A spinal cord injury or disease can happen to anyone—at any time. Even to you.
# Table of Contents

Arkansas Spinal Cord Commission

History & Message from Chairman ........................................... 3

Spinal Cord Injury ................................................................. 4

Who We Are ................................................................. 5

What We Do ........................................................................ 6

What We Are Needed ....................................................... 7

Statics and Highlights .......................................................... 8-11

Caseload & Traumatic/Non-Traumatic Causes ....................... 12

Our Financials ................................................................. 13

ASCC Commission Members .................................................. 14

Organizational Chart .......................................................... 15
ARKANSAS SPINAL CORD COMMISSION HISTORY

The Arkansas Spinal Cord Commission is a health related agency of the State of Arkansas, established by Act 311 of 1975 and administered in accordance with Arkansas Code Annotated (ACA) 20-8-201 – 206.

At the 1975 legislative session in January, the members of the Arkansas Legislature passed Act 311 to establish the Arkansas State Spinal Cord Commission. This was the first state agency in the United States to be responsible solely to individuals with spinal cord disabilities (SCD). In July 1975 the first Arkansas State Spinal Cord Commission was given the oath of office at the State Capitol by Governor David Pryor.

In 1977, the Arkansas State Legislature approved a second ASCC initiative. That was the establishment of the Arkansas Spinal Cord Disability Registry. Recognizing the value of the data collected, a mechanism was needed to identify and offer services to Arkansans with spinal cord disabilities. Act 330 of 1977 mandated the Arkansas State Spinal Cord Commission shall establish and maintain a central registry of persons with SCD. Every public and private health and social agency and attending physician shall report to the commission within five (5) calendar days after identification of any person with a spinal cord disability. However, the consent of the individual shall be obtained prior to making this report. The intent of the Registry is to insure the referral of all persons with spinal cord disabilities and to assure they receive appropriate rehabilitative and other needed services.

The registry was the first in the nation. The state of Florida mandated a similar registry in 1990. Today, Arkansas and Florida maintain dynamic registries that update contact information on the individuals, similar to that maintained by the federal spinal cord injury model systems.

Message from the Chairman and Executive Director

On behalf of the Board of Commissioners and the staff at the Arkansas Spinal Cord Commission (ASCC), we are pleased to report our activities and successes over the past year. We’re making the case, working together and creating impact.

At the beginning of the fiscal year, the Commission approved an ambitious strategic plan to guide the work of ASCC over the next five years. We developed our plan by consulting stakeholders, focusing especially on those living with the effects of spinal cord disabilities.

The resulting plan is energetic and thoughtful and put into action. Action that does the following:

→ Implement one-to-one customized services for each client.
→ Focus on improvements of quality of life for individuals with a spinal cord disability.
→ Improve primary health care for those with SCI/D through education and training.

We thank the members of our Commission. ASCC has grown considerably since our beginnings some thirty-nine years ago. Our Commission has demonstrated time and again its resolve and determination to make ASCC integral to the process of developing solutions to reduce the impact of SCI/D and enhance the quality of life for those living with its effects.

We would also like to thank our staff. Small in number, but big in impact, they shoulder diverse roles. They support our mission, help mobilize our services, and ensure that our responsibilities meet the highest standards. ASCC has accomplished a great deal in 2014, but there is so much more to be done. We will continue to make the case, work together and create impact. SCI/D Arkansas deserves no less.

To find out more about our activities, we invite you to read our annual report, visit our Web Site (www.ascc.arkansas.gov) and watch us continue to move into action over the coming year!

“The value of our work, the value of our efforts and the value of our case management program can only be understood by the impact we create for Arkansans living with disabilities of the spinal cord.”

Jon Wilkerson  
Commission Chairman

Patti Rogers  
ASCC Executive Director
SPINAL CORD INJURY

An estimated 700,000 Americans are paralyzed and live with a permanent disability as a result of a spinal cord injury (SCI). With more than 200 new cases each year in Arkansas, spinal cord injuries pose a major medical, economic, and social burden of care, in addition to pain, suffering and loss of productivity.

Each Week 4 People Sustain an Injury
In 2014, an average of 4 people a week is the number of Arkansans identified as sustaining a new spinal cord disability representing 215 new cases.

