



IDENTIFYING
ASSISTING
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Brain & Spinal Injury
Trust Fund Commission

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Cover Photo: Artist Katharine Hartwig Dahl, in front of her painting, SACRED WOUNDS: a tribute, addressing HEAD INJURIES, Men/Women at war, that inspired this year’s Pathfinder Award.

It is my privilege to offer you the Brain and Spinal Injury Trust Fund Commission Annual Report for fiscal year 2007.

This report is the Commission's record of our activity, advocacy, progress and stewardship on behalf of Georgia and the communities we serve.



We advance the lives of Georgians with traumatic brain injury (TBI) and/or spinal cord injuries (SCI) through grants for their care and rehabilitative needs. Our mission is to support lives of meaning, independence and inclusion. As you will see, the Commission received 900 applications and funded 689 awards for \$3,292,988.27 in FY2007. These are record highs for the Trust Fund Commission—23 percent more applications than the prior year were reviewed and processed.

As the Commission's new executive director I've been fortunate to inherit a very capable staff that possesses a clear vision of the Trust Fund's mission. I've admired their professionalism during a year of increased demand and change. They are dedicated to working one-on-one with applicants, ensuring Trust Fund awards further independence and equal opportunity.

After a year of intense work, the Commission's Advisory Committee has written and distributed Georgia's first Neurobehavioral White Paper, titled "Georgia's Neurobehavioral Crisis: Lack of Coordinated Care, Inappropriate Institutionalizations." This report details the lack of coordinated care in Georgia for persons with severe traumatic brain injury. Recommendations for improved procedures and funding will be made to policy-makers in both the public and private sector in the coming year (see page 13). In the meantime, we hope awareness is raised and discussion is stimulated through the media coverage this report is generating in publications ranging from the *Atlanta Journal Constitution* to *Managed Care Business Week*.

In this report you will see that the Central Registry, maintained by the Commission for the state of Georgia, identified more than 53,000 Georgians who were treated in a hospital or emergency room for TBI and/or SCI in 2006. Guiding these people to timely, appropriate resources is critical. That's why the Commission members and staff are working to provide patients with information on resources as they leave the hospital.

And, it's why we are collaborating with the Department of Education on training seminars and web resources for K-12 education administrators and special education personnel. Our hope is that with early identification and appropriate interventions we can lessen the impact of traumatic TBI/SCI injuries on our young people and their families.

Next year, one of our most promising endeavors is to take the Commission's Stewardship Program to a new level. In 2008, our new coordinator (pages 14-15) will take to the road—visiting communities across Georgia to discuss, learn and advise our stakeholders regarding the many opportunities to make our Trust Fund more accessible.

As we implement our goals for this year and review our past, please know that your Brain and Spinal Injury Trust Fund is committed to implementing best practices in our field and accountability in our day-to-day operations. As the state's Lead Agency on traumatic brain and spinal injuries, we strive to ensure that our processes are creating an environment that leads to creative long-term solutions for our applicants. Trust Fund awards change lives. The citizens of Georgia deserve nothing less.

Sincerely,

Craig Young, BSITFC Executive Director

WE IDENTIFY: THROUGH THE CENTRAL REGISTRY



Sam and Diann Fuller

A discussion with Stephanie Lotti, Director of Data and Public Policy



What is the Central Registry and why is it important?

Without data collection, we wouldn't have the statistics like those listed on page 5. That's one of the reasons why the Central Registry matters.

The Central Registry is Georgia's database of people who have been treated for a traumatic brain and/or spinal cord injury. The data includes information about people who were admitted as inpatients to the hospital, or treated and released in the hospital's emergency department or outpatient clinic. This information is kept in strictest confidence.

The Commission administers the Central Registry (CR), sends information to people who were injured, and analyzes data to monitor incidence rates and causation.

Why was the Registry created?

In the late 1970s, Georgia teenagers with spinal cord injuries were dying from their injuries because they didn't have access to critical services. Citizens from South Georgia urged their representatives to address this situation, which led to the General Assembly passing legislation in 1981 to create the Central Registry.

The Central Registry was operated by the Division of Rehabilitation Service through its Roosevelt Warm Springs Institute for Rehabilitation from 1981, until the Commission took over on July 1, 2004.

We have steadily improved the data collection process. We found, for instance, there had been a severe undercount in prior years. In 2003, just 2,401 people were identified, whereas, in 2004, 45,080 new injuries were reported.

How does the Central Registry gather information about people with traumatic brain or spinal cord injuries?

Georgia hospitals are responsible for obtaining information about the injured people they treat. Each quarter, the Georgia Hospital Association (GHA) sends the Commission information that it has gathered from the Georgia Discharge Data Set (GDDS), a standardized set of information provided by the hospitals to the GHA.

The Commission wants to make sure that every Georgian who sustains a traumatic brain or spinal injury is counted and receives information on resources.

What do you do with this information?

All information is kept confidential and no identifying information is released. The Commission's Registry and the GDDS database* comply with the privacy and security safeguards required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In order to provide adequate services for people who've been injured, we must first know the extent of the problem. Knowing that 54,895 Georgians sustained a traumatic brain and/or spinal injury in 2006 helps a wide range of organizations.

For example, this is how BSITFC utilized the data:

- Mailed letters to 51,210 people identified in the 2005 Central Registry to advise them of resources. **
- Provided TBI injury prevalence information to Shepherd Center and the board of BIAG to help with their planning processes.
- Informed legislators of the injury prevalence and BSITFC award totals in the county or counties they represent.
- Partnered with the Division of Public Health to identify prevalence of repetitive injury.
- Created a series of fact sheets on TBI and SCI injury prevalence (available in Spanish and English).

What has been surprising about this data?

I've worked with Georgia's homeless and domestic violence shelters in the past and was surprised to find many of these institutional addresses captured in the Central Registry data.

I have since amended our database to include institutional identifiers for homeless shelters, correctional facilities, nursing/care homes, residential mental health treatment facilities, and hotels, which often serve as de facto homeless shelters in some communities.

Having several years' worth of this data will allow us to identify trends and to work with other community services on injury prevention and improve access to treatment.

*In Georgia, the Division of Public Health's Injury Control and Prevention Branch routinely assesses the GDDS data, as well as vital statistics, death certificate data to describe the burden of traumatic injuries in Georgia. The data is analyzed by race, sex, age, and geographical location. For more information about the Injury Prevention Section please visit the website at <http://health.state.ga.us/programs/injuryprevention>.

** To preserve confidentiality, BSITFC did not send letters to individuals listing a domestic violence shelter address. Instead, an information packet highlighting the strong correlation between TBI and family violence was sent to the Executive Directors of domestic violence shelters across the state. We encouraged them to share this with residents and on-site case management staff.

“By using numbers from the Central Registry, we not only remind the support groups how many of us there are, but, with luck, strike a chord in our lawmakers to pay attention.”

— **WARING JACKSON, N. FULTON COUNTY SUPPORT GROUP MEMBER**

The North Fulton County Brain Injury Support Group cites TBI-by-County injury counts when contacting their political representatives.

Central Registry for Traumatic Brain and/or Spinal Injuries

Data from January 1 to December 31, 2006

Total number of people treated for a traumatic brain and/or spinal cord injury in the ER or hospital – 54,748

AGE RANGE IN YEARS	Hosp TBI Only	Hosp SCI Only	Hosp TBI + SCI	Emergency TBI Only
0 – 4	332	**	**	8,573
5 – 9	171	**	**	3,926
10 – 14	233	**	**	3,421
15 – 24	1,158	81	49	9,345
25 – 34	851	82	32	5,529
35 – 44	821	92	40	4,677
45 – 54	780	98	33	3,635
55 – 64	577	81	27	2,333
65 – 74	492	61	**	1,816
75+	1,173	52	**	3,921
Missing	23	0	23	
Total	6,611	558	207	47,199

SEX	Hosp TBI Only	Hosp SCI Only	Hosp TBI + SCI	Emergency TBI Only
Female	2,474	141	55	21,223
Male	4,136	417	152	25,971
Unknown	1	0	0	5

RACE	Hosp TBI Only	Hosp SCI Only	Hosp TBI + SCI	Emergency TBI Only
Asian	46	**	**	482
Black	1,705	179	51	13,897
Hispanic	524	34	24	3,420
Multiracial	253	19	15	1,088
White	3,984	307	115	27,181
Other	15	**	**	140
Unknown	84	**	**	991
Total	6,611	558	207	47,199

**fewer than 10

TOP INJURY MECHANISMS – TBI

Injury Mechanism	Hospital TBI Only	ED TBI Only	Total
Motor Vehicle Traffic	2,794	9,774	12,568
Falls*	2,247	19,269	21,516
Struck by Object/Person*	154	6,740	6,894
Assault/Violence	528	4,560	5,088

*TBI does not include sports

TOP 3 INJURY MECHANISMS – SCI

Injury Mechanism	Hospital SCI Only
MV Traffic	114
Falls	156
Assault/Violence	27

Note – about 30% of SCI events have no recorded causation in the data.

