



State Action Plan Goals & Objectives

A comprehensive plan for the development of a complete, specialized, and coordinated system of care for children, youth, and adults with brain and spinal cord injuries in Georgia

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Brain & Spinal Injury
Trust Fund Commission

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Initiatives

Goals for the State Action Plan are organized by initiative

The following initiatives are designed to address the needs of Georgians with brain and spinal injuries, their families and caregivers. Responsibility for oversight and collaboration will be shared by the Brain & Spinal Injury Trust Fund Commission and its partners.

The goals listed here were originally developed in terms of Areas of Needs identified during the Needs Assessment phase. In this section the goals are organized by initiative, however, references are included at the end of each goal to indicate the specific Area of Need for which it was developed. To see the goals listed by Area of Need please refer to page 9 for brain injury and page 32 for spinal cord injury.

To indicate whether listed goals are relevant to people with brain injury, people with spinal cord injury, both populations, or only to children, the following symbols are also provided at the end of each goal:

**B indicates goals that address the needs of people with brain injuries specifically*

**S indicates goals that address the needs of people with spinal cord injuries specifically*

**B/S indicates goals that address the needs of both people with brain and/or people with spinal cord injuries*

**C indicates goals that address the needs of children and youth with brain and/or spinal cord injuries specifically*

The goals listed contain objectives and, in some cases, activities to complete the objectives. During the implementation phase the Commission will meet with all involved partners and stakeholders to discuss the particular steps necessary to complete each goal, including any additional objectives and/or activities. The Commission will also work with partners to develop timelines, lists of responsibilities, and outcome measures for each goal.

Please note that issues related to cultural competence and efforts to address the particular needs of specific cultures will be addressed during the implementation phase of these goals.

Initiative One: Increase awareness and education among state agencies and elected officials of incidence, needs, and specialized service model for Georgians with brain and spinal cord injuries

Develop a systematic data collection process by stakeholders to demonstrate the incidence of brain injury (the entire spectrum of injuries) and the need for specific rehabilitative interventions using evidenced-based outcome data *(BI/Rehab/Goal 1)*. *B

Identify and develop a service model for the provision of professionally-designed cognitive, behavioral, physical and medical supports for people with brain injury *(BI/Community Supports/Goal 1)*. *B

Implement an education campaign targeted towards state agencies and elected officials that increases awareness and understanding of the continuum of brain injury and spinal cord injury across the life span of people with such injuries, their families, and communities *(BI/Training/Goal 2)*. *B/S

Provide training to increase knowledge of brain injury among educators regarding identification, assessment, strategies, interventions, and services *(BI/Training/Goal 4)*. *C

Initiative Two: Secure adequate and specialized funding, and a single point-of-entry, to meet the needs of Georgians with brain and spinal cord injuries

Funding:

Modify existing waivers to provide community-based care, including in-home and day programs *(BI/Community Supports/Goal 2)*. *B/S

Increase funding for post-acute rehab and community support services *(BI/Rehab/Goal 2 and SCI/Rehab/Goal 1)*. *B/S

Increase funding for school re-entry services *(BI/Rehab/Goal 4 and SCI/Education/Goal 1)*. *B/S

Provide sufficient funding and set standards for prescription, dispensing and training for durable medical equipment (DME), supplies, and assistive/adaptive technology *(SCI/DME/Goal 1)*. *B/S

Provide sufficient funding for attendant services, including better pay and benefits, certification, standards, and career paths for family members and caregivers *(SCI/Attendant Services/Goal 1)*. *B/S

Develop specialized, community-based neurobehavioral programs in Georgia for children, youth, and adults with brain injuries that combine cognitive, behavioral and pharmacological treatments *(BI/Residential/Goal 1)*. *B

Develop specialized, community-based residential programs in Georgia for children, youth, and adults with brain injuries who have complex medical needs *(BI/Residential/Goal 2)*. *B

Develop specialized, community-based residential programs in Georgia for children, youth, and adults with spinal cord injuries who, due to lack of support and services, must live in a residential program *(SCI/Residential/Goal 1)*. *S

Single Point-of-Entry

Develop and implement a single point of entry for people with disabilities to access needed services and funding *(BI/Service Coordination/Goal 1 and SCI/Service Coordination/Goal 1)*. *B/S

Increase availability of service coordinators and case managers to assist families of people with brain and spinal cord injuries in navigating the system and obtaining appropriate services and funding *(BI/Service Coordination/Goal 2 and SCI/Service Coordination/Goal 2)*. *B/S

Empower people with brain and spinal cord injuries and their families to navigate the system themselves when necessary or desired *(BI/Service Coordination/Goal 3 and SCI/Service Coordination/Goal 3)*. *B/S

Provide a seamless transition from youth to adulthood for youth with brain and spinal cord injuries by providing sufficient and effective transitional services and support *(BI/Service Coordination/Goal 4 and SCI/Service Coordination/Goal 4)*. *C

Initiative Three: Improve medical and rehabilitative care, health and wellness, and access to school services, for Georgians with brain and spinal cord injuries

Medical and rehabilitative care

Provide training to increase knowledge of brain and spinal cord injuries among medical (trauma, acute care, and long-term) and rehabilitation personnel *(BI/Training/Goal 3 and SCI/Training/Goal 2)*. *B/S

Increase access to high-quality, age-appropriate rehabilitation and care, particularly for children and in rural areas *(SCI/Rehab/Goal 2)*. *B/S

Increase the number of service providers and caregivers with specialized training in brain and spinal cord injuries, including gender, age, and cultural differences (*BI/Training/Goal 5 and SCI/Training/Goal 3*). *B/S

Health and wellness

Increase awareness of risk factors associated with brain and spinal cord injuries (*SCI/Rehab/Goal 3*). *B/S

Promote positive physical, emotional, mental, and spiritual lifestyles and practices among people with brain and spinal cord injuries (*SCI/Rehab/Goal 4*). *B/S

Access to school services

Increase school re-entry services and training to ensure that schools are prepared to support children and youth with brain and spinal cord injuries (*SCI/Education/Goal 2*). *C

Initiative Four: Enhance support for people with brain and spinal cord injuries, their families and caregivers

Provide families with training and education to build their capacity to address ongoing and recurring needs (*BI/Support for Caregivers/Goal 1 and SCI/Support for Caregivers/Goal 1*). *B/S

Expand capacity for support services and respite options for families and caregivers (*BI/Support for Caregivers/Goal 2 and SCI/Support for Caregivers/Goal 2*). *B/S

Provide crisis management services for people with brain injuries and their families and caregivers (*BI/Support for Caregivers/Goal 3*). *B

Increase unity and opportunities for networking, communication, and peer support among people with brain and spinal cord injuries and their families (*BI/Training/Goal 6 and SCI/Training/Goal 5*). *B/S

Enhance the ability of people with brain and spinal cord injuries and their family members to become self-advocates by providing information and training on advocacy, best practices and trends, clinical trials, available resources, hiring and training attendants, personal responsibility for care, school re-entry services and assessments, etc. (*SCI/Training/Goal 4*). *B/S

Enhance ability of children with brain and spinal cord injuries and their parents or other caregivers to become self-advocates and empower and support themselves and/or their children in the school system (*SCI/Education/Goal 3*). *C

Initiative Five: Identify, screen, and provide supports for additional people with brain injury

Educate various sectors of the public of the incidence and causes of brain injuries, especially mild traumatic brain injury, and the need for proper screening and identification (*BI/Screening/Goal 1*). *B

Develop and implement a statewide multilevel system for effective and appropriate identification of children, youth and adults with brain injury that leads to screening (*BI/Screening/Goal 2*). *B

Increase awareness of post-injury sequelae (including neurobehavioral issues) and the need for proper identification and reporting for children and youth with brain injury (*BI/Screening/Goal 3*). *C

Develop ways to identify and provide community-based support for people with brain injuries who are in nursing homes, state hospitals or prisons, or who are homeless (*BI/Community Supports/Goal 5*). *B

Initiative Six: Facilitate independent living and community participation for people with brain and spinal cord injuries

Accessibility

Ensure that people with brain and spinal cord injuries and their families have access to housing that is accessible, available, affordable, and acceptable (*BI/Community Supports/Goal 3 and SCI/Accessibility/Goal 5*). *B/S

Ensure that people with brain and spinal cord injuries have access to public transportation that is accessible, available, affordable, and acceptable (timely and integrated) (*BI/Community Supports/Goal 4 and SCI/Accessibility/Goal 1*). *B/S

Ensure that people with brain and spinal cord injuries have access to private transportation that is accessible, available, affordable, and acceptable (*SCI/Accessibility/Goal 2*). *B/S

Ensure that children and youth with brain and spinal cord injuries have access to inclusive and integrated transportation, including to and from school, after-school programs, field trips, and Driver's Education (*SCI/Accessibility/Goal 3*). *B/S

Ensure that accessible parking is always available for people with brain and spinal cord injuries by providing education, enforcement, and appropriate design of accessible parking (*SCI/Accessibility/Goal 4*). *B/S

Ensure that all public buildings are accessible to people with disabilities, including recreational and sports facilities, travel and leisure facilities (including hotels and cruise ships), places of worship, and all other buildings covered by Title III of the Americans with Disabilities Act (ADA) (*SCI/Accessibility/Goal 6*). *B/S

Vocational Training and Employment

Increase training and support for college, university, and technical school personnel (*SCI/Education/Goal 4*). *B/S

Remove barriers to employment and volunteer opportunities (*SCI/Employment/Goal 1*). *B/S

Increase the number of businesses and volunteer organizations that hire people with disabilities or use them as volunteers (*SCI/Employment/Goal 2*). *B/S

Provide mentor opportunities, training, and education to people with brain and spinal cord injuries to encourage and support them to seek or return to employment or volunteer opportunities (*SCI/Employment/Goal 3*). *B/S

Initiative Seven: Reduce the incidence of brain and spinal cord injuries among children, youth, and adults

Expand and implement brain and spinal cord injury prevention education efforts to raise awareness of the causes and prevention strategies (*BI/Training/Goal 1 and SCI/Training/Goal 1*). *B/S

Brain Injury – Areas of Need

Goals for the State Action Plan on Brain Injury are listed according to Area of Need

SCREENING AND IDENTIFICATION

Need: Children, youth, and adults who sustain a brain injury may not be identified as having a brain injury and thus may not receive necessary and appropriate services.

Goal 1: Educate various sectors of the public of the incidence and causes of brain injury, especially mild TBI, and the need for proper screening and identification.

Objective 1: Develop public awareness campaign targeted towards parents and/or family members.

Activity 1: Research the existence of similar campaigns in other states to use as models or to get permission for duplication.

Activity 2: Develop plan for campaign, including materials, partners, types of media involved, follow-up, and budget.

Activity 3: Implement campaign.

Objective 2: Develop training program targeted towards doctors, nurses, social workers, case managers, etc. that increases awareness of the issues and the need for participation in identification and screening project.

Activity 1: Research the existence of similar training programs in other states to use as models or to get permission for duplication. Prepare materials.

Activity 2: Meet with professional organizations for doctors, nurses, social workers, and trauma care centers to create opportunities to conduct training and to develop train-the-trainer programs.

Activity 3: Identify team of trainers to provide training. Provide trainings.

Objective 3: Develop training program targeted towards education personnel, including Department of Education (DOE) representatives and local school administrators, teachers, nurses, social workers, and coaches that increases awareness of the issues and the need for participation in identification and screening project.

Activity 1: Research the existence of similar training programs in other states to use as models or to get permission for duplication. Prepare materials.

Activity 2: Identify the most effective means of providing training, i.e. Elluminate, in-person and web-based instructional presentations from the DOE, Georgia Learning Resources System (GLRS), in-service presentations at county level school systems, workshops through state levels of national educational organizations such as the Council for Exceptional Children, Georgia Council of Administrators of Special Education, etc.

Activity 3: Identify team of trainers to provide training. Provide trainings.

Goal 2: Develop and implement a statewide multilevel system for effective and appropriate identification of children, youth and adults with brain injury that leads to screening.

Objective 1: Identify appropriate and effective standardized tools for children, youth and adults with brain injuries.

Activity 1: Identify all existing tools that are used to screen people with brain injuries in a variety of settings, including medical, mental health, school, etc., both statewide and nationally, regardless of whether they are designed to identify brain injuries.

