



# Tending to Richmond's Children: Community Strategies to Bridge Service Gaps

SITE VISIT  
REPORT

**RICHMOND, VIRGINIA**

OCTOBER 23–24, 2008

[Report Published: January 22, 2009]



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## BACKGROUND

Lying on the banks of the James River, the City of Richmond possesses a wealth of natural beauty, charming city neighborhoods with beautiful architecture, and a sense of refinement befitting a southern city. Nevertheless, this appealing backdrop belies the harsh reality of the lives of many of Richmond's residents and the legacy of segregation. These are particularly insidious in the context of Richmond's children. Babies born in Richmond are at more than double the risk of dying within the first year of life, compared to babies across the country: Richmond has 14.9 deaths per 1,000 live births, compared to the national average of 6.78. Nearly two-thirds of babies born in Richmond are born to single mothers; almost a third live below the federal poverty line. While about half of Richmond's children receive health insurance through Medicaid or FAMIS (Family Access to Medical Insurance Security), Virginia's children's health insurance program, just 40 percent are fully immunized, compared to 80 percent of children statewide. Family stability is a challenge in Richmond: about 11 children per 1,000 are in foster care, compared to 4 per 1,000 in the state. The picture does not improve as children reach adolescence. Barely half of Richmond teens graduate from high school after four years, the teen birth rate is almost triple that of the state, and juvenile violent crime arrests are double the state's rate. Overall, Virginia's health ranking among the states dropped from 10th in 1998 to 20th in 2008.<sup>1</sup>

Richmond faces a unique state and local leadership environment. Virginia is the only state that does not allow its governor to serve sequential terms, thereby limiting the window of opportunity for implementing policy and programmatic change to one four-year term. The recent economic downturn notwithstanding, Virginia is a relatively wealthy state, ranked 11th wealthiest, as measured by gross domestic product in 2007.<sup>2</sup> It is also fiscally conservative. Virginia ranked 17th-lowest in terms of total per capita state spending in 2006 and 10th-lowest with respect to health care expenditures per capita in 2004.<sup>3</sup>

At the local level, Richmond has just four years' experience in popularly electing its mayor. The Richmond City Council elected the mayor until 2004, when the city's electorate chose its first mayor in 60 years, former Virginia Gov. Douglas Wilder, the first African American ever elected governor in the United States. Many considered Mayor Wilder's governing style provocative, and he did not seek reelection in 2008. Some argue that, to the detriment of the city and its residents,

political machinations have created several problems, including barriers to progress in regional planning between the city and neighboring, wealthier Henrico and Chesterfield counties.

Richmond can and does draw upon a number of state and community resources. Virginia Commonwealth University is ubiquitous in the downtown area and provides extensive health care services through its health system as well as an array of other community-based services. A number of local philanthropies are working to improve the lives of Richmond residents, and a strong religious community funds free clinics to serve the uninsured, underinsured, and Richmond's growing immigrant communities.

A constellation of historical, cultural, political, and economic factors seem to have created concentrated poverty and a fragmented health and social service delivery system in Richmond. Despite laudable efforts by many community leaders, it appears that the tools needed to break the cycle of poverty in Richmond—good and reliable public transportation, access to health care services, high-quality public schools, and job training and employment opportunities—remain beyond the reach of many needy families.

## PROGRAM

The National Health Policy Forum site visit began at the headquarters hotel on the morning of October 23, 2008, with an overview of state health policy concerns and the governor's health priorities. The concept of social determinants of health and how that framework can be used to think about improving the health of vulnerable children and families was described. Richmond city administrators provided background information on the populations they serve and discussed the challenges they face. The group then traveled to the Virginia Commonwealth University (VCU) pediatric ambulatory care clinic for a tour of the facility and heard panel discussions on the causes of and efforts to reduce infant mortality in the city, programs to serve children with special health care needs, and programs to bridge the education and health care systems for those children. The day ended with a panel examining lead poisoning (of particular concern in Richmond because of its older housing stock), the impact of lead poisoning on children, and challenges to preventing exposure.

The second day began at the Virginia Treatment Center for Children at VCU for a discussion on the delivery and financing of behavioral health services for children. Next, the group visited the Church Hill neighborhood to learn about community efforts to meet the multiple and complex needs of low-income families. Participants learned about the East End Partnership with Families and toured a number of the partnership's member organizations, including the East District Family Resource Center, the Vernon J. Harris Medical Center, and the city of Richmond's East District Center. The group also walked the neighborhood and observed lead-based paint on houses. The final panel focused on home visiting as a model for working with parents to improve the health and well-being of children.

## IMPRESSIONS

After the site visit, participants were asked to reflect on their experiences and the perspectives offered by speakers. The following are key impressions participants took away from the program as well as additional insights developed during a follow-up debriefing session.

### Social Determinants of Children's Health

Long identified by research and policy experts as important to children's overall health and well-being, the significant impact that social conditions can have on low-income children and families like those visited in Richmond was evident during the site visit. Access to services and efforts seemingly unrelated to health—such as transportation, housing, education, and economic development—is essential to positive health outcomes for children and families, and the need for more effectively integrating these elements with health services in Richmond was clear. At the state level, Virginia, through its Office of Minority Health and Public Health Policy in the Department of Health, is focusing on the determinants of health by supporting the use of health impact assessment on certain bills in the 2009 legislative session of the General Assembly.

- The extremely high rate of infant mortality in Richmond is tied to a panoply of poverty-related factors, including teen pregnancy, low educational attainment, cultural and language challenges, prenatal care availability, and limited access to a variety of social services. Reducing infant mortality, out-of-wedlock births, and teen pregnancy have been priorities for the mayor. The state has taken steps to address these issues, for example, by increasing Medicaid eligibility levels for pregnant women to combat infant mortality, but substantial problems remain. Home visiting programs meet many needs and appear to have reduced infant mortality in some areas.
- Home visiting programs, although resource-intensive, are strong in Richmond. They are a proven approach to enhancing family and children's health and decreasing poor pregnancy outcomes in low-income communities. In Richmond, five separate agencies provide home visits, but they work to coordinate their programs to address the myriad issues faced by poor families. During the site visit program, home visitors told compelling stories of the problems and service requirements of needy families and shared inspiring success stories. It is evident that the home visiting staff provide much



more than just counseling and health services. Home visiting is expensive on a per family basis, however. While the five home visiting programs now see about 400 families, they estimate that three times that many are awaiting services. Home visiting involves a long-term commitment and dedicated staff members and, while there seems to be no shortage of committed home visiting staff, the programs face many administrative and funding problems.

- The absence of male family members in many poor Richmond neighborhoods can play a significant role in perpetuating challenges in these vulnerable communities. State and federal policies may exacerbate these problems. For example, it was suggested that Temporary Assistance to Needy Families (TANF) and public housing eligibility rules that make federal funds available only to single mothers and their children may undermine family preservation or unification.
- Lead poisoning is still a serious threat to children's health. Federal collaboration between the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC) appears to be good, but local integrative efforts could be better in Richmond. Currently, no federal funds are available for encapsulation of lead-based paint in properties where children with elevated blood lead levels live. The application deadline for HUD remediation/encapsulation funding was missed because of leadership and collaboration problems between the local health district's Lead Safe Richmond program and other stakeholders. Federal funds are available for testing children's blood-lead levels and educating families and caregivers about minimizing lead dust and other exposures, but not for reducing the sources of lead exposure.
- Transportation to work, to school, or to health and human services locations is limited in Richmond, particularly for people living in low-income neighborhoods. Residents reported that bus routes typically do not cross poor neighborhoods like the East District, thereby requiring people to bus downtown to then catch another bus back to a different part of the same neighborhood. Individuals' time and resources are wasted and opportunities for improved education, employment, and health are missed. Staff reported that the work of the city's Healthy Families program serving the East District is constrained by the fact that five home visitors must share one car to conduct their work.

### Community Coordination and Collaboration

Strong coordination and collaboration among Richmond’s government and nongovernmental community agencies will be critical to addressing the many problems that poor families and children face. No one agency, public or private, has the resources, the expertise, or the funding to produce fully integrated programs that can meet the many needs of Richmond’s vulnerable children. Programs run by and for neighborhood residents provide significant value and avoid the negative fallout that occurs when, for example, outsiders “parachute in” to provide services but do not remain in the community.

