Invest in the Brain Injury Community!

ININJUR

URVIVOR

SUPPORT

WARENESS

For You!

Invest in Services \$1,125,000

to create a "Housing Specialist" position at each state funded community based BI program to address the shortage in housing and support options for individuals with disabilities.

\$570,000

to expand specialized community based brain injury case management services by hiring 6 new case managers.

Invest in People

Cost of Living Increases

for full-time employees of DARS' state-funded Brain Injury Services program contractors in Item #483 T.1.d. of the FY2023-24 Appropriations Act.

\$675,000

for increase to base brain injury funding to address on-going, significant workforce retention issues such as increased personnel turnover and difficulty in filling open positions.

WHAT:

\$1,125,000 to create a "Housing Specialist" position at each state funded community based BI program

PATRONS AND ITEM NUMBERS:

Delegate Tony Wilt	330 #4h
Senator Creigh Deeds	330 #4s

<u>WHY:</u>

- Despite facing the same needs as those with intellectual and developmental disabilities, people with brain injury have little to no residential service options available to them within the Commonwealth due to a lack of waiver supports.
- The shortage in housing and support options for individuals with disabilities has reached crisis proportions; 41% of the people who called the Brain Injury Association of Virginia (BIAV) last year told us housing was one of their top 3 needs.
- The BIAV has seen a 60% increase in the number of calls we receive for housing related assistance; 66% of state funded brain injury programs report an increase in the calls they receive from individuals searching for the resource.
- Housing is known to be one of the primary social determinants of health, and affordable, accessible, and appropriate housing can be life-saving.
- Staff are needed at community based-brain injury programs to liaise with local housing entities, represent the needs of the brain injury community in housing related conversations, and work with their clients to obtain the necessary housing supports and/or develop independent living skills to maintain clients safely and stably in the community.
- As the brain injury community is just beginning to develop capacity in the area of housing, and as we will be starting behind several other advocacy organizations in terms of our tenure and experience in this service area, we feel these positions will be critical to our ability to effectively serve person with brain injury.

HOW:

Through a DARS Appropriation and existing contract processes, 9 existing community based brain injury programs would receive funding for and be directed to establish a staff position to impact housing policy and facilitate housing placements and/or the development of independent living skills for their clients.

"Over 50% of the referrals that come in are for housing and over 50% of my time as a case manager is spent working with people on housing. I would imagine I am not the first CM to say those things, but the housing problem seems to be growing at an alarming rate while resources dwindle."

SUCCESS STORY

When R was referred to us, he had just come to Charlottesville and was living in his car; he had been in Richmond and was scared by all of the violence there. He received his TBI in a car accident, and also has mental health issues. He was on the wait list for a Section 8 voucher and struggling, and I was very concerned he would end up in the hospital or jail if he did not find housing. Through some sort of divine intervention, he was awarded a voucher just a couple of months later. We worked with him to find an apartment, used DARS funding to help him purchase needed items and move some other things from Richmond, and helped his landlord get him set up with the necessary online rent payment plan. After moving into his apartment, his anxiety and overall mood greatly improved, and he was able to start working on other goals like access to health care, financial independence and finding a job.



TYPICAL CHALLENGE

One consumer qualified for Section 8 housing during the pandemic, after 7-8 years on the waitlist. Because all of this happened during the pandemic, options were very limited, and he ended up in a mobile home park. The trailer he lives in is not level, and he's been struggling with roaches. He has tried to make complaints about his living situation through STEP-section 8 housing but hasn't gotten anywhere. He is looking for a place to move but he has to have a 2 bedroom unit since he has a roommate and they are not married. There are certain areas he wants to avoid living in since he has been clean for years and doesn't want to fall back in with a bad crowd. He also has to find a place that will accept his Section 8 housing voucher. We're exploring housing options with him with very little success.

