IDTF

Alabama's Impaired Drivers Trust Fund...

Enabling Alabamians with traumatic brain injury or spinal cord injury to achieve their maximum level of independence.

Respite Care

Housing Assistance

Supported Employment

Education & Resources

Recreation

Limited Financial Assistance

ADVISORY BOARD ANNUAL REPORT

October 1, 1995 - September 30, 1996

Table of Contents

3

Background

Driving under the influence costs!

4

Advisory Board

The advisory board ensures that all stakeholders have a place at the table.

5

Service Components

IDTF service components represent the priorities and gaps in services identified by the advisory board, its committees and consumers.

15

Special Projects

IDTF addresses the development of a surveillance system.

16

Committees

Five IDTF committees address the developmental needs of the fund.

Prepared by:

Alabama Department of Rehabilitation Services

Lamona H. Lucas
Commissioner

STATE OF ALABAMA

IMPAIRED DRIVERS TRUST FUND

Serving People With Brain or Spinal Cord Injury

February 1997

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GOVERNOR

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Epilepsy Foundation of North & Central Alabama

Andy Scarborough, Ed.D.
Alabama Department of Education Special Education Services

Administered by:
ALABAMA DEPARTMENT OF REHABILITATION SERVICES
LAMONA H. LUCAS
COMMISSIONER

Dear Legislator:

We are pleased to report on the accomplishments of the Alabama Impaired Drivers Trust Fund during 1996. Board and committee members provided their expertise and boundless energy to improve the lives of Alabamians with spinal cord injury or head injury as a result of neurotrauma. They are to be commended for their dedication and hard work!

Community-based case management, expanded employment and housing options enabled individuals to access community support services and remain in their communities. Linkages with agencies and organizations and a focus on maximizing existing community resources ensured services were provided in the cost effective and cost efficient manner.

This report summarizes activities funded during the past year by the Impaired Drivers Trust Fund. It reflects the commitment of the board to identify the gaps in services, respond to individual and family needs and to assure maximum benefits from the trust fund for citizens of Alabama with spinal cord injury or traumatic brain injury.

Sincerely,

Lamona H. Lucas
Commissioner
Alabama Department of Rehabilitation Services

Ralph R. Norman III
Chairman
Alabama Impaired Drivers Trust Fund Advisory Board

P.O. BOX 550008 • BIRMINGHAM, ALABAMA 35255 • (205) 328-3505 • FAX (205) 328-2479

Traumatic Brain Injury

- Traumatic Brain Injury is the leading killer and cause of disability in children and young adults.
- Each year some 10,070 Alabamians sustain a traumatic brain injury. This translates to 27 head injuries per day.
- First year direct cost projections for caring for survivors with severe brain injury will exceed $63,000,000 *(does not include indirect costs such as lost wages, lost opportunities, etc.).*
- Approximately 87% of Alabamians with serious head injuries are on some form of public assistance 10 years after their injury.

It's a FACT!

Spinal Cord Injury

- Approximately 150 Alabamians sustain spinal cord injuries each year as a result of motor vehicle crashes, gunshot wounds, falls and sports activities. Half of these injuries are caused by vehicle crashes.
- 54% of all motor vehicle-related spinal cord injuries result in paralysis in arms and legs (quadriplegia); 46% result in paralysis in lower extremities (paraplegia).
- Acute care and rehabilitation costs for Alabamians with vehicle crash-related injuries amount to some $11,000,000 per year.

Driving under the influence costs!

Alabamians who drive under the influence of alcohol or drugs pay for services to individuals with spinal cord injury (SCI) and traumatic brain injury (TBI). Since its inception in 1992, the Impaired Drivers Trust Fund (IDTF) has evolved into a major advocacy and service-delivery system for Alabamians who have SCI or TBI. Funds to provide this assistance comes from fines paid by Alabamians who have been convicted of driving under the influence. The IDTF advisory board has the responsibility for administering and monitoring the fund.

