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[TIRR (The Institute for Rehabilitation and Research) Financial Documents] [1995]

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TIRR
INDIRECT COST ANALYSIS
1993, 1994, & 1995

FILE:INDANALY

COMPARATIVE ANALYSIS OF RESEARCH COSTS BORNE BY TIRR:

	ACTUAL 1993	ACTUAL 1994	PROJECTED 1995	93 VS 94 INC/(DEC)		94 VS 95 PROJ INC/(DEC)	
UNREIMBURSED INDIRECT (SCH. 1)	253,613	110,581	356,252	(143,032)	(1)	245,671	(3)
UNREIMBURSED DIRECT (SCH. 2)	170,710	0	0	(170,710)	(2)	0	(4)
TOTAL UNREIMBURSED	424,323	110,581	356,252	(313,742)		245,671	

FOOTNOTES:

(1) DECREASE IS DUE TO THE FACT OUR OVERALL INDIRECT COST RECOVERY INCREASED DUE TO ADDITIONAL INDIRECTS FROM NEW GRANTS TOTALLING APPROXIMATELY $900,000. AT THE SAME TIME, ACTUAL INDIRECT COSTS REMAINED RELATIVELY FLAT.

(2) SEE ATTACHED SCHEDULE 2 FOR DETAILS.

(3) INCREASE DUE TO THE FOLLOWING:

a) GRANTS TOTALLING APPROXIMATELY $1,000,000 ENDED IN THE FIRST MONTH OF 1995, REDUCING INDIRECT RECOVERY BY APPROXIMATELY $170,000 (1,000,000 * 17% AVERAGE INDIRECT RATE);

b) OTHER GRANTS WERE ADDED LATER IN 1994 AND 1995. WHOSE INDIRECT REIMBURSEMENT RATES WERE CAPPED AT RATES LOWER THAN OUR HHS–APPROVED RATES, THEREBY LOWERING OUR INDIRECT COST RECOVERY ON THOSE GRANTS.

c) ACTUAL INDIRECT COSTS (SEE SCHEDULE 1) ARE PROJECTED TO REMAIN RELATIVELY FLAT IN 1995 AS COMPARED TO 1994.

(4) SEE ATTACHED SCHEDULE 2 FOR DETAILS. GRANT AND RESEARCH ADMINISTRATION'S COSTS ARE INCLUDED IN THE UNREIMBURSED INDIRECT. IF WE INCLUDED THEM IN THE UNREIMBURSED DIRECT COSTS, WE COUNTED THEM TWICE FOR UNREIMBURSED.

TIRR
INDIRECT COST ANALYSIS
1993, 1994, & 1995

FILE:INDANALY

SCHEDULE 1:

COMPUTATION OF UNREIMBURSED INDIRECT COSTS BY YEAR:

	ACTUAL 1993	ACTUAL 1994	PROJECTED 1995	
ON-SITE	375,587	211,267	217,042	
OFF-SITE	854,733	977,284	1,007,369	
ON-SITE AFFILIATE	41,795	105,970	78,007	
TOTAL INDIRECT COSTS PER COST RPT	1,272,115	1,294,521	1,302,418	* (1)
LESS: EMPLOYEE BENEFITS	(466,708)	(473,830)	(430,962)	* (2)
ACTUAL INDIRECT COSTS	805,407	820,691	871,456	
LESS: REIMBURSEMENT	(551,794)	(710,110)	(515,204)	
UNREIMBURSED INDIRECT	253,613	110,581	356,252	

REIMBURSEMENT CALCULATION:

INDIRECT COST RECOVERY PER INCOME STMT	415,893	727,240	401,879	* (3)
**ADJ IND COST RECOVERY BY ADDING				
RESEARCH ADMINISTRATION	7,619	2,870	66,709	*(5)
GRANT ADMINISTRATION	XXX	XXX	46,616	*(6)
ILRU ADMINISTRATION	15,627	0	0	*(7)
UNREIMBURSED DIRECT COSTS (SCH 2)	170,710	0	0	
ADJ BASED ON FINALIZATION OF IND RATE	(58,055)	(20,000)	0	*(4)
REIMBURSED INDIRECT	551,794	710,110	515,204	

FOOTNOTES:

* – ALL 1995 FIGURES ARE ESTIMATED.

** – INCLUDED IN THE RESEARCH EXPENSES OF THE INCOME STATEMENT ARE VARIOUS EXPENSES AND UNREIMBURSED DIRECT COSTS. THESE COSTS, THEREFORE, ARTIFICIALLY UNDERSTATE THE INDIRECT COST RECOVERY PER THE INCOME STATEMENT. THEY MUST BE ADDED BACK TO ARRIVE AT THE CORRECT FIGURE.

(1) 1995 INDIRECT COSTS ARE CALCULATED AT 98% OF 1994'S, BASED ON 2% DECREASE ON TOTAL HOSPITAL & RESEARCH EXPENSES FOR THE FIRST SIX MONTHS OF 1995. IT ALSO TAKES INTO CONSIDERATION OF DR. KROUSKOP COSTS DECREASE AND DR. LEVIN COSTS FOR THE LAST 6 MONTHS OF 1995.

(2) FRINGE BENEFIT IS ANNUALIZED: 220374 (FRINGE PER EXEC. DIR. REPORTS FOR LEX) – 4893 (GRANT ADM FRINGE) =215481
215481/6*12=430962.

(3)

1995 INDIRECT COST RECOVERY FOR THE 1ST 6 MONTHS PER INCOME STMT:	150,200
1993 INDIRECT ADJUSTMENT RECOUPMENT	58,055
1995 INDIRECT COST RECOVERY FOR THE 1ST 6 MONTHS AFTER ADJUSTMENT	208,255
1995 EST. INDIRECT COST RECOVERY FOR THE LAST 6 MONTHS	208,255
1995 ANNUALIZED INDIRECT COST RECOVERY	416,510
EST. ADDTIONAL INDIRECT IN THE LATER PART OF THE YEAR DUE TO MORE ACTIVITIES TO CLOSE GRANTS ENDED 9/30/95 & 12/31/95, 10 VS 3 GRANTS ARE CLOSING IN THE LAST SIX MONTHS	50,000
	466,510
DR. LEVIN'S COSTS FOR THE REST OF THE YEAR	(64,631)
ESTIMATED BOTTOM LINE FOR RESEARCH/GRANT DIVISION	401,879

(4) 1993 INDIRECT RATES WERE FINANLIZED IN JANUARY 1995. WE RECOUPED 1993 INDIRECT IN 1995 DUE TO FINAL LOWER RATES. ESTIMATED INDIRECT ADJUSTMENT FOR 1994 IS A DECREASE BY 20,000, AND 0 FOR 1995.

