

Arkansas Spinal Cord Commission

2010 Annual Report

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Arkansas Spinal Cord Commission

Jimmy Ashley, Jonesboro, Chair

Mike Cranford, Foreman

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John Wyrick, Mabelvale

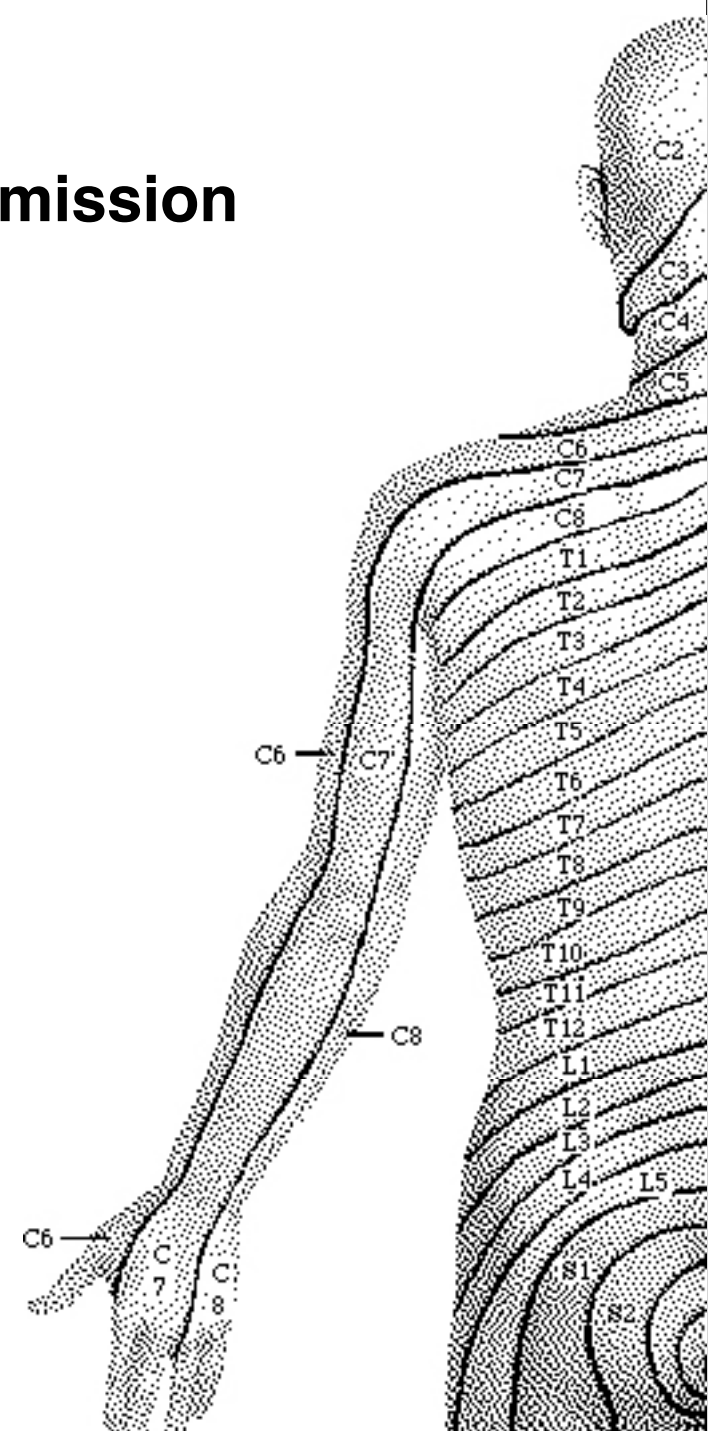
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AGENCY HISTORY AND DIRECTION

Agency Mission

The mission of the Arkansas Spinal Cord Commission is to administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in the state.

Scope of Services

Each year, nearly 200 Arkansans sustain spinal cord disabilities that are severe enough to limit their abilities to function in their homes, their jobs and their communities. For most of these individuals, the disability is permanent, causing limitations in their mobility, sensation and other functional abilities. These disabilities have a significant impact on the individuals and their families and communities.