- The East District is an example of a community partnership among eight governmental and nongovernmental organizations that has provided a positive, “do what needs to be done” method for reaching vulnerable populations. Regarding the youth they serve as “at-promise” as opposed to “at-risk,” these programs have made significant strides in education and employment attainment. It is clear that trust has been established in the East District; program successes may be attributed in part to the longevity of the neighborhood and stability of its residents. People know one another and are familiar with local agencies and the people running them.
- Services in the East District are enriched by the presence of the Richmond East District Center, a city government services building where several key programs are located, including the headquarters of the mayor’s Early Childhood Development Initiative, and the Healthy Families home visiting program that serves the East District and Southside communities. The city building shares a parking lot with the Capitol Area Health Network and is about a block from the East District Family Resource Center; neighborhood residents can make payments and seek some city services in this building. However, social service workers are not located at this city building to help neighborhood residents initiate Medicaid applications. If clients already receive food stamps or another service provided by the Department of Social Services (DSS), their Medicaid applications can be filled out in the center. But new applicants who require assistance must apply in person in the downtown DSS office; applications can be mailed in for those not requiring assistance.

- Political leadership may come and go, but communities and neighborhoods tend to remain. In Richmond, the change in city government structure to an elected mayor has strained city government, and coordination among some city agencies has suffered. Already fragile relationships between education and health services, for example, have been particularly strained. Participants felt that improved linkages between health and social services for the youngest children and between education, social, and health services for school-age children might improve health outcomes.
- Federal supports, such as technical assistance and sharing best practices, would be helpful in Richmond but would need to be carefully designed and preserve flexibility for local neighborhoods and communities. Incentives might be useful to encourage collaboration across agencies while also ensuring that services are family-centered. Because service providers tend to think programmatically rather than systematically, they often regard integrating the services they deliver with those provided by others in the same agency, by other city agencies, or by nongovernmental entities as taking time away from the job at hand.
- Some results of research on the effectiveness of community collaborations for changing health status and health systems are available. Panelists noted that wider dissemination of such findings and further research would be helpful.
- Richmond's corporate community was not mentioned by speakers as a major force for addressing area problems for children and families. In the light of the current economic downturn and the demographic changes expected over the next decades, it appears that this problem deserves increased attention and could benefit from corporate leadership and philanthropy.

### Federal and Foundation Leadership and Funding

Federal programs can play an important role in the development and delivery of social and health services in local areas. In the case of funding through entitlement programs like Medicaid, both federal and state requirements must be considered. Other federal dollars flow directly to communities through grant programs, such as community health centers, Healthy Start, or HUD's lead abatement initiative, bypassing the state government. Foundation funds can be

critical as well, providing money for initiatives that test innovation or address gaps in services in a particular community. The long-term prospect of continued foundation funding is usually problematic, however. As a result, community leaders must juggle multiple federal and foundation funding streams and become familiar with a wide variety of subjects and programmatic areas to piece together services for needy children and families. They also must balance an array of differing time frames, objectives, and accountability requirements while attempting to meet evolving needs. The “rubber hits the road” in local communities; they are tangible examples of how complicated the administration of numerous, separately conceived programs can be.

- The federal focus in children’s health in the last decade has been on expanding access and health insurance coverage and maintaining state flexibility. Medicaid is a key financial resource for health and related services to eligible children; about 40 percent of births in the state are financed by Medicaid. But the system for serving children is fragmented, and services follow the money instead of the money following the child. This approach does not typically result in the best array of services or in appropriate or adequate coordination of services. As is the case in many parts of the country, health care and social services financing and delivery systems do not seem to work well together in Richmond or in Virginia as a whole. Programs such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), food stamps, TANF, child care subsidies, and foster care serve many of the same children and families as Medicaid and FAMIS but they do so with separate intake forms, duration of benefits, and financial eligibility requirements.
- According to health care quality improvement expert Donald Berwick, “every system is perfectly designed to achieve exactly the results it achieves.”<sup>4</sup> In the case of child welfare, federal funding requirements essentially mandate “deep-end services,” services for those already having serious problems, as opposed to prevention and early intervention. The principal source of child welfare funding, Title IV-E of the Social Security Act, rewards foster care placement, setting aside just 10 percent of its dollars for prevention and family reunification. Speakers suggested that funding could be restructured to reward states for supporting family stability and reducing foster care placements.

- Community leaders stated that the federal government could provide leadership by disseminating information to existing and potential funding recipients about best practices and programs that are supported by empirical evidence. It could also require that such practices be adopted and fund further research to expand the evidence base.
- Panelists noted that, if federal technical assistance were used to share communities' experiences, less effort might have to be spent on "reinventing the wheel." Lead abatement programs would benefit from this approach, for example, since federal cooperation seems strong but local officials have not been able to work together as efficiently to assure uninterrupted funding.
- Community health centers like the Capital Area Health Network have great potential for providing access to health care and enabling services and for creating a medical home for uninsured and publicly insured populations. The federal requirement that a majority of board members come from the community seems to help ensure fidelity to neighborhood needs, but participants felt that federal funders could do a better job of exerting leadership when neighborhood dynamics threaten a community health center's ability to carry out its medical home and access mission. The lack of obstetrical services, for example, at the Vernon J. Harris Medical Center may be impeding efforts to reduce infant mortality. Currently women are referred to VCU or the health district clinic for prenatal care; they face transportation and other barriers to accessing prenatal care outside of their community.
- In Richmond, the Annie E. Casey Foundation has been particularly important, especially in the East District. The foundation began investing in Richmond in the early 1990s through substantial grant support. Foundation requirements and priorities change, however, as do neighborhoods, and the investment has evolved to focus less on direct financial support and more on providing technical assistance, capacity building, and strategic planning with the East End Partnership with Families. The Casey Strategic Consulting Group, a subsidiary of the foundation, is working with the city's DSS to reduce reliance on congregate care and to improve permanency outcomes for youth in the agency's custody.

## SERVICE GAPS

Gaps exist in many service continuums, and funding often does not follow the child or family but rather is based on a bureaucratic structure and eligibility requirements. In the health sector, gaps occur between preventive and acute services. Children are treated in a variety of settings, and agencies do not always share information or know of each other's programs. There is agreement that prevention and early intervention are important, and the home visiting programs try to address some of these needs. However, these programs are age-specific and time-limited; children and families often "age out," resulting in another kind of gap.

- Little coordination or collaboration takes place between the public school system and the health and social services systems in Richmond. No school-based health clinics exist, although an effort is under way to open a clinic in a high school, and school nurses are stretched thin. One pediatrician serving low-income children noted that behavioral referrals from school nurses peak about six weeks after the school year starts, particularly for the youngest children, when teachers' tolerance for inappropriate behavior in the classroom wanes. As noted in the next section, access to outpatient behavioral health services for low-income children is a significant challenge in Richmond.
- Federal lead poisoning prevention and abatement funding exists, but Richmond is currently not using all of these funds. CDC dollars are being used to screen children for elevated blood lead levels and to provide education to families and caregivers about reducing exposure. But the failure of local organizations to submit required grant proposals in time to acquire the HUD funding available for encapsulation has meant that no federal funds for this purpose are in use in Richmond. Protocols suggest that pediatricians screen for lead at certain well-child visits, but many children are only seen for acute incidents and the opportunity to administer a lead test is typically lost.
- Many states struggle to provide adequate transition services for young adults who turn 18 and age out of many systems, including Medicaid, child health programs funded by Title V, foster care and other child welfare programs, and SSI (Supplemental Security Income) disability insurance. Panelists commented that the lack of a smooth transition between eligibility for children's

services and eligibility for adult services, both in Richmond and in federal and state law, places young adults at risk to end up in correctional facilities or on the streets.

- Filling service gaps costs money, but if people are lost between and among service providers, or from one age to another, more expensive problems are likely to arise later. Children's behavioral health services, discussed further below, are a perfect example, since problems that are inadequately addressed in the early years often result in expenditures on juvenile justice or adult incarceration.
- Cases of autism are increasing in Richmond and Virginia, as they are throughout the country. However, the state has limited the use of the funds received under its Maternal and Child Health (MCH) block grant for children with special health care needs to cases of physical disability. Problems with Medicaid and private insurance coverage and reimbursement suggest that service needs in this area will grow in coming years.
- Panelists agreed that sharing information more effectively and removing administrative barriers for families could help bridge service gaps. The East District Family Partnership members are attempting to fill service gaps by integrating their information systems into a single client tracking system hosted by the city. The system has a common intake form and Web-based referral and evaluation capacities.

### Behavioral Health Needs of Children

Behavioral health services are critical to the well being of children; however, panelists reported that in Richmond, targeting, infrastructure, and funding for these services appear to be inadequate. In addition, a lack of parity was reported between the availability of children's behavioral health services and those for adults. Experts in Richmond noted that, as it is throughout the country, behavioral health is a stepchild in the overall health system in their community, receiving less funding and attention than other services.

- Medicaid behavioral health funding has a significant impact on the delivery system. Although Medicaid funding is available, the supply of outpatient children's behavioral health services is very limited; it appears that inadequate provider reimbursement for these services is the problem. The children's behavioral health

delivery system in general appears to have an acute care, institutional bias because funding incentives and administrative processes are oriented toward children in crisis.