(5) DR. FURHER WAS THE HEAD OF RESEARCH ADM FOR 4 MONTHS BEFORE HE LEFT IN 1993.
$7,619 CONTAINS PORTION OF HIS & BARBARA RIDDLE'S SALARIES AND FRINGE BENEFITS.
PORTION OF 1994 BARBARA RIDDLE'S SALARIES & FRINGE BENEFITS – $2,870.
ESTIMATED PORTION OF 1995 BARBARA RIDDLE'S SALARIES & FRINGE BENEFITS – $2,078. 6 MONTHS OF DR. LEVIN'S SALARIES AND FRINGE BENEFITS – $58,631, 6 MONTHS OF CONSULTING FEES BUDGETED – $5,000. AND 6 MONTHS OF SUPPLIES BUDGETED $1,000. THE TOTAL ESTIMATED AMOUNT FOR 1995 IS $66,709.

(6) GRANT ADMINISTRATION COST CENTER ANNUALIZED COSTS FOR 1995 IS $46,616.
GRANT ADMINISTRATION COST CENTER'S COSTS WERE INCLUDED IN THE INDIRECT COSTS CALCULATIONS FOR THESE THREE YEARS. THE REASON WE LIST GRANT ADMINISTRATION HERE IS TO FIGURE OUT THE CORRECT INDIRECT COST RECOVERY FOR 1995. BECAUSE GRANT ADMINISTRATION'S DIRECT COSTS ARE INCLUDED IN THE RESEARCH/GRANT DIVISION WHICH MAKE THE INDIRECT COST RECOVERY AMOUNT IN THE BOTTOM LINE UNDERSTATED. WE DON'T HAVE TO DO THAT FOR 1993 & 1994. IN 1993, IT WAS CALLED DEPT. OF PLANNING, THE COST WAS INCLUDED IN THE HOSPITAL SECTION, NOT IN RESEARCH/GRANTS. IN 1994, IT WAS CALLED GRANT ADMINISTRATION COST CENTER; THE COST WAS STILL INCLUDED IN THE HOSPITAL SECTION IN THE DETAIL INCOME STATEMENTS, WHICH WE UTILIZE FOR THIS ANALYSIS.

(7) PORTIONS OF LAURIE REDD, LAUREL RICHARDS, AND DAWN HEINSOHN'S SALARIES AND BENEFITS, $15,627, THAT WERE REQUIRED TO MATCH THE LONG TERM TRAINING GRANT.

TIRR
INDIRECT COST ANALYSIS
1993, 1994, & 1995

FILE:INDANALY

SCHEDULE 2:

COMPUTATION OF UNREIMBURSED DIRECT COSTS:

		ACTUAL 1993	ACTUAL 1994	PROJECTED 1995
(1)	PRODUCT DEVELOPMENT PROJECTS	138,749	0	0
(2)	BCM SCI RTC SAL/FRINGE	31,961	0	0
		170,710	0	0

FOOTNOTES:

(1) TIRR FUNDED DR. TOM KROUSKOP $138,749, TO PERFORM THE PRODUCT DEVELOPMENT PROJECTS.

(2) BAYLOR HAD PROBLEM TO GET SCI RESEARCH & TRAINING GRANT RENEWED IN TIME TO FUND SOME OF THEIR RESEARCH PERSONNEL COSTS. TIRR ADM AGREED TO SUPPORT A PORTION OF THEIR SALARIES AND FRINGE BENEFITS IN THE AMOUNT OF $31,961.