WE ASSIST: THROUGH THE TRUST FUND

Rocky Rothrock, one of the founders of the Trust Fund, says what makes Georgia's Trust Fund special is that it was created to fund people. We agree. This precious resource has spurred thousands of Georgians with TBI/SCI to reach for independence, to return to work, to reclaim their lives. And as you'll see from Angela Rozar's experience, typically one award lifts more than one person: An entire community benefits.

The Commission is honored to manage and distribute the state of Georgia's only dedicated source of funding for people with traumatic brain and/or spinal cord injuries. All Trust Fund awards must be approved by the Governor and we're proud that none of our recommended distributions have been refused since we began making awards in 2003.

During that time, Georgians have benefited from more than 2,000 awards totaling \$8.8 million the Trust Fund has distributed. Unfortunately, we've had to narrow our distributions as our budget, which is tied to court collections of the DUI surcharge, has declined.

Nevertheless, we continue to fight for the needs of our community. The idea for the Trust Fund came from people with TBI/SCI. They knew that many of the services and goods that are needed lifelong are not covered by Medicaid/Medicare or private insurance. This has not changed. Your help is needed as we develop innovative strategies to sustain the Trust Fund. Please join us.



Angela Rozar, Trust Fund recipient

HOW ONE AWARD IS HELPING HUNDREDS

Angela Rozar smiles confidently as she makes her way to the podium. The women gathered in the audience are united by a common experience—domestic violence. Angela encourages them by sharing her story. But if it weren't for that beautiful smile, she wouldn't be there.

Thirteen years ago, Angela was a whirlwind of activity: a successful banker, a loving mother of three children, and a budding film actress with plans to get an accounting degree. After divorcing her abusive husband of 18 years, she was relishing the possibilities of a fresh start.

But, one beautiful spring morning, her busy life ground to a halt.

Ten days had passed since Angela finalized her divorce; she thought she was finally free. Then, her ex-husband charged into her home and shot her in the head. Neither of them knew she was pregnant.

After three days in a coma, doctors wanted to pronounce Angela brain-dead and donate her organs. But after a near-death experience, her eyes opened. New tests found brain activity.

Angela spent the next three months in the hospital. When doctors finally discovered the reason behind her growing midsection, the news of her pregnancy presented a new obstacle: finding a rehab center that would admit an expectant mother. Eventually, the Atlanta Rehabilitation Center agreed to provide treatment.

When her due date arrived, Angela was still physically unable to care for her baby. Her other children were suffering as they were shuffled in and out of foster care. She weighed her options.

"I wanted a better life for her," Angela says, "and I made a really hard choice to place her with another family. She's doing great and I get to see

pictures, but it's one of the most heart-wrenching things I've ever done in my entire life. It was very emotionally devastating."

Despite the obstacles, Angela tackled the process of relearning how to walk, talk, eat, and care for herself. Her determination paid off. Though she still uses a walker or wheelchair to get around, she now senses a larger purpose in her life.

Because Angela can no longer process numbers like she once did, a career in banking is no longer an option. Instead, she works with the Pastoral Institute, Judicial Alternatives for Georgia and the Family Center as a victim liaison for women experiencing domestic violence. She also volunteers through the Georgia Department of Corrections "to try to help people who have domestic violence issues, rather than just tossing them in jail," she says.

These days she's grateful: "I have a God-given opportunity to still be here and move on and do something to help somebody else." And not just a few people. Angela has spoken to nearly 2,000 women in the years since her injury.

But, Angela says, it wouldn't have happened without the dental work afforded through a Trust Fund award.

Because pregnancy and months of intubation had left her with rotted teeth, "I tried not to smile or let anybody see that side of my mouth," Angela says.

"I was getting opportunities to do some public speaking on domestic violence, and I was sometimes like, 'I don't want to do this because I don't want anybody to see that I have two badly decayed teeth'...it was embarrassing."



Angela Rozar speaks at BSITFC Annual Meeting in Columbus, GA

That's why, when she heard about the Trust Fund from her local brain injury support group, she applied.

"I didn't know if the Trust Fund would even consider dental work...but they did, and now I don't mind smiling at all!" she says.

"The Trust Fund has allowed me to continue to help other people," Angela says. "And you know, that was something that I didn't expect. Working with other battered women, doing public speaking—it gives me so much more confidence."

Her dental work also helped her land a minor role in the 2005 TV movie *Warm Springs*, which depicts Franklin D. Roosevelt's battle with polio, and whose cast includes several Hollywood heavyweights.

"To me," she says, with a broad grin, "a smile—how you feel about yourself—can change everything."

"The Trust Fund has allowed me to continue to help other people."



“Rockin’” Richie Benton consults with BSITFC co-workers Dionne White and Wendy Butts

RICHIE KEEPS APPLICATIONS “ROCKIN’” ALONG

If you’ve received a Trust Fund application, it’s likely that “Rockin’ Richie” has had a hand in it. A self-proclaimed “old hippie,” Rockin’ Richie Benton is the new Applications Assistant who sends out applications and logs information into the database. As a Trust Fund recipient himself, he appreciates the importance of each award.

“My awards helped me get back to work,” he says, referring to grants for vocational support and transportation. Prior to joining the Commission, Richie held a variety of positions, including working the graveyard shift as an airport parking lot attendant.

At the Commission, his time is spent at the computer, even though he says, “I can’t type worth a hill of beans.” Stiff fingers and a loss of balance have lingered since his accident. Nevertheless, the Commission staff is more than happy with his work.

“Richie has been such an asset to our office,” says his supervisor Dionna Littlejohn, Director of Application Management. “Entering applications is an essential part of our process and Richie handles his duties well. He has a great attitude and keeps us laughing with his stories.”

Earlier in his life, Benton, 58, was a professional drummer playing with bands that toured the world. No wonder he cites Talking Heads lyrics to describe waking from his car accident in 1991.

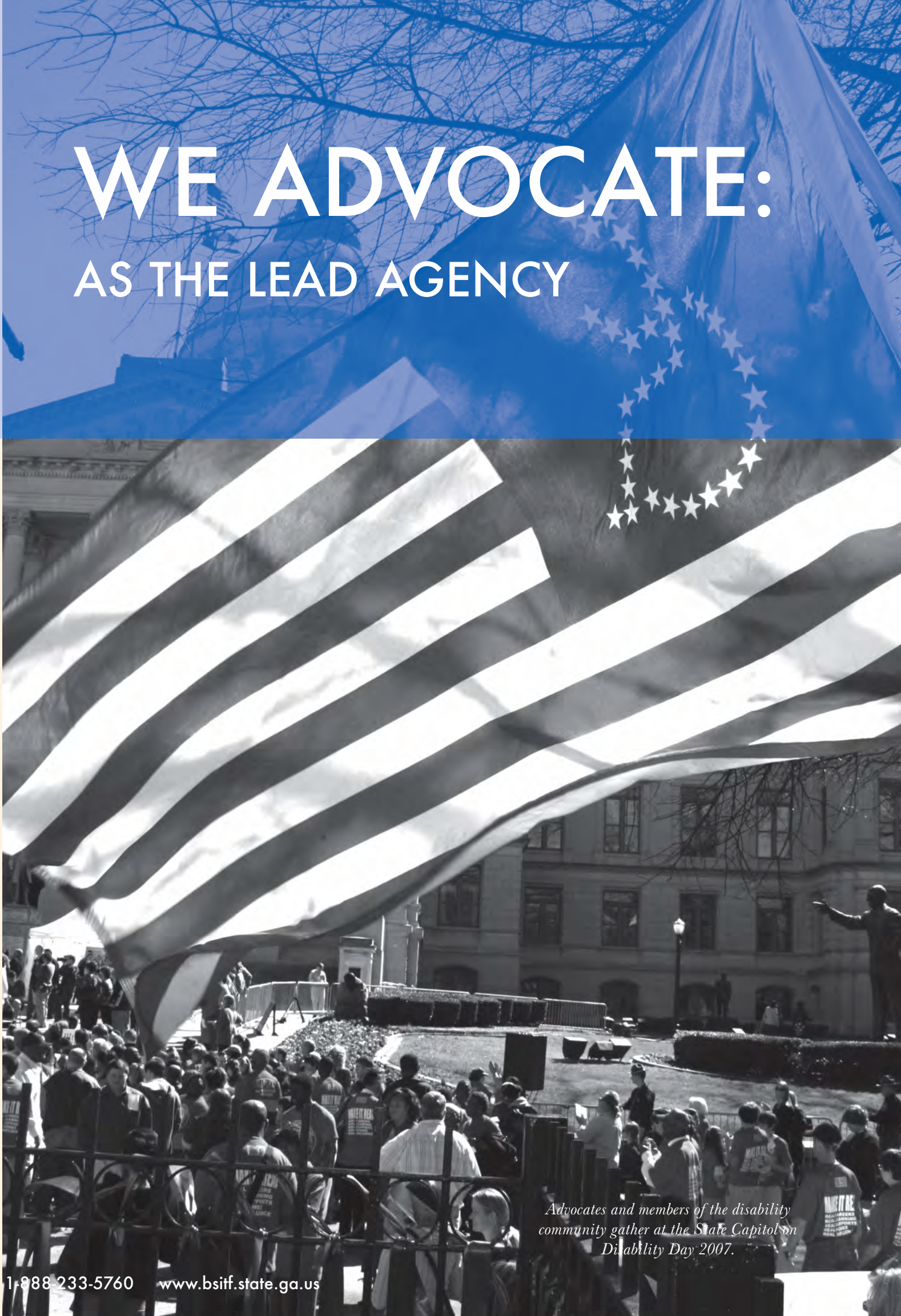
“I said to myself, ‘This is not my house, this is not my life,’” he says, after a 10-week coma. “My eyes opened as I was being transported to a long-term care nursing home. They had to turn around and take me back to the hospital.”