- Behavioral health services are particularly problematic in managed care settings, where coordination between physical and behavioral health providers is often lacking and limits are placed on coverage for behavioral as compared to physical health problems. Preauthorization requirements were reported to be more difficult with some companies than with others and to pose a significant barrier. For children, these problems are particularly serious. It was reported that providers have little incentive to struggle to coordinate care with other providers because such an effort is costly in terms of staff and other resources, although it might be in the best interest of a child.
- The Comprehensive Services Act (CSA) is a Virginia law passed in 1993 that pooled eight funding streams related to mental health, juvenile justice, education, and foster care, in an attempt to serve children and youth with emotional and behavioral needs in community-based settings, as opposed to residential ones. While the intent of the act was to address a complaint heard widely from local administrators—that serving the same children and families through multiple, categorical funding streams is a major challenge—many argue that CSA in Richmond has not achieved its goal and has instead added another layer of state and local bureaucracy.
- The Centers for Medicaid & Medicaid Services' Medicaid targeted case management interim final rule with comment has generated many questions, misunderstandings, and misconceptions, not only in terms of the content but also because of the hybrid nature of the rule, its moratorium until April 1, 2009, and the expectation that a new administration will bring revisions. Increased transparency and communication between the federal agency, state governments, and local providers could help.
- Richmond leaders suggested that targeting and mandates, particularly from federal legislation, might be designed to force more attention to the behavioral health needs of poor children. However, panelists observed that this could become yet another requirement on state and local providers and may be counterproductive. Speakers recommended a balance between federal parameters and local providers' and officials' desire for flexibility in the use of monies.



- While prevention and early identification of children’s behavioral health needs is vital, Virginia’s current priorities are focused more on older children. The governor’s family reunification and foster care reforms, aimed at getting most children out of institutional care and into a family or family-like environment, are a major step toward better children’s health and social service programs. However, these initiatives are targeted to older children. It was noted that increased prevention activities for younger children could complement the changes for adolescents.
- Richmond’s behavioral health leaders suggested that they would welcome a dialogue among local, state, and federal stakeholders about evaluation, effectiveness, and community-based outcomes assessment for children’s behavioral health treatments. They noted that this discussion would be particularly beneficial in these times of challenging economic priorities.
- Panelists suggested that improvements in access to and financing for behavioral health services in Richmond and Virginia as a whole could forestall the need for more jails and prisons. As noted previously, many children who do not have their behavioral health needs met in childhood end up in the juvenile and adult justice systems later in life.

## ENDNOTES

1. Health Reform Commission, Roadmap for Virginia’s Health: A Report of the Governor’s Health Reform Commission, Commonwealth of Virginia, September 2007; available at [www.hhr.virginia.gov/Initiatives/HealthReform/MeetingMats/FullCouncil/Health\\_Reform\\_Comm\\_Draft\\_Report.pdf](http://www.hhr.virginia.gov/Initiatives/HealthReform/MeetingMats/FullCouncil/Health_Reform_Comm_Draft_Report.pdf); United Health Foundation, “America’s Health Rankings,” available at [www.americashealthrankings.org/2008/pdfs/va.pdf](http://www.americashealthrankings.org/2008/pdfs/va.pdf).
2. Henry J. Kaiser Family Foundation (KFF), “Total Gross State Product (GSP) (millions of current dollars), 2007”; available at [www.statehealthfacts.org/comparemaptable.jsp?ind=27&cat=1&sub=8&yr=18&typ=4&o=d&sort=n](http://www.statehealthfacts.org/comparemaptable.jsp?ind=27&cat=1&sub=8&yr=18&typ=4&o=d&sort=n).
3. KFF, “Total State Expenditures per Capita, SFY2006,” available at [www.statehealthfacts.org/comparetable.jsp?ind=32&cat=1&sub=10&yr=65&typ=4&sort=n&o=a](http://www.statehealthfacts.org/comparetable.jsp?ind=32&cat=1&sub=10&yr=65&typ=4&sort=n&o=a); KFF, “Health Care Expenditures per Capita by State of Residence, 2004,” available at [www.statehealthfacts.org/comparemaptable.jsp?ind=596&cat=5&sub=143&yr=14&typ=4&o=a&rgnhl=48&sort=n](http://www.statehealthfacts.org/comparemaptable.jsp?ind=596&cat=5&sub=143&yr=14&typ=4&o=a&rgnhl=48&sort=n).
4. Donald M. Berwick, “A Primer on Leading the Improvement of Systems,” *BMJ*: 312 (March 9, 1996), pp. 619–622.

THURSDAY, OCTOBER 23, 2008

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8:30 am Bus Departure – Union Station

10:30 am Arrival in Richmond and check-in at headquarters hotel –  
[The Berkeley Hotel, 1200 East Cary Street]

10:45 am Welcome and Introductions [Jamestown Room]

11:00 am STATE HEALTH PRIORITIES AND SERVICES FOR AT-RISK CHILDREN  
AND FAMILIES

**Karen Remley, MD**, *State Health Commissioner*, Virginia Department  
of Health

- What is the state of health and wellness among citizens of Virginia? Have health and wellness indicators changed over time?
- What are the key political dynamics affecting Virginia's health and social service systems today?
- How does the state's budget situation affect the health care delivery and social service systems?
- What are the most prevalent conditions affecting the health of young children and their families in the state?
- What are the programs and state policies that address the needs of vulnerable children and their families in Virginia?
- What are the state's priorities for serving at-risk children and their families, and how is the state organized to deliver services to these populations?

11:30 am DEFINING SOCIAL DETERMINANTS OF HEALTH

**Michael Royster, MD**, *Director*, Office of Minority Health and  
Public Health Policy, Virginia Department of Health

- What are the social determinants of health?
- How does Virginia define and measure them?
- How does the state plan to use a determinants of health focus to improve the lives of the children and families in needy neighborhoods?

THURSDAY, OCTOBER 23, 2008 (continued)

Noon

### INTRODUCTION TO RICHMOND

**Jeanita Richardson, PhD**, *President*, Turpeau Consulting Group, LLC

- What are the defining cultural, political, economic, and geographic characteristics of the city of Richmond and its surrounding areas?
- What neighborhoods in the city have the greatest need?

12:15 pm

Break for buffet lunch

12:30 pm

### RICHMOND'S AT-RISK CHILDREN AND FAMILIES: CITY SERVICES AND SYSTEMS

**Donald Stern, MD**, *Director*, Richmond City Health District

**Anne Kisor, PhD**, *Interim Director*, Richmond City Department of Social Services

- What are the characteristics of the priority populations for the Richmond City Departments of Social Service (DSS) and Health District?
- What services do the departments offer to meet the needs of vulnerable families? What are the challenges in serving young children and their families versus older children?
- What are the city's priorities for meeting the needs of vulnerable children and their families? What revenue streams fund these efforts?
- To what extent do federal funding streams enable or hinder effectively serving families?
- How do the DSS and the Health District coordinate to serve many of the same families?

1:45 pm

Bus Departure – Virginia Commonwealth University (VCU)  
Pediatric Ambulatory Care Clinic [1001 East Marshall Street]

2:00 pm

### INTRODUCTION TO THE VCU PEDIATRIC AMBULATORY CARE CLINIC

**Barbara Harding**, *Nurse Manager*

- How many patients does the clinic serve each year and for what conditions?
- What are the clinic's sources of revenue? What role does Medicaid play?

THURSDAY, OCTOBER 23, 2008 (continued)

- Where are pediatric patients referred if they need access to specialty care, behavioral health services, etc.? Does the clinic offer services beyond health care to address the multiple needs of vulnerable children and their families?

2:15 pm

**Tour of the Pediatric Ambulatory Care Clinic**

2:30 pm

**HEALTHY MOTHERS, HEALTHY BABIES:  
EFFORTS TO REDUCE INFANT MORTALITY**

**Rose Stith Singleton**, *Project Director*, Richmond Healthy Start Initiative

**Tracey Avery-Geter**, *Public Health Nurse Practitioner*, Reproductive Health Services, Richmond City Health District

**Lisa Filak**, *Prenatal Care Coordinator*, CrossOver Ministry

- What is the rate of infant mortality in Richmond? How does it compare to other parts of the state and the United States in general?
- How does Healthy Start address infant mortality in Richmond?
- How are at-risk women identified and brought into care?
- Who are the key providers of prenatal care for low-income women in Richmond? How do they partner with other providers? Are there service gaps? Is there a coordinated strategy for reducing the infant mortality rate in the city?
- What is Medicaid's role in financing perinatal services for Richmond's maternal population?