TIRR
Statement of Revenues/Expenses
June 30, 1995
Year-To-Date

	HOSPITAL				RESEARCH				TOTAL			
	1995	1994	$ Change	% Change	1995	1994	$ Change	% Change	1995	1994	$ Change	% Change
Routine Revenue	6,172,999	5,245,235	927,764	17.69%	0	0	0		6,172,999	5,245,235	927,764	17.69%
Inpatient Ancillary	9,660,120	9,025,749	634,371	7.03%	0	0	0		9,660,120	9,025,749	634,371	7.03%
Outpatient Ancillary	2,862,675	3,404,201	(541,526)	-15.91%	0	0	0		2,862,675	3,404,201	(541,526)	-15.91%
Gross Patient Revenue	18,695,794	17,675,185	1,020,609	5.77%	0	0	0		18,695,794	17,675,185	1,020,609	5.77%
Revenue Deductions	(3,697,040)	(3,609,074)	(87,966)	-2.44%	0	0	0		(3,697,040)	(3,609,074)	(87,966)	-2.44%
Charity	(1,251,131)	(670,895)	(580,236)	-86.49%	0	0	0		(1,251,131)	(670,895)	(580,236)	-86.49%
Net Patient Revenue	*13,747,623*	*13,395,216*	*352,407*	*2.63%*	*0*	*0*	*0*		*13,747,623*	*13,395,216*	*352,407*	*2.63%*
Grants	0	0	0		2,062,507	2,211,857	(149,350)	-6.75%	2,062,507	2,211,857	(149,350)	-6.75%
	2,950	3,878	(928)		0	0	0		2,950	3,878	(928)	-23.93%
Other	739,728	217,620	522,108	239.92%	0	40	(40)		739,728	217,660	522,068	239.85%
Total Other Revenue	*742,678*	*221,498*	*521,180*	*235.30%*	*2,062,507*	*2,211,897*	*(149,390)*	*-6.75%*	*2,805,185*	*2,433,395*	*371,790*	*15.28%*
Total Revenue	*14,490,301*	*13,616,714*	*873,587*	*6.42%*	*2,062,507*	*2,211,897*	*(149,390)*	*-6.75%*	*16,552,808*	*15,828,611*	*724,197*	*4.58%*
Salaries & Wages	6,120,732	6,434,015	(313,283)	-4.87%	813,698	798,222	15,476	1.94%	6,934,430	7,232,237	(297,807)	-4.12%
Fringe Benefits	1,631,588	1,869,172	(237,584)	-12.71%	220,374	221,197	(823)	-0.37%	1,851,962	2,090,369	(238,407)	-11.41%
Float Pool	596,320	711,680	(115,360)	-16.21%	10,561	39,834	(29,273)	-73.49%	606,881	751,514	(144,633)	-19.25%
Agency Personnel	377,553	275,395	102,158	37.10%	20,114	21,700	(1,586)	-7.31%	397,667	297,095	100,572	33.85%
Professional Fees	472,763	397,260	75,503	19.01%	64,062	26,071	37,991		536,825	423,331	113,494	26.81%
Contract Services	1,442,489	1,497,802	(55,313)	-3.69%	454,109	370,807	83,302	22.47%	1,896,598	1,868,609	27,989	1.50%
Supplies	1,156,175	1,085,917	70,258	6.47%	47,610	43,054	4,556	10.58%	1,203,785	1,128,971	74,814	6.63%
Rents & Leases	131,015	119,171	11,844	9.94%	60,163	71,000	(10,837)	-15.26%	191,178	190,171	1,007	0.53%
Maintenance & Repairs	176,842	190,489	(13,647)	-7.16%	1,862	4,388	(2,526)	-57.57%	178,704	194,877	(16,173)	-8.30%
Utilities	438,031	526,125	(88,094)	-16.74%	28,069	34,926	(6,857)	-19.63%	466,100	561,051	(94,951)	-16.92%
Insurance	274,780	268,598	6,182	2.30%	0	0	0		274,780	268,598	6,182	2.30%
Travel	48,689	82,486	(33,797)	-40.97%	160,669	233,967	(73,298)	-31.33%	209,358	316,453	(107,095)	-33.84%
Marketing	192,036	66,827	125,209	187.36%	0	0	0		192,036	66,827	125,209	187.36%
Other	227,198	241,959	(14,761)	-6.10%	31,016	47,885	(16,869)	-35.23%	258,214	289,844	(31,630)	-10.91%
Interest	248,749	182,579	66,170	36.24%	0	0	0		248,749	182,579	66,170	36.24%
Depreciation	806,537	771,852	34,685	4.49%	0	0	0		806,537	771,852	34,685	4.49%
Total Expenses	*14,341,497*	*14,721,327*	*(379,830)*	*-2.58%*	*1,912,307*	*1,913,051*	*(744)*	*-0.04%*	*16,253,804*	*16,634,378*	*(380,574)*	*-2.29%*
Rev. in Excess of Exp.	148,804	(1,104,613)	*1,253,417*	*113.47%*	*150,200*	*298,846*	*(148,646)*	*-49.74%*	*299,004*	*(805,767)*	*1,104,771*	*137.11%*
Nonoperating Revenues	533,069	246,430	286,639	116.32%	0	0	0		533,069	246,430	286,639	116.32%
Rev. in Excess of Exp.	681,873	(858,183)	*1,540,056*	*179.46%*	*150,200*	*298,846*	*(148,646)*	*-49.74%*	*832,073*	*(559,337)*	*1,391,410*	*248.76%*
Average Daily Census	55	50		0.00%					55	50	5	10.00%

