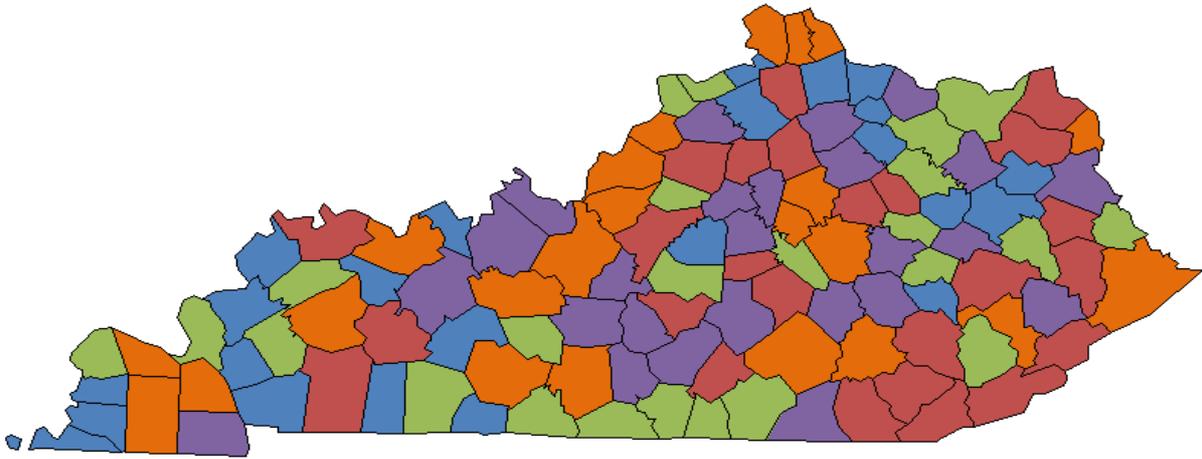


Kentucky Brain Injury Trust Fund Board of Directors



Annual Report

July 1, 2008 through June 30, 2009

Cabinet for Health and Family Services
Department for Aging and Independent Living



**Board of Directors
Kentucky Brain Injury Trust Fund
Fiscal Year 2009**

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Brain Injury Alliance of Kentucky
Louisville, Kentucky

Deborah Anderson, Commissioner

Department for Aging and Independent Living
Designee for Janie Miller, Secretary
Cabinet for Health and Family Services
Frankfort, Kentucky

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Robert Granacher, Jr. M.D., M.B.A.

Lexington, Kentucky

For additional information:
Traumatic Brain Injury Trust Fund Program
275 East Main Street, 3E-E
Frankfort, KY 40621
(502) 564-6930

<https://chfs.ky.gov/dail/braintrust.htm>

Kentucky Brain Injury Trust Fund
A Message from the Board of Directors' Chairperson, Mary Hass



Many times, people can look back over the years and identify a time and place at which their lives changed significantly. Whether by accident or design, these are the moments when, because of a readiness within us and collaboration with events occurring around us, we are forced to seriously reappraise ourselves and the conditions under which we live and to make certain choices that will affect the rest of our lives. When an individual experiences a traumatic brain injury, the change is unforeseen and life altering. The individual and their families are unprepared for the effects of the brain injury and thus seek resources and assistance to re-establish balance within their lives. The Kentucky Brain Injury Trust Fund Program is that resource for individuals and their families to restructure and recreate a sense of balance in their lives.

The Trust Fund Program continues to be diligent in its efforts to ensure that individuals and family members affected by brain injury are served in Kentucky. Identifying the ongoing needs of individuals and their families as well as providing supports and services for those needs is the main focus of the Board of Directors. The Board further recognizes the ongoing military efforts overseas and has begun exploring mechanisms to address the large numbers of Kentuckians returning home with brain injuries.

With the continued growing numbers of individuals affected by brain injury, the Board is challenged but focused upon being resourceful in addressing the issue of brain injury within Kentucky. The Program is committed to overcoming the ongoing challenges faced by all residents of Kentucky and securing services for them to remain in their communities. We are extremely thankful that revenues to the Trust Fund continue to remain stable; however, the Board is extremely concerned about the growing numbers of individuals who are waiting for services and/or care items.

Taken together, the statistics provided within this report will show you the significant impact of brain injury on Kentucky and our residents each year. The Program strives to serve all individuals with brain injury for the betterment of our Commonwealth. If you would like to learn more about how you can help Kentucky's citizens affected by brain injury, we encourage you to contact the Kentucky Brain Injury Trust Fund Program within the Department for Aging and Independent Living at 502-564-6930. Your continuing support of the Kentucky Brain Injury Trust Fund and the activities of the Board are deeply appreciated.