Though Benton’s severe head injury has challenged his ability to play music, it has not dampened his love for it.

“I listen to music all the time—rock, jazz, blues, soul,” ticking off his favorites. “My home computer is full of music—YES, Steely Dan, Doobie Brothers, Rolling Stones, Beatles.”

Clearly, he’s still an artist at heart, savoring beauty where he finds it.

WE ADVOCATE: AS THE LEAD AGENCY



*Advocates and members of the disability
community gather at the State Capitol on
Disability Day 2007.*

As the state's Lead Agency for coordinating services for people with TBI/SCI, we've examined the statewide infrastructure and resources for people with these traumatic injuries. What we've found is that there are too many Georgians struggling to overcome hurdles to lives of independence and productivity. Despite our declining collections, we are doing all we can to maximize what we have by: seeking partnerships with organizations to extend our reach, recruiting sponsors for events, and continually researching new funding sources.

We are also growing our passionate community of stewards, leaders and advocates. We encourage you to join us. Share your expertise. Let us know your ideas for sustaining the Trust Fund.



PUBLIC POLICY

The Trust Fund is so much more than the 2,000 awards and \$8.8 million the Commission has distributed.

The Trust Fund has become a talent bank with compounding interest. This year our talent—the Advocacy Network—doubled to more than 370 people. Members are being trained in how to make a difference at the local and national level.

Accomplishments include:

- Reaching out to brain injury groups across the state.
- Working with other groups to expand home and community-based services.
- Conducting a statewide Stewardship Program tour.
- Partnering with CreditAble to raise awareness of available services and educate support groups, service coordinators and case managers about new policy changes.
- Several members of the network being recognized by the National Spinal Cord Injury Association, the American Association of People with Disabilities, and the Statewide Independent Living Council of Georgia.

As the Commission nears its 10th anniversary, more must be done to build inclusive communities and to ensure that Georgians with traumatic TBI/SCI injuries have the access and support they need.

With this in mind, the Commission and its public policy volunteers will be working hard in 2008 to:

- Advocate for the formation of a legislative study committee to help people with neurobehavioral issues and support the Commission's recommendations for a coordinated system of care;

- Research factors that affect DUI fine collection rates to preserve the integrity of the Trust Fund's revenue and to ensure that we have adequate resources to meet the needs of Georgians with traumatic brain and spinal injuries; and
- Evaluate changes to Medicaid waiver programs to ensure that they are made in the best interest of people with traumatic brain injury and spinal cord injury, and oppose any changes that keep people with injuries from living as independently as possible.

On the federal level, we will continue to monitor the progress of the TBI Act reauthorization, the ADA Restoration Act, the Community Choice Act, the Christopher and Dana Reeve Paralysis Act, and efforts to support veterans with brain injury.

We are excited about the growth of our Advocacy Network and invite you to participate, too. You don't have to be an expert. You have a role to play whether you are a student like Chris Underwood getting involved in the political process for the first time; like Justin Cochran, who was ready to speak up when it counted; or like Angela Rozar, engaging our community by sharing her personal experience.

If you're interested in joining in our advocacy efforts, or want to learn more about our public policy priorities, visit our website at www.bsitf.state.ga.us



“I was at the Capitol on the last day of the Session. A friend of a friend asked if I would like to meet the Lieutenant Governor. I was allowed onto the floor of the Senate, got my picture taken, and was able to steal a couple minutes to plug the Trust Fund and ICWP. I was also able to speak with Senator Renee Unterman about Trust Fund funding. I wanted her to know about the wonderful things you guys do on a daily basis.” —JUSTIN COCHRAN, ADVOCATE

CHRIS UNDERWOOD

On any given day Chris Underwood, a perky 7th grader from Peachtree City, might be playing saxophone in the Rising Starr Middle School band, third base at the Field of Hope, or rugby at camp.

But on Feb. 27, 2007, Chris participated in a wholly different activity: Serving as a page at the Georgia General Assembly.

The Page Program allows Georgia children 12 years and older to work one legislative day in either the state House or Senate. They run errands, deliver messages, and perform other tasks brought to the page desk and doled out among the 20 or so boys and girls.

“He loves to talk to people, so as soon as he knew that there would be a lot of interaction, he got excited,” says Pat Underwood of her son, who sustained a C6-C7 spinal cord injury in a car accident as a toddler.

For his day of work, Chris received a \$10 stipend and a certificate of service that excused his absence from school, which was one of his favorite things about being a page.

When he talked about his day at the Senate, sponsored by Senator Ronnie Chance (R-District 16), Chris bubbled over.

“There were a ton of people! You get to learn a lot and it’s cool. I learned about the process of passing laws.”

This is exactly what Pat, who is active in disability-related issues, had hoped. “Exposure is the most important education a child can have,” she says.

And vice versa: “Legislators need to be educated on the issues... We can’t assume they’ll fight for our causes. The earlier people with disabilities learn how

much power they have to influence the political process, the better off we’ll all be.”

A case in point: SB 86, which called for enforcing seatbelt requirements on trucks and other vehicles currently exempt from seatbelt laws—a bill the Commission was supporting because of its potential to reduce the number of traumatic injuries resulting from vehicle accidents—was passed through the Senate two days after Chris paged.*

“Maybe some of the senators made a connection between working with Chris and voting on the bill the next day,” Pat says.

Either way, she says, “It’s good for them to see firsthand someone like Chris working hard, doing a good job, and enjoying himself so much.”

If you know someone interested in working as a page, contact a legislative member about sponsorship directly through the Georgia General Assembly Web site www.legis.state.ga.us.

*Ultimately, the bill failed to pass the House.



Just five days after advocates gathered on the steps of the State Capitol for Disability Day 2007 (pictured), Chris Underwood spent a day there serving as a page for Georgia legislators.



“Families are in crisis because people they love—people who have been in car accidents or injured playing sports or fighting a war—are not being served. Georgia needs a continuum of coordinated care for people with brain injury and we are calling on our representatives to address this issue during the legislative session.”

—SUSAN JOHNSON, VICE CHAIR OF THE COMMISSION,
AND DIRECTOR OF BRAIN INJURY SERVICES AT THE SHEPHERD CENTER.

GEORGIANS WITH SEVERE TRAUMATIC BRAIN INJURY LOST IN AN INADEQUATE SYSTEM BSITFC Study finds no coordinated system of care

Georgia is not the place to get long-term help for a traumatic brain injury. Just ask Ben Fuller, the young father in North Georgia who, after being injured in a car accident, has spent more than two years shuttled between hospitals, unable to return to his home. During his odyssey, more than 117 Georgia nursing homes have denied him admission because staff wasn't trained to handle his behavioral issues. More than anything Ben wants to be with his family, yet there are insufficient community services to support him there. He is not alone. Up to 18,000 people are suffering similar fates, according to a new report that evaluates the costs and gaps in care for Georgians with neurobehavioral issues.

The study, “Georgia’s Neurobehavioral Crisis: Lack of Coordinated Care, Inappropriate Institutionalizations,” reveals the alarming extent to which Georgians with traumatic brain injuries fail to receive appropriate care. The report was conducted by the Brain and Spinal Injury Trust Fund Commission, the state’s only funding source dedicated to meeting the needs of people with traumatic brain injury (TBI).

At the heart of the problem is Georgia’s lack of a coordinated system of care for people suffering from neurobehavioral issues stemming from TBIs. Too often, people with TBI are not identified and diagnosed properly, do not receive basic rehabilitation and end up in nursing homes, out-of-state programs, state hospitals, prison or become homeless—at tremendous cost to individuals, families and the state. For example, when a person with a severe TBI is sent to a state mental hospital—at a cost of \$178,000 a year—both the person and the facility suffer. The facility is not equipped to provide the type of medical care needed for neurobehavioral rehabilitation.