SCHEDULE I

TIRR
Statement of Revenues/Expenses
December 31, 1994
Year To Date

	HOSPITAL				LIFEBRIDGE				RESEARCH				TOTAL			
	1994	1993	$ Change	% Change	1994	1993	$ Change	% Change	1994	1993	$ Change	% Change	1994	1993	$ Change	% Change
Routine Revenue	11,546,102	11,154,537	391,565	3.51%	662,350	2,190,849	(1,528,499)	-69.77%	0	0	0		12,208,452	13,345,386	(1,136,934)	-8.52%
Inpatient Ancillary	19,060,123	18,100,397	959,726	5.30%	351,747	1,151,128	(799,381)	-69.44%	0	0	0		19,411,870	19,251,525	160,345	0.83%
Outpatient Ancillary	6,468,391	5,072,727	1,395,664	27.51%	0	0	0		0	0	0		6,468,391	5,072,727	1,395,664	27.51%
Gross Patient Revenue	37,074,616	34,327,661	2,746,955	8.00%	1,014,097	3,341,977	(2,327,880)	-69.66%	0	0	0		38,088,713	37,669,638	419,075	1.11%
Revenue Deductions	(6,143,858)	(4,178,132)	(1,965,726)	47.05%	(249,000)	(479,287)	230,287	48.05%	0	0	0		(6,392,858)	(4,657,419)	(1,735,439)	37.26%
Charity	(1,317,989)	(1,800,119)	482,130	-26.78%	0	0	0		0	0	0		(1,317,989)	(1,800,119)	482,130	-26.78%
Net Patient Revenue	*29,612,769*	*28,349,410*	*1,263,359*	*4.46%*	*765,097*	*2,862,690*	*(2,097,593)*	*-73.27%*	*0*	*0*	*0*		*30,377,866*	*31,212,100*	*(834,234)*	*-2.67%*
Grants	0	0	0		0	0	0		5,032,810	3,997,752	1,035,058	25.89%	5,032,810	3,997,752	1,035,058	25.89%
Restricted Funds	8,596	12,827	(4,231)	-32.99%	0	181	(181)	*-100.00%*	0	0	0		8,596	13,008	(4,412)	-33.92%
Other	696,160	283,656	412,504	145.42%	0	0	0		40	1,672	(1,632)	-97.61%	696,200	285,328	410,872	144.00%
Total Other Revenue	*704,756*	*296,483*	*408,273*	*137.71%*	*0*	*181*	*(181)*		*5,032,850*	*3,999,424*	*1,033,426*	*25.84%*	*5,737,606*	*4,296,088*	*1,441,518*	*33.55%*
Total Revenue	*30,317,525*	*28,645,893*	*1,671,632*	*5.84%*	*765,097*	*2,862,871*	*(2,097,774)*	*-73.28%*	*5,032,850*	*3,999,424*	*1,033,426*	*25.84%*	*36,115,472*	*35,508,188*	*607,284*	*1.71%*
Salaries & Wages	13,114,612	13,170,626	(56,014)	-0.43%	266,035	565,359	(299,324)	-52.94%	1,738,251	1,678,514	59,737	3.56%	15,118,898	15,414,499	(295,601)	-1.92%
Fringe Benefits	3,635,729	4,187,254	(551,525)	-13.17%	66,011	193,090	(127,079)	-65.81%	468,343	471,865	(3,522)	-0.75%	4,170,083	4,852,209	(682,126)	-14.06%
Float Pool	1,426,247	1,556,839	(130,592)	-8.39%	36,883	169,498	(132,615)	-78.24%	50,155	74,715	(24,560)	-32.87%	1,513,285	1,801,052	(287,767)	-15.98%
Agency Personnel	597,080	735,064	(137,984)	-18.77%	60,740	328,797	(268,057)	-81.53%	45,369	92,627	(47,258)	-51.02%	703,189	1,156,488	(453,299)	-39.20%
Professional Fees	724,736	618,154	106,582	17.24%	15,500	52,441	(36,941)	-70.44%	157,176	197,665	(40,489)	-20.48%	897,412	868,260	29,152	3.36%
Contract Services	3,101,814	2,143,789	958,025	44.69%	144,419	811,851	(667,432)	-82.21%	943,941	241,480	702,461	290.90%	4,190,174	3,197,120	993,054	31.06%
Supplies	2,413,130	2,181,879	231,251	10.60%	63,685	294,107	(230,422)	-78.35%	88,662	145,390	(56,728)	-39.02%	2,565,477	2,621,376	(55,899)	-2.13%
Rents & Leases	257,353	228,240	29,113	12.76%	146	561	(415)	-73.98%	156,029	124,339	31,690	25.49%	413,528	353,140	60,388	17.10%
Maintenance & Repairs	416,558	328,270	88,288	26.89%	602	199	403	202.51%	5,957	2,143	3,814	177.97%	423,117	330,612	92,505	27.98%
Utilities	1,056,386	1,025,854	30,532	2.98%	226	414	(188)	-45.41%	70,620	65,840	4,780	7.26%	1,127,232	1,092,108	35,124	3.22%
Insurance	548,421	565,433	(17,012)	-3.01%	3,500	12,000	(8,500)	-70.83%	0	49	(49)	-100.00%	551,921	577,482	(25,561)	-4.43%
Travel	144,504	216,971	(72,467)	-33.40%	1,831	4,111	(2,280)	-55.46%	505,733	435,266	70,467	16.19%	652,068	656,348	(4,280)	-0.65%
Marketing	274,061	159,458	114,603	71.87%	0	449	(449)	-100.00%	0	78	(78)	-100.00%	274,061	159,985	114,076	71.30%
Other	541,826	620,977	(79,151)	-12.75%	1,167	25,303	(24,136)	-95.39%	75,374	53,560	21,814	40.73%	618,367	699,840	(81,473)	-11.64%
Interest	412,588	413,760	(1,172)	-0.28%	8,750	22,500	(13,750)	-61.11%	0	0	0		421,338	436,260	(14,922)	-3.42%
Depreciation	1,813,687	1,494,703	318,984	21.34%	0	0	0		0	0	0		1,813,687	1,494,703	318,984	21.34%
Total Expenses	*30,478,732*	*29,647,271*	*831,461*	*2.80%*	*669,495*	*2,480,680*	*(1,811,185)*	*-73.01%*	*4,305,610*	*3,583,531*	*722,079*	*20.15%*	*35,453,837*	*35,711,482*	*(257,645)*	*-0.72%*
Operating Gain (Loss)	(161,207)	*(1,001,378)*	*840,171*	*-83.90%*	*95,602*	*382,191*	*(286,589)*	*74.99%*	*727,240*	*415,893*	*311,347*	*74.86%*	*661,635*	*(203,294)*	*864,929*	*-425.46%*
Nonoperating Revenues	660,312	864,164	(203,852)	-23.59%	0	0	0		0	0	0		660,312	864,164	(203,852)	-23.59%
Net Gain (Loss)	499,105	*(137,214)*	*636,319*	*-463.74%*	*95,602*	*382,191*	*(286,589)*	*74.99%*	*727,240*	*415,893*	*311,347*	*74.86%*	*1,321,947*	*660,870*	*661,077*	*100.03%*
Average Daily Census	54	54	0	0.00%	3	11	(8)	-72.73%					57	65	(8)	-12.31%