Activity 2: Convene a committee to analyze existing tools to 1) determine the appropriate instrument for use with children, youth, and adults with brain injuries in Georgia and 2) identify tools that are being used in other settings that may not provide effective identification of brain injuries.

Objective 2: Develop plan for standard identification process in Georgia.

Activity 1: Meet with partners to discuss process of implementing use of appropriate tool.

Activity 2: Develop policies and procedures.

Activity 3: Provide training on use of appropriate tool.

Objective 3: Develop mobile resource and consultation teams at the state and local level to assist with screening and identification.

Need: People with identified brain injuries and their families are not receiving appropriate services because families may not report the injury to schools, employers, services providers, agencies, etc.

Goal 3: Increase awareness of post-injury sequelae (including neurobehavioral issues) and the need for proper identification and reporting.

Objective 1: Educate parents and families about the problems that could result from a brain injury and the need for proper identification and reporting to appropriate providers and agencies.

Objective 2: Develop methods for screening children and youth for brain injuries in schools, both upon entrance and at certain milestones.

Objective 3: Develop methods for keeping current medical information in school records and ensuring that medical history and current evaluations are considered in disciplinary proceedings for children and adolescents.

Objective 4: Develop methods to track children and youth with brain injuries to adulthood to evaluate needs, success rates, etc.

TRAINING & AWARENESS

Need: There is an increasingly high incidence of traumatic brain injuries in Georgia, many of which are preventable.

Goal 1: Expand and implement brain injury prevention education efforts to raise awareness of the causes and prevention strategies.

Objective 1: Develop plan for multi-level, multi-format brain injury prevention education campaign.

Activity 1: Identify target audience(s) and desired outcomes.

Activity 2: Identify partners for campaign, including agencies that currently provide brain injury prevention education programs.

Activity 3: Develop timeline for implementation of campaign.

Objective 2: Develop brain injury prevention education campaign messages and materials.

Activity 1: Research existing and effective brain injury prevention education campaign materials both in and out of state.

Activity 2: Identify messages, tools and formats for campaign that are most likely to reach target audience(s).

Activity 3: Modify existing materials or develop new campaign materials, using identified messages, tools and formats.

Activity 4: Provide train-the-trainer workshops to familiarize partners and trainers with campaign goals, audience(s), messages, materials and formats.

Objective 3: Implement brain injury prevention education campaign.

Activity 1: Announce launch of campaign using press releases, events, and materials.

Activity 2: Track audience exposure to campaign (i.e. number of hits to website, number of presentations given, number of audience members for presentation, number of television or radio ads, etc.)

Activity 3: Measure outcomes from campaign and determine next steps.

Need: People with brain injury lack services and support in the community because of a lack of understanding about brain injury and its many manifestations.

Goal 2: Implement a brain injury education campaign targeted towards state agencies and elected officials that increases awareness and understanding of the continuum of brain injury across the life span of people with such injuries, their families, and communities.

Objective 1: Develop plan for multi-level, multi-format brain injury education campaign.

Activity 1: Hold focus groups or “listening” campaign to identify target audience and messaging.

Activity 2: Identify partners for campaign, including agencies that currently provide brain injury education programs.

Activity 3: Identify a wide variety of formats and media for use, including Facebook, MySpace, YouTube, etc.

Activity 4: Develop timeline for implementation of campaign.

Objective 2: Develop brain injury education campaign messages and materials.

Activity 1: Identify messages, tools and formats for campaign that are most likely to reach target audience(s).

Activity 2: Develop campaign materials, using identified messages, tools and formats.

Activity 3: Provide train-the-trainer workshops to familiarize partners and trainers with campaign goals, audience(s), messages, materials and formats.

Objective 3: Implement brain injury education campaign.

Activity 1: Announce launch of campaign using press releases, events, and materials.

Activity 2: Track audience exposure to campaign (i.e. number of hits to website, number of presentations given, number of audience members for presentation, number of television or radio ads, etc.)

Activity 3: Measure outcomes from campaign and determine next steps.

Need: People with brain injury are often misdiagnosed, lack proper medical treatment and rehabilitative care, or do not get referrals to appropriate, specialized services because of a lack of knowledge of brain injury among medical and rehabilitation personnel.

Goal 3: Provide training to increase knowledge of brain injury among medical (trauma, acute care, and long-term) and rehabilitation personnel

Need: Education professionals lack training in brain injury and thus are not able to identify and provide specialized support to children and youth with brain injury.

Goal 4: Provide training to increase knowledge of brain injury among educators regarding identification, assessment, strategies, interventions, and services.

Objective 1: Develop training materials.

Activity 1: Research (both in and out of state) existing and effective brain injury training materials designed for educators (including *Coaches' Toolkit* developed by CDC).

Activity 2: Modify existing materials or develop new materials, using a wide variety of formats.

Objective 2: Make training opportunities and materials widely available and easily accessible.

Activity 1: Distribute materials to all partner organizations (see below) and list on Commission's website.

Activity 2: Identify individuals and organizations that would be willing to use training materials, or deliver and/or host trainings.

Activity 3: Develop centralized database of all available training materials and available speakers and trainers.

Objective 3: Develop ways to encourage participation in trainings and use of materials.

Activity 1: Submit requests and RFP's to present trainings at professional conferences.

Activity 2: Apply to professional organizations for ability to offer CEU's for participation in trainings.

Need: Few community supports exist to support children, youth, and adults with brain injury because of a lack of specialized training for caregivers and service providers.

Goal 5: Increase the number of service providers and caregivers with specialized training in brain injury, including gender, age, and cultural differences.

Objective 1: Develop training materials.

Activity 1: Research (both in and out of state) existing and effective brain injury training materials designed for caregivers and service providers.

Activity 2: Identify ways to incorporate Person-Centered Planning, Futures Planning, PATH Training, etc. as appropriate.

Activity 3: Modify existing materials or develop new materials, using a wide variety of formats.

Objective 2: Make training opportunities and materials widely available and easily accessible.

Activity 1: Distribute materials to all partner organizations (see below) and list on Commission's website.

Activity 2: Identify individuals and organizations that would be willing to use training materials, or deliver and/or host trainings.

Activity 3: Develop centralized database of all available training materials and available speakers and trainers. Publicize existence of centralized database to all partners and other audiences.

Objective 3: Develop ways to encourage participation in trainings and use of materials

Activity 1: Submit requests and RFP's to present trainings at professional conferences.

Activity 2: Apply to professional organizations for ability to offer CEU's for participation in trainings.

Activity 3: Meet with representatives of waiver programs to explore possibility of connecting specialized TBI training and reimbursement rates.

Objective 4: Explore the merits of developing and maintaining a centralized database of service provider and caregivers with specialized training in brain injury.

Need: People with brain injuries and their families often feel isolated and lack connection with the larger brain injury community.

Goal 6: Increase unity and opportunities for networking, communication, and peer support among people with brain injury and their families.

Objective 1: Identify common terms for use throughout the brain injury community.

Objective 2: Provide education to the brain injury community about the spectrum of brain injury and the range of needs among people with brain injury and their families.

Objective 3: Provide education to the brain injury community about available resources, best practices, and self-advocacy.

Need: People with brain injury and their families are often unable to advocate for themselves because of a lack of training and information.

Goal 7: Enhance the ability of people with brain injury and their family members to become self-advocates by providing information and training on advocacy, best practices and trends, clinical trials, available resources, hiring and training attendants, personal responsibility for care, school re-entry services and assessments, etc.

Objective 1: Identify existing information and training materials and opportunities on self-advocacy.

Objective 2: Identify partners to provide self-advocacy information and training.

REHABILITATION & WELLNESS

Need: Many children, youth, and adults with brain injuries are unable to reach optimal physical, cognitive and psychological functioning following a brain injury because of the lack of funding for or access to necessary and appropriate therapeutic services.

Goal 1: Develop a systematic data collection process by stakeholders to demonstrate the incidence of brain injury (the entire spectrum of injuries) and the need for specific rehabilitative interventions using evidenced-based outcome data.

Objective 1: Identify stakeholders, including providers of brain injury rehabilitative services and people with brain injuries and their families who would benefit from brain injury rehabilitative services.

Activity 1: Obtain Central Registry data and a list of all variables collected by Central Registry.

Activity 2: Identify CARF, JCAHO, and TBI licensed providers.

Activity 3: Identify people with brain injuries and their families who did or did not receive brain injury rehabilitative services.

Activity 4: Identify funding sources for brain injury rehabilitative services, including Department of Community Health – Office of Medicaid, Department of Labor – Vocational Rehabilitation, Department of Education, Medicare, Brain & Spinal Injury Trust Fund Commission, and federal programs.

Activity 5: Identify non-governmental and advocacy agencies involved in providing or supporting brain injury services in Georgia.

Objective 2: Define standardized measure for all stakeholders to use for collection of data regarding rehabilitative interventions and outcomes for people with brain injuries.

Activity 1: Survey stakeholders to determine what measures they use and what types of data they collect.

Activity 2: Compare stakeholder data collection with national standards and national agenda.

Activity 3: Provide guidance on how to model data collection to facilitate research and outcome measures to achieve consistency across stakeholders in Georgia.

Objective 3: Educate stakeholders on the importance and uses of evidence-based data collection in Georgia.

Activity 1: Identify research pioneer to spearhead efforts for education research, design, and implementation.

Activity 2: Identify willing and interested researchers in Georgia.

Activity 3: Identify funding sources for a pilot project to organize research tools and process.

Activity 4: Educate stakeholders regarding an appropriate standardized outcome research tool to be used by all stakeholders.

Goal 2: Increase funding for post-acute rehab and community support services.

Objective 1: Obtain evidence-based research to support increased funding for medical, rehabilitative, psychological and psycho-social support services.

Activity 1: Implement statewide data collection tool developed by researchers (see above).

Activity 2: Collect and quantify research data.

Activity 3: Analyze data and correlate results with recommendations for necessary services and funding.

Objective 2: Educate funders, educators, federal and state agencies, and other stakeholders and partners regarding results of research data and funding implications.

Activity 1: Meet with decision-makers in identified state agencies to review research data and funding recommendations.

Activity 2: Identify major insurers and other funding sources to provide education on research outcomes and funding recommendations.

Activity 3: Educate advocates, including people with brain injuries and their families, and advocacy organizations regarding research outcomes and funding recommendations.

Objective 3: Advocate for changes in funding policies to ensure coverage of necessary and appropriate therapeutic services.

Activity 1: Engage stakeholders and advocacy groups to lobby legislators.

Activity 2: Provide research data and funding recommendations to interested parties.

Activity 3: Present to rehab. professional groups, nonprofit organizations, and interested stakeholders research data and funding recommendations.

Activity 4: Work with Children’s Medical Services to add brain injury to their list of eligible conditions.

Goal 3: Increase opportunities for children, youth, and adults with brain injuries, particularly those who live in rural areas and do not have access to specialized brain injury rehabilitation, to reach optimal physical, cognitive and psychological functioning through increased access to high-quality, age-appropriate rehabilitation and care.

Objective 1: Provide training and consultation to local rehabilitation hospitals and centers that do not specialize in brain injury rehabilitation and care.

Activity 1: Develop mobile resource and consultation teams at the state and local level, as well as telerehab programs, to provide training in brain injury rehabilitation and care.

Activity 2: Focus training efforts (see *Training & Awareness: Goal 3*) on rehabilitation providers in rural areas.

Objective 2: Advocate for the development of standards for brain injury rehabilitation, particularly children with brain injuries.

Objective 3: Identify methods to publicize CARF-accredited rehabilitation programs to assist people with brain injuries and their families in choosing high-quality, age-appropriate, brain injury rehabilitation and care.

Need: Many children and youth with brain injuries are unable to reach optimal education levels following a brain injury because of the lack of funding for school re-entry services.

Goal 4: Increase funding for school re-entry services.

Objective 1: Advocate for increased funding for school re-entry services.

Activity 1: Survey school personnel who routinely participate in school re-entry planning for children and youth with brain injuries to identify services (i.e. teacher/administrator training, neuropsychological evaluations, family training, assistive technology, etc.) that are needed to reach optimal education levels.

Activity 2: Using list of identified services from Objective 1, identify which services are covered and which are not covered by Medicaid, private insurance, federal, or other sources of funding.

Activity 3: Advocate for changes in funding policies to ensure coverage of necessary and appropriate school re-entry services.

