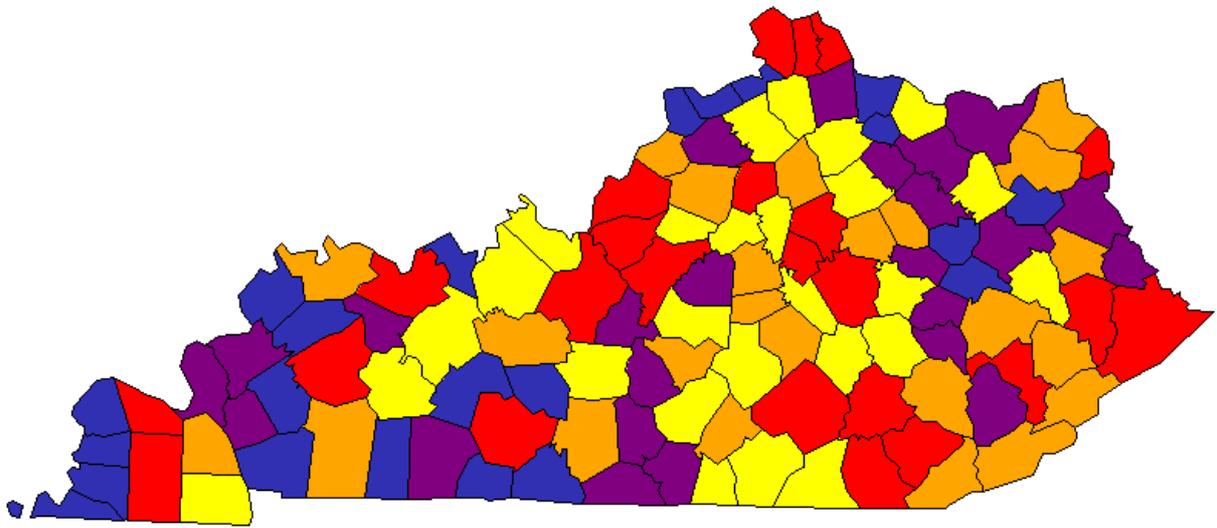


Kentucky Brain Injury Trust Fund Board of Directors



Annual Report

July 1, 2009 through June 30, 2010

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



**Board of Directors
Kentucky Brain Injury Trust Fund
Fiscal Year 2010**

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Designee for Melinda Mast, Executive Director
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
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Cabinet for Health and Family Services
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Darla Bailey, MSW

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Mary Ann Swerczek

Lexington, Kentucky

Daniel Gripshover, Ph.D.

Edgewood, Kentucky

Stephen Cox, M.D.

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

The road an individual and family travels following a brain injury is a road of twists and turns. Individuals with brain injuries and family members seek guidance and assistance in the search for support and resources. The Kentucky Brain Injury Trust Fund Program is a resourceful navigational tool for these individuals and their families.



The Trust Fund continues to be diligent in its efforts to ensure that individuals and family members affected by brain injury are served as close to home as possible. 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. In particular, the Board is committed to overcoming the ongoing challenges faced by all brain injured residents of Kentucky and securing services for them to remain in their communities. The Board recognizes the large numbers of Kentucky military personnel returning home with brain injuries and has partnered with federal, state, and local agencies to establish annual educational opportunities and resources for Veterans affected by brain injury and their families.

With the 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. Significant efforts have been made in reducing the number of individuals awaiting benefits. Due to programmatic realignment, the number persons who are waiting has decreased by over 1,000. Operating as strong fiscal stewards, the Board continues ensure that the Trust Fund is a payor of last resort. We are extremely thankful that revenues to the Trust Fund have remained 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 indicate the significant impact of brain injury on Kentucky and its residents. The Trust Fund 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 statutes 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. 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 provides 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; and
- 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, which provides direct staff 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 circuit clerks.

KRS 189A.050 specifies that eight 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.