GRANT LISTING

AS OF

1/20/95

** Shaded areas are new grants, new grant years, or extended ending periods.*

	NEW COST CENTER	GRANT NAME	CURRENT PERIOD
1.	525/202	Model Head Injury Center	10/01/93 - 09/30/94
2.	525/203	Model Head Injury Center	10/01/94 - 09/30/95
3.	526/252	SW Brain Injury - General	10/15/93 - 01/14/95
4.	526/253	SW Brain Injury - Advisory Board	10/15/93 - 01/14/95
5.	526/254	SW Brain Injury - Curriculum Committee	10/15/93 - 01/14/95
6.	526/255	SW Brain Injury - Living & Working Committee	10/15/93 -01/14/95
7.	526/256	SW Brain Injury - Systems of Services Committee	10/15/93 - 01/14/95
8.	526/257	SW Brain Injury - Advocacy & Empowerment Committee	10/15/93 - 01/14/95
9.	526/258	SW Brain Injury - Minority Issues Committee	10/15/94 - 01/14/95
10.	526/259	SW Brain Injury - Injury Prevention Committee	10/15/93 - 01/14/95
11.	526/260	SW Brain Injury - Instructional Institute	10/15/93 - 01/14/95
12.	526/261	SW Brain Injury - Consumer Training	10/15/93 - 01/14/95
13.	526/292	Bicycle Injury Prevention	10/01/93 - 09/30/94
14.	526/293	Bicycle Injury Prevention	10/01/94 - 09/30/95
15.	527/212	Transition of Youth with TBI to Postsecondary	10/01/93 - 09/30/94
16.	527/213	Transition of Youth with TBI to Postsecondary	10/01/94 - 09/30/95
17.	528/220	TBI RRTC - General	02/01/94 - 01/31/95
18.	528/221	TBI RRTC R-1	02/01/94 - 01/31/95
19.	528/222	TBI RRTC R-2	02/01/94 - 01/31/95
20.	528/223	TBI RRTC R-3	02/01/94 - 01/31/95
21.	528/224	TBI RRTC R-4	02/01/94 - 01/31/95
22.	528/225	TBI RRTC R-5	02/01/94 - 01/31/95
23.	528/226	TBI RRTC R-6	02/01/94 - 01/31/95

GRANT LISTING

AS OF

1/20/95

** Shaded areas are new grants, new grant years, or extended ending periods.*

24.	528/227	TBI RRTC R-7	02/01/94 - 01/31/95
25.	528/228	TBI RRTC R-8	02/01/94 - 01/31/95
26.	528/229	TBI RRTC T-1	02/01/94 - 01/31/95
27.	528/230	TBI RRTC T-2	02/01/94 - 01/31/95
28.	528/231	TBI RRTC T-3	02/01/94 - 01/31/95
29.	528/233	TBI RRTC T-5	02/01/94 - 01/31/95
30.	528/234	TBI RRTC T-6	02/01/94 - 01/31/95
31.	528/235	TBI RRTC - General Administration	01/02/95 - 01/31/96
32.	528/236	TBI RRTC - R-1	01/02/95 - 01/31/96
33.	528/237	TBI RRTC - R-2	01/02/95 - 01/31/96
34.	528/238	TBI RRTC - R-3	01/02/95 - 01/31/96
35.	528/239	TBI RRTC - R-4	01/02/95 - 01/31/96
36.	528/240	TBI RRTC - R-5	01/02/95 - 01/31/96
37.	528/241	TBI RRTC - R-6	01/02/95 - 01/31/96
38.	528/242	TBI RRTC - R-7	01/02/95 - 01/31/96
39.	528/243	TBI RRTC - R-8	01/02/95 - 01/31/96
40.	528/244	TBI RRTC - T-1	01/02/95 - 01/31/96
41.	528/245	TBI RRTC - T-2	01/02/95 - 01/31/96
42.	528/246	TBI RRTC - T-3	01/02/95 - 01/31/96
43.	528/247	TBI RRTC - T-4	01/02/95 - 01/31/96
44.	528/248	TBI RRTC - T-5	01/02/95 - 01/31/96
45.	528/249	TBI RRTC - T-6	01/02/95 - 01/31/96
46.	530/302	ILRU R&T Center	10/01/93 - 09/30/94
47.	530/312	ILRU Region Busi. Accom.	10/01/93 - 09/30/94
48.	530/342	Independent Living Network	01/01/94 - 12/31/94
49.	530/332	ILRU Director Long Term Training	10/01/93 - 09/30/94

GRANT LISTING

AS OF

1/20/95

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50.	530/372	Assess Capability Deliver ADA	06/01/93 - 11/30/94
51.	530/382	ILRU Rural Indep. Living Prog.	10/01/93 - 06/30/94
52.	530/602	Robert Wood Jonson Foundation	06/01/93 - 05/31/94
53.	530/612	A Model for Municipal Comp ADA	09/01/93 - 08/31/94
54.	530/613	A Model for Municipal Comp ADA	09/01/94 - 08/31/95
55.	530/303	ILRU R&T Center	10/01/94 - 09/30/95
56.	530/313	ILRU Region Bus. Accom.	10/01/94 - 09/30/95
57.	530/333	ILRU Director Long Term Training	10/01/94 - 09/30/95
58.	530/343	Independent Living Network	01/01/95 - 12/31/95
59.	530/353	ILRU LULAC Subcontract	10/01/84 - 09/30/95
60.	530/363	ILRU WID Subcontract	10/01/94 - 09/30/95
61.	530/603	Robert Wood Johnson Foundation	06/01/94 - 05/31/95
62.	540/701	Baylor Grant - SCI RTC	
63.	540/711	Baylor Grant - NIH	
64.	540/712	Baylor Grant - NIH Supplemental	
65.	540/713	Baylor Grant - NIDRR	
66.	535/421	Model SCI-OB-GYN	09/01/93 - 08/31/94
67.	535/422	Model SCI - Training & Ed.	09/01/93 - 08/31/94
68.	535/423	Model SCI - S. Spine	09/01/93 - 08/31/94
69.	535/424	Model SCI - Bacilli	09/01/93 - 08/31/94
70.	535/425	Model SCI - Baclofen	09/01/93 - 08/31/94
71.	535/426	Model SCI - Syrinx	09/01/93 - 08/31/94
72.	535/427	Model SCI - Vent. Dep.	09/01/93 - 08/31/94
73.	535/428	Model SCI - Model System	09/01/93 - 08/31/94
74.	535/429	Model SCI - Ind. Living	09/01/93 - 08/31/94
75.	535/430	Model SCI - Outcomes	09/01/93 - 08/31/94