Thank you,
Mary Hass



The Kentucky Brain Injury Trust Fund was created by the Kentucky General Assembly in 1998 to provide services to children and adults with acquired and traumatic brain injuries across the Commonwealth. Traumatic brain injury (TBI) as defined in statute KRS 211.470 to 211.478 is a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. The Trust Fund serves all individuals who meet this definition. TBI does not include strokes treatable in nursing facilities; spinal cord injuries; depression and psychiatric disorders; progressive dementias and other mentally impaired conditions; mental retardation and birth defect-related disorders of a long standing nature; or neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.

The statute provided for a nine member governing Board of Directors with a mandate to:

- Administer the Trust Fund
- Promulgate administrative regulations
- Establish a confidential registry for traumatic brain and spinal cord injuries
- Investigate the needs of people with brain injuries and identify gaps in services
- Assist in the development of services for people with brain injuries
- Monitor and evaluate services provided by the Trust Fund

For administrative purposes, the Kentucky Brain Injury Trust Fund Board of Directors is attached to the Kentucky Cabinet for Health and Family Services, Department for Aging and Independent Living. Staff within the Department for Aging and Independent Living provides support to the Board.

Funding Mechanism

KRS 42.320 designates that the Trust Fund receive 5.5 percent of court costs, up to \$2,750,000 annually, that are collected by all circuit clerks statewide.

KRS 189A.050 specifies that eight (8%) percent of the driving under the influence (DUI) service fees after the first fifty dollars shall be credited to the Traumatic Brain Injury Trust Fund. This statute also includes a cap of \$3.25 million that can be allocated to the Trust Fund annually.

Kentucky Brain Injury Registry Review



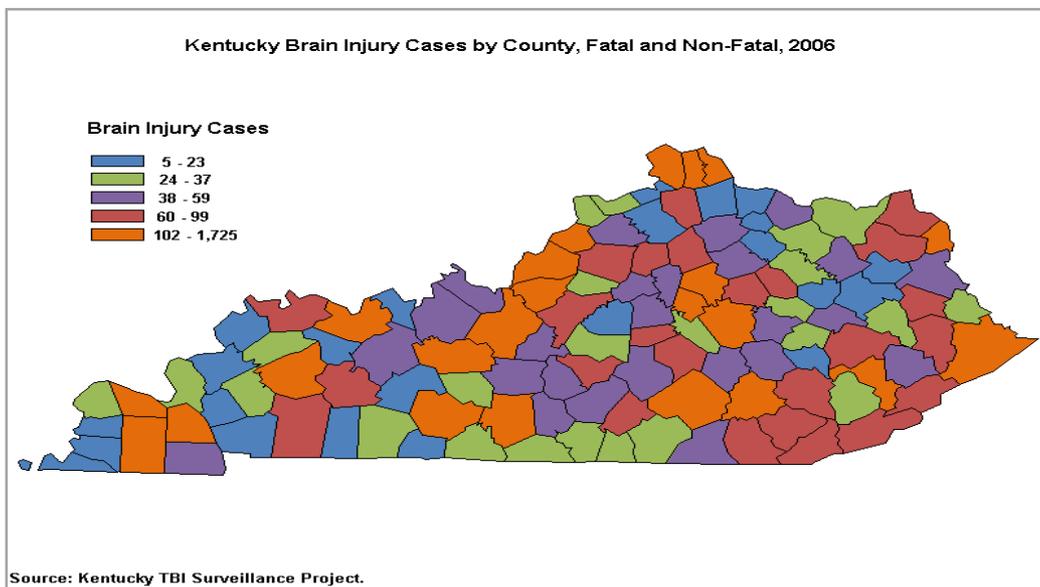
Pursuant to its mandate to establish a registry for traumatic brain and spinal cord injuries, the Board again funded a surveillance project in FY 2009. The Kentucky Injury Prevention and Research Center (KIPRC) located at the University of Kentucky was contracted to collect hospital discharge data for analysis and dissemination. The data

used to generate this report are based on estimates of incidence and mortality, derived from the analysis of hospital discharge data. This information is used to estimate the incidence and causes of brain injuries in Kentucky and the demographic characteristics of injured persons. The report illustrates the impact of acquired brain injury on the citizens of Kentucky.

This year, KIPRC submitted the Kentucky Traumatic Brain Injury & Spinal Cord Injury Surveillance Report for FY 2009 with the inclusion of newly available outpatient data. Statistically, it has been determined that the numbers of individuals sustaining brain injuries are rising in Kentucky. According to the Center's data, in 2006, 7,247 Kentucky residents survived but had significant deficits after sustaining a brain injury. In that same year 2,470 Kentuckians died from a brain injury. On average, brain injury has played a role in the death or hospitalization of 12 Kentuckians per day. These statistics indicate that 2,000 Kentuckians sustained a brain injury compared to the previous year.

In 2008, the Kentucky Hospital Association began collecting electronic records for outpatient encounters from Kentucky hospitals, including emergency department visits. Based on preliminary 2008 data, the number of non-fatal TBI cases for Kentuckians treated and released from emergency departments each year is somewhere between four and six times the number of non-fatal inpatient hospitalizations for TBI. Over 7,000 individuals were seen in an emergency department and diagnosed with a brain injury in the first six months of 2008 which suggests that on an annual basis over 15,000 individuals are diagnosed and discharged with a brain injury from an emergency department in Kentucky.