The board's responsibilities are:

- investigating the needs of citizens who have survived head or spinal cord injury;
- identifying the gaps in services to these citizens;
- establishing priorities and criteria for disbursement of monies in the Impaired Drivers Trust Fund; and
- assuring maximum benefits from the Impaired Drivers Trust Fund.

Alabama Department of Rehabilitation Services disperses IDTF monies

The Alabama Department of Rehabilitation Services was designated by the legislature to dispense monies from the IDTF in accordance with the priorities and criteria established by the trust fund advisory board.

Public hearings help identify gaps in service

The IDTF Advisory Board issued a report to the Alabama Legislature in January 1994 providing results of a needs assessment and identifying gaps in services to citizens with head or spinal cord injuries. Six public hearings were held throughout the state to obtain citizen input in identifying priorities and needs.

As a result of these hearings, the IDTF Advisory Board established priorities and criteria for disbursement of monies in the fund. The advisory board, IDTF committees and Alabama Department of Rehabilitation Services staff met throughout the year to establish systems and procedures to deliver services. The board continues to monitor expenditures of funds to assure they are spent in accordance with established priorities.

The advisory board ensures that all stakeholders have a place at the table.

The Impaired Drivers Trust Fund Advisory Board was established by the Alabama Legislature in 1992. The following 17 members help facilitate a comprehensive system of services for Alabamians with head and spinal cord injuries.

Advisory Board Members

Ralph R. Norman III, Chair
Alabama Insurance Department

Lamona H. Lucas
Alabama Head Injury Task Force
Alabama Department of Rehabilitation Services

Sandra Nicholson, Vice Chair
Alabama Head Injury Foundation

(To Be Announced)
Alabama State Senate

Representative Bill Fuller
Alabama House of Representatives

P. Caudill Miller, M.D.
Medical Association of Alabama

(To Be Announced)
Governor's Office

Jack Hataway, M.D.
Alabama Department of Public Health

Andy Scarborough, Ed.D.
Alabama Department of Education
Division of Special Education

Joan Hannah, Ed.D.
Developmental Disabilities Planning Council

O'Neill Pollingue
Department of Mental Health/Mental Retardation

Russ Fine, Ph.D., MSPH
UAB Injury Control Research Center

Terrance Brown
The Alabama Hospital Association

Karen M. Rolen
Epilepsy Foundation of North & Central Alabama

Mike Murphy
Alabama Medicaid Agency

Tim Cain
Alabama Coalition of Citizens with Disabilities

Improving Quality of Life With Funding From the IDTF

The Impaired Drivers Trust Fund provides funding to implement the service components identified to address gaps in services to people with SCI and TBI. These components include service coordination and case management, respite care, the Alabama Head Injury Foundation Helpline, housing assistance, recreation, supported employment, personal assistance through Homebound Service, and a five-phase rehabilitation program that focuses on the client's transition from the hospital to home to community and ultimately to the workplace.

The IDTF service components represent the priorities and gaps in services identified through public hearings and by the advisory board, its committees and consumers.

Service Coordination

The IDTF provides funding for ten Alabama Head Injury Foundation (AHIF) family service centers across Alabama, each staffed by a full-time professional service coordinator who meets periodically with the clients with TBI or SCI and their families to identify needs and determine how best to combine efforts to successfully meet their needs. The coordinators deliver direct services and programs to their clients.

Services funded through the family service centers may include respite care, housing assistance, case management, camp, limited financial assistance, access to the AHIF Helpline, the professional resource network and resource libraries.