Nationally, it is estimated that the annual incidence of spinal cord injury (SCI) is approximately 40 cases per million population in the U.S. or approximately 12,000 new cases per year. Every 41 minutes a person in the United States sustains a spinal cord injury.

Nearly 2,500 Individuals Statewide
There are over 2,485 ASCC clients with a spinal cord disability (SCI/D) in Arkansas.

Approximately 700,000 Americans have disabilities of the spinal cord. These disabilities include traumatic spinal cord injury, multiple sclerosis, spina bifida, amyotrophic lateral sclerosis (ALS), and syringomyelia among others.

2-3 Years
The average time it takes to attain optimal independence following a spinal cord injury.

$2.5 Million
The average lifetime cost of persons with a spinal cord injury.

Costs vary according to age and severity of the injury, average cost is estimated between $1,000,000 and $4,000,000. Example, the estimated lifetime cost for a C-6 tetraplegic injured at age 25 is approximately $3,319,533.*

* These costs are based on the average yearly health care and living expenses. The estimated lifetime costs that are directly attributable to SCI vary greatly according to severity of injury.


“Our strategic partnership with the Arkansas Spinal Cord Foundation plays an important role in our work toward solutions that will improve the quality of life of people living with spinal cord disabilities. ASCF’s commitment to putting research and grants into action is a key success factor in achieving this goal.”

Jon Wilkerson
Commission Chairman
MISSION
The Arkansas Spinal Cord Commission will administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in Arkansas.

WHO WE ARE
Ten (10) regional offices, 15 case managers implementing client programs and services to all 75 counties. A staff of 11 in the Little Rock central office orchestrates daily activity in support of clients with spinal cord disabilities (SCI/D) in Arkansas.

Serving 2,485 individuals annually, ASCC is the leading source for information and guidance on all aspects of SCI/D in Arkansas

Our case managers undertake a pivotal role as qualified rehabilitation counselors knowledgeable in the medical aspects of spinal cord injuries, spinal bifida, multiple sclerosis and other spinal cord disabilities, implementing one-to-one customized services for each client. A partial list of responsibilities include: needs and evaluations; regional information services; coordinate service delivery; provide guidance and counseling; advocate on client’s behalf; resource provisions and technical assistance, and assist families in identifying and applying for other available services.

OUR VALUES
RESPECT for those with spinal cord disabilities, for each other and for all communities.
EXCELLENCE in all we do.
ACCOUNTABILITY through transparency and ownership of outcomes.
LEADERSHIP in service and quality of life.
INCLUSION in all communities and within our organization.
INNOVATION in overcoming challenges.

OUR GUIDING PRINCIPLES

⇒ Strive for 100% employee-team satisfaction.
⇒ Strive for 100% client satisfaction.
⇒ Achieve win-win results through the power of partnership.
⇒ Work Smart While Remaining Humble.
⇒ Continuously strive to improve programs and professional services to enable people with spinal cord disabilities—To Thrive. Not Just Survive.

OUR VISION
Move knowledge into action. Champion excellence in service, advocacy and enhance the quality of life for Arkansans with spinal cord disabilities.

PRIORIES
The Arkansas Spinal Cord Commission’s main priority is to reach and serve all people in Arkansas living with a spinal cord injury and their families. ASCC is also dedicated to supporting people with other spinal cord disabilities. These include multiple sclerosis, spina bifida, amyotrophic lateral sclerosis (ALS), and syringomyelia among others.

ASCC’s strategic priorities are to:
• Excel at advocacy that makes a difference
• Deliver only the highest quality core services
• Secure sustainable diversified funding to be able to achieve our mission
• Excel at reaching and serving our client population
WHAT WE DO

Our agency has been in a continuous cycle of improvement, analysis and action.

Following the report of an individual sustaining a spinal cord injury (SCI), the Arkansas Spinal Cord Commission collects information data from emergency departments, hospital admissions, physicians and rehabilitation facilities. It provides a picture of those newly injured. The ASCC Case manager looks at the information and identifies service strengths, gaps, challenges and best resource opportunities to deliver services. The results help make the case for better delivery of services including costs, and most importantly, improving the quality of lives of individuals with SCI/D.

