



**BRAIN AND SPINAL CORD INJURY PROGRAM**

**FISCAL YEAR  
2010 - 2011  
ANNUAL PERFORMANCE  
REPORT**

March 27, 2012

Rick Scott  
Governor

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Interim State Surgeon General

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## **EXECUTIVE SUMMARY**

### **Brain and Spinal Cord Injury Program**

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Chapter 381, *Florida Statutes (F.S.)*, mandates that the Brain and Spinal Cord Injury Program (BSCIP) provide an annual report to the Legislature each year summarizing the activities supported by the Brain and Spinal Cord Injury Program Trust Fund. This report summarizes the BSCIP's budget, revenue, expenditures, services, programs, partnerships, and statistical data for July 1, 2010 through June 30, 2011. 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 BSCIP 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 BSCIP amounted to \$22,872,996. 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 \$25,282,558. The program's total expenditures were \$22,833,693.

The BSCIP Central Registry received 2,752 new injury referrals during the fiscal year. Of these, state-verified trauma centers or BSCIP designated facilities reported the majority of the new injuries (2,405).

Through its General Program, BSCIP provided community reintegration services to 1,951 clients and closed 2,836 cases. Of the 733 program-eligible cases closed during the year, 640 individuals were successfully reintegrated back into the community.

A total of 378 individuals with moderate-to-severe traumatic brain or spinal cord injuries were provided services by the Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Home and Community-Based Medicaid Waiver Program. Of those, 25 individuals received services through the Consumer Directed Care Plus Program and the Nursing Home Transition Initiative served 60.

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 \$40,553 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. Sixty individuals were served utilizing this funding source during the fiscal year.

Additional data reports are available upon request from the BSCIP by calling (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.

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# PROGRAM INFORMATION

## Brain and Spinal Cord Injury Program

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### PURPOSE

Chapter 381, *F.S.*, mandates that the 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 to 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.

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# BUDGET, REVENUE AND EXPENDITURES

## Brain and Spinal Cord Injury Program

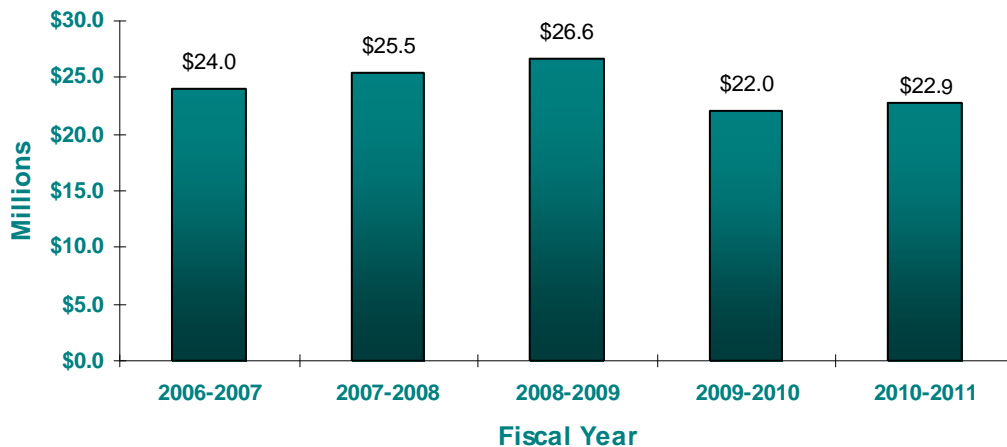
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This report summarizes the BSCIP's budget, revenue, and expenditures for the Brain and Spinal Cord Injury Program Trust Fund. The following revenue and expenditure information was obtained from the Financial Information System and does not reflect any non-BSCIP trust fund dollars. The BSCIP legislative budget authority for fiscal year 2010-2011 was \$25,282,558 (Source: 2010-2011 General Appropriations Act). Total revenues accumulated throughout the fiscal year were insufficient to allow the program to expend its total budget authority.

### TOTAL REVENUE

Total revenue made available to the BSCIP Trust Fund through traffic-related civil penalties, temporary license tags, federal Medicaid reimbursements, and subrogation was \$22,872,995.65. The chart below shows the trend in total revenue received over the past five fiscal years. During fiscal year 2010-2011, total revenues for the program increased by \$854,088.22 from the previous year.

**FIGURE 1 - BSCIP TOTAL REVENUE**





# BUDGET, REVENUE AND EXPENDITURES

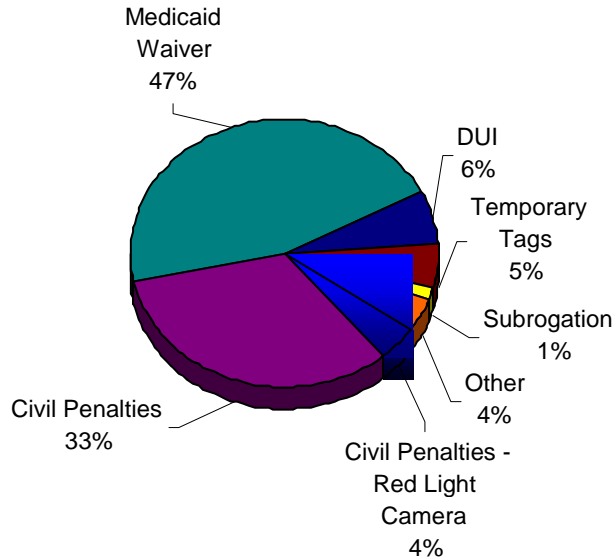
## Brain and Spinal Cord Injury Program

### BSCIP TRUST FUND REVENUE SOURCES

Medicaid Waiver Federal Reimbursements		\$10,400,868.38
Traffic-Related Civil Penalties		\$ 7,497,083.57
Traffic-Related Civil Penalties - Red Light Camera		\$ 922,599.92 *
Driving Under the Influence Fines		\$ 1,482,151.35
Other		\$ 954,234.21
• Transfer within agency	\$507,879.13	
• From other agency	\$310,826.96	
• Refunds	\$ 24,583.25	
• 12 Month old Warrant Cancellations	\$110,944.87	
Temporary License Tags		\$ 1,230,522.00
Subrogation		\$ 315,150.86
Motorcycle Specialty Tags		\$ 54,871.58
Boating Under the Influence Fines		\$ 15,513.78
		=====
<b>Total Revenue</b>		<b>\$22,872,995.65</b>

\* Traffic-related civil penalties for red light camera infractions are collected and deposited into the Brain and Spinal Cord Injury Trust Fund. These funds are legislatively allocated to the Miami Project to Cure Paralysis for brain and spinal cord injury research and may not be used by the BSCIP.

**FIGURE 2 - REVENUE SOURCES**



The chart above does not reflect revenue for motorcycle specialty tags or boating under the influence fines. These revenue sources were less than one percent of the total revenues for the BSCIP.

# BUDGET, REVENUE AND EXPENDITURES

## Brain and Spinal Cord Injury Program

### PROGRAM EXPENDITURES

Total program expenditures for the BSCIP were \$22,833,693.48. 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	General Program	TBI/SCI Waiver	Total
Salary	\$2,758,232.78	\$ 124,455.46	\$ 2,882,688.24 *
OPS	\$ 13,865.74	\$ 0.00	\$ 13,865.74
Expense	\$ 717,641.06	\$ 53,375.32	\$ 771,016.38
OCO	\$ 8,496.96	\$ 0.00	\$ 8,496.96
Contractual	\$ 90,240.45	\$ 479.95	\$ 90,720.40
IT Contractual Services	\$ 485,441.00	\$ 0.00	\$ 485,441.00
Risk management insurance	\$ 26,909.00	\$ 0.00	\$ 26,909.00
Transfer to DMS - HR	\$ 18,837.00	\$ 612.00	\$ 19,449.00
Transfer to GR – 8%	\$ 838,650.02	\$ 0.00	\$ 838,650.02
Transfer to GR – 8%	\$ 41,903.74	\$ 0.00	\$ 41,903.74 **
	<b>\$5,000,217.75</b>	<b>\$ 178,922.73</b>	<b>\$ 5,179,140.48</b>
<b>Purchased Client Services – Contracted/Consulting Services</b>			
BIAF	\$ 488,495.00	\$ 0.00	\$ 488,495.00
FDOA	\$ 60,000.00	\$ 0.00	\$ 60,000.00
Nitelines, USA	\$ 97,479.65	\$ 0.00	\$ 97,479.65
Vitaver	\$ 110,671.25	\$ 476,550.50	\$ 587,221.75
Manpower	\$ 51,785.27	\$ 89,651.82	\$ 141,437.09
Tom Williamson	\$ 3,258.00	\$ 0.00	\$ 3,258.00
Kids and Canines	\$ 500.00	\$ 0.00	\$ 500.00
Volunteer Florida	\$ 2,500.00	\$ 0.00	\$ 2,500.00
Site Surveyors	\$ 1,800.00	\$ 0.00	\$ 1,800.00
Uniform Data Systems	\$ 3,000.00	\$ 0.00	\$ 3,000.00
	<b>\$ 819,489.17</b>	<b>\$ 566,202.32</b>	<b>\$ 1,385,691.49</b>
<b>Purchased Client Services – Direct Client Services</b>			
General Program	\$1,483,428.39	\$ ,0.00	\$ 1,483,428.39
TBI/SCI/CDC+ Waiver	\$ 0.00	\$ 9,478,239.75	\$ 9,478,239.75
Nursing Home Transition	\$ 0.00	\$ 1,531,240.70	\$ 1,531,240.70
	<b>\$1,483,428.39</b>	<b>\$11,009,480.45</b>	<b>\$12,492,908.84</b>
<b>Medicaid Waiver – State Share</b>			
TBI/SCI Medicaid Waiver	\$ 0.00	\$ 2,237,435.33	\$ 2,237,435.33
Nursing Home Transition	\$ 0.00	\$ 361,089.18	\$ 361,089.18
	<b>\$ 0.00</b>	<b>\$ 2,598,524.51</b>	<b>\$ 2,598,524.51</b>
<b>Research</b>			
Chapter 381.79(3), F.S.	\$ 694,785.30	\$ 0.00	\$ 694,785.30
Chapter 381.0083(3)(a), F.S.	\$ 482,642.86	\$ 0.00	\$ 482,642.86 **
	<b>\$1,177,428.16</b>	<b>\$ 0.00</b>	<b>\$ 1,177,428.16</b>
			=====
<b>Total Expenditures</b>			<b>\$22,833,693.48</b>

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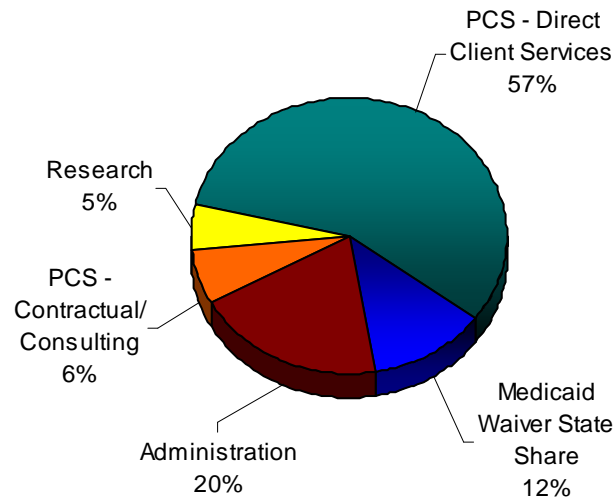
# BUDGET, REVENUE AND EXPENDITURES

## Brain and Spinal Cord Injury Program

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\*Administrative costs include salaries for FTE direct client service personnel. \*\*Each quarter, BSCIP transfers 8 percent of these funds to General Revenue as required by Chapter 215.20(1), F.S. and 92 percent to the Miami Project to Cure Paralysis as required by Chapter 316.0083(3)(a), F.S.