The Arkansas Spinal Cord Commission provides a variety of services to individuals with spinal cord disabilities and their families throughout the state of Arkansas. Fifteen Case Managers in 10 field offices provide services to citizens in all 75 counties. Services are tailored to the needs of the individual and family and are as diverse in scope as the families that we serve. The Commission staff work in concert with state and federal agencies, medical and home health services, rehabilitation and educational institutions and



community agencies to assist these individuals in accessing the services that they need. In addition, the Commission conducts educational programs and disseminates educational materials on spinal cord disabilities to help individuals, families and healthcare professionals understand the unique medical conditions and complications resulting from spinal cord disabilities.

The Arkansas Legislature established the Commission in 1975 to provide a coordinated approach to early identification, emergency care, acute and rehabilitation treatment and long term follow up. Within this system of care, the Commission provides a link between Arkansans with spinal cord disabilities and their families and the multifaceted system of treatment and services available to them.

It is the goal of the Arkansas Spinal Cord Commission to ensure that all persons with spinal cord disabilities in our state are provided every opportunity to live as independently and productively as possible.

Legislative Mandates

ACT 311 of 1975 (ACA 20-8-201)

“An act to establish a program for the quality care, treatment and rehabilitation of persons who have sustained acquired or congenital spinal cord injury or damage: To establish a state Spinal Cord Commission to administer said program: to authorize the cooperative development of an Arkansas Spinal Treatment Center and for other purposes....”

ACT 330 of 1977 (ACA 20-8-206)

“... The Arkansas Spinal Cord Commission shall establish and maintain a central registry of spinal cord disabled persons: Every public and private health and social agency and attending physician shall report to the Commission within five (5) calendar days of identification of any spinal cord disabled person. Consent of the individual shall be obtained and the report shall contain the name, age, residence and type of disability and other information as needed.

Within fifteen (15) days of the report, the Commission shall notify the individual or family of their right to assistance, services available and eligibility requirements and make referrals to the appropriate agencies and services to assure optimal rehabilitative services.”

PROGRAM SERVICES

Case Management Services

Coping with a spinal cord disability is difficult. The newly injured individual and his family face a plethora of questions and concerns about the disability and how it will affect their future.

The Case Manager can answer many questions regarding the injury and its effects for the individual and his family. Case Managers also assist families in identifying and applying for services to assure that they access every available resource. As the individual progresses through treatment, the Case Manager provides an integral role in assuring that the individual's transition home is a smooth one.

The Case Manager is also there for those individuals living in the community who need information, referral and assistance with obtaining treatment or equipment. This community based intervention prevents costly stays in hospitals and institutions of these otherwise independent individuals.

In Fiscal Year 2010, 2,524 Arkansans with spinal cord disabilities received services from ASCC. Fifteen Case Managers made 6,015 visits to these individuals, providing services to meet their unique needs.

Long Term Attendant Care

Spinal cord injured Arkansans with quadriplegia depend on someone else to feed them, brush their teeth, get out of bed and get dressed each day. For those eligible spinal cord injured quadriplegics, ASCC provides a long term attendant care program allowing individuals to remain in the community with the assistance of a personal care provider who assists them with their basic needs for up to four hours a day. Designed to keep individuals out of nursing homes, this small but cost effective program served 24 clients in fiscal year 2010 at an average cost of \$9,122 per person.

Special Initiatives

Hope for Mobility Project- ASCC was successful in obtaining a \$66,500 grant from the Craig H. Nielsen Foundation to purchase manual and power wheelchairs for newly-injured clients who had no private or public insurance coverage for this equipment. ASCC Case Managers identified clients, arranged wheelchair evaluations by medical personnel and coordinated the

purchases. These custom-fitted wheelchairs assist clients in independent mobility as well as preventing costly secondary conditions. Twelve clients received wheelchairs through this one-year project, saving state funds.

Spina Bifida Camp- Each year the Commission partners with MedCamps of Arkansas and Camp Aldersgate to sponsor a one-week residential camping experience for forty clients, ages 6 to 16, who have spina bifida (a congenital spinal cord disability). Children learn independence and have an opportunity to spend time with other children with similar disabilities and experiences. The wheelchair accessible facilities at Camp Aldersgate provide opportunities for camp activities including swimming, canoeing, archery, extreme sports, music, crafts and games. This program provides campers with new opportunities that promote independence. In addition, their parents have a much-needed respite from providing their care.