3:30 pm

**SERVING CHILDREN WITH SPECIAL HEALTH CARE NEEDS:  
VIRGINIA'S CARE CONNECTION**

**Kiki Larkin**, *Clinical Coordinator and Program Director*, Central Virginia Care Connection for Children

**Mary E. Gutberlet**, *Educational Consultant*, VCU Pediatric Group Practice and Primary Care

- How does Care Connection use federal Title V Maternal and Child Health funds?
- How does Virginia define eligibility for Care Connection?
- How are patients identified and referred to the program?

## THURSDAY, OCTOBER 23, 2008 (continued)

- What is the nature of the disabilities of children served by Care Connection?
- How does the program interact with Medicaid and private insurance?
- For school-aged children with special health care needs, are there programs to coordinate education and health care services?
- Where are children referred if they are not eligible for Care Connection?

4:15 pm

**Bus Departure – Headquarters hotel**

4:30 pm

**GETTING THE LEAD OUT: EFFORTS TO PREVENT EXPOSURE AND TO TREAT LEAD-POISONED CHILDREN** [Jamestown Room]**Jeanita Richardson, PhD**, *President*, Turpeau Consulting Group, LLC**Dona R. Huang**, *Lead Program Coordinator*, Richmond City Health District**Zakia Shabazz**, *Co-Executive Director*, United Parents Against Lead

- What is lead toxicity, and why is lead exposure particularly toxic to children?
- What are some of the short- and long-term consequences of childhood exposure to lead, and what are the treatment options?
- What are the implementation and compliance challenges associated with Title X of Public Law 102-550, “The Residential Lead-Based Paint Abatement Act of 1992”?
- Why does lead exposure continue to present health risks particularly to inner city youngsters, and where does it come from?

5:30 pm

**Adjournment and hotel check-in**

6:20 pm

**Bus Departure – Julep’s New Southern Cuisine**  
[1719-21 East Franklin Street]

## FRIDAY, OCTOBER 24, 2008

7:30 am

**Breakfast available** [Jamestown Room] **and hotel check-out**

8:15 am

**Bus Departure – The Virginia Treatment Center for Children**  
[515 North 10th Street]

FRIDAY, OCTOBER 24, 2008 (continued)

8:30 am

### INTRODUCTION TO THE VIRGINIA TREATMENT CENTER FOR CHILDREN

**Robert Cohen, PhD**, *Executive Director*

- What is the history of the Center?
- Who is served, and what services are provided? What is the age range of patients served?
- What are the Center's sources of revenue? What role does Medicaid play? Private insurance?

8:45 am

### Tour of the Center

9:15 am

### FINANCING CHILDREN'S BEHAVIORAL HEALTH SERVICES

**Robert Cohen, PhD**, *Executive Director*

**Catherine Hancock**, *Mental Health Policy Analyst*, Virginia Department of Medical Assistance Services

- What is Virginia's Comprehensive Services Act (CSA)? What funding streams did the CSA integrate and to what end?
- What are community service boards, and what role do they play in the behavioral health services delivery system?
- How have CSA funding, services, and children served changed over time?
- What is Medicaid's role in financing behavioral health services for children? How do Medicaid and CSA interact?
- Does Virginia's children's behavioral health services financing structure support optimal care delivery? Are CSA and Medicaid designed to serve a child in a home- or community-based, versus institutional, setting?

9:45 am

### DELIVERY OF CHILDREN'S BEHAVIORAL HEALTH SERVICES

**Beth Rafferty**, *Director*, Mental Health Services Division, Richmond Behavioral Health Authority

**Vivian Mann**, *Clinical Director*, ChildSavers

**Margaret Nimmo Crowe**, *Senior Policy Analyst*, Voices for Virginia's Children

- What are the characteristics of the children and families served by these organizations?

## FRIDAY, OCTOBER 24, 2008 (continued)

- What sources of revenue support these organizations? Are reimbursement levels adequate?
- What are the challenges in delivering high-quality services to children in community-based settings?
- Are there policy changes that would improve the behavioral health services system for at-risk children and families?

10:30 am

**Bus Departure – East District Family Resource Center**  
*[2405 Jefferson Avenue]*

10:45 am

**PUTTING IT ALL TOGETHER FOR FAMILIES:  
COMMUNITY EFFORTS TO BUILD RESILIENCE AND PROMISE**

**Cynthia Newbille**, *Acting Executive Director*, East District Family Resource Center

**Tracy Causey**, *Chief Executive Officer*, Capital Area Health Network

Barbara Newlin, *Early Childhood Development Manager*, City of Richmond

- What are the mission and priorities of the East End Partnership with Families? How is it financed?
- Who does it serve, and what are the needs of clients?
- Is there one change—in financing, law, or regulation—that would most improve the lives of the children and families served by the Partnership organizations?
- What services does the Family Resource Center provide?
- What is the Capital Area Health Network (CAHN), and who does it serve?
- How is CAHN funded?
- What are the primary health needs of CAHN's pediatric and maternal population? Are these needs met?
- What arrangements does CAHN have to meet the behavioral health, specialty care, and testing needs of its patients?
- What are the components of the city's early childhood initiative?

11:45 am

**Tours of the Vernon J. Harris Medical Center, the Richmond East District Center, and neighborhood homes with lead-based paint**

12:30 pm

**Break for buffet lunch**

FRIDAY, OCTOBER 24, 2008 (continued)

12:45 pm

**HOME VISITING AS A TOOL**

**JoAnne Robertson**, *Program Manager*, Healthy Families Richmond

**Amy Strite**, *Executive Director*, Children’s Health Involving Parents (CHIP) of Greater Richmond

**Patricia Mills**, *Program Coordinator*, Resource Mothers

Home visiting staff from these organizations

- How do home visiting programs work? How are they structured and staffed? What are their benefits?
- What happens during a typical home visit? What services are provided?
- How are home visiting programs financed?
- What are the challenges of a home visiting model?

1:30 pm

**Wrap Up (site visit participants only)**

2:00 pm

**Bus Departure – Union Station**

4:00 pm

**Bus Arrival – Union Station**



**FEDERAL PARTICIPANTS****Chantelle Britton***Legislative Analyst*

Low Income Programs Analysis Group

Office of Legislation

Centers for Medicare &amp; Medicaid Services

U.S. Department of Health and Human Services

**Angela Corbin***Health Insurance Specialist*

Family and Children's Health Programs

Center for Medicaid and State Operations

Centers for Medicare &amp; Medicaid Services

U.S. Department of Health and Human Services

**Mary E. Evans, PhD***Nurse Scholar (2008–2009)*

Institute of Medicine

**Rachel Fenton***Legislative Director*

Office of Rep. Vern Ehlers (R-MI)

U.S. House of Representatives

**Suzanne Hassett***Policy Coordinator*

Office of the Secretary

U.S. Department of Health and Human Services

**Jeff Hild, JD***Legislative Assistant*

Office of Rep. Pete Stark (D-CA)

U.S. House of Representatives

**Jamie Holcomb***Presidential Management Fellow*

Office of Human Services Policy

Office of the Assistant Secretary for Planning and Evaluation

U.S. Department of Health and Human Services

**Aaron Lopata, MD***Program Examiner*

Office of Management and Budget

**Amy Madigan, PhD**

*Social Science Analyst*

Office of Human Services Policy  
Office of the Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services

**Jon L. Nelson**

*Deputy Associate Administrator*

Maternal and Child Health Bureau  
Health Resources and Services Administration  
U.S. Department of Health and Human Services

**Dawn Nelson**

*Program Analyst*

Office of Budget  
Office of the Assistant Secretary for Resources and Technology  
U.S. Department of Health and Human Services

**Chris Peterson**

*Specialist in Health Care Financing*

Domestic Social Policy Division  
Congressional Research Service

**Janet A. Phoenix, MD**

*RWJF Health Policy Fellow (2008–2009)*

Institute of Medicine

**Susan E. Quantius**

*Staff Assistant*

Subcommittee on Labor, Health and Human Services, Education,  
and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives

**Meredith Robertson**

*Technical Director*

Division of State Children's Health Insurance  
Center for Medicare and State Operations  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services

**Drew Sommers, PhD**

*Analyst in Public Health and Epidemiology*

Domestic Social Policy Division  
Congressional Research Service

**Donald L. Weaver, MD***Deputy Associate Administrator*

Bureau of Primary Health Care

Health Resources and Services Administration

U.S. Department of Health and Human Services

**Carolyn Wise***Legislative Assistant*

Office of Rep. J. Randy Forbes (R-VA)

U.S. House of Representatives

**FORUM STAFF****Judith Miller Jones***Director***Judith D. Moore***Senior Fellow***Michele J. Orza, ScD***Principal Policy Analyst***Jennifer Ryan***Principal Policy Analyst***Jessamy Taylor***Principal Policy Analyst***Marcia Howard***Program Associate*

## BIOGRAPHICAL SKETCHES

### FEDERAL PARTICIPANTS

**Chantelle Britton** began her career with the U.S. Department of Health and Human Services (HHS) as an emerging leader intern. She has worked in several components of HHS, including the National Institutes of Health (NIH) and the Administration on Aging (AoA). Her most recent position is within the Centers for Medicare & Medicaid Services (CMS) in the Office of Legislation. In this capacity, Ms. Britton serves as a legislative analyst providing technical consultative services to congressional members, their staff, and the public on Medicaid and SCHIP (State Children’s Health Insurance Program) legislation and other CMS-related activities. Ms. Britton received a bachelor’s degree from James Madison University and a master’s degree in public administration from Howard University.