**FIGURE 3 - PROGRAM EXPENDITURES**



## PURCHASED CLIENT SERVICES BY PROGRAM TYPES

The tables on the following pages 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	104	\$ 46,391.98	104	\$ 144,733.91	35	\$ 32,725.03	243	\$ 223,850.92
Community ReEntry/Transitional Living	17	\$ 125,042.36		\$ 0.00	1	\$ 3,360.00	18	\$ 128,402.36
Diagnostics	1	\$ 1,000.00	2	\$ 600.00	2	\$ 600.00	5	\$ 2,200.00
Home Modifications	11	\$ 28,937.00	39	\$ 192,704.28	7	\$ 23,497.74	57	\$ 245,139.02
Medical Follow-Up	71	\$ 21,049.79	23	\$ 5,639.35	10	\$ 2,697.64	104	\$ 29,386.78
Medications/Medical Supplies	65	\$ 22,547.20	43	\$ 17,398.64	14	\$ 3,446.69	122	\$ 43,392.53
Occupational Therapy	127	\$ 103,615.07	42	\$ 35,896.50	21	\$ 25,895.24	190	\$ 165,406.81
Other	62	\$ 31,481.40	34	\$ 18,208.63	7	\$ 3,789.00	103	\$ 53,479.03
Physical Therapy	88	\$ 73,947.33	36	\$ 41,272.69	16	\$ 15,409.22	140	\$ 130,629.24
Physical Therapy Initial	2	\$ 280.00		\$ 0.00	1	\$ 140.00	3	\$ 420.00
Psychological/Neuropsych Evaluation	113	\$ 75,547.08	4	\$ 716.44	8	\$ 4,847.41	125	\$ 81,110.93
Rehab Engineer Evaluation	8	\$ 3,619.46	26	\$ 13,680.77	6	\$ 2,675.00	40	\$ 19,975.23
Speech/Cognitive Therapy	137	\$ 87,146.65	1	\$ 166.74	6	\$ 4,368.79	144	\$ 91,682.18
Transportation	7	\$ 1,576.00	6	\$ 4,708.81	2	\$ 700.00	15	\$ 6,984.81
<b>Totals</b>		<b>\$ 622,181.32</b>		<b>\$ 475,726.76</b>		<b>\$ 124,151.76</b>		<b>\$ 1,222,059.84</b>

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	14	\$ 7,398.42	56	\$ 46,613.98	5	\$ 3,698.76	75	\$ 57,711.16
Attendant Care	17	\$ 78,442.00	73	\$ 895,031.00	5	\$ 103,356.75	95	\$ 1,076,829.75
Behavioral Programming	6	\$ 22,027.00	2	\$ 2,021.00		\$ 0.00	8	\$ 24,048.00
Community Support Coordination	110	\$ 157,227.00	165	\$ 231,785.00	15	\$ 22,630.00	290	\$ 408,642.00
Companion Services	101	\$ 1,408,320.00	149	\$ 2,023,437.40	12	\$ 174,741.35	262	\$ 3,606,498.75
Consumable Med Supplies	47	\$ 64,116.90	131	\$ 135,975.20	10	\$ 11,690.69	188	\$ 211,782.79
Environ Access Adaptation	2	\$ 11,523.00	2	\$ 2,735.00		\$ 0.00	4	\$ 14,258.00
Life Skills Training	20	\$ 132,746.50		\$ 0.00	1	\$ 14,820.00	21	\$ 147,566.50
Personal Adjustment	5	\$ 5,778.00	4	\$ 4,176.00		\$ 0.00	9	\$ 9,954.00
Personal Care	77	\$ 1,006,156.00	150	\$ 2,697,985.42	13	\$ 191,407.50	240	\$ 3,895,548.92
Rehab Engineer Evaluation		\$ 0.00	1	\$ 450.00	1	\$ 600.00	2	\$ 1,050.00
<b>Totals</b>		<b>\$ 2,890,734.82</b>		<b>\$ 6,040,210.00</b>		<b>\$ 522,945.05</b>		<b>\$ 9,453,889.87</b>

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	\$ 7,380.00	18	\$ 19,215.00		\$ 0.00	25	\$ 26,595.00
Totals	7	\$ 7,380.00	18	\$ 19,215.00		\$ 0.00	25	\$ 26,595.00

**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	9	\$ 48,268.80	14	\$ 39,382.22	2	\$ 5,473.39	25	\$ 93,124.41
Attendant Care	6	\$ 12,791.50	19	\$ 128,924.12	2	\$ 1,722.00	27	\$ 143,437.62
Behavioral Programming	2	\$ 2,009.86		\$ 0.00		\$ 0.00	2	\$ 2,009.86
Community Support Coordination	24	\$ 23,275.00	23	\$ 21,995.00	2	\$ 1,305.00	49	\$ 46,575.00
Companion Services	24	\$ 293,069.00	24	\$ 228,767.75	3	\$ 7,462.00	51	\$ 529,298.75
Consumable Med Supplies	8	\$ 7,007.84	18	\$ 14,890.46	2	\$ 1,251.26	28	\$ 23,149.56
Life Skills Training	4	\$ 12,960.00		\$ 0.00		\$ 0.00	4	\$ 12,960.00
Personal Care	21	\$ 231,085.50	24	\$ 302,608.00	3	\$ 9,148.00	48	\$ 542,841.50
Rehab Engineer Evaluation	1	\$ 500.00	1	\$ 450.00		\$ 0.00	2	\$ 950.00
Transition Case Management	8	\$ 3,170.00	9	\$ 2,175.00		\$ 0.00	17	\$ 5,345.00
Transition Environmental Access	6	\$ 82,139.00	7	\$ 51,789.00		\$ 0.00	13	\$ 133,928.00
Totals		\$ 716,276.50		\$ 790,981.55		\$ 26,361.65		\$ 1,533,619.70

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.

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# CENTRAL REGISTRY

## Brain and Spinal Cord Injury Program

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### CENTRAL REGISTRY

In accordance with section 381.74, *F.S.*, and Chapter 64I-1.001(1)(e), *F.A.C.*, the Department of Health currently maintains a central registry of persons who have 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 ten 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. It does not include data for those individuals who died before their referral was submitted to the Central Registry.

The BSCIP's Rehabilitation Information Management System was used as the primary data source for the Data and Statistics chapter of this report. **Rounding of percentages, to the tenth place, has affected the subtotal and total lines within several of 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 originated primarily 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 percent of all referrals should be submitted by SVTCs and DFs. Of the new injuries reported from hospitals, 93.2 percent were referred from a SVTC or a DF. This is within 1.8 percent 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	1979	96.8%	117	95.9%	309	94.5%	2405	96.4%
Other Acute Care Hospitals	66	3.2%	5	4.1%	18	5.5%	89	3.6%
Total	2045	100.0%	122	100.0%	327	100.0%	2494	100.0%

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

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

Section 381.74(1), 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 percent of all referrals be reported to the Central Registry within ten days of the date the injury was identified. This fiscal year, 88.8 percent of referrals were made within ten days of the date of injury. This is within 1.2 percent of the department's goal. BSCIP continually works with acute care hospitals to improve the percentage of referrals made within ten days of the date of injury.

Figure 9	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
0 - 10 days	1838	89.9%	107	87.7%	270	82.6%	2215	88.8%
11 - 20 days	101	4.9%	7	5.7%	31	9.5%	139	5.6%
21 - 30 days	32	1.6%	3	2.5%	9	2.8%	44	1.8%
31 - 60 days	51	2.5%	3	2.5%	11	3.4%	65	2.6%
60 Plus Days	23	1.1%	2	1.6%	6	1.8%	31	1.2%
Total	2045	100.0%	122	100.0%	327	100.0%	2494	100.0%

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



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## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

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#### Indicator 3 - Percent of BSCIP-Eligible Clients Community Reintegrated

The hallmark of the BSCIP is community reintegration services provisioned for 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 goal established by the Department stipulates that 90.7 percent of all program-eligible clients will be reintegrated back into the community. The program defines community reintegration as cases that are closed as “Community Reintegrated, Care Plan Services Completed” or “Program Ineligible, Eligible for Vocational Rehabilitation.” Of the 733 program-eligible cases closed during the year, 87.3 percent were community-reintegrated upon closure from the program. This number is 3.4 percent below the target goal.

Figure 10	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Community Reintegrated	417	87.1%	179	89.1%	44	83.0%	640	87.3%
Non-Community Reintegrated	62	12.9%	22	10.9%	9	17.0%	93	12.7%
Total	479	100.0%	201	100.0%	53	100.0%	733	100.0%

# DATA AND STATISTICS

## Brain and Spinal Cord Injury Program

### NEW INJURIES REPORTED

#### New Injuries Reported by Injury Type

There were 2,752 new injuries reported to the BSCIP Central Registry. Of these, 80.8 percent were brain injuries, 14.3 percent were spinal cord injuries, and 4.9 percent were dual diagnosis injuries.

Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
2223	80.8%	393	14.3%	136	4.9%	2752	100.0%

#### New Injuries Reported by Age

The age groups with the largest percentage of injuries for all injury types were 21-25 year-olds (9.7 percent), 26-30 year-olds (8.3 percent), and 51-55 year-olds (7.8 percent). The age of two individuals reported was unknown.

	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Birth - 2	64	2.9%	1	.3%	1	.7%	66	2.4%
3 - 5	25	1.1%	1	.3%	0	.0%	26	.9%
6 - 10	44	2.0%	0	.0%	1	.7%	45	1.6%
11 - 15	74	3.3%	9	2.3%	2	1.5%	85	3.1%
16 - 18	127	5.7%	20	5.1%	11	8.1%	158	5.7%
19 - 20	108	4.9%	17	4.3%	7	5.1%	132	4.8%
21 - 25	221	9.9%	31	7.9%	16	11.8%	268	9.7%
26 - 30	175	7.9%	40	10.2%	14	10.3%	229	8.3%
31 - 35	156	7.0%	28	7.1%	10	7.4%	194	7.1%
36 - 40	116	5.2%	25	6.4%	7	5.1%	148	5.4%
41 - 45	165	7.4%	33	8.4%	6	4.4%	204	7.4%
46 - 50	162	7.3%	31	7.9%	11	8.1%	204	7.4%
51 - 55	160	7.2%	40	10.2%	14	10.3%	214	7.8%
56 - 60	128	5.8%	35	8.9%	14	10.3%	177	6.4%
61 - 65	102	4.6%	27	6.9%	7	5.1%	136	4.9%
66 - 70	77	3.5%	17	4.3%	4	2.9%	98	3.6%
71 - 75	70	3.2%	15	3.8%	4	2.9%	89	3.2%
76 - 80	82	3.7%	10	2.6%	1	.7%	93	3.4%
80 Plus	166	7.5%	12	3.1%	6	4.4%	184	6.7%
Total	2222	100.0%	392	100.0%	136	100.0%	2750	100.0%

# DATA AND STATISTICS

## Brain and Spinal Cord Injury Program

### New Injuries Reported by Gender

Of the new injuries reported, males accounted for 73.9 percent of new injuries for all injury types.

Figure 13	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	1630	73.3%	304	77.4%	101	74.3%	2035	73.9%
Female	593	26.7%	89	22.6%	35	25.7%	717	26.1%
Total	2223	100.0%	393	100.0%	136	100.0%	2752	100.0%

### New Injuries Reported by Race/Ethnicity

Of the new injuries reported, Whites (60.5%) accounted for the largest percentage of injuries for all injury types.

Figure 14	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	1368	61.5%	225	57.3%	71	52.2%	1664	60.5%
African American/Black	295	13.3%	98	24.9%	22	16.2%	415	15.1%
Hispanic/Latino	406	18.3%	37	9.4%	38	27.9%	481	17.5%
Other	154	6.9%	33	8.4%	5	3.7%	192	7.0%
Total	2223	100.0%	393	100.0%	136	100.0%	2752	100.0%

### New Injuries Reported by Cause of Injury

Of the new injuries reported, Auto/Truck-related (25.8 percent), Jump/Fall-related (25.3 percent), Motorcycle-related (11.1 percent), and Pedestrian/Auto-related (8.6 percent) injuries accounted for 70.8 percent of all new injuries.