The results of the inpatient and outpatient the data suggest that leading causes of TBI and Spinal Cord Injury are motor vehicle accidents in persons age 15-24 and falls in persons aged 65 and older. Anoxia/hypoxia was most common among persons aged 65 and older sustaining a brain injury. Exposure to toxic substances was greatest among those aged 25-44 for those who have an Acquired Brain Injury (ABI). Kentucky's causes of injury remain consistent with national reported statistics.



Rates of TBI and ABI were highest in eastern Kentucky followed by the west-central and western part of the state. The counties listed below have been identified as top priority areas for prevention activities and programs. These counties ranked in the top 25% of Kentucky counties in terms of both the number of cases reported and the age-adjusted rate per 100,000 residents in at least four out of the last five years. These counties can be considered excellent candidates for in-depth pilot studies leading to interventions to prevent and control TBI and ABI:

- TBI: Letcher and Perry
- ABI: McCracken, Hopkins, Knox, and Perry

Benefit Management Program Review



The Benefit Management Program was established by the Board in April 2001 to govern the operation of the Traumatic Brain Injury Trust Fund. 908 KAR 4:030 established the responsibilities of the Benefit Management Program (BMP) and the procedures for obtaining a benefit from the Trust Fund.

In accordance with the regulations, the Benefit Management Program is required to:

- Establish a toll-free number
- Engage in public information activities
- Provide case management services to eligible applicants and recipients
- Accept applications for benefits from the Trust Fund and distribute benefits to recipients based upon an approved service plan
- Establish a Service Plan Review Committee for the purpose of reviewing service plans for approval

Eckman, Freeman & Associates continue to administer the Benefit Management Program for the TBI Trust Fund. Clients have been admitted into the program for assistance since its inception in 2000 and during that time, the program has served approximately 3,300 clients with a minimum of case management services. The growing number of referrals and no increase in available funding over this fiscal year has been a significant concern of the TBI Trust Fund. As a result, during 2009 a waiting list was initiated for the first time for case management services. Presently, over 1,000 clients are waiting funding for benefit requests in order to maintain their community placement. In the fiscal year 2009, no routine requests for benefits were filled because emergency allocations totaling \$1,000,000 depleted all available funds. It is imperative for the future support and care of individuals with brain injury and their families that funding increases to meet the needs of this unique population. Each day can bring a crisis to a person with a brain injury who has limited resources and ability to access services. Of the numerous individuals served by the Benefit Management Program, all express much appreciation and gratitude for the case management services and the funding they have received in order to remain in their home communities. In the following case studies, illustrations of Kentucky residents are provided to demonstrate the successful interventions that the Trust Fund's Benefit Management Program has provided to

enable individuals the ability to live in their communities and have a quality life. The information provided is factual; however, the pictures are only images used to represent the individuals in order to ensure confidentiality. These individuals represent the 1% of those affected by brain injury in 2009 that were referred to and served by the Trust Fund.

Case Study #1



In the summer of 2008, while at work operating heavy equipment, a young man in his 20's from Floyd County collapsed and was taken to the hospital for emergency care. Upon examination, he was paralyzed and diagnosed with a large mass thought to be a brain tumor. Surgery was initiated and a partial lobectomy was performed. Following an inpatient rehabilitation program, he was discharged home with his pregnant wife and three young children, still having continued problems of left-sided weakness, headaches, seizures, and memory issues. While hospitalized, the client and his family fell behind with rent and utility payments and were facing significant financial problems. A referral was made to the Benefit Management Program (BMP) for case

management and Trust Fund assistance. The case manager, upon initial assessment, learned that the client was the sole financial provider for the family and his income had ceased during his hospitalization. The case manager made numerous referrals to local community agencies for financial assistance to ensure the Trust Fund was the payor of last resort. Unfortunately, the client was denied assistance for any community aid due to waiting lists, lack of available funding, and/or program eligibility requirements. The case manager assisted the client with submitting an application for Social Security disability but approval was pending. The client and his family were facing eviction for nonpayment of rent and, during this time, the gas was disconnected. With concern that these financial difficulties would result in the loss of the client's home, the case manager submitted a BMP emergency request for financial assistance. The request was approved and, due to the assistance the client and his family received, they were able to remain in their home with utilities intact. Subsequently, the client was approved for disability, and according to the client, "the bills are now under control." The client and family credit the determination and efficiency of the case manager in providing support and obtaining the assistance needed in order to help them overcome their financial difficulties. The client has since requested that his case be closed "in order to help someone else."