WHAT:

\$570,000 to expand specialized community based brain injury case management services

PATRONS AND ITEM NUMBERS:

Delegate Patrick Hope	330 #5h
Senator Monty Mason	330 #5s

<u>WHY:</u>

The Virginia Department of Health states approximately 28,000 Virginians sustain a brain injury each year. According to estimates from the Brain Injury Association of Virginia, more than 302,000 Virginians are disabled as a result of brain injury. In FY22, 8 state funded programs with 21 case managers were able to meet the case management needs of 1258 people with brain injury; roughly 25% of those with moderate to severe traumatic brain injury brain injury who would benefit from those services, a number which does not include those disabled by stroke.

This funding would facilitate the hiring of an additional 6 case managers to serve approximately 300 Virginians with moderate to severe injury, who are estimated to be disabled as a result of the injury and who reside in unserved and underserved regions of the state. Brain injury case management programs are moving toward a hybrid model, in which all staff will be trained to serve children and adults. There is no area of the Commonwealth that has sufficient staffing to serve adults and children with brain injury in their respective service areas, and this funding would be used to expand services and build capacity.

Several programs have waiting lists for Case Management services, and programs are struggling to meet existing demand in the face of insufficient funding. The COVID pandemic and the opioid epidemic are both known to be risk factors for brain injury and the confluence of these events is expected to drive the demand for this service and the need for additional brain injury support to all-time highs.

HOW:

Through a DARS Appropriation and existing contract processes, community based brain injury case management services would be expanded throughout Virginia.

"My case manager is very professional yet makes me feel like the most important person during my appointment. She is always looking for ways to help me."

"I am so thankful for my case manager, she is the one person who actually listens to me and understands my frustrations with trying to get help and dealing with a TBI!"

"My case manager helps to keep me on track and moving in a positive direction. She is an important part of my life."



RoSTO expressed interest in living on his own following an operation, a stint in a rehabilitation hospital, and while living with family. After a lot of research, his case manager was able to locate an accessible and affordable apartment! She helped him get a love seat, television, and a table through outside funding sources. He has been overjoyed with his new place!

"One of our consumers expressed a need for a customized leg brace during her regular meeting with her case manager. She needed the brace for better support and to properly engage in physical therapy. After a bit of research, her Case Manager found a partner, the Disability Rights and Resource Center in Martinsville, who provided the leg brace. Our consumer was excited to receive her new brace; she feels safer, and is looking forward to better participating in physical therapy."



WHAT:

\$675,000 for increase to base brain injury funding to address on-going, significant workforce retention issues experienced by providers.

PATRONS AND ITEM NUMBERS:

House: Del. David Bulova	330#7h
Senate: Sen. Frank Ruff	330 #8s

WHY:

Given inflation rates of more than 9%, we are seeking a 10% investment in our workforce. Despite our increases in 2021, providers are reporting increased personnel turnover and difficulty in filling open positions; due primarily to non-competitive salary offers, less than robust benefits also affect hiring, resulting in impacts in service delivery and meeting demands for services.

- Brain Injury Connections of the Shenandoah Valley is in the 10th percentile for case manager salaries.
- The BridgeLine in Charlottesville was able to add benefits with the last increase, but they are still woefully behind on salary parity.
- In Fairfax, case manager positions are advertised at \$63,000 and Brain Injury Services cannot be competitive at that rate; they remain below the mean and 75th percentile. On average, Brain Injury Services Case Managers are paid \$10k less than what the county offers for the same qualifications
- In rural areas, where Walmart is paying \$22/hr., Brain Injury Services of Southwest Virginia is struggling to find suitable applicants; their attrition rate was 31% in 2021.
- Case management customer surveys reflect a growing dissatisfaction; long wait lists lead potential clients to obtain services from organizations with less skill in managing brain injury.

HOW:

Through a DARS Appropriation and existing processes, contracts for community based brain injury service providers would be increased to raise overall staff salaries to levels at which the programs could fairly complete for qualified staff, and as needed, to increase staff hours to ensure adequate program staffing. The Brain Injury Association of Virginia would receive an extra \$50,000 of the money to the address the staffing and salary gap caused by the reduction in their role as a partner in the federal TBI Act grant.