**Angela Corbin** has worked in health care policy and administration for over ten years. Before joining the Centers for Medicare & Medicaid Services (CMS) in 2000, she worked for the state of Nebraska Medicaid program developing rural managed care provider networks and worked for Mutual of Omaha developing Medicaid managed care networks. In her current position as a health insurance specialist at CMS, she works on long-term care polices that focus on community-based and institutional options that promote choice and self-direction. Additionally, Ms. Corbin works on objectives that promote the integrity of the Medicaid program, works with states to implement integrated care models, and assists states in implementing the Program for All Inclusive Care for the Elderly (PACE). Throughout the course of her career at CMS, she has also worked on the State Children’s Health Insurance Program. Ms. Corbin received a BS degree in business management from Morgan State University and an MPA degree from the University of Nebraska.

**Mary E. Evans, PhD**, is the American Nurses Foundation/American Academy of Nursing/Institute of Medicine Scholar in Residence at the Institute of Medicine. Her academic appointment is as Distinguished University Health Professor and associate dean for research and doctoral study at the University of South Florida College of Nursing. Dr. Evans is a child mental health services researcher and has conducted federally funded research on interventions for children with emotional and behavioral problems and their families and also on service delivery to this population.

**Rachel Fenton** serves as the legislative director for her hometown Congressman, Rep. Vernon J. Ehlers (R-MI). She has been part of his legislative team since 2003, providing advice on health, education, labor, and other social issues. In the 110th Congress, she has assisted Rep. Ehlers with introducing science and math education and hearing aid tax credit legislation. Ms. Fenton began her time on Capitol Hill during graduate school when she served as an intern for Sen. Michael Enzi (R-WY) on the Subcommittee for Employment, Safety and Training. Previously, she worked as an admissions representative for a liberal arts college, and conducted health policy research at the Social Security Administration's Office of Disability and Income Assistance Programs and the Center on Health and Disability Research of the National Rehabilitation Hospital. Ms. Fenton received a master's degree in public policy from Georgetown University and an undergraduate degree from Calvin College in Michigan.

**Suzanne Hassett** is a policy coordinator in the Office of the Secretary of Health and Human Services, where she is responsible for coordinating policy information regarding Medicaid and the State Children's Health Insurance Program (SCHIP). Before joining the Office of the Secretary, Ms. Hassett worked in the Office of the Administrator of the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services), primarily on Medicaid and SCHIP issues. She also spent five years working in the office of Sen. Jack Reed (D-RI).

**Jeff Hild, JD**, is a legislative aide in the office of Rep. Pete Stark (D-CA). Mr. Hild joined Congressman Stark's staff in July 2006. His portfolio includes the Subcommittee on Income Security and Family Support of the Committee on Ways and Means, with a focus on education, housing, and Social Security issues. Previously, Mr. Hild practiced law in Maryland and at the Homeless Persons Representation Project, where he represented indigent clients in public benefits, housing, and civil rights matters. He is a graduate of St. Mary's College of Maryland and the University of Baltimore School of Law.

**Jamie Holcomb** joined the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services (HHS) in June 2008 as a Presidential Management Fellow. She is a member of the Children and Youth Policy Division, with a focus on early childhood education and care. Before joining HHS, Ms. Holcomb worked in the Jackson, Mississippi, Public School System and, more recently, at the National Governors Association's

Center for Best Practices. She earned a master of public policy degree at the Johns Hopkins University and a bachelor of arts degree in history from Millsaps College in Jackson, Mississippi.

**Aaron Lopata, MD**, has been with the Office of Management and Budget (OMB) since October 2004. As a program examiner at OMB, he is responsible for the Health Resources Services Administration's (HRSA) Maternal and Child Health, HIV/AIDS, and Rural Health Bureaus. Originally from the Chicago area, Dr. Lopata is a graduate of Indiana University and the University of Illinois at Chicago Medical School. He completed his residency in pediatrics at Children's Hospital of Los Angeles and continues to see patients on weekends. Dr. Lopata also has a master's degree in public policy from University of California, Los Angeles, and has prior experience as a congressional health policy fellow.

**Amy Madigan, PhD**, is a research and policy analyst in the Division of Children and Youth Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services. In this role, she is responsible for developing ASPE's early childhood research agenda, serving as the federal project officer on early childhood policy research projects, and utilizing research findings to conduct policy analyses and to provide technical assistance on legislative and regulatory proposals for Head Start and the Child Care and Development Fund.

**Jon L. Nelson** is the deputy associate administrator of the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. In this capacity he is a senior executive with responsibilities for managing Title V programs, including the Title V Block Grant and associated discretionary activities, Healthy Start, and other related public health programs. Budget responsibilities in the Maternal and Child Health Bureau are approximately \$800 million per year. He has held this position since 2003 and before that was HRSA's executive officer and also the first director of the agency's Office of Special Programs. Mr. Nelson holds a bachelor of science degree in mechanical engineering from the University of California at Berkeley and master of science degrees in engineering and health services administration from Stanford University.

**Dawn Nelson** is a Medicaid policy analyst at the U.S. Department of Health and Human Services in the Office of Budget, where she has

worked for the past four years. She specializes in Medicaid program integrity, children's health, women's health, and acute care. Ms. Nelson received a master of public administration degree from George Washington University, and an undergraduate degree from the University of Wisconsin, La Crosse.

**Chris Peterson** is a specialist in health care financing at the Congressional Research Service (CRS). He is CRS's expert to Congress on federal State Children's Health Insurance Program (SCHIP) financing and on estimates of the uninsured. He has authored numerous congressional reports on a range of health policy topics and works closely with congressional staff to provide analytical, quantitative input on legislative proposals. Before joining CRS, Mr. Peterson held various positions at the Agency for Healthcare Research and Quality (AHRQ), from health services research to handling planning and evaluation for the director. Earlier, he worked for the National Bipartisan Commission on the Future of Medicare. Mr. Peterson has a master's degree in public policy from Georgetown and a bachelor's degree in mathematics from Missouri Western State University.

**Janet A. Phoenix, MD**, is a 2008–2009 Robert Wood Johnson Foundation Health Policy Fellow. She is executive director of the Coalition for Environmentally Safe Communities, a national nonprofit organization providing technical assistance to communities at risk for environmental disease. She is a physician trained in public health who has managed research, risk communication, and health prevention and promotion programs for many organizations. She is also associate professor of research in environmental and occupational health in the School of Public Health and Health Services at George Washington University. She received her BA degree in anthropology from the University of Colorado in Denver and her MD degree from Howard University. Dr. Phoenix also completed a master of public health degree from the Bloomberg School of Public Health in Baltimore. Dr. Phoenix has managed two community-based participatory research programs with faith-based organizations: one to improve lead poisoning prevention for the U.S. Department of Housing and Urban Development and the other a project for the Environmental Protection Agency (EPA) to provide educational interventions on childhood asthma and lead poisoning. She has directed health education activities at the Alliance to End Childhood Lead Poisoning (now the Alliance for Healthy Homes). She has been a member of two federal advisory committees: the Centers for Disease Control

and Prevention Childhood Lead Advisory Committee and the EPA's Children's Health Protection Advisory Committee. She organized an international lead conference, *Healthy Children, Healthy Environments*, which brought together technical experts and community-based representatives from around the world. She has written numerous articles relating to environmental health and lead poisoning.

**Susan E. Quantius** is a professional staff member of the U.S. House of Representatives' Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. She is responsible for providing analysis and funding recommendations to the chairman and members of the Subcommittee for the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Center for Medicare & Medicaid Services (CMS). She had previously served the subcommittee from 1989 to 1997, and rejoined in 2002. In the interim, she was the head of the budget office for the NIH and director of federal relations for the Association of American Universities. She has also previously been on the staff of the Senate Committee on Appropriations and the U.S. Office of Management and Budget. She is a magna cum laude graduate of Smith College and has master's degrees from the London School of Economics and Political Science and the Kennedy School of Government at Harvard University. She is a member of Phi Beta Kappa.