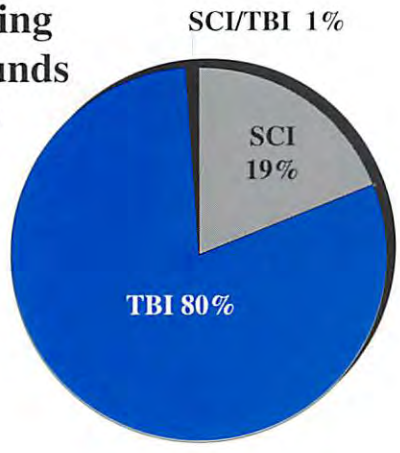
Service Coordination Cases

Family Service Center Locations	SCI Cases	TBI Cases	SCI/TBI Cases	Total Cases FY '96
Mobile	14	59	0	73
Huntsville	7	63	1	71
Birmingham	21	58	4	83
Dothan	29	34	3	66
Muscle Shoals	10	48	0	58
Anniston/Gadsden	14	44	5	63
Montgomery	20	43	0	63
Tuscaloosa	19	34	0	53
Selma	16	10	0	26
Auburn	22	17	0	39
Total	172	410	13	595

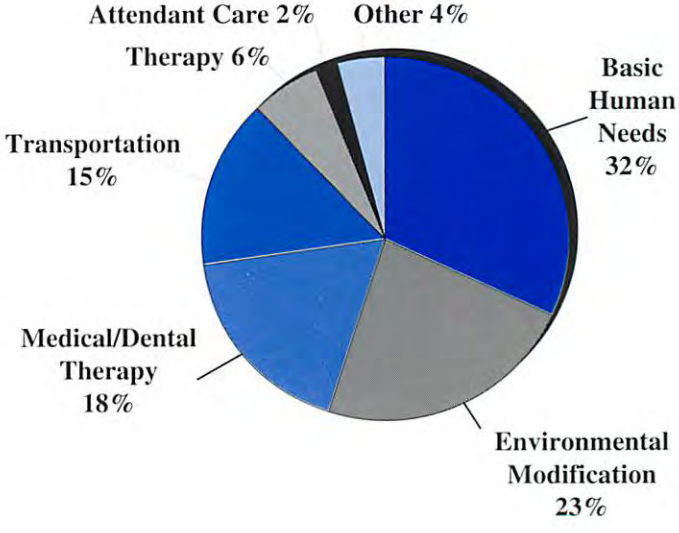
Case Management

Perhaps the most significant impact has been seen in the many ways that case management and limited financial assistance can improve a client's life. Each service coordinator is involved in coordinating community, social, educational and therapeutic resources to improve their client's life. The service coordinators advocate for their clients within the various system of support and resources utilized by their clients.

Clients Receiving Case Funds 220



Financial Assistance Expenditures $74,022



Respite Care

Respite care provides an opportunity for a professional caregiver to offer relief to family members who, many times, are responsible for round-the-clock care to the survivor of TBI or SCI. Even a two-hour break can offer the relief necessary for a family member to resume providing the necessary level of care. Families around the state have come to value this service and depend on these caregivers for the level of quality care they expect for their loved one.

Respite Hours Expended FY '96

Service Center Location	Client Age	Disability	Hours Paid
Mobile	22	TBI	114
	25	TBI	91
	15	TBI	15
	35	TBI	10
	17	TBI	15
Huntsville	42	TBI	158
	10	TBI	62
Birmingham	04	TBI	122
	22	TBI	88
	31	TBI	16
	26	TBI	64
	78	TBI	67
	31	TBI	111
	26	TBI	69
	07	TBI	27
	21	TBI	40
	20	SCI	48
Shoals	29	TBI	132
	30	TBI	130
	29	TBI	96
	39	TBI	2
	66	SCI	49
	20	TBI	48
	43	TBI	33
	30	TBI	90
	33	SCI	27
Anniston/Gadsden	29	TBI	23
	18	TBI	52
Montgomery	37	TBI	38
	13	TBI	96
	43	SCI	25
	36	TBI	45
TOTAL HOURS			1,997 *

* Totals differ due to rounding

Helpline (Information and Resources)

A decentralized statewide network of information and resources on TBI and SCI assists consumers, families, professionals and the general public.