GRANT LISTING

AS OF

1/20/95

** Shaded areas are new grants, new grant years, or extended ending periods.*

76.	535/431	Model SCI - Polytrauma	09/01/93 - 08/31/94
77.	535/441	Model SCI-OB-GYN	09/01/94 - 08/31/95
78.	535/442	Model SCI - Training & Ed	09/01/94 - 08/31/95
79.	535/443	Model SCI - C. Spine	09/01/94 - 08/31/95
80.	535/444	Model SCI - Bacilli	09/01/94 - 08/31/95
81.	535/445	Model SCI - Baclofen	09/01/94 - 08/31/95
82.	535/446	Model SCI - Syrinx	09/01/94 - 08/31/95
83.	535/447	Model SCI - Vent. Dep.	09/01/94 - 08/31/95
84.	535/448	Model SCI - Model System	09/01/94 - 08/31/95
85.	535/449	Model SCI - Ind. Living	09/01/94 - 08/31/95
86.	535/450	Model SCI - Outcomes	09/01/94 - 08/31/95
87.	535/451	Model SCI - Polytrauma	09/01/94 - 08/31/95
88.	550/552	NCMRR Myoelectric Prosthesis	09/30/93 - 11/30/94
89.	550/562	UTI Prophylaxis use in SCI Patients	06/01/93 - 05/31/94
90.	550/563	UTI Prophylaxis use in SCI Patients	06/01/94 - 05/31/95

Historical Highlights

1950

The Southwestern Poliomyelitis Respiratory Center (SWPRC) opens June 22, on the 10th floor of Jefferson Davis Hospital with Dr. William A. Spencer, Director, Dr. Paul Harrington, Chief of Surgical Services, Dr. Eva Maria Pfeiffer, Assistant Director, and Dr. Robert Campos. The Center, one of three in the country, is a treatment, research and teaching facility. It is operated jointly by Jefferson Davis Hospital, the National Foundation for Infantile Paralysis, and Baylor University Medical College. The SWPRC ultimately treats nearly 10 percent of the nation's polio patients.

Iron lungs never fazed Santa. Note the face down mirror (reflection from it was used for reading or seeing objects) on top and the photos taped on the iron lung.

1951

SWPRC opens a new 38-bed facility on the grounds of Jefferson Davis Hospital, dedicated to treatment and care of survivors with polio.

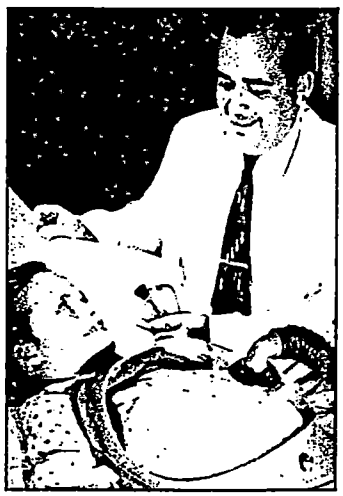
The building is paid for by support from the City of Houston and Harris County, with matching funds from the Federal Government, and medical equipment donated by The March of Dimes. Medical treatment uses a team approach with physicians, nurses, and therapists along with the patient and families working together to provide individualized care for the patient. The concept is extremely innovative for the time.

1954

Wolff Home Rehabilitation Unit located in southwest Houston, opens in January. This remodeled 20-room house (originally built in the 1930s as a residence for Jewish indigent widows and orphaned children living in Texas) allows persons with polio to experience independent living in a home-like facility while preparing for reentry into the community—a concept that is the forerunner to the independent living movement. Two other residence buildings on the same site accommodate the orthotic workshop and administration offices.

The physiograph is developed by Drs. William Spencer, Hebbell Hoff, and Leslie Giddes. This pioneer monitoring device simultaneously measures nine basic body functions—such as respiration, blood pressure, and heart rate—and sends electronic signals to a computer. (Until then, readings are done by separate machines at different times). This monitoring procedure becomes the prototype of the intensive care unit.

A surgical procedure using the Harrington rod is developed by Dr. Paul Harrington and Thorkild Engen, Director of Orthotic Department. The rods are used to correct the curvature of the spine caused by scoliosis. Today, this procedure is performed throughout the world.



Despite his busy schedule, Dr. Spencer always found time to visit with his patients.

Checking vital signs: Healthy subjects were monitored by the physiograph which kept track of nine vital signs.

1959

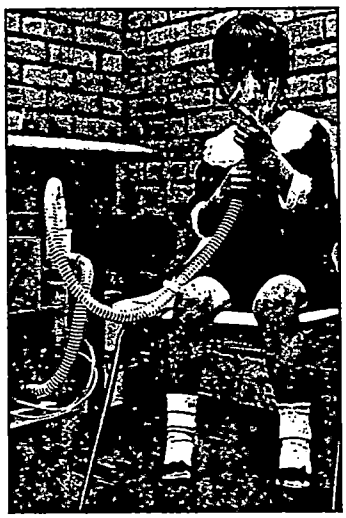
As an expansion of the SWPRC, the Texas Institute for Rehabilitation and Research (later named The Institute for Rehabilitation and Research), opens February 8. This 54-bed rehabilitation facility now includes services for persons with spinal cord injuries, limb loss, spina bifida, cystic fibrosis, severe arthritis, scoliosis, stroke, and neurological diseases. TIRR's goals address medical, psychological, social, educational and vocational services of all patients. The building includes an open air concept with wide halls, low windows, large rest rooms. This is an exceptionally innovative design for the time. Its Director is Dr. William A. Spencer.

The "artificial muscle" is adapted by Thorkild Engen for development of a mechanical arm brace. It is utilized by individuals who have impaired function of the hand or arm muscles and allows them to raise or lower their arms using the slightest movement. It is powered by pressurized carbon dioxide.

1960

A Work Tolerance Evaluation Lab is established with Dr. David Cardus as Director. This lab, the first of its kind in the country, adapts the principles of exercise physiology for able bodied people to study physical capacity of people with cardiac (heart) problems and later people with spinal cord injury. The research from studies done here shows that increased activity for individuals with these disabilities improves their physical well being, an innovative concept for the time.

1961



Breath for life: A youngster with cystic fibrosis receives inhalation therapy.

TIRR is selected by the National Cystic Fibrosis Research Foundation as a site for a Cystic Fibrosis Research and Training Center. Headed by Dr. Gunyon Harrison, and in collaboration with Baylor College of Medicine, the Center focuses on treatment, teaching and research relating to CF that will prolong and improve the quality of life of children with the hereditary pulmonary disease. Pioneer research includes application of the postural drainage technique and development of a quick test to detect CF at an early stage.

