	22	19.0%	22	12.6%	3	23.1%	47	15.5%
31 - 35	22	19.0%	18	10.3%	5	38.5%	45	14.9%
36 - 40	13	11.2%	17	9.8%	2	15.4%	32	10.6%
41 - 45	23	19.8%	20	11.5%	1	7.7%	44	14.5%
46 - 50	11	9.5%	47	27.0%	1	7.7%	59	19.5%
51 - 55	9	7.8%	23	13.2%	0	.0%	32	10.6%
56 - 60	4	3.4%	9	5.2%	0	.0%	13	4.3%
61 - 65	3	2.6%	7	4.0%	0	.0%	10	3.3%
65 Plus	1	.9%	1	.6%	0	.0%	2	.7%
Total	116	100.0%	174	100.0%	13	100.0%	303	100.0%

TBI/SCI Home and Community-Based Medicaid Waiver Program by Gender

Figure 27	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	92	79.3%	130	74.7%	10	76.9%	232	76.6%
Female	24	20.7%	44	25.3%	3	23.1%	71	23.4%
Total	116	100.0%	174	100.0%	13	100.0%	303	100.0%

TBI/SCI Home and Community-Based Medicaid Waiver Program by Race/Ethnicity

Figure 28	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	98	84.5%	128	73.6%	10	76.9%	236	77.9%
African American/Black	11	9.5%	35	20.1%	2	15.4%	48	15.8%
Hispanic/Latino	5	4.3%	10	5.7%	1	7.7%	16	5.3%
Other	2	1.7%	1	.6%	0	.0%	3	1.0%
Total	116	100.0%	174	100.0%	13	100.0%	303	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TBI/SCI Home and Community-Based Medicaid Waiver Program by Cause of Injury

Figure 29		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	66	56.9%	64	36.8%	6	46.2%	136	44.9%
	Motorcycle	10	8.6%	3	1.7%	3	23.1%	16	5.3%
	ATV/Moped/Dirtbike	4	3.4%	6	3.4%	0	.0%	10	3.3%
	Bicycle	3	2.6%	5	2.9%	0	.0%	8	2.6%
	Pedestrian/Auto	16	13.8%	2	1.1%	1	7.7%	19	6.3%
	Unknown Vehicle	1	.9%	1	.6%	0	.0%	2	.7%
	<i>Total</i>	100	86.2%	81	46.6%	10	76.9%	191	63.0%
Falls	Jump/Fall	5	4.3%	15	8.6%	1	7.7%	21	6.9%
	<i>Total</i>	5	4.3%	15	8.6%	1	7.7%	21	6.9%
Violence	Assault/Altercation	3	2.6%	1	.6%	0	.0%	4	1.3%
	Handgun	3	2.6%	14	8.0%	0	.0%	17	5.6%
	Rifle	1	.9%	2	1.1%	0	.0%	3	1.0%
	Other Gun	0	.0%	1	.6%	0	.0%	1	.3%
	Stabbing	0	.0%	1	.6%	0	.0%	1	.3%
<i>Total</i>	7	6.0%	19	10.9%	0	.0%	26	8.6%	
Sports/Recreation	Diving into a pool	0	.0%	4	2.3%	0	.0%	4	1.3%
	Diving into a natural body of water	0	.0%	34	19.5%	0	.0%	34	11.2%
	Swimming	0	.0%	2	1.1%	1	7.7%	3	1.0%
	Recreational Sport	0	.0%	3	1.7%	0	.0%	3	1.0%
	Other Sport	0	.0%	1	.6%	0	.0%	1	.3%
<i>Total</i>	0	.0%	44	25.3%	1	7.7%	45	14.9%	
Other	Falling Object	1	.9%	1	.6%	0	.0%	2	.7%
	Heavy Equipment	0	.0%	1	.6%	0	.0%	1	.3%
	Medical Complication	0	.0%	1	.6%	0	.0%	1	.3%
	Other	1	.9%	3	1.7%	0	.0%	4	1.3%
	Unknown	2	1.7%	9	5.2%	1	7.7%	12	4.0%
<i>Total</i>	4	3.4%	15	8.6%	1	7.7%	20	6.6%	
Table Total		116	100.0%	174	100.0%	13	100.0%	303	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TBI/SCI Home and Community-Based Medicaid Waiver Program by Purchased Client Services Category – All Injury Types

Figure 30	Client Count	% of Clients Receiving Service	Purchased Client Services (Dollars)	Average Purchased Client Services Per Client (Dollars)
Service Type				
Assistive Technologies	90	29.7%	97,239.74	1,080.44
Attendant Care	94	31.0%	1,008,579.50	10,729.57
Behavioral Programming	8	2.6%	29,888.00	3,736.00
Community Support Coordination	303	100.0%	455,992.00	1,504.92
Companion Services	266	87.8%	3,594,536.00	13,513.29
Consumable Medical Supplies	195	64.4%	201,309.33	1,032.36
Environmental Accessibility Adaptation	8	2.6%	22,622.00	2,827.75
Life Skills Training	21	6.9%	170,423.00	8,115.38
Personal Adjustment	4	1.3%	2,562.00	640.50
Personal Care	251	82.8%	3,934,265.93	15,674.37
Rehabilitation Engineer Evaluation	2	0.7%	750.00	375.00
Total All Injury Types	303	100.0%	9,518,167.50	31,413.09

TBI/SCI Home and Community-Based Medicaid Waiver Program by Purchased Client Services Category – Brain Injuries

Figure 31	Client Count	% of Clients Receiving Service	Purchased Client Services (Dollars)	Average Purchased Client Services Per Client (Dollars)
Service Type				
Assistive Technologies	13	11.2%	12,261.93	943.23
Attendant Care	17	14.7%	69,045.50	4,061.50
Behavioral Programming	7	6.0%	29,512.00	4,216.00
Community Support Coordination	116	100.0%	176,057.00	1,517.73
Companion Services	105	90.5%	1,432,384.00	13,641.75
Consumable Medical Supplies	49	42.2%	60,392.65	1,232.50
Environmental Accessibility Adaptation	2	1.7%	896.00	448.00
Life Skills Training	19	16.4%	155,498.00	8,184.11
Personal Adjustment	2	1.7%	1,134.00	567.00
Personal Care	83	71.6%	1,059,096.50	12,760.20
Rehabilitation Engineer Evaluation	1	0.9%	300.00	300.00
Total Brain Injuries	116	100.0%	2,996,577.58	25,832.57

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TBI/SCI Home and Community-Based Medicaid Waiver Program by Purchased Client Services Category – Spinal Cord Injuries

Figure 32	Client Count	% of Clients Receiving Service	Purchased Client Services (Dollars)	Average Purchased Client Services Per Client (Dollars)
Service Type				
Assistive Technologies	69	39.7%	79,759.33	1,155.93
Attendant Care	73	42.0%	873,150.00	11,960.96
Behavioral Programming	1	0.6%	376.00	376.00
Community Support Coordination	174	100.0%	259,810.00	1,493.16
Companion Services	150	86.2%	2,026,978.50	13,513.19
Consumable Medical Supplies	138	79.3%	131,329.04	951.66
Environmental Accessibility Adaptation	5	2.9%	19,231.00	3,846.20
Life Skills Training	1	0.6%	525.00	525.00
Personal Adjustment	2	1.1%	1,428.00	714.00
Personal Care	156	89.7%	2,710,950.43	17,377.89
Rehabilitation Engineer Evaluation	1	0.6%	450.00	450.00
Total Spinal Cord Injuries	174	100.0%	6,103,987.30	35,080.39

TBI/SCI Home and Community-Based Medicaid Waiver Program by Purchased Client Services Category – Dual Diagnosis Injuries

Figure 33	Client Count	% of Clients Receiving Service	Purchased Client Services (Dollars)	Average Purchased Client Services Per Client (Dollars)
Service Type				
Assistive Technologies	8	61.5%	5,218.48	652.31
Attendant Care	4	30.8%	66,384.00	16,596.00
Community Support Coordination	13	100.0%	20,125.00	1,548.08
Companion Services	11	84.6%	135,173.50	12,288.50
Consumable Medical Supplies	8	61.5%	9,587.64	1,198.46
Environmental Accessibility Adaptation	1	7.7%	2,495.00	2,495.00
Life Skills Training	1	7.7%	14,400.00	14,400.00
Personal Care	12	92.3%	164,219.00	13,684.92
Total Brain & Spinal Cord Injuries	13	100.0%	417,602.62	32,123.28

Consumer Directed Care Plus (CDC+) Program

The Consumer Directed Care Plus (CDC+) Program is a Medicaid program operated by the Department of Elder Affairs (DOEA) that provides clients receiving services from the TBI/SCI Home and Community-Based Medicaid Waiver the opportunity to manage their own services budget and to hire their own service providers to assist them with their daily needs. In addition to the services provided under the Waiver program, clients are provided with a trained

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

consultant to assist in managing their budget plan. The BSCIP works in partnership with the DOEA to coordinate and fund these services.