Helpline

Total Callers:	1,201
Consumers/Family/Friend	740
Professionals	405
Other	56

Housing Assistance From AIDTF Helps Make Dreams Come True

Housing Assistance

The road to regaining independence after a traumatic brain injury or a spinal cord injury is very difficult, and the person's own home can present some of the most difficult day-to-day challenges. The Impaired Drivers Trust Fund Housing Committee was created to address these challenges and assist in three areas: home modification, home purchase assistance, and first-time home furnishings and appliances. Application for housing assistance is made through the service coordinators and approved by the IDTF Housing Committee. The IDTF Housing Committee has, in its pilot year of operation, been able to assist individuals across the state in developing and implementing successful solutions to their particular housing challenges. These solutions have enabled clients to live in safer, healthier and more efficient homes.

Committee Action: 78 Applications Received 31 Applications Approved

Approved Requests By Category:	#Requests	Amount
Home Purchase Assistance	7	$174,620
Home Modification	21	164,553
Housing Deposits	1	334
Other	4	5,885
Total	33 *	$345,392

*Applicants may request more than one type of assistance.

Approved Requests By Location & Disability:

Area	#Requests	SCI	TBI	SCI/TBI
Huntsville	2	1	1	0
Birmingham	5	1	3	1
Anniston/Gadsden	2	2	0	0
Montgomery	4	2	2	0
Dothan	4	2	1	1
Tuscaloosa	2	2	0	0
Shoals	3	1	2	0
Mobile	7	1	6	0
Selma	1	0	1	0
Auburn	1	0	1	0
TOTAL	31	12	17	2

With housing assistance from IDTF funds, these individuals have been empowered to successfully meet yet another challenge of living with TBI or SCI —accessible housing.

Cecil and Kim Cochran of Geneva had been married only six weeks when Cecil, 21, received a traumatic brain injury in a car accident. As a result of his injury, Cecil was not able to return to college or obtain a job. For two years after the accident Cecil and Kim lived with Kim's parents while Cecil struggled to regain his independence and cope with life. While working a full-time job, Kim continued her college education to become a pharmacist assistant. All the while their dream remained the same as when they were first married—to buy their own home. After Cecil's accident their dream became a part of their overall efforts to maximize Cecil's independence and continue their life together.

Cecil Cochran signing papers with Sam Jones, mobile home dealer.

In 1996 Cecil Cochran became the first recipient of the IDTF home purchase assistance. Down payment assistance from IDTF funds helped make it possible for Cecil and Kim to realize their dream and purchase their own accessible mobile home. The grin on Cecil's face as he signed the papers said it all.

In 1991 Bonnie Smith of Mobile received a traumatic brain injury in a car accident, and she lived with her parents for four years following the injury, but by 1996 she was ready to find a place of her own. Her search led her to an assisted living apartment complex in Brewton where she rented a unit. Ms. Smith had found herself a place to live, but she had little furniture of her own to move into the new apartment.

Through IDTF home furnishings purchase assistance, Bonnie Smith was able to purchase the furniture essentials that she lacked. Now, with assistance from local organizations, Bonnie lives independently in her own apartment.

Junior Carr with his wife, Glenda, and his mother, Adele.

Oliver (Junior) Carr of Vernon received a spinal cord injury in July 1995 as a result of an accident. He returned home to a supportive family and community, but found the physical layout of his home restricted him to only one room. Because his wheelchair could not fit through doors and the bathroom was not accessible, Junior lived day in and day out in the family den.

In 1996 Junior Carr became the first recipient of IDTF home modification assistance which helped provide a wheelchair-accessible bathroom and bedroom in his home.

IDTF Provides Recreational Opportunities

Recreation

An important service component of the IDTF is recreation. Recreational opportunities provided for SCI and TBI survivors is, many times, the only source of social interaction and peer support available. During fiscal '96 the IDTF funded client participation in camping experiences at Camp ASCCA, the largest barrier-free camp in the world. Highlights of the spring and fall camps included horseback riding, water sports, and socializing with peers.