Figure 15		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	563	25.4%	103	26.2%	42	30.9%	708	25.8%
	Motorcycle	267	12.1%	20	5.1%	18	13.2%	305	11.1%
	ATV/Moped/Dirtbike	68	3.1%	7	1.8%	5	3.7%	80	2.9%
	Bicycle	97	4.4%	13	3.3%	10	7.4%	120	4.4%
	Pedestrian/Auto	211	9.5%	10	2.5%	15	11.0%	236	8.6%
	Pedestrian/Bicycle	4	.2%	0	.0%	1	.7%	5	.2%
	Pedestrian/Unknown	6	.3%	0	.0%	1	.7%	7	.3%
	Airplane/Train Crash	2	.1%	0	.0%	1	.7%	3	.1%
	<b>Subtotal</b>	<b>1218</b>	<b>55.0%</b>	<b>153</b>	<b>38.9%</b>	<b>93</b>	<b>68.4%</b>	<b>1464</b>	<b>53.4%</b>
Falls	Jump/Fall	558	25.2%	116	29.5%	20	14.7%	694	25.3%
	Fall from Auto/Truck	26	1.2%	2	.5%	0	.0%	28	1.0%
	<b>Subtotal</b>	<b>584</b>	<b>26.4%</b>	<b>118</b>	<b>30.0%</b>	<b>20</b>	<b>14.7%</b>	<b>722</b>	<b>26.3%</b>

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### New Injuries Reported by Cause of Injury Continued

		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Violence	Assault/Altercation	161	7.3%	4	1.0%	0	.0%	165	6.0%
	Handgun	60	2.7%	57	14.5%	4	2.9%	121	4.4%
	Rifle	1	.0%	1	.3%	0	.0%	2	.1%
	Stabbing	4	.2%	3	.8%	0	.0%	7	.3%
	Domestic Violence	1	.0%	0	.0%	0	.0%	1	.0%
	Shaken Baby	13	.6%	0	.0%	0	.0%	13	.5%
	<b>Subtotal</b>		<b>240</b>	<b>10.8%</b>	<b>65</b>	<b>16.5%</b>	<b>4</b>	<b>2.9%</b>	<b>309</b>
Sports/ Recreation	Boating/Jet Ski	13	.6%	1	.3%	2	1.5%	16	.6%
	Diving into a pool	3	.1%	10	2.5%	1	.7%	14	.5%
	Diving into a natural body of water	0	.0%	10	2.5%	6	4.4%	16	.6%
	Swimming	2	.1%	0	.0%	0	.0%	2	.1%
	Football/Soccer/Hockey	6	.3%	2	.5%	0	.0%	8	.3%
	Skating/Skateboard/Scooter	10	.5%	2	.5%	0	.0%	12	.4%
	Other Sport	6	.3%	4	1.0%	2	1.5%	12	.4%
	<b>Subtotal</b>		<b>40</b>	<b>1.8%</b>	<b>29</b>	<b>7.4%</b>	<b>11</b>	<b>8.1%</b>	<b>80</b>
Other	Falling Object	26	1.2%	4	1.0%	2	1.5%	32	1.2%
	Heavy Equipment	5	.2%	1	.3%	0	.0%	6	.2%
	Medical Complication	7	.3%	2	.5%	0	.0%	9	.3%
	Other	57	2.6%	16	4.1%	5	3.7%	78	2.8%
	Unknown	38	1.7%	2	.5%	1	.7%	41	1.5%
	War-Related	0	.0%	3	.8%	0	.0%	3	.1%
	<b>Subtotal</b>		<b>133</b>	<b>6.0%</b>	<b>28</b>	<b>7.1%</b>	<b>8</b>	<b>5.9%</b>	<b>169</b>
<b>Table Total</b>		<b>2223</b>	<b>100.0%</b>	<b>393</b>	<b>100.0%</b>	<b>136</b>	<b>100.0%</b>	<b>2752</b>	<b>100.0%</b>

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## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

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### TOTAL CLIENTS SERVED

During fiscal year 2010-2011, 2,329 program eligible clients received case management and may have received purchased client services through one of four programs within the BSCIP. Of these clients, 1,951 clients received short-term community reintegration services from the General Program; 293 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 60 received services from the Nursing Home Transition Initiative.

Purchased client services are services that are purchased by the BSCIP directly from vendors. Case management, unless otherwise specified, refers to the case management services provided to the client directly or indirectly by the BSCIP. 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 who 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 19 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 FY 2010-2011, the General Program provided case management services to 1,951 clients. Of these, 707 clients received purchased client services at an average expenditure of \$1,729 per client. The remainder were assisted by the BSCIP 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 continued to receive services during this fiscal year.

# DATA AND STATISTICS

## Brain and Spinal Cord Injury Program

The largest percentage of clients served by the General Program were brain injured (68.1 percent), white (59.6 percent), male (73.8 percent), and between 21-30 years of age (25.6 percent). The largest percentage of injuries resulted from an auto/truck traffic-related accident (32.7 percent).

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

Statistical information about clients served by the General Program follows:

### General Program by Injury Type

Figure 16							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
1328	68.1%	484	24.8%	139	7.1%	1951	100.0%

### General Program by Age

Figure 17	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Birth - 2	34	2.6%	1	.2%	0	.0%	35	1.8%
3 - 5	26	2.0%	1	.2%	3	2.2%	30	1.5%
6 - 10	42	3.2%	4	.8%	5	3.6%	51	2.6%
11 - 15	61	4.6%	9	1.9%	3	2.2%	73	3.7%
16 - 18	106	8.0%	26	5.4%	8	5.8%	140	7.2%
19 - 20	114	8.6%	31	6.4%	14	10.1%	159	8.1%
21 - 25	204	15.4%	81	16.7%	23	16.5%	308	15.8%
26 - 30	115	8.7%	63	13.0%	13	9.4%	191	9.8%
31 - 35	85	6.4%	39	8.1%	11	7.9%	135	6.9%
36 - 40	80	6.0%	35	7.2%	14	10.1%	129	6.6%
41 - 45	101	7.6%	35	7.2%	11	7.9%	147	7.5%
46 - 50	103	7.8%	31	6.4%	8	5.8%	142	7.3%
51 - 55	64	4.8%	35	7.2%	9	6.5%	108	5.5%
56 - 60	63	4.7%	35	7.2%	10	7.2%	108	5.5%
61 - 65	42	3.2%	27	5.6%	3	2.2%	72	3.7%
66 Plus	88	6.6%	31	6.4%	4	2.9%	123	6.3%
Total	1328	100.0%	484	100.0%	139	100.0%	1951	100.0%

# DATA AND STATISTICS

## Brain and Spinal Cord Injury Program

### General Program by Gender

Figure 18	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	964	72.6%	373	77.1%	103	74.1%	1440	73.8%
Female	364	27.4%	111	22.9%	36	25.9%	511	26.2%
Total	1328	100.0%	484	100.0%	139	100.0%	1951	100.0%

### General Program by Race/Ethnicity

Figure 19	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	820	61.7%	270	55.8%	73	52.5%	1163	59.6%
African American/ Black	207	15.6%	146	30.2%	33	23.7%	386	19.8%
Hispanic/Latino	241	18.1%	45	9.3%	27	19.4%	313	16.0%
Other	60	4.5%	23	4.8%	6	4.3%	89	4.6%
Total	1328	100.0%	484	100.0%	139	100.0%	1951	100.0%

### General Program by Cause of Injury

Figure 20		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	456	34.4%	136	28.1%	45	32.4%	637	32.7%
	Motorcycle	207	15.6%	30	6.2%	23	16.5%	260	13.3%
	ATV/Moped/Dirtbike	54	4.1%	13	2.7%	9	6.5%	76	3.9%
	Bicycle	47	3.5%	12	2.5%	6	4.3%	65	3.3%
	Pedestrian/Auto	122	9.2%	6	1.2%	8	5.8%	136	7.0%
	Pedestrian/Bicycle	3	.2%	0	.0%	0	.0%	3	.2%
	Pedestrian/Unknown	5	.4%	0	.0%	1	.7%	6	.3%
	Airplane/Train Crash	5	.4%	0	.0%	0	.0%	5	.3%
	<b>Subtotal</b>	<b>899</b>	<b>67.8%</b>	<b>197</b>	<b>40.7%</b>	<b>92</b>	<b>66.2%</b>	<b>1188</b>	<b>61.0%</b>
Falls	Jump/Fall	181	13.7%	101	20.9%	19	13.7%	301	15.5%
	Fall from Auto/Truck	15	1.1%	2	.4%	0	.0%	17	.9%
	<b>Subtotal</b>	<b>196</b>	<b>14.8%</b>	<b>103</b>	<b>21.3%</b>	<b>19</b>	<b>13.7%</b>	<b>318</b>	<b>16.3%</b>
Violence	Assault/Altercation	81	6.1%	6	1.2%	2	1.4%	89	4.6%
	Handgun	46	3.5%	96	19.8%	16	11.5%	158	8.1%
	Rifle	1	.1%	3	.6%	2	1.4%	6	.3%
	Stabbing	1	.1%	2	.4%	0	.0%	3	.2%
	Domestic Violence	6	.5%	0	.0%	0	.0%	6	.3%
	Shaken Baby	20	1.5%	0	.0%	0	.0%	20	1.0%
	<b>Subtotal</b>	<b>155</b>	<b>11.7%</b>	<b>107</b>	<b>22.1%</b>	<b>20</b>	<b>14.4%</b>	<b>282</b>	<b>14.5%</b>

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### General Program by Cause of Injury Continued

		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Sports/ Recreation	Boating/Jet Ski	4	.3%	3	.6%	1	.7%	8	.4%
	Diving into a pool	0	.0%	12	2.5%	0	.0%	12	.6%
	Diving into a natural body of water	0	.0%	21	4.3%	3	2.2%	24	1.2%
	Swimming	0	.0%	2	.4%	0	.0%	2	.1%
	Football/Soccer/Hockey	4	.3%	4	.8%	0	.0%	8	.4%
	Skating/Skateboard/Scooter	16	1.2%	0	.0%	2	1.4%	18	.9%
	Other Sport	6	.5%	11	2.3%	1	.7%	18	.9%
	<b>Subtotal</b>	<b>30</b>	<b>2.3%</b>	<b>53</b>	<b>11.0%</b>	<b>7</b>	<b>5.0%</b>	<b>90</b>	<b>4.6%</b>
Other	Falling Object	12	.9%	4	.8%	0	.0%	16	.8%
	Heavy Equipment	1	.1%	1	.2%	0	.0%	2	.1%
	Medical Complication	1	.1%	5	1.0%	0	.0%	6	.3%
	Other	20	1.5%	11	2.3%	1	.7%	32	1.6%
	Unknown	11	.8%	0	.0%	0	.0%	11	.6%
	War-Related	0	.0%	3	.6%	0	.0%	3	.2%
	<b>Subtotal</b>	<b>45</b>	<b>3.4%</b>	<b>24</b>	<b>5.0%</b>	<b>1</b>	<b>.7%</b>	<b>70</b>	<b>3.6%</b>
<b>Table Total</b>		<b>1328</b>	<b>100.0%</b>	<b>484</b>	<b>100.0%</b>	<b>139</b>	<b>100.0%</b>	<b>1951</b>	<b>100.0%</b>



## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### General Program by Purchased Client Services Category – All Injury Types

Figure 21 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Devices	243	34.4%	223,850.92	921.20
Community ReEntry/Transitional Living	18	2.5%	128,402.36	7,133.46
Diagnostics	5	0.7%	2,200.00	440.00
Home Modifications	57	8.1%	245,139.02	4,300.68
Medical Follow-Up	104	14.7%	29,386.78	282.57
Medications/Medical Supplies	122	17.3%	43,392.53	355.68
Occupational Therapy	190	26.9%	165,406.81	870.56
Other	103	14.6%	53,479.03	519.21
Physical Therapy	140	19.8%	130,629.24	933.07
Physical Therapy Initial	3	0.4%	420.00	140.00
Psychological/Neuropsych Evaluation	125	17.7%	81,110.93	648.89
Rehabilitation Engineer Evaluation	40	5.7%	19,975.23	499.38
Speech/Cognitive Therapy	144	20.4%	91,682.18	636.68
Transportation	15	2.1%	6,984.81	465.65
<b>Total (based on 707 clients)</b>			<b>1,222,059.84</b>	<b>1,728.51</b>

A total of 707 clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (707) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### General Program by Purchased Client Services Category – Brain Injuries

Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Devices	104	24.2%	46,391.98	446.08
Community ReEntry/Transitional Living	17	4.0%	125,042.36	7,355.43
Diagnostics	1	0.2%	1,000.00	1,000.00
Home Modifications	11	2.6%	28,937.00	2,630.64
Medical Follow-Up	71	16.6%	21,049.79	296.48
Medications/Medical Supplies	65	15.2%	22,547.20	346.88
Occupational Therapy	127	29.6%	103,615.07	815.87
Other	62	14.5%	31,481.40	507.76
Physical Therapy	88	20.5%	73,947.33	840.31
Physical Therapy Initial	2	0.5%	280.00	140.00
Psychological/Neuropsych Evaluation	113	26.3%	75,547.08	668.56
Rehabilitation Engineer Evaluation	8	1.9%	3,619.46	452.43
Speech/Cognitive Therapy	137	31.9%	87,146.65	636.11
Transportation	7	1.6%	1,576.00	225.14
<b>Total (based on 429 clients)</b>			<b>622,181.32</b>	<b>1,450.31</b>

A total of 429 clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (429) into the count. Average expenditure per client is calculated by dividing the counts into the expenditures.

