



## COMMONWEALTH OF VIRGINIA

James A. Rothrock, M.S., L.P.C.  
COMMISSIONER

Department of Rehabilitative Services

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September 15, 2008

TO: The Honorable Timothy M. Kaine  
*Governor of Virginia*

THROUGH: The Honorable Wayne Turnage  
*Governor's Chief of Staff*

THROUGH: The Honorable Marilyn B. Tavenner  
*Secretary of Health and Human Resources*

FROM: James A. Rothrock   
*Commissioner, Department of Rehabilitative Services*

SUBJECT: 2008 Annual Report of the Commonwealth Neurotrauma Initiative Trust Fund to the Governor and the General Assembly

Please find attached a report on the status, progress, and activities of the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. As a result of CNI Trust Fund grants, a number of significant accomplishments have been realized in Virginia: 1) the foundation for the network of brain injury services in Virginia was greatly strengthened and expanded through *Option-B Community Rehabilitation Services* grantees; 2) Brain Injury Services, Inc. partnered with Inova Commonwealth Care Center (a long-term care unit) to develop a model program that provides medical, therapeutic, and case management services focused on improving functional levels of residents with brain injury so that they may return to their communities; 3) The Virginia Clubhouse Vocational Transitions Program (VCVTP) was developed and implemented via a “train the trainer” approach at five Virginia clubhouses to enhance the productivity, participation, and employability of survivors with brain injury; 4) The Partnership for People with Disabilities has provided Positive Behavioral Supports training to 18 professionals who will provide these specialized support services statewide for people with brain injury who have challenging behaviors; 5) expansion of Case Management services into unserved areas of northern and southwest Virginia was supported; 6) the ERGYS2 Rehabilitation System, which

allows individuals with spinal cord injury access to computerized electrical muscle stimulation, was established in five locations statewide (Richmond, Roanoke, Virginia Beach and Alexandria) around the Commonwealth.

CNI Trust Fund staff plan to conduct a second *Couric Community Grants Colloquium* in 2009 and we look forward to having our current grantees share their results, progress to date, and future plans.

In addition to the community grants that created the impetus for an increase in services, the Board is truly pleased that previous grantees who have received funding under *Option-A Research on the Mechanisms and Treatment of Neurotrauma* have demonstrated that CNI research dollars have contributed significant knowledge to the field of neurotrauma research on a national and international basis. CNI *Option-A* research involves “bench level” research as well as research involving human subjects. The CNI-funded work of Virginia researchers has been published in respected peer-reviewed journals, and has also resulted in the awarding of federal grant dollars to continue promising research avenues (National Institute of Health-NIH). The attached 2008 Annual Report contains a cumulative listing of all published articles and book chapters. Presentations by researchers at scientific and clinical meetings are far too numerous to mention!

The *Couric Research Colloquium* continues to be a focal point for research grantees to discuss their research, develop new ideas, and consider collaborative research projects. Attendees of the 2006 colloquium were quite vocal in asking that we expand the reach of the colloquium to include non-grantees, as they felt it was an excellent tool for learning about other research being done in Virginia. As an example of how highly regarded the research colloquium is, Dr. Ross Bullock, an internationally known neurosurgeon on staff at Virginia Commonwealth University Medical Center at the time, attended the 2006 *Couric Research Colloquium* even though neither he nor his staff had a current CNI grant – he simply wanted to learn about the research projects of other clinicians and researchers! And he was one of the proponents of expanding the “audience” for the next research meeting.

The Commonwealth Neurotrauma Initiative (CNI) Trust Fund initiative continues to be a testament to the late Senator Emily Couric’s leadership and commitment to looking for improved treatment and services to improve the quality of life of Virginians living with neurotrauma. We are pleased to be able to provide support for this innovative, productive program.