With funding assistance through the IDTF grant, the Lakeshore Foundation Outdoor Adventure program also hosted its 8th Annual Outdoor Adventure Weekend at Camp ASCCA. During that weekend the staff served a total of 50 participants—29 campers with physical disabilities and their family members. Throughout the weekend various adventure-based activities took place—water skiing, scuba diving, fishing, wave running, archery, all terrain vehicle racing, skeet shooting, and indoor air rifle shooting. All of these activities offered during adventure weekend were altered only when adaptive equipment was needed by the participant.

As a bonus during the adventure weekend, Lakeshore Foundation's outdoor adventure program sponsored and hosted the 3rd Annual National Rifle Association (NRA) .22 Shooting Match. With the assistance of Dave Baskin, coordinator of NRA's Disabled Shooting Services, this competition was one of the best ever. This unique shooting competition allowed all participants (male, female, disabled and nondisabled) to compete on equal ground. All competitors shot the same rifle which was positioned on a shooting rest. The end results proved there is no true minority or majority when it comes to shooting sports.

On Saturday night following a cornucopia of activities, all relaxed around the campfire eating smores and enjoying the music of Anderson, Dukes, Ellis & Hall—songwriters for country music artists Tim McGraw and Joe Diffy of Nashville, Tennessee.

Sunday arrived to see everyone packing their belongings and getting that last boat ride across Lake Martin. With all campers, family, and hard working staff bidding their farewells, it felt great to say, "What a wonderful weekend! See ya next year!"

Supported Employment (Long-Term Support)

The Rehabilitation Act Amendments of 1992 define supported employment as *"competitive work in integrated settings for individuals with the most severe disabilities (a) for whom competitive employment has not traditionally occurred, or (b) for individuals for whom competitive employment has been interrupted or intermittent as a result of a severe disability; who, because of the severity of their disability, need intensive supported employment services in order to perform such work."* The primary method of serving these individuals is through the utilization of a *job coach* who goes to the work site with the client and provides direct training on real job tasks.

Job coach funding is available through the Alabama Department of Rehabilitation Services, but federal law restricts the department to a maximum of eighteen months of on-site job coaching; therefore, a state or local source of funding for the provision of extended services is vital to ensure employment success.

The Impaired Drivers Trust Fund provides a stable source of funding for extended job-related support services needed to maintain employment.

"Every day is a great day when you can work!"

This is a frequent statement which can be heard from Kenyatta Shabazz as he waits to begin his job at the processing center of a Birmingham area bank or as he attends bimonthly meetings of a support group for people with traumatic brain injury.

Kenyatta Shabazz is a 20-year-old resident of Birmingham who, like others in the group, has sustained a traumatic brain injury. As a young child, Kenyatta received a blow to the head as a result of a fall which caused cognitive and physical limitations. Since that time Kenyatta completed high school and began participating in a vocational training program sponsored by the Department of Rehabilitation Services' Vocational Rehabilitation Service program. Following his training program, and with the assistance of Vocational Rehabilitation Service, Kenyatta secured a job as a team member in the loan processing center of a Birmingham area bank where he now works part-time. At first Kenyatta needed the support of a full-time job coach who was knowledgeable about limitations experienced by individuals with traumatic brain injury. This job coach assisted Kenyatta in organizing the work station and streamlining the job tasks so that Kenyatta could master the requirements of his new position. Memory aids and other accommodations to the work environment were made so that Kenyatta could be successful.

Many individuals with TBI need extended time and specialized instruction to learn job routines. Often employers are unable to provide this time and

attention, which results in lost job opportunities for individuals with TBI. The job coach and the support that he provides fills this void.