Goal 3: Improve health and wellness of people with brain injury by increasing awareness of risk factors associated with brain injury.

Objective 1: Review research and other resources to identify risk factors associated with brain injury.

Objective 2: Identify existing programs and initiatives that address identified risk factors.

Objective 3: Identify partners to implement programs to raise awareness of risk factors.

Goal 4: Increase health and wellness of people with brain injuries by promoting positive physical, emotional, mental, and spiritual lifestyles and practices among people with brain injuries.

Objective 1: Increase access to fitness centers and programs.

Objective 2: Increase access to places of worship.

Objective 3: Increase opportunities for participation in other constructive activities.

SERVICE COORDINATION

Need: Families of children and youth and adults with brain injuries are unable to access needed services and funding because they cannot navigate the complex system of care and lack information on available services and funding.

Goal 1: Develop and implement a single point of entry for people with disabilities, including people with brain and spinal cord injuries, to access needed services and funding.

Objective 1: Identify which agency or organization would serve as the single point of entry.

Activity 1: Identify other disability organizations, advocates, and individuals who would be interested in collaborating on the development of a single point-of-entry.

Activity 2: Identify all current access points to the state system of services.

Activity 3: Identify programs, both in state and nationally, that have a single point of entry and facilitate easy and effective access to services for people with disabilities and their families.

Activity 4: Identify changes in infrastructure that would be necessary to establish and operate single point of entry.

Objective 2: Identify funding necessary to support a statewide single point of entry.

Activity 1: Meet with funders to evaluate funding streams specific to people with disabilities.

Activity 2: Review models for funding in other states.

Activity 3: Make recommendations for funding for single point of entry.

Goal 2: Increase availability of service coordinators and case managers to assist families of people with brain injuries in navigating the system and obtaining appropriate services and funding.

Objective 1: Evaluate the need for a statewide service coordinator for people with brain injuries.

Objective 1: Increase funding for service coordination and case management services.

Objective 2: Develop a method of identifying and training service coordinators and case managers.

Goal 3: Empower people with brain injuries and their families to navigate the system themselves when necessary or desired.

Objective 1: Conduct research to identify all state services available for children, youth, and adults with brain injuries, including information on access points, application procedures, eligibility requirements, costs, funding requirements, services offered, etc.

Objective 2: Develop flow-chart to illustrate services and relevant information to access services.

Objective 3: Identify ways to streamline service system and make recommendations for changes and enhancements.

Need: Youth with brain injuries often lose services and funding, or receive inappropriate services and inadequate funding, when they transition to adulthood.

Goal 4: Provide a seamless transition from youth to adulthood by providing sufficient and effective transitional services and support.

Objective 1: Develop formal process for monitoring the transition phase with families, service coordinators, teachers, transition coordinators, Vocational Rehabilitation counselors, etc.

Activity 1: Assign a transition coordinator, service coordinator, or case manager to facilitate transition phase.

Activity 2: Develop checklist of transitional services and supports that identified all issues, services, funding, and other supports required for a seamless transition.

Activity 3: Establish system of communication between families, health, education, social services, probation officers, etc. to share knowledge, updates, and expectations.

Activity 4: Devise a system of safeguards to prevent youth from “falling through the cracks.”

Objective 2: Educate everyone involved in supporting youth with brain injuries about the specific issues that may face youth with brain injuries who are transitioning to adulthood (i.e. problems with dysinhibition and the need for pregnancy prevention).

Activity 1: Work with partners to develop a list of issues facing youth with brain injuries who are transitioning to adulthood.

Activity 2: Develop materials in a variety of formats.

Activity 3: Disseminate materials to all partners and include in training opportunities described in “Training and Awareness.”

LONG-TERM OR LIFELONG SUPPORTS

Community-based Support

Need: People with brain injuries are unable to live as independently as possible, and are receiving no or inappropriate services or are being inappropriately and unnecessarily institutionalized, because of a lack of community-based support services.

Goal 1: Identify and develop service model for the provision of professionally-designed cognitive, behavioral, physical and medical supports for people with brain injuries.

Objective 1: Identify service providers and best practices for cognitive, behavioral, physical and medical supports for people with brain injuries.

Objective 2: Develop a service model that meets the cognitive, behavioral, physical, and medical needs of people with brain injuries across each phase of their lifespan based on best practices and encouraging innovative approaches.

Objective 3: Identify funding sources for each person with brain injuries to purchase needed comprehensive services.

Goal 2: Modify existing waivers to provide community-based care, including in-home and day programs.

Objective 1: Identify existing waivers that have the potential to support people with brain injuries.

Objective 2: Review policies of existing waivers to identify necessary revisions to enable appropriate support for people with brain injuries.

Objective 3: Advocate for revisions to existing waivers.

Objective 4: Create a method for people who do not qualify for Medicaid waivers to obtain services.

Goal 3: Ensure that people with brain injuries and their families have access to housing that is accessible, available, affordable, and acceptable.

Objective 1: Identify a continuum of housing options that includes various levels of support such that each person may live as independently as possible while remaining safe and productive in their surroundings (e.g., least restrictive environment that may range from 24-hour 1:1 assistance to overnight supervision to weekly or monthly life-coaching).

Objective 2: Partner with existing supported housing agencies and provide education and advocacy for inclusion of brain injuries by offering customized support for each resident with brain injuries.

Goal 4: Ensure that people with brain injuries and their families have access to public transportation that is accessible, available, affordable, and acceptable (timely and integrated)

Objective 1: Identify affordable and accessible transportation options and partners across the state and widely disseminate updated local resource listings, with instructions, to any person with brain injuries.

Objective 2: Provide access to training for driving and safe use of alternative forms of transportation.

Objective 3: Develop a phone bank to provide real time assistance to someone with a brain injury to arrange transportation and resolve transportation issues such that the person remains safe while traveling in the community.

Goal 5: Develop ways to identify and provide community-based support for people with brain injuries who are in nursing homes, state hospitals or prisons, or who are homeless.

Objective 1: Identify the people with brain injuries who are in nursing homes, state hospitals or prisons, or who are homeless.

Objective 2: Partner with Georgia Advocacy Office and other organizations to meet with the individuals, their families and/or case managers to assess their ability to live in a community-based setting.

Objective 3: Develop individualized plans to transition people with brain injuries from institutional or homeless settings to community-based settings.

Support for Caregivers

Need: Families of children, youth, and adults with brain injuries are experiencing severe physical, social, emotional, and financial strain because of the lack of supports available for caregivers, including respite, access to training and education, funding, payments to family members who are caregivers, and available services.

Goal 1: Provide families with training and education to build their capacity to address ongoing and recurring needs.

Objective 1: Identify existing, successful forms of professional and peer models for training and education, including web-based resources.

Objective 2: Identify places, methods, and people to provide trainings.

Objective 3: Implement regional trainings for families and direct support providers and facilitate ongoing regional training and support forums.

Goal 2: Expand capacity for support services and respite options for families and caregivers.

Objective 1: Identify options for support services and respite.

Objective 2: Identify options for caregivers including counseling, coping, and socializing.

Goal 3: Provide crisis management services for people with brain injuries, their families and caregivers.

Objective 1: Develop mobile resource and consultation teams at state and local level.

Objective 2: Develop other methods to provide crisis management services at local level.

Community-based Residential Services

Need: Children, youth, adults with brain injuries with significant neurobehavioral issues are being placed in inappropriate institutional settings or are being sent out of state for residential programs because of the lack of appropriate community-based residential services for children, youth, and adults with neurobehavioral issues caused by brain injuries in Georgia.

Goal 1: Develop specialized, community-based neurobehavioral programs in Georgia for children, youth, and adults with brain injuries that combine cognitive, behavioral and pharmacological treatments.

Objective 1: Provide sufficient funding to cover the costs of residential and day programs and encourage providers to establish specialized neurobehavioral programs in Georgia.

Activity 1: Explore laws and policies to identify and clarify definitions of residential vs. lifelong living (program types).

Activity 2: Identify and evaluate successful models for providing community-based residential neurobehavioral treatment.

Activity 3: Meet with funders to discuss the need to increase reimbursement rates for residential neurobehavioral treatment (see examples of DD and Money Follows the Person).

Activity 4: Make recommendations for a funding model that meets the needs for the state of Georgia.

Objective 2: Develop standards to ensure that people with severe neurobehavioral issues caused by brain injuries receive appropriate, effective, and high-quality treatment in community-based residential settings.

Activity 1: Develop specific standards for licensing of community-based residential brain injury neurobehavioral programs.

Activity 2: Develop specific standards for lifelong care of people with neurobehavioral issues caused by brain injuries.

Activity 3: Develop standards to ensure consistency of treatment across providers and settings.

Need: Children, youth, and adults with brain injuries who have complex medical needs are being placed in inappropriate institutional settings or are being sent out of state for residential programs because of the lack of appropriate community-based residential services for children, youth, and adults with brain injuries who required complex medical care in Georgia.

Goal 2: Develop specialized community-based residential programs in Georgia for children, youth, and adults with brain injuries who have complex medical needs.

Objective 1: Provide sufficient funding to cover the costs of residential and day programs.

Activity 1: Explore laws to identify and clarify definitions of residential vs. lifelong living (program types).

Activity 2: Identify and evaluate successful models for providing community-based residential settings for people with complex medical needs.

Activity 3: Meet with funders to discuss the need to increase reimbursement rates for residential programs (see examples of DD and Money Follows the Person).

Activity 4: Make recommendations for funding models that meets the needs for the state of Georgia.

Objective 2: Identify providers of residential services that can provide support to people with brain injuries who have complex medical needs.

Activity 1: Identify residential programs that currently provide services for people with other types of complex medical needs to determine possible partnerships.

Activity 2: Research alternative forms of community-based support for people who require residential services to identify possible solutions for children, youth, and adults with brain injuries.

Activity 3: Ensure that children and youth are not placed in settings with adults.

Objective 3: Develop standards to ensure that people with brain injuries who have complex medical needs requiring residential treatment receive appropriate, effective, and high-quality treatment in community-based residential settings.

Activity 1: Develop and implement specific standards for licensing of community-based residential programs.

Activity 2: Develop and implement specific standards for lifelong care of people with brain injuries who have complex medical needs.

Activity 3: Develop and implement standards to ensure consistency of treatment across providers and settings.

Spinal Cord Injury – Areas of Need

Goals for the State Action Plan on Spinal Cord Injury (SCI) are listed according to Area of Need

TRAINING and AWARENESS

Need: Most spinal cord injuries in Georgia are preventable.

Goal 1: Expand and implement a SCI prevention education campaign to raise awareness of the causes and prevention strategies.

Objective 1: Develop plan for multi-level, multi-format SCI prevention education campaign.

Activity 1: Identify target audience(s) and desired outcomes.

Activity 2: Identify partners for campaign, including agencies that currently provide SCI prevention education programs.

Activity 3: Develop timeline for implementation of campaign.

Objective 2: Identify and modify existing SCI prevention education campaign messages and materials.

Activity 1: Research existing and effective SCI prevention education campaign materials both in and out of state.

Activity 2: Identify messages, tools and formats for campaign that are most likely to reach target audience(s).

Activity 3: Modify existing materials or develop new campaign materials, using identified messages, tools and formats.

Activity 4: Provide train-the-trainer workshops to familiarize partners and trainers with campaign goals, audience(s), messages, materials and formats.

Objective 3: Implement SCI prevention education campaign.

Activity 1: Announce launch of campaign using press releases, events, and materials.

Activity 2: Track audience exposure to campaign (i.e. number of hits to website, number of presentations given, number of audience members for presentation, number of television or radio ads, etc.)

Activity 3: Measure outcomes from campaign and determine next steps.

Need: People with SCI are developing SCI-related complications (i.e. pressure sores, dysreflexia, etc.) in medical facilities because of a lack of training on appropriate care and effective treatment for people with SCI among medical providers, particularly in rural areas.

Goal 2: Provide training to increase knowledge of SCI among medical (trauma, acute care, and long-term) and rehabilitation personnel.

Objective 1: Compile and adapt training materials.

Activity 1: Research (both in and out of state) existing and effective SCI training materials designed for medical providers.

Activity 2: Modify existing materials or develop new materials, using a wide variety of formats.

Objective 2: Make training opportunities and materials widely available and easily accessible.

Activity 1: Distribute materials to all partner organizations (see below) and list on Commission's website.