Orchestrating the agency’s activities moved strategically forward. Marketing emphasis communicated available services and prevention programs. Grants were implemented to benefit SCI consumers and the accessible parking task force continues to address parking issues.

Advocacy

We provide Arkansans living with spinal cord disabilities with resources and tools to assist them with developing self-advocacy skills.

Information Services

We assist Arkansans by providing numerous resources available and disseminate ongoing information through our case management program. ASCC connects our clients to fully-trained case managers who share their experience and knowledge to connect resources to the client and their family and caregiver.

Through the ASCC website and social media we disseminate timely information, preventive guidelines, and new healthcare developments. This venue enables ASCC to communicate not only to our client base, but to other organizations and the private sector. Press releases about current SCI/D related events can be viewed; accessible resource information, forms, guide to resources, and calendar of events.

Public Policy

We provide disability-specific, policy analysis that brings awareness and education to elected officials, as we support our clients through advocacy initiatives that aim to create a more inclusive support across the state.

Regional Case Management Services

We encourage and support clients to be as independent as possible. We provide services and programs aimed to provide information, resources, education, and support in the adjustment to having a disability.

Working Together

We are instrumental in connecting Arkansans with SCI/D to collaborative network organizations and other individuals in SCI/D communities. We address systemic barriers—barriers that affect community participation, optimum primary healthcare by using customized solutions and proven best-practices to improve the quality of life for citizens with spinal cord disabilities in Arkansas.
WHY WE ARE NEEDED

• **4 People Each Week.** There are 215 new spinal cord disabilities every year in Arkansas — that is on average 4.5 people every week sustaining an injury.

• **2,485** — Current data indicates there are 2,485 Arkansans living with a spinal cord disability.

• Spinal cord injury affects family, friends, employers, community and the health care system.

• People can, and do, make a positive adjustment to life with a spinal cord injury given the right support at the right time.

• **2-3 Years** — on average, it takes two to three years to attain sufficient independence following a spinal cord injury.

• **61%** — of spinal cord injuries occur to people under the age of 34.

• **25%** — of spinal cord injuries occur between the ages of 35 and 49.

• **14%** — of spinal cord injuries occur to people over the age of 50.

• **$1.25- $25 million.** The cost of a SCI to the healthcare system can be between $1.25- $25 million over an individual’s lifetime depending on severity of injury.

• **25%** — Only 25% of individuals with spinal cord disabilities are eligible for Medicaid.

• No other organization in Arkansas offers lifetime services for people with SCI/D

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**Spinal cord injury is random.**
You never know when it may happen to anyone at any given time. Even to you.

The journey to recovery has all its highs and lows. It’s never a given what the next day will bring for a person living with a spinal cord injury.
Statics and Highlights

The year of 2014 marks our second year of our three-year strategic plan. We have accomplished so much over this time, but we realize there is still a lot to do. ASCC served 2,485 clients and 215 new referrals were received.

It is of the utmost importance to reach people as soon as possible after an injury, as well as their family members, to offer assistance with restoring hope and re-building lives. We also recognize the contributions of our partners, sponsors, grantors and donors. These efforts brought in $110,800. Our clients simply would not receive the programs and services that they do without this assistance. We are deeply grateful and thankful.

Our Staff continues to service with integrity and purpose. They are our soul. They represent ASCC each and every day to our clients, donors, healthcare professionals and other organization.

Advancing service access results through innovation and excellence of delivery.

- ASCC’s 15 case managers accomplished 6,159 client visits—implementing personalized service needs.
- The ASCC case management program leveraged $851,586 to supplement our client services needs from third party resources for goods and services.
- We developed 100 partner matches through our case management support program.
- ASCC provided 30 accessible ramps and 21 wheelchairs.
- Through services provided by ASCC, case managers were instrumental in assisting SCI/D clients in returning to work.

Highlights of 2014

The past year has been challenging. We placed priority on maximizing our effectiveness through excellence in governance and accountability.

Role clarity and accountability were accomplished through necessary organizational structure in an attempt to level high caseloads experienced across the state.