The Impaired Drivers Trust Fund is funding extended support for Kenyatta. Extended support is a continuation of the support provided in the first few weeks of employment. This support is less intensive, however, as the individual has mastered most job tasks and is stable in the work situation. This support, typically provided on a once or twice per week basis, is designed to monitor job performance and long-term job stability.

With the extended support provided, not only has Kenyatta been able to maintain his employment, he has become a great asset to his company. Recently several coworkers had this to say about Kenyatta:

> "...It's his willingness to be the best, to do the best, and to expect the best that I look forward to each day. His smile helps me forget the negativity in life and remember that I have a purpose. He's a man to be admired."

> "...His happy attitude is a great example for us. He is always smiling, ready to accept new responsibilities, and willing to help others. We are very glad to have him working for our corporation."

> "...Kenyatta really knows his job."

Besides being an effective, enthusiastic worker himself, Kenyatta is a great supporter of other individuals with traumatic brain injury. At a recent support group meeting when an individual expressed reluctance to begin a new job, Kenyatta was quick to offer words of encouragement. He relayed to this individual the importance of being a friendly team player who is always ready and willing to work. "When you are enthusiastic and work hard," he said, "people will remember you for the job that you've done and not for your disability." This individual had many misgivings about beginning work. Without the encouragement and support of Kenyatta, this individual and others may not have been so willing to attempt such a challenge.

Homebound Service—Personal Assistance

Special funding from the Impaired Drivers Trust Fund has allowed medical and attendant care services the opportunity to coordinate benefits for eligible individuals in order to meet their needs during the critical transition period from hospital to home. In many cases these individuals qualify for nursing home placement; however, funding through the IDTF allows for home-based services to begin during the Medicaid Waiver eligibility determination period. This unique coordination of benefits and timely provision of services make it impossible to avoid unnecessary institutionalization, avoid backslides in the rehabilitation process and allow for the support the family needs at this critical time.

Expenditures by Disability

	SCI	TBI	Total
Served			
Number of Individuals Served	84	74	158
Percent of Total Served	53%	47%	100%
Percent of Total Expenditures	68%	32%	100%

Ages Served

Under 20	14%
20-35	48%
36-49	31%
50 & up	12%

In addition, the funds provided through the IDTF have allowed for the continuing increase in numbers of individuals served through the Homebound Service, formerly a 100% state-funded program.

Homebound Service coordinated the services Emily so desperately needed.

Emily Perkins is a 19 year old who was referred to the Homebound program by Children's Rehabilitation Service (CRS) in April 1995. She was involved in an automobile accident in October 1994 and received a spinal cord injury which left her quadriplegic. Emily and her family were devastated and almost all hope was lost. She had been active in high school and graduated salutatorian of her class. She had been awarded a scholarship to college and planned to major in pharmacy.

Emily lived in a remote area of a very rural Lamar county. She was raised in a single parent home and had extended family support of a grandmother. In order to make it possible for Emily to return home from the hospital, her house needed modifications. She also needed an electric wheelchair that could be operated by chin movement, as well as personal care assistance, skilled nursing care, and assistance in purchasing medications and supplies. Various assistive devices were necessary to allow Emily to be cared for at home.

The Homebound team coordinated the services Emily so desperately needed. Emily's family purchased a van, and CRS purchased an automatic van lift. The Lamar County Department of Public Health provided skilled nursing care and an aide twice a week. Insurance provided an electric wheelchair, hospital bed and lift. Vocational Rehabilitation Service assisted Emily with continuing to attend school. The Independent Living specialist counseled with Emily and assisted with college matriculation at Bevill State Community College in Fayette, AL. The Homebound nurse referred Emily to an ADRS rehabilitation engineer who assessed her wheelchair mobility and communication. The engineer coordinated with Adaptive Solutions of Mobile who met with Emily and service providers to demonstrate a voice- activated computer and environmental control unit while VRS provided the computer stations. The Homebound counselor also assisted with home modifications so Emily would have an area that was totally accessible. The Homebound counselor contacted the Alabama Head Injury Foundation family service coordinator to assist with adding a barrier-free bathroom to her home.