JAR/kc

Attachment: *CNI Chairperson’s Cover Letter*  
*CNI FY’08 Annual Report*



# COMMONWEALTH NEUROTRAUMA INITIATIVE TRUST FUND

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♦ TERRY A. GLENN ♦ GREGORY A. HELM, M.D., PH.D. ♦ PAGE MELTON ♦ THERESA POOLE, MSW  
DAVID REID, PSY.D., CHAIR ♦ JAMES A. ROTHROCK, COMMISSIONER, VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES  
♦ KAREN REMLEY, M.D., M.B.A., FAAP, COMMISSIONER, VIRGINIA DEPARTMENT OF HEALTH ♦

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September 15, 2008

To: The Honorable Tim Kaine  
*Governor, Commonwealth of Virginia*

and

The General Assembly of Virginia

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The report attached hereto is submitted in satisfaction of §51.5-12.3(C)(4) of the Code of Virginia.

This report constitutes the Annual Report of the Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board, a collegial body affiliated with the Department of Rehabilitative Services (DRS). The above-cited law requires an annual report from the Advisory Board containing aggregate data on the operations and funding of the Commonwealth Neurotrauma Initiative Trust Fund.

Respectfully submitted,

David B. Reid, Psy.D.  
Chair, CNI Trust Fund Advisory Board

DBR/kc

Attachments: *CNI State Fiscal Year 2008 Annual Report*

# COMMONWEALTH NEUROTRAUMA INITIATIVE TRUST FUND

## ANNUAL REPORT For State Fiscal Year 2008 (July 1, 2007 to June 30, 2008)

The Code of Virginia Section 51.5-12.3(C)(4) requires the Commonwealth Neurotrauma Initiative (CNI) Advisory Board to "...report annually on October 1, to the Governor and the General Assembly, aggregate data on the operations and funding of the . . . [CNI Trust Fund]." The information contained herein constitutes the October 1, 2008 CNI Annual Report.

### EXECUTIVE SUMMARY

In December 2007, the current CNI Advisory Board chair, David B. Reid, Psy.D., was re-elected for an additional one-year term as Chair of the Advisory Board (per the bylaws of the Advisory Board, the Chair is eligible for re-election after a term of one-year).

During this reporting period, the Fund had fifteen (15) active community-based and research grants totaling \$1,866,108.

The Board approved funding to two grantees, the Brain Injury Association of Virginia (\$141,666.67) and Virginia Commonwealth University (\$22,756) under the Commissioner's authority given in State Fiscal Year (SFY) 2004: budget Item 349#3c allows the Commissioner of the Department of Rehabilitative Services (DRS) to "... *reallocate up to \$500,000 from unexpended balances in the Commonwealth Neurotrauma Initiative Trust Fund to fund new grant awards for research on traumatic brain and spinal cord injuries.*" The Brain Injury Association of Virginia (BIAV) was awarded funding from November 1, 2007-June 30, 2009 in the amount of \$141,666.67 (\$56,667 in State Fiscal Year 2008 and \$85,000 in State Fiscal Year 2009). BIAV is conducting a study of various methods to determine an effective way of providing outreach to people in the Commonwealth who sustain brain injuries. In March 2008, the Board approved funding for one year (April 2008-March 2009) in the amount of \$22,756 to Virginia Commonwealth University (VCU). Principal Investigator, Tony Gentry, Ph.D., OTR/L, is researching the effectiveness of the concept of a "Smart Home" for people who experience cognitive impairment due to brain injury.

One *Option-B Community Based Rehabilitative Services* grantee, Woodrow Wilson Rehabilitation Center's very successful grant using the ERGYS electrical stimulation machine for people with spinal cord injury, completed its grant contract. The grant was originally slated to end June 30, 2007; however, a six-month no-cost extension through December 31, 2007 was approved to allow them to finish up their grant activities.