Kentucky Brain Injury Registry Review

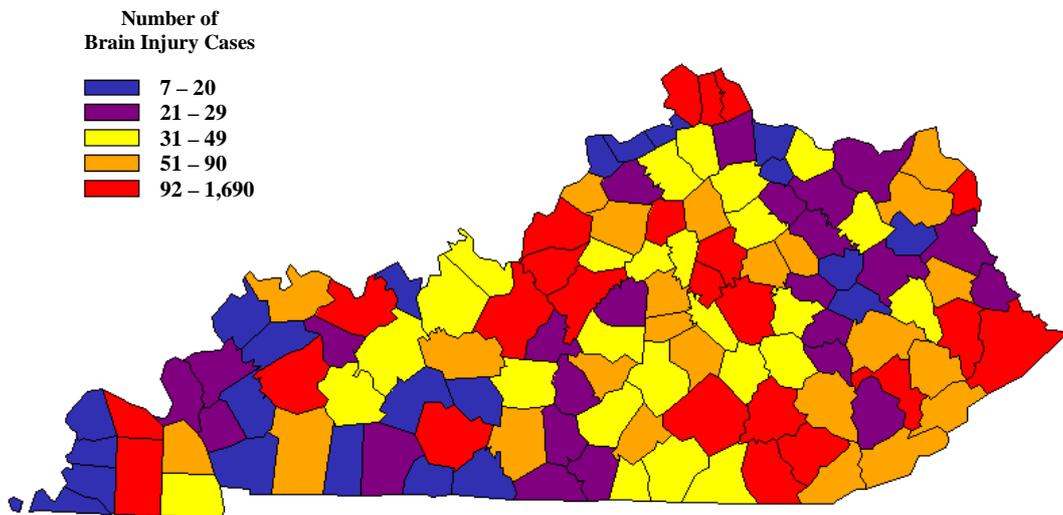


Pursuant to its mandate to establish a registry for traumatic brain and spinal cord injuries, the Board again funded a surveillance project in FY 2010 through a contract with the University of Kentucky. The Kentucky Injury Prevention and Research Center (KIPRC) located at the University of Kentucky collects hospital discharge data for analysis and dissemination. 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 the Kentucky Traumatic Brain Injury & Spinal Cord Injury Surveillance Report for FY 2010 includes available outpatient data. Using the most recent available data, it has been determined that the number of individuals sustaining fatal brain injuries continues to increase each year in Kentucky. According to the Center's most recent available data, 6,248 Kentucky residents survived their injuries but had significant deficits after sustaining a brain injury. In that same year 2,744 Kentuckians died from a brain injury. On average, brain injury has played a role in the death or hospitalization of 12 Kentuckians per day.

In 2008, the Kentucky Hospital Association began collecting electronic records for outpatient encounters from Kentucky hospitals, including emergency department visits. Based on current 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, 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.