The Brain and Spinal Cord Injury Program Trust Fund is used as state match to fund all services provided under the CDC+ Program. The state match during fiscal year 2009-2010 was 32.36% for each dollar spent on these services. BSCIP utilized eight contracted Disability Management Specialists located throughout Florida to provide case management services to CDC+ Program clients.

Purchased Client Services for the CDC+ Program include:

- 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
- Consulting Services

During fiscal year 2009-2010, the CDC+ Program provided case management and purchased client services to 25 clients. The total cost for purchased client services for CDC+ services was \$941,126, with an average cost of \$37,645 per client.

The largest percentage of clients served by the CDC+ Program were spinal cord injured (72.0%), white (92.0%), male (76.0%), and between 26-30 and 36-40 years of age. The mean age of clients served was 42.2 years. The largest percentage of injuries resulted from an auto/truck traffic-related accident (36.0%).

Cost data for each purchased client services type is not available for this program with the exception of consulting services. Consulting service costs were available through the Rehabilitation Information Management System. The total cost for purchased client services was calculated by totaling monthly AHCA invoices submitted to the BSCIP for state share for these services. Consulting services were provided to 100.0% of CDC+ Program clients at an average annual cost of \$1,218 per client.

Detailed information on all clients served by the CDC+ Program follows:

CDC+ Program by Injury Type

Figure 34

Brain		Spinal		Total	
Count	%	Count	%	Count	%
7	28.0%	18	72.0%	25	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

CDC+ Program by Age

Figure 35	Brain		Spinal		Total	
	Count	%	Count	%	Count	%
21 - 25	0	.0%	1	5.6%	1	4.0%
26 - 30	2	28.6%	4	22.2%	6	24.0%
31 - 35	0	.0%	1	5.6%	1	4.0%
36 - 40	3	42.9%	3	16.7%	6	24.0%
41 - 45	0	.0%	1	5.6%	1	4.0%
46 - 50	1	14.3%	3	16.7%	4	16.0%
51 - 55	0	.0%	3	16.7%	3	12.0%
61 - 65	1	14.3%	1	5.6%	2	8.0%
65 Plus	0	.0%	1	5.6%	1	4.0%
Total	7	100.0%	18	100.0%	25	100.0%

CDC+ Program by Gender

Figure 36	Brain		Spinal		Total	
	Count	%	Count	%	Count	%
Male	6	85.7%	13	72.2%	19	76.0%
Female	1	14.3%	5	27.8%	6	24.0%
Total	7	100.0%	18	100.0%	25	100.0%

CDC+ Program by Race/Ethnicity

Figure 37	Brain		Spinal		Total	
	Count	%	Count	%	Count	%
White	7	100.0%	16	88.9%	23	92.0%
Hispanic/Latino	0	.0%	2	11.1%	2	8.0%
Total	7	100.0%	18	100.0%	25	100.0%

CDC+ Program by Cause of Injury

Figure 38		Brain		Spinal		Total	
		Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	5	71.4%	4	22.2%	9	36.0%
	Motorcycle	1	14.3%	2	11.1%	3	12.0%
	Unknown Vehicle	0	.0%	1	5.6%	1	4.0%
	Total	6	85.7%	7	38.9%	13	52.0%
Falls	Jump/Fall	0	.0%	4	22.2%	4	16.0%
	Total	0	.0%	4	22.2%	4	16.0%
Violence	Assault/Altercation	1	14.3%	1	5.6%	2	8.0%
	Handgun	0	.0%	2	11.1%	2	8.0%
	Total	1	14.3%	3	16.7%	4	16.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

CDC+ Program by Cause of Injury Continued

Sports/ Recreation	Diving into a pool	0	.0%	1	5.6%	1	4.0%
	Diving into a natural body of water	0	.0%	2	11.1%	2	8.0%
	Total	0	.0%	3	16.7%	3	12.0%
Other	Heavy Equipment	0	.0%	1	5.6%	1	4.0%
	Total	0	.0%	1	5.6%	1	4.0%
Table Total		7	100.0%	18	100.0%	25	100.0%

CDC+ Program by Purchased Client Services Category – All Injury Types

Service Type	Client Count	% of Clients Receiving Service	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Consulting Services	25	100.0%	30,455.00	1,218.20
Purchased Client Services	25	100.0%	910,671.14	36,426.84
Program Total	25	100.00%	941,126.14	37,645.04

Nursing Home Transition Initiative

The Nursing Home Transition Initiative (NHT) is a Medicaid initiative established by the Agency for Health Care Administration (AHCA) in coordination with the BSCIP. This initiative was implemented in September 2009 and transitions individuals out of nursing homes and into the community. To be eligible for services, individuals must be enrolled in Medicaid, 18 years of age or older, have resided in a nursing home for a minimum of 60 consecutive days, and are moving into the TBI/SCI Home and Community-Based Medicaid Waiver. BSCIP utilizes the Brain and Spinal Cord Injury Program Trust Fund to provide transition and Waiver services upfront, but is reimbursed 100% for these expenditures from nursing home funds as specified in proviso language. Services include case management, all TBI/SCI Home and Community-Based Medicaid Waiver services, and transition home modifications.

During fiscal year 2009-2010, the NHT Initiative provided case management and purchased client services to 19 clients. The total cost for purchased client services was \$337,273. BSCIP utilized eight contracted Disability Management Specialists located throughout Florida to provide case management and oversight of all services to these clients.

The largest percentage of clients served by the NHT Initiative were spinal cord injured (57.9%), white (84.2%), male (78.9%), and between the ages of 51-55 years of age. The mean age of clients served was 45.3 years. The largest percentage of injuries resulted from an auto/truck traffic-related accident (42.1%).

The most commonly provided services for NHT Initiative clients were community support coordination, companion services, personal care, and consumable medical supplies. The highest percentage of purchased client services dollars were spent for companion services, personal care, and assistive technology.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Detailed information on all clients served by the NHT Initiative follows:

Nursing Home Transition Initiative by Injury Type

Figure 40							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
7	36.8%	11	57.9%	1	5.3%	19	100.0%

Nursing Home Transition Initiative by Age

Figure 41	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
19 - 20	1	14.3%	0	.0%	0	.0%	1	5.3%
26 - 30	0	.0%	2	18.2%	0	.0%	2	10.5%
36 - 40	0	.0%	1	9.1%	0	.0%	1	5.3%
41 - 45	1	14.3%	2	18.2%	1	100.0%	4	21.1%
46 - 50	1	14.3%	1	9.1%	0	.0%	2	10.5%
51 - 55	4	57.1%	4	36.4%	0	.0%	8	42.1%
56 - 60	0	.0%	1	9.1%	0	.0%	1	5.3%
Total	7	100.0%	11	100.0%	1	100.0%	19	100.0%

Nursing Home Transition Initiative by Gender

Figure 42	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	6	85.7%	8	72.7%	1	100.0%	15	78.9%
Female	1	14.3%	3	27.3%	0	.0%	4	21.1%
Total	7	100.0%	11	100.0%	1	100.0%	19	100.0%

Nursing Home Transition Initiative by Race/Ethnicity

Figure 43	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	6	85.7%	10	90.9%	0	.0%	16	84.2%
African American/Black	0	.0%	1	9.1%	1	100.0%	2	10.5%
Hispanic/Latino	1	14.3%	0	.0%	0	.0%	1	5.3%
Total	7	100.0%	11	100.0%	1	100.0%	19	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Nursing Home Transition Initiative by Cause of Injury

Figure 44		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	2	28.6%	6	54.5%	0	.0%	8	42.1%
	Motorcycle	1	14.3%	2	18.2%	0	.0%	3	15.8%
	ATV/Moped/Dirtbike	0	.0%	1	9.1%	0	.0%	1	5.3%
	Bicycle	1	14.3%	0	.0%	0	.0%	1	5.3%
	Pedestrian/Auto	0	.0%	1	9.1%	1	100.0%	2	10.5%
	Total	4	57.1%	10	90.9%	1	100.0%	15	78.9%
Falls	Jump/Fall	1	14.3%	0	.0%	0	.0%	1	5.3%
	Fall from Auto/Truck	1	14.3%	0	.0%	0	.0%	1	5.3%
	Total	2	28.6%	0	.0%	0	.0%	2	10.5%
Sports/Recreation	Swimming	0	.0%	1	9.1%	0	.0%	1	5.3%
	Total	0	.0%	1	9.1%	0	.0%	1	5.3%
Other	Falling Object	1	14.3%	0	.0%	0	.0%	1	5.3%
	Total	1	14.3%	0	.0%	0	.0%	1	5.3%
Table Total		7	100.0%	11	100.0%	1	100.0%	19	100.0%