Two *Option-B Community Based Rehabilitative Services* grantees, the Brain Injury Resource & Development Center, Inc.'s grant to develop a clubhouse program for people with brain injury in the Roanoke area and Woodrow Wilson Rehabilitation Center's grant to investigate the feasibility of establishing a specialized residential substance abuse treatment program for people with spinal cord injury and brain injury, were approved to carry grant funds forward from State Fiscal Year 2008 to State Fiscal Year 2009 in the amount of \$192,000.

It is anticipated that three additional grantees under *Option-B* which were funded in July 2006 will also request carryover from Year Two to Year Three of their grant contracts. This will not be known until their final Year Two reimbursements are submitted, which occurs in State Fiscal Year 2009 based on the reimbursement process for the grant awards. It is expected that all six *Option-A Research* grantees will be requesting carryover from Year One (July 1, 2007-June 30, 2008) to Year Two (July 1, 2008-June 30, 2009) once final Year One reimbursements are submitted (again, this will occur in State Fiscal Year 2009 based on the grant reimbursement process). Requests to "carry forward" unexpended funds from one grant year to the next are common due to inevitable delays or changes in late start-up, hiring staff, ordering and equipping an office or laboratory, and similar challenges. In addition, grantees often request "no cost extensions" that allow them additional time to analyze data and prepare final reports at the conclusion of their active funding period.

Also, one *Option-B Community-Based Rehabilitative Services* grantee, Wintergreen Adaptive Skiing, was awarded an additional \$13,800 for the third year of their grant contract due to an expansion in their scope of services involving accommodations for their consumers' caregivers which was not originally anticipated as a requirement to execute grant activities.

### Program Operations

The Advisory Board of the Commonwealth Neurotrauma Initiative (CNI) Trust Fund held four quarterly meetings, per bylaws, in State Fiscal Year 2008: September 21, 2007; December 14, 2007, March 14, 2008 and June 13, 2008.

The four-year terms of two CNI Advisory Board members ended on June 30, 2008. Gregory Helm, M.D., Ph.D. of University of Virginia (UVA) Medical Center in Charlottesville, was eligible for, and requested (and was granted) re-appointment to, a second term ("*one person licensed to practice medicine in Virginia experienced with brain or spinal cord injury*") beginning July 1, 2008 and ending June 30, 2012. Richard Bendall, M.D. of Lynchburg did not request reappointment. A new member, Page Melton, was appointed as of July 1, 2008 to fill this vacancy ("*one Virginian with a traumatic brain injury or caretaker thereof*").

The Department of Rehabilitative Services (DRS) began the formal review process of the State Regulations for the CNI Trust Fund in the fall of 2007, continuing through June of 2008. This is the first review of the CNI Regulations since they were originally developed ten years ago by the Virginia Department of Health (VDH), the state agency that had initial responsibility for managing the Trust Fund. The agency's review resulted in minor changes proposed by DRS (there were no public comments received during the mandatory public comment period) to

“clean up” the format and content of the Regulations, and to bring them into line with operational procedures for issuing Requests For Proposals (RFPs) and managing grant contracts. Kristie Chamberlain, CNI Trust Fund Program Specialist and staff to the Board; Patti Goodall, Manager of DRS Brain Injury Services Coordination Unit; and Vanessa Rakestraw, Policy Specialist with DRS Policy & Planning, met with two staff from the Department of Planning and Budgets (DPB) to review the proposed changes. The modifications to the Regulations do not affect the operation of the Trust Fund program and DPB had no objections to any of the proposed changes. Due to the lengthy and complicated process, reviews of State Regulations are conducted infrequently, with only necessary changes proposed.

At its December 14, 2007 meeting in Richmond, the Advisory Board re-elected David B. Reid, Psy.D. as Chair. Dr. Reid, *Clinical Psychologist at Augusta Psychological Associates in Waynesboro, Virginia* will serve as Chair for an additional one-year period (December 2007 through November 2008). Dr. Reid was originally appointed to the Board in July 2005 to serve a four-year term, filling the Board vacancy for a “*person licensed by a health regulatory board within the Department of Health Professions with experience in brain or spinal cord injury rehabilitative programs or services.*” He was initially elected as Board Chair in December 2005 for a one-year term. Per bylaws, “...the chairperson shall be elected from the membership of the Advisory Board for a term of one year and shall be eligible for reelection.”