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### General Program by Purchased Client Services Category – Spinal Cord Injuries

Figure 23 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Devices	104	49.3%	144,733.91	1,391.67
Diagnostics	2	0.9%	600.00	300.00
Home Modifications	39	18.5%	192,704.28	4,941.14
Medical Follow-Up	23	10.9%	5,639.35	245.19
Medications/Medical Supplies	43	20.4%	17,398.64	404.62
Occupational Therapy	42	19.9%	35,896.50	854.68
Other	34	16.1%	18,208.63	535.55
Physical Therapy	36	17.1%	41,272.69	1,146.46
Psychological/Neuropsych Evaluation	4	1.9%	716.44	179.11
Rehabilitation Engineer Evaluation	26	12.3%	13,680.77	526.18
Speech/Cognitive Therapy	1	0.5%	166.74	166.74
Transportation	6	2.8%	4,708.81	784.80
<b>Total (based on 211 clients)</b>			<b>475,726.76</b>	<b>2,254.63</b>

A total of 211 clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (211) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### General Program by Purchased Client Services Category – Dual Diagnosis Injuries

Figure 24 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Devices	35	52.2%	32,725.03	935.00
Community ReEntry/Transitional Living	1	1.5%	3,360.00	3,360.00
Diagnostics	2	3.0%	600.00	300.00
Home Modifications	7	10.4%	23,497.74	3,356.82
Medical Follow-Up	10	14.9%	2,697.64	269.76
Medications/Medical Supplies	14	20.9%	3,446.69	246.19
Occupational Therapy	21	31.3%	25,895.24	1,233.11
Other	7	10.4%	3,789.00	541.29
Physical Therapy	16	23.9%	15,409.22	963.08
Physical Therapy Initial	1	1.5%	140.00	140.00
Psychological/Neuropsych Evaluation	8	11.9%	4,847.41	605.93
Rehabilitation Engineer Evaluation	6	9.0%	2,675.00	445.83
Speech/Cognitive Therapy	6	9.0%	4,368.79	728.13
Transportation	2	3.0%	700.00	350.00
<b>Total (based on 67 clients)</b>			<b>124,151.76</b>	<b>1,853.01</b>

Sixty-seven clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (67) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

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## **DATA AND STATISTICS**

### **Brain and Spinal Cord Injury Program**

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### **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 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 2010-2011 was 37.07 percent 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 2010-2011, the TBI/SCI Home and Community-Based Medicaid Waiver Program provided case management and purchased client services to 293 clients. The total cost for purchased client services for Waiver services was \$9,453,890, with an average purchased client service cost of \$32,488 per client.

The largest percentage of clients served by the Waiver were spinal cord injured (57.0 percent), white (77.1 percent), male (76.8 percent), and between 26-35 and 41-50 years of age. The largest percentage of injuries resulted from an auto/truck traffic-related accident (44.7 percent).

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, and attendant care.

## 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	%
110	37.5%	167	57.0%	16	5.5%	293	100.0%

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

Figure 26

	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
21 - 25	3	2.7%	7	4.2%	1	6.3%	11	3.8%
26 - 30	21	19.1%	19	11.4%	2	12.5%	42	14.3%
31 - 35	25	22.7%	19	11.4%	6	37.5%	50	17.1%
36 - 40	13	11.8%	12	7.2%	1	6.3%	26	8.9%
41 - 45	17	15.5%	21	12.6%	2	12.5%	40	13.7%
46 - 50	15	13.6%	40	24.0%	3	18.8%	58	19.8%
51 - 55	5	4.5%	25	15.0%	1	6.3%	31	10.6%
56 - 60	6	5.5%	15	9.0%	0	.0%	21	7.2%
61 - 65	4	3.6%	8	4.8%	0	.0%	12	4.1%
66 - Plus	1	.9%	1	.6%	0	.0%	2	.7%
Total	110	100.0%	167	100.0%	16	100.0%	293	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	86	78.2%	126	75.4%	13	81.3%	225	76.8%
Female	24	21.8%	41	24.6%	3	18.8%	68	23.2%
Total	110	100.0%	167	100.0%	16	100.0%	293	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	93	84.5%	121	72.5%	12	75.0%	226	77.1%
African American/ Black	10	9.1%	34	20.4%	2	12.5%	46	15.7%
Hispanic/Latino	5	4.5%	11	6.6%	2	12.5%	18	6.1%
Other	2	1.8%	1	.6%	0	.0%	3	1.0%
Total	110	100.0%	167	100.0%	16	100.0%	293	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	64	58.2%	60	35.9%	7	43.8%	131	44.7%
	Motorcycle	11	10.0%	4	2.4%	4	25.0%	19	6.5%
	ATV/Moped/Dirtbike	2	1.8%	5	3.0%	0	.0%	7	2.4%
	Bicycle	3	2.7%	4	2.4%	0	.0%	7	2.4%
	Pedestrian/Auto	14	12.7%	3	1.8%	1	6.3%	18	6.1%
	Unknown Vehicle	1	.9%	2	1.2%	0	.0%	3	1.0%
	<b>Subtotal</b>	<b>95</b>	<b>86.4%</b>	<b>78</b>	<b>46.7%</b>	<b>12</b>	<b>75.0%</b>	<b>185</b>	<b>63.1%</b>
Falls	Jump/Fall	4	3.6%	13	7.8%	1	6.3%	18	6.1%
	<b>Subtotal</b>	<b>4</b>	<b>3.6%</b>	<b>13</b>	<b>7.8%</b>	<b>1</b>	<b>6.3%</b>	<b>18</b>	<b>6.1%</b>
Violence	Assault/Altercation	2	1.8%	1	.6%	0	.0%	3	1.0%
	Machine Gun	1	.9%	0	.0%	0	.0%	1	.3%
	Handgun	3	2.7%	12	7.2%	0	.0%	15	5.1%
	Rifle	1	.9%	2	1.2%	1	6.3%	4	1.4%
	Other Gun	0	.0%	1	.6%	0	.0%	1	.3%
	Stabbing	0	.0%	1	.6%	0	.0%	1	.3%
	<b>Subtotal</b>	<b>7</b>	<b>6.4%</b>	<b>17</b>	<b>10.2%</b>	<b>1</b>	<b>6.3%</b>	<b>25</b>	<b>8.5%</b>
Sports/Recreation	Diving into a pool	0	.0%	4	2.4%	0	.0%	4	1.4%
	Diving into a natural body of water	0	.0%	33	19.8%	0	.0%	33	11.3%
	Swimming	0	.0%	2	1.2%	1	6.3%	3	1.0%
	Recreational Sport	0	.0%	3	1.8%	0	.0%	3	1.0%
	Football/Soccer/Hockey	0	.0%	1	.6%	0	.0%	1	.3%
	Other Sport	0	.0%	1	.6%	0	.0%	1	.3%
	<b>Subtotal</b>	<b>0</b>	<b>.0%</b>	<b>44</b>	<b>26.3%</b>	<b>1</b>	<b>6.3%</b>	<b>45</b>	<b>15.4%</b>
Other	Falling Object	1	.9%	1	.6%	0	.0%	2	.7%
	Medical Complication	0	.0%	2	1.2%	0	.0%	2	.7%
	Other	1	.9%	3	1.8%	0	.0%	4	1.4%
	Unknown	2	1.8%	9	5.4%	1	6.3%	12	4.1%
	<b>Subtotal</b>	<b>4</b>	<b>3.6%</b>	<b>15</b>	<b>9.0%</b>	<b>1</b>	<b>6.3%</b>	<b>20</b>	<b>6.8%</b>
<b>Table Total</b>		<b>110</b>	<b>100.0%</b>	<b>167</b>	<b>100.0%</b>	<b>16</b>	<b>100.0%</b>	<b>293</b>	<b>100.0%</b>

## 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 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	75	25.8%	57,711.16	769.48
Attendant Care	95	32.6%	1,076,829.75	11,335.05
Behavioral Programming	8	2.7%	24,048.00	3,006.00
Community Support Coordination	290	99.7%	408,642.00	1,409.11
Companion Services	262	90.0%	3,606,498.75	13,765.26
Consumable Medical Supplies	188	64.6%	211,782.79	1,126.50
Environ Access Adaptation	4	1.4%	14,258.00	3,564.50
Life Skills Training	21	7.2%	147,566.50	7,026.98
Personal Adjustment	9	3.1%	9,954.00	1,106.00
Personal Care	240	82.5%	3,895,548.92	16,231.45
Rehabilitation Engineer Evaluation	2	0.7%	1,050.00	525.00
<b>Total</b>			<b>9,453,889.87</b>	<b>32,487.59</b>

A total of 291 clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (291) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

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

Figure 31 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	14	12.7%	\$ 7,398.42	\$ 528.46
Attendant Care	17	15.5%	\$ 78,442.00	\$ 4,614.24
Behavioral Programming	6	5.5%	\$ 22,027.00	\$ 3,671.17
Community Support Coord	110	100.0%	\$ 154,227.00	\$ 1,402.06
Companion Services	101	91.8%	\$ 1,408,320.00	\$ 13,943.76
Consumable Med Supplies	47	42.7%	\$ 64,116.90	\$ 1,364.19
Environ Access Adaptation	2	1.8%	\$ 11,523.00	\$ 5,761.50
Life Skills Training	20	18.2%	\$ 132,746.50	\$ 6,637.33
Personal Adjustment	5	4.5%	\$ 5,778.00	\$ 1,155.60
Personal Care	77	70.0%	\$ 1,006,156.00	\$ 13,066.96
<b>Total</b>			<b>\$ 2,890,734.82</b>	<b>\$ 26,279.41</b>

A total of 110 clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (110) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.



## 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 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	56	33.7%	46,613.98	832.39
Attendant Care	73	44.0%	895,031.00	12,260.70
Behavioral Programming	2	1.2%	2,021.00	1,010.50
Community Support Coordination	165	99.4%	231,785.00	1,404.76
Companion Services	149	89.8%	2,023,437.40	13,580.12
Consumable Medical Supplies	131	78.9%	135,975.20	1,037.98
Environmental Accessibility Adaptation	2	1.2%	2,735.00	1,367.50
Personal Adjustment	4	2.4%	4,176.00	1,044.00
Personal Care	150	90.4%	2,697,985.42	17,986.57
Rehabilitation Engineer Evaluation	1	0.6%	450.00	450.00
<b>Total</b>			<b>6,040,210.00</b>	<b>36,386.81</b>

A total of 166 clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (166) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

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

Figure 33 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	5	33.3%	3,698.76	739.75
Attendant Care	5	33.3%	103,356.75	20,671.35
Community Support Coordination	15	100.0%	22,630.00	1,508.67
Companion Services	12	80.0%	174,741.35	14,561.78
Consumable Medical Supplies	10	66.7%	11,690.69	1,169.07
Life Skills Training	1	6.7%	14,820.00	14,820.00
Personal Care	13	86.7%	191,407.50	14,723.65
Rehabilitation Engineer Evaluation	1	6.7%	600.00	600.00
<b>Total</b>			<b>522,945.05</b>	<b>34,863.00</b>

Fifteen clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (15) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

### 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

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## **DATA AND STATISTICS**

### **Brain and Spinal Cord Injury Program**

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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 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 2010-2011 was 37.07 percent 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 2010-2011, the CDC+ Program provided case management and purchased client services to 25 clients. The total cost for purchased client services for CDC+ services was \$1,013,835, with an average cost of \$40,553 per client.

The largest percentage of clients served by the CDC+ Program were spinal cord-injured (72.0 percent), white (92.0 percent), male (76.0 percent), and between 26-30 and 46-50 years of age. The largest percentage of injuries resulted from an auto/truck traffic-related accident (36.0 percent).

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 finding the total sum of twelve monthly invoice totals. The invoices were issued by the Agency for Health Care Administration and submitted to the BSCIP for state share for these services. Consulting services were provided to 100 percent of CDC+ Program clients at an average annual cost of \$1,064 per client.