Nursing Home Transition Initiative by Purchased Client Services Category – All Injury Types

Figure 45	Client Count	% of Clients Receiving Service	Expenditures (Dollars)
Assistive Technologies	9	47.4%	54,534.45
Attendant Care	8	42.1%	18,152.50
Community Support Coordination	18	94.7%	11,475.00
Companion Services	18	94.7%	103,289.13
Consumable Medical Supplies	12	63.2%	6,975.30
Environmental Accessibility Adaptation	6	31.6%	49,093.00
Life Skills Training	1	5.3%	1,642.50
Personal Care	17	89.5%	92,111.00
Total All Injury Types	19	100.0%	337,272.88

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Nursing Home Transition Initiative by Purchased Client Services Category – Brain Injuries

Figure 46	Client Count	% of Clients Receiving Service	Expenditures (Dollars)
Service Type			
Assistive Technologies	1	14.3%	3,795.00
Attendant Care	2	28.6%	3,991.50
Community Support Coordination	7	100.0%	4,860.00
Companion Services	7	100.0%	49,168.13
Consumable Medical Supplies	3	42.9%	694.15
Environmental Accessibility Adaptation	2	28.6%	8,575.00
Life Skills Training	1	14.3%	1,642.50
Personal Care	6	85.7%	22,378.00
Total Brain Injuries	7	100.0%	95,104.28

Nursing Home Transition Initiative by Purchased Client Services Category – Spinal Cord Injuries

Figure 47	Client Count	% of Clients Receiving Service	Expenditures (Dollars)
Service Type			
Assistive Technologies	7	63.6%	45,697.33
Attendant Care	6	54.5%	14,161.00
Community Support Coordination	10	90.9%	5,020.00
Companion Services	10	90.9%	45,038.50
Consumable Medical Supplies	8	72.7%	4,223.35
Environmental Accessibility Adaptation	3	27.3%	25,518.00
Personal Care	10	90.9%	51,283.00
Total Spinal Cord Injuries	11	100.0%	190,941.18

Nursing Home Transition Initiative by Purchased Client Services Category – Dual Diagnosis Injuries

Figure 48	Client Count	% of Clients Receiving Service	Expenditures (Dollars)
Service Type			
Assistive Technologies	1	100.0%	5,042.12
Community Support Coordination	1	100.0%	1,595.00
Companion Services	1	100.0%	9,082.50
Consumable Med Supplies	1	100.0%	2,057.80
Environmental Accessibility Adaptation	1	100.0%	15,000.00
Personal Care	1	100.0%	18,450.00
Total Brain & Spinal Cord Injuries	1	100.0%	51,227.42

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

CASE CLOSURES

BSCIP closed 3,057 cases during the fiscal year. 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.

Case Closures by Closure Status Type

Of the 3,057 cases closed, 69.4% were closed in referral status and 28.1% were closed in plan status.

Figure 49	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referral Status	1799	73.8%	245	50.2%	77	58.3%	2121	69.4%
Applicant Status	65	2.7%	9	1.8%	2	1.5%	76	2.5%
Plan Status	573	23.5%	234	48.0%	53	40.2%	860	28.1%
Total	2437	100.0%	488	100.0%	132	100.0%	3057	100.0%

Case Closures by Referral/Applicant Status Closures

The program closed 2,197 cases in referral or applicant status. The leading reasons for closure were declined services (21.8%), death (17.6%), and being program ineligible (12.0%) for BSCIP community reintegration services.

Figure 50	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Institutionalization	174	9.3%	30	11.8%	11	13.9%	215	9.8%
Medically Ineligible	118	6.3%	18	7.1%	4	5.1%	140	6.4%
Unable to Locate	160	8.6%	16	6.3%	4	5.1%	180	8.2%
Declined Services	423	22.7%	46	18.1%	11	13.9%	480	21.8%
Non-VR Agency	70	3.8%	7	2.8%	3	3.8%	80	3.6%
Failure to Cooperate	107	5.7%	12	4.7%	4	5.1%	123	5.6%
Vocational Rehabilitation	14	.8%	6	2.4%	0	.0%	20	.9%
Left Area	41	2.2%	7	2.8%	2	2.5%	50	2.3%
Not a Legal Resident	196	10.5%	46	18.1%	17	21.5%	259	11.8%
Program Ineligible	227	12.2%	31	12.2%	6	7.6%	264	12.0%
Death	334	17.9%	35	13.8%	17	21.5%	386	17.6%
Total	1864	100.0%	254	100.0%	79	100.0%	2197	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Case Closures by Plan Status Closures

Of the 860 cases closed in plan status, 85.5% were closed as community reintegrated. The remaining cases were closed as a result of the consumer failing to cooperate with program requirements (3.4%), being institutionalized (3.3%), being un-locatable (2.9%), leaving the area (1.6%); declining program services (1.5%), or dying (1.3%).

Figure 51		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Community Reintegrated	Community Reintegrated	426	74.3%	183	78.2%	38	71.7%	647	75.2%
	Vocational Rehabilitation	41	7.2%	14	6.0%	6	11.3%	61	7.1%
	Non-VR Agency	8	1.4%	3	1.3%	0	.0%	11	1.3%
	Post Closure	9	1.6%	5	2.1%	2	3.8%	16	1.9%
	Total	484	84.5%	205	87.6%	46	86.8%	735	85.5%
Non-Community Reintegrated	Institutionalized	13	2.3%	11	4.7%	4	7.5%	28	3.3%
	Death	8	1.4%	3	1.3%	0	.0%	11	1.3%
	Declined Services	12	2.1%	1	.4%	0	.0%	13	1.5%
	Failed to Cooperate	25	4.4%	2	.9%	2	3.8%	29	3.4%
	Left Area	10	1.7%	4	1.7%	0	.0%	14	1.6%
	Medically Ineligible	1	.2%	0	.0%	0	.0%	1	.1%
	Unable to Locate	17	3.0%	7	3.0%	1	1.9%	25	2.9%
	Post Closure	3	.5%	1	.4%	0	.0%	4	.5%
Total	89	15.5%	29	12.4%	7	13.2%	125	14.5%	
Table Total		573	100.0%	234	100.0%	53	100.0%	860	100.0%

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

REHABILITATION INFORMATION MANAGEMENT SYSTEM

BSCIP uses the Rehabilitation Information Management System (RIMS) to electronically manage client records. RIMS is an integral tool used to effectively manage a case and is continually being upgraded to streamline and facilitate the workload of BSCIP staff.

Several significant modifications were implemented with RIMS during the fiscal year that include, but are not limited to, the following:

- New Program Types added:
 - Program Determination: Due to structural changes in how RIMS functions, a client must always have at least one special project record. When a new client is entered into the Central Registry, RIMS does not yet know which project to use. Therefore, RIMS now automatically creates a Program Determination special project.
 - BSCIP General Program: Prior to the structural changes made in RIMS, the BSCIP General Program was not explicitly listed as a Special Project. RIMS now supports clients having a special project under the program type of General Program. This change significantly improves the efficiency of reports on clients that are enrolled in different special projects.
 - Children's Medical Services: RIMS now supports clients having a special project under the program type of Children's Medical Services.
 - Nursing Home Transition: RIMS now supports clients having a special project under the program type of Nursing Home Transition.
- New Reports Added:
 - MW Aging Report Export: This report helps track Medicaid Waiver reimbursements that have not been received by BSCIP.
 - Expenditure Report: This report allows users to search for financial records within a specific date range, Fund Code and Service Type.
 - Encumbered Authorizations By Month report export: This report prints a summary of encumbered money for all case managers within a program type.
 - COOP Client List Report by Counselor: This reports allows the case manager to quickly print a list of their active clients and the client contact information needed during the time of a disaster.
- Financial:
 - CDC authorizations now have their own fund code and are no longer combined with the Medicaid Waiver program type.
 - The nightly job that creates generated authorizations has been updated to generate CDC authorizations as well as Medicaid Waiver authorizations.
 - Generated authorizations can now be generated quarterly or bi-monthly.
 - Comments can now be entered with each line item transaction on the Reimbursement screen.
 - Scanned documents can now be attached to an authorization.