Administrative staff for the fund consists of one full time position (Kristie Chamberlain, CNI Trust Fund Program Specialist and staff to the Advisory Board); and two part-time (15%) positions (Patti Goodall, Manager of the DRS Brain Injury Services Coordination Unit, and Anneice Skipper, Administrative and Fiscal Specialist in the Brain Injury Services Coordination Unit). Ms. Goodall provides supervisory oversight for the operation and management of the CNI Trust Fund program, and Ms. Skipper provides fiscal and administrative support to the Fund.

### Program Funds

Moneys have been collected and deposited into the CNI Trust Fund since 1998, when a citizen donated \$25 to the Fund. The funding mechanism for CNI (a reinstatement fee charged to restore an operator's license when it has been revoked or suspended for specified dangerous driving offenses) was established by legislation in 1998, a year after the Trust Fund and the Advisory Board were established in the Code of Virginia. The CNI Trust Fund is a special nonreverting fund in the state treasury. The Fund balance has continually increased by operation of the statutory funding mechanism in which a portion of the reinstatement fee is deposited into the Fund (\$25 out of the \$30 fee collected).

The fund consists of grants, donations, and bequests from the public or private sources and funds collected as provided in § 46.2-411 of the Code. The revenue in State Fiscal Year 2008 averaged about \$102,800 per month, or about \$1.23 million for the year. Though the money coming into the Fund has remained relatively stable since it was established, there is always the possibility that revenue will increase or decrease during any given fiscal year. In State Fiscal Year 2008, staff and other administrative costs were budgeted at \$83,892; \$75,036 was actually expended. Administrative costs for State Fiscal Year 2009 have been budgeted at

\$93,892. The increase in funds will cover the cost of a Community Grants Colloquium to be sponsored by the CNI Advisory Board during SFY 2009.

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### History, Background and Legal Framework

Fiscal Year 1997-98 (SFY 1998): Effective July 1, 1997, Senate Bill 1132 (Acts of Assembly, c. 567) established the Commonwealth Neurotrauma Initiative (CNI). Article 12 of Chapter 2 of Title 32.1 (§32.1-73.1 *et seq.*) of the Code of Virginia authorizes establishment of the CNI Trust Fund, a special nonreverting fund, and the CNI Advisory Board, a permanent collegial body affiliated with the State Board of Health pursuant to §2.1-1.6 of the Code.

The first CNI Advisory Board members were sworn in on October 6, 1997. John D. Ward, M.D. was elected as the Board's first Chair during a meeting held on November 18, 1997. The Advisory Board adopted bylaws outlining the powers and duties of the Board on April 9, 1998. The first Annual Report was submitted to the Governor of Virginia on October 1, 1998.

Fiscal Year 1998-99 (SFY 1999): Effective July 1, 1998, Senate Bill 484 (Acts of Assembly, c. 703) amended the CNI law. As amended, §32.1-73.2 (B) provides that: (i) moneys in the CNI Trust Fund "shall be used solely to support grants for Virginia-based organizations, institutions, and researchers" and (ii) "fifty percent [of the moneys in the Fund] shall be allocated for research on the mechanisms and treatment of neurotrauma [referred to as "*Option-A*" below] and fifty percent shall be allocated for rehabilitative services [referred to as "*Option-B*" below]."

The 1998 legislation also created a mechanism for funding the CNI. Moneys are deposited into the Trust Fund pursuant to §18.2-271.1 (E) of the Code of Virginia. That section of the Code provides that a fee of \$105 shall be charged "for reinstatement of the driver's license of any person whose privilege or license has been suspended or revoked as a result of . . . [a specified traffic violation]," and \$25 of this fee "shall be transferred to the . . . [CNI] Trust Fund." This mechanism continues to operate, placing additional moneys into the Fund on an ongoing basis.