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

# DATA AND STATISTICS

## Brain and Spinal Cord Injury Program

### CDC+ Program by Injury Type

Figure 34						
Brain			Spinal		Total	
Count	%		Count	%	Count	%
7	28.0%		18	72.0%	25	100.0%

### CDC+ Program by Age

Figure 35	Brain		Spinal		Total	
	Count	%	Count	%	Count	%
26 - 30	2	28.6%	4	22.2%	6	24.0%
31 - 35	0	.0%	2	11.1%	2	8.0%
36 - 40	2	28.6%	1	5.6%	3	12.0%
41 - 45	1	14.3%	2	11.1%	3	12.0%
46 - 50	1	14.3%	4	22.2%	5	20.0%
51 - 55	0	.0%	2	11.1%	2	8.0%
56 - 60	0	.0%	1	5.6%	1	4.0%
61 - 65	1	14.3%	1	5.6%	2	8.0%
66 - 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%
	Subtotal	6	85.7%	7	38.9%	13	52.0%

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### CDC+ Program by Cause of Injury Continued

		Brain		Spinal		Total	
		Count	%	Count	%	Count	%
Falls	Jump/Fall	0	.0%	3	16.7%	3	12.0%
	<b>Subtotal</b>	<b>0</b>	<b>.0%</b>	<b>3</b>	<b>16.7%</b>	<b>3</b>	<b>12.0%</b>
Violence	Assault/Altercation	1	14.3%	1	5.6%	2	8.0%
	Handgun	0	.0%	2	11.1%	2	8.0%
	<b>Total</b>	<b>1</b>	<b>14.3%</b>	<b>3</b>	<b>16.7%</b>	<b>4</b>	<b>16.0%</b>
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%
	<b>Subtotal</b>	<b>0</b>	<b>.0%</b>	<b>3</b>	<b>16.7%</b>	<b>3</b>	<b>12.0%</b>
Other	Heavy Equipment	0	.0%	1	5.6%	1	4.0%
	Other	0	.0%	1	5.6%	1	4.0%
	<b>Subtotal</b>	<b>0</b>	<b>.0%</b>	<b>2</b>	<b>11.1%</b>	<b>2</b>	<b>8.0%</b>
<b>Table Total</b>		<b>7</b>	<b>100.0%</b>	<b>18</b>	<b>100.0%</b>	<b>25</b>	<b>100.0%</b>

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

Figure 39	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Service Type				
Consulting Services	25	100.0%	26,595.00	1,063.80
Purchased Client Services	25	100.0%	987,240.14	39,489.61
<b>Total</b>			<b>1,013,835.14</b>	<b>40,553.41</b>

Twenty-five clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (25) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

### 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 accepted to receive services through 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; the trust fund is reimbursed in full for these expenditures by the allocation of 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 2010-2011, the NHT Initiative provided case management and purchased client services to 60 clients. The total cost for purchased client services was \$1,533,620.

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

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 (48.3 percent), white (85.0 percent), male (68.3 percent), and between the ages of 46-50 years of age. The largest percentage of injuries resulted from an auto/truck traffic-related accident (45.0 percent).

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

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	%
27	45.0%	29	48.3%	4	6.7%	60	100.0%

#### Nursing Home Transition Initiative by Age

Figure 41

	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
21 - 25	3	11.1%	0	.0%	1	25.0%	4	6.7%
26 - 30	3	11.1%	4	13.8%	0	.0%	7	11.7%
31 - 35	2	7.4%	1	3.4%	0	.0%	3	5.0%
36 - 40	2	7.4%	4	13.8%	0	.0%	6	10.0%
41 - 45	4	14.8%	4	13.8%	1	25.0%	9	15.0%
46 - 50	7	25.9%	7	24.1%	0	.0%	14	23.3%
51 - 55	6	22.2%	4	13.8%	1	25.0%	11	18.3%
56 - 60	0	.0%	4	13.8%	1	25.0%	5	8.3%
66 - Plus	0	.0%	1	3.4%	0	.0%	1	1.7%
Total	27	100.0%	29	100.0%	4	100.0%	60	100.0%

#### Nursing Home Transition Initiative by Gender

Figure 42

	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	18	66.7%	20	69.0%	3	75.0%	41	68.3%
Female	9	33.3%	9	31.0%	1	25.0%	19	31.7%
Total	27	100.0%	29	100.0%	4	100.0%	60	100.0%

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### Nursing Home Transition Initiative by Race/Ethnicity

Figure 43		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
White		24	88.9%	25	86.2%	2	50.0%	51	85.0%
African American/Black		0	.0%	4	13.8%	1	25.0%	5	8.3%
Hispanic/Latino		3	11.1%	0	.0%	1	25.0%	4	6.7%
Total		27	100.0%	29	100.0%	4	100.0%	60	100.0%

#### Nursing Home Transition Initiative by Cause of Injury

Figure 44		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	11	40.7%	14	48.3%	2	50.0%	27	45.0%
	Motorcycle	5	18.5%	4	13.8%	0	.0%	9	15.0%
	ATV/Moped/Dirtbike	1	3.7%	1	3.4%	0	.0%	2	3.3%
	Bicycle	2	7.4%	0	.0%	0	.0%	2	3.3%
	Pedestrian/Auto	0	.0%	2	6.9%	1	25.0%	3	5.0%
	<b>Subtotal</b>	<b>19</b>	<b>70.4%</b>	<b>21</b>	<b>72.4%</b>	<b>3</b>	<b>75.0%</b>	<b>43</b>	<b>71.7%</b>
Falls	Jump/Fall	4	14.8%	4	13.8%	1	25.0%	9	15.0%
	Fall from Auto/Truck	1	3.7%	0	.0%	0	.0%	1	1.7%
	<b>Subtotal</b>	<b>5</b>	<b>18.5%</b>	<b>4</b>	<b>13.8%</b>	<b>1</b>	<b>25.0%</b>	<b>10</b>	<b>16.7%</b>
Violence	Assault/Altercation	1	3.7%	0	.0%	0	.0%	1	1.7%
	Handgun	1	3.7%	1	3.4%	0	.0%	2	3.3%
	<b>Subtotal</b>	<b>2</b>	<b>7.4%</b>	<b>1</b>	<b>3.4%</b>	<b>0</b>	<b>.0%</b>	<b>3</b>	<b>5.0%</b>
Sports/Recreation	Diving into a pool	0	.0%	1	3.4%	0	.0%	1	1.7%
	Diving into a natural body of water	0	.0%	1	3.4%	0	.0%	1	1.7%
	Swimming	0	.0%	1	3.4%	0	.0%	1	1.7%
	<b>Subtotal</b>	<b>0</b>	<b>.0%</b>	<b>3</b>	<b>10.3%</b>	<b>0</b>	<b>.0%</b>	<b>3</b>	<b>5.0%</b>
Other	Falling Object	1	3.7%	0	.0%	0	.0%	1	1.7%
	<b>Subtotal</b>	<b>1</b>	<b>3.7%</b>	<b>0</b>	<b>.0%</b>	<b>0</b>	<b>.0%</b>	<b>1</b>	<b>1.7%</b>
<b>Table Total</b>		<b>27</b>	<b>100.0%</b>	<b>29</b>	<b>100.0%</b>	<b>4</b>	<b>100.0%</b>	<b>60</b>	<b>100.0%</b>

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

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

Figure 45 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	25	45.5%	93,124.41	3,724.98
Attendant Care	27	49.1%	143,437.62	5,312.50
Behavioral Programming	2	3.6%	2,009.86	1,004.93
Community Support Coordination	49	89.1%	46,575.00	950.51
Companion Services	51	92.7%	529,298.75	10,378.41
Consumable Medical Supplies	28	50.9%	23,149.56	826.77
Life Skills Training	4	7.3%	12,960.00	3,240.00
Personal Care	48	87.3%	542,841.50	11,309.20
Rehabilitation Engineer Evaluation	2	3.6%	950.00	475.00
Transition Case Management	17	30.9%	5,345.00	314.41
Transition Environmental Accessibility Adaptations	13	23.6%	133,928.00	10,302.15
<b>Total</b>			<b>1,533,619.70</b>	<b>27,883.99</b>

Fifty-five clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (55) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

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

Figure 46 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	9	36.0%	48,268.80	5,363.20
Attendant Care	6	24.0%	12,791.50	2,131.92
Behavioral Programming	2	8.0%	2,009.86	1,004.93
Community Support Coordination	24	96.0%	23,275.00	969.79
Companion Services	24	96.0%	293,069.00	12,211.21
Consumable Medical Supplies	8	32.0%	7,007.84	875.98
Life Skills Training	4	16.0%	12,960.00	3,240.00
Personal Care	21	84.0%	231,085.50	11,004.07
Rehabilitation Engineer Evaluation	1	4.0%	500.00	500.00
Transition Case Management	8	32.0%	3,170.00	396.25
Transition Environmental Accessibility Adaptations	6	24.0%	82,139.00	13,689.83
<b>Total</b>			<b>716,276.50</b>	<b>28,651.06</b>

Twenty-five clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (25) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

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

Figure 47 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	14	51.9%	39,382.22	2,813.02
Attendant Care	19	70.4%	128,924.12	6,785.48
Community Support Coordination	23	85.2%	21,995.00	956.30
Companion Services	24	88.9%	228,767.75	9,531.99
Consumable Medical Supplies	18	66.7%	14,890.46	827.25
Personal Care	24	88.9%	302,608.00	12,608.67
Rehabilitation Engineer Evaluation	1	3.7%	450.00	450.00
Transition Case Management	9	33.3%	2,175.00	241.67
Transition Environmental Accessibility Adaptations	7	25.9%	51,789.00	7,398.43
<b>Total</b>			<b>790,981.55</b>	<b>29,295.61</b>

Twenty-seven clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (27) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.

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

Figure 48 Service Type	Count	% of Clients Receiving Services	Expenditures (Dollars)	Average Expenditures Per Client (Dollars)
Assistive Technologies	2	66.7%	5,473.39	2,736.70
Attendant Care	2	66.7%	1,722.00	861.00
Community Support Coordination	2	66.7%	1,305.00	652.50
Companion Services	3	100.0%	7,462.00	2,487.33
Consumable Medical Supplies	2	66.7%	1,251.26	625.63
Personal Care	3	100.0%	9,148.00	3,049.33
<b>Total</b>			<b>26,361.65</b>	<b>8,787.22</b>

Three clients received purchased client services. Count = Number of clients that received a particular service during the fiscal year. Percentage of clients receiving services is calculated by dividing the total number of clients (3) into the count. Average expenditure per client is calculated by dividing the count into the expenditures.



# DATA AND STATISTICS

## Brain and Spinal Cord Injury Program

### CASE CLOSURES

BSCIP closed 2,836 cases during the fiscal year. Cases are closed with an “applicant” or an “in-service” status. The closure of a case with an “applicant” status indicates an individual was referred to the program through the Central Registry, but the individual’s case was closed before they became program-eligible. The closure of a case with an “in-service” status indicates an individual’s case was closed after acceptance into the program and once a Community Reintegration Plan (CRP) had been written.

#### Case Closures by Closure Status Type

Of the 2,836 cases closed during the fiscal year, 74.2 percent were designated with an “applicant” status.

Figure 49	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Closed From Applicant Status	1774	78.7%	248	55.2%	81	60.4%	2103	74.2%
Closed from In-Service Status	479	21.3%	201	44.8%	53	39.6%	733	25.8%
Total	2253	100.0%	449	100.0%	134	100.0%	2836	100.0%

#### Case Closures from Applicant Status

The program closed 2,103 cases with an “applicant” status. The leading reasons for these closures were due to an individual’s program ineligibility for BSCIP community reintegration services (37.6 percent); a rejection of service by the individual (20.8 percent); and the death of the individual (18.9 percent). Programming changes within the RIMS system required the completion of a data conversion prior to the end of the fiscal year. Some data was unable to be converted; these records are identified below as “data conversion.”

Figure 50	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Death	347	19.6%	33	13.3%	17	21.0%	397	18.9%
Declined Services	376	21.2%	49	19.8%	12	14.8%	437	20.8%
Failure to Cooperate	148	8.3%	9	3.6%	6	7.4%	163	7.8%
Other	13	.7%	3	1.2%	0	.0%	16	.8%
Program Ineligible	634	35.7%	120	48.4%	36	44.4%	790	37.6%
Unable to Locate	171	9.6%	18	7.3%	7	8.6%	196	9.3%
Data Conversion	85	4.8%	16	6.5%	3	3.7%	104	4.9%
Total	1774	100.0%	248	100.0%	81	100.0%	2103	100.0%

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

#### Case Closures from In-Service Status

The program closed 733 cases with an “in-service” status. The leading reason for closure was the reintegration of the individual into the community (87.3 percent). The remaining cases were closed because the program could not locate the consumer (3.4 percent), the consumer failed to cooperate with program requirements (2.3 percent), the consumer died (2.2 percent), the consumer was institutionalized (1.9 percent), or the consumer relocated (1.9 percent).