**Meredith Robertson** has been with the Centers for Medicare & Medicaid Services (CMS) since September 1999, when she worked doing research on the Medicare Current Beneficiary Survey (MCBS). She joined the Division of State Children's Health Insurance at CMS in October 2002 and now serves as a technical director, providing technical policy guidance for the State Children's Health Insurance Program (SCHIP). Before joining CMS, Ms. Robertson worked in government relations for the American College of Obstetricians and Gynecologists (ACOG). Prior to ACOG, Ms. Robertson conducted economic analyses related to the Producer Price Index at the Bureau of Labor Statistics and served on the Joint Economic Committee staff for Congress. Ms. Robertson is a graduate of the University of Aberdeen in Aberdeen, Scotland, where she received her master's degree in business management; Georgetown University, where she received her master's degree in public policy; and Ohio University, where she received her bachelor's degree in journalism.



**Drew Sommers, PhD**, works in the Domestic Social Policy Division at the Congressional Research Service (CRS). As a medical sociologist, he works on issues related to social determinants of health and health disparities. Before joining CRS, Dr. Sommers worked at the Agency for Healthcare Quality and Research (AHRQ) and with RTI International. At AHRQ, he worked on the first National Healthcare Disparities Report. He has written articles on the relationship between income inequality and health, on the effect of social capital on individual well-being, and on factors affecting trust between patients and providers. He has also conducted extensive research in the Netherlands, the United Kingdom, Australia, and New Zealand. Dr. Sommers received his master's and doctoral degrees from the University of Minnesota.

**Donald L. Weaver, MD**, was appointed deputy associate administrator for the Bureau of Primary Health Care in the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services on February 22, 2005. In this role, he helps manage a \$2 billion budget that supports the health care safety net for many underserved Americans. Most of these funds support more than 1,000 community health centers and clinics, migrant health centers, health care for the homeless centers, and public housing primary care centers. Located in communities nationwide, these health centers and clinics provide comprehensive, culturally competent, quality primary health care services to more than 15 million people. Dr. Weaver began his career in the U.S. Public Health Service in 1975 as a volunteer physician for the National Health Service Corps (NHSC). After his service, he joined HRSA's regional and central offices in positions of increasing responsibility and subsequently served as the NHSC director for 15 years. He has been awarded the Distinguished Service Medal, Meritorious Service Medal, and the Surgeon General's Exemplary Service Medal in recognition of his achievements. He is a 1973 graduate of Harvard Medical School and completed a two-year pediatric residency at Boston Children's Hospital Medical Center. Dr. Weaver is a diplomate of the American Board of Family Medicine and a rear admiral and assistant surgeon general in the U.S. Public Health Service Commissioned Corps.

**Carolyn Wise** has served on the legislative staff of Rep. J. Randy Forbes (R-VA) legislative staff since summer 2007, managing appropriations and staffing the Congressman on domestic policy issues such as health care, energy, banking and finance, small business,

housing, agriculture, and labor. Ms. Wise began her career in the health care policy arena as a policy intern for former Speaker Newt Gingrich at the American Enterprise Institute (AEI). Following her time at AEI, she served as a policy analyst for the Federal Commission on Systemic Interoperability. Before joining Congressman Forbes' office, Ms. Wise worked as government relations and grants manager for a nonprofit community development organization based in Fresno, California, where she managed communications, grants and legislative issues, helping lead a task force on health disparities in low-income areas of the city. Ms. Wise is a native of Central California and earned her BA degree in political science from Fresno Pacific University.

## BIOGRAPHICAL SKETCHES

### SPEAKERS

**Tracey Avery-Geter** is a public health nurse practitioner in Reproductive Health Services for the Richmond City Health District.

**Tracy Causey** is the chief executive officer of the Capital Area Health Network (CAHN), where he oversees the Vernon J. Harris Medical Center, Main Street Medical Center, Northside Medical Center, and Glenwood Medical Center. He received his master of science degree in public health from Meharry Medical College in 1997. After receiving a second master's degree, an MBA from Belmont University in 1999, he became the director of Community Health at Ascension Health in St. Louis, Missouri, the largest nonprofit Catholic hospital management system in the country. After three years at Ascension Health, he moved to Richmond in 2003 and became the executive director of Vernon J. Harris Medical Center. Mr. Causey is a member of the Medical Group Management Association. He is a former active-duty officer in the United States Air Force who currently serves his country in the reserves.

**Robert Cohen, PhD**, is executive director of the Virginia Treatment Center for Children. The Treatment Center, a part of the Virginia Commonwealth University (VCU) Health System, provides a continuum of behavioral health services to children, adolescents, and their families. Dr. Cohen is a professor in the VCU Department of Psychiatry and frequently serves on University and Virginia behavioral health advisory and planning programs. Previous to his work in Richmond, Dr. Cohen worked in the New York state Office of Mental Health. He is the author of numerous books (both fiction and nonfiction) and articles and is the recipient of the VCU Distinguished Service Award. He received his MS and PhD degrees from Syracuse University.

**Margaret Nimmo Crowe** has recently returned to Voices for Virginia's Children part-time as senior policy analyst. Her main role is advocating for children's needs in the area of early care and education. Ms. Crowe worked for Voices from 2000 through 2004, leading the organization's advocacy efforts in children's health, particularly mental health. As a result of her efforts on behalf of Virginia's children and families, she was awarded the Joseph V. Gartlan Award, given by the Virginia Association of Community Services Boards.

After leaving Voices in 2004, Ms. Crowe served as the chairperson of the volunteer Board of Directors of the Richmond Behavioral Health Authority and as a member of the Child and Adolescent Task Force of the Chief Justice’s Commission on Mental Health Law Reform. Ms. Crowe graduated Phi Beta Kappa from the University of Virginia with a BA degree in religious studies.

**Lisa Filak** graduated from the University of Richmond in 2007 with a degree in international relations. With a background in Latin American studies and a minor in Spanish, she studied abroad in both Panama and Mexico. Since January 2007, Ms. Filak has served as the prenatal care coordinator for CrossOver Ministry, a nonprofit health clinic serving uninsured, low-income residents of Greater Richmond. With her experience in the medical setting, she has decided to pursue a career in nursing and is currently taking prerequisite courses.

**Mary E. Gutberlet** is an educational consultant with the Richmond Hospital Education Program, currently assigned to the Pediatric Group Practice and Pediatric Primary Care Clinics at the Virginia Commonwealth University (VCU) Medical Center. Ms. Gutberlet completed a bachelor of science degree with a dual major in special education and early childhood education at Virginia Commonwealth University and a master of education degree in early childhood special education at James Madison University. She has been an educator in Virginia for almost 33 years. She was employed by the Orange County Public Schools as a classroom teacher for three years and as a child development specialist for two years. She was employed as an early childhood special educator, teaching two- through five-year-olds with developmental disabilities with the Henrico County Public Schools for six years. She has worked in the Richmond Hospital Education Program for almost 22 years. She served as both hospital teacher and as an outpatient educational consultant at Children’s Hospital for almost 20 years. She has served as an outpatient educational consultant for the Pediatric Group Practice and Pediatric Primary Care Clinics at the VCU Medical Center since October 2006. During her years with the Richmond Hospital Education Program, she has served patients and worked with school divisions from Central Virginia, Southside Virginia, Hampton Roads, and Northern Virginia.

**Catherine Hancock** is the mental health policy analyst for Virginia’s Department of Medical Assistance Services. She has over 30 years’ experience in health care, with 24 of those years in mental health. She has worked in Medicaid for over eight years. She serves on several

statewide legislative workgroups, task forces, and committees, which are focused on improving mental health services in Virginia. She is a mental health clinician and is certified by the American Nurses Credentialing Center as a clinical nurse specialist in psychiatric-mental health Nursing. She holds a master of science degree.

**Barbara Harding** is the nurse manager in Pediatric Ambulatory Care and interim nurse manager, Adult Medicine Specialties for Virginia Commonwealth University Health System (VCUHS). In this position, she is responsible for clinical management to ensure compliance with patient care standards and to develop and manage finances of ten clinical practices. Before joining Virginia Commonwealth University Health System in 2001, Ms. Harding held management positions at Anthem Blue Cross Blue Shield in Richmond and was the director of public health nursing, Shakopee, Minnesota. Ms. Harding earned a bachelor of arts degree in nursing from the College of St. Catherine in Minnesota and a master of public administration degree from Central Michigan University. Ms. Harding is also a certified case manager.