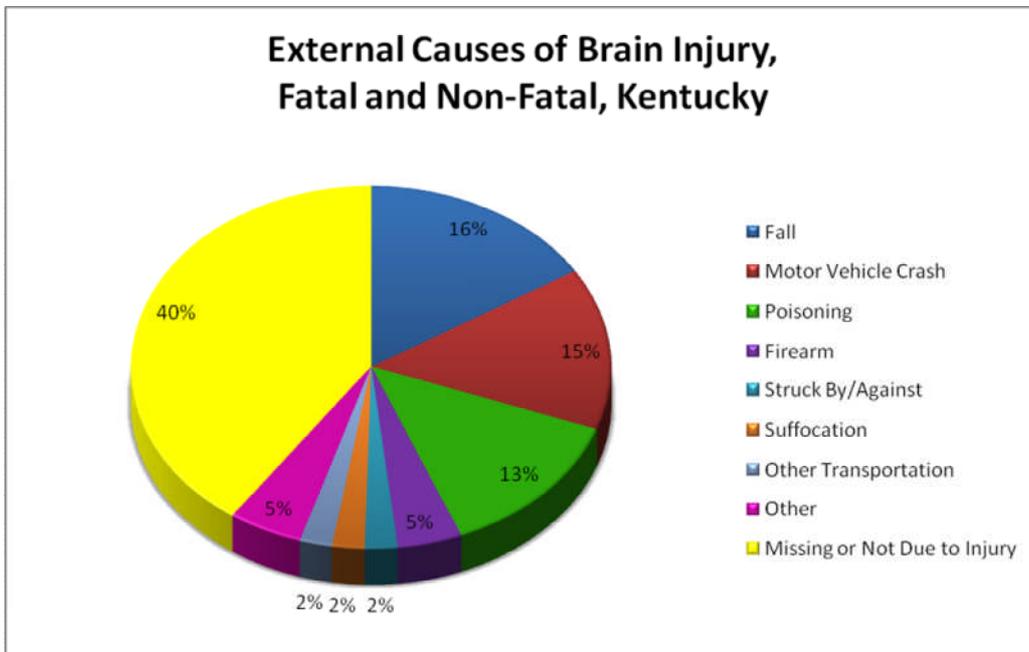
Kentucky Brain Injury Cases by County, Non-Fatal and Fatal



Source: Kentucky TBI Surveillance Project.

The results of the inpatient and the outpatient data suggest that leading causes of TBI and Spinal Cord Injury (SCI) are motor vehicle accidents in persons aged 15-24 and falls in persons aged 65 and older. Incidences of motor vehicle accidents seem to be gradually decreasing, while incidences of falls appear to be increasing. Anoxia, an absence of oxygen to the brain, 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 the western part of the state. The counties listed below, which rank 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, have been identified as top priority areas for prevention activities and programs. These counties could 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
- SCI: Total reported cases of SCI statewide are insufficient to support reliable geographic analysis

Benefit Management Program Review

The Benefit Management Program (BMP) 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 BMP and the procedures for obtaining benefits 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; and
- Establish a Service Plan Review Committee for the purpose of reviewing service plans for approval.

Eckman, Freeman & Associates was awarded the contract to administer the Benefit Management Program for the TBI Trust Fund. Since the program's inception in 2000, approximately 3,400 clients have been served. The growing number of referrals, with no increase in available funding in FY2010, has been a significant concern. Presently, over 1,000 clients are awaiting the necessary funding to maintain their community placement. In fiscal year 2010, only emergency requests for benefits were filled. 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. Most individuals served by the Benefit Management Program, express appreciation for the case management services and the funds they have received that have enabled them to remain in their home communities. The following case studies demonstrate the successful interventions made possible through the Trust Fund's Benefit Management Program. The program has enabled individuals to live in their communities and have a quality life. These individuals are representative of clients served across every region of the state. Additionally these individuals represent a small percentage of those affected by brain injury in Kentucky annually that were referred to and served by the Trust Fund.

Case Study #1:

John is a 33 year-old male who was involved in a motor vehicle accident in 2003. He lives with his parents in rural western Kentucky and requires assistance with all activities of daily living. He has been admitted on multiple occasions to hospitals, long term care units and in-patient rehabilitation facilities. His parents are his primary caregivers and his father works out of the home.

A case manager began working with John in 2009, and a service plan was developed to address home modifications for bathing and toileting. Up to that point, the family exhibited remarkable resourcefulness through the use of family and community facilities for John's needs. For example, he was taken to his grandmother's once a week for a bath since she had a bench in the shower with a hand held shower head. He received sponge baths at home the other days of the week. Because the bathroom in their home was too small for John to access, he used a bedside commode to toilet.

Beginning in August of 2009, the ability to bathe became more challenging. Due to the lack of a ramp, getting John into and out of his grandmother's house became increasingly difficult, particularly in light of complications resulting from his father's back surgery. Prior to their involvement with the Trust Fund, the family made a makeshift shower by hanging a shower curtain on the front porch of their house, using it when weather permitted. In addition to the porch shower, the family would occasionally take John to the local wellness center to shower in the center's handicap-accessible facilities. After the family learned about the Trust Fund program and began working with

the case manager, a request was submitted and approved for home modifications and the accessible bathroom was completed.