Emergency Preparedness- In FY 2010, the Commission helped clients better prepare for natural disasters. Working with other state agencies, ASCC provided educational opportunities on emergency preparedness training and resources. Training sessions were conducted at ASCC's annual conference as well as regional events around the state. In addition, Case Managers have begun providing this training to individual clients in their homes. Clients receive counseling on preparing an emergency plan and a backpack with basic survival equipment and spinal cord disability specific supplies for personal care. Commission staff also assisted other agencies in determining needs and identifying state and federal guidelines in serving individuals with disabilities in their emergency preparedness efforts.

Regenerative Medicine Task Force- To assist clients, their families and healthcare providers in obtaining accurate information about spinal cord regeneration and other curative treatments, ASCC established an Ad Hoc Committee to review the literature and make recommendations of credible resources. The task force brought together a multi disciplinary group of professionals, including clinical experts and a bioethicist, with consultation from the Attorney General's office. The task force developed a regeneration medicine glossary of terms, a fact sheet on prognosis and a reading list of materials from the National Institute of Health and other credible organizations. These resources are made available to clients and families through the ASCC website, newsletter and Case Managers.



SPINAL TREATMENT SERVICES



Spinal Treatment Services

Imagine you or a family member has sustained a spinal cord injury. The results are devastating, affecting every aspect of the family's life and livelihood. In the midst of dealing with the physical and emotional aspects of the injury, reality strikes: Where and how will we get the needed wheelchair to allow him to be mobile? How will we get the wheelchair into our house?

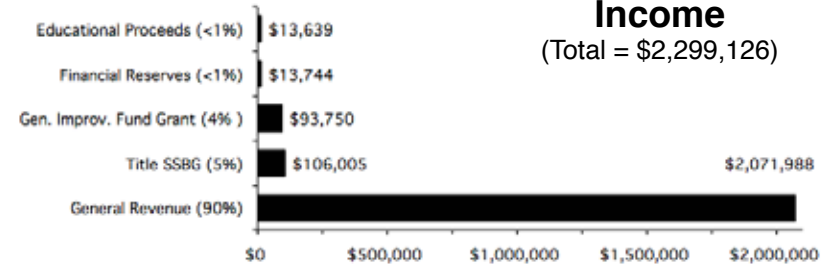
Spinal cord injury is a catastrophic and costly disability, taking its toll both personally and financially. Cost of spinal cord injury over a lifetime averages over one million dollars. Each year, individuals with spinal cord disabilities face health care costs averaging \$35,000 more than other citizens. These costs have more than doubled since 2000. ASCC provides needed assistance to meet these costs for individuals with spinal cord disabilities who meet established medical and financial criteria. These purchases are authorized by the ASCC Case Managers only when similar benefits, such as insurance coverage, have been exhausted.

These purchases include medically prescribed equipment such as wheelchairs, braces, therapeutic cushions, medical supplies and medications. In addition, the Commission assists with providing home modifications and ramping, driving adaptations and outpatient clinic and therapy visits.

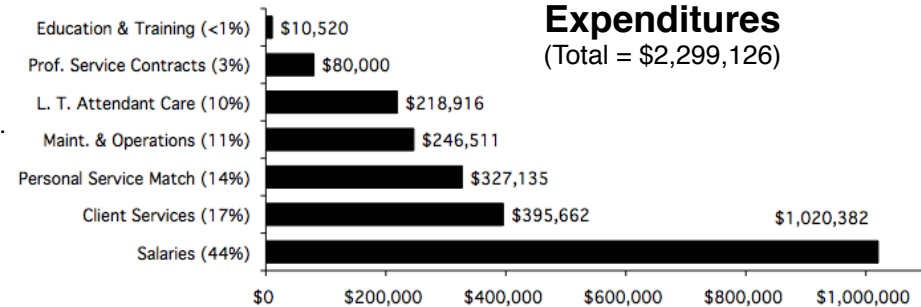
In Fiscal Year 2010, the Commission expended \$395,662 for these essential goods and services—a 36 percent decrease from FY2009. ASCC Case Managers leveraged an additional \$522,592 in goods and services on behalf of their clients. Though the number of clients on the ASCC registry increases slightly each year, those who meet the financial eligibility criteria continues to increase at a greater rate.