1962

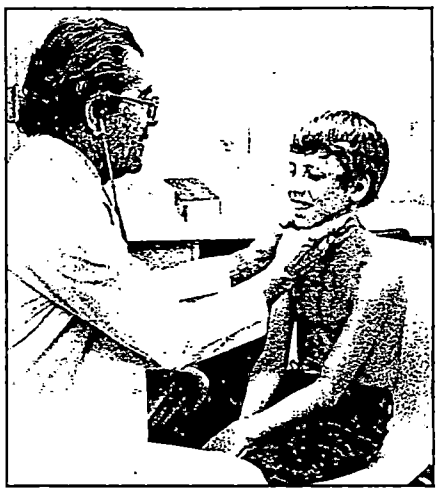
TIRR and Baylor College of Medicine collaborate to establish one of the first four national rehabilitation research and training centers (RRTC) in the country. Under the direction of Dr. Spencer (1962-1983), Dr. Marcus Fuhrer (1983-1993), and Dr. R. E. Carter (1993-present), an interdisciplinary team approach to patient care for persons with spinal cord injury (SCI) is utilized. It is the longest continuously funded RRTC in the country. Today, as one of thirteen RRTCs, the center focuses on improving health maintenance, psychological adjustment and community reintegration of persons with SCI.

1963

As members of NASA's medical team, Drs. Carlos Vallbona, David Cardus, and William Spencer conduct immobilization studies which investigate the effects of inactivity on the heart and on bone density. Astronauts James McDivitt and Ed White participate in the pre and post flight tests.

1964

The Corrugated Dropfoot orthosis is developed by Thorkild Engen. The plastic, lightweight brace (also known as the ankle-foot orthosis or AFO), is used by persons with polio, incomplete quadriplegia, and stroke. Replacing a heavy metal brace, the new brace fits into the shoe, allowing a choice of footwear and is more comfortable.



Dr. Harrison brought a special touch to his young patients. He is pictured with Douglas New.

1965

TIRR forms the Auxiliary providing the hospital thousands of hours of volunteer service to assist patients and families. Over the years, the volunteers raise funds to purchase a patient van, launch TIRR's therapeutic recreation department, build the kitchen in the Edna B. Dunn Tower, and purchase televisions for the patients' rooms.

1969

A Biosteriometrics Lab, directed by Dr. Robert Herron, opens. The lab develops a technique to photograph or "map" the human body in three-dimensions using computer imaging. The research has many applications including development of better fitting prostheses for persons with amputations. The pioneer work is also utilized by NASA to determine changes of body shape before and after space flights, by the Defense Department for proper fitting of Army helmets, and by the Federal Aviation Administration to simulate the effects of a plane crash on the human body.

Through TIRR's vocational services department, an adaptive driver's education program is established, an important advancement toward independence for the disabled person.

TIRR's Vocational Industrial Center, collaborating with Houston businesses, offered patients ways to learn and practice new job skills.

1970

TIRR is named a Regional Model Spinal Cord Injury System, one of the first in the country. Funded by the Rehabilitation Services Admin-istration and under the direction of Dr. R. E. Carter, it is established as a model system of care for persons with SCI. TIRR's SCI team links regional emergency medical services, hospital trauma units, and rehabilitation hospitals to upgrade the quality of long term care and increase community integration for persons with SCI. In 1981 Dr. William H. Donovan is named the Model System's Co-Director.

The SCI Program collaborates with researchers from Yale University to perform its first electrophrenic respirator implant. The implant is used to stimulate spontaneous breathing for persons with quadriplegia, thus allowing them to breathe freely without a ventilator. Led by Dr. R. E. Carter, over 25 patients have been successfully implanted with this device, representing the largest number at any hospital in the country.

Mr. Engen, Certified Orthotist, applies the finishing touches to a patient's custom made hand orthotic.

"RAPS" (Readiness and Preparation for Self-Care) is instituted for patients who have spinal cord injuries. Ten one-hour teaching sessions are devoted to preparing for reentry to home and community after leaving the hospital. This program is established well before the medical community recognizes the importance of patient education.

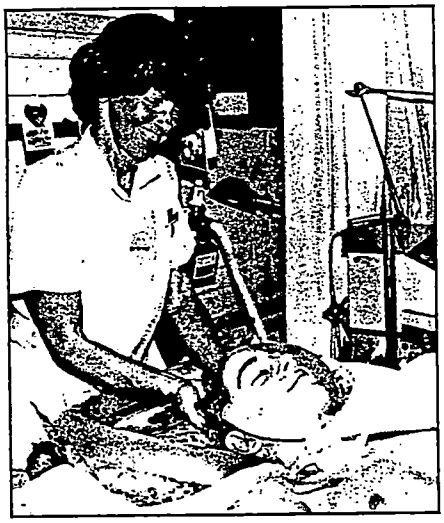
1971

TIRR initiates a computerized patient scheduling system. Developed by Bob Baker and Jaime Cuzzi it is the first one used in any hospital throughout the country.

1972

Establishing his research laboratory at TIRR, Dr. M. M. Dimitrijevic, of Yugoslavia, collaborates with TIRR on research relating to somatosensory evoked potentials (SEPs) to systematically assess spinal cord function in patients with SCI. In further studies, researchers examine sensory function below the level of the injury, opening the door to understanding chronic "phantom pain" and neurogenic bladder, frequent problems for persons with SCI.

TIRR launches the Cooperative Living Project at the Annex, a TIRR facility near downtown Houston. This independent living residential program is directed by David Stock. The program is designed to provide independent living opportunities for former patients and other people with severe mobility impairments. The program is one of the first of its kind in the country.



"Gonna' wash that grease right outta my hair": TIRR volunteer, Joan Benjamin, gives patient a much welcomed shampoo.

1975

A transitional living program, "New Options," opens. The six week training program, directed by Dr. Jean Cole, is designed to help participants learn specific skills of independent living. It is one of the first transitional living programs in the country.

TIRR, Baylor College of Medicine and Texas A&M University collaborate to establish a Federally designated Rehabilitation Engineering Center at TIRR. The program utilizes engineering technology to improve mobility, health care, and accessibility for persons with disabilities.