Ben Fuller with son, Logan

The report recommends that existing funds can be better spent by redirecting people to more appropriate and cost-effective care in their communities, not in institutions. In addition:

- Many Georgians with severe TBI must seek care in other states because specialized services and critical community supports do not exist in this state.
- Not enough health professionals are trained in how to provide services to people with neurobehavioral issues, resulting in inappropriate treatment and higher costs of care.
- Many Georgians with TBI have not been identified, diagnosed and treated. It’s not unusual for those who lack appropriate services and supports to become homeless. (A recent study found 24% of homeless people interviewed reported having a brain injury.)

For more information, see “Media Room” of our website, www.bsitf.state.ga.us.



Stewards are essential to the success of the Brain and Spinal Injury Trust Fund Commission. Stewards broaden our reach, sustain the Trust Fund, and enrich us with fresh perspectives and expertise.

Stewards help in a variety of ways. Guiding Trust Fund applicants through the process, helping each person determine what will allow them to live independently is a crucial responsibility.

Ultimately, each of our Trust Fund stewards are changing the perceptions of people with disabilities from the “cared for” and “recipients” to “educators” and “contributors.”

Ayanna Anderson is our new Coordinator of the new Stewardship Program. Her past work for the Commission, her degree in marketing, and her effortless people skills are sure to take this program to new heights.

TOM CONNELLY—STEWARD INNOVATOR

Looking sharp as always, Tom Connelly readies for this interview by straightening his tie and unbuttoning his sport coat. Eyes sparkling, the affable 53-year old delivers routine contact information with a flirtatious wit: “I’m available. My phone number is...” He wiggles his eyebrows, guffawing at his joke.

It’s a good thing Tom is naturally gregarious. Anyone else might balk at giving more than 200 speeches a year. But Tom loves his work as a Rehabilitation Employment Specialist with the state of Georgia, helping individuals with traumatic brain injury develop what he calls “compensatory learning strategies”—or new ways of improving memory function, something very important to reentering the workforce after an injury.

After a TBI, people can struggle to remember things like names, telephone numbers, or other details. In some cases, this profoundly impacts one’s ability to get back to work. Arriving for an interview at the right time or

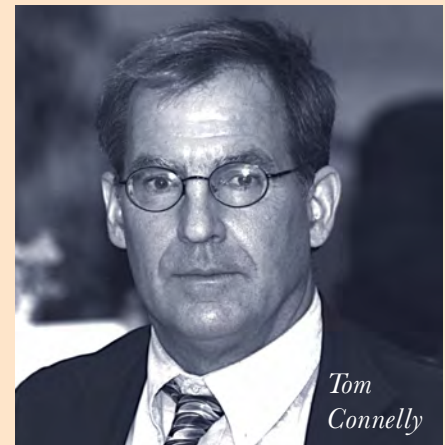
place, remembering a prospective employer’s name, or recalling a phone number for a job prospect can be a daunting challenge.

That’s why Tom’s work is so important. His favorite strategy to teach: Memory tricks, called mnemonics (neh-MON-iks). In fact, Tom has relied on them himself ever since a brain injury when he was 16 left him with memory difficulties.

Most people have been taught simple mnemonics in school—the acronym “HOMES” for the names of the Great Lakes, or “Roy G. Biv” for the colors of the rainbow.

By necessity, Tom’s mnemonics, or “schematics” as he often calls them, are much more complicated—and time-consuming. He said one schematic can take up to five hours to complete. But, “I thought if I could use my imagination, as well as multisensory input and exaggeration, it would help me remember,” he says.

And it did. He earned a bachelor’s degree in psychology



Tom
Connelly

and a masters degree in rehabilitation counseling, both with high marks, by using these memory tools. In school, Tom would draw schematics to remember definitions of terms, and spend hours putting them onto flash cards and quizzing himself with a tape recorder. His imagination and other senses compensated for the rote memory function that was disrupted by his injury.

Tom is passionate about helping brain injury survivors develop these important skills. In addition to his busy work schedule, Tom participates in the Commission’s Leadership

“My goal for the Stewardship Program is to merge individuals with traumatic spinal cord and/or brain injuries with those who have a heart to advocate for them. I believe that by doing so the Stewardship Program will play a key role in promoting successful change.”

—AYANNA ANDERSON, BSTIFC STEWARDSHIP COORDINATOR



HOW MNEMONICS WORK

Development Program. There, he learns about the responsibilities of the Commission, the intricacies of the distribution process and other Trust Fund procedures. He hopes by learning these skills, he'll be ready to serve on the Commission when the need arises. "It's a win-win situation," he says.

Until then, he provides valuable insight and feedback through serving on the Commission's Advisory Committee, and he recently contributed to the Neuro-behavioral White Paper (see page 13) through his service on the Brain Injury Task Force. In addition, Tom recently raised awareness for the Trust Fund in his community with an editorial he wrote for the *Albany Herald*.

As a TBI survivor, Tom says, "Those things affect me, so I want to be involved in them."

Tom Connelly was a bright student. But a brain injury when he was 16 caused his memory to falter. In fact, he failed his first college test. "I didn't appreciate that," he says good-naturedly. So he turned to mnemonics.

As a kid growing up in Ohio—a state bordered by Lake Erie—Tom had used the HOMES acronym. So he employed a similar mnemonic tactic to study for his next test—and it worked. He aced the test. For the next few years, mnemonics helped him earn both his bachelor's and master's degrees.

Today, Tom still relies on mnemonics to learn new information.

For phone numbers, Tom uses a system that assigns a unique phonetic value to each number (1-9). For example, Atlanta's area code—404—is represented by the letters RZR. So instead of three numbers, Tom remembers one word: "razor." After developing a set of words to represent an entire phone number, he draws a picture he can visualize later.

When meeting new people, Tom typically snaps their photo and writes down their name. But in a surprise encounter with former President Jimmy Carter, he didn't have a camera handy. Tom was so struck by the President's blue eyes and big smile, though, that he drew a schematic emphasizing those features. Along the bottom, he included objects that represent elements of Carter's name. Now, Tom easily remembers Carter's face and name—and the moment when he shook the President's hand.



JIMMY CARTER- JIMMY (A SHORT CROWBAR) + CAR + TUR- (KEY)



LEADERSHIP DEVELOPMENT PROGRAM

Both Bill Lee and Tom Connelly emerged from traumatic injuries eager to resume meaningful work. That's why they participate in the Commission's Leadership Development Program (LDP). Though neither have received Trust Fund awards, they have a deep commitment to extending its resources.

Thanks to their work on a variety of committees, from finances to distributions, when it comes time to lead the Commission, they will be trained and ready.

The purpose of the Leadership Development Program is to familiarize people with Trust Fund operations so there is a pool of potential candidates to draw from when vacancies occur on the Commission. Candidates apply and are selected for a two-year training program(s). (see previous page)

If you or someone you know is interested in joining the Leadership Development Program, please contact the Commission. We accept up to four LDP members at any time to serve for a two-year term. Upon completion of their term, program members may be recommended to the Governor to serve as Commission members as openings became available.

WILLINGHAM "BILL" LEE

Commission Leadership Development Program since 2006

How did you find out about the

Commission? One of my North Fulton support group members suggested I apply for a Trust Fund award. But, I figured I wouldn't make the means test because I get disability through private insurance.

Why did you get involved with the Commission if you didn't receive a Trust Fund award?

Because being in the Leadership Development Program is a wonderful way to help others. I like figuring out what people need, not just what they want. We need to make the money go as far as it can.

What do you do for the Commission? In my role on the Appeals Committee, I listen to people who are seeking special award approval. We consider the case when they present their concerns and new information during a teleconference.

For the past year, I've served on the Finance Committee, too. We look at the budget, examine collections and revenues. Recently, we've been cleaning up old awards that haven't been used. It's been interesting work.

There was an old award of \$5,000 for a modified

vehicle that had never been touched. When we researched this, we found out that the applicant didn't use it because it wasn't enough money. So, the applicant applied for \$10,000. The Appeals Committee spent a lot of time figuring this one out. We discovered the applicant, who lived near Savannah, was needy and there was a real misunderstanding on his part. Ultimately, he was awarded \$15,000, but we had to put all the pieces together first.



Bill Lee

This sounds complicated. Do you have certain skills that help? I'm not afraid of numbers. Before my accident, I was a chief engineer who oversaw nuclear calculations. I worked as a manager for highly sensitive projects, keeping track of nuclear materials around the world. Office visits often meant trips to top-secret bomb shelters. I made sure things didn't get to the critical stage.

How much time does your work for the Commission take up?

Not much time at all. My Finance Committee work involves one morning every month. The Appeals Committee meets one day per month, but the work is much more detailed. I get a packet to review every month. Because of my engineering background, I go into detail.