Activity 2: Identify individuals and organizations that would be willing to use training materials, or deliver and/or host trainings.

Activity 3: Develop centralized database of all available training materials and available speakers and trainers. Publicize existence of centralized database to all partners and other audiences.

Objective 3: Develop ways to encourage participation in trainings and use of materials

Activity 1: Submit requests and RFP's to present trainings at professional conferences.

Activity 2: Apply to professional organizations for ability to offer CEU's for participation in trainings.

Activity 3: Meet with representatives of medical schools to discuss incorporation of training materials into school curricula.

Objective 4: Identify areas of medical specialty that overlap with the care of people with SCI and that may be able to provide sufficient care, particularly for people with SCI in rural areas who do not have access to medical providers who specialize in the care of people with SCI.

Activity 1: Develop training materials (see activities and objectives below for Goal 3).

Activity 2: Offer training materials in a wide variety of formats and venues, including the internet.

Need: Few community supports exist to support children, youth, and adults with SCI because of a lack of specialized training for caregivers and service providers.

Goal 3: Increase the number of service providers and caregivers with specialized training in SCI, including gender, age, and cultural differences.

Objective 1: Compile and adapt training materials.

Activity 1: Research (both in and out of state) existing and effective SCI training materials designed for caregivers and service providers.

Activity 2: Identify ways to incorporate Person-Centered Planning, Futures Planning, PATH Training, etc. as appropriate.

Activity 3: Modify existing materials or develop new materials, using a wide variety of formats.

Objective 2: Make training opportunities and materials widely available and easily accessible.

Activity 1: Distribute materials to all partner organizations (see below) and list on Commission's website.

Activity 2: Identify individuals and organizations that would be willing to use training materials, or deliver and/or host trainings.

Activity 3: Develop centralized database of all available training materials and available speakers and trainers. Publicize existence of centralized database to all partners and other audiences.

Objective 3: Develop ways to encourage participation in trainings and use of materials

Activity 1: Submit requests and RFP's to present trainings at professional conferences.

Activity 2: Apply to professional organizations for ability to offer CEU's for participation in trainings.

Activity 3: Meet with representatives of waiver programs to explore possibility of connecting specialized SCI training and reimbursement rates.

Objective 4: Explore the merits of developing and maintaining a centralized database of service provider and caregivers with specialized training in SCI.

Need: People with SCI often lack appropriate services because they do not know how to advocate for themselves and lack information on public policy activities, best practices, available resources, etc.

Goal 4: Enhance the ability of people with SCI and their family members to become self-advocates by providing information and training on advocacy, best practices and trends, clinical trials, available resources, hiring and training attendants, personal responsibility for care, school re-entry services and assessments, etc.

Objective 1: Develop partnerships with organizations that currently provide advocacy training.

Need: People with SCI and their families often feel isolated and lack connection with the SCI community.

Goal 5: Increase opportunities for networking, communication, and peer support among people with SCI and their families.

Objective 1: Identify existing organizations that provide peer support.

Objective 2: Identify areas and opportunities to develop SCI support groups.

Objective 3: Increase access to peer support.

Objective 4: Provide education to the SCI community about available resources, best practices, and self-advocacy.

Objective 5: Promote use of existing toll-free helplines, websites, listserves, and other resources that people with SCI and their families can use to access support and resources.

REHABILITATION and WELLNESS

Need: People with SCI often lack access to appropriate and effective rehabilitation for SCI because of the low number of specialized rehabilitation hospitals and the lack of training and standards on SCI rehabilitation, particularly for children and people in rural areas.

Goal 1: Increase funding for rehabilitation.

Objective 1: Educate funders, educators, federal and state agencies, and other stakeholders and partners regarding need for funding for SCI rehabilitation.

Activity 1: Compile existing research on outcomes for SCI rehabilitation.

Activity 2: Meet with decision-makers in identified state agencies to review research data and funding recommendations.

Activity 3: Identify major insurers and other funding sources to provide education on research outcomes and funding recommendations.

Activity 4: Educate advocates, including people with SCI and their families, and advocacy organizations regarding research outcomes and funding recommendations.

Objective 2: Advocate for changes in funding policies to ensure coverage of necessary and appropriate therapeutic services.

Activity 1: Engage stakeholders and advocacy groups to collaborate with and educate legislators.

Activity 2: Provide research data and funding recommendations to interested parties.

Activity 3: Present to rehabilitation professional groups, nonprofit organizations, and interested stakeholders research data and funding recommendations.

Goal 2: Increase access to high-quality, age-appropriate rehabilitation and care, particularly for children and in rural areas.

Objective 1: Provide training and consultation to local rehabilitation hospitals and centers that do not specialize in SCI rehabilitation and care.

Activity 1: Develop mobile resource and consultation teams at the state and local level, as well as telerehab programs, to provide training in SCI rehabilitation and care.

Activity 2: Focus training efforts (see *Training & Awareness: Goal 2*) on rehabilitation providers in rural areas.

Objective 2: Advocate for the development of Centers of Excellence and standards for SCI rehabilitation, particularly children with SCI.

Activity 1: Research the need for Centers of Excellence for children's rehabilitation and discuss with accrediting bodies.

Activity 2: Advocate for standards of rehabilitation of children and adults with SCI for use among rehabilitation hospitals and centers, particularly if they are not currently designated as Centers of Excellence for SCI rehabilitation.

Objective 3: Identify methods to publicize CARF-accredited rehabilitation programs to assist people with SCI and their families in choosing high-quality, age-appropriate SCI rehabilitation and care.

Goal 3: Increase awareness of risk factors associated with SCI.

Objective 1: Review research and other resources to identify risk factors associated with spinal cord injury.

Objective 2: Identify existing programs and initiatives that address identified risk factors.

Objective 3: Identify partners to implement programs to raise awareness of risk factors.

Goal 4: Promote positive physical, emotional, mental, and spiritual lifestyles and practices among people with SCI.

Objective 1: Increase awareness and use of existing adaptive sports models and programs, such as BLAZE sports.

Objective 2: Increase availability of adaptive equipment.

Objective 3: Ensure access to recreational, sports, and leisure facilities (see Accessibility/Goal 6).

Objective 4: Increase access to fitness centers and programs.

Objective 5: Increase access to places of worship.

SERVICE COORDINATION

Need: Families of children, youth, and adults with SCI are unable to access needed services and funding because they cannot navigate the complex system of care and lack information on available services and funding.

Goal 1: Develop and implement a single point of entry for children, youth, and adults with disabilities to access needed services and funding.

Objective 1: Identify which agency or organization would serve as the single point of entry.

Activity 1: Identify all current access points to the state system of services.

Activity 2: Identify programs, both in state and nationally, that facilitate easy and effective access to services for people with disabilities and their families.

Activity 3: Determine which agency or organization can serve as single point of entry.

Activity 4: Identify changes in infrastructure that would be necessary to establish and operate single point of entry.

Objective 2: Identify funding necessary to support a statewide single point of entry.

Activity 1: Meet with funders to evaluate existing funding streams specific to people with disabilities.

Activity 2: Review models for funding in other states.

Activity 3: Identify ways to modify existing funding streams to provide funding for a single point of entry for people with disabilities.

Activity 4: Make recommendations for funding for single point of entry.

Goal 2: Increase availability of service coordinators and case managers to assist families of people with SCI in navigating the system and obtaining appropriate services and funding.

Objective 1: Increase funding for service coordination and case management services.

Objective 2: Develop a method of identifying and training service coordinators and case managers.

Goal 3: Empower people with SCI and their families to navigate the system themselves when necessary or desired.

Objective 1: Conduct research to identify all state services available for children, youth, and adults with SCI, including information on access points, application procedures, eligibility requirements, costs, funding requirements, services offered, etc.

Objective 2: Develop flow-chart to illustrate services and relevant information to access services.

Objective 3: Identify ways to streamline service system and make recommendations for changes and enhancements.

Need: Youth with SCI often lose services and funding, or receive inappropriate services and inadequate funding, when they transition to adulthood.

Goal 4: Provide a seamless transition from youth to adulthood by providing sufficient and effective transitional services and support.

Objective 1: Develop formal process for monitoring the transition phase with families, service coordinators, teachers, transition coordinators, Vocational Rehabilitation counselors, assistive technology specialists, etc.

Activity 1: Assign a transition coordinator, service coordinator, or case manager to facilitate transition phase.

Activity 2: Develop checklist of transitional services and supports that identified all issues, services, funding, and other supports required for a seamless transition.

Activity 3: Establish system of communication between families, health, education, social services, probation officers, etc. to share knowledge, updates, and expectations.

Activity 4: Devise a system of safeguards to prevent youth from “falling through the cracks.”

Objective 2: Educate everyone involved in supporting youth with SCI about the specific issues that may face youth with SCI who are transitioning to adulthood (i.e. ?).

Activity 1: Work with partners to develop a list of issues facing youth with SCI who are transitioning to adulthood.

Activity 2: Develop materials in a variety of formats.

Activity 3: Disseminate materials to all partners and include in training opportunities described in “Training and Awareness.”

TOOLS FOR INDEPENDENT AND INTEGRATED LIVING

Durable Medical Equipment, Supplies, and Assistive/Adaptive Technology

Need: People with SCI are often unable to live as independently as possible because they lack adequate and appropriate equipment and supplies, due to inadequate funding, and inappropriate prescription, dispensing, and training.

Goal 1: Provide sufficient funding and set standards for prescription, dispensing and training for durable medical equipment (DME), supplies, and assistive/adaptive technology.

Objective 1: Develop and disseminate position paper on the need for appropriate equipment and technology for people with catastrophic injuries, including children.

Objective 2: Develop guidelines and objective criteria for identifying standard DME, supplies, and assistive/adaptive technology.

Activity 1: Identify range of spinal cord injuries and their needs.

Activity 2: Develop list of guidelines for standard DME, supplies, assistive/adaptive technology for each spinal cord injury diagnosis, including a list of equipment and supplies that are needed on a permanent basis and should not require an annual prescription.

Activity 3: Develop objective criteria for medical providers to use with guidelines to allow for optimal identification and funding for necessary DME, supplies and assistive/adaptive technology.

Objective 3: Encourage funders to adopt guidelines and objective criteria, and to accept recommendations made by doctors and case managers.

Objective 4: Partner with organizations such as Georgia Tools for Life to collect and distribute equipment and technology.

Objective 5: Provide proper and adequate training for people with SCI to use their equipment, supplies, and technology, particularly in rural areas.

Activity 1: Develop ways to ensure that therapists or practitioners are licensed or certified to prescribe and dispense equipment, supplies, and technology, particularly in rural areas.

Attendant Services

Need: People with SCI are often unable to live as independently as possible because they lack appropriate and effective attendant services.

Goal 1: Provide sufficient funding for attendant services, including better pay and benefits, certification, standards, and career paths for family members and caregivers.

Objective 1: Explore Money Follows the Person program funding and policies.

Objective 2: Partner with Unlock the Waiting Lists! Campaign to advocate for adequate funding for attendant services for people with disabilities.

Objective 3: Develop training and standards for appropriate, effective, and high-quality attendant services, particularly for people who are dependent upon ventilators.

Support for Caregivers

Need: Families of children, youth, and adults with SCI are experiencing severe physical, social, emotional, and financial strain because of the lack of supports available for caregivers, including respite, access to training and education, funding, and available services.

Goal 1: Provide families with training and education to build their capacity to address ongoing and recurring needs.

Objective 1: Identify existing, successful forms of professional and peer models for training and education, including web-based resources.

Objective 2: Identify places, methods, and people to provide trainings.

Goal 2: Expand capacity for support services and respite options for families and caregivers.

Objective 1: Identify options for support services and respite.

Objective 2: Identify options for caregivers including counseling, coping, and socializing.

Accessibility

Need: People with SCI are unable to access housing, transportation, public buildings, and other venues because of physical barriers for wheelchairs.

Goal 1: Ensure that people with SCI have access to public transportation that is accessible, available, affordable, and acceptable (timely and integrated).

Objective 1: Increase efficiency and effectiveness of existing public, accessible transportation, including Medicaid-sponsored transportation.

Objective 2: Develop a method to offer incentives to taxi companies who provide accessible transportation.

Goal 2: Ensure that people with SCI have access to private transportation that is accessible, available, affordable, and acceptable.