Fiscal Year 1999-2000 (SFY 2000): The Advisory Board completed draft policies and procedures for the administration of the Fund. In November, 1999, these draft policies and procedures were forwarded as recommendations to the State Board of Health for promulgation of regulations by the Virginia Board of Health.

Fiscal Year 2000-01 (SFY 2001): Regulations were promulgated by the Virginia Department of Health (VDH) and became effective on February 14, 2001. The first Request For Proposals (RFP), soliciting both *Option-A* and *Option-B* proposals, was issued on March 1, 2001.

Fiscal Year 2001-02 (SFY 2002): The Advisory Board approved thirteen (13) out of 25 proposals received in response to the RFP issued in State Fiscal Year 2001: eleven (11) *Option-A* and fourteen (14) *Option-B* proposals. The total amount approved for funding was \$3.5 million over a three-year period, 2002-2004. Information on the specific grant proposals funded during

State Fiscal Year 2002 was included in the October 1, 2002 CNI Annual Report. Descriptive and contact information for all grantees is available on the CNI website at [www.vacni.org](http://www.vacni.org). To protect the financial viability of the program as well as to streamline the process and enhance the administration of the grants program, the Advisory Board voted to issue future RFPs for *Option-A* and *Option-B* grants during alternating grant cycles occurring twice a year, as funds permit.

Fiscal Year 2002-03 (SFY 2003): Effective July 1, 2002, the General Assembly enacted legislation to amend and reenact Section 46.1-422 of the Code of Virginia, by adding Title 51.4a, Chapter 3.1 and repealing Article 12 (§32.173.1 et. seq.) of Chapter 2 of Title 32.1 relating to the Commonwealth Neurotrauma Initiative. The change designated the Department of Rehabilitative Services (DRS) as the agency responsible for administering the Commonwealth Neurotrauma Initiative (CNI) Trust Fund (transferred from the Department of Health) and authorized a portion of the Trust Fund (no more than 5% annually) to be used for administration (i.e., staff support for the CNI Advisory Board, cost of reviewing and monitoring grant proposals, cost of conducting *Option-A* and *Option-B* colloquia to report on grant activities). The legislation also changed the allocation of funds by specifying that “moneys in the Fund shall be used solely to support grants for Virginia-based organizations, institutions, and researchers” as follows: (i) “forty-seven and one-half percent [of the moneys in the Fund] shall be allocated for research on the mechanisms and treatment of neurotrauma and (ii) forty seven and one half percent shall be allocated for rehabilitative services, and (iii) five percent shall be allocated for the Department of Rehabilitative Services’ costs for administering and staffing the Commonwealth Neurotrauma Initiative Advisory Board.”

A Request For Proposals (RFP) for *Option-A: Research on the Mechanisms and Treatment of Neurotrauma* was issued February 1, 2003, with a deadline of April 1, 2003 for receipt of applications. The Advisory Board approved eight (8) of fourteen (14) *Option-A* proposals received in response to the RFP. The total amount approved for funding was \$2,096,301 over a three-year period (beginning in 2004 and ending in 2006). Information on the specific grant proposals approved for funding under the 2003 RFP by the Advisory Board at its December 11, 2002 (*Option-B*) and June 25, 2003 (*Option-A*) meetings was reported in the October 1, 2003 CNI Annual Report. Descriptive and contact information for all grantees is available on the CNI website at [www.vacni.org](http://www.vacni.org).

During State Fiscal Year 2003 the CNI Trust Fund awarded \$1,571,103 in grant funding to seven (7) *Option-B* proposals. Five (5) grantees approaching the end of their first grant year requested carryover of funds to Year Two; the total amount of new grant funding disbursed during SFY 2003 was \$1,985,067. Administrative costs were budgeted at \$60,000; \$48,752 was actually expended.