I remember 6 months ago, a woman in north Georgia requested about \$4,000 for a high-end computer. One of the commissioners questioned why we should give her so much, especially when you can get a real good computer for \$2,000. She explained she needed it for her work as a web designer. I asked her if she could reuse some of her standard computer components. She agreed, so we reached a compromise.

I heard you have been seeking alternative funding sources for the Trust Fund. What kind?

I helped Leslie look through government grant opportunities for people with TBI and/or SCI. I found one to develop a recreational program to help people with TBI become more coordinated and social. I'm a board member of the YMCA and recommended that we partner with them on this. It was the first time the Trust Fund worked with another organization in this way. I used to write proposals and RFPs all the time—some were three-inches thick in three binders.

How did you get into nuclear engineering?

I was a poor college student at the University of Florida when the Department of Nuclear Engineering gave me a \$250 scholarship. I said, "Wow, they gave me money!" so I thought, "Why not?" That's how I became a nuclear engineer! I've worked in this field since graduating in 1975.

How did you sustain your TBI? It happened in March 2002, Easter weekend. A woodpecker had made a knothole on the upper level of our cedar-sided house in Roswell. And, from time to time, I would spray foam insulation into it so the flying squirrels wouldn't get in.

The deck was damp when I put the ladder on it. I was at the top, when it slipped; I fell 30 feet and hit a tree stump.

My injuries included a concussion, brain swelling, coma, a broken leg and a dislocated hip and shoulder. After going to Grady Memorial—a great place—I was transferred to Shepherd Center. But, Shepherd said they were a rehabilitation center and agreed to let me stay for only two weeks because I was in a coma. Then I was to be transferred to a nursing home or even back to my own home—which scared my wife half to death. The day before my deadline, I woke up.

I still go back for tune-ups at Shepherd Pathways. They're helping me develop a program to work on walking without a cane. I work on steps at the YMCA, which is near my house.

What do you do when you're not at the Commission?

I like being on the cutting edge of what's happening. For instance, when I was teaching Nuclear and Radiological Engineering at GA Tech, every week we'd have seminar. People working in industries would present and keep us up-to-date.

I like projects. I serve as Treasurer of the Georgia chapter of the American Nuclear Society. I also volunteer for the Brain Injury Association of Georgia, visiting people while they are still in the hospital to give them hope and resources. I tell them about the Trust Fund, support groups across the state, and my story.

How do they react? They listen more than anything else. What I want to do with my story is to give them hope. I remind them that you have to look at progress not from where you go day to day, but from where you were a week ago, a month ago. Look at where you want to go in the long term.

What is your long-term plan? My ambition is to pursue a PhD. I have this all planned out, too. Governor Perdue gives people 5-minute meetings during his "Saturday with Sonny" sessions. I'm going to get the Governor to write my recommendation!

What advice would you give to someone considering joining the Leadership

Committee? Be enthusiastic about the opportunity! The Trust Fund covers so much. You can be on Distribution, Public Policy, Finance—there are so many areas of interest to sink your teeth into. Find out where you want to be and apply yourself.



We're Inspiring Other Organizations. Our "Go Ahead, Ask" booklet, designed to prompt people with TBI/SCI to ask questions about where to find resources, inspired the Children's Hospital of Atlanta (CHOA) to create a similar resource for their patients. Together, we are working on a guide that will be given to the families of children who've been treated for severe TBI. The booklet should be available in spring 2008.

We're Extending Our Reach. Thanks to the HeLP Project (Health/Law Partnership) staff of Atlanta Legal Aid, located at CHOA's Scottish Rite campus, our "Go Ahead, Ask" booklet and Trust Fund application are getting into the hands of economically vulnerable patients. We hope to do the same with trauma centers and hospitals statewide.

Other organizational partners include: Shepherd Center, Children's Hospital of Atlanta, Brain Injury Association of Georgia, Side by Side Brain Injury Clubhouse, Centers for Disease Control, Governor's Council on Developmental Disabilities, Georgia Department of Human Resources, Dept. of Community Health, Dept. of Labor, Dept. of Education, Dept. of Public Safety, Georgia Hospital Association, Georgia Advocacy Office, Walton Rehabilitation Hospital, Statewide Independent Living Council, "Unlock the Waiting Lists," Restore Health Group, Jimmy Simpson Foundation, Atlanta Alliance on Developmental Disabilities, CreditAble.

In addition, our Advisory Committee and subcommittees, advocates and professionals volunteer thousands of hours to help the Commission extend its mission of advocacy, education and outreach.

We're Seeking New Partnerships. The Commission initiated a meeting with Georgia's Army National Guard to discuss how to combine military and community resources to support injured military personnel and their families. For example, 59% of soldiers exposed to a blast and treated at Walter Reed Army Medical Center between January 2003 and February 2005 sustained a TBI, according to the *New England Journal of Medicine*. They responded by pulling together a team that included the Veteran's Administration and proposed forming a TBI task force, with the Commission participating. We look forward to what our united efforts will accomplish for our returning soldiers and their families.

Bobby Goldberg (center) receives Pathfinder Award from former BSITFC Executive Director Kristen Vincent (L), and current BSITFC Executive Director Craig Young.



Mark Johnson speaks at BSITFC Annual Meeting in Columbus, GA



Debra Gordon



“RECIPROCITY IN ACTION” ANNUAL MEETING

Private sector and government leaders, health care providers, local officials, and individuals with brain and spinal injuries and their families gathered in Columbus, Georgia on Thursday, July 26, 2007 to honor several local advocates and the signing of the Americans with Disabilities Act.

Our "Reciprocity in Action" event was designed to raise awareness for the Commission's work and, ultimately, increase the number of Trust Fund awards given in the area because more than 700 people in the Columbus area sustain traumatic brain and/or spinal injuries each year.

The Commission solicited input on its 2007-2008 public policy agenda then distributed The Pathfinder Award, an original oil painting created by Katharine Hartwig Dahl, an artist with a brain injury, to individuals and organizations dedicated to advancing the lives of Georgians with traumatic injury.

This year's award winners are the Columbus Area Brain Injury Support Group, brain injury community advocate and leadership development member Debra Gordon of Waycross, GA, and former interim Trust Fund Commission director Bobby Goldberg of Atlanta.

The Columbus Area Brain Injury Support Group is one of the oldest and most active traumatic brain injury support groups in Georgia. Gordon and Goldberg were recognized for their outstanding advocacy and stewardship efforts for the people of Georgia and the Commission.

In addition, outstanding Service awards recognizing unique contributions to the Commission were given to Larry Huggins—former Commissioner, Ray Lerer—Georgia Attorney General's Office, Justin Pressley—former Commissioner, and Dr. Wes Rutland-Brown formerly of the Centers of Disease Control.

Our thanks to "Reciprocity in Action" sponsors: Shepherd Center, St. Francis Hospital, the Columbus Vocational Rehabilitation Program/Dept. of Labor, the Statewide Independent Living Council of Georgia, and the Governor's Council on Developmental Disabilities.



Advocates and leaders from across the state gathered in Columbus, GA for BSITFC's 2007 Annual Meeting.

KATHARINE HARTWIG DAHL



“WELL, IT'S INTERESTING TO SPEAK OF A BRAIN INJURY AS SOMETHING ACQUIRED, LIKE A PIECE OF FINE JEWELRY OR ART. I acquired this particular asset when I was driving down Peachtree Road, Atlanta, midday August 22nd, 1988. At the moment I was approaching a certain intersection, someone else turned and tried to occupy the same space at the same time.

Prior to that I had a thriving art business. I sold my pieces to places like Bloomingdales, high-end boutiques and museums all over the country. I did a lot of different kinds of art. I had a very mixed career. I did a lot of different kinds of things, from being a tower diver—diving off of high places into small spots—to traveling internationally.

Everything changed after my accident. Everything changed. For a long time I didn't know exactly why because at the time of the accident all of my stoic Norwegianism came out. I didn't see any blood and broken bones so I thought I was all right. And, although the police wrote on the report that I had been injured, I refused treatment. So, for a long time I didn't know what was going on.

I have no idea what happened to me. I was on a mission to return something to Lenox Mall for a friend. The last thing I remember was getting out of the police car and then for months I had no recollection. I have no idea how I got home. Something was clearly wrong. But in that state you don't know. You just don't really know. So it was a long strange trip.

The stress was tremendous. I thought that I was having some sort of spiritual angst in that I just had been working too hard. So I began retreating more and more and more until... I got very ill and was paralyzed.

It's such an incredible assault to your system when you go through that kind of experience. I think the problem for most people is it's not a visible wound.

I was unable to work. It just got worse. I lost a lot of the fine facility that I had. My work is completely different now. I didn't do any for years. I just could not. I tried to do something for a friend that was so simple. Move something here and put it there. And I just couldn't get it.