Since completion of the bathroom, John's quality of life has improved greatly. He can now bathe more frequently, thus improving his hygiene; he can use a regular toilet in place of a bedside commode; and he can shave at the bathroom sink. Services through the Trust Fund have helped John to regain personal dignity and a measure of the independence he lost on the day of his motor vehicle accident in 2003.

In addition to the exceptional work of the case manager in assisting John and his family in securing the necessary bathroom modification, the case manager was also able to address the family's need for respite. Now John's mother is able to receive a few, much-needed respite hours a week, improving her quality of life as well. In a thank-you card the family sent to the case manager, John's mother describes the case manager as an "angel."

Case Study #2:

Pamela is a 54-year-old female who began receiving case management services in 2004. Following a surgery to remove her right temporal lobe due to gran mal seizures, Pamela developed a brain injury with short-term memory loss and slightly confabulatory speech. Pamela lives alone in a small, well-kept apartment but is unable to drive. She is on large doses of anti-seizure and other medication and has a history of poor oral health.

In 1985, Pamela had all of her teeth removed at the direction of her primary care provider and dentist and dentures were made. Over the course of the last 19 years, Pamela's dentures began to break and by 2009 had degraded to the point they were kept together using super glue. When Pamela spoke, her dentures would move around in her mouth causing her to bite her lip. In addition, her dentures had become discolored and unnatural in appearance. The poor fit of the dentures caused her to have frequent mouth sores, which resulted in pain, malnutrition, and weight loss. Pamela developed poor self-esteem and avoided public situations because of, as she stated, "her looks without teeth." Due to her limited income, she was unable to purchase replacement dentures. It was apparent that unless outside assistance could be secured, Pamela's physical and mental health would continue to deteriorate.

In response to Pamela's oral health needs, the Trust Fund case manager called her dentist and requested pricing for a new set of dentures. In January 2010, the Trust Fund approved the request for funding, and Pamela received a new set of dentures.

Thanks to the observation and documentation by her case manager, Pamela's quality of life has significantly improved. She is very grateful for the new dentures and is now able to eat food, even in public, without difficulty and embarrassment. Pamela's enhanced self-image is evident in her demeanor and improved conversational skills. In addition, she has taken on more community service volunteer work and now attends church activities. She continues to express to the case manager that she is "proud of her smile."

Case Study #3:

Kenton is a remarkable young man who has experienced multiple adversities throughout his life. He was born with Sturge-Weber Syndrome, a neurological disorder indicated at birth by seizures, accompanied by a large port-wine stain birthmark on the forehead and upper eyelid of one side of the face. Additionally, at the age of 12, Kenton sustained a brain injury when he fell off the back of a wagon. The complications of the brain injury on his life have been substantial. He has experienced multiple hospitalizations and received a hemispherectomy for severe seizures. Kenton's prolonged challenges include memory loss, poor reasoning skills, and slight left hemiparesis.

Now at age 16, Kenton was referred to the Trust Fund for home modifications. Kenton's physical environment at home, particularly his bedroom and the family bathroom, had become a safety concern due to unstable flooring and fraying carpet. Kenton's case manager recognized that his physical environment was not conducive to his basic needs. Poor vision, left hemiparesis, and seizure activity increased his risk of falling in the home, compromising his safety. Additionally, the home's only bathroom was not accessible for Kenton's special needs. Through the Trust Fund Program, the case manager requested a home modification to include extending his bedroom and adding a handicap-accessible bathroom.

Upon approval of the home modifications, Kenton's family hired a contractor who began the construction but never returned to complete the home modifications. The contractor left the home exposed to winter weather conditions, which jeopardized Kenton's health, welfare, and safety. The family immediately contacted Kenton's case manager who worked diligently through the Christmas holiday to secure a new contractor to complete the construction.