**Dona R. Huang** is coordinator of the Lead Safe Richmond program with the Richmond City Health District. In this capacity, she coordinates case management of poisoned children with lead-safe housing activities and enforcement, and directs a variety of community-based programs and activities aimed at elimination of lead poisoning in young children in the city. Ms. Huang has nearly 20 years of professional and academic background in environmental, public health, and emergency preparedness program planning and management in both the private and public sectors. She received a BS degree from the University of Maryland and an MPH degree from the University of North Carolina.

**Anne Kisor, PhD**, serves as the interim director of the Richmond City Department of Social Services. Prior to her appointment, Dr. Kisor served as the deputy director of social services; she has more than 24 years of experience in a variety of social services positions. Dr. Kisor earned a bachelor of arts degree in political science from the University of Michigan, a master of social work degree from the University of Pennsylvania, and a doctor of philosophy degree from Virginia Commonwealth University's School of Social Work. She has also earned a graduate certificate in public management from Virginia Commonwealth University and certification in the Virginia Social Services Leadership Academy.

**Kiki Larkin** has been the program director for Care Connection for Children since January 2007. She is a registered nurse with 29 years' practical experience in hospital, public health, school health, pediatric and adult neurology clinical care, and case management of children with special health care needs environments. She worked as a nurse case manager for Care Connection for the six years prior to directing the program. Ms. Larkin worked as a public health nurse senior supervisor for 17 years in the Virginia Department of Health and for 3 years in the Henrico County Health Department. She has hospital-based nursing experience from Bon Secours St. Mary's Hospital and began her career at the Virginia Treatment Center for Children. She received her BS degree in nursing from Virginia Commonwealth University.

**Vivian Mann** is the clinical director at ChildSavers, where she has worked for the last nine years. She is also an adjunct professor at Virginia Commonwealth University in the School of Social Work master's degree program. She received her master of social work degree from New York University. She is a licensed clinical social worker and is working toward her registered play therapist supervisor credential. Ms. Mann also combines a 15-year career in business with her mental health service experience.

**Patricia Mills** is a coordinator with the Richmond City Health District for two competitive grant-funded programs sponsored by the Virginia Department of Health. Resource Mothers is a home visiting, case management program that reduces infant mortality and increases positive birth outcomes for high-risk teens and infants. Girls Empowered to Make Success (GEMS) is a mentoring program for siblings of pregnant and parenting teens utilizing a positive youth development approach to promote self sufficiency. This goal is achieved by practicing abstinence, achievement in school, development of future goals, and involvement in community service. Her principal responsibilities include oversight of each program, planning and implementation of program activities, grant submission and reporting, analysis and adherence to budgetary guidelines, and establishing collaborative relationships with the community at large. She holds a bachelor's degree in nontraditional studies, with a focus on substance abuse and health education from Virginia Commonwealth University.

**Cynthia Newbille** serves as the acting executive director of the East District Family Resource Center located in Richmond and is a consultant with the Annie E. Casey Foundation located in Baltimore,

Maryland. Her more than 15 years of professional experience includes work in local government as chief of staff to the mayor of Richmond as well as the management and administration of local, regional, and national nonprofit organizations such as the National Black Women's Health Project. Ms. Newbille holds BA and MA degrees in psychology and will complete her doctoral degree in public policy and administration at Virginia Commonwealth University in 2009.

**Barbara Newlin** has served as early childhood development manager for the city of Richmond since August 2006. In this capacity, she leads Mayor L. Douglas Wilder's Early Childhood Development Initiative, a key strategy under the Mayor's Vision 2020 Plan to turn around long-standing, negative trends affecting the city. Ms. Newlin's prior positions include 11 years as president of New Dominion Partners, Inc., a strategic planning and program evaluation firm specializing in public and nonprofit policy, management, and operations. Ms. Newlin was the deputy director of the Virginia Department of Planning and Budget for five years. For 11 years, she also held positions, including senior division chief, with the Virginia Joint Legislative Audit and Review Commission, the program oversight agency of the Virginia General Assembly. She began her career as a performance and productivity analyst with the city of Philadelphia. Ms. Newlin holds a bachelor of science degree from the Pennsylvania State University and a master of public administration degree from Virginia Commonwealth University.

**Beth Rafferty** is the director of mental health at the Richmond Behavioral Health Authority (RBHA), which is the entity responsible for the provision of public behavioral health care services to the residents of Richmond. Ms. Rafferty earned her master of social work degree from the Virginia Commonwealth University in 1981 and has been employed at the RBHA since 1982. Ms. Rafferty has extensive history developing and operating community-based child mental health programs and has served on numerous local and state study commissions/forums to address child mental health policy issues.

**Karen Remley, MD**, is the Virginia state health commissioner and directs the Virginia Department of Health, which celebrated 100 years of service in 2008. She manages the state's public health system, which includes 35 local health districts that protect and promote the well-being of the Commonwealth's residents. Throughout her career, Dr. Remley has been involved in many aspects of health care. Her recent positions include service as vice president of medical affairs at

Sentara Leigh Hospital, Norfolk, Virginia; medical director of external quality at Anthem Blue Cross and Blue Shield of Virginia; and chief executive officer of Physicians for Peace, an international medical education organization. She also was chief medical officer for Operation Smile, Inc., a worldwide children's medical charity which supports international and local, in-country medical missions to 26 countries. Her professional interests include adopting performance improvement techniques in the public health setting. Dr. Remley, an assistant professor in the Division of Health Professions at the Eastern Virginia School of Medicine, received her doctor of medicine degree from the University of Missouri, Kansas City and completed her pediatrics residency at St. Louis Children's Hospital. She holds a master of business administration degree in health services management from Duke University's Fuqua School of Business. She has professional certifications from the American Board of Medical Examiners and the American Board of Pediatrics and Pediatric Emergency Medicine and is a member of the American Academy of Pediatrics. Throughout her career, Dr. Remley has continued to practice as a pediatric emergency physician.

**Jeanita Richardson, PhD**, who has been consulting with the National Health Policy Forum on this site visit, is president of the Turpeau Consulting Group, LLC, an organization created to support healthy children who are ready to learn through the creation of health and educational policy bridges. In addition to the Forum, clients include the W.K. Kellogg Foundation and GrantMakers in Health. She concurrently is an associate professor of medical education and public health science at the University of Virginia. Previous positions include senior policy analyst with the Virginia State Council for Higher Education and the Virginia Department of Planning and Budget, faculty at Virginia State University and Hofstra University, and public school educator. She earned her PhD degree from the University of Virginia in educational policy, with a concentration in special interest group politics from the Woodrow Wilson School of Government and Foreign Affairs. Her master's degree (MEd) in curriculum and instruction was also earned at the University of Virginia, and her bachelor of science in biology education was awarded from Temple University. Her research interests lie in broad social, economic, and political issues that affect health and educational access, particularly with reference to African Americans, Hispanics, and other disenfranchised populations.



**JoAnne Robertson** is program manager for the Healthy Families program in the Richmond Department of Social Services. An Army veteran, Ms. Robertson spent several years as an investigator with the Federal Bureau of Investigation, the Virginia Department of Commerce, the Virginia Office of the Attorney General, and the Virginia Department of Health. Since 1997, she has worked in human services in positions including child protective services and domestic and family violence prevention. Ms. Robertson received a bachelor of science degree in psychology and holds a master of business administration degree with a concentration in human resources.

**Michael Royster, MD**, is the director of the Virginia Department of Health, Office of Minority Health and Public Health Policy (OMH-PHP). OMHPHP's mission is to advance health equity by identifying health inequities, assessing their root causes, and addressing them by promoting social justice, influencing policy, establishing partnerships, providing resources, and educating the public. OMHPHP serves as Virginia's state office of minority health, rural health, and primary care. The office focuses on advancing health equity by designating medically underserved areas, improving access to quality health care, supporting the development of comprehensive models of health care, addressing barriers to rural health, focusing on health promotion, and facilitating strategies to target the social determinants of health and advance social justice. Previously, Dr. Royster was the director of the Crater Health District headquartered in Petersburg, Virginia. Dr. Royster completed his undergraduate training at the University of Virginia with a degree in biology. He obtained his medical degree from Duke University School of Medicine and completed a residency in public health and general preventive medicine at Johns Hopkins Bloomberg School of Public Health. Immediately following his residency, he worked as an environmental epidemiologist with the U.S. Environmental Protection Agency. In addition, he completed the W.K. Kellogg Community Health Scholars Program at the University of North Carolina, Chapel Hill, School of Public Health. He is board-certified in public health and general preventive medicine and is a fellow of the American College of Preventive Medicine.