“SACRED WOUNDS is about paint and it’s about wounds, but it’s also about hope and courage and joy.”

ATLANTA ARTIST WHO CREATED THIS YEAR’S PATHFINDER AWARD, DISCUSSES HOW A TBI AFFECTS HER LIFE AND ART.

In time, and I don’t know what transpired, but for some reason I had to have an examination. It was apparent immediately that I had a brain injury. I think it was about a year and one-half after my accident.

I went very, very, very deeply into debt and spent all the money that I had. And again, I just didn’t know. I was putting my mortgages on credit cards. I got in a lot of trouble. I had to close this giant, wonderful studio that I had, which was very sad.

I sat in a dark room most of the time because the light was a real problem for me. And I had so little energy. I just sat and stared.

I isolated myself. I lived alone. I wasn’t in the situation where people could say, “Mmm, what’s going on?”

One of my large paintings was in my living room; I couldn’t handle it. It was very vibrant. I had gone through the process of painting everything in my house white. Everything. Including my dark green Pirelli tile floor in the kitchen and bathroom. I painted out this vibrant brightly colored painting and then it was there, all muted.

As I walked by I started making marks on it. I gathered cans of brushes and markers and crayons and different things. I would stand in front of it and feel whatever I felt and let it go. Sometimes it would be very dramatic. I’d scream and slash away. Other times I’d make a tiny little dot. Somehow it became a form of expression for me.

I was encouraged to submit that painting to a show at the Telfair Museum in Savannah. They ended up purchasing that painting for their permanent collection, which was quite wonderful. That museum had begun an outreach program for people with traumatic injury and illness and created an annual show. I said in an interview that, “I may not make the same marks in the same way, but I did have marks to make.” And they started an annual show called the I Have Marks to Make Show, that has been going for 12 years.

“Sacred Wounds” is about paint and it’s about wounds, but it’s also about hope and courage and joy. All of the words are my own, except for a few quotes here and there like, “Yea, though I walk through the valley of the shadow of death.” That always seems apt.

I think we all have stories, we all have wounds, everyone. I think living in this world right now, everyone is a bit brain injured, some just a little more than others.



“[As I was drafting the legislation] I wanted care and rehabilitative services to cover everything insurance would not cover, and then those things that were necessary to make life basically livable and pleasant like everyone else’s lives.”

—RACHEL JONES, FOUNDING COMMISSION MEMBER WHO HAS A TRAUMATIC BRAIN INJURY



In my work at the Capitol, new legislators tend to ask me the same two questions about the Trust Fund: 1) why do we need it and 2) what does it do.

Before my motorcycle accident left me with a spinal cord injury, I’m sure I would’ve wondered the same things. But now I am keenly aware of the importance of the Trust Fund.

Here’s how it got started: Nearly 10 years ago, Georgians overwhelmingly approved a constitutional amendment to create a Trust Fund using surcharges on DUI fines. Unfortunately, the Trust Fund is still the only money that Georgia specifically allocates for people with traumatic brain and spinal cord injuries.

Most people are unaware how expensive traumatic injury is: Estimated first year expenses for someone with an injury like mine is \$710,275; each subsequent year costs an average of \$127,227.

Folks with a severe traumatic brain injury fare no better. Their average lifetime cost ranges from \$600,000 to \$1,875,000. And this doesn’t factor in lost earnings of the injured person or caregiver.

Fortunately, Medicare/Medicaid and private insurance pay for catastrophic care and hospital stays. A good thing, too, because if the Trust Fund paid for this, we would’ve helped just 3 people! Instead, the Trust Fund has given more than 2,000 grants to Georgians to help them live and thrive in their communities.

As you’ll see in these pages, Georgians like Angela Rozar and Richie Benton are using these small grants to return to work, to fill the gaps not covered by insurance. In the process they are improving not only their lives, but ours, too.

But much more is needed for the more than 53,000 Georgians who sustained a traumatic brain and/or spinal injury in 2006, and the other people living with an injury:

- People with severe TBIs are suffering because Georgia lacks a coordinated system of care. That’s why we’ve requested a legislative study group during the 2008 legislative session. We know existing monies can be better spent if people are routed to appropriate care. (See the Commission’s report, “Georgia’s Neurobehavioral Crisis: Lack of Coordinated Care, Inappropriate Institutionalizations” at www.bsif.state.ga.us).
- While funding mechanisms are similar, per capita revenue generated for state trust funds vary. In fiscal year 2006, for example, revenue per capita ranged from \$1.38 in Florida to \$0.01 in Montana. Georgia’s program generated \$0.18 per capita and ranked 16th of the 21 states. We can do better.
- The number of traumatic brain and spinal injuries have increased in Georgia, yet collections from DUI fines are down overall.

Given these hurdles, we are pulling our belts tighter and making the most of what we have. And because the Commission is a dynamic, entrepreneurial organization, I feel confident that we will do all we can to find new funding sources and reduce costs.

Ultimately, more people need to share their stories. I encourage you to tell your representatives why the Trust Fund matters to you.

Rusty Kidd, Chair

HOW WE FILL THE GAPS

1. The Trust Fund supports independent life in the community post-injury.

The Trust Fund, created by people who've had a traumatic injury, awards grants for services and goods that are needed to live in the community after a person has been discharged from an acute care setting.

2. The Trust Fund provides the opportunity to receive assistance with the post-hospital critical needs of people with traumatic brain and spinal injuries.

Because many people have either private insurance or Medicaid/Medicare to pay for acute care and hospitalization, the Trust Fund was not created to be an insurer or insurance supplement. Rather, the Trust Fund gives grants for subsequent care and rehabilitation needs. Our grants help Georgians with traumatic brain and spinal cord injuries improve their health, independence and inclusion in the community. The Trust Fund would be ineffective if it was only intended to pay for "catastrophic care" which is covered by insurance/Medicaid. By offering financial resources for the goods and services not covered by others, the Trust Fund becomes a crucial resource in filling those gaps.

Because the idea for the Trust Fund came from people with a TBI and/or an SCI, they realized that the real need is for payment for the range of services and goods that have a sustainable benefit, and that are not or by rule only partially funded by Medicaid/Medicare or private insurance, including such things as durable medical equipment, accessible transportation, home modifications, personal assistance/attendant care, etc.

3. The Trust Fund adheres to national best practices: Person-centered outcomes.

Promoting independence, inclusion in the community and self-determination is the national best practice used throughout the U.S. as established by the Americans with Disability Act (1990) and the Olmstead Decision (1999).

Subsequent federal and state statutes, executive orders, and regulations form a multi-layer policy for addressing the rights, goals, and outcomes for people with disabilities in terms of their care and rehabilitation. Reducing institutionalization and hospitalization are priorities across the country and are at the heart of such legislation as: President Bush's New Freedom Initiative of 2001; The Deficit Reduction Act of 2005; Money Follows the Person policy of the Centers for Medicare/Medicaid Services (CMS); and The Commission on Care for America's Wounded Warriors of 2007.

In 2003, Governor Sonny Perdue drafted an Olmstead Strategic Plan that specifically outlined goals and strategies to align Georgia's services and delivery systems to these established best practices. The Trust Fund's policies and its mission directly support the goals outlined in the strategic plan.

4. The Trust Fund makes awards in accordance with its legislation.

The founding Commission was made up of many of the Trust Fund's original grassroots advocates. Therefore, the same people who drafted the legislation also authored the distribution policies. This leaves no doubt that the distribution policies were designed from the start to align with the legislation, and that the authors' definition of care and rehabilitative services is reflected in these policies. The Trust Fund Commissioners have held to this intent as they have carried out the policies and awarded disbursements.

5. Trust Fund awards have the Governor's approval.

The legislation calls for the Governor's approval on all Trust Fund award recommendations before the awards are given. The Office of the Governor has read our policies and is familiar with our legislation, and has never refused to approve a recommended award distribution since the first recommendations were made in December 2002.

FINANCIAL INFORMATION

FY2007 (JULY 1, 2006–JUNE 30, 2007)

TRUST FUND COLLECTIONS

Our Accomplishments

As of June 30, 2007, the Trust Fund has awarded \$8,812,372 to Georgians in need since it began distributing grants in FY2003.

This year we gave a record 689 Trust Fund awards and helped dozens more applicants find the resources they needed. People with injuries often need extra help to navigate the application process so our staff gladly spends time guiding them through the application, identifying and referring them to other resources, and helping collect documents to complete the application.

As you can see from the award categories on the opposite page, most (31%) awards are used for transportation. Typically, this means people need funds for an accessible van, taxi service or adaptive vehicle. Home modification (14%) awards are often used to help make bathrooms or kitchens accessible by adding a roll-in shower or lowered counters and stoves. And durable medical equipment (13%) tends to be for items like wheelchairs, shower chairs, and hospital beds.