Case Study #2

During a surgical procedure in 1989, this now 21-year-old Madison County resident suffered cardiac arrest resulting in an anoxic brain injury, rendering her nonverbal and physically dependent for all care. The Benefit Management Program was contacted to provide case management and assistance with home modifications. Through the

significant efforts of the case manager to ensure the client's opportunity to be cared for by her family and remain in her home, the case manager diligently sought therapeutic services within the community such as Hippo therapy (therapeutic horseback riding program) to help alleviate the burden of care on the family. These services increased the client's strength and balance as well as improved her self-esteem. In addition, the client wanted to develop, with the assistance of her mother, a small business making dog treats and selling them locally. Development and implementation of this small business endeavor was unlikely as the kitchen was not wheelchair accessible. Knowing this would enhance the quality of life for this client, the case manager coordinated collaborative resources from the Office of Vocational Rehabilitation, the Scott Rose Foundation, and the Traumatic Brain Injury Trust Fund in order to provide equipment and handicap-accessible modifications for the client's kitchen. The modifications are now in the process of being completed. These services, directed by the case manager, have assisted this client with overcoming obstacles that resulted from an acquired brain injury. In addition, the assistance provided to the client helped the client remain in her home and, more importantly, regain a measure of productive self-sufficiency.



Case Study #3



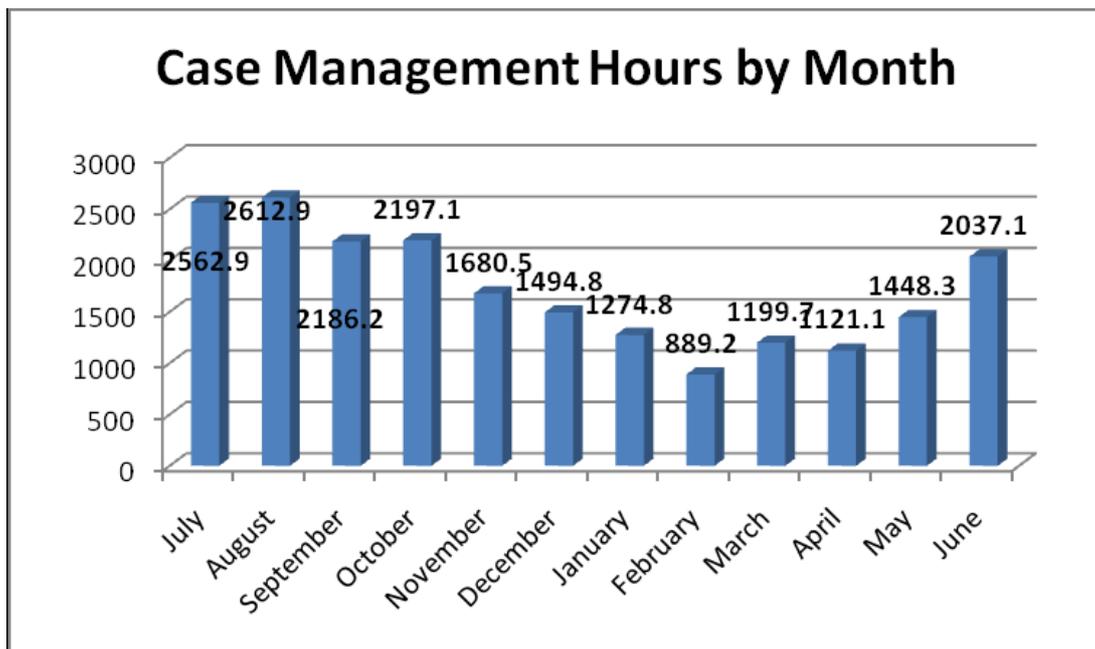
At the age of nine, a young man from Northern Kentucky was diagnosed with a brain injury after suffering from encephalitis. Subsequently, he developed a seizure disorder, renal calculi, and severe cognitive, physical, and behavioral deficits. These conditions affected him as a child and continue to be impairments for him now in his 20's. A referral for case management and resource assistance was initiated to the Benefit Management Program in the summer of 2002 upon his discharge home from the hospital. The BMP case manager has been instrumental in identifying and coordinating services throughout this young man's life. Coupled with his many health concerns, behavioral problems created difficulty in finding appropriate interventions, particularly with transitioning to adulthood. Through the concentrated efforts put forward by the case manager with referrals to educational institutions, vocational programs, community agencies, and residential treatment facilities, Traumatic Brain Injury Trust Fund monies were used to ensure this young man's needs were met. Further, the case manager re-evaluated and realigned services to ensure his needs were met continuously and with a continuity of care. Today, this young man performs, with supervision, his own daily activities, shops for groceries and cooks, cares for his pet, handles money management activities, and attends higher education classes. Without the intervention of the Benefit Management Program, and

the dedication and perseverance of case management, this young man might have been institutionalized at a young age and had a severely limited quality of life.