**Zakia Shabazz** is an author, educator, entrepreneur, and lecturer. In 1996, Mrs. Shabazz discovered that her son had been poisoned by lead. This discovery prompted her to establish the Virginia Chapter of United Parents Against Lead (UPAL). In 1998, she was named

co-executive director of UPAL National which has become solely her responsibility since January 2002. Under her direction the non-profit organization has grown. She has assisted with the forming of chapters in Georgia; North Carolina; Washington, DC; Maine; and New York. UPAL is the premier parents' organization advocating for children and against lead poisoning and other environmental hazards. As a former appointee to the Virginia Senate Joint Subcommittee Studying Lead Poisoning Prevention, Mrs. Shabazz continues to work toward strengthening the laws to protect children from lead poisoning and other environmental hazards. Ms. Shabazz has been a local Stand for Children organizer since it began in 1996. She is a notary public, holds a paralegal certificate with specialty study in real estate and civil litigation. She is a 1997 graduate of Capital Area Small Business Development Corp and a graduate of United Way's first Project Vision class. She has served as a READ Center Board Member and on the Advisory Board of the Self-Education Foundation. She is a founding member of the Richmond Defenders, a social justice organization that took form in June 2002.

**Donald Stern, MD**, has been the director of the Richmond City Health District since December 2006, where he leads a staff of 110 that serves a population of 200,000. For the previous five years, he served in the same capacity for the Rappahannock Area Health District. Other local health district experience includes serving as public health director in Roanoke and in Danville/Pittsylvania. He has held a number of top leadership positions in the Virginia Department of Health, including regional health director for Southwest Virginia, director of family services and Title V, deputy commissioner for health programs, and acting state health commissioner. He received his BS and MD degrees from the University of New Mexico and an MPH degree from the University of North Carolina, Chapel Hill. He is board-certified in public health and general preventive medicine.

**Rose Stith Singleton** serves as the project director for the federally funded Richmond Healthy Start Initiative in the Richmond City Department of Social Services. In this role, she is responsible for grants management and program development and for establishing collaborative relationships with public, private, and nonprofit organizations, program participants, and community leaders in an effort to reduce infant mortality and eliminate racial and ethnic disparities in birth outcomes. Previously, she worked for the city of Richmond in the health department as the acting deputy director

for clinical services, acting human services manager, and program manager for multiple grant-funded programs focusing on maternal and child health. Ms. Singleton serves on a number of boards and steering committees, including the Richmond Behavioral Health Authority, the Virginia Commonwealth University (VCU) Institute for Women’s Health, the VCU Center on Health Disparities, the City of Richmond Disabilities Services Board, and the East District Family Resource Center. She received BS and MEd degrees from Virginia State University.

**Amy Strite** became executive director of Children’s Health Involving Parents (CHIP) of Greater Richmond in 2007. She had formerly worked as the CHIP director of clinical services and education. Ms. Strite is a licensed clinical social worker with a master’s degree in social work from Virginia Commonwealth University. Her career has involved providing both clinical and administrative services to a broad variety of people and organizations including homeless individuals and families, court-affiliated adolescents, and people living with HIV/AIDS. Before her current appointment, Ms. Strite focused in the areas of strengthening families and the prevention of child abuse and neglect as the associate director at Sacred Heart Center. She was also affiliated with Greater Richmond SCAN (Stop Child Abuse Now) and served as vice president of early childhood and family development at Family Lifeline, an organization dedicated to strengthening families in Greater Richmond and the Tri-Cities Area.

## BIOGRAPHICAL SKETCHES

### FORUM STAFF

**Judith Miller Jones** has been director of the National Health Policy Forum at the George Washington University since its inception in 1972. As founder and director, Ms. Jones guides the Forum's educational programming for federal health policymakers, spearheads NHPF's fundraising efforts, and serves as a resource to foundations, researchers, and other members of the health policy community. Ms. Jones was appointed to the National Committee on Vital and Health Statistics in 1988 and served as its chair from 1991 through 1996. She is a lecturer in health policy at George Washington University, is a mentor for the Wharton School's Health Care Management Program, and, on occasion, consults with nonprofit groups and corporate entities across the country. Prior to her work in health, Ms. Jones was involved in education and welfare policy. She served as special assistant to the deputy assistant secretary for legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Before entering government, Ms. Jones was involved in education and program management at IBM, first as a programmer, a systems analyst, and then as a special marketing representative in instructional systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University. As a complement to her work in the federal arena, Ms. Jones is involved in a number of community activities in and around Shepherdstown, WV. These include participation in a local emergency planning committee and chairing Healthier Jefferson County, a committee dedicated to improving public health and medical care in that area of the Eastern Panhandle.

**Judith D. Moore** is senior fellow at the National Health Policy Forum, where she specializes in work related to the health needs of low-income vulnerable populations. Prior to joining the Forum staff, Ms. Moore was a long-time federal employee in the legislative and executive branches of government. At the Health Care Financing Administration (now Centers for Medicare & Medicaid Services), she directed the Medicaid program, the Office of Legislation and Congressional Affairs, and served as a special assistant to two administrators. In earlier federal service, she was special assistant to the secretary of the Department of Health, Education, and Welfare

(HEW) and held positions in the Public Health Service, the Food and Drug Administration, the Agency for Health Care Policy and Research, and the Prospective Payment Assessment Commission. She also worked as a private health care consultant. Ms. Moore received her undergraduate degree in history and political science and pursued graduate studies in law and public administration. She has spoken to a wide variety of audiences and presented congressional testimony on topics related to public policy and administration, Medicaid and Medicare, health financing, social insurance, and the legislative process. She is the coauthor of a political history of Medicaid, *Medicaid Politics and Policy 1965–2007*.

**Michele J. Orza, ScD**, joined the Forum as a principal policy analyst in February 2008. Her areas of interest include evidence-based health practice and policy, public health infrastructure and systems, global health, health science and technology; and the portfolios overseen by U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the Agency for Healthcare Research and Quality (AHRQ). Prior to joining the Forum, Dr. Orza was a scholar at the Institute of Medicine with the Board on Global Health, where she served as study director for the President’s Emergency Plan for AIDS Relief (PEPFAR) Evaluation. While at the IOM, she also served as acting director of the Board on Health Care Services. Previously, she had served as assistant director of the Health Care Team at the Government Accountability Office, where she was responsible for managing study teams evaluating a wide range of federal programs. For several years she also served as director of science and research at the American College of Cardiology where her department was responsible for supporting the college’s evidence-based medicine activities. Before coming to Washington, DC, she worked as a research assistant in the Technology Assessment Group at the Harvard School of Public Health on a wide variety of methods for and applications of systematic reviews and meta-analysis and other tools to promote and support evidence-based public health. Dr. Orza received both her master’s degree in health policy and management and her doctorate in program evaluation from the Harvard School of Public Health and received the first BA degree in women’s studies from Harvard/Radcliffe University.

**Jennifer Ryan** is a principal policy analyst at the National Health Policy Forum. Her research, analysis and writing focuses on health care issues affecting low-income populations, including access and

coverage through Medicaid and the State Children’s Health Insurance Program (SCHIP). In addition, Ms. Ryan focuses on policy issues related to the uninsured and the ongoing discussion about how to expand health coverage through public and private sector initiatives. Her work has also included analysis of welfare reform, individuals who are dually eligible for Medicare and Medicaid, and the implementation of the Medicare Modernization Act of 2003 (MMA). Prior to joining the Forum in 2001, Ms. Ryan was the technical director of the SCHIP program at the Centers for Medicare & Medicaid Services (CMS, formerly HCFA). In that capacity, she oversaw many aspects of SCHIP policy and administration, including development of the SCHIP regulations. Ms. Ryan has been working on SCHIP since the program was enacted in 1997, working as a special assistant for the co-chair of the SCHIP steering committee and then covering Medicaid and SCHIP issues for the HCFA administrator. Ms. Ryan joined HCFA’s legislative office in 1996 after serving two years in HCFA’s Medicaid Bureau as an eligibility policy analyst. She holds a bachelor’s degree in political science from Gustavus Adolphus College in St. Peter, Minnesota.

**Jessamy Taylor**, principal policy analyst, joined the National Health Policy Forum in 2004. Her research, analysis, and writing focuses on the health care safety net and issues affecting low-income and vulnerable populations. Prior to coming to the Forum, Ms. Taylor worked at the U.S. Department of Health and Human Services managing the legislative portfolio of the Health Resources and Services Administration (HRSA) in the Office of the Assistant Secretary for Legislation and directing a number of rural health systems development grant programs in the federal Office of Rural Health Policy within HRSA. She began her work with HRSA in 1999 when she joined the Office of the Administrator to work on outreach activities for the State Children’s Health Insurance Program and a multi-agency oral health initiative. Ms. Taylor began her federal career as a Presidential Management Intern in the Social Security Administration’s Office of Disability and Income Security Programs. She holds a bachelor’s degree in political and social thought from the University of Virginia and a master of public policy degree from the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin.





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**SITE VISIT  
REPORT**

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