1977

The Independent Living Research Utilization (ILRU) program is established at TIRR by Dr. Jean Cole and Lex Frieden, who serves as Director. This national center offers information, training, research and technical assistance in independent living. The ILRU staff—the majority of whom are people with disabilities—serve independent living centers, state, federal and regional rehabilitation agencies, consumer organizations, educational and medical facilities.

1979

A model pressure management clinic is organized to study and prevent development of skin breakdown and pressure ulcers. The clinic is coordinated by Dr. Thomas Krouskop and Susan Garber, and it serves as a prototype in a number of rehabilitation centers around the country.

1985

ILRU is designated and funded as a rehabilitation research and training center in independent living. Under the leadership of Lex Frieden, Laurel Richards, Laurie Gerken Redd, Dr. Margaret Nosek, and Quentin Smith, a national directory of programs providing independent living services and a national database on more than 200 Independent Living Programs are developed.

TIRR sponsored Open Houses bring together patients and staff.

1987

TIRR Systems is formed as a parent corporation to organize activities related to rehabilitation in the community outside TIRR Hospital. TIRR Systems includes TIRR Hospital; TIRR Foundation; TIRR Sports; and TIRR Rehabilitation Centers, a group of community based outpatient treatment center with facilities in Houston and Beaumont.

TIRR is named a Traumatic Brain Injury (TBI) Model System Research program, one of four in the country. It is funded by the National Institute on Disability Rehabilitation and Research (NIDRR) to study the immediate and long-term consequences of TBI. Under the direction of Dr. L. Don Lehmkuhl, the model system also provides services for survivors of TBI and their families.

The Challenge Program, directed by Dr. Mark Sherer and administered by Peggy Kanellos, is established. Evolving from a group of outpatient therapies, this comprehensive community-based day treatment program offers services to persons with traumatic brain injury. Through the program's network of professional, family, and personal support, survivors learn ways to gain independence in their lives—on the job, through social interactions, while striving toward their life goals.

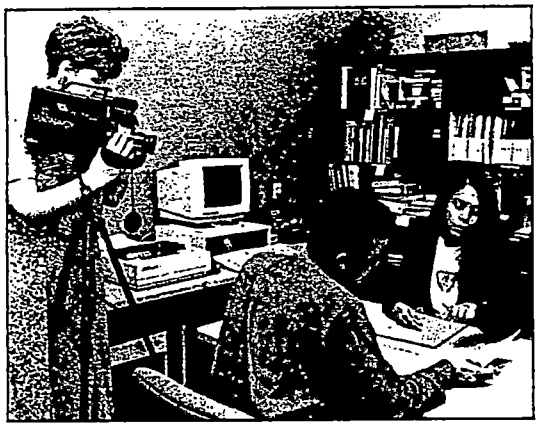
To control spasticity and pain commonly affecting persons who are paralyzed, TIRR is selected as one of six sites to participate in a clinical trial to test the baclofen pump, a permanently implanted drug delivery system that administers small dosages of baclofen. Drs. William H. Donovan, Paul Loubser, and Raj Narayan conduct the TIRR/Baylor College of Medicine study.

1990

Through a survey conducted by *U.S. News and World Report*, TIRR is named among the U.S.'s top five hospitals specializing in rehabilitation. Selection, made by 2,400 board certified physicians, is based on various attributes of good medical care. This award has been won each subsequent year to the present.

Through efforts in part by Lex Frieden and former TIRR patient, Justin Dart, the Americans with Disabilities Act (ADA), is passed by Congress. This is the most far reaching federal legislation against discrimination to be enacted since the Civil Rights Act of 1964.

Hosting a day-long celebration, TIRR holds an "open house" of its newly completed six-story patient tower, which increases its bed capacity from 64 to 92 beds. Invited guests include all former TIRR patients, their families, TIRR staff, city dignitaries, and health professionals. The new facility contains a cafeteria and dining area, located on the first floor. A conference center and meeting rooms are on the second floor. The third floor is designated for patients with brain injury, the fourth floor for general rehabilitation, the fifth floor for patients with spinal cord injury and the sixth floor for pediatrics patients. The entire building has been designed for accessibility.



Practice makes perfect: Joyce Leverenz trains a video camera while Vocational Specialist Tony Fernandez stages a mock job interview with Challenge Program client, Joyce Nielsen.

1991

The Variety Club Limb Bank, directed by Diane Atkins, opens. The bank, which is the first of its kind in Texas, supplies myoelectric protheses to children with missing limbs due to congenital or traumatic accidents. Outgrown prostheses are recycled for future users. Without help from the limb bank, these children would have little chance to enjoy the benefits of costly artificial limb replacements.

TIRR LifeBridge is opened on the third floor of TIRR's Clinic Building, providing transitional health care for people requiring less acute rehabilitation needs. Administered by Mary Koch, LifeBridge becomes a separate facility from TIRR hospital in 1994.

1992

The Independent Living Research Utilization (ILRU) program opens a Technical Assistance Center on ADA, funded by a grant from NIDRR. The Center provides information on aspects of the ADA legislation, provides training on the implementation of the ADA, technical assistance resource materials, and a 1-800 information line for a five state region.

1993

Through support from the Fondren Foundation, the Assistive Technology Clinic (ATC) opens. Clients are evaluated, tested and trained on the latest, appropriate assistive technology that addresses their particular needs. The equipment includes communication devices, environmental control units and integrated computer systems—allowing persons with disabilities ways to take charge of their lives and gain more independence.

A national database of upper limb protheses is established through a grant from the National Center for Medical Rehabilitation Research. Over 2500 individuals with upper limb protheses are asked to give feedback to improve present day myoelectric protheses. This information is used for future development of better protheses.

1994

TIRR is named a Rehabilitation Research and Training (RRTC) on Rehabilitation Interventions in Traumatic Brain Injury. Directed by Dr. L. Don Lehmkuhl, the RRTC conducts research and training that will identify problems presently confronting survivors of TBI, develop ways to minimize disability and prevent secondary medical, psychological, and cognitive complications.