Goal 3: Ensure that children and youth with SCI have access to inclusive and integrated transportation, including to and from school, after-school programs, field trips, and Driver's Education.

Goal 4: Ensure that accessible parking is always available for people with SCI by providing education, enforcement, and appropriate design of accessible parking.

Objective 1: Increase enforcement of laws that govern accessible parking.

Activity 1: Work with local governments to enhance enforcement of laws.

Activity 2: Promote the practice of deputizing citizens to assist with enforcement.

Activity 3: Identify ways to educate and raise awareness among the public of the need for appropriate use of accessible parking.

Objective 2: Work with code officials to ensure sufficient and adequate design of accessible parking.

Goal 5: Ensure that people with SCI and their families have access to housing that is accessible, available, affordable, and acceptable.

Objective 1: Increase number of housing builders/contractors who are knowledgeable about the building of accessible homes and who build or modify such homes.

Activity 1: Offer incentives.

Objective 2: Increase funding for home modifications and purchases, including Section 8 and Own Home vouchers.

Goal 6: Ensure that all public buildings are accessible, including recreational and sports facilities, travel and leisure facilities (including hotels and cruise ships), places of worship, and all other buildings covered by Title III of the Americans with Disabilities Act (ADA).

Objective 1: Increase enforcement of Title III of the ADA.

Objective 2: Increase education and awareness of accessibility issues among business owners, faith leaders, etc.

Objective 3: Provide education of accessibility issues to ticket vendors.

COMMUNITY PARTICIPATION

Education

Need: Children and youth with SCI are often unable to reach optimal educational levels because of a lack of funding for school re-entry services, training, accessible schools and transportation, and inclusive educational and extracurricular opportunities.

Goal 1: Increase funding for school re-entry services.

Objective 1: Advocate for increased funding for school re-entry services.

Activity 1: Survey school personnel who routinely participate in school re-entry planning for children and youth with SCI to identify services (i.e. teacher/administrator training, family training, modifications, assistive technology, etc.) that are needed to reach optimal education levels.

Activity 2: Using list of identified services from Objective 1, identify which services are covered and which are not covered by Medicaid, private insurance, federal, or other sources of funding.

Activity 3: Advocate for changes in funding policies to ensure coverage of necessary and appropriate school re-entry services.

Goal 2: Increase school re-entry services and training to ensure that schools are prepared to support children and youth with SCI.

Objective 1: Provide training and support to teachers, school nurses, and other school personnel when children and youth return to school following SCI.

Activity 1: Study models of other states that provide consultations to teachers when a child or youth with SCI returns to school.

Activity 2: Determine whether models could be replicated in Georgia and what resources would be required for replication.

Activity 3: Develop plan for gathering resources and replicating models.

Objective 2: Ensure that schools are prepared for the child with SCI to return to school as soon as medically possible.

Activity 1: Encourage children with SCI and their parents or other caregivers to conduct a physical tour of the school to identify and address any accessibility issues, including classrooms, common areas, cafeterias, gymnasiums, playgrounds, bathrooms, etc.

Activity 2: Encourage children with SCI and their parents or other caregivers to meet with teachers, coaches, paraprofessionals, school nurses, support staff, administrators, etc. to educate them about the medical needs of the child with SCI (including hyperreflexia, overheating, etc.).

Activity 3: Identify options and necessary modifications to ensure that children with SCI can participate in extracurricular activities.

Activity 4: Provide education and support to peers of the child with SCI to increase their level of comfort and ability to interact with the child with SCI.

Activity 5: Identify ways to support private schools to address the needs of students with SCI, including pairing schools with other schools that have successfully made accommodations and/or inviting school personnel to meet with the student and family in a rehab setting to view the child's progress.

Goal 3: Enhance ability of children with SCI and their parents or other caregivers to become self-advocates and empower and support themselves and/or their children through training and support.

Objective 1: Provide training to parents and other caregivers on the rights afforded to their child with SCI under IDEA of the Education Act and Section 504 of the Vocational Rehabilitation Act; what services, supports, and modifications to ask for; and how to be an advocate for their children.

Objective 2: Match students with SCI with student mentors, and match parents with parent mentors, to provide support as they navigate the system, with assistance from such partners as Parent to Parent of Georgia and the Department of Education's Parent Mentor Program.

Objective 3: Enhance ability of students with SCI to advocate for the services, supports, and modifications they need to complete their education.

Goal 4: Increase training and support for college, university, and technical school personnel.

Objective 1: Provide training and support to school administrators, faculty, campus disability offices, and other campus personnel when people with SCI return to or enroll in school.

Objective 2: Identify ways to ensure sufficient, accessible housing for students with SCI who are living either on or off campus.

Objective 3: Ensure that schools are prepared for the person with SCI to return to or enroll in school (see activities listed under *Education Goal 1/Objective 3 above*).

Objective 4: Enhance ability of students with SCI to advocate for the services, supports, and modifications they need to complete their education in both public and private colleges, universities, and technical schools.

Employment

Need: People with SCI face many challenges in returning to or gaining employment.

Goal 1: Remove barriers to employment and volunteer opportunities.

Objective 1: Develop ways to educate people with SCI about government benefits and how they are impacted by employment to assist them in making decisions about employment.

Objective 2: Develop a relationship with the Social Security Administration to address barriers to employment and identify ways to increase support of people with SCI who enter or return to work.

Objective 3: Increase awareness about employment services offered by the Department of Labor, including navigator services and Vocational Rehabilitation.

Goal 2: Increase the number of businesses and volunteer organizations that hire people with disabilities or use them as volunteers.

Objective 1: Identify ways to recruit and support employers to hire people with SCI.

Objective 2: Provide training and support to employers and coworkers to facilitate a smooth working environment for people with SCI.

Objective 3: Identify ways to recruit and support organizations to use people with SCI as volunteers.

Goal 3: Provide mentor opportunities, training, and education to people with SCI to encourage and support them to seek or return to employment or volunteer opportunities.

Objective 1: Develop multiple ways to encourage people with SCI to enter or return to work, including mentor programs, peer support programs, workshops, videos, profiles of people with SCI who are employed, etc.

Objective 2: Work with high schools and youth programs to encourage youth with SCI to seek training and education and pursue employment.

Objective 3: Identify ways to encourage people with SCI who are entering the workforce for the first time, or who are changing career paths, to participate in vocational training, college, and other educational programs.

Community-based Residential Living

Need: Children, youth, and adults with SCI are being placed in inappropriate institutional settings or are being sent out of state for residential programs because of the lack of support and appropriate community-based residential services for them in Georgia.

Goal 1: Develop specialized community-based residential programs in Georgia for children, youth, and adults with SCI who, due to lack of support and services, must live in a residential program.

Objective 1: Provide sufficient funding to cover the costs of residential and day programs.

Activity 1: Explore laws to identify and clarify definitions of residential vs. lifelong living (program types).

Activity 2: Identify and evaluate successful models for providing community-based residential settings for people with SCI.

Activity 3: Meet with funders to discuss the need to increase reimbursement rates for residential programs (see examples of DD and Money Follows the Person).

Activity 4: Make recommendations for funding models that meets the needs for the state of Georgia.

Objective 2: Identify providers of residential services that can provide support to people with SCI.

Activity 1: Identify residential programs that currently provide services for people with other types of disabilities to determine possible partnerships.

Activity 2: Research alternative forms of community-based support for people who require residential services to identify possible solutions for children, youth, and adults with SCI.

Activity 3: Develop residential settings have a home-like, rather than institutional, setting.

Activity 4: Ensure that children and youth are not placed in settings with adults.

Objective 3: Develop standards to ensure that people with SCI who require residential treatment receive appropriate, effective, and high-quality treatment in community-based residential settings.

Activity 1: Develop and implement specific standards for licensing of community-based residential programs.

Activity 2: Develop and implement specific standards for lifelong care of people with SCI.

Activity 3: Develop and implement standards to ensure consistency of treatment across providers and settings.

Potential Partners

The following is a listing of potential partners to assist with implementation of the State Action Plan. This listing is not complete and any omissions of key partners are unintentional.

The Commission invites all agencies, organizations, and individuals to participate in the completion of these goals. If you are interested in joining this effort please call the Commission office at 404/651-5112.

Advocates

Beth Mount (Person-Centered Planning)
Brain Injury Association of America
Brain Injury Association of Georgia
Other state Brain Injury Associations
Centers for Independent Living
Christopher and Dana Reeve Foundation
Concrete Change
Direct Support Professionals
Easter Seals
Easy Living Home
FOCUS
Georgia Advocacy Office
Georgia Parent Support Network
HELP
Independent Living Centers
National Association on Mental Illness
National Coalition for Assistive and Rehab Technology
National Center on Physical Activity and Disability
National Family Caregivers Association
National Spinal Cord Injury Association
Parent to Parent of Georgia
People First
SOAR
Spinal Cord Injury Information Network

Spinal Cord Leaders Council
Statewide Independent Living Council
Think First Foundation
United Spinal Association
Unlock the Waiting Lists! Campaign

Assistive Technology

Assistive Technology Industry Association
Closing the Gap
Georgia Project for Assistive Technology
Georgia Tools for Life

Criminal Justice

Department of Corrections
Department of Juvenile Justice
Georgia Bar Association
Georgia Fraternal Order of Police
Georgia Legal Advocacy
Georgia Sheriffs Association

Education

APA/GPA
Best Practices in Public School Speech-Language
Pathology
Bright from the Start

CASE

colleges and universities (including disability offices)
county level school systems
Department of Education
Georgia Learning Resources System
International Reading Association
Council for Exceptional Children
Early Intervention
ESOL
Georgia Athletic Coaches Association
Georgia Cheerleading Coaches Association
Georgia Council of Administrators of Special Education
Georgia Instructional Materials Center
Georgia School Nurses Association
Georgia Speech Language Hearing Association
Parent Leadership Support Project
Parent Mentors

Employment

Employers
Employment First Georgia
Georgia Chamber of Commerce
Goodwill

Funders

Georgia Association of Health Plans
private foundations
private insurance companies
waiver programs

Government

Brain & Spinal Injury Trust Fund Commission
Centers for Disease Control and Prevention
Department of Community Affairs

Department of Community Health

- Office of Medicaid
Department of Human Resources
- Division on Aging
- Division of Mental Health, Developmental Disabilities,
and Addictive Diseases
- Public Health
- - Babies Can't Wait
- - Children's Medical Services
Department of Labor
- Vocational Rehabilitation
Department of Public Safety
Department of Transportation
Federal TBI Program
Governor's Council on Developmental Disabilities
Housing and Urban Development
Insurance Commission
local and elected officials
National Institute on Disability and Rehabilitation Research
Occupational Health and Safety Administration
Social Security Administration

Medical

Clinics
Georgia Hospital Association
Georgia Medical Association
Georgia Nurses Association
Medical schools
Physicians
Trauma group
Veterans Administration

Rehabilitation

Children's Healthcare of Atlanta
Emory Center for Rehabilitation Medicine
Memorial Hospital, Savannah
Restore Neurobehavioral Center
Roosevelt Warm Springs Institute for Rehabilitation
Shepherd Center
Walton Rehabilitation Center

Service Providers

Aging & Disability Resource Centers
Area Agencies on Aging
DME providers
Georgia Hospital Association
home health providers
Shepherd Care
Side-by-Side Brain Injury Clubhouse

Office of Addictive Diseases

Division of Mental Health, Developmental Diseases, and Addictive Diseases

Georgia Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303 Web: http://mhddad.dhr.georgia.gov/portal/site/DHR-MHDDAD/	Street Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303
To receive information on services or referrals please contact: Phone: (800) 715-4225	Email:
Agency/program description: The Office of Addictive Diseases offers a range of treatment and support services to promote integration into the community and recovery for people with serious substance abuse issues.	
Eligibility criteria: A person must be diagnosed with an approved diagnostic category for state-funded services for addictive diseases.	
Eligible age groups: all ages	
Services offered: The Office of Addictive Diseases provides services through core providers and specialty providers, depending upon the needs of the person. Services vary by region but may include: crisis services, outpatient services, community support services, day and employment services, residential support and regional hospitals. The services a person receives depends on a professional determination of a level of need as well as the availability of services and other community supports.	
Funding or financial assistance offered: Services are offered on a sliding scale, although services are free for people who meet Federal Poverty Level criteria. Services are reimbursed by Medicaid for people who are Medicaid-eligible.	