Fiscal Year 2003-04 (SFY 2004): On April 22, 2004 the Commonwealth Neurotrauma Initiative (CNI) Advisory Board held the inaugural ***Triennial Emily Couric Research Colloquium*** in Richmond. The Colloquium was named in recognition of the late Senator Emily Couric, whose efforts created the initial legislation for the Trust Fund. The *Research Colloquium* provided an opportunity for CNI research grantees to highlight their projects and report results to the Board and to fellow grantees. It also provided a unique forum for Virginia



researchers to network and share resources with one another. Members of the CNI Advisory Board, thirteen (13) research grantees, and other interested parties attended or participated in the Colloquium. Steve Harms, Deputy Secretary of Health and Human Resources, was a guest speaker. A broader goal of the Colloquium was achieved when several researchers discussed plans for conducting future collaborative research projects with their colleagues across the Commonwealth.

A budget amendment - Budget Item 349#3c - was passed during 2004 General Assembly that empowers the Commissioner of the Department of Rehabilitative Services (DRS) to *"require applicants to submit a plan to achieve self-sufficiency by the end of the grant award cycle in order to receive funding consideration."* It also allows the Commissioner to redistribute unspent grant funds from prior years for new research activities (*"... reallocate up to \$500,000 from unexpended balances in the Commonwealth Neurotrauma Initiative Trust Fund to fund new grant awards for research on traumatic brain and spinal cord injuries."*).

During this reporting period, the Advisory Board did not issue a Request For Proposals (RFPs). To support the grant awards approved in previous years, funds were encumbered through State Fiscal Year 2006. During 2004, one *Option-B* community rehabilitation services grantee funded initially in 2003 was awarded second and third years of funding. Another *Option-B* grantee funded initially in 2003 was awarded a second year of funding, with funding for the third year contingent upon review of their progress by the Advisory Board in 2004.

A total of nine (9) grantees requested carryover of grant funds from 2003 to 2004. Seven (7) of the carryover requests came from *Option-B* (community-based rehabilitative services) grantees: six grantees carried funds from Year One to Year Two, and one grantee carried funds from Year Two to Year Three. Two *Option-A* research grantees asked for and received approval for carryover of funds to the third and final year of their grant awards. Two *Option-A* (research) grants (from the inaugural round of research awards in 2002) completed their grant years during 2004. Note that both research grantees had requested funding for only two years, rather than the more common request for three years of funding.

For State Fiscal Year 2004, staff administrative costs were budgeted at \$80,000; \$67,000 was actually expended. A full-time Program Specialist was hired in November 2003 when the previous staff person retired in June. CNI funds a full-time Program Specialist and two additional part-time staff for program and fiscal management.

#### Fiscal Year 2004-05 (SFY 2005):

On November 5, 2004, the Commonwealth Neurotrauma Initiative (CNI) Advisory Board held the first Biennial *Community Grants Colloquium* in Richmond. At this forum, Community Rehabilitative Services grantees reported on their CNI-funded programs and services for people with brain injury and spinal cord injury in Virginia.

The four-year terms of two CNI Advisory Board members ended on June 30, 2004. Dr. Gregory Helm of the University of Virginia (UVA) Medical Center in Charlottesville and Dr.

Richard Bendall of Lynchburg were appointed to fill the vacancies. They will serve four-year terms beginning July 1, 2004 and ending June 30, 2008. Dr. Helm, a neurosurgeon, was the person who originally contacted the late Senator Emily Couric requesting that the Commonwealth find a way to provide funding for neurotrauma research. As a result, Senator Couric patroned legislation that resulted in the establishment of the CNI Trust Fund and an Advisory Board, as well as subsequent legislation creating a funding mechanism for the Fund.