Case Management Services Provided



The Benefit Management Program offers case management services at no cost to eligible applicants and recipients of assistance from the Trust Fund. Case management services have been innovatively designed to access the available natural supports and local resources in the communities of the 3,300 clients served to ensure the Trust Fund remains a funding source of last resort. Case managers assess the applicant's eligibility for a benefit, identify the applicant's needs for services and supports, and assist in the development of service plans and requests. The case manager also monitors the delivery of services and supports to the recipient and educates applicants, recipients, and family members. The Trust Fund Program has saved approximately 5 million since August 2001 by Benefit Management Program case managers obtaining needed resources from other community options and natural supports.



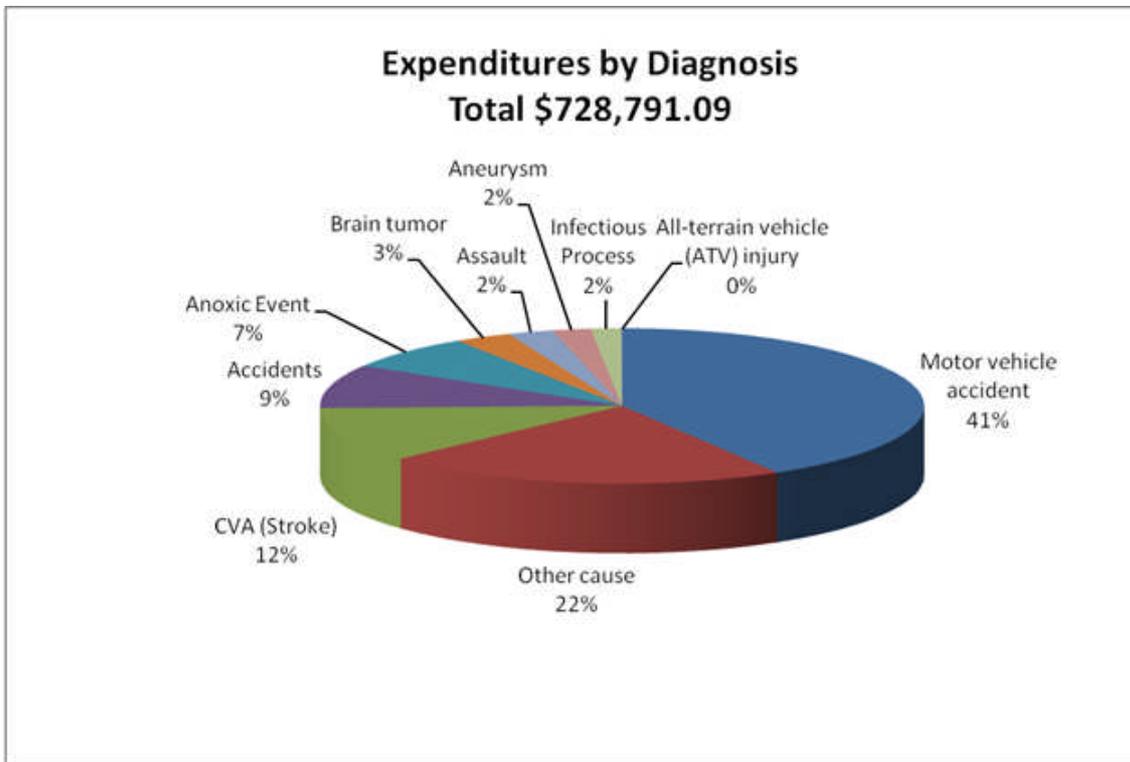
Further Trust Fund Endeavors

Recognizing the ongoing military efforts overseas, the Board has begun exploring mechanisms to address the large numbers of Kentuckians returning home with acquired brain injuries. Kentucky has traditionally played an important role in national defense with two major military bases, Fort Knox and Fort Campbell located in the state. The Board has sought collaboration and partnerships with federal, state, and community entities to ensure the issues are identified and the needs addressed for those veterans and families affected by brain injury. The Trust Fund and community providers continue to seek ongoing avenues to assist and support the veterans and their families in accessing the services they need, as well as developing a long-term support network.



Photo provided courtesy of the men of the Kentucky National Guard who bravely fought in the OEF effort