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes, if they have a diagnosis of addictive disease
Agency definition of brain injury (note if there is a distinction between TBI and ABI): "Traumatic brain injury" means a traumatic insult to the brain and its related parts resulting in organic damage thereto which may cause physical, intellectual, emotional, social, or vocational changes in a person. It shall also be recognized that a person having a traumatic brain injury may have organic damage or physical or social disorders, but for the purposes of this chapter, traumatic brain injury shall not be considered mental illness as defined in paragraph (11) of this Code section. (OCGA 37-3-1). There is no definition for ABI.
Time period following injury that people referred to program: varies
Source of referrals to program: anyone
Specialized services for people with TBI or ABI: none
Case management offered for people with TBI or ABI: case management is provided on a case-by-case basis
Agency personnel receive training on TBI or ABI? No

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes, if they have a diagnosis of addictive disease
Agency definition of SCI: none
Time period following injury that people referred to program: varies
Source of referrals to program: anyone
Specialized services for people with SCI: none
Case management offered for people with SCI: case management is provided on a case-by-case basis
Agency personnel receive training on SCI? no

Program Statistics

data not available

Office of Adoptions
 Division of Family and Children Services
 Georgia Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303 Web: http://dfcs.dhr.georgia.gov/portal/	Street Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303
To receive information on services or referrals please contact: Phone: (877) 210-KIDS	Email:
Agency/program description: The Office of Adoptions assists Georgia's children who are in state custody with finding loving families in permanent homes.	
Eligibility criteria: Children who are in permanent state custody due to unresolved family crises. If a child is available for adoption the parents may have volunteered to give up their parental rights, but usually these rights were terminated by the court system due to abuse, neglect, or abandonment. Many of the children are in the adoptive category of Special Needs.	
Eligible age groups: Age 0 - 18	
Services offered: The Office of Adoptions provides services that span a child's life, including Adoption Services to help a child find a loving family, Post Adoption Services to assist the child and their new family during the transition process, and Birth Family Search to help adoptive children and birth families find each other (once the child has become an adult).	
Funding or financial assistance offered: There are no fees for a parent who requests to adopt a child through DHR. DHR has contracts with certain private agencies that do not charge fees under the agreement. However, fees are incurred during the qualification process, which includes services such as home safety inspections and legal fees. If the child is considered Special Needs up to \$2,000 may be reimbursed through financial Adoption Assistance. In addition, some assistance is available to help meet the costs of caring for children with Special Needs. The amount of the assistance depends upon the child's needs.	

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes
Agency definition of brain injury (note if there is a distinction between TBI and ABI): none
Time period following injury that people referred to program: varies
Source of referrals to program: Division of Family and Children Services
Specialized services for people with TBI or ABI: none
Case management offered for people with TBI or ABI: none
Agency personnel receive training on TBI or ABI? No

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes
Agency definition of SCI: none
Time period following injury that people referred to program: varies
Source of referrals to program: Division of Family and Children Services
Specialized services for people with SCI: none
Case management offered for people with SCI: none
Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/05 - 6/30/06: 1,277 children placed in adoptive homes and 221 children awaiting adoption
Total number of people with brain injury: N/A
Total number of people with SCI: N/A
Total number of people served from 7/1/06 - 6/30/07: 1,227 children placed in adoptive homes and 226 children awaiting adoption
Total number of people with brain injury: N/A
Total number of people with SCI: N/A

Division of Aging
Georgia Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW, 9th floor
City/State/Zip: Atlanta, GA 30303
Web: <http://aging.dhr.georgia.gov/portal/site/DHR-DAS/>

Street Address: 2 Peachtree Street NW, 9th floor
City/State/Zip: Atlanta, GA 30303

To receive information on services or referrals please contact:

Phone: Division on Aging (866) 552-4462; Georgia Cares: (404) 657-5334; Adult Protective Services: (888) 257-9519

Agency/program description: The Division administers several programs, including Adult Protective Services, Caregiving, the Community Care Services Program, the Elder Rights & Advocacy Program, Georgia Cares, the Long-term Care Ombudsmen Program, and the Senior Community Service Employment Program. However, all community-based services for older adults are coordinated through its 12 Area Agencies on Aging, located throughout the state.

Eligibility criteria: Generally, any person who is aging or has a disability or chronic condition, and their family members and caregivers. However, additional eligibility criteria varies by program.

Eligible age groups: primarily adults

Services offered: The Division administers several programs, including Adult Protective Services, Caregiving, the Community Care Services Program, the Elder Rights & Advocacy Program, Georgia Cares, the Long-term Care Ombudsmen Program, and the Senior Community Service Employment Program. However, all community-based services for older adults are coordinated through its 12 Area Agencies on Aging, located throughout the state.

Funding or financial assistance offered: The Division administers the Community Care Services Program (CCSP), which is available for Medicaid-eligible, functionally impaired citizens, and is designed to support and assist older Georgians and those with chronic conditions and disabilities who require intensive health services to stay in their homes and communities.

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): "Brain injury means a traumatic injury to the brain (cranio-cerebral head trauma), not of a degenerative or congenital nature, but arising from blunt or penetrating trauma or from acceleration-deceleration forces; that is associated with any of these symptoms or signs attributed to the injury: decreased level of consciousness, amnesia, other neurologic or neuropsychologic abnormalities, skull fracture, or diagnosed intracranial lesions. These impairments may be either temporary or permanent and can result in a partial or total functional disability." There is no definition on ABI.

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: case management is provided on a case-by-case basis

Agency personnel receive training on TBI or ABI? No

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with SCI: none

Case management offered for people with SCI: case management is provided on a case-by-case basis

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/00 - 6/30/01: 16,873 for CCSP

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Total number of people served from 7/1/01 - 6/30/02: 16,653 for CCSP

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Babies Can't Wait
Children with Special Needs
Family Health Branch
Division of Public Health
Department of Human Resources

Agency/Program Information

Mailing Address: City/State/Zip: Atlanta, GA 30303 Web: http://health.state.ga.us/programs/bcw/	Street Address: City/State/Zip: Atlanta, GA 30303
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To receive information on services or referrals please contact:
Phone: (404) 657-2726 **Email:** gdphinfo@dhr.state.ga.us

Agency/program description: Babies Can't Wait (BCW) is Georgia's statewide interagency service delivery system for infants and toddlers with developmental delays or disabilities and their families. BCW is established by Part C of the Individuals with Disabilities Education Act (IDEA) which guarantees all eligible children, regardless of their disability, access to services that will enhance their development. Babies Can't Wait is administered through 18 District offices throughout the state. Through the 18 offices, children and families in every county in Georgia can access early intervention services. Anyone can refer a child to Babies Can't Wait. In order to refer a child to BCW for an evaluation, contact the district office which serves the county in which the child and family reside. BCW has a statewide directory of information managed by Parent-to-Parent, Inc. of Georgia. The directory provides information about the BCW Program located nearest to the child and family. To access the directory, call 1-800-229-2038 or (770) 451-5484 in Atlanta. The State BCW Office number is (404) 657-2726 or toll free: 1-888-651-8224.

Eligibility criteria: BCW serves children from birth up to their third birthday, regardless of income, who have a developmental delay. A listing of the complete list of diagnoses that result in automatic eligibility for Babies Can't Wait is available on their website.

Eligible age groups: 0 - 3 years old

Services offered: BCW offers a multidisciplinary evaluation to determine the child's eligibility and a multidisciplinary assessments to determine the scope of services needed for the child. BCW also provides service coordination that assists the family and other professionals in developing a plan to enhance the child's development. These two services are offered to families at NO cost. In addition, BCW offers access to early intervention services identified in the child's plan, although families may be required to pay for these services, which may include: assistive technology devices, audiology, family training and counseling, health services, medical diagnostic services, certain nursing services, nutrition services, occupational therapy, physical therapy, psychological services, social work, special instruction, speech-language pathology, vision services, and transportation to services.

Funding or financial assistance offered: State funds are available to help pay for the costs of early intervention services, based on a sliding fee scale, to assist families who are determined by the local BCW Program to be unable to pay for them.

Services for People with Brain Injury (BI) - Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): no

Agency definition of brain injury (note if there is a distinction between TBI and ABI): No definition used

Time period following injury that people referred to program: N/A

Source of referrals to program: N/A

Specialized services for people with TBI or ABI: no

Case management offered for people with TBI or ABI: no

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes, if aged 0 - 3 years old

Agency definition of SCI: none

Time period following injury that people referred to program: as soon as the child is identified as having a developmental delay

Source of referrals to program: anyone can make a referral if they contact the district office in their county (see above)

Specialized services for people with SCI: see "Services Offered" above

Case management offered for people with SCI: service coordination is provided for eligible children from birth to their third birthday

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/04 - 6/30/05: 11,000

Total number of people with brain injury:

Total number of people with SCI:

Brain & Spinal Injury Trust Fund
Brain & Spinal Injury Trust Fund Commission

Agency/Program Information

Mailing Address: 2 Peachtree Street NW, Suite 26-426
City/State/Zip: Atlanta, GA 30303
Web: <http://www.bsif.state.ga.us>

Street Address: 2 Peachtree Street NW, Suite 26-426
City/State/Zip: Atlanta, GA 30303

To receive information on services or referrals please contact:

Phone: (404) 651-5112

Email: info-bsif@dhr.state.ga.us

Agency/program description: The Brain & Spinal Injury Trust Fund Commission administers the Trust Fund, a source of funds to assist Georgians with traumatic brain and spinal injuries in paying for the costs of care and rehabilitation. Revenue for the Trust Fund is generated from surcharges on drunk driving convictions. The Commission also administers the state's Central Registry on Traumatic Brain & Spinal Injuries, which collects data on the incidence of traumatic brain and spinal injuries in Georgia. The Commission is also the Lead Agency on Traumatic Brain & Spinal Injuries for the state of Georgia, assessing the needs of people with traumatic injuries and making recommendations to the Governor and the legislature on ways to enhance the system of services for people with brain and spinal injuries.

Eligibility criteria: To be eligible to receive an award from the Trust Fund a person must have a traumatic brain or spinal cord injury and be a resident of the state of Georgia.

Eligible age groups: all ages

Program is an entitlement program: no, the Trust Fund is a payer of last resort.

Services offered: The Commission accepts applications for distributions from the Brain & Spinal Injury Trust Fund. The goal of distributing the Trust Fund is to support independence, inclusion in the community, consumer choice, and self-determination. People can apply for a distribution to help pay for a range of services and goods, including (but not limited to): assistive technology, computer technology, dental service, durable medical equipment, health and wellness, home modifications, housing, medical care, personal support services, psychology/counseling, rehabilitative therapeutic services, recreation, speech services, vehicles/transportation, vision services, and vocational support. The Commission provides assistance in completing applications for the Trust Fund and may also provide assistance with referrals to other services.

Funding or financial assistance offered: distributions from the Trust Fund awarded based upon eligibility, Distribution Policies, payer of last resort status, appropriateness of request, and availability of funds.

Services for People with Brain Injury (BI) - Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): People with TBI are eligible. People with ABI are not eligible.

Agency definition of brain injury (note if there is a distinction between TBI and ABI): "Brain injury means a traumatic injury to the brain (cranio-cerebral head trauma), not of a degenerative or congenital nature, but arising from blunt or penetrating trauma or from acceleration-deceleration forces; that is associated with any of these symptoms or signs attributed to the injury: decreased level of consciousness, amnesia, other neurologic or neuropsychologic abnormalities, skull fracture, or diagnosed intracranial lesions. These impairments may be either temporary or permanent and can result in a partial or total functional disability."

Time period following injury that people referred to program: anytime

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: none

Agency personnel receive training on TBI or ABI? yes

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: "Spinal cord injury" means a traumatic injury to the spinal cord, not of a degenerative or congenital nature, but arising from blunt or penetrating trauma or from acceleration-deceleration forces, resulting in paraplegia or quadriplegia, which can be a partial or total loss of physical function."