- Shared best practices and knowledge about disability issues with existing client base, their families and caregivers.
- We orchestrated efforts to maintain discretionary benefits for our clients. Discretionary benefits support a range of items including medically prescribed equipment such as wheelchairs, braces, wheelchair cushions, adaptive bathroom equipment, medical supplies, medications, and home modifications and ramps, outpatient clinic and therapy visits.
- We advocated accessible parking issues and continue to work on resolutions, recommendations and other mandates.
- We maximized effectiveness by utilizing technology as a benefit. Video conferencing provided ongoing staff training; case
management status-reporting; central office communications, and meetings across the state. Utilization of this technology has saved our agency sufficient travel expenses, while minimizing the case manager’s time out of the field.

- Continued work to unite people and communities to share knowledge and drive change relating to spinal cord disabilities.

- Set priority on marketing and public relations to continue education initiatives and advocating accessible parking laws statewide. Physicians, law enforcement agencies, local and state government involvement united in this effort.

- Developed and implemented 12 law enforcement training sessions addressing accessible parking laws and enforcement.

- Achieved changes to policies and procedures.

- Build recognition as the most reliable voice, advocate and leading expert on living with spinal cord disabilities in Arkansas.

**ASCC Established SCI/D Support Groups**

In November 2014, ASCC developed monthly support group meetings for ASCC clients in the Northwest Arkansas region. Currently, support groups are also active in Searcy and Sherwood.

The program is designed to provide personal support and direct assistance to clients and their families living with spinal cord disabilities. Clients, families and those from the community meet together and provide specifics about community information, resources and services. Support group meetings give clients the opportunity to discuss and share experiences. For those who are successfully coping with a SCI/D to have the opportunity to give support to others is to talk to someone who knows firsthand about living with a spinal cord disability. The program encourages individuals to achieve greater levels of independence; to share coping skills used to effectively deal with primary health and attendant care issues; it serves as support so that newly injured SCI individuals and their families feel less alone; demonstrates functional skills and activities previously thought impossible by a client in an effort to encourage sensible risk-taking. Individuals share specific information on disability-related issues including accessible housing, transportation, legal rights, community resources and social, emotional and architectural barriers.

**ASCC’s Accessible Parking Task Force**

- Task force members represent numerous organizations and companies, clients and client families, and concerned citizens. Early in 2014 they united in an initiative to continue education efforts statewide about accessible parking and the rights of those with disabilities.

- Marketing and public relations were driven to communicate ongoing accessible parking violation issues experienced statewide.

- Work immediately began on educational materials; speaking opportunities to increase public awareness and drive knowledge of the laws. Emphasis was also placed on those with accessible parking license plates and placards to help educate them about the state laws governing usage.

- The task force developed and conducted 12 training sessions for local, county and state law enforcement agencies.

- Developed Accessible Parking brochure and distributed to law enforcement agencies. The Accessible Parking initiative received endorsement from the Arkansas Attorney General. Ten supporting agencies and organizations continue to work together to defend the rights of all individuals with disabilities.

- A public awareness campaign about accessible parking was implemented in November prior to “black Friday” shopping through December. Local media supported the effort with news and special reports.
Community Engagement

ASCC held its 24th annual conference and expo

In September 2014, ASCC held its 24th annual conference and Expo. The conference was the largest-ever in ASCC history.

Individuals with spinal cord injuries/disabilities from across the state, caregivers, medical professionals from different hospitals, universities, and medical institutions—from Fayetteville to Northern Texas, and as close as Memphis and Tulsa attended.

The conference theme — Healthy Minds, Healthy Bodies—centered around the concept of empowering healthcare professionals and caregivers to provide better care and do more with less, and most important drive empowerment within individuals with SCI/D their minds and bodies. The conference hosted. Education breakout sessions drew record crowds.

National, state and local vendors filled the exhibition and displayed the latest from pharmacies to durable medical equipment, to new products and assistive technologies.

In 2015, ASCC has plans to expand the conference to a two-day regional event.