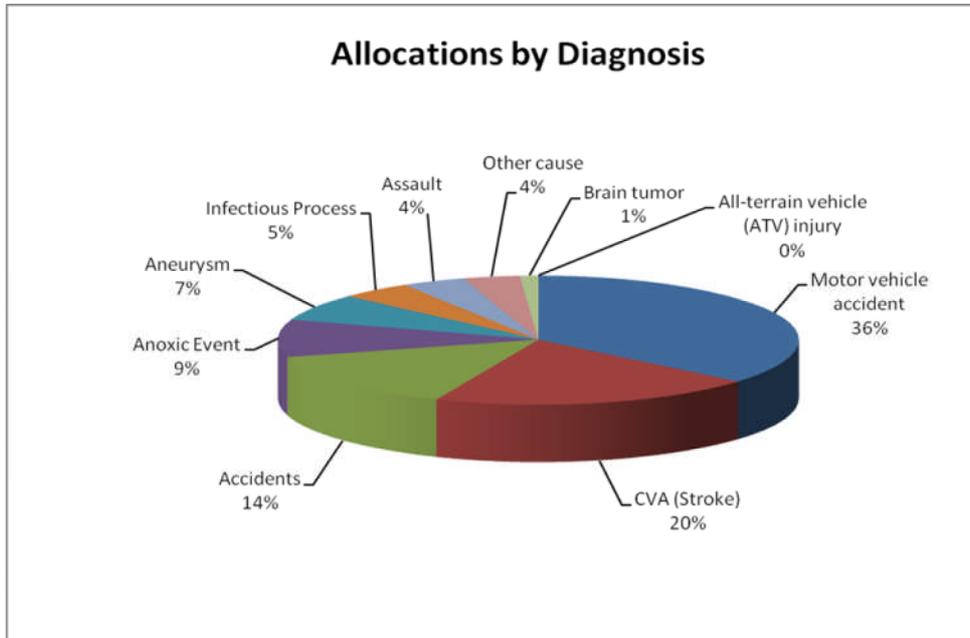
Kentucky Traumatic Brain Injury Trust Fund Fiscal Year 2009



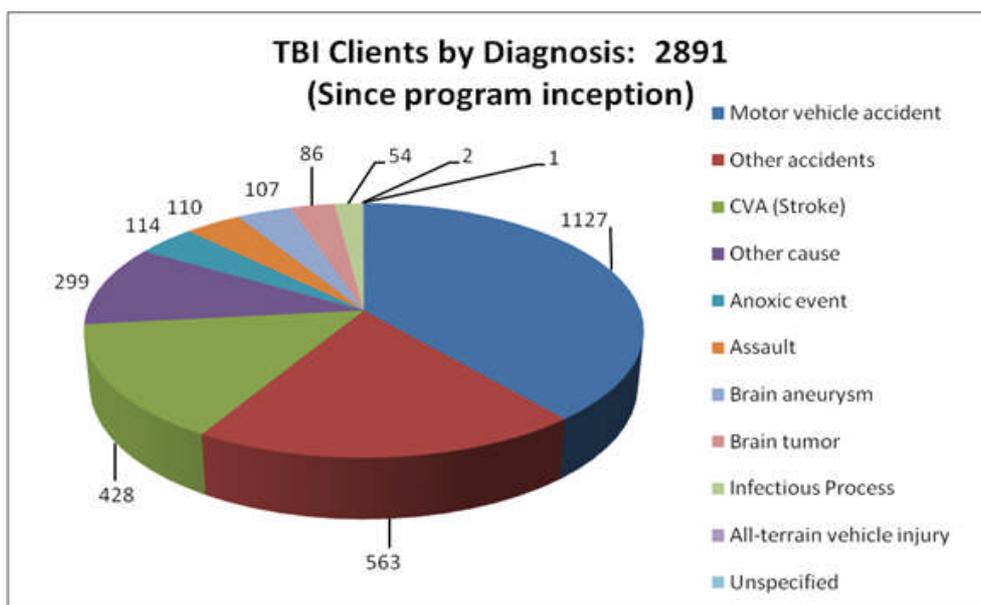
Fiscal Year 2009 Total Expenditures: \$728,791.09



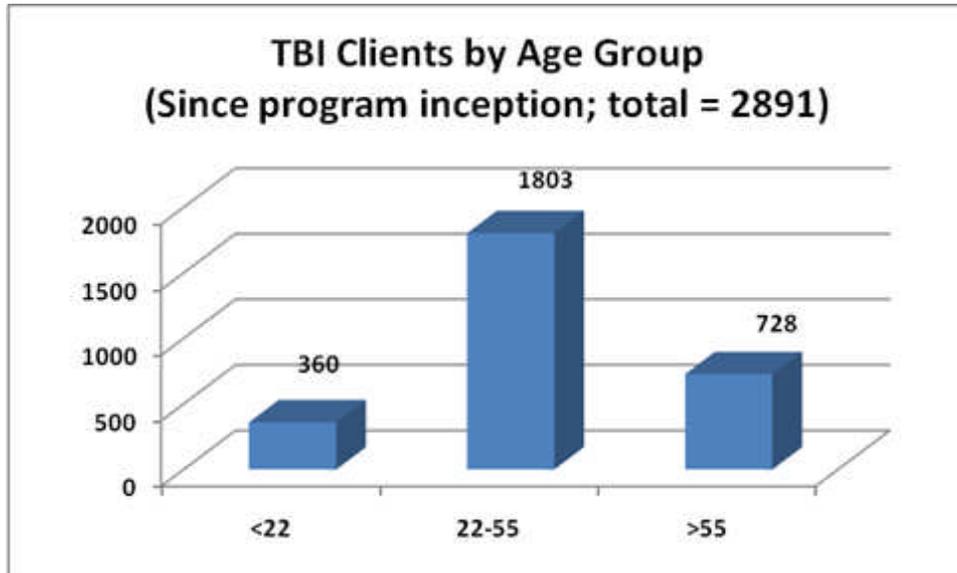
Kentucky Traumatic Brain Injury Trust Fund Program by Diagnosis Fiscal Year 2009