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

BRAIN INJURY ASSOCIATION OF FLORIDA

The Brain Injury Association of Florida, Inc. (BIAF) is the only statewide not-for-profit organization in Florida dedicated solely to helping individuals and family members understand and live with the effects of traumatic brain injury (TBI). Through a statewide information and resource center and network of offices throughout Florida, BIAF provides information, education and support to Florida's TBI survivors and their families with the goal of helping them remain in their home and communities. BIAF informs and educates Floridians of all ages through its prevention, education and awareness programs and materials and provides TBI training and support to professionals, community organizations and support groups who serve survivors of TBI and their families. BIAF was supported, in part, through a contractual relationship with BSCIP, to provide the following core services.

Family and Community Support Program

- The program served a total of 1,145 individuals and average satisfaction of those responding to surveys was 88%
- In person services were provided to 583 individuals with complex needs requiring in-home assessment and assistance
- Extended guidance, support, and resources were provided to 562 individuals
- Medical, financial, and vocational needs were the primary areas in which services were delivered
- BIAF provided vocational rehabilitation assistance, advocacy, and support through the vocational rehabilitation process for 23 individuals
- BIAF was able to ensure that all three participants in Project Results, a systems-development approach to vocational outcomes pilot, were actively working with VR counselors and had Individuals Plans for Employment in place

Information, Resources and Referral

- Served 4,040 individuals who called the toll-free helpline or requested information by email
- Responded to 3,685 consumer requests by sending personalized packets of information
- Provided 2,220 booklets, guides, fact sheets and other materials to BSCIP offices for use by case managers
- Maintained a comprehensive library of publications, materials, and resources both printed and online

Consumer, Provider and Professional Education

- BIAF's annual Jamboree provided social and recreational activities, educational forums and experiences for 151 survivors and family members to integrate into their daily lives
- BIAF provided training for certification from the Academy of Certified Brain Injury Specialists (ACBIS) to 59 professionals including all BIAF staff

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

- Additional training for BIAF staff included a course on Community Integration of Persons with Traumatic Brain Injury from the Rehabilitation Research and Training Center
- Maintained a collaborative partnership with 38 TBI support groups statewide through:
 - Provision of technical assistance in management and maintenance of groups
 - Quarterly statewide teleconferences with support group leaders
 - Development and distribution of over 4,400 products, BIAF brochures and newsletters for use in community awareness activities
- Developed self-study course for classroom teachers called, Traumatic Brain Injury: A Disability Often in Disguise to help them better recognize and enhance learning for children with TBI disabilities
- Provided BIAF course about interacting with persons with TBI to 935 law enforcement and fire safety personnel
- Provided online course, Learning About Traumatic Brain Injury, The Silent Epidemic accessed by 1,600 individuals

Awareness

- BIAF partnered with the CDC and the Jacksonville Jaguars to provide sports-concussion kits to 734 high school football coaches
- BIAF purchased 936 radio and sports-arena public service spots to raise awareness about concussion from sports
- BIAF websites were accessed by a total of 81,518 different visitors, which averages 223 visitors per day
- Two editions of BIAF's newsmagazine, BrainWaves, were published and distributed to 7,765 persons
- BIAF mascot, Helmutt®, attended 32 safety events attended by over 100,000
- Published monthly E-news opened by 2,646 individuals
- Trained 67 college students to work with 162 elders in the Walking Buddies project to encourage exercise, prevent falls and the brain injuries that result
- Funded six mini-grants to BSCIP designated facilities to enhance their brain injury prevention activities. This effort reached 4,227 individuals.
- Provided 56,992 prevention and awareness materials to safety program partners statewide

BSCIP Program Evaluation and Quality Assurance

- **Consumer Satisfaction Survey**
 - Five hundred eighty-one (581) BSCIP consumers, reintegrated into their communities, were contacted regarding their satisfaction with services received from BSCIP
 - The average degree of satisfaction with BSCIP services was rated a 4.4 on a possible 5 point rating scale

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

- **Follow Up Survey**
 - Seven hundred twenty-six (726) BSCIP Consumers were contacted for follow-up one-year post closing of their cases
 - Survey results include:
 - 96% or more of those surveyed indicated that they had adequate housing to meet their needs, have access to reliable transportation, and have friends and family available to help them
 - 80% said they receive regular medical care
 - 36% said they are not able to obtain the medication they require
 - 18% said they are not employed or have not returned to work
 - 23% said they do not participate in social activities within their community

Task Forces and Partnerships

- Participated in the Brain and Spinal Cord Injury Advisory Council's BSCIP/VA Community Partnership Task Force and developed a draft brochure
- Served on a variety of statewide advisory councils including Safe Kids Florida, Florida Injury Prevention Advisory Council and the Florida Public Information Education and Resource panel

Note: For more in-depth information on Brain Injury Association's work under its contract with BSCIP, you may request a copy of [Enhancing the Traumatic Brain Injury System of Care, 2010](#) as presented by Valerie E. Breen, BIAF CEO at the BSCIP Advisory Council, July 29, 2010.

Public/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, 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 was supported, in part, through a contractual relationship with BSCIP, to provide seven core services.

Services and programs provided by the FAAST Spinal Cord Injury Resource Center (FSCIRC), the Florida Disabled Outdoor Association (FDOA), and FAAST Regional Demonstration Centers (RDCs) through the FAAST contract with BSCIP are incorporated throughout this report.

Statewide Information and Resource Centers

- FAAST and FSCIRC served 4,158 individuals who called the FAAST headquarters toll-free helpline and the FSCIRC toll-free helpline
- FSCIRC provided comprehensive information and referral services to 495 individuals and their families; FAAST provided 396 comprehensive information and referral services to individuals and their families
- FSCIRC provided a statewide clearinghouse of information related to assistive technology, spinal cord injury, and adaptive sports and recreation.
- FSCIRC distributed 13,914 FSCIRC informational brochures and pamphlets
- FAAST affordable housing database provides the most current information regarding affordable housing across Florida. The housing database received a total of 47,258 website visits and the FAAST Housing Resource Guide was downloaded 4,212 times. Housing information and referral calls were directly related to housing issues concerning foreclosures, Fair Housing Act, Landlord Tenant Act, Section 8, SHIP funds, SAIL funds, home funds, Weatherization program for housing, and questions related to the housing database and housing resource guide
- FAAST researched, developed and distributed the following electronic publications and made them available on its website: Employment Resources and Self-Help Guide for Individuals with Disabilities; General Resource and Self-Help Guide for Children with Disabilities and their Families; and General Resource and Self-Help Information for Older Individuals with Disabilities
- FDOA developed and maintained a comprehensive statewide database on accessible recreation and leisure activities

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

Education and Training for Professionals, Consumers and Providers

- FSCIRC reached 1,322 individuals attending conferences/expos; presented to 167 medical/nursing students; presented to 100 hospital rehabilitation professionals; and presented to 80 community organizations
- FSCIRC collaborated with spinal cord injury support group leaders 61 times and provided technical assistance and educational materials to support groups to share with their constituents and to distribute in their communities.
- FSCIRC presented and distributed materials and resource information to 235 SCI support group members
- FFAST provided ethics training on Florida's Code of Ethics, Sunshine Law and the Florida Public Records Act to 36 individuals
- FFAST provided FFAST and FSCIRC resource materials to 100 individuals during the Sixth Annual Blast Injury Conference in Tampa, Florida. The event was hosted by the Defense and Veterans Brain Injury Center and the James A. Haley Veterans' Hospital Polytrauma Rehabilitation Center.
- FFAST coordinated training materials and meeting logistics for FSCIRC, FFAST Regional Demonstration Centers, and FDOA to attend the Florida Department of Financial Services Advancing Accountability – Best Practices for Contract and Grants Management Training.
- FFAST circulated a webinar training opportunity entitled "Social Security for Wounded Warriors" to its veterans list serve. Presenters discussed Social Security benefits for which veterans are eligible.