As a result of the home modifications, Kenton can now walk across his room without the risk of tripping. He also has greater independence now that he can access the bathroom without assistance. His attitude and self-esteem have greatly improved as well. Kenton and his mother have expressed tremendous gratitude to the Trust Fund for these modifications.

Case Study #4:

Evan is a six-year-old who lives in southern Kentucky with his mother. Evan was severely injured when a drunk driver struck the family car. He now requires complete care with his daily activities. The heavy burden of Evan's care forced his mother to quit her job and focus on caring for him full-time, which caused serious financial difficulty for the family.

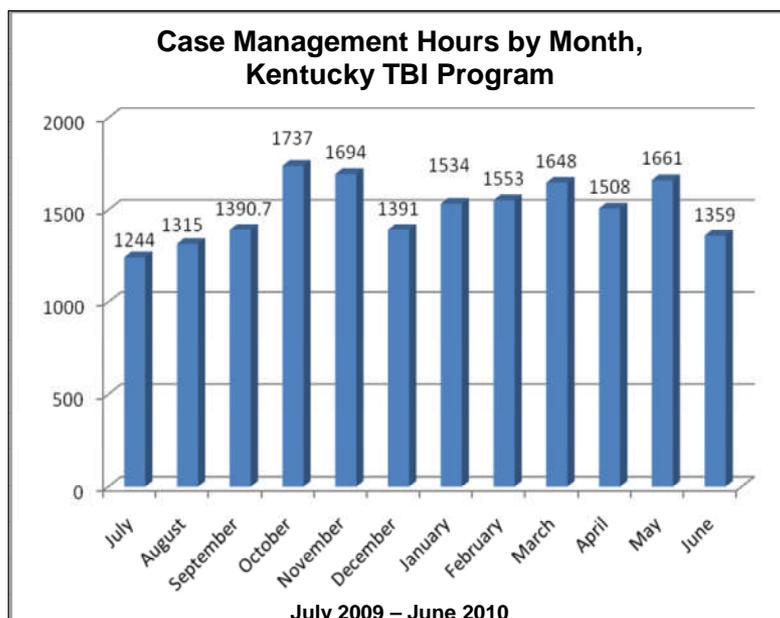
In May 2010, the TBI case manager initially met with Evan and his mother and completed an evaluation of his current needs. Evan's primary needs were to remain in his home, have transportation to and from medical appointments, and assure that his daily living needs are met. Evan's mother was unaware of local resources that might provide her with assistance. Because she was focused on maintaining Evan's daily care and environment, his mother had little time to research possible community supports. The case manager sought financial assistance from several local agencies such as

Kiwanis, church organizations, and the Christian Appalachian Project (CAP). The case manager contacted the Jordan Light Foundation and was able to secure funding for two-months of mortgage payments, two-months of car payments, winter utility bills, and funds to pay for the homeowners insurance on the family’s home. In addition, the case manager helped Evan’s mother access the Kentucky Crime Victims Compensation Fund. If approved, this fund will provide further financial assistance for the family. The case manager also helped Evan’s mother in completing the application process for services through the Michelle P Waiver Program.

Without the assistance provided through the Trust Fund, Evan’s mother may never have learned of possible community supports for Evan. With the case manager’s intervention and assistance, the family’s financial situation has stabilized. Evan’s mother is very appreciative of assistance from the Trust Fund and maintains that the Trust Fund’s case manager has been “truly an angel” who has given her hope in meeting the needs of her son.