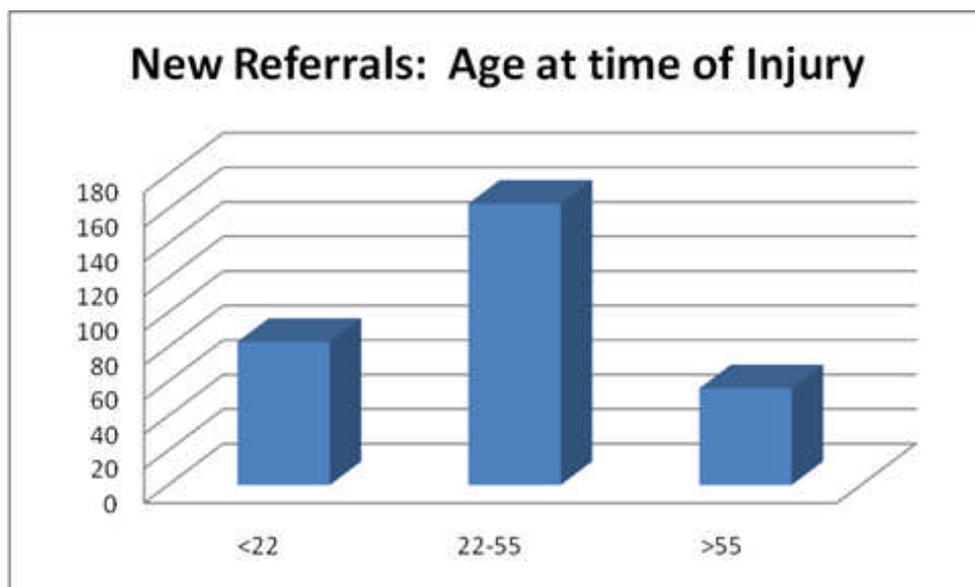
Kentucky Traumatic Brain Injury Trust Fund Program by Diagnosis Inception of Program



Kentucky Traumatic Brain Injury Trust Fund Program by Age Inception of Program



Kentucky Traumatic Brain Injury Trust Fund Program by Age Fiscal Year 2009



**Kentucky Traumatic Brain Injury Trust Fund Program
Expenditures
Fiscal Year 2009**

ADAIR	\$768.00
ALLEN	\$3,900.00
ANDERSON	\$0.00
BALLARD	\$0.00
BARREN	\$690.00
BATH	\$0.00
BELL	\$0.00
BOONE	\$19,859.00
BOURBON	\$0.00
BOYD	\$5,160.59
BOYLE	\$6,160.00
BRACKEN	\$0.00
BREATHITT	\$7,867.75
BRECKENRIDGE	\$0.00
BULLITT	\$11,894.22
BUTLER	\$0.00
CALDWELL	\$1,280.00
CALLOWAY	\$800.00
CAMPBELL	\$14,903.00
CARLISLE	\$0.00
CARROLL	\$625.00
CARTER	\$1,450.00
CASEY	\$0.00
CHRISTIAN	\$12,147.02
CLARK	\$2,938.00
CLAY	\$900.00
CLINTON	\$16,807.00
CRITTENDEN	\$0.00
CUMBERLAND	\$0.00
DAVISS	\$878.65
EDMONSON	\$2,457.00
ELLIOTT	\$0.00
ESTILL	\$448.00
FAYETTE	\$54,016.06
FLEMING	\$2,580.00
FLOYD	\$8,660.83
FRANKLIN	\$3,750.00
FULTON	\$0.00
GALLATIN	\$2,400.00

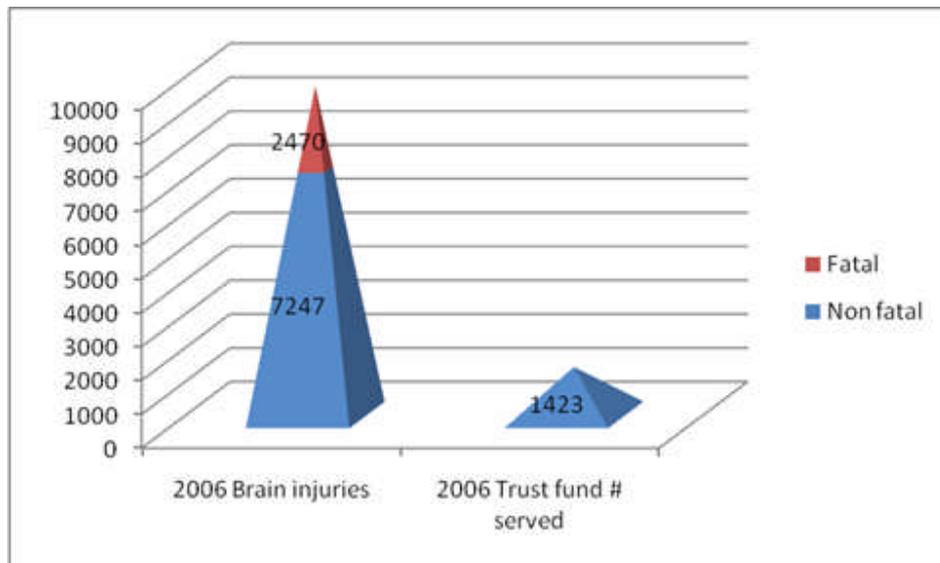
**Kentucky Traumatic Brain Injury Trust Fund Program
Expenditures
Fiscal Year 2009**