Figure 51		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Community Reintegrated	Community Reintegration	355	74.1%	147	73.1%	36	67.9%	538	73.4%
	Vocational Rehabilitation	58	12.1%	28	13.9%	8	15.1%	94	12.8%
	Non-VR Agency	4	.8%	4	2.0%	0	.0%	8	1.1%
	Total	417	87.1%	179	89.1%	44	83.0%	640	87.3%
Non-Community Reintegrated	Institutionalized	7	1.5%	7	3.5%	0	.0%	14	1.9%
	Death	8	1.7%	7	3.5%	1	1.9%	16	2.2%
	Declined Services	5	1.0%	0	.0%	0	.0%	5	.7%
	Failure to Cooperate	12	2.5%	3	1.5%	2	3.8%	17	2.3%
	Medically Ineligible	1	.2%	0	.0%	0	.0%	1	.1%
	Unable to Locate	19	4.0%	2	1.0%	4	7.5%	25	3.4%
	Left Area	10	2.1%	3	1.5%	1	1.9%	14	1.9%
	Post Closure	0	.0%	0	.0%	1	1.9%	1	.1%
Total	62	12.9%	22	10.9%	9	17.0%	93	12.7%	
Table Total		479	100.0%	201	100.0%	53	100.0%	733	100.0%

## DATA AND STATISTICS

### Brain and Spinal Cord Injury Program

### Outcome of BSCIP Referrals to the Division of Vocational Rehabilitation

The Division of Vocational Rehabilitation (VR) provided the following information, which indicates the results of individuals referred to the VR for rehabilitation employment services; the information encompasses FYs 2006-2007 through 2010-2011.

Methodology: Brain and spinal cord-injured customers were sorted based on the number of customers referred to the VR from the BSCIP; the number of BSCIP customers determined eligible for services; and the number of BSCIP customers who were gainfully employed within a state fiscal year. A customer was categorized as an individual with a brain and spinal cord injury based on the individual's primary disability code, which was assigned by the VR.

Figure 52

BSCIP Individuals	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
<b>Number Referred to VR</b>	<b>78</b>	<b>129</b>	<b>101</b>	<b>107</b>	<b>90</b>
Spinal Cord Injury *	6	3	3	2	0
Traumatic Brain Injury *	13	9	10	0	4
Primary Disability Code Not Assigned **	59	117	88	105	86
<b>Number Determined Eligible</b>	<b>68</b>	<b>72</b>	<b>79</b>	<b>61</b>	<b>53</b>
Spinal Cord Injury	21	25	22	20	18
Traumatic Brain Injury	41	36	47	33	32
Customers Neither Brain or Spinal Cord Injured	6	11	10	8	3
<b>Number Gainfully Employed</b>	<b>31</b>	<b>20</b>	<b>14</b>	<b>15</b>	<b>15</b>
Spinal Cord Injury	14	7	3	4	7
Traumatic Brain Injury	13	10	9	9	8
Customers Neither Brain or Spinal Cord Injured	4	3	2	2	0

\* Customers who were determined eligible for VR services shortly after referral have a primary disability code.

\*\* Referred customers who have not yet reached eligible status generally do not have a primary disability code assigned. Without an assigned primary disability code, it cannot be determined if a customer has a traumatic brain injury, spinal cord injury, or neither. VR counselors may place customers in "extended evaluation" before determining the proper classification of a customer.

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# Public/Private Partnerships and Contracts

## Brain and Spinal Cord Injury Program

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### REHABILITATION INFORMATION MANAGEMENT SYSTEM

BSCIP uses the Rehabilitation Information Management System (RIMS) to manage client records electronically. The RIMS is an integral tool used to manage cases effectively; the system undergoes continual upgrades to streamline and facilitate the workload of BSCIP staff.

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

- Care Plans:
  - Authorization Template Wizard: This tool utilizes a series of screens to help staff determine the proper frequency, rate, and schedule for a service so that future authorizations may automatically generate in the correct fashion.
  - Projected Authorization Scheduler: This tool displays a list of authorizations that automatically generate for a service. Staff can verify that the proper frequency, rate, and schedule have been set.
  
- Case Structure:
  - The structure of RIMS required modifications to attain more flexibility. Several new program types have been added to the system over recent years.
  - The modifications ensure a better data structure and better facilitate documentation of cases and reporting.
  - A client's status is now tied directly to his/her case, which allows a client to be active in more than one case simultaneously.
  - Case manager assignment is tied directly to client cases. This facilitates the assignment of more than one case manager, if necessary.
  
- Checklist Framework:
  - A new checklist framework was developed and added into the RIMS that facilitates the creation of reusable checklists in the production environment. The checklist can be created by entering various types of information, such as numerals, text, affirmative or negative values, and a drop-down list of values. All data is stored in the database and is easily queried using the Advanced Checklist Search report.
  - New checklists added:
    - Florida Spinal Cord Injury Resource Center (FSCIRC) Resource Packet: This checklist tracks delivery attempt(s) of the FSCIRC Resource Packet to a client.
    - Referral to Another Agency: This checklist is completed each time a client is referred to another agency, and it helps track BSCIP's utilization of third party resources.
  
- New Program Type:
  - Adult Cystic Fibrosis: RIMS now supports case management documentation for clients who are served by the Adult Cystic Fibrosis Home and Community-Based Medicaid Waiver.

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## Public/Private Partnerships and Contracts

### Brain and Spinal Cord Injury Program

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- New Reports:
  - Advanced Checklist Search Report: This report allows staff to view all checklists of a particular type that are entered into RIMS. Staff may select specific data elements that will display in the search results.
  - Data Extractor Reports: This report allows the BSCIP Data Analyst to retrieve data from RIMS by accessing a particular set of database tables. This data can be merged with other datasets using a third party software program. The ability to access these datasets allows the program to respond to data requests quickly, which cannot be answered using existing reports.
  - My Active Caseload Report: This report allows staff to view all active cases assigned to a case manager with ease.

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# Public/Private Partnerships and Contracts

## Brain and Spinal Cord Injury Program

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### **BRAIN INJURY ASSOCIATION OF FLORIDA, INC.**

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). In 2010, BIAF created the Traumatic Brain Injury Resource and Support Center, which provides information, education, and support to Florida's 210,000 TBI survivors and their families, with the goal of helping survivors remain in their home and communities. BIAF also provides TBI training and support to professionals, community organizations, and support groups who serve survivors of TBI and their families. During FY 2010-2011, BIAF was supported, in part, through a contractual relationship with the BSCIP, to provide the following core services.

#### **Traumatic Brain Injury Resource and Support Center (TBIRSC)**

BIAF created the TBIRSC with two primary goals: 1) to continue providing access to accurate and reliable information, resource referral, and advocacy for persons with TBI; and 2) to provide a secure and dependable clearing house that connects people with TBI with professionals who understand their history and ever-changing needs. The TBIRSC operates in three tiers:

##### **Tier 1: By Your Side website**

BIAF created a dynamic website that invites users to locate the information they seek through an accessible and inviting interface. The website features large buttons and a trail of "breadcrumbs" for easy navigation. The online library features hundreds of documents available for download, as well as training and educational courses for professionals. During FY 2010-2011, BIAF's website received approximately 60,000 unique visitors.

##### **Tier 2: Enhanced Toll-Free Helpline**

While not a call crisis center, the Helpline is answered 24 hours a day, 7 days a week. Callers are helped by staff who are certified by the Alliance of Information and Resource Specialists. Helpline staff may recommend to callers resources and information that are available from the TBIRSC's extensive inventory of items. Information provided is tailored to meet the caller's specific need. The TBIRSC Helpline responded to 3,904 calls during FY 2010-2011.

##### **Tier 3: Hands-on personal help through Resource Facilitation**

Resource Facilitation is a proven method of delivering services to individuals with TBI; it has been demonstrated to successfully reintegrate individuals into the community and to help them become employable. BIAF's Resource Facilitators are Certified Brain Injury Specialists; they provide an array of free services that help individuals with TBI and their families navigate the systems and community supports necessary for reintegration into family life, work, school, and the community. Those persons served represent a broad cross-section of the community. However, this year, BIAF worked to increase its capabilities to serve military personnel and veterans. During the fiscal year, BIAF assisted 1,410 survivors with complex needs and provided three-, six-, twelve-, and eighteen-month follow-up services.

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## Public/Private Partnerships and Contracts

### Brain and Spinal Cord Injury Program

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#### Other Services

##### Caregiver Needs Assessment

BIAF has long recognized the importance of family caregivers who provide long-term support for individuals with TBI. Family caregivers reduce the burden of care on society and state systems. In 2010, BIAF collaborated with the WellFlorida Council to develop and implement a needs assessment for individuals who care for those who have sustained TBI so that the Council might advocate for assistance to meet those needs. The resulting report identified eighteen separate areas of need. The needs assessment will be conducted online annually in order to monitor the changing needs of caregivers, as the needs relate to resources and support throughout the continuum of care.

##### Supporting the Support Groups

BIAF continued to provide technical support for all of Florida's 38 TBI support groups. Monthly newsletters provided ideas for meeting topics, suggestions concerning how to maintain group participation, and advice on how one may form a new group. Semi-monthly teleconferences provided group leaders a forum to share and learn from their colleagues.

##### Statewide Communication

BIAF published two monthly newsletters; one was specifically for caregivers, which provided the latest in relevant academic research and practical information for subscribers. In addition, BIAF published a bi-annual news magazine that provided in-depth information about TBI services in Florida.

##### Community Capacity Building

In addition to providing online training for hundreds of professionals, BIAF conducted extensive outreach and educational presentations to over 65 TBI service providers in Florida. Hundreds of providers were contacted personally by BIAF. A 2011 TBI Services and Resource Directory was published, which listed approximately 500 agencies and organizations that serve individuals with TBI.

##### Annual Jamboree and Family Forum

The 2011 TBI Jamboree and Family Forum boasted over 180 guests who live throughout Florida and beyond. Expanded to a three-day event and held at a new location, the programs and activities at the event provided opportunities for learning, as well as recreation. Four special courses on advocacy were conducted for caregivers and family members, and the results of the Caregiver Needs Assessment were reviewed.

##### Family Support and Advocacy Network

BIAF collaborated with prominent family advocates to develop a strategic plan for Family Support and Advocacy for Florida. This plan establishes five goals and related strategies to empower members to reach out in their communities, actively participate in political processes that affect their lives, and create family-to-family grassroots programs. This strategic plan was reviewed with those who attended the Annual Jamboree and Family Forum.

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## Public/Private Partnerships and Contracts

### Brain and Spinal Cord Injury Program

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#### ***Mind Your Brain... Because It Matters Campaign***

This awareness campaign generated numerous press releases and newspaper editorials, it inspired work on concussion legislation, visits to legislative delegations, and a March 2011 resolution by the Florida Legislature that recognized March as Brain Injury Awareness Month. *Mind Your Brain... Because It Matters* will continue into 2011 and beyond in order to provide awareness of the 19,000 new brain injuries that occur in Florida each year, as well as the 210,000 Floridians who already live with lasting disabilities because of traumatic brain injury.

#### **Special Populations Focus**

##### **Military and Veterans**

Throughout 2010, BIAF worked to expand staff capacity to serve TBI survivors who are in active military service or are veterans. BIAF conducted ongoing dialogue with military and veterans' service groups, such as Building Bridges, Florida Department of Veterans Affairs, Wounded Warriors, and Army One-Source. A web page was created for ByYourSide.org in order to address and provide resources for this population. BIAF staff developed and presented at the statewide conference for County Veterans Services Officers.

##### **TBI and Domestic Violence**

In 2010, BIAF entered into a three-year collaboration with the Florida Coalition Against Domestic Violence with a goal to explore the relationship between TBI and domestic violence and to develop responses to better identify and serve domestic violence victims who have disabilities because of TBI.



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## Public/Private Partnerships and Contracts

### Brain and Spinal Cord Injury Program

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#### FLORIDA DISABLED OUTDOORS ASSOCIATION

The Florida Disabled Outdoors Association, Inc. (FDOA) is a not-for-profit 501(c)(3) organization. FDOA's mission is to enrich lives through accessible, inclusive recreation for all. FDOA works with consumers, family members, caregivers, providers, and agencies to help ensure that individuals with disabilities continue to benefit from active leisure activities in their communities. FDOA is supported, in part, through a contractual relationship with BSCIP to provide the following services.