Time period following injury that people referred to program: anytime

Source of referrals to program: anyone

Specialized services for people with SCI: none

Case management offered for people with SCI: none

Agency personnel receive training on SCI? yes

Program Statistics

Total number of people served from 1/1/06 - 12/31/06: 517

Total number of people with brain injury: 170

Total number of people with SCI: 323

Total number of people with TBI and SCI: 24

Total number of people served from 1/1/07 - 12/31/07: 494

Total number of people with brain injury: 175

Total number of people with SCI: 292

Total number of people with TBI and SCI: 27

Child Protective Services
Division of Family and Children Services
Georgia Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303 Web: http://dfcs.dhr.georgia.gov/portal/site	Street Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303
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To receive information on services or referrals please contact:
Phone: (404) 651-9361

Agency/program description: Child Protective Services (CPS) staff investigates reports of child abuse or neglect and provides services to protect the child and strengthen the family.

Eligibility criteria: Families who are reported to CPS for suspected abuse or neglect.

Eligible age groups: Age 18 and under

Services offered: CPS investigates reports of child abuse or neglect and provides services to protect the child and strengthen the family. CPS also has a Special Investigations Unit that investigates all child deaths and serious injuries.

Funding or financial assistance offered: none

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: yes

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with SCI: none

Case management offered for people with SCI: yes

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/05 - 6/30/06: 63,828 cases of child abuse and neglect investigated

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Total number of people served from 7/1/06 - 6/30/07: 50,151 cases of child abuse and neglect investigated

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Children's Medical Services

Children with Special Needs

Family Health Branch

Division of Public Health

Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW, Ste.11-205

City/State/Zip: Atlanta, GA 30303

Web: <http://health.state.ga.us/programs/cms/index.asp>

Street Address: 2 Peachtree Street NW, Ste. 11-205

City/State/Zip: Atlanta, GA 30303

To receive information on services or referrals please contact:

Phone: (404) 657-2726

Email: gdphinfo@dhr.state.ga.us

Agency/program description: Children's Medical Services (CSM) provides comprehensive, coordinated specialty care for children from birth to age 21 who have chronic medical conditions. CMS is the state and federally funded Title V Children with Special Health Care Needs Program for the state of Georgia. Referrals for services are made through local CMS offices (in local public health departments).

Eligibility criteria: Eligibility for the program requires that children meet certain medical and financial requirements. The medical requirements are that children must have a chronic medical condition that can include, but is not limited to: burns, cardiac conditions, chronic lung disease, craniofacial anomalies, diabetes mellitus, gastrointestinal disorders, hearing disorders, spina bifida, neurological and neurosurgical conditions, orthopedic and/or neuromuscular disorders, congenital or traumatic amputation of the limbs, cerebral palsy, or vision disorders. The financial requirements are updated yearly. Families with incomes greater than 150% of the Federal Poverty Level (FPL) through 236% of the FPL will be required to cost participate in the care of their child. Also, children who are Medicaid/PeachCare enrolled, receive SSI, or are in foster care are eligible for CMS services.

Eligible age groups: birth to age 21

Services offered: CMS may provide or assist in paying for an array of services that include: comprehensive physical assessment, diagnostic testing, in-patient/out-patient hospital services, medications, medical treatments, therapy, durable and disposable medical equipment, hearing aids, dental care (if related to the CMS eligible condition), health education, care coordination for client and family (may include referrals to other providers such as schools, day care, social service programs, etc), and/or genetic consultations.

Funding or financial assistance offered: CMS may provide financial assistance for assistive technology, medical equipment or supplies, transportation, or other services. Financial assistance is restricted to the availability of funds in each region and is available only to families who meet certain guidelines.

Services for People with Brain Injury (BI) - Traumatic (TBI)* and Acquired (ABI)*

Are people with brain injury eligible for services (note if there is a distinction between TBI and ABI)? No. Cost Containment Committee developed a list of eligible conditions in 1998. TBI was not included on this list.

Agency definition of brain injury (note if there is a distinction between TBI and ABI): N/A

Time period following injury that people referred to program: N/A

Source of referrals to program: N/A

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: none

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes. Agency provides services to children with paralysis, which includes SCI.

Agency definition of SCI: none

Time period following injury that people referred to program: average of 6 months to 1 year

Source of referrals to program: acute care hospitals, rehabilitation facilities, judicial system, Vocational Rehabilitation, other state agencies/programs, Georgia Advocacy Office, professional practitioners, self-referral

Specialized services for people with SCI: no specialized services for SCI offered - see "Service Offered" above

Case management offered for people with SCI: yes, agency offers care coordination

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 1/1/05 - 12/31/05: 9,806

Total number of people with brain injury: 0

Total number of people with SCI: data not available for this time period

Total number of people served from 1/1/06 - 12/31/06: 9,400

Total number of people with brain injury:

Total number of people with SCI: 224 children with various types of paralysis (specific data on SCI not kept)

Department of Corrections

Agency/Program Information

Mailing Address: 2 MLK Jr. Drive SE, 1566 Twin Towers **Street Address:** 2 MLK Jr. Drive SE, 1566 Twin Towers East

City/State/Zip: Atlanta, GA 30334

City/State/Zip: Atlanta, GA 30334

Web: www.dcor.state.ga.us

To receive information on services or referrals please contact:

Phone: Corrections Division (404) 656-2809

Agency/program description: The Georgia Department of Corrections (DOC) protects and serves the public as a professional organization by effectively managing offenders while helping to provide a safe and secure environment for the citizens of Georgia.

Eligibility criteria: Anyone convicted of a crime and sentenced to prison, or any person on parole.

Eligible age groups: Age 16 and over

Services offered: DOC conducts a comprehensive assessment of the needs and security risks of every offender entering the prison system. DOC manages 37 state prisons, 3 private prisons by contract, 24 county prisons by contract, 12 transitional centers, 1 inmate boot camp, 1 probation boot camp, 49 probation circuit offices, 7 pre-release centers, and 5 day reporting centers. It provides risk reduction programs, including cognitive behavior programs, substance abuse education, GED and vocational classes, and faith- and character-based programs. It operates pre-release centers to assist offenders in transitioning back into the community, which include additional opportunities to develop work experience and/or cognitive skills, and to participate in AA/NA treatment programs prior to release. It manages all probation and parole services, including supervision of the offender in the community. DOC also operates Georgia Correctional Industries, which uses inmate labor to produce and sell goods and services.

Funding or financial assistance offered: None

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): none

Time period following injury that people referred to program: varies

Source of referrals to program: courts

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: none

Agency personnel receive training on TBI or ABI? No

Training/educational programs on TBI and ABI offered: none

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: courts

Specialized services for people with SCI: none

Case management offered for people with SCI: none

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/05 - 6/30/06: 52,658

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Total number of people served from 7/1/06 - 6/30/07: 53,170

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Crime Victims Compensation Program

Criminal Justice Coordinating Council

Agency/Program Information

Mailing Address: 104 Marietta Street, Suite 440

City/State/Zip: Atlanta, GA 30303

Web: <http://cjcc.ga.gov/victimDetails.aspx?id=62>

Street Address: 104 Marietta Street, Suite 440

City/State/Zip: Atlanta, GA 30303

To receive information on services or referrals please contact:

Phone: (404) 657-2222

Agency/program description: The Crime Victims Compensation Program (CVCP) assists with crime-related expenses if someone is the victim of a violent crime.

Eligibility criteria: To be eligible to receive an award from the Program a person must have been physically injured in a violent crime; report the crime to law enforcement within 72 hours; and file a claim within one year of the date of the crime.

Eligible age groups: all ages

Services offered: CVCP provides funding to cover costs related to being victimized in a violent crime, including medical expenses, counseling bills, funeral expenses, and lost wages or support.

Funding or financial assistance offered: CVCP provides financial assistance to help cover costs of medical expenses (up to \$15,000), counseling bills (up to \$3,000), funeral expenses (up to \$3,000), and lost wages or support (up to \$10,000) that were incurred after being victimized in a violent crime. CVCP is a payer of last resort and does not cover expenses covered by a third party.

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: none

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with SCI: none

Case management offered for people with SCI: none

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/01 - 6/30/02: \$11,781,197 awarded in compensation payments

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Total number of people served from 7/1/06 - 6/30/07: 9,514

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Family Violence Program
 Division of Family and Children Services
 Georgia Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303 Web: http://dfcs.dhr.georgia.gov/portal/site	Street Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303
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To receive information on services or referrals please contact:
Phone: (404) 657-2868

Agency/program description: The Family Violence Program (FVP) approves and administers funds to Georgia's family violence programs throughout the state, which are operated by private nonprofit organizations. These programs provide emergency shelter, Victim Assistance, and support to victims of domestic violence, and training and prevention education to local communities.

Eligibility criteria: Technical assistance, support and funding services are for local family violence programs. These programs, in turn, serve victims of family violence, who are primarily women and children.

Eligible age groups: all ages

Services offered: FVP provides training and technical assistance to Georgia's family violence programs. These programs provide emergency shelter, Victim Assistance, training, and prevention education services at the local level.

Funding or financial assistance offered: none

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: yes

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with SCI: none

Case management offered for people with SCI: yes

Agency personnel receive training on SCI? no

Program Statistics

data not available

Department of Juvenile Justice

Agency/Program Information

Mailing Address: 3408 Covington Highway
City/State/Zip: Decatur, GA 30032
Web: <http://www.djj.state.ga.us/DJJIndex.asp>

Street Address: 3408 Covington Highway
City/State/Zip: Decatur, GA 30032

To receive information on services or referrals please contact:

Phone: Corrections Division (404) 508-6500

Agency/program description: The Georgia Department of Juvenile Justice (DJJ) holds youthful offenders accountable for their actions through the delivery of treatment services and sanctions in appropriate settings and by establishing youth in their communities as productive and law abiding citizens.

Eligibility criteria: Any youth referred to by the Department of Juvenile Courts and at-risk youth identified by public, private, and community entities.

Eligible age groups: Any individual who is under the age of 17 years; under the age of 21 years, who committed an act of delinquency before reaching the age of 17 years, and who has been placed under the supervision of the court or on probation to the court; or under the age of 18 years, if alleged to be a deprived child.

Services offered: DJJ conducts a comprehensive assessment of the needs of every juvenile who has been referred to the DJJ system to determine the most appropriate placement and services for him/her. DJJ operates 22 Regional Youth Detention Centers (secure short-term centers for youths awaiting trial in Juvenile or Superior Court, or placement elsewhere within the DJJ system), and 8 Youth Detention Centers (6 long-term rehabilitation facilities for youth sentenced or committed to DJJ custody by the courts and 2 facilities exclusively for short-term youth placed in the custody of DJJ for 60 days or less). Youths in the DJJ system receive a comprehensive physical and mental health assessment, as well as educational and/or vocational training.

Funding or financial assistance offered: None

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): none

Time period following injury that people referred to program: varies

Source of referrals to program: courts

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: none

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: courts

Specialized services for people with SCI: none

Case management offered for people with SCI: none

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/05 - 6/30/06: 72,093

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Total number of people served from 7/1/06 - 6/30/07: 73,262

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Office of Medicaid
 Division of Medical Assistance
 Georgia Department of Community Health

Agency/Program Information

Mailing Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303 Web: http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html	Street Address: 2 Peachtree Street NW City/State/Zip: Atlanta, GA 30303
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To receive information on services or referrals please contact:
Phone: (404) 656-3087 **Email:**

Agency/program description: The Office of Medicaid administers the Medicaid program, which provides healthcare for children, pregnant women, and people who are aging, blind or disabled.

Eligibility criteria: Eligibility is based on income criteria, which varies according to each program.

Eligible age groups: all ages

Services offered: The Office of Medicaid offers several Medicaid programs including: SSI Recipients, Nursing Home, Community Care, Qualified Medical Beneficiaries, Right from the Start Medicaid for Pregnant Women and Their Children, Medically Needs, Low-Income Medicaid, and Hospice. The Office also administers the state's Home and Community-Based Services waiver programs, including the Independent Care Waiver Program. In addition, the Office administers two state plan programs: SOURCE and the Katie Beckett Program.

Funding or financial assistance offered: The Office provides low-cost health insurance and waiver programs for qualified individuals.