GARRARD	\$0.00
GRANT	\$3,838.64
GRAVES	\$0.00
GRAYSON	\$4,540.00
GREEN	\$3,491.47
GREENUP	\$0.00
HANCOCK	\$0.00
HARDIN	\$8,060.50
HARLAN	\$33,856.00
HARRISON	\$15,451.60
HART	\$0.00
HENDERSON	\$0.00
HENRY	\$1,200.00
HICKMAN	\$360.00
HOPKINS	\$12,213.70
JACKSON	\$0.00
JEFFERSON	\$177,973.87
JESSMINE	\$15,300.00
JOHNSON	\$0.00
KENTON	\$17,778.11
KNOTT	\$4,307.00
KNOX	\$634.00
LARUE	\$0.00
LAUREL	\$3,480.00
LAWRENCE	\$225.74
LEE	\$0.00
LESLIE	\$762.68
LETCHER	\$1,070.03
LEWIS	\$4,885.00
LINCOLN	\$0.00
LIVINGSTON	\$0.00
LOGAN	\$1,029.00
LYON	\$0.00
MADISON	\$0.00
MAGOFFIN	\$0.00
MARION	\$0.00
MARSHALL	\$15,555.04
MARTIN	\$500.53
MASON	\$0.00
MCCRACKEN	\$7,260.08
MCCREARY	\$19,824.16

**Kentucky Traumatic Brain Injury Trust Fund Program
Expenditures
Fiscal Year 2009**

MCLEAN	\$3,271.86
MEADE	\$11,655.40
MENIFEE	\$850.05
MERCER	\$0.00
METCALFE	\$0.00
MONROE	\$0.00
MONTGOMERY	\$450.00
MORGAN	\$14,054.06
MUHLENBERG	\$534.00
NELSON	\$1,210.99
NICHOLAS	\$1,860.00
OHIO	\$18,400.00
OLDHAM	\$19,434.00
OWEN	\$0.00
OWSLEY	\$0.00
PENDLETON	\$1,440.00
PERRY	\$0.00
PIKE	\$24,141.29
POWELL	\$0.00
PULASKI	\$24,457.86
ROBERTSON	\$0.00
ROCKCASTLE	\$13,312.00
ROWAN	\$0.00
RUSSELL	\$3,242.42
SCOTT	\$3,240.00
SHELBY	\$5,612.89
SIMPSON	\$0.00
SPENCER	\$4,959.50
TAYLOR	\$0.00
TODD	\$0.00
TRIGG	\$1,440.00
TRIMBLE	\$1,425.00
UNION	\$12,650.00
WARREN	\$6,960.00
WASHINGTON	\$0.00
WAYNE	\$2,400.00
WEBSTER	\$0.00
WHITLEY	\$8,652.50
WOLFE	\$0.00
WOODFORD	\$3,200.00
TOTAL	\$728,791.09

Kentucky Traumatic Brain Injury Trust Fund Program Comparison of Hospital Data Available of Injured and Trust Fund Individuals Referred in 2006



This graph depicts the most current data available of all hospitalized injuries in Kentucky in 2006 and those individuals referred to the TBI Trust Fund in the same year. The Trust Fund provided services to 1,423 of the total 7,247 brain injured individuals' hospitalized inpatient in 2006. The Trust Fund served the maximum amount of referrals budgetary constraints allowed. The Board works diligently to educate the public about the Trust Fund and strives to stretch every dollar to serve all of those referred to the program. Further, the Board continues to explore alternative funding sources to address the ongoing needs and ability to serve those affected by TBI.

Kentucky Traumatic Brain Injury Trust Fund Expenditures Fiscal Year 2009

ITEM	AMOUNT
Benefit Management Program	\$2,200,000.00
University of Kentucky Center on Injury Prevention and Research Center Surveillance/Registry	\$71,717.49
Administration Support– Traumatic Brain Injury Program-Department for Aging and Independent Living (DAIL)	\$81,786.40
Grand Total for FY 09	\$2,353,503.89