Case Management Services Provided

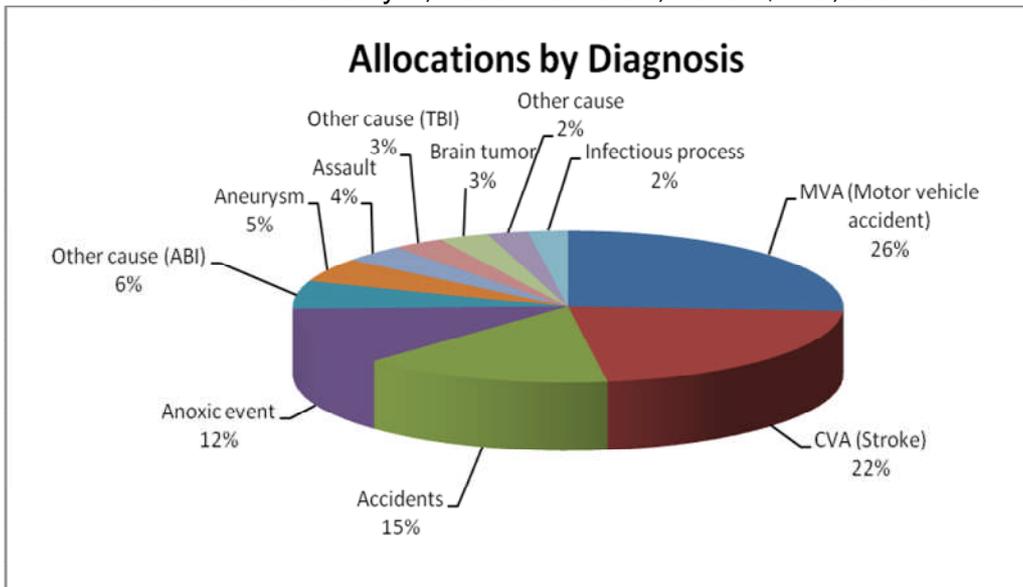
The Benefit Management Program offers case management services at no cost to eligible applicants and recipients of assistance from the Trust Fund. Case management services have been innovatively designed to access the available natural supports and local resources in the communities of the approximately 3,300 clients served since the program’s inception in order to ensure the Trust Fund remains a funding source of last resort. Case managers assess the applicant’s eligibility for requests, 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. Since August 2001, the Benefit Management Program has leveraged approximately \$5 million worth of additional services from other community options and natural supports.



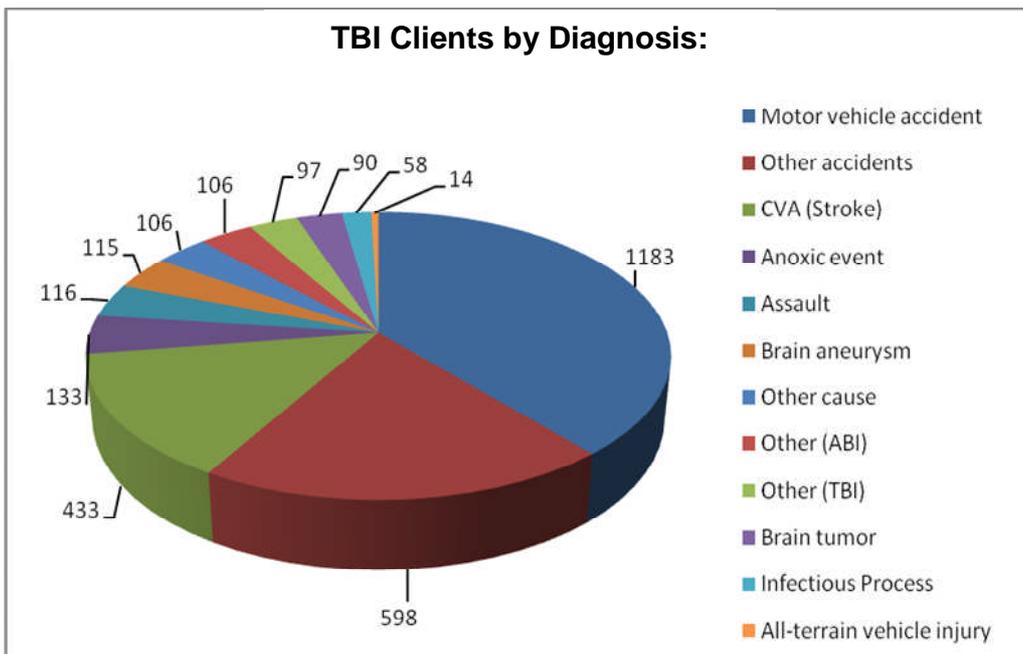
Kentucky Traumatic Brain Injury Trust Fund Fiscal Year 2010