"After checking with our HR consultant, who ran a comparable salary report for our service area, we are at least \$10k behind the mean for case managers with master's degrees and at least \$5k behind comparable positions with just bachelor's degree. At the current pace of inflation, we will not be able to catch up with the current level of funding. We created this FY budget with an approved deficit spending and have closed the gap with fundraising, however, next year we may have to look at reducing services."



"Due to the loss of a significant, long-standing state contract for the Traumatic Brain Injury Act Federal Grant Program, the Brain Injury Association of Virginia was left with a \$13,000 overall organizational deficit despite their share (\$96,000) of the previous workforce investment. One position was eliminated, 2 employees left for higher paying jobs, and 2 left because of resulting programmatic changes."

WHAT:

Inclusion of full-time employees of DARS' state-funded Brain Injury Services program contractors in Item #483 T.1.d. of the FY2023-24 Appropriations Act.

PATRONS AND ITEM NUMBERS:

Delegate Schuyler VanValkenburgh	483 #2h
Del Sam Rasoul	483 #1h
Senator Emmett Hanger	483 #1s

WHY:

Since 1989, there have only been 18 years when new funds were appropriated for brain injury services in Virginia. All but one of these appropriations were tied to the development of new programs rather than investments in current services.

This creates great difficulty for the state funded brain injury programs who are being hit with rising costs, rising wage pressures, and rising employee turnover. In southwest Virginia, the attrition rate was 20% for the last fiscal year; it was 50% for the Brain Injury Association of Virginia.

This amendment would include brain injury services contractors for DARS in groups that are eligible to receive raises when they are given to state employees. We have a companion budget amendment for the 2023 General Assembly session seeking money for investments in workforce retention. We continue to ask for these increases because we have no other mechanisms for obtaining raises. Had we been included in the language that appears in this section of the budget, we would have gotten a 5% raise July 1, equaling more than \$350,000 to address continued salary and benefit shortfalls.

Current Language

Central Appropriations: Full-time employees of Community Services Boards, Centers for Independent Living, secure detention centers supported by Juvenile Block Grants, juvenile delinquency prevention and local court service units, local social services boards, local pretrial services act and Comprehensive Community Corrections Act employees, and local health departments where a memorandum of understanding exists with the Virginia Department of Health. https://budget.lis.virginia.gov/item/2022/2/HB30/Enrolled/1/483/

Requested Amendment

Central Appropriations: Full-time employees of Community Services Boards, Centers for Independent Living, **state funded brain injury programs**, secure detention centers supported by Juvenile Block Grants, juvenile delinquency prevention and local court service units, local social services boards, local pretrial services act and Comprehensive Community Corrections Act employees, and local health departments where a memorandum of understanding exists with the Virginia Department of Health.



"After checking with our HR consultant, who ran the comparable salary report for our service area, we are at least \$10k behind the mean for case managers with

master's degrees and at least \$5k behind comparable positions with just bachelor's degree. At the current pace of inflation, we will not be able to catch up with the current level of funding. We created our 2023 budget with an approved deficit spending and have closed the gap with fundraising, however, next year we may have to look at reducing services."



"More than 60% of our staff have salaries below the market range. The pace of inflation has created a situation in which we will be forced to reduce services or

employees in order to continue providing a basic level of service."



"We have seen significant staff attrition over the past year, particularly at our Clubhouse programs. They're leaving because of low pay. And it has become incredibly challenging to rehire these positions. Just a year or two ago, if we had an open position, we would have dozens of applicants within the first week; recently, we have had just one or two applicants over the span of a month for these open positions, and that is with offering a hiring bonus.

Quality applicants turn us down when they find out the salary. Due to compression issues, it is difficult and prohibitive to offer a higher salary to new staff than what we are paying existing staff. Lastly, extended vacancies leave our programs short staffed, making it challenging to provide the intensity of supports, needed by our clients."