Spina Bífida CAMP FOR KIDS

ASCC, in cooperation with Camp Aldersgate and Med Camps of Arkansas, sponsored the 37th annual Spina Bífida Camp. The event was held at Camp Aldersgate in west Little Rock in June 2014. Limited to a small group, 41 children with spinal cord disabilities attended from across the state. The campers participated in activities including canoeing, fishing, swimming, archery, extreme sports, music and crafts. These activities are designed to promote increased independence and mobility. The children have the opportunity to interact with other children who live with spinal cord disabilities.

In addition to a great experience for the children, the week-long camp provides much needed respite for parents.
Arkansas Trauma Rehabilitation Program

The Arkansas Trauma Rehabilitation Program (ATRP) was established through a Memorandum of Agreement with the Arkansas Department of Health and the Arkansas Spinal Cord Commission (ASCC). Through educational and resource development initiatives, ATRP increases access to comprehensive, cutting-edge rehabilitation care to facilitate community integration for Arkansans who have survived traumatic injuries.

Traumatic Brain Injury (TBI) Central Registry

Arkansas Statute 20-14-703 requires that every public and private health agency, public and private social agency, and attending physician report persons who have sustained a Moderate-to-Severe brain injury to the Brain Injury Alliance of Arkansas (BIAA) within five (5) days of injury identification or diagnosis. The BIAA has signed an agreement with the ATRP to assume responsibility for the Traumatic Brain Injury Registry. In 2014, the TBI registry received a total of 291 referrals. Since the registry began in November of 2013 a total of 341 individuals with TBI have been recorded in the registry.

TBI Resource Development

ATRP developed and distributed a comprehensive resource guide and informational packet for survivors of TBI and their families. Packets were also provided to acute care hospitals to distribute to all patients who are referred to the TBI Registry.

A web-based disability resource site was developed and launched in 2014. The site is designed to be used by healthcare professionals and individual Arkansans searching for resources to meet a variety of post-injury needs.

ATRP Trauma Rehabilitation Conference and Educational Initiatives

In 2014, ATRP co-presented and sponsored several continuing education opportunities to help uncover best practices and raise awareness of resources to Arkansas’ healthcare providers and consumers. ATRP co-presented the first Assistive Technology Conference with AR-ICAN; presented the third annual Trauma Rehabilitation Conference; co-presented the fourth annual Brain Injury conference with CHI St. Vincent and NeuroRestorative Timber Ridge; and sponsored the annual ASCC SCI/D conference—Healthy Minds, Healthy Bodies.

ATRP, with the cooperation of NeuroRestorative Timber Ridge, provided training to 15 individuals to receive their credentials as Certified Brain Injury Specialists. ATRP also provided funding to W.O.R.T.H. (Working Out for Recreation, Training and Health) for the development of an exercise video to benefit individuals with disabilities.

TRIUMPH Call Center

In partnership with the UAMS Center for Distance Health, ATRP launched the TRIUMPH Call Center, which provides a 24/7 service linking patients and local primary care and emergency physicians and to physical medicine and rehabilitation board certified physicians from UAMS. The TRIUMPH program provides patient-to-provider consults through phone and/or interactive video. In its first year, TRIUMPH provided consultation to rural, primary care, and emergency physicians as well as patients with a spinal cord injury or disability. In 2015, TRIUMPH will expand to provide the same clinical guideline based consultations for traumatic brain injury.
In 2014 client caseload was 2,485 with 215 new cases reported from 75-county service area.

### Traumatic Injury by Cause

- **Motor Vehicle Crash**: 39 (37%)
- **Falls**: 36 (34%)
- **Violence**: 11 (10%)
- **Object/Explosion**: 5 (5%)
- **Other Transportation**: 4 (4%)
- **Motorcycle Accident**: 3 (3%)
- **Other**: 3 (3%)
- **Diving**: 2 (2%)
- **ATV**: 2 (2%)
- **Medical/Surgical Mishap**: 2 (2%)

### Non-Traumatic by Cause

- **Spinal Tumors**: 16 (15%)
- **Spondylosis (stenosis)**: 17 (16%)
- **Multiple Sclerosis**: 17 (16%)
- **Spina Bifida**: 10 (9%)
- **Hemorrhage/Thrombosis**: 9 (8%)
- **Spinal abscess**: 6 (5%)
- **Transverse Myelitis**: 5 (4%)
- **Herniated Disk**: 4 (4%)
- **Guillain-Barre**: 2 (2%)
- **ALS**: 2 (2%)
- **Spinal Mass/Spinal Stroke**: 2 (2%)
- **Other Disease Processes**: 19 (17%)