Homebound Service and its team of highly skilled professionals, along with their collaboration with other service providers, have enabled Emily to continue to work towards getting her degree in pharmacy.

Prevocational Service-Delivery Model: Interactive Community-Based Model (ICBM)

Traumatic brain injury has far-reaching consequences not only for the client, family and friends, but also for employers of people with head injuries. Most adults who survive severe head injury must reevaluate their employment abilities, potential and goals.

The *ICBM* is a comprehensive rehabilitation program that focuses on the client's transition from hospital to home to community and ultimately to the workplace. The gradual, often slow, process begins at home where ICBM care coordinators guide the patient and family through a five-phase process of rehabilitation.

The ICBM program was developed by the Alabama Department of Rehabilitation Services and the Southeastern Comprehensive Head Injury Center. After October 1996, the ICBM care coordinators' salaries will be paid from the IDTF.

Rena Turner, Tuscaloosa TBI case coordinator, discusses community re-entry concerns with ICBM participants.

Efforts are being made to develop a statewide neurotrauma surveillance system.

Special Projects

During 1996 the Alabama Impaired Drivers Trust Fund Advisory Board began to address its need for data that would enable it to monitor and evaluate its activities. Several members of the advisory board were familiar with the Alabama Department of Public Health's (ADPH) Neurotrauma Registry, and the recommendation was made to explore ways in which the Neurotrauma Registry might serve as the template for a comprehensive statewide brain and spinal cord injury surveillance system. An IDTF working group met with ADPH officials as well as representatives from UAB's Department of Rehabilitation Medicine, School of Public Health and Injury Control Research Center to consider the issue.

Subsequently the ADPH made a commitment to expand the current Neurotrauma Registry to a statewide neurotrauma surveillance system if means to support development and operation of the larger activity could be secured. Because comprehensive TBI and SCI surveillance data are essential to the planning, management, monitoring and evaluation of IDTF-sponsored activities, the IDTF board agreed to provide the ADPH with a modest amount of initial support to offset expenses associated with planning a statewide neurotrauma surveillance system.

Funds were provided to ADPH for the development of a proposal for a full-scale statewide neurotrauma surveillance system to (1) provide effective coordination of resources; and (2) improve service delivery. The overall goal of the proposed activity is to (1) enhance the quality of life for individuals with SCI or TBI and their families by improving long-term outcomes, and (2) to measure the effectiveness of ongoing primary prevention programs by the collection of data. This proposal will provide guidelines for the IDTF board to assist in the development of strategies and a plan of action to fund a statewide neurotrauma registry.

Five committees address the developmental needs of the fund.

The Impaired Drivers Trust Fund Advisory Board established committees to address long and short-term developmental issues of the IDTF. Committee membership is composed of board members, consumers and individuals with expertise in the area of head injury or spinal cord injury.

- The *Rules Committee* considers and proposes to the board amendments to the administrative rules of the IDTF.
- The *Budget Committee* develops and submits to the board financial reports and budgets.
- The *RFP Committee* develops requests for proposals, considers any proposals submitted, and makes recommendations to the board.
- The *Housing Committee* considers proposals submitted pursuant to the board's housing initiative and approves disbursement of funds under any housing initiative.
- The *Legislative Committee* considers and advises the board on any proposed legislative issues that impact services or consumers of IDTF programs.

