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**GEORGIANS WITH SEVERE TRAUMATIC BRAIN INJURY LOST IN AN
INADEQUATE SYSTEM**

Study finds no coordinated system of care

ATLANTA, NOVEMBER 20 – Georgia is not the place to get long-term help for a traumatic brain injury. Just ask Ben Fuller, the young father in North Georgia who, after being injured in a car accident, has spent more than two years shuttled between hospitals, unable to return to home. During his odyssey, more than 117 Georgia nursing homes have denied him admission because staff wasn't trained to handle his behavioral issues. More than anything Ben wants to be with his family, yet there are insufficient community services to support him there. He is not alone. Up to 18,000 people are suffering similar fates, according to a new report that evaluates the costs and gaps in care for Georgians with neurobehavioral issues.

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

At the heart of the problem is Georgia's lack of a coordinated system of care for people suffering from neurobehavioral issues stemming from TBIs. Too often, people with TBI are not identified and diagnosed properly, do not receive basic rehabilitation and end up in nursing homes, out-of-state programs, state hospitals, prison or become homeless—at tremendous cost to individuals, families and the state. For example, when a person with a

severe TBI is sent to a state mental hospital – at a cost of \$178,000 a year – both the person and the facility suffer. The facility is not equipped to provide the type of medical care needed for neurobehavioral rehabilitation.

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

The 50+ page report, which includes numerous case studies, found:

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

“Families are in crisis because people they love – people who have been in car accidents or injured playing sports or fighting a war -- are not being served,” said report contributor Susan Johnson, who serves as vice chair of the Commission and is Director of Brain Injury Services at the Shepherd Center.

“Georgia needs a continuum of coordinated care for people with brain injury and we are calling on our representatives to address this issue during the legislative session.” She added that states like Massachusetts have created systems that improved quality of life for people with injuries while reducing state funds for inappropriate and ineffective services.

Traumatic brain injury is the leading cause of death and disability for any person 45 or under. Of the 53,860 Georgians identified with a TBI in 2006, the majority (40%) acquired it through a fall; others are from car accidents (22%), being struck by an object or person (18%) or violence (10%). An estimated 187,000 Georgians with TBI have a long-term disability. Of these, as many as 18,000 require support for such neurobehavioral issues as poor impulse control and memory, depression, aggression and personality changes.

Currently, the Brain and Spinal Injury Trust Fund Commission, the only state agency in Georgia designated to meet the needs of people with traumatic injuries, has an average annual revenue of \$1.8 million—which, according to the report, is inadequate.

Studies show that the lifetime costs of care for one person with a severe brain injury can reach up to \$4 million, not including the lost wages of the injured person or family caregivers. Though the Trust Fund has provided 1,038 grants to Georgians with TBI in the five years since the agency began awarding funds, those who work for the Trust Fund say more needs to be done to ensure that Georgians receive the care they deserve.

The Commission advocates a “coordinated system of care” that includes four key components:

- *Screening and identification*, to appropriately identify and assess patients with TBI-related neurobehavioral issues;
- *Training and awareness*, to provide stakeholders with current information regarding traumatic brain injury treatment and life options;
- *Rehabilitation* in appropriate facilities with staff trained specifically in dealing with patients with neurobehavioral issues; and

- *Long-term or life-long supports*, to ensure that appropriate care in the least-restrictive setting continues to be provided.

Read the full text of the report or a brief fact sheet about the study at www.bsitf.state.ga.us. You will also find the Commission's recommendations on the system of service delivery for people with neurobehavioral issues.

The Trust Fund

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

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

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