Allocations by Diagnosis

Total Allocations July 1, 2009 – June 30, 2010: \$720,898.78



Clients by Diagnosis Since Inception of Program



**Kentucky Traumatic Brain Injury Trust Fund Program
 Allocations to Clients, by County
 Fiscal Year 2010**

ADAIR	\$0.00
ALLEN	\$0.00
ANDERSON	\$0.00
BALLARD	\$0.00
BARREN	\$1,345.46
BATH	\$0.00
BELL	\$0.00
BOONE	\$21,209.98
BOURBON	\$0.00
BOYD	\$4,160.00
BOYLE	\$10,000.65
BRACKEN	\$0.00
BREATHITT	\$0.00
BRECKENRIDGE	\$0.00
BULLITT	\$4,570.16
BUTLER	\$0.00
CALDWELL	\$15,070.00
CALLOWAY	\$0.00
CAMPBELL	\$48,132.90
CARLISLE	\$252.39
CARROLL	\$0.00
CARTER	\$0.00
CASEY	\$0.00
CHRISTIAN	\$0.00
CLARK	\$15,000.00
CLAY	\$0.00
CLINTON	\$1,105.54
CRITTENDEN	\$0.00
CUMBERLAND	\$0.00
DAVISS	\$300.00
EDMONSON	\$0.00
ELLIOTT	\$0.00
ESTILL	\$0.00
FAYETTE	\$35,402.97
FLEMING	\$0.00
FLOYD	\$5,206.83
FRANKLIN	\$0.00
FULTON	\$0.00
GALLATIN	\$0.00
GARRARD	\$0.00
GRANT	\$0.00
GRAVES	\$0.00

**Kentucky Traumatic Brain Injury Trust Fund Program
 Allocations to Clients, by County
 Fiscal Year 2010**

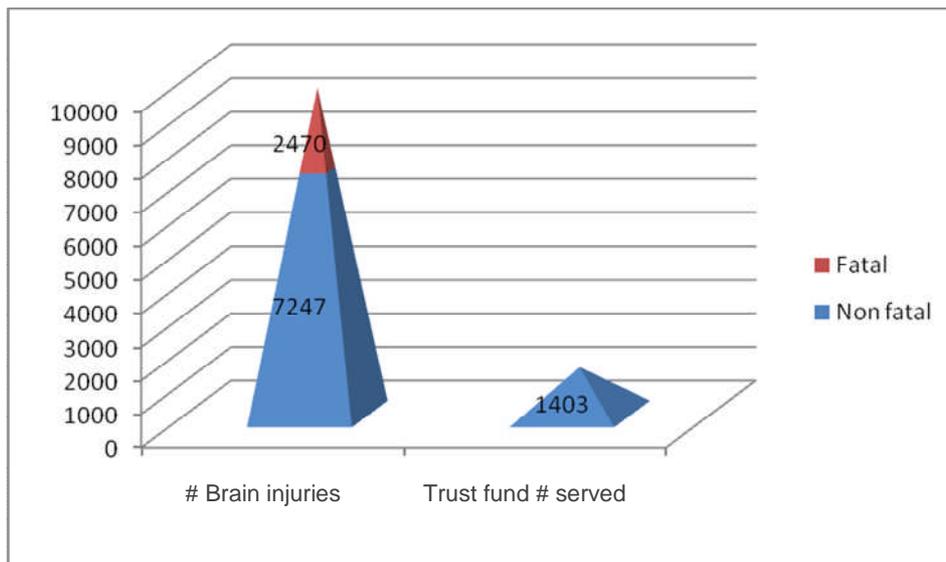
GRAYSON	\$0.00
GREEN	\$0.00
GREENUP	\$14,950.00
HANCOCK	\$0.00
HARDIN	\$0.00
HARLAN	\$0.00
HARRISON	\$21,175.00
HART	\$15,000.00
HENDERSON	\$0.00
HENRY	\$550.00
HICKMAN	\$0.00
HOPKINS	\$0.00
JACKSON	\$0.00
JEFFERSON	\$204,911.12
JESSMINE	\$9,740.00
JOHNSON	\$1,134.92
KENTON	\$49,391.54
KNOTT	\$0.00
KNOX	\$0.00
LARUE	\$11,700.00
LAUREL	\$0.00
LAWRENCE	\$0.00
LEE	\$0.00
LESLIE	\$0.00
LETCHER	\$0.00
LEWIS	\$0.00
LINCOLN	\$6,339.00
LIVINGSTON	\$2,343.69
LOGAN	\$0.00
LYON	\$0.00
MADISON	\$15,000.00
MAGOFFIN	\$0.00
MARION	\$15,000.00
MARSHALL	\$3,406.40
MARTIN	\$395.00
MASON	\$0.00
MCCRACKEN	\$0.00
MCCREARY	\$15,000.00
MCLEAN	\$0.00
MEADE	\$15,000.00
MENIFEE	\$0.00
MERCER	\$7,500.00
METCALFE	\$0.00

