



***Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board***

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***Meeting Minutes \* December 6, 2013***

**Members Present**

Terry Glenn	Department of Corrections, Richmond
Doug Harris, J.D.	Department of Health (Commissioner's Designee), Richmond
Laurie Lindblom, MD	Veterans Administration, Hampton
David Reid, Psy.D., Chair	Augusta Psychological Associates, Waynesboro
Jim Rothrock ( <i>Ex-officio</i> )	Department for Aging and Rehabilitative Services, Richmond

**Members Absent**

Teresa Poole	Blacksburg, Carilion Clinic
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**Staff**

Kristie Chamberlain	Department for Aging and Rehabilitative Services, Staff
Patti Goodall	Department for Aging and Rehabilitative Services

**Guests**

Heather Board	Department of Health
Mary Margaret Cash	Department for Aging and Rehabilitative Services
Michelle Witt	Crossroads to Brain Injury Recovery

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The Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board met for a regular quarterly business meeting at the Central Office of the Department for Aging and Rehabilitative Services at 8004 Franklin Farms Road, Henrico, VA in conference room 101. Dr. Reid convened the meeting at 10:05 a.m. Guests and members introduced themselves.

**Public Comment Period**

A public comment period was held; no public comment was offered.

**Approval of December 6, 2013 Agenda**

**Dr. Reid, Chair, indicated that the agenda will stand approved as read with the addition of the Financial Disclosure Form review.**

**Approval of September 13, 2013 Meeting Minutes**

**Dr. Reid indicated the meeting minutes will stand approved as read.**

**Updates from the Department for Aging and Rehabilitative Services (DARS):**

- Commissioner Rothrock indicated that DARS has been busy with the pending transition/change in Governor administration preparing transition documents for the new administration.

- The Governor will present his budget December 16, 2013. The Disability Commission spoke friendly of brain injury receiving funds. Dr. Hazel, Secretary of Health and Human Services, asked DARS to put funds for brain injury programming into the Governor's budget.
- Medicaid waivers are going to be largely universal. DARS is hoping brain injury is included in those discussions if it can be included as "general deficits". The waiver discussions get very complicated.
- The Patient Protection and Affordable Care Act (PPACA) instituted a new policy that seeks to reduce the number of patients that are re-hospitalized within 30 days of an original hospital discharge. Hospitals are encouraged to work with the patient during and after discharge to keep them from coming back to the hospital because of an infection or something that could have been avoided. For Medicare patients, Centers for Medicare Services (CMS) will generally not pay for a re-hospitalization visit within 30 days, thus making the hospitals financially incentivized to keep people from coming back. Because most beneficiaries of Medicare are older adults, many health systems have partnered with some Area Agencies on Aging (AAAs) to provide "coaching" to patients to keep them in the community and this is being called "Care Transitions". The coaches are not nurses or health professionals, they serve as life coaches reminding them to follow up on appointments, go to physical therapy, fill prescriptions, and remember to take their medications etc. Brain injury groups may be included in the discussions for future funding around this issue. Greater funding is needed so that other Area Agencies on Aging also may participate.
- Mental illness is likely to be a large focus of the General Assembly due to the tragic circumstances around Senator Deed's son. The issue of neurobehavioral needs is important for the brain injury community to focus on during this time.
- The Commissioner is focusing his efforts on program monitoring in 2014 to look at what improvements can be made as a result of auditing. An addition will be to include a discussion with consumers served by an organization when an audit is completed vs. just a look at the books and conversations with staff members.
- Commissioner Rothrock indicated he would look again into getting the pins from the Governor for the two new members of the CNI Trust Fund Advisory Board.

### **Presentation from Michelle Witt- CNI Grantee #14-076: "CONcEPT"**

The CNI Board awarded a one-year grant to Brain Injury Services, Inc. which just began November 1, 2013 as cash match to the TBI Federal grant to implement "CONcEPT: the Commonwealth Neurobehavioral Project Team". Michelle Witt, Executive Director of Crossroads to Brain Injury Recovery and partner involved with CNI Grant #14-076 awarded to Brain Injury Services, Inc. gave a detailed presentation to the Board to review the grant's intentions and status one month into the award. "CONcEPT" is a collaborative project designed to increase access to critical supports for persons with brain injury who exhibit neurobehavioral symptoms while utilizing an interdisciplinary team. The grant outcomes will maximize independence and productivity in the community. Ms. Witt reviewed their collaborators, the need, anticipated benefits/outcomes, evaluation plans and progress to date.