AGENCY BUDGET

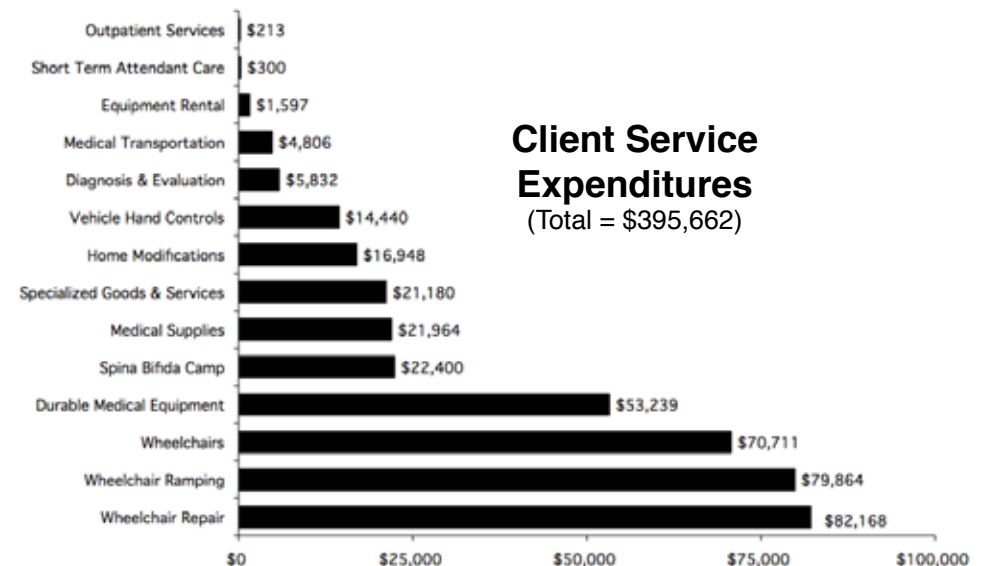
Income (Total = \$2,299,126)



Expenditures (Total = \$2,299,126)



Client Service Expenditures (Total = \$395,662)



AGENCY REFERRAL SERVICES

FY2010 New Cases by Etiology

Traumatic (n=119)

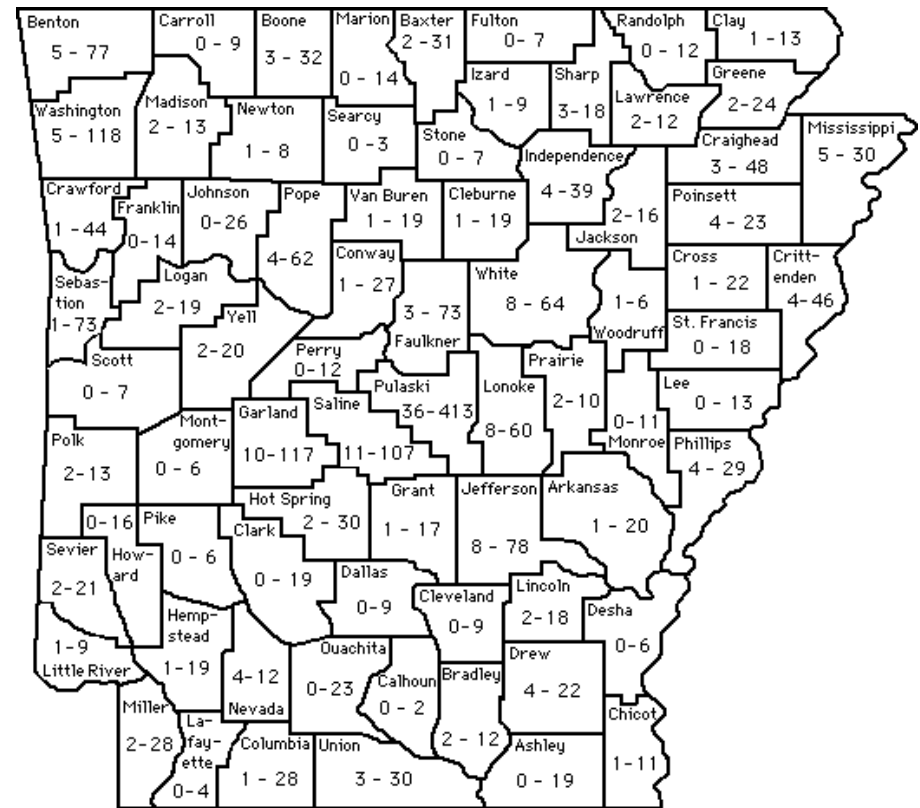
Cause	Number	Percent
Motor vehicle	48	40.3%
Falls	25	21.0%
Gunshot	13	11.0%
Falling object	6	5.0%
ATV	5	4.2%
Motorcycle	3	2.5%
Diving	3	2.5%
Pedestrian (hit by vehicle)	2	1.7%
Bicycle (hit by vehicle)	1	0.8%
Other, specified	13	11.0%