How It Works

The Trust Fund is supported almost entirely by collections of a 10 percent surcharge on Georgia's driving under the influence (DUI) fines. Georgia voters overwhelmingly (73%) approved the constitutional amendment that established a Trust Fund for people with traumatic brain and/or spinal injuries. That amendment passed in November 1998. Ten years later, this Fund remains the only monies the state of Georgia specifically legislates for people who've sustained these traumatic injuries.

In FY2007, the state of Georgia remitted surcharge collections of \$1,968,993 to the Commission. The Trust Fund Commission added funds from the Trust Fund reserve to this to make a record amount of \$3,292,988.27 awarded to applicants in FY2007.

Though the Trust Fund administers the Central Registry, we do not receive additional funds or staff to do this. That's why the Commission spent time securing a \$118,600 federal grant that could be applied to its administrative costs. In addition, we've streamlined procedures and saved \$17,700 without reducing services.

Despite several financial hurdles, we are committed to fulfilling our mandate. For example, we are required to send resource information to people listed in the Central Registry. Though we could've spread these costs over two years, we decided it was more important to get our information out as quickly as possible. So, we did two year's worth of mailings of our "Go Ahead, Ask" booklet in one fiscal year. By doing this, we reached 100,000 Georgians and helped more people remain and thrive in their community.

Concerns About Collections Continues

Collections for FY2007 were \$1,968,993, an increase of 10% over the previous year. However, this is still 2% less than the average of the past five years.

Improvements need to be made in the collections process. Recommendations include:

1. ensuring that more courts collect the total surcharge;
2. remitting funds due to the Georgia Superior Court Clerks Council; and
3. seeking to change where we rank on the partial payment priority lists; we currently rank 12th out of 14.

In the meantime, Commission members and staff continue to work as efficiently as possible and seek additional revenue sources.

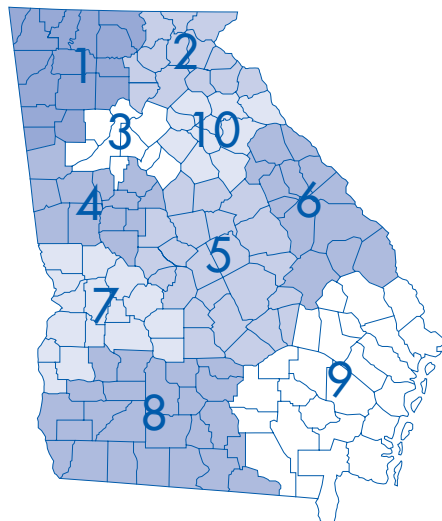
DISTRIBUTION DATA

Award Summary by Category

	Total Awards		Award Amount	
Assistive Technology	33	4.79%	\$81,535.08	2.48%
Computers	35	5.08%	\$36,262.55	1.10%
Day Support Services	7	1.02%	\$25,198.00	0.77%
Dental Services	12	1.74%	\$38,270.00	1.16%
Durable Medical Equipment	89	12.92%	\$190,835.40	5.80%
Health and Wellness	22	3.19%	\$48,293.00	1.47%
Home Modifications	92	13.35%	\$596,291.57	18.11%
Housing	39	5.66%	\$61,520.49	1.87%
Medical Care	40	5.81%	\$96,085.15	2.92%
Personal Support Services	47	6.82%	\$383,952.00	11.66%
Psychology/Counseling	14	2.03%	\$35,626.00	1.08%
Recreation/Hobbies	17	2.47%	\$31,517.99	0.96%
Speech Services	4	0.58%	\$9,382.00	0.28%
Transportation	213	30.91%	\$1,604,954.05	48.74%
Vision Services	13	1.89%	\$23,241.00	0.71%
Vocational Support	12	1.74%	\$30,023.99	0.91%
Total:	689		\$3,292,988.27	

Award Summary by Region

Our outreach efforts are working. More than \$3 million was distributed across the state in FY2007, including to people living in counties that had not received awards before. These counties include: Charlton, Clay, Clinch, Gilmer, Irwin, Jenkins, Terrell, Upson, and Warren.

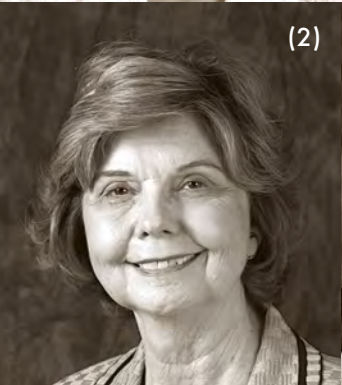


	2006	2007
1	40	62
2	41	53
3	196	252
4	42	69
5	34	62
6	70	58
7	13	14
8	25	33
9	31	38
10	31	47

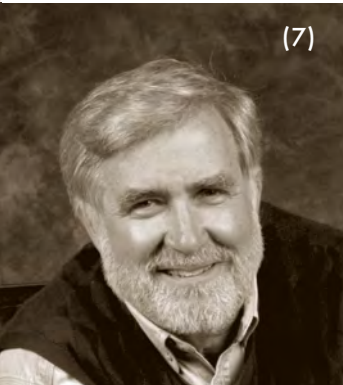


(1)

OUR COMMISSION MEMBERS



(2)



(7)

Our Commission Members are a dedicated, diverse group of individuals from around the state. Each one is committed to improving the effectiveness of the Trust Fund by overseeing its operations and disbursements. The Governor appoints 15 members for two-year terms, although many of our members choose to serve longer. To ensure a breadth of experience and opinion, the Commission consists of: four individuals or family members with traumatic brain injury, four individuals or family members with spinal cord injury, and representatives from medical professions and relevant state agencies.



(3)



(8)

Annette Bowling (1) has been serving on the Commission since the Governor appointed her in 2000. She is the Executive Director of the Albany Advocacy Resource Center and is also involved with the Georgia ARC Network and the Commission on Mental Health/Mental Retardation/Substance Abuse. She has served on the Georgia Rehabilitation Advisory Council, the Georgia Department of Medical Assistance Consumer Advisory Committee and many other boards.



(4)



(9)

Mary Alice Bullock, (2) *Secretary*, was appointed to the Commission by the Governor in 2006. Her son, Ben, was injured in a vehicle accident in 2004 and sustained both TBI and SCI. Mary Alice is a former teacher in Madison County and is involved with several local civic organizations and garden clubs. She is an instructor of Ikebana, the art of Japanese flower arranging, and is involved with Hull Baptist Church's flower ministry.



(5)



(10)

Lisa Dawson (3) has been involved in violence prevention and unintentional injury for more than 10 years. She currently serves as the Director of the Injury Prevention Section, Environmental Health and Injury Control Branch, Division of Public Health, Department of Human Resources. Lisa is also an active participant in the Child Fatality Review; an Advisory Member for Domestic Violence Fatality Review Project; a member of the Suicide Prevention Coalition of Georgia; and a member of the Georgia SAFE KIDS Coalition. Lisa was appointed to the Commission in April 2007.



(6)



(11)

Joseph D. Frazier (not shown) is the President and CEO of Para/Quad Services, Inc., Essential Staffing and Professional Services. He was appointed to the Commission by the Governor in 2007. J.D. has been the recipient of numerous honors and awards, and is the president of the Kennesaw State Alumni Association, a member of the Georgia Association of Community Care Providers, and a registered peer supporter for Shepherd Center. He speaks about diversity awareness and is an advocate for disability rights.

Griffin Garner (4) was appointed to the Commission by the Governor in 2007. After serving on the staff of U.S. Senator Zell Miller, Griffin returned to his native Georgia where he has managed Governmental Affairs for the Southwire Company since 2004. He is a graduate of the University of Alabama and he and his wife, Emily, reside in Carrollton.

Gina Gelinis (5) joined the Commission in October of 2007, and serves on the Children & Youth Committee. She is the Program Manager of the Georgia Project for Assistive Technology (GPAT), a special project of the Georgia Department of Education, Division for Special Education Supports. Certified in speech-language pathology, she provides learning and technical support services to local school system personnel who work with students who need assistive technology.

Judy Hagebak (not shown) joined the Commission in 2007, and is the Director of Long Term Care for the Medical Assistance Plans Division of the Georgia Department of Community Health. She manages the home and community based waivers, SOURCE, nursing facilities, home health, hospice, mental health, targeted case management, and the Money Follows the Person grant program. She has more than 30 years' experience managing and operating home and community based programs in both the public and private sectors.

Susan Johnson (6) *Vice Chair*, was appointed to the Commission by the Governor in 2002. Susan is a speech language pathologist who works at the Shepherd Center as the Director of Brain Injury Services. She is a member of the American Speech and Hearing Association, and has held leadership positions at the National Brain Injury Association and the Brain Injury Association of Georgia. Susan lives in Alpharetta with her husband Mark, who is a C-5 quadriplegic and nationally-recognized advocate for people with disabilities.