Organizational Outreach and Service Delivery Capacity Building Activities

- FFAST worked to enhance the knowledge and capacity of community-based organizations serving individuals with SCI and TBI and their families by providing presentations to 31 community service organizations
- Five regional trainings on FFAST/FSCIRC/FDOA programs and services were conducted for 105 BSCIP staff and partners
- FFAST provided transition and special education training to 40 parents of children with brain and spinal cord injuries and other disabilities. The training was hosted by the Toni Jennings Exceptional Education Institute with the University of Central Florida and included topics on achieving goals under an individualized education plan (IEP) inclusive of assistive technology and support services in the public school system and effective transition planning. Instruction was provided by civil rights professionals, including a highly qualified paralegal on the IDEIA process, reasonable accommodations under 504 plans and basics on ADA accommodations
- FFAST provided training on assistive technology and its programs and services to approximately 30 Court ADA Coordinators with the 20 circuit courts, five district courts of appeal and the Florida Supreme Court's Office of the State Courts Administrator
- FFAST provided recommendations to the Florida Housing Finance Corporation's (FHFC) strategic plan. Recommendations included requiring federally funded housing be designed using universally accessible guidelines

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

- FFAST conducted a comprehensive audit of its vendor database records and updated vendor profiles and verified vendor liability insurance, occupational licenses, federal tax ID numbers, etc. As of June 30, 2010, the vendor database had a total of 413 vendors listed
- FSCIRC provided information on its programs and services to approximately 150 county veteran services officers at the Florida VA Annual Training Program and County Veteran Service Officer Association Spring 2010 Conference.
- FSCIRC met with the Executive Director for the Florida Gulf Coast Paralyzed Veterans Association and discussed FFAST and FSCIRC programs and services in an attempt to better coordinate services for veterans and their families.
- FFAST served on the BSCIP Advisory Council VA/BSCIP Community Partnership Task Force
- FDOA provided training to 90 groups and organizations on the health benefits of active leisure for individuals with disabilities

Spinal Cord Injury Prevention, Outreach, and Public Awareness Activities

- FDOA documented 7,699 website visits, FSCIRC documented 132,874 website visits and FFAST documented 2,792,438 website visits
- FSCIRC website was updated 105 times with news stories, current research studies and support group information
- Three editions of the FSCIRC Knowledge is Power newsletter were published and distributed to 10,563 subscribers
- FSCIRC presented a Go on Living with a Disability (G.O.L.D.) prevention program at middle schools where students were provided with information about the danger of spinal cord injuries when engaging in risky behavior and how people with disabilities can live positive lives
- FFAST through a partnership with Florida Public Radio/National Public Radio, continued extensive outreach to promote FFAST and FSCIRC programs and services. Informative NPR radio spots (128) aired across the state reaching an estimated 1,218,100 listeners
- FDOA developed 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
- FDOA added or updated 74 products, 293 programs and services and 221 events and destinations to its on-line resource library for accessible recreation programs, products, events, and destinations

BSCIP Consumer Satisfaction and Follow-Up Surveys

FSCIRC conducted three quality assurance satisfaction surveys for BSCIP during the fiscal year.

- BSCIP case manager consumer satisfaction survey
 - Attempted to contact 193 consumers for surveys. Successfully surveyed 139 consumers for a survey success rate of 72%

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

- The overall rating for the consumer satisfaction surveys was 4.5 out of 5
- The questions receiving the highest rating (4.6 out of 5.0) asked if the BSCIP case manager kept prearranged appointments, if the case manager responded to phone calls in a timely manner, responded to family's questions, and an overall positive experience
- Follow-up survey after a BSCIP case had been closed for approximately one year
 - Attempted to contact 213 consumers for surveys. Successfully surveyed 131 consumers for a survey success rate of 62%
 - Findings from the follow-along survey reflected the following:
 - 95% of those surveyed reported they have friends or family who are available to help them
 - 77% of those surveyed reported they were unemployed or had not returned to school
- Follow-up survey of BSCIP clients who were referred to the state's VR program
 - Attempted to contact 23 consumers for surveys. Successfully surveyed 13 consumers for a survey success rate of 57%
 - Findings from the follow-along survey reflected the following:
 - 92% reported that they were familiar with VR services
 - 92% reported their BSCIP case manager explained the VR program to them
 - 85% reported that they had an initial meeting with VR and they were satisfied that the meeting went well
 - 85% were employed prior to their injury, but they have not returned to their previous employment
 - 100% reported that they have a high school diploma/GED
 - 54% reported they had completed some college course work or graduated
 - 69% stated they have access to reliable transportation

Provision of Direct Services and Supports for Survivors and Families

- FAAST provided assistive technology evaluations and assessments through the FAAST Regional Demonstration Centers
- FAAST provided durable medical equipment analysis, onsite reviews, technical assistance and advise through its Durable Medical Equipment Analyst at the request of BSCIP staff
- FSCIRC conducted three comprehensive peer mentoring trainings resulting in the addition of 16 new peer mentors bringing the total number to 116 peer mentors statewide
- FSCIRC successfully matched peer mentors with 60 newly injured individuals with spinal cord injuries for a total of 112 ongoing peer mentor matches during the fiscal year
- FAAST demonstrated the use of assistive technology devices to an estimated 788 individuals with TBI, SCI, their families and BSCIP professionals
- The FAAST Statewide Device Loan Program loaned 31 assistive technology devices to individuals with traumatic brain and spinal cord injuries

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

- FAAST provided technical assistance to BSCIP regarding the coordination of transition support services for individuals transitioning from nursing homes to the community through its Institutional Transition Initiative Coordinator (ITI)
- The FAAST ITI Coordinator evaluated 133 BSCIP cases closed as institutionalized to assess if they should be monitored for a one year period. Of these, 116 were determined appropriate for monitoring services.
- The FAAST ITI Coordinator responded to 132 requests for Ombudsman services from BSCIP case managers, professionals and consumers
- FAAST, through its Emergency Assistive Technology Fund for SCI and TBI, provided one-time emergency services to 24 individuals who could not afford to purchase assistive technology devices and related services
- FDOA, through its SportsAbility Program, provided hands-on active leisure and wellness education, motivational demonstrations and an Expo with 40 exhibitors providing information on the latest in products, active leisure programs, and disability services to 451 individuals with disabilities
- FDOA provided recreational opportunities for participants of the Brain Injury Association of Florida's Jamboree

Special Projects

- FSCIRC Advisory Committee and BSCIP Long-Term Strategic Planning Meeting
 - FAAST contracted with WellFlorida Council to develop and complete a comprehensive statewide needs and resources assessment for individuals with SCI in Florida under the guidance of the FSCIRC Advisory Committee
 - *Spinal Cord Injury in Florida: A Needs and Resources Assessment* was completed in January 2010 and its findings were used to begin identifying issues to be addressed during the Long-Term Strategic Planning Meeting
 - The FSCIRC Advisory Committee identified key participants across the state to participate in the planning meeting
 - Approximately 50 individuals attended the two day meeting and worked to identify goals and action steps to address the needs of individuals with spinal cord injuries and their families
 - WellFlorida Council, Inc. staffed and facilitated the planning meeting using breakout groups to identify specific goals to be addressed in a strategic plan
 - FAAST staff hosted and coordinated all meeting logistics, including but not limited to hotel accommodations, travel arrangements and reimbursements, audio/visual equipment, etc.
- Spinal Cord Injury Five Year Strategic Plan Report
 - The FSCIRC Advisory Committee and WellFlorida Council, Inc. met 12 times during the fiscal year to continue working on the recommendations gathered during the long-term strategic planning meeting
 - Four strategic issues were identified for inclusion in the 2010-2015 Spinal Cord Injury Strategic Plan

Public/Private Partnerships and Contracts

Brain and Spinal Cord Injury Program

- Issues identified were:
 - Statewide advocacy initiatives are needed to enhance access to and increase funding for SCI services and supports
 - There is a need for enhanced training, education and awareness initiatives designed for specific audiences based on identified needs
 - Initiatives and activities are needed to promote physical and programmatic accessibility for individuals living with SCI
 - System-wide partnership and collaboration is needed to enhance communication among SCI survivors and their families, providers and other stakeholders
- Annual Nursing Home Survey
 - FAAST conducted the annual survey of nursing homes to determine the number of individuals with traumatic brain or spinal cord injuries aged 55 and under residing in nursing home facilities
 - A survey was mailed to 673 nursing home administrators statewide with a request for the survey to be returned to FAAST through their choice of mail, email, fax or phone, as well as through the FAAST website
 - Of the 673 nursing homes surveyed, 428 or 63% responded
 - The 2010 survey identified 194 individuals with traumatic brain injuries, 90 individuals with spinal cord injuries and 21 individuals with dual diagnosis injuries
 - Males accounted for 72% of all injuries; and 37% of injuries were caused by motor vehicle accidents

Success Stories

Brain and Spinal Cord Injury Program

SUCCESS STORIES

As a result of the diligence and dedication of the Brain and Spinal Cord Injury Program staff and collaboration with community partners, following are success stories of Brain and Spinal Cord Injury Program clients who were successfully reintegrated back into the community.