The revenue for the CNI Trust Fund averages about \$114,000 per month or about \$1.36 million for this year. At the end of this reporting period, the balance of funds available for grant awards was approximately \$61,000. This amount includes funds unencumbered for grant or administrative costs, unexpended grant dollars returned to the Fund, and reinstatement fee revenue. An additional, \$80,000 was obligated and approved by the Advisory Board and budgeted for administrative costs during 2006.

Fiscal Year 2005-06 (SFY 2006):

In December of 2005, David B. Reid, Psy.D., was elected Chair for a one-year term. Per Board bylaws, the Chair is eligible for re-election after a one-year term. Dr. Reid filled the Board position of “*One person licensed by a health regulatory board within the Department of Health Professions with experience in brain or spinal cord injury rehabilitative programs or services.*”

The Advisory Board issued Request For Proposals (RFP) #06-327 on April 5, 2006 with a due date of June 5, 2006 for *Option-B Community-Based Rehabilitative Services* to establish contracts to develop, expand, or improve community-based rehabilitative programs / services for individuals experiencing traumatic spinal cord or traumatic brain injuries or both. The Board received sixteen (16) proposals and funded seven (7) for a total of \$2,075,183. The one to three year contract periods began in SFY 2007 and will end in SFY 2009.

During this State Fiscal Year, a total of seven (7) grants completed their final year of funding. Six (6) of the grants were *Option-B community rehabilitation* grants which were slated to end December 31, 2005. Of these six, four received no-cost extensions ranging from one to six months in duration. The seventh grant that completed its final year of funding in SFY 2006 was an *Option-A* research grantee that was awarded funding under the FY '04 budget amendment granting the DRS Commissioner authority to reallocate unexpended balances in the Trust Fund.

Also, during this reporting period, a total of twelve (12) grantees received “no cost extensions.” Five (5) of these were *Option-B community rehabilitation programs / services* grants that were slated to end December 31, 2005 and were extended for six months, with one granted a 12-month extension to FY '07. Five (5) grantees were *Option-A research projects* (from the second round of research awards scheduled to end July 31, 2006). Two of the twelve grantees receiving “no cost extensions” were awarded under the Commissioner’s authority to reallocate unexpended fund balances for research grants.

A total of twelve (12) grantees requested carryover of grant funds from SFY 2005 to SFY 2006 during this reporting period. Five (5) of the grantees were *Option-B community*

*rehabilitation programs / services* contracts that carried funds over from Year Two to Year Three, and seven (7) were *Option-A research* contracts that carried funds over from Year Two to Year Three. Requests to “carry forward” unexpended funds from one grant year to the next are common due to inevitable delays or changes in hiring staff, ordering and equipping an office or laboratory, and similar challenges. In addition, grantees often request “no cost extensions” that allow them additional time to analyze data and prepare final reports at the conclusion of their active funding period.

For FY’06, staff administrative costs were budgeted at \$80,000; \$80,623 was actually expended.

Fiscal Year 2006-07 (SFY 2007):

In December 2006, the sitting CNI Advisory Board chair, David B. Reid, Psy.D., was re-elected as Chair for another one-year term (per Board bylaws, the Chair is eligible for re-election after a term of one year).

The Advisory Board issued a Request For Proposal (RFP) #07-302 on January 30, 2007 with a due date of March 29, 2007, for *Option-A Research* proposals (on the mechanisms and treatment of neurotrauma). The Board received twenty-one (21) proposals and funded six (6) of them for a total of \$2,364,562. Grant awards were given for one to three-year contract periods beginning in State Fiscal Year 2008 and ending in State Fiscal Year 2010. Grant recipients include:

- The University of Virginia; Principal Investigator (PI): Peter Patrick, Ph.D. (\$450,000/3 years) *\*\*3<sup>rd</sup> year of funding contingent on board approval for release of funds.*
- Virginia Commonwealth University; PI: Dong Sun, MD, Ph.D. (\$434,408/3 years)
- Virginia Commonwealth University; PI: Christina Marmarou, Ph.D. (\$443,407/3 years)
- Virginia Commonwealth University; PI: Robert Hamm, Ph.D. (\$227,071/3 years)
- Virginia Commonwealth University; PI: Severn Churn, Ph.D. (\$360,928/3 years)
- Virginia Commonwealth University; PI: Thomas Reeves, Ph.D. (\$448,648/3 year)