### Open Cases by Office

<table>
<thead>
<tr>
<th>Office</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Rock</td>
<td>838</td>
<td>34%</td>
</tr>
<tr>
<td>Magnolia</td>
<td>297</td>
<td>12%</td>
</tr>
<tr>
<td>Fayetteville</td>
<td>212</td>
<td>9%</td>
</tr>
<tr>
<td>Fort Smith</td>
<td>202</td>
<td>8%</td>
</tr>
<tr>
<td>Hot Springs</td>
<td>180</td>
<td>7%</td>
</tr>
<tr>
<td>Jonesboro</td>
<td>165</td>
<td>7%</td>
</tr>
<tr>
<td>Pine Bluff</td>
<td>143</td>
<td>5%</td>
</tr>
<tr>
<td>Russellville</td>
<td>169</td>
<td>7%</td>
</tr>
<tr>
<td>West Memphis</td>
<td>133</td>
<td>5%</td>
</tr>
<tr>
<td>Batesville</td>
<td>146</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,485</td>
<td></td>
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</table>

### Traumatic Cause

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td><strong>Motor Vehicle Crash</strong></td>
<td>39</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Falls</strong></td>
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<td><strong>Violence</strong></td>
<td>11</td>
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<tr>
<td><strong>Object/Explosion</strong></td>
<td>5</td>
<td>5%</td>
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<tr>
<td><strong>Other Transportation</strong></td>
<td>4</td>
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<tr>
<td><strong>Motorcycle Accident</strong></td>
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</tr>
<tr>
<td><strong>Other</strong></td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Diving</strong></td>
<td>1</td>
<td>1%</td>
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<tr>
<td><strong>ATV</strong></td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Medical/Surgical Mishap</strong></td>
<td>2</td>
<td>2%</td>
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<tr>
<td><strong>Total SCI new cases</strong></td>
<td>106</td>
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### Non-traumatic by Cause

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td><strong>Spinal Tumors</strong></td>
<td>16</td>
<td>15%</td>
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<tr>
<td><strong>Spondylosis (stenosis)</strong></td>
<td>17</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Multiple Sclerosis</strong></td>
<td>17</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Spina Bifida</strong></td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Hemorrhage/Thrombosis</strong></td>
<td>9</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Spinal abscess</strong></td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Transverse Myelitis</strong></td>
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<tr>
<td><strong>Herniated Disk</strong></td>
<td>4</td>
<td>4%</td>
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<tr>
<td><strong>Guillain-Barre</strong></td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td><strong>ALS</strong></td>
<td>2</td>
<td>2%</td>
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<tr>
<td><strong>Spinal Mass/Spinal Stroke</strong></td>
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<td>2%</td>
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<tr>
<td><strong>Other Disease Processes</strong></td>
<td>19</td>
<td>17%</td>
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<tr>
<td><strong>Total new cases</strong></td>
<td>109</td>
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*Cauda Equina, 3; Chiari Malformation, 2; Bone Spurs, 1; Cervical Myelopathy, 1; Degenerative Disc Disease, 1; Deteriorated Disc, 1; Diskitis, 1; Hurler Syndrome, 1; Osteomyelitis, 1; Spinal degeneration, 1; Spinal infarction, 1; Staph Infection, 1; Thoracic Aortic Dissection, 1; Unknown disease, 3.*
Our Financials