JACOBO WERBA - A HAPPY ENDING



Jacobo Werba

In September 2008, Mr. Jacobo Werba sustained a traumatic brain injury after falling while walking his dog. He was taken to Memorial Hospital for acute care and then was transferred to St. Anthony's for inpatient rehabilitation. Jacobo and his wife attended a local Brain Injury Association of Florida brain injury support group. From that meeting, he and his family learned about the Brain and Spinal Cord Injury Program. His son called in a self-referral to the BSCIP Central Registry. Jacobo presented with cognitive and behavioral issues including angry verbal outbursts, limited insight, and was not able to drive anymore due to difficulty following directions. He was diagnosed as being at a Rancho level 6, indicating that his memory was impaired, there was some agitation, he had difficulty following directions, and was confused.

Ms. Fern Knicos, BSCIP case manager, completed the initial interview and with Jacobo developed a care plan to facilitate re-integration to the community. Some of the services included on his plan were: cognitive therapy, occupational therapy, psychological evaluations and medical follow-ups. Jacobo's behavior deteriorated for a brief period and he was Baker Acted to a local psychiatric hospital. Ms. Knicos was able to facilitate supportive services including mental health counseling to Jacobo and his family. He started making progress and was able to attend outpatient rehabilitation services at HealthSouth also sponsored by the BSCIP.

After receiving intense therapy at HealthSouth, Jacobo made significant progress and was later discharged to the Bridge Program where he continued his rehabilitation. BSCIP provided the funds necessary for him to attend the Community Re-Entry Program at the Bridge where he was very successful and reached his program goals.

In addition to mental and medical restoration, Jacobo was assisted with driving evaluations and lessons since he was having difficulties in this area after his accident. Upon completion of his driving lessons, he exhibited good driving skills in all traffic settings and was considered safe to drive.

Jacobo has successfully completed his services and has returned to his previous occupation as a professional singer and performer. Currently, as a way of giving back, he graciously performs at senior and community centers at no cost. After being discharged from the BSCIP, Jacobo continues to participate with the weekly support group at the Bridge and he continues to express his appreciation and gratitude to BSCIP for helping him "get his life back." He is back home with his family and has resumed the activities that he participated in prior to his injury. Jacobo and his family are very grateful that this story has a happy ending.

Success Stories

Brain and Spinal Cord Injury Program

TIFFANY PRZENKOP – MOVING FORWARD, STAYING STRONG



Tiffany Przenkop

Tiffany Przenkop was 17 years old when she sustained a C6-C7 spinal cord injury on September 30, 2006, as a rear seat passenger in a motor vehicle accident. She received initial acute trauma care at Holmes Regional Medical Center and was referred to the Brain and Spinal Cord Injury Program (BSCIP). Since Tiffany was under age 21, the Children's Medical Services BSCIP program provided a nurse care coordinator to help Tiffany and her family receive comprehensive care and access to the appropriate services.

BSCIP nurse care coordinator Shelley Greif helped facilitate Tiffany's transfer to HealthSouth Sea Pines Hospital for inpatient rehabilitation and later to the Shepherd Center in Atlanta for further spinal cord injury rehabilitation. Tiffany worked hard and continued with regular school classes as well as therapy while in Atlanta.

Tiffany returned home on January 7, 2007. At that time, she was able to slide from her wheelchair to bed and perform much of her own self care. The BSCIP program provided for home modifications including an overhead transfer lift track system in her bathroom, offset hinges on doors, wheelchair ramps, and shatterproof windows. Tiffany wanted to maintain her room as "normal" as possible, so she kept her king-size bed. Tiffany's father modified her closet so Tiffany would have easy access to shelves.

Tiffany graduated from high school through the hospital homebound program. She had planned to enter the Navy before her accident, so she had to rethink her career goals.

Tiffany's father is a retired mechanic for Delta airlines, and Tiffany was covered until recently under his insurance and disability payments. Since she was not eligible for Medicaid and supplemental security income (SSI) due to her family's income, options for in-home support services were limited. Tiffany's family assumed responsibility for her day-to-day care and support from BSCIP was very important.

Ms. Greif contacted the Make-A-Wish Foundation on Tiffany's behalf, and in July 2008, Tiffany was granted a trip to New York for a Cover Girl photo shoot. While in New York, Tiffany also met with Francesco Clark, National Ambassador for the Christopher Reeve Foundation, two of Christopher Reeve's sons, and America's Next Top Model winners, Danielle Evans and Saleisha Stowers. She came home with great gifts including designer clothes, purses, make-up, perfume, jewelry, and shoes. She described the experience as "magical", and her photos appeared in Style magazine. In her photo, she is quoted as saying "My biggest challenge has been, and still is, being handicapped but continuing to love life every minute."



Tiffany at her Cover Girl photo shoot

Success Stories

Brain and Spinal Cord Injury Program

In March of 2009, she had a Mitrofanoff procedure, which made it possible for her to self-catheterize. Tiffany obtained a new hospital bed through her insurance, so she is now able to sit up in bed to do her own catheterizations.

BSCIP also provided for a driving evaluation for Tiffany. Because of Tiffany's level of quadriplegia, vehicle requirements were extremely costly. Her family initially bought a used wheelchair van that they thought would meet her needs, however it was not adequate and they subsequently purchased a van that could be modified.

Ms. Greif referred Tiffany to Vocational Rehabilitation (VR) in August 2009. The VR counselor, Tiffany, and she developed a coordinated transition plan to help Tiffany reach her goals. Tiffany enrolled at Indian River State College and VR provided an updated driving evaluation with recommendations for vehicle modifications. VR has also requested funding for the modifications to allow Tiffany to drive. Tiffany completed the BSCIP in November, 2009, as a successful transition to VR.

Tiffany is clear about her goals, very positive and upbeat, and appreciative of family support and help received through BSCIP. Tiffany describes her goals and hopes for the future as follows: "My goals for the present include: Continue getting physical therapy from my brother, Wayne. Continue to go to college, which I love! To keep my spirits high, and make sure I have a smile on my face because of the simple fact that I'm still alive. My goals for the future: Once again, to continue going to college so I'll have a great job with a bright future. To be able to live and do things independently for myself. My mom and dad do everything they can to help me with things that I cannot do for myself. My brother, Wayne, has been doing physical therapy with me, and he is pushing me to do more things for myself that I thought I couldn't do. He plans on teaching me how to cook, which will probably prove to be frustrating, but not impossible. My sister, Jeanette, I'd have to say is my rock. She is always there for me when I need her; she listens and gives me the best advice she can, and I cannot thank her enough for all she does for me. My two nieces, Megan and Madilyn, give me a sense of joy that only children can give. I am proud to be their Aunt, and am grateful that they love and look up to me."

The Children's Medical Services BSCIP nurse care coordination has helped Tiffany and her family address her physical, environmental, educational, social and emotional needs. Ms. Greif stated, "It has been a privilege and a pleasure to work with Tiffany and her family, and to be part of the supports that have helped promote her success."

KDELETHA TURNER – AN INDOMITABLE SPIRIT



Kdeletha Turner

After six years of working at Publix, Kdeletha Turner had just been promoted to Deli Manager at Publix in Palm Beach Gardens. She was driving home after meeting with friends. It was March 7, 2009 at 2:30 p.m. Kdeletha was 43 years old and was living with her two grown daughters when, out of nowhere, a shot was fired and she was hit while driving her vehicle. She did not feel much initially, but was suddenly dizzy. She pulled over and dialed "911" before losing consciousness.

Success Stories

Brain and Spinal Cord Injury Program

Kdeletha was taken via ambulance to St. Mary's Regional Hospital in West Palm Beach where she was diagnosed with a T5 spinal cord injury. The trajectory of the bullet crossed the anterior spinal canal and caused complete paraplegia due to a gunshot wound to the thorax. Kdeletha was accepted into the BSCIP on April 7, 2009 with a goal to attend therapies to improve her functional capabilities and to return to her family as soon as possible.

She was able to obtain some gains at the hospital rehabilitation facility. After her discharge, BSCIP sponsored more physical therapy and medical follow-ups and assisted her with medications while her financial situation improved. She was able to achieve all of her goals for therapy within a month. Kdeletha was given the opportunity to continue with therapies, but she chose to focus more on her community reintegration and to continue her therapeutics exercises at home on her own.

BSCIP also provided assistance to Kdeletha in obtaining Medicaid and Social Security, as well as counseling and guidance through frequent communication with her case manager to focus on her rehabilitative progress. She had been working for Publix for six years prior to her injury and had private insurance paid in part by her employer. After being "red flagged", she was able to receive Medicaid, continue her therapy, obtain a wheelchair and supplies, attend medical appointments and secure Social Security. Kdeletha indicated that her primary challenge was to be able to continue to support her two daughters, now 24 and 20, and to be able to continue to live together.