#### Therapeutic Recreation Education, Training and Hands-On Active Leisure Opportunities

The Florida Disabled Outdoors Association conducted two multi-day events entitled *SportsAbility* during FY 2010-2011. These events targeted a broad cross-section of those with disabilities, as well as their family and friends. The events featured a resource expo, as well as indoor and outdoor sports and leisure activities and clinics.

The first event, held October 1-2, 2010 in Ocala, Florida, was attended by more than 200 individuals with brain and spinal cord injuries, as well as family members and service and support providers. The Expo featured 23 exhibits with information on the latest in products, active leisure programs, and services. Participants were able to try hands-on active leisure opportunities, such as adaptive golf, tennis, basketball, martial arts, laser target shooting, disc golf, swimming, bocce, therapeutic horseback riding, sit waterskiing, target shooting, nature trail rides, kayaking, jet skiing, fishing, hand-pedaled biking, archery, crafts, etc.

The second event, held April 14-17, 2011 in Tallahassee, Florida, was attended by approximately 250 individuals with brain and spinal cord injuries, as well as family members and service and support providers. This event featured a banquet on the first night that featured keynote speaker Sarah Reinertsen, the first above-the-knee female amputee to complete the Ironman World Championship. She has been featured for her accomplishments in *Sports Illustrated*, ABC news features, commercials, and various other communication venues.

The Tallahassee event also featured a Resource Expo with information booths. Participants were able to try a wide range of indoor and outdoor recreation options similar to those available at the Ocala event.

#### Provision of Resource Information

FDOA produced and distributed two individualized brochures relating to the need and benefits of recreation and active leisure for persons with brain and spinal cord injuries. The brochure, *Community-Based Recreation & Active Leisure for Survivors of Brain Injury*, was distributed through a variety of partner organizations, including the Brain Injury Association of Florida. In addition, FDOA distributed the brochure during functions, which related to disability awareness, such as Transportation Disadvantaged Day at the Florida Capitol. The brochure, *Community-Based Recreation & Active Leisure for Survivors of Spinal Cord Injury*, was distributed through a variety of partner organizations, such as the Florida Spinal Cord Injury Resource Center; it was also distributed during disability awareness functions.

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## Public/Private Partnerships and Contracts

### Brain and Spinal Cord Injury Program

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During FY 2010-2011, FDOA produced three issues of the newsletter, *No Barriers*, which provided information about the need for and benefits of recreation and active leisure for persons with brain and spinal cord injuries. Each newsletter contained at least one article specific to persons with brain and spinal cord injuries. Newsletters were distributed to BSCIP offices; Brain Injury Association of Florida offices; Florida Alliance for Assistive Services and Technology offices; Centers for Independent Living in Florida; the Florida Association for Centers of Independent Living (FACIL); the Florida Independent Living Council (FILC); Florida Children's Medical Services (CMS) offices; Florida Division of Vocational Rehabilitation offices; persons with spinal cord injuries; persons with brain injuries; recreation providers; and businesses that serve persons with brain and spinal cord injuries.

The three *No Barriers* newsletters were mailed to more than 11,000 people and businesses in Florida and e-mailed to more than 1,200 people. Articles specific to brain and spinal cord injuries included the following:

- “Accessible Rish Park on Cape San Blas Reopens” provided information on a barrier-free recreational area that those with brain and spinal cord injuries may enjoy with their families in beautiful Cape San Blas in Florida's panhandle.
- “Recreation Assistive Technology Highlight: Phed Mobility” provided information about a golf cart that can be accessed by a ramp. The cart will enable a person to be mobile without transferring out of their assistive device.
- “Time to Apply for Mobility-Impaired Quota Hunt Permits” encouraged individuals with brain and spinal cord injuries who have mobility impairments to participate in Florida's Mobility Impaired Hunting program.
- “Recreation Assistive Technology Highlight: **Bottoms Up Bar**<sup>®</sup>” provided information on the **Bottoms Up Bar**<sup>®</sup>, which enables individuals to independently engage in activities which were previously difficult or prohibitive, by utilizing a light-weight, portable, assistive device that easily mounts to a wheelchair or can be used freestanding. The device enables the user to transfer safely and easily from the wheelchair to the floor and back.
- “Recreation—A Necessity for People with Spinal Cord Injuries” provided information on the need and benefits of recreation and active leisure for people with a spinal cord injury.
- “People with a Traumatic Brain Injury Need to Exercise” provided information about the latest research on the benefits of recreation and active leisure for those with brain injuries.
- “New ADA Rules Go into Effect” provided information for those with brain and spinal cord injuries about the new ADA rules, which became effective on March 15, 2011; the rule requires wheelchairs (and other devices designed for use by those with mobility impairments) to be permitted in all areas open to pedestrian use in public and state park areas.
- The “Executive Director Report” provided information that may be useful for people with a brain or spinal cord injury when traveling.

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## Public/Private Partnerships and Contracts

### Brain and Spinal Cord Injury Program

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- “Recreation Assistive Technology Highlight: Mobi-Chair” provided information on an innovative wheelchair that can be used on the beach. Its armrests also serve as a flotation device.

FDOA maintained and updated its website, [www.FDOA.org](http://www.FDOA.org) throughout the year and added new resources, web-based training, a calendar of events related to active leisure group activities, and an archive of newsletters.

### Educational Training

On June 11-12, 2011, FDOA facilitated and conducted training on community-based rehabilitation, community-reintegration, and wellness at the Brain Injury Association of Florida’s Annual Jamboree. A variety of active leisure activities were also provided by FDOA staff, which included sit-volleyball; disc golf; fish casting; Wii bowling; and ladder golf.

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## Success Stories

### Brain and Spinal Cord Injury Program

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## SUCCESS STORIES

Because of the diligence and dedication of the BSCIP staff and collaboration with community partners, the following are success stories of BSCIP clients who were successfully reintegrated back into the community.

### MICHELLE ACOSTA – ON THE ROAD TO RECOVERY



Michelle and Daughter  
Emma

On May 1, 2010, Michelle Acosta fell asleep at the wheel of her car and crashed into a tree. She sustained a severe traumatic brain injury and loss of consciousness and was transported to Jackson Ryder Trauma Center via air rescue. Michelle remained in a coma for several weeks following the accident. She was referred to the BSCIP Central Registry by the Jackson Ryder Trauma Liaison Nurse. BSCIP Case Manager Teresa Alba was assigned to Michelle's case. Ms. Alba monitored Michelle's condition and progress and maintained contact with Michelle's mother, Martha, who was devastated by her daughter's injury and was caring for Michelle's two-month old daughter Emma.

After several weeks, Michelle woke up from her coma and became medically stable. She was transferred from acute care to Jackson's Neuro Rehab floor to receive inpatient rehabilitation. At that time, Ms. Alba met with Michelle and her family to conduct an initial interview. They worked together to develop a community reintegration plan for Michelle utilizing the recommendations of the Jackson Neuro Rehab Team and taking into consideration Michelle's needs.

Michelle had difficulties with ambulation, short-term memory loss, reduced attention and concentration, coordination, impulsivity, and anxiety, and she was unable to carry out daily functions or organize and plan activities. Michelle's family was supportive and took her home after her discharge from rehab. They provided the necessary support and constant supervision she required. Michelle started the required Speech and Cognitive Re-training, Physical Therapy, Occupational Therapy, and Neuro Psychology as an outpatient. BSCIP provided the necessary funding after her Medicaid benefits were exhausted. Michelle was able to meet her goals and completed her outpatient therapies. She was cleared by her physician for a Driver's Evaluation. The BSCIP was able to fund this evaluation, as well as her Driver's Training, which enabled her to learn defensive driving in all traffic settings. In May 2011, Michelle regained her driving skills and was discharged from the driving program and deemed safe to drive in the community



Michelle, On the Road Again

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## Success Stories

### Brain and Spinal Cord Injury Program

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again. Michelle's family provided financial support and purchased a new car for Michelle, which allowed her to drive independently again.

Ms. Alba and Regional Manager Marilyn Larrieu recently visited Michelle and her family at their home. Michelle is now able to carry out and plan her daily activities and is very positive and



Michelle and Family

optimistic about her future. She enjoys spending time with her daughter, Emma, her dog, Zimba, and her family, who provided unconditional support throughout her community reintegration journey. Michelle has returned to school at Miami Dade College and earned an 'A' in her first English Composition class. She is working part-time placing online orders for auto parts for her boyfriend's auto body shop business. She now drives independently, is focused on completing her education, and looking forward to a future in Marketing. Michelle and her family have expressed their appreciation and gratitude towards the BSCIP for all of the services and support that were provided.

### OWUSU ANSAH AGYAPONG, PH.D. – LIFE LESSONS



Dr. Agyapong

On January 24, 2011 at 7:35 a.m. while on his way to work, Dr. Agyapong was hit on the driver's side of his car by another motorist. He was transported to and received acute care services at Tallahassee Memorial Hospital. He was later transferred to the Shepherd Center in Atlanta, Georgia, for inpatient rehabilitation services funded through his private insurance. Initially, Dr. Agyapong was dependent on others for help with his activities of daily living. He spent three months at the Shepherd Center, then returned to his home in Tallahassee and began receiving in-home therapy. He attended and received outpatient therapy at HealthSouth. Because of his therapies, Dr. Agyapong is now able to move all of his extremities, and he is able to direct his care and assist those who help him with his activities of daily living.

The BSCIP provided funding and case management services for home modifications, outpatient physical and occupational therapy, and consumable medical supplies for Dr. Agyapong. One of the main challenges identified by Dr. Agyapong was the transition from rehab to home. He and his wife felt baffled by the network of supports they needed to help them through the rehabilitation process. They stated, "Without BSCIP involvement, we do not know how we would have made it." Dr. Agyapong is experiencing steady improvement in his overall physical and mental health.

Upon expressing an interest in returning to his professorship at Florida Agricultural and Mechanical University (FAMU) in the Department of Criminal Justice, Priscilla Lyons, his BSCIP Case Manager, made a referral to the local Vocational Rehabilitation office. Dr. Agyapong



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## Success Stories

### Brain and Spinal Cord Injury Program

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recently returned to his position as a professor at FAMU. When asked what his future goals are, he commented, "With the help of God, we believe that I will resume normal and daily activities, become self reliant, drive again, serve as a mentor for my students and others, and support the BSCIP."

#### CHRISTIAN OTERO – MOVING IN THE RIGHT DIRECTION

On October 31, 2009, Christian Otero was driving his motorcycle and lost control. He was transported to Halifax Medical Center in Daytona Beach. Once there, he was diagnosed with a severe traumatic brain injury, and was treated for skull fractures, femur fractures, liver contusion, lung contusions with rib fractures, and an amputation of his left upper arm. After one month in the hospital, he began to follow commands, yet remained disoriented. He was unable to participate fully in his occupational or physical therapy due to pain. In December 2009, he was transferred to a nursing home rehabilitation center and remained there until early February 2010 because he required constant supervision.



Christian in the hospital

Upon discharge from the nursing home, Christian declined transfer to an inpatient rehabilitation facility. He initially returned to live in his residence with a variety of friends, but it was his girlfriend, Ashley, who provided stable, strong support. She contacted him daily during her lunch breaks and took him to his rehabilitation doctor appointments and outpatient therapies during her days off. In mid February 2010, he and Ashley met with BSCIP Case Manager Mary Murray, to complete his application for BSCIP services. During the interview, Christian answered questions, but often gave responses unrelated to the questions. Ms. Murray observed that he showed a lack of appropriate social judgment; and that his voice unpredictably vacillated between normal and high-pitched tones. During the interview, he kept his amputation hidden underneath his jacket.

Christian required a short psychiatric hospitalization in June 2010, when he expressed suicidal tendencies because he did not take his psychiatric medications. Ashley reported to BSCIP that Christian self-medicated by smoking marijuana. In July 2010, he moved in with Ashley and achieved stability with her positive support. The BSCIP, through funding by Brooks Charity, coordinated outpatient occupational, physical, and cognitive therapy, which Christian completed in late 2010. He was then ready for prosthetic fittings. This was a long process and took over six months to complete. Christian required x-rays to determine if a prosthetic was feasible with his level of pain and an amputation so close to his shoulder. Once fitted, he required additional therapies to learn to use the device to bathe and cook. He is now functioning independently.