<table>
<thead>
<tr>
<th>CLIENT SERVICES</th>
<th>Actual 2013</th>
<th>Actual 2014</th>
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<tbody>
<tr>
<td>Medical Equipment Rental</td>
<td>845</td>
<td>1,215</td>
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<tr>
<td>Medical Transportation</td>
<td>1,640</td>
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<tr>
<td>Activities Daily Living Supplies</td>
<td>15,517</td>
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<td>Diagnosis &amp; Evaluation</td>
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<td>8,650</td>
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<tr>
<td>Vehicle Hand Controls</td>
<td>17,505</td>
<td>22,791</td>
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<tr>
<td>Specialized Goods &amp; Services</td>
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<tr>
<td>Medical Supplies</td>
<td>8,579</td>
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<tr>
<td>Spina Bifida Camp</td>
<td>24,000</td>
<td>25,200</td>
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<tr>
<td>Home Modifications</td>
<td>18,043</td>
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<td>Wheelchair Repairs</td>
<td>62,211</td>
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<tr>
<td>Wheelchair ramping</td>
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<td>Wheelchairs</td>
<td>72,665</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>139,961</td>
<td>137,298</td>
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<tr>
<td>Total</td>
<td>$440,804</td>
<td>$469,301</td>
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Condensed Statement of Financial Activities
In 2014 ASCC received $19,667 less in allocated general funds as compared to 2013. Variance in totals of actual 2014 income is due to financial revenues earned.

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Actual 2013</th>
<th>Actual 2014</th>
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<tbody>
<tr>
<td>General Revenue</td>
<td>2,257,146</td>
<td>2,223,823</td>
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<tr>
<td>TAC/ADH Contract</td>
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<td>Title XX SSBG</td>
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<tr>
<td>Interest</td>
<td>2,490</td>
<td>2,223</td>
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<tr>
<td>Financial Revenues</td>
<td>4,511</td>
<td>20,985</td>
</tr>
<tr>
<td>Total</td>
<td>$2,596,598</td>
<td>$2,725,659</td>
</tr>
</tbody>
</table>

2014 Activity and Surveillance Report
In fiscal year 2014 we pursued to further educate physicians, other professional clinicians, social workers, the patients and their families on referrals to our registry. Education awareness is vital to establish proper clarification of client referral and medical eligibility criteria.

While it is difficult to determine whether changes in the number of new referrals actually denote trends, it is gratifying to see the number spinal injuries due to violence decreased by 50% since 2013. Motor vehicle crashes continues to be the leading cause of SCI. Falls are the second leading cause of SCI in Arkansas.

Financials in 2014
2014 proved to be a challenging financial year as client services appropriation was not increased. There has been no substantial increase in client service funding in the past four fiscal years. At year end, $50,000 was provided to assist with financial support for client purchases.

In order to mitigate client services, all areas across the agency worked together and leveraged $851,586 in goods and services from third party resources, to supplement client service purchasing. Purchases authorized by ASCC included medically prescribed equipment such as wheelchairs, braces, therapeutic cushions, medical supplies and medications. In addition, the Commission also assisted with home modifications, ramping, driving evaluations, and seating and mobility evaluations.

It should be noted that, when available, ASCC receives financial support from the Arkansas Spinal Cord Foundation (ASCF), a 501(c)3 organization that’s sole purpose is to provide resources, education and support to individuals with SCI/D.

In December 2013, ASCF received a $100,000 grant from the Craig H. Neilson Foundation. These funds were implemented in 2014 to supplement ASCC client services through pressure sore prevention and medical equipment. At any given time one (1) in four (4) clients with SCI has a pressure sore.
ASCC Commission Members

The Arkansas Spinal Cord Commission plays an integral role in client recovery and community reintegration and is the only case management program in Arkansas.

The Commission is committed to advancing policies that lead to greater civil rights and independence for Arkansans with spinal cord disabilities. We believe the disability community must be part of the legislative dialogue when policies are created that impact the lives and well-being of the clients we serve.

This past year our case management program reached high levels of caseloads. We urged Arkansas Joint Budget Committee to approve our request to add two critically needed case managers to our case management program. We received approval for the positions, but presently have not received the funding. Once these positions can be added it will strengthen our abilities to continue to provide comprehensive and specialized case management services to those individuals identified as sustaining new spinal cord disabilities, over 200 annually; and afford us the capability to physically serve over 2,485 individuals in the state of Arkansas. 85 percent of Arkansans with SCI/D live in rural communities where resources are limited.

We continue to urge our Legislators to do more to support and accommodate mandated services and programs. To stimulate employment opportunities and improve income security for Arkansans with disabilities; to take a more balanced approach to financing Medicaid, one that is policy-driven and involves both expense savings and revenue enhancements to strengthen rather than diminish health care access, coordination and quality.