Alabama Impaired Drivers Trust Fund family service centers and coordinators

Anniston/Gadsden
P.O. Box 7158
3424 Rainbow Parkway
Rainbow City, AL 35906
(205) 413-0810
Coordinator: Larry R. Revoir
Counties served: Calhoun, Cherokee, Cleburne, DeKalb, Etowah, Talladega

Auburn
305 East Thach Avenue
Auburn, AL 36830
(334) 821-8221
Fax: 334) 826-2111
Coordinator: Roberta Jackel
Counties Served: Clay, Randolph, Coosa, Tallapoosa, Chambers, Lee, Russell

Birmingham
P.O. Box 550008
Birmingham, AL 35255
(205) 328-3505
Coordinator: Catherine Updike
Counties served: Blount, Jefferson, Shelby, St. Clair

Dothan
1863 Montgomery Highway
Suite 110
Dothan, AL 36303
(334) 702-0444
Coordinator: Todd A. Lewis
Counties served: Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston

Huntsville
1019 Claude Circle
Suite C
Huntsville, AL 35806
(205) 895-9070
Coordinator: Sandra Kimplinger
Counties served: Cullman, Jackson, Limestone, Madison, Marshall, Morgan

Mobile
951 Government Boulevard
Suite 518
Mobile, AL 36640
(334) 438-6188
Coordinator: Brenda M. Phillips
Counties served: Baldwin, Escambia, Mobile, Washington

Montgomery
400 East Boulevard
Suite 206
Montgomery, AL 36117
(334) 260-8767
Coordinator: (vacant)
Counties served: Autauga, Bullock, Butler, Chilton, Crenshaw, Elmore, Lowndes, Macon, Montgomery, Pike

Selma
The Morris Agency
1003 Broad Street
Selma, AL 36701
(334) 418-0609
Coordinator: Nancy Harrison
Counties Served: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Wilcox

Shoals
Keystone Executive Center
102 South Court Street
Suite 533
Florence, AL 35630
(205) 740-8299
Coordinator: Jennifer K. Sellers
Counties served: Colbert, Franklin, Lauderdale, Lawrence, Marion, Winston

Tuscaloosa
621 22nd Avenue
Suite A
Tuscaloosa, AL 35401
(205) 345-5363
Coordinator: Thomas L. Langkau
Counties Served: Bibb, Fayette, Walker, Pickens, Tuscaloosa, Greene, Hale, Lamar

TBI care coordinators, areas and counties served

AREA I
Jan Humphries, TBI Coordinator
621 Cherry Street, NE
Decatur, AL 35602
(205) 353-2754
1-800-671-6838
Fax: (205) 351-2476
Counties served: Colbert, Cullman, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Morgan

AREA II
Leigh Ann Tucker, TBI Coordinator
236 Goodwin Crest Drive
Birmingham, AL 35219
(205) 290-4444
1-800-671-6837
Fax: (205) 290-0486
Counties served: Blount, Chilton, Jefferson, Shelby

AREA III
Rena Turner, TBI Coordinator
1305 37th Street, East
Tuscaloosa, AL 35403
(205) 554-1355
1-800-331-5562
Fax: (205) 554-1369
Counties served: Bibb, Fayette, Greene, Hale, Lamar, Marengo, Marion, Perry, Pickens, Sumter, Tuscaloosa, Walker, Winston

AREA IV
Penny Krueger. TBI Coordinator
2127 East South Boulevard
Montgomery, AL 36116-2456
(334) 613-2218
1-800-441-6578
Fax: (334) 281-1388
Counties served: Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa, Wilcox

AREA V
Nadine Dunn, TBI Coordinator
1100 George Wallace Drive
Gadsden, AL 35999
(205) 547-6974
1-800-671-6839
Fax: (205) 543-1784
Counties served: Calhoun, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Marshall, Randolph, St. Clair, Talladega

AREA VI
Ron Haynes, TBI Coordinator
2419 Gordon Smith Drive
Mobile, AL 36617
(334) 450-6366
1-800-671-6842
Fax: (334) 471-6018
Counties served: Baldwin, Choctaw, Clarke, Escambia, Mobile, Monroe, Washington

Alabama Department of Rehabilitation Services

Lamona H. Lucas
Commissioner

2129 East South Boulevard
Montgomery, Alabama
36116-2455
(334) 281-8780
1-800-441-7607
Fax: (334) 281-1973

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