Enjoying a day on the water

BSCIP also referred Christian to the Brain Injury Association of Florida (BIAF). Ms. Murray worked with Social Security and the Office of Disability and Medicaid to assist Christian in receiving benefits. The BSCIP provided funding options for his medications, arranged and funded physiatrist services to monitor his anti-depression and anti-anxiety medications,

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## Success Stories

### Brain and Spinal Cord Injury Program

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remedies for pain issues, and outpatient therapies.

Christian expressed a desire to explore working. Prior to his injury, he had only completed the ninth grade and had been employed for two weeks as a cabinet builder. Ms. Murray referred him to the Division of Vocational Rehabilitation and remained in constant communication with the program as they determined Christian's eligibility for the program. He has been accepted and it is anticipated that a service plan will soon be developed. The BIAF will continue to remain involved with Christian as he works through this process.

Christian and Ashley have expressed their appreciation for the consistent support and communication with BSCIP. They are expecting their first child this spring!

#### TERESA MCKENZIE – DETERMINED NURSE



Teresa McKenzie

Teresa McKenzie was assaulted as a result of domestic violence on January 24, 2011 in Lee County, FL. She was transferred to Lee Memorial Hospital as a trauma alert, diagnosed with a C6-7 spinal cord compression injury, which resulted in quadriplegia. Teresa underwent surgery and was admitted to inpatient rehabilitation at Lee Memorial Hospital. Joan Gentile, BSCIP case manager, met with Teresa. From the beginning, Teresa stated, "I am a nurse, and I will return to work." She had a long career as a traveling nurse who worked in telemetry cardiac units. After the initial interview, Teresa and Ms. Gentile developed a care plan keeping in mind Teresa's ultimate goal of returning to her nursing career.

Teresa absorbed the information in the Florida Spinal Cord Injury Resource Center backpack provided by Ms. Gentile. She took to heart the conversation she had with her case manager at the initial interview about empowering herself with knowledge. She pushed herself in her therapy sessions at inpatient rehabilitation. Her family was at her side cheering her on.

Teresa had private health insurance, which covered many of her expenses. She was encouraged to apply for funding through the Crime Victim Compensation Program, which she ultimately received. As the time for her discharge from inpatient rehabilitation neared, hospital staff and the BSCIP coordinated durable medical equipment needs and outpatient therapy. The BSCIP assisted with the purchase of portable ramps and a transfer shower bench that insurance did not cover. These simple items allowed access to her home with her wheelchair and the ability to perform her personal care independent of others. She continued to participate in outpatient therapy at Lee Memorial Health System. The BSCIP provided some in-home occupational therapy to address self-care and home management training. This allowed her to build on the skills she learned in outpatient therapy and apply them in her home safely.

Teresa regained function of all her extremities and bodily functions. The day arrived when she walked on her own. She continued to work on her fine motor skills in her wrists, hands, and fingers. These were crucial skills she needed to return to clinical nursing. Teresa struggled with this for some time and spoke with Ms. Gentile. The Vocational Rehabilitation Program was

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## Success Stories

### Brain and Spinal Cord Injury Program

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discussed as an option to support Teresa with her return to employment. Teresa persevered with her outpatient therapy.

The day came, not quite a year after her injury, when Teresa was able to tell Ms. Gentile that she had full function of her hands and was returning to work with her former employer as a traveling nurse. She attributes her recovery to a combination of hard work, determination, her faith, the love and support of her family, Lee Memorial Health System, and the support of the BSCIP.

Teresa has volunteered to mentor other newly injured patients and is in the process of acquiring her mentor training from the Florida Spinal Cord Injury Resource Center. She will always be thankful to BSCIP for all of the support she received.

#### LUIS GONZALES – A BRIGHT FUTURE AHEAD

In May 2010, Luis Gonzales sustained a C5-C6 spinal cord injury as a result of a diving accident. He received acute care at Bay Medical Hospital and, once his condition stabilized, he was transferred to The Shepherd Center in Atlanta, Georgia for further spinal cord injury rehabilitation. Once he completed his inpatient rehabilitation program, he returned to his sister's home in Tampa. Luis was determined to become independent because he did not want to be a burden to his sister. However, his sister was more than willing to assist with his care. Luis participated in the outpatient rehabilitation program at Tampa General Rehabilitation Center, where he became more independent with transfers from his wheelchair and his own self-care.

During this time, Luis was introduced to Anthony Radano of the Florida Spinal Cord Injury Resource Center. He was given resource information regarding spinal injuries; he began attending the Spinal Cord Injury support group held at Tampa General Hospital; and he was offered a mentor to help him in his transition. Luis was under his mother's insurance policy, which covered his hospitalization expenses, followed by Medicaid. The BSCIP provided Luis with a reclining shower chair, wheelchair repair, counseling, and guidance.

Luis successfully achieved community reintegration and BSCIP referred him to the Division of Vocational Rehabilitation. Prior to his injury, Luis was a student at Florida State University with aspirations to become a lawyer. He has changed his major since his injury and would like to become a psychologist or a speech therapist who works with individuals who have spinal cord injuries. He hopes to achieve this with the assistance of Vocational Rehabilitation.



Luis and Friends

Luis has a blog at [luisguillermo-quadruplegic.blogspot.com](http://luisguillermo-quadruplegic.blogspot.com), in which he discusses “Quad Life, Help and Stuff.” He talks about everyday challenges and has a daily video diary. He is a positive young man on the road to independence, and he wants to share with others what he has learned since becoming a quadriplegic. In his blog, he is quoted as saying, “Don’t forget who you are because that doesn’t change, and while things may be hard sometimes, the only way to have a good life is to get over it. The sooner you get there, the sooner you can start working towards something worthwhile.”



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## Success Stories

### Brain and Spinal Cord Injury Program

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Wheelchair Rugby Injury

Luis recently joined a wheelchair rugby team and during a practice broke his arm. Wheelchair rugby is one of the more physical sports available to low level quadriplegics. It also provides opportunities for social interaction with others where he gains knowledge of the game, as well as life experiences.

Luis surrounds himself with family and good people. He feels it is most important to stay positive and know that life is not over. With a lot of hard work, he feels that you can still have a productive life. He believes that only you have control of which way your life will head therefore, he is making his life mean something. Luis wants to share

what he has learned, “not just with quads, but anyone willing to get up and do something.” He hopes that his posts and videos can help quads help themselves or provide therapists ideas about how they may assist their patients. Luis has said, “If I can overcome this, I can do anything. The sky is the limit. I just want to share my experiences to make life easier for other quads, family, and friends.”

Luis expresses his appreciation and gratitude to his sister and the BSCIP for the support and assistance he received through the program.

### MAURO AMATO – AT HOME AGAIN



Mauro Amato

Mauro Amato was 61 years old in July 2009 and was alone on vacation in Alaska when he had a motorcycle accident at 4:00 a.m. Fortunately, he was wearing a helmet and did not lose consciousness, but he sustained a complete T-6 spinal cord injury. He recalls that it was four and a half hours before he was found and an additional two hours before an ambulance arrived. A plane arrived two hours later to transport him to Alaska Regional Hospital in Anchorage.

Mauro returned to his home in Ft. Lauderdale and proceeded to participate in outpatient rehabilitation, funded by his health insurance, at HealthSouth. He was referred to the BSCIP Central Registry in October 2009. Mauro was making significant progress during his rehabilitation; however, he was experiencing depression. The rehab team suspected he may have sustained a head injury, even though a CT was normal. The rehab team recommended a neuropsychological evaluation and counseling. BSCIP funded the evaluation and psychological counseling. BSCIP also referred him to the Florida Spinal Cord Injury Resource Center, in which staff introduced him to a Peer Mentor.

He continued to make significant progress and indicated his desire to return to his own import/export business that he operated out of his home prior to his injury. BSCIP referred him to Vocational Rehabilitation, where he was able to obtain a driving evaluation, driving lessons, and hand controls for his car.

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## Success Stories

### Brain and Spinal Cord Injury Program

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Mauro worked independently to have his apartment modified to be wheelchair accessible. The BSCIP assisted in finding a donated hospital bed for him, which he donated to a local Center for Independent Living because he no longer needs it. Mauro continues to participate with aqua therapy and remains an active member of the local Spinal Cord Injury Support Group.

His remarkable courage, continuous commitment, and hard work paid off because he is now driving and able to reside independently in his own home. His success is also a wonderful tribute to how various state agencies and community resources worked together to assist him in his journey toward community reintegration.

#### PAUL STEIN – INDEPENDENCE RETURNED



Paul on his Seventieth Birthday.

Paul Stein was 67 years old when he fell at home on May 3, 2008 while taking out the garbage. He sustained a C5-6 incomplete spinal cord injury resulting in quadriplegia. Paul was initially admitted to Morton Plant Hospital in Dunedin and was then transferred to Shands Rehabilitation Hospital in Gainesville on May 15, 2008. He experienced numbness and the inability to move his upper and lower extremities. His condition improved significantly over time. On July 3, 2008, he was discharged to his home in the care of his wife, Sherill, and a hired caregiver. At that time, he was not able to walk and was confined to a wheelchair. He was also unable to perform all activities of daily living independently.

Paul participated in outpatient therapies at HealthSouth and Morton Plant for approximately three years. The BSCIP provided funding to pay for Paul's therapy co-pays and also provided him with exercise equipment to help strengthen his muscles. He is now able to walk with a walker and independently performs all activities of daily living. He continues to use a wheelchair for long distances and speed.

Paul is very happy that he is able to stand and ambulate with the walker. He has expressed on numerous occasions how much he appreciates the help from BSCIP. He is gratified at being relieved of paying the co-pays, as he is retired.

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# APPENDICES

## Brain and Spinal Cord Injury Program

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### REGIONAL INFORMATION

The BSCIP'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 Duprey, 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



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# APPENDICES

## Brain and Spinal Cord Injury Program

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### 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. Facilities are surveyed by a team of medical and rehabilitation professionals every three years to ensure compliance with the established standards and criteria.

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) in order to collect patient outcome information.

The BSCIP surveyed the following facilities during this reporting period:

- Baptist Hospital, Pensacola, FL;
- HealthSouth Rehabilitation Hospital, Miami, FL;
- Memorial Regional Hospital, Hollywood, FL; and
- The Rehabilitation Hospital, Ft. Myers, 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

**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 44<sup>th</sup> Street  
Sunrise, FL 33351  
Bus: (954) 742-7999  
Bus Fax: (954) 746-1300  
Facility Type: Outpatient – Adult Brain Injury Program

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# APPENDICES

## Brain and Spinal Cord Injury Program

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### BSCIP DESIGNATED FACILITIES (Continued)

**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 89<sup>th</sup> 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

**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

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# APPENDICES

## Brain and Spinal Cord Injury Program

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### BSCIP DESIGNATED FACILITIES (Continued)

**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

**NeuroRestorative Florida – Brandon House**

615 Bryan Road  
Brandon, FL 33511  
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

### Transitional Living Facilities:

**NeuroRestorative Florida****Avalon Park**

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

**NeuroRestorative Florida - Clement**

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

**NeuroRestorative Florida – Livingston Oaks**

16116 Livingston Road  
Lutz, FL 33549  
Facility Type: Adult Brain Injury Program

**NeuroRestorative Florida - Cypress**

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

**NeuroRestorative Florida – Palms Apartments**

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

**NeuroRestorative Florida – Sarasota-321**

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

**NeuroRestorative Florida – Sarasota 325**

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



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# APPENDICES

## Brain and Spinal Cord Injury Program

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### 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 is comprised of 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).

As members' terms expire, new council members are appointed. During this fiscal year, there was a large turnover in membership, and the list below reflects those members whose terms ended and those who began within the fiscal year. Elections of the Chair and Vice Chair positions were held mid-fiscal year, and, as a result, two members held these positions within the fiscal year.

#### 2010-2011 ADVISORY COUNCIL MEMBERS

**Chairs:** Marilyn Sutherland, R.N., B.S.N., M.S., C.N.R.N.  
Thomas R. Kerkhoff, Ph.D., A.B.P.P.

**Vice-Chairs:** Thomas R. Kerkhoff, Ph.D., A.B.P.P.  
David Kushner, M.D.

Patricia Byers, M.D.

James F. Carrell

Erick H. Collazo

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

Casey Haddix, Psy.D.

Paul Kornberg, M.D.

Cynthia Kovacs

Robert G. Melia, Jr.

Gregory J.A. Murad, M.D.

Julia P. Paul, R.N.

Grace Peay

Evan Piper

William Renje

Bonnie Rice

Lester M. Rice

Dale S. Santella

Michael Sprouse

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.