### **Future Request for Proposals**

Following the presentation by CNI Grantee #14-076 discussion ensued on the release of the next Request for Proposals. Commissioner Rothrock indicated the need for the CNI Trust Fund to

award a grant to focus on the neurobehavioral needs in Virginia to piggyback what the CONCEPT grant is doing. The Commissioner relayed concerns over the lack of a piloted neurobehavioral program in Virginia and his continued wishes to fund such a program. He indicated before that can be done, he felt a survey of the neurobehavioral needs of, and services for Virginians with brain injury who have aggressive/challenging behaviors must be completed. Discussion ensued and resulted in consensus that there also needs to be a study of the current available short and long term supports ranging from residential to community based. Patti Goodall, Brain Injury Services Coordination Unit Manager at DARS added that if accompanied by a review of promising practices in other states, it could result in a best practices report. Discussed ensued on what this could look like as a CNI award. The Board expressed support of such a need and indicated their willingness to award one contract for this study. Discussion ensued over whether this fit under an Option A or Option B Request for Proposal as defined in the Code of Virginia and the State Registrar. It was determined it did not fit within the confines of basic science and therefore was not an Option A subject. Staff will work with the General Services department to issue a separate Request for Proposal in the coming months.

The Board then reviewed the timeline and priorities of the Option-A, Research on the Mechanisms and Treatment of Neurotrauma Request for Proposals (RFP) to be released in January 2014. The Board reviewed the priorities they would like to see for the next Request for Proposal and decided on the wording they wanted in the RFP: “The purpose of this Request for Proposals (RFP) is to establish contracts for basic science and clinical research on the mechanisms and treatment of neurotrauma. While the Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board will accept for consideration all proposals meeting the general guidelines and regulations contained in this Requests for Proposals (RFP), the Board has a particular interest in projects that focus on addressing aggressive behavior resulting from brain injury.”

After discussions of awarding one neurobehavioral focused Option B RFP, the Board determined it will award up to four grants under the Option-A, Research on the Mechanisms and Treatment of Neurotrauma solicitation. The Board is being cautious about over obligating funding given lower monthly revenue trends in the last few years.

#### **Financial Report: Kristie Chamberlain**

Kristie Chamberlain, staff to the CNI Trust Fund Advisory Board, provided a review of the current financial status of the Fund. Since its inception in 1998 through November 30, 2013 total revenue into the Fund has been \$18,662,036.99 (this does not include November revenue as it had not been received yet). The Trust Fund has awarded \$18,026,503.83 in grant awards (\$954,529.20 of which is administrative services) since July 2003. The Fund currently has a cash balance (Revenue minus Grant Awards) of \$635,533.16. Staff explained that the only current expenditures are administrative and the new grant award #14-076 (quarterly allotments to the one year cash match grant award to Brain Injury Services Inc. to provide cash match to the TBI Federal Grant allowing drawn down of \$270,000 federal funds to the Commonwealth). Though a Request for Proposals for the Option-A, Research on the Mechanisms and Treatment of Neurotrauma is anticipated to be released in January, those contracts will not be scheduled to begin until July which will continue to allow the trust fund to build back up a cash base so that it has the funds available to pay monthly expenditures vs. waiting on revenue to come in to cover expenditures. Additionally, should revenue fall lower some months, the Fund will have cash on hand to cover monthly expenditures and will not be over extended.

*CNI Advisory Board*

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### **Future Meeting Dates**

Staff reviewed the future quarterly meeting dates with the Board members.

- Friday, March 14, 2014
- Friday, May 16, 2014 (this will be a longer meeting to review/award grant proposals, 10 AM to 3 PM)
- Friday, September 12, 2014
- Friday, December 5, 2014

**Doug Harris, Acting Chair, adjourned the meeting at 12:45 p.m.**