During this reporting period, the Fund had thirteen (13) active community-based and research grants totaling \$1,753,553. Five (5) grants completed their final year of funding. Four (4) of the grants finishing their contracts were *Option-A Research on the Mechanisms and Treatment of Neurotrauma* grants, slated to end July 31, 2006. All four had received previous no-cost extensions from one to six months in length. The fifth grant that completed its final year of funding was an *Option-A Research* grantee that completed its contract award during State Fiscal Year 2007 due to a second no-cost extension. This research grant was awarded under the Commissioner’s authority to reallocate unexpended balances in the Fund for new research grants.

During this reporting period, two grantees received no-cost extensions. The first no-cost extension was an *Option-B Community Rehabilitative Programs / Services* grant that was awarded only one year of funding, originally slated to end June 30, 2007 and was granted an additional six months to finish program activities. The second aforementioned grantee was funded under *Option-A Research* under the Commissioner's authority to reallocate unexpended balances for new research grants. Such extensions, which are typically granted for three to twelve months, allow grantees to use their unexpended funds to continue project activities (such as analyzing data, preparing reports, and distributing results) beyond the ending date of their grant award.

During this reporting period, four (4) grantees awarded under *Option B, Community-based Rehabilitative Services* were approved to carry forward grant funds from State Fiscal Year 2006 to State Fiscal Year 2007 totaling \$228,132. Also, *one Option-B Community-Based Rehabilitative Services* grantee, Wintergreen Adaptive Skiing, was awarded an additional \$5,800 for the second year of its grant contract due to an expansion in their scope of services involving accommodations for their consumers not originally anticipated as a requirement for the carrying out the activities of the grant.

The Advisory Board held four quarterly meetings in 2007. On September 21, 2006 the Board held the *2<sup>nd</sup> Emily Couric Research Colloquium* (and the third colloquium sponsored by the Trust Fund).

Halfway through State Fiscal Year 2007, administrative staff for the Fund increased from one full time position and one part-time (15%) position to an additional part-time (15%) position to assist with fiscal and administrative tasks.

In State Fiscal Year 2007, staff administrative costs were budgeted at \$81,804; \$63,216 was actually expended. Administrative costs for State Fiscal Year 2008 were budgeted at \$82,092.

#### Fiscal Year 2007-08 (SFY 2008):

Further information on SFY 2008 program operations and funds is contained in the body of this 2008 CNI Annual Report. Please refer to relevant sections above.

## CNI Grant-Supported Publications

### Articles:

Blackman, J.A., Patrick, P.D., Buck, M.L., Rust, R.S. Paroxysmal autonomic instability with dystonia following brain injury. *Arch Neurol*, 2004; 61:321-328.

Cohen A, Pfister BJ, Schwarzbach E, Grady S, Goforth PB and Satin LS (2007). Injury-induced alterations in CNS electrophysiology. *Prog. Brain Res.* 161: 143-69.

Falo, M.C., Reeves, T.M. and Phillips, L.L.: Agrin expression during synaptogenesis induced by traumatic brain injury. *J. Neurotrauma* 25: 769-783, 2008.

Goforth, P.B., Ellis, E.F. and Satin, L.S.: Mechanical injury modulates AMPA receptor kinetics via an NMDA receptor dependent pathway. *J. Neurotrauma* 21: 259-270, 2004.

Harris, J.L., Harris, L.K., Black, R.T., Lee, N.N., Reeves, T.M. and Phillips, L.L.: Quantitative RT-PCR in models of TBI-induced synaptic plasticity: effect of injury on reference genes. *J. Neurotrauma* 24: 1275, 2007.

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