Why is this a success story? Because considering the severity and circumstances of her injury; she had an unusual and remarkable ability to accept her new condition quickly, endure her new situation, and to compensate emotionally in a short period of time with little or no depression or anger. She indicated that once she was able to emotionally acknowledge and accept her new situation, she wanted to focus completely in proceeding to adjust to her new lifestyle and move on with the new challenges in her life.

Kdeletha did so, concentrating on her own therapeutic progress with the support of the BSCIP and her family, keeping her emotions remarkably in perspective and proceeding to adjust in a very short period of time. She now has a good place to live and has a wonderful relationship with her daughters and her family. She feels her life is basically stabilized. Kdeletha's new goal is to apply to Vocational Rehabilitation for assistance in seeking a new career in order to secure at least part-time employment to supplement her income. Her BSCIP case manager, Jose Calderon, feels that Ms. Turner will be able to achieve these new goals as well and will continue to be successful in the future.

Success Stories

Brain and Spinal Cord Injury Program

NELSON VALDEZ – FROM CUBA TO FLORIDA WITH GRATITUDE



Nelson Valdez, his wife
and grandchild

Mr. Nelson Valdez emigrated to the United States from Cuba in 1980 when he was 35 years old. He first lived in Tampa and then after approximately four years moved to Miami where he and his family still reside. Early in the morning, at the end of August 2009, the delivery van he was driving was hit from behind, full force, by a school bus driver who was having difficulty maintaining order in her bus. Nelson was hospitalized at Jackson Memorial Hospital and was diagnosed with a T-9 spinal cord injury and a concussion. He remained in a coma for a week.

He has a strong family and they provided support during his recuperation. Elio Perez, his BSCIP case manager, completed an initial interview with him and his family and developed a plan of care.

At the time, Nelson had no health insurance. With BSCIP support and funding, and eventual funding from Medicare and Medicaid, Nelson participated in a range of outpatient therapies including physical therapy and occupational therapy to increase his problem solving capabilities, become more independent in his activities of daily living, and to make adjustments to his disability. He received a neuropsychological evaluation to assess mental functioning. He and his family remained positive and upbeat.

Nelson experienced a minor set back when he was taken to the hospital with a kidney infection, not unusual after an injury of this kind. He is now able to do all his own personal care and activities of daily living independently. He and his family are very grateful for all that BSCIP has coordinated and funded for them and he told us that he has resumed his usual social activities and attends church each week. He uses a wheelchair primarily, but is able to walk with a rolling walker and a leg brace for short distances.



Nelson at home in
his kitchen

WESLEY JACKSON – BACK ON TRACK



Wesley Jackson Today

Wesley Jackson sustained a severe traumatic brain injury on November 22, 2007 after he fell down a flight of stairs in his home. He was taken to Bayfront Medical Center where he was diagnosed with subdural hematoma, right subarachnoid hemorrhage, and multiple punctuate contusions. On November 28, 2007, he underwent right frontotemporal craniotomy and had an ICP monitor placed. He experienced progressing brain swelling and a bone flap was left off to accommodate the swelling. After stabilizing in January 2008, Wesley was finally transferred to the brain injury inpatient program at Bayfront Medical Center. The Brain and Spinal Cord Injury Program determined Wesley was eligible for BSCIP services in February 2008 and funded additional inpatient days at Bayfront.

Success Stories

Brain and Spinal Cord Injury Program

Neuropsychological screening done at Bayfront revealed deficits in executive functioning, constructional abilities and neglect of the left side of his visual field. He also had anger issues after his injury. On March 18, 2008, Wesley was discharged to his home in Palmetto with his wife and children. His father was able to build a ramp for his home, put in grab bars and a hand held shower. From his discharge at Bayfront until August 2008, Wesley attended outpatient therapy at HealthSouth. BSCIP funded some psychological services that were not covered by his HMO Medicaid. By the time he left HealthSouth, he was walking with assistance. In December 2008, he and his wife separated and he moved in with his parents. They were officially divorced in April 2010.



Wesley early in his recovery process

Wesley received hyperbaric chamber treatments from December 2008 – June 2009. He reported much improvement from these treatments. He did have a bit of



Wesley receiving a hyperbaric chamber treatment

a set back in June 2009, when he suffered a seizure, but has not suffered any more seizures since that time. In August 2009, Wesley reported to his BSCIP case manager that he was able to walk without any assistive device to get in and out of his home. He joined a local gym and worked out three days per week so he could continue to improve his physical functioning.

In January 2010, his case manager referred him to a Brain Injury Association of Florida community support specialist for assistance with applying to Vocational Rehabilitation. During this time, BSCIP funded some further counseling for Wesley due to struggles he had with anger issues. The BSCIP case manager also assisted him and his mother with the application process when he became eligible for Medicare in May 2010. In July, 2010, Wesley was accepted into the VR program and a plan was written to assist him with a general contracting class and test, as well as continued counseling. Wesley has passed his test and must now get his license. He has returned to normal driving activities and continues to work out at the gym four days per week. He continues to see his children on a regular basis.

Wesley has made a miraculous recovery from his severe traumatic brain injury. With his family's support, continued treatments, assistance from BSCIP and BIAF, he has returned to a normal life. He is attending school, drives independently, and handles his own finances. To think that his parents were told he would never be able to do any of these things again makes his recovery a true miracle. Wesley's determination and perseverance should be commended, as he worked very hard to get to the level of independence he is at today.

Success Stories

Brain and Spinal Cord Injury Program

JOSHUA TOQUOTHTY – A SPIRIT OF SERVICE



Joshua Toquothty

Leadership, character, service and achievement are the makings of the ideal Boy Scout. These are the very qualities that can be attributed to Joshua Toquothty, an 18 year old Eagle Scout who unwittingly plunged head first into an outgoing tide on August 8th of 2009. It was on this day in August that Joshua sustained a C6 spinal cord injury. In the many months since, these traits have shone brighter and brighter in young Joshua.

Josh was always an intelligent, athletic, and talented teen. Prior to his injury, he excelled at academics, outdoorsmanship, and creative endeavors. He became an experienced sailor, played the string bass and bass guitar, and even published poetry. What would sudden quadriplegia mean to such a gifted young man?

Immediately after his injury, Josh was treated at Baptist Healthcare in Pensacola where he had a spinal fusion surgery. He spent almost three months at the Shepherd Center receiving rehabilitation therapy. It was here that Josh's character began to shine. Josh not only took on his own rehabilitation, but also began to act as the unofficial mentor to other newly admitted teens with similar injuries. Soon he was working alongside the psychologist at the Shepherd Center to share a message of positivism and courage.



Day of Injury

Josh returned to his home in Pensacola and joined the Brain and Spinal Cord Injury Program.

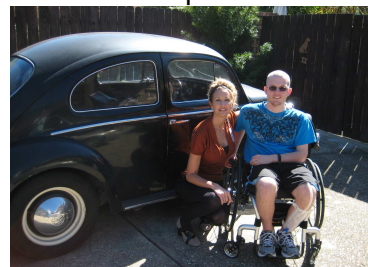


Taking steps in therapy

He began his outpatient rehabilitation and dedicated himself to his goal of walking again. The loss of independence was surely the greatest obstacle to overcome for someone like Josh, but with the assistance of his wonderful parents, his church community, and BSCIP, the family house was transformed into a freely accessible quad-friendly home. Regaining a level of autonomy allowed Josh to once again act in service to others. He asked to be registered with the Florida Spinal Cord Injury Resource Center Peer Mentoring Program, was accepted, and is awaiting his mentor training.

Today Josh is only eight credits away from attaining an associate's degree at Pensacola State College. He will transfer to the University of West Florida campus in the fall of 2011 to pursue a bachelor's degree in psychology; his ultimate goal being to provide counsel and hope to others

affected by injury. If you don't find Josh working out in therapy or exercising in the pool, you might find him swing dancing or taking a scuba trip with friends from the Shepherd Center. Often he can be found much closer to home, leading a worship class for youngsters, or working the lighting and sound system at his church. And with a little help from BSCIP, the 1964 black VW Beetle in the driveway may not sit idle awaiting a driver for very much longer.



Josh and CMS BSCIP Nurse Care Coordinator Jacqueline Rutherford

Success Stories

Brain and Spinal Cord Injury Program

JEKEITH PETERSON – TURNING HIS LIFE AROUND



Jekeith Peterson

Jekeith Peterson is a 20-year-old African American male who sustained a severe spinal cord injury secondary to multiple stab wounds on July 7, 2010. He was stabbed 19 times and 15 of the stab wounds were to his back. This was a senseless act of violence and left him paralyzed from the waist down on the left side.