Non-traumatic (n=70)

Cause	Number	Percent
Spondylosis	13	18.6%
Multiple sclerosis	12	17.1%
Spinal cord tumors	10	14.3%
Spina bifida	9	12.9%
Transverse myelitis	7	10.0%
Spinal abscess	6	8.6%
Hemorrhage / thrombosis	5	7.1%
Guillain-Barré	1	1.4%
Herniated disk	1	1.4%
Other diseases	6	8.6%

FY2010 New Cases - Caseload by County of Residence

(First number is 2010 new cases. Second number is total caseload.)



Causes of Spinal Cord Disabilities

Referrals to the Arkansas Spinal Cord Commission during FY2010 numbered 245; of these, 189 met the medical criteria and were accepted as new cases.

Over the last decade, the top three causes of traumatic spinal cord disability in Arkansas have been motor vehicle crashes, falls and gunshot incidents. These causes consistently make up about 70% of all traumatic injuries.

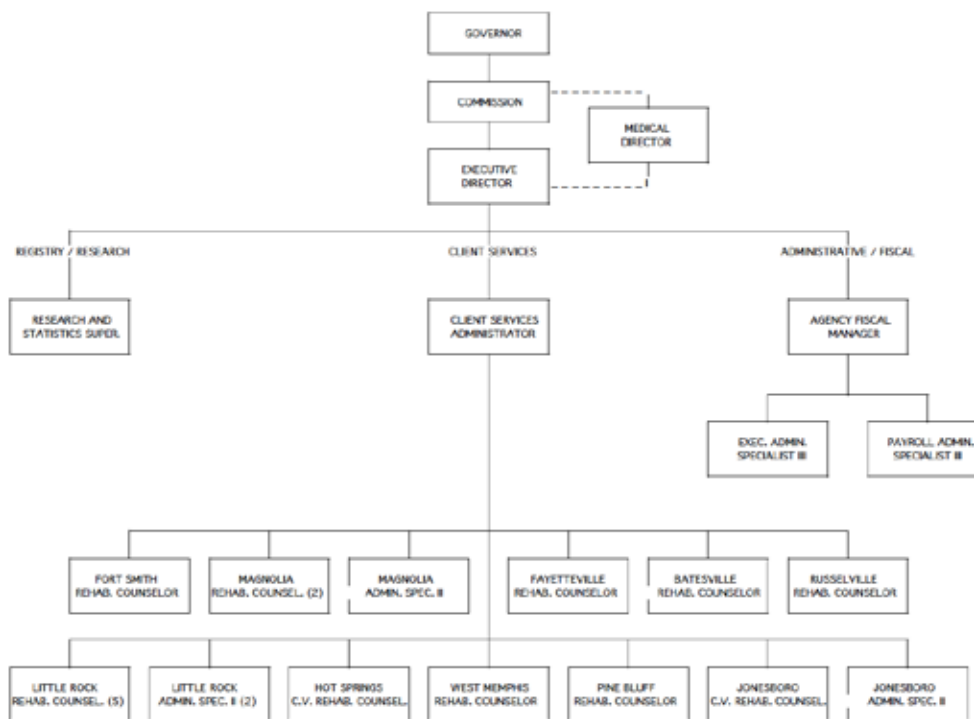
Non-traumatic causes, however, have undergone more change. Spondylosis and spinal cord tumors have increased with an aging population while post polio cases have decreased. Also, spina bifida has decreased as a result of better nutrition and the mandatory fortification of flour in the United States.

Arkansas Spinal Cord Disability Registry

The Arkansas Spinal Cord Commission maintains the oldest legislatively mandated spinal cord registry in the country. It is also one of the most comprehensive in the elements collected, as well as in the scope of spinal cord disabilities (including traumatic, disease and congenital cases). The intent of the Central Registry is to insure the referral of all persons with spinal cord disabilities in order that they obtain appropriate rehabilitative and other needed services.

In recent years, the Central Registry has also provided data to aid in the development of secondary condition prevention efforts and to identify factors influencing the independence of persons with spina bifida.

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