Rusty Kidd (7) *Chair*, was appointed Chairman of the Commission by Governor Perdue in 2004. A native Georgian, Rusty consults with state and local governments on behalf of associations and businesses, ranging from the Georgia Association of Home Health Agencies to Merck. Rusty has also served on the boards of Shepherd Center and Habitat for Humanity, among others.

Steven K. Leibel (8), an attorney at Steven Leibel P.C. Trial Attorneys and Counselors at Law, is best known for winning the highest jury verdict in Georgia history and has been named a Georgia Super Lawyer for three years

in a row by his peers. Steve is active in the community serving as a Municipal Court Judge in Duluth and Snellville, and sits on the boards of the Marcus Institute, Chestatee Regional Hospital, First Citizen's Bank, the NCMA Atlanta Chapter, and the Dahlonega-Lumpkin County Chamber of Commerce.

Carl H. McRae (9) serves as Director of the Vocational Rehabilitation Program at the Georgia Department of Labor. He began his career as a counselor intern at the Georgia Vocational Rehabilitation Agency while studying for a master's degree in rehabilitation counseling. Carl's longstanding interest in people with TBI has led him to develop unique and unconventional means of assessment. He also served as the first statewide program coordinator for TBI with the Georgia Division of Rehabilitation Services.

Estelle Lee Miller's (10) passion for this field grew after her daughter, Linda Jean, experienced a traumatic brain injury. Lee was appointed by the Governor in 2000. She is active in numerous organizations including the President's Council on the 21st Century Workforce, Skills Gap committee; the World Committee on Disability; the Georgia State Rehabilitation Council and both the Georgia and the National Rehabilitation Associations. Lee has been honored twice for Distinguished Contributions toward the Full Employment of People with Disabilities by the President's Committee on Employment of People with Disabilities and has many other awards for her work.

David W. Renz (11) was the first Chairman of the Commission having been appointed by the Governor in 2000. He brings a wealth of personal (he's a T-8 paraplegic) and professional experience to the organization. He has held positions such as Dalton Whitfield Disability Awareness Chair and Deacon at First Presbyterian Church.

Dan Roach (not shown) is the Director of Human Resources for the Georgia Department of Public Safety, where he has served since 1999. Dan joined the Commission in 2008 as the DPS representative. Dan holds a Master of Public Administration degree from Indiana University, and has more than 17 years of human resource management experience, all of which has been served in the public sector.

Bill Smith (not shown) is the Sheriff for Camden County, GA, and was appointed to the Commission by Governor Perdue. A graduate of the Citadel Military College, SC, Bill has served as a special agent with the FBI, and as an officer in the United States Marine Corps. He is a member of the Woodbine Lions Club, and served three terms on the Camden County Board of Commissioners.

APPLYING FOR A TRUST FUND AWARD

The Trust Fund welcomes applications from all Georgians who have sustained a traumatic brain and/or spinal cord injury.

TO QUALIFY, WE ASK THAT APPLICANTS:

1. show proof of US citizenship
2. show proof of Georgia residency for one year
3. supply quotes for all services and goods requested
4. explain how an award will increase your independence, have long-term benefits and promote inclusion in your community.

Due to our declining budget, we are increasingly limiting our grants to people who are at risk of institutionalization, isolation, illness, or similar situation. However, for those who qualify, we can provide as much as \$15,000 in certain circumstances. Applications are reviewed every month and we strive to respond within three months of a completed request.

We continue to refine our application process and welcome your suggestions. For example, this year we are redesigning our online application to be more accessible for people with visual disabilities.

We are committed to improving the quality of life for the more than 53,000 Georgians who sustain a TBI/SCI each year. So, call us (1-888-233-5760) if you are unsure about applying. We are happy to help you find the resources you need.

FOUR STEPS TO AN AWARD:

1. Apply online at www.bsif.state.ga.us or call toll-free (1-888-233-5760) for an application. As soon as your application is complete (e.g., has all supporting documents), it is sent to the Distribution Program staff.
2. The Distribution Committee reviews applications and makes a recommendation for funding to the Commission.
3. The Commission votes to adopt the recommendations made by the Distribution Committee, approximately six to eight weeks from the receipt of a completed application.
4. The Commission sends funding recommendations to the Governor's Office for approval as required by our legislation. After receiving approval from the Governor, the Commission will notify you by letter.



(Left to right): Leslie McNely, Director of Finance and Operations; Craig Young, Executive Director; Dionne White, Application Associate; Wendy Butts, Director of Planning and Review. Not pictured: Stephanie Lotti, Dionna Littlejohn, Ayanna Anderson

THE COMMISSION AT-A-GLANCE

We Have Popular Support. In November 1998, Georgia voters overwhelmingly approved (by 73%) a constitutional amendment to create a Trust Fund for people with brain and spinal injuries, paid for by a surcharge on drunk driving fines. This landmark legislation won by a margin of greater than 2-to-1.

We Are Guided By Those With Firsthand Knowledge. The idea of the Trust Fund and the advocacy efforts on behalf of the founding legislation was driven by people with traumatic brain injury (TBI) and spinal cord injury (SCI). Because of their first-hand experiences, they knew what was most important for people with these traumatic injuries—and what was missing in the range of services and resources available. They dreamed of an agency that understood the lifelong needs of people with traumatic injuries and that was committed to supporting injured individuals at different stages in their life—not just in the critical moments after the injury occurs.

Additionally, more than half of the people who serve on the Commission must have a brain or spinal cord injury or be a family member of a person with an injury. Other members are specialists in the field, or work with organizations that provide services to people with traumatic injuries. Their collective knowledge and experiences governs our day-to-day decisions, guides our recommendations for award distributions, and informs our public policy agenda.

We Connect People To Their Communities. Georgians with traumatic brain and spinal injuries deserve lives of independence and inclusion, lives rich with vision and possibilities. Trust Fund awards assist individuals with injuries in reaching these goals.

Trust Fund Awards Change Lives.

“The spirit of this legislation was that it would provide for things that are not compensated for by other payers—private insurance, Medicaid, Medicare—or that were provided for only to a limited extent. ... It was meant to fill the gaps in the system where there was no one else providing resources.”

—**DAVID GOUDELOCK**, FORMER PRESIDENT OF THE BRAIN AND SPINAL INJURY TRUST FUND COALITION; AND FORMER CHAIR AND CURRENT MEMBER OF THE BOARD OF THE BRAIN INJURY ASSOCIATION OF GEORGIA.

“We knew that if the money was only spent on catastrophic care, it would be spent so quickly that there couldn’t be wide distribution of funds. We wanted broader distribution of the resources, and in talking with people with TBI and SCI, there were so many things that they needed post-injury, so that’s why we did it the way we did.” —**ROCKY ROTHROCK**, FOUNDING COMMISSION MEMBER

FIND A WAY TO EMBRACE YOUR NEW LIFE. THIS IS A NEW OPPORTUNITY;
THAT'S THE WAY I VIEW IT.

SEE IT AS A GIFT, AS AN OPPORTUNITY. IT CHANGED MY LIFE TOTALLY. AND IN
MANY WAYS IT TOOK AWAY ALL THAT I HAD KNOWN, BUT IT OPENED DOORS
AND WINDOWS AND PLACES FOR ME TO SEE THAT I HAD NEVER LOOKED AT.

OPEN YOURSELF TO NEW CHALLENGES. JUST START ALL OVER BECAUSE YOU
AREN'T THE SAME PERSON. YOU HAVE TO LAUGH A LOT BECAUSE NOTHING
MAKES ANY PARTICULAR SENSE.

IT'S GETTING IN THE RIVER AND FLOWING WITH IT. YOU'LL HIT ROCKS AND
BUMPS AND ALL THE REST, BUT IT CAN ALSO GIVE YOU A BEAUTIFUL RIDE.

BE OPEN TO A NEW EXPERIENCE. IT DOESN'T HAVE TO BE ART. ANY HUMAN
BEING HAS WITHIN THEM THAT DESIRE TO EXPRESS, TO BE HEARD. AND THE
MOST MAGNIFICENT THING IN THE WORLD IS TO BE HEARD.

ALLOW YOURSELF TO SPEAK, EVEN IF IT'S JUST MAKING A SCRIBBLE. SAY,
"I HAVE THIS TO DO AND IT COUNTS."

—*Katharine Hartwig Dahl, Artist living with a TBI*
July, 2007

THE MISSION of the Brain and Spinal Injury Trust Fund Commission is to enhance the lives of Georgians with traumatic brain and spinal cord injuries. Guided by the aspirations of people with traumatic injuries, the Commission supports lives of meaning, independence, and inclusion. As the state's Lead Agency on Traumatic Injuries, we:

- Administer the Central Registry to identify those who are injured,
- Distribute resources through the Trust Fund, and
- Advocate for improvements in statewide services.



**Brain & Spinal Injury
Trust Fund Commission**

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