We look forward to enhancing our delivery of services and expanding our programs in 2015.

ASCC STAFF

The passion of our employees is one of ASCC’s greatest strengths. Our mission, vision and values best reflect what unites ASCC and what is captured in that spirit enables us to best support people with spinal cord disabilities.

We are extremely thankful to our staff for their professionalism, motivation and diligence. Our staff members are united in their collective expertise and genuine support for those in the pursuit of new dreams after a spinal cord injury. With this remarkable group, we are able to continue to provide the best services to our clients.

Our Mission:
“Identify and meet unique and lifelong needs of Arkansans with spinal cord disabilities. Give them the opportunity to live as independently and as productively as they choose.”

ASCC Management team orchestrates day-to-day agency efficiency in implementation of programs and services.

From left to right: Jason Francis, information technology manager; Terra Patrom, client services administrator; Patti Rogers, executive director; Cathy Shipley, agency fiscal manager, and Kim Brown, trauma rehabilitation program manager.
Christopher Cross
Fort Smith, AR

Fort Smith tetraplegic wins singles, doubles titles in U.S. tennis championship.

Chris Cross is an incomplete tetraplegic, C6-C7 spinal cord injury with a determined attitude. “A friend told me when I was lying in the hospital bed—he said, ‘You’ve got two choices. You can get bitter or you can get better.’ That statement right there more or less kicked it into gear and told me, ‘hey, you just can’t sit here and feel sorry for yourself. You got to get up,” Cross said.

Life carries on is an expression Chris has lived by ever since his injury in an off-road bicycle accident in 2005. Independence had always been important to him, so he knew he was going to have to figure out new ways of doing things.

Chris said he has always lived an active lifestyle, and played basketball in his wheelchair with the Shooting Stars team before he started playing tennis in 2009. This attitude is what earned him two titles from the United States Tennis Association in the U.S. Open Wheelchair Championship in St. Louis last September.

Erin Gildner
Bryant, AR

Erin sustained a T11-T12 spinal cord injury in a motor vehicle crash in 2002. Erin had a couple of glasses of wine with friends and was near home when the crash occurred. Wearing her seat belt saved her life, but left her paralyzed from the waist down. “I remember the paramedics telling me everything was going to be ok. They were going to get me out of the car. It wasn’t until I was laying on the gurney at the hospital I realized I couldn’t feel my legs,” said Erin. After surgery was performed to fuse T8-L-1 and metal rods were in place, rehab began immediately teaching her how to live and work without the use of her legs.

Erin was encouraged by her Arkansas Spinal Cord Commission case manager who talked her into speaking to people attending DWI and DUI classes around the state. Erin’s testimony not only had an impact on those who attended the classes, but her as well. After her injury she met her husband, Ryan, and they are the proud parents of two young and energetic boys.

Currently, Erin is employed as a Disability Project Specialist for Partners for Inclusive Communities, which is part of the College of Education and Health Related Professions at the University of Arkansas-Fayetteville.

Erin was appointed by Governor Beebe in 2012 and reappointed in 2013 to the Arkansas Alcohol Abuse Coordinating Council. She is an active member of the Arkansas Behavioral Health Planning and Advisory Council. Erin achieved a Bachelor of Arts in Liberal Arts with emphasis in sociology, psychology and criminal justice. Presently, she is completing her Masters in Public Health.
ASCC makes a difference in the lives of those with spinal cord disabilities.

“Knowing that I am still very good at what I do even though I am physically disabled, it is rewarding to know that I can still make a difference.”
Joseph Harrod

“ASCC has been a beacon in the journey of SCI and navigating me and my family through the system. They direct you to the right resources and contacts.”
Renisha Rivers

“When you’re newly injured, everything seems bad but time heals all wounds and you get better each day, learn how to do new things, and life goes on.”
Jimmy Gray

“I used to tell myself no matter what I do it can only be half as good. Not realizing the fact that my half was as good as it needed to be because it was my best.”
LaDanté Walker

We are committed to help individuals with spinal cord disabilities to live as independently and as productively as they choose.