At the onset of his injury, Jekeith had no medical insurance coverage and no financial resources. He was dependent on BSCIP, family support, and community supports to obtain the services necessary for him to return to his family and community. He is now receiving Social Security and Medicaid benefits.

Following his injuries, he received acute care services at Shands Jacksonville from July 7, 2010 to July 19, 2010 and was then discharged to Brooks Rehabilitation Hospital. He participated in the comprehensive rehabilitative program at Brooks Rehabilitation Hospital and made good progress. Jekeith was discharged home to family care on August 13, 2010. He continues outpatient therapy twice a week.

Jekeith has a positive attitude and wants to do whatever he can to enhance his recovery and maximize daily functioning. BSCIP purchased a leg brace for him at the recommendation of the staff at Brooks and his mother says that it has been a tremendous aid to his rehabilitation. She purchased a cane for him and he primarily utilizes his leg brace and cane for ambulation. He uses his wheelchair for long distances. BSCIP also sponsored a ramp and a bathroom modification for him.



Jekeith standing on his own

Jekeith has outstanding family support that has truly made a positive impact on this entire situation. The family members are committed to each other and they participate in family oriented activities on a regular basis. They held a huge homecoming celebration for Jekeith when he was discharged from Brooks Rehabilitation Hospital and their support is never ending. They are a Christian family with strong ties to their church. He and his mother always kept in touch with and shared vital information with his BSCIP Case Manager, Shirley Bradley. His mother's support and cooperation have made working conditions smooth and allowed for very timely service delivery.



Studying for the future

Jekeith is outgoing and keeps himself engaged in positive activities. He is a motivational outreach speaker and performs in a gospel rap group. He goes out in the community and speaks to young people about staying focused, positive, and doing what is right. He shares his experience and his mother says that the young folks are really impressed by his presence and the messages that he delivers; his mother goes out with him. Jekeith had dropped out of high school in the 10th grade prior to his injury. Now he is working to obtain his GED and plans to join Job Corps and pursue a business career. He would

Success Stories

Brain and Spinal Cord Injury Program

make a very positive mentor for other newly injured spinal cord survivors and the Florida Spinal Cord Injury Resource Center, now housed within the BSCIP, has been informed of JeKeith and will be making a call soon.

SEAN C. VANGERENA – MOVING IN THE RIGHT DIRECTION



Sean VanGerena

Sean VanGerena obtained his Bachelors degree and worked in the field of sales and marketing for 15 years prior to his injury. He was an avid athlete who loved to compete in Triathlons around the state. He shared this interest with his 7 and 8 year-old daughters who would join him often to go for a run. On November 1, 2008, his life as he knew it came to a sudden halt. He was involved in a motor vehicle accident with rollover in which he sustained a traumatic brain injury. He was taken to Orlando Regional Healthcare Center as a trauma alert and upon evaluation, a CT scan of the brain showed an arterial dissection which caused basilar and cerebral infarcts. It was also discovered that he



Sean sitting up for the first time in ICU (11/11/08)

sustained a C6 vertebral fracture with required him to wear a Halo device for several months. From the trauma hospital, he was transferred to the Brain Injury Rehabilitation Center (BIRC) at Lucerne Hospital. He worked tirelessly for several weeks which helped him improve to a Rancho 8 at discharge from BIRC. He was discharged home in the care of his mother and brother.



Sean at BIRC with his daughters (11/28/08)

Upon leaving inpatient rehabilitation, the BSCIP began to assist with services Sean needed in order to remain in the community. BSCIP provided funding in the areas of physical, occupational, and speech therapy; medical follow-up with his Physiatrist, an abbreviated neuropsychological evaluation, along with placement of hand controls in his vehicle. His case manager, Undray Peters, assisted him with completing the Red Flag paperwork to expedite the SSD application. Ms. Peters also coordinated his outpatient therapy, neuropsychological testing, follow up appointments, driving evaluation, and vehicle modifications.

Throughout the rehabilitation process, Ms. Peters also provided emotional support to both Sean and his family. She advocated for him with Social Security and continues to do so even though his case has been closed. Due to Sean's motivation and desire to get back to work he was referred to Vocational Rehabilitation. He wanted to change the field of his career concentration into the social services field so that he could assist others as BSCIP had assisted him.

Success Stories

Brain and Spinal Cord Injury Program



Sean back in competition

Today Sean is back to competitive running and has completed several marathons, triathlons, and Iron Man competitions. He is living independently in the community and regularly goes with his daughters to train for the marathons in which he competes. He is currently the Director of "Lie Down or Stand Up" which is an organization dedicated to helping in his community via social networking, community outreach and special events aimed at providing advocacy for people in need. He is also working part-time (20 hours weekly) at the University of Central Florida as a Liaison Officer in the Students with Disabilities Office.

Sean has utilized his own experience to advocate for other citizens in the community whose lives have been affected by a debilitating condition so that they may gain the assistance they need. He is very thankful for everything BSCIP and his case manager, Ms. Peters, have and continue to do for him. BSCIP has assisted in not only rehabilitating him back into the community, but has also lead him on a path to giving back to his community by helping others.

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

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

Carlos Reyes, 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 during this reporting period:

- HealthSouth Sunrise Rehabilitation Hospital – Sunrise, FL;
- Tampa General Rehabilitation Center – Tampa, FL;
- Bayfront Medical Center - St. Petersburg, FL;
- Shands Rehabilitation Hospital – Gainesville, FL;
- Brooks Rehabilitation Hospital – Jacksonville, FL;
- Tampa General Hospital – Tampa, FL;
- Jackson Memorial Rehabilitation Hospital – Miami, FL; and
- Saint Mary's Medical Center – West Palm Beach, FL

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 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

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

APPENDICES

Brain and Spinal Cord Injury Program

BSCIP DESIGNATED FACILITIES (Continued)

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 Brain & Spinal Cord Injury Program/Trauma Center Level II

HealthSouth Sunrise Rehabilitation Hospital and The Bridge

10199 Northwest 44th Street
Sunrise, FL 33351
Bus: (954) 742-7999
Bus Fax: (954) 746-1300
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 Brain & Spinal Cord Injury Program/Trauma Center Level I

Jackson Memorial Hospital Rehabilitation 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

Memorial Regional Hospital

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

Neuroscience Institute, Shands/UF - 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 Brain & Spinal Cord Injury Program/Trauma Center Level I

Orlando Health 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

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 Brain & Spinal Cord Injury Program/Trauma Center Level I

Shands Rehabilitation Hospital

4101 Northwest 89th Boulevard
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 Brain & Spinal Cord Injury Program/Trauma Center Level II

APPENDICES

Brain and Spinal Cord Injury Program

BSCIP DESIGNATED FACILITIES (Continued)

Tallahassee Memorial Hospital

1300 Miccosukee Road
Tallahassee, FL 32308
Bus: (850) 431-5371
Bus Fax: (850) 494-6107
Facility Type: Acute Care Brain & Spinal Cord Injury Program/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 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

Transitional Living Facilities:

**Center for Comprehensive Services
Avalon Park**

3701 Avalon Park West Boulevard
Orlando, FL 32828
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Jacksonville**

632 Battersea Drive
St. Augustine, FL 32095
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Clement House**

2411 Clement Road
Lutz, FL 33549
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Livingston Oaks**

16116 Livingston Avenue
Lutz, FL 33559
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Cypress House**

2351 Clement Road
Lutz, FL 33549
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Preserves at Deer Park Apartments**

15420 Livingston Avenue
Lutz, FL 33549
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Bayview – East**

321 Braden Avenue
Sarasota, FL 34243
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Bayview - West**

325 Braden Avenue
Sarasota, FL 34243
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Bayview - Manatee**

7265 Nancy Street
Sarasota, FL 34243
Facility Type: Adult Brain Injury Program

**Center for Comprehensive Services
Reflections Apartment**

14521 Prism Circle, Apartment 106
Tampa, FL 33613
Facility Type: 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: Adult Brain 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).

2009-2010 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.

Patricia Byers, M.D.

James F. Carrell

Erick H. Collazo

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

R. Patrick Jacob, M.D.

Paul Kornberg, M.D.

David Kushner, M.D.

Robert G. Melia, Jr.

Julia P. Paul, R.N.

Grace Peay

Lester M. Rice

Dale S. Santella

Karly Schweitzer

Kenneth E. Weas

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.