**Kentucky Traumatic Brain Injury Trust Fund Program
Allocations to Clients, by County
Fiscal Year 2010**

MONROE	\$0.00
MONTGOMERY	\$0.00
MORGAN	\$0.00
MUHLENBERG	\$0.00
NELSON	\$0.00
NICHOLAS	\$324.00
OHIO	\$840.00
OLDHAM	\$17,940.00
OWEN	\$0.00
OWSLEY	\$0.00
PENDLETON	\$0.00
PERRY	\$753.07
PIKE	\$44,286.90
POWELL	\$0.00
PULASKI	\$1,434.00
ROBERTSON	\$0.00
ROCKCASTLE	\$15,000.00
ROWAN	\$0.00
RUSSELL	\$0.00
SCOTT	\$0.00
SHELBY	\$1,250.00
SIMPSON	\$0.00
SPENCER	\$12,592.00
TAYLOR	\$2,163.66
TODD	\$0.00
TRIGG	\$15,000.00
TRIMBLE	\$12,431.00
UNION	\$0.00
WARREN	\$6,240.00
WASHINGTON	\$0.00
WAYNE	\$0.00
WEBSTER	\$5,550.00
WHITLEY	\$3,000.00
WOLFE	\$0.00
WOODFORD	\$11,800.00
	\$720,898.18

Kentucky Traumatic Brain Injury Trust Fund Program

Comparison of Numbers of Injuries Recorded in Kentucky Hospitals versus the Numbers of Individuals Served by the Trust Fund



This graph depicts the most current data available of all hospitalized brain injury patients in Kentucky and the number of individuals served by the TBI Trust Fund. As illustrated, there are a significant number of individuals with brain injury living in Kentucky with only a small percentage receiving services due to budgetary constraints. The Trust Fund provided services to 1,403 persons with brain injuries while approximately 7,200 individuals were injured. While the Board works diligently to educate the public about the Trust Fund and strives to serve all persons referred to the program, it continues to explore alternative funding sources to address the ongoing needs of those affected by TBI.

Expenditures for Fiscal Year 2010

ITEM	AMOUNT
Benefit Management Program	\$2,200,000.00
University of Kentucky Center on Injury Prevention and Research Center Surveillance/Registry	\$75,000.00
Administration Support – Traumatic Brain Injury Program-Department for Aging and Independent Living (DAIL)	\$81,786.40
Grand Total for FY 2010	\$2,356,786.40