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): "Traumatic brain injury" means a traumatic insult to the brain and its related parts

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: the Independent Care Waiver Program provides some specialized services for people with TBI

Case management offered for people with TBI or ABI: yes

Agency personnel receive training on TBI or ABI? No

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with SCI: the Independent Care Waiver Program provides some specialized services for people with SCI

Case management offered for people with SCI: yes

Agency personnel receive training on SCI? no

Program Statistics

data not available

Office of Mental Health
Division of Mental Health, Developmental Diseases and Addictive Diseases
Georgia Department of Human Resources

Agency/Program Information

Mailing Address: 2 Peachtree Street NW, Suite 23-100 City/State/Zip: Atlanta, GA 30303 Web: http://mhddad.dhr.georgia.gov/portal/site/DHR-MHDDAD/	Street Address: 2 Peachtree Street NW, Suite 23-100 City/State/Zip: Atlanta, GA 30303
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To receive information on services or referrals please contact:
Phone: (800) 715-4225 **Email:**

Agency/program description: The Office of Mental Health offers a range of treatment and support services to promote integration into the community and recovery for people with serious mental illnesses.

Eligibility criteria: A person must be diagnosed with an approved diagnostic category for state-funded services for mental illness.

Eligible age groups: all ages

Services offered: The Office of Mental Health provides services through core providers and specialty providers, depending upon the needs of the person. Services vary by region by may include: crisis services, outpatient services, community support services, day and employment services, residential support and regional hospitals. The services a person receives depends on a professional determination of a level of need as well as the availability of services and other community supports.

Funding or financial assistance offered: services are offered on a sliding scale, although services are free for people who meet Federal Poverty Level criteria. Services are reimbursed by Medicaid for people who are Medicaid-eligible.

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): Yes, if they have a primary diagnosis of mental illness.

Agency definition of brain injury (note if there is a distinction between TBI and ABI): "Traumatic brain injury" means a traumatic insult to the brain and its related parts resulting in organic damage thereto which may cause physical, intellectual, emotional, social, or vocational changes in a person. It shall also be recognized that a person having a

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: none

Case management offered for people with TBI or ABI: case management is provided on a case-by-case basis

Agency personnel receive training on TBI or ABI? no

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: Yes, if they have a primary diagnosis of mental illness.

Agency definition of SCI: none

Time period following injury that people referred to program: varies

Source of referrals to program: anyone

Specialized services for people with SCI: none

Case management offered for people with SCI: case management is provided on a case-by-case basis

Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 1/1/05 - 12/31/05: 110,735 adults and 41,365 youth

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

Total number of people served from 1/1/06 - 12/31/06: 111,610 adults and 41,317 youth

Total number of people with brain injury: N/A

Total number of people with SCI: N/A

PeachCare for Kids™
 Division of Medical Assistance
 Georgia Department of Community Health

Agency/Program Information

Mailing Address: 2 Peachtree Street NW	Street Address: 2 Peachtree Street NW
City/State/Zip: Atlanta, GA 30303	City/State/Zip: Atlanta, GA 30303
Web: http://dch.georgia.gov/00/channel_title/0,2094,31446711_31946830,00.html	
To receive information on services or referrals please contact:	
Phone: (877) GA-PEACH ((877) 427-3224)	Email:
Agency/program description: PeachCare of Kids™ is a comprehensive health care program for uninsured children living in Georgia.	
Eligibility criteria: Any child under the age of 18 and under (a child is eligible until their 19th birthday) who is a U.S. citizen, is uninsured, and whose family income is less than or equal to 235% of the Federal Poverty Level. A child may be ineligible if he/she is eligible for Medicaid, or if the child has access to health insurance through a parent's employment with the State of Georgia, even if the parent has not purchased the State coverage.	
Eligible age groups: age 18 and under	
Services offered: The health benefits include primary, preventive, specialist, dental care and vision care. PeachCare for Kids™ also covers hospitalization, emergency room services, prescription medications and mental health care. Each child in the program has a Georgia Healthy Families Care Management Organization (CMO) who is responsible for coordinating the child's care.	
Funding or financial assistance offered: The program provides free health care for children under age 6. There is a cost per month for children over age 6 that is based upon the number of children in the program.	

Services for People with Brain Injury (BI): Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): no
Agency definition of brain injury (note if there is a distinction between TBI and ABI): none
Time period following injury that people referred to program: varies
Source of referrals to program: anyone
Specialized services for people with TBI or ABI: the Independent Care Waiver Program provides some specialized services for people with TBI
Case management offered for people with TBI or ABI: Each child in the program has a Georgia Healthy Families Care Management Organization (CMO) who is responsible for
Agency personnel receive training on TBI or ABI? No

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes
Agency definition of SCI: none
Time period following injury that people referred to program: varies
Source of referrals to program: anyone
Specialized services for people with SCI: none
Case management offered for people with SCI: Each child in the program has a Georgia Healthy Families Care Management Organization (CMO) who is responsible for
Agency personnel receive training on SCI? no

Program Statistics

Total number of people served from 7/1/05 - 6/30/06: 209,338
Total number of people with brain injury: N/A
Total number of people with SCI: N/A
Total number of people served from 7/1/06 - 6/30/07: 240,076
Total number of people with brain injury: N/A
Total number of people with SCI: N/A

Divisions for Special Education Services & Supports

Georgia Department of Education

Agency/Program Information

Mailing Address: 1870 TwinTowers East, 205 Jesse Hill Dr. Drive, SE

Street Address: 1870 TwinTowers East, 205 Jesse Hill Dr. Drive, SE

City/State/Zip: Atlanta, GA 30334

City/State/Zip: Atlanta, GA 30334

Web: <http://www.gadoe.org/>

To receive information on services or referrals please contact:

Phone: (404) 656-3963

Email: ggelinas@doe.k12.ga.us

Agency/program description: The Georgia Department of Education, Divisions for Special Education Services and Supports strives to ensure that all children with disabilities in Georgia will participate in a challenging educational program designed to meet their unique needs that results in increased academic performance and prepares them for employment and independent living.

Eligibility criteria: A child with a disability is a child evaluated and determined to be eligible for special education services for intellectual disabilities, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, or Deaf/blindness.

Eligible age groups: A free, appropriate public education (FAPE) must be available to all children residing in the State between the ages of 3 and 21.

Program is an entitlement program: Yes, if students meet eligibility requirements for special education.

Services offered: A wide range of services may be offered as determined by the student's Individualized Education Program (IEP) team. Services must be documented in the student's IEP. Services may include, but not be limited to, specialized instruction, speech therapy, physical therapy, occupational therapy, transportation, audiological services, adapted physical education, and vision services.

Funding or financial assistance offered: Students with disabilities are entitled to a "free, appropriate public education " (FAPE) under the Individuals with Disabilities Education Act (IDEA)

Services for People with Brain Injury (BI) - Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): Yes. There is a specific designation for children with TBI, but there is not one for children with ABI. Children with ABI will be identified under other categories such as "Other Health Impairments."

Agency definition of brain injury (note if there is a distinction between TBI and ABI): Traumatic Brain Injury (TBI) refers to an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the child's educational performance. The term applies to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing. The term does not apply to brain injuries that are congenital or degenerative in nature, brain injuries induced by birth trauma. [34 C.F.R. § 300.8(c)(12)]

Time period following injury that people referred to program: varies - usually centered around time for school re-entry

Source of referrals to program: Referrals for special education are made to the child's local education agency following local procedures. Referrals may be initiated by educators, parents, hospitals, physicians and other parties involved with the child. Direct referrals for special education are not made to the Georgia Department of Education.

Specialized services for people with TBI or ABI: Services and service delivery are determined by the student's IEP team. The identification of TBI for educational programming does not dictate a specific service or placement. The child with TBI shall be served by any appropriately certified teacher in any educational program, as specified in the child's individualized education program (IEP) Team minutes.

Case management offered for people with TBI or ABI: The person responsible for the IEP is typically considered the "case manager".

Agency personnel receive training on TBI or ABI? Teachers may participate in available training focused on TBI.

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: Children with SCI may be eligible if they meet eligibility criteria in one of the following areas: (a) Autism spectrum disorder; (b) Deaf blind; (c) Deaf/hard of hearing; (d) Emotional and behavioral disorder; (e) Intellectual disability (mild, moderate, severe, profound); (f) Orthopedic impairment; (g) Other health impairment; (h) Significant developmental delay; (i) Specific learning disability; (j) Speech-language impairment; (k) Traumatic brain injury; or (l) Visual impairment.

Agency definition of SCI: no formal definition through Georgia Department of Education

Time period following injury that people referred to program: varies - usually centered around time for school re-entry

Source of referrals to program: Local education agency & parents

Specialized services for people with SCI: Services and service delivery are determined by the students IEP team (see above).

Case management offered for people with SCI: The person responsible for the IEP is typically considered the "case manager".

Agency personnel receive training on SCI? teachers may or may not receive specific training related to SCI and the educational implications from such injuries.

Program Statistics

Total number of people served from 1/1/06 - 12/31/06: FY07 196,810

Total number of people with brain injury: FY 07 : 474

Total number of people with SCI: not eligibility area - no DOE data on SCI

Total number of people served from 1/1/07 - 12/31/07: FY 08

Total number of people with brain injury: FY08:434

Total number of people with SCI: not eligibility area - no DOE data on SCI

Vocational Rehabilitation

Rehabilitation Services

Department of Labor

Agency/Program Information

Mailing Address: 1700 Century Circle, Suite 300

City/State/Zip: Atlanta, GA 30345

Web: <http://www.vocrehabga.org/vrfacts.html>

Street Address: 1700 Century Circle, Suite 300

City/State/Zip: Atlanta, GA 30345

To receive information on services or referrals please contact:

Phone: 404-638-6331

Email:

Agency/program description: Vocational Rehabilitation (VR) provides services to help persons with disabilities prepare for, start, and maintain competitive employment. The VR program has 13 regional offices statewide, as well as 53 local offices with VR counselors who work in the community and have an in-depth knowledge of both the marketplace and the support services available.

Eligibility criteria: Any resident of the state of Georgia who has a permanent physical or mental disability that interferes with their ability to work; for whom VR services are necessary for the person to prepare for, enter, engage in, or keep gainful employment; and who can, will, and wants to work. Eligibility for Vocational Rehabilitation services is determined by a Certified Rehabilitation Counselor within 60 days of application for services.

Eligible age groups: ages 16 and up

Program is an entitlement program: no

Services offered: counseling and guidance; support for college and university education; supported employment; work readiness training; work adjustment training; vocational and technical training; on the job training; and job coaching.

Funding or financial assistance offered: VR provides funding for qualified applicants to assist with costs related to preparing for and obtaining employment, including: college and university education; supported employment; work readiness training; vocational and technical training; on the job training; job coaching; home modifications; and vehicle modifications.

Services for People with Brain Injury (BI) - Traumatic (TBI)* and Acquired (ABI)*

People with brain injury eligible for services (note if there is a distinction between TBI and ABI): yes

Agency definition of brain injury (note if there is a distinction between TBI and ABI): Any injury to the brain resulting in a diagnosis of brain injury by qualified medical personnel.

Time period following injury that people referred to program: As soon as the person is medically-able and ready to work.

Source of referrals to program: anyone

Specialized services for people with TBI or ABI: All services are determined by the informed choice of the individual and their rehabilitation counselor based on the requirements for the individual to be gainfully employed.

Case management offered for people with TBI or ABI: Only if it is determined to be a requirement for gainful employment.

Agency personnel receive training on TBI or ABI? Yes as individually requested by staff.

Services for People with Spinal Cord Injury (SCI)

People with SCI eligible for services: yes

Agency definition of SCI: Any injury to the spinal cord resulting in a diagnosis of spinal cord injury by qualified medical personnel.

Time period following injury that people referred to program: As soon as the person is medically-able and ready to work.

Source of referrals to program: anyone

Specialized services for people with SCI: All services are determined by the informed choice of the individual and their rehabilitation counselor based on the requirements for the individual to be gainfully employed.

Case management offered for people with SCI: Only if it is determined to be a requirement for gainful employment.

Agency personnel receive training on SCI? Yes as individually requested by staff.

Program Statistics

Total number of people served from 1/1/06 - 12/31/06: Agency total served 34,160

Total number of people with brain injury: 591 served with 49 gaining employment

Total number of people with SCI: 392 served with 37 gaining employment

Total number of people served from 1/1/07 - 12/31/07: Agency total served 34,337

Total number of people with brain injury: 566 served with 64 gaining employment

Total number of people with SCI: 359 with 32 gaining employment



Brain and Spinal Injury Trust Fund Commission
2 Peachtree Street NW, Suite 26-426 • Atlanta, GA 30303
Phone: (404) 651-5112 • Toll-free: (888) 233-5760
Fax: (404) 656-9886 • info-bsitf@dhr.state.ga.us
