

Norfolk Community Services Board



On the Cover

Norfolk Community Services Board (Norfolk CSB) serves Norfolk residents who have developmental disabilities and/or mental health and substance abuse disorders.

The six people on the cover of this annual report are meant to be a visual reminder that you are welcome here, regardless of your age or race or gender. We serve over 5,000 people a year, as well as their family members and other loved ones. We interact with thousands more at health fairs and other public events.

Developmental disabilities are usually diagnosed in childhood and affect about three percent of the population—regardless of race, gender, or social standing. Mental health and substance abuse disorders can strike anyone in any group at any age.

These disorders can make it more difficult for people to manage their lives. With the proper treatment, however, symptoms may improve or even disappear and open up a life that is filled with the promise of friends, work and the joy we all seek in life.

Norfolk Community Services Board
225 West Olney Road
Norfolk, Virginia 23510-1523
(757) 823-1600
www.norfolkcsb.org

A Message from the Board Chair



Lewis J. Taylor, PhD

The past year has been a difficult one for Norfolk Community Services Board, not only for its staff and Board members, but for its clients and the community as well.

But, despite the clamor and distractions, two things are clear:

- our clients continue to make progress in their recovery from mental illness, substance use and developmental disabilities; and
- their progress is due to their courage and the remarkable dedication and professional abilities of the more than 350 employees who serve them.

During this past year, our staff have not wavered in their efforts to provide the highest quality behavioral health care to Norfolk's most vulnerable citizens.

I am also proud of the Board of Directors, whose members have worked to become a stronger, more proactive Board, better able to provide constructive governance that helps the organization achieve its goals. A healthy organization learns from its mistakes. Changes have been made and will continue to be made as necessary to enable the CSB to better accomplish its mission.

One of our goals is to have your trust in the Norfolk CSB. One way we can do that is by informing you with accurate, factual information about our services and finances. Another is to share with you some of the successes our clients have achieved. As you review our Annual Report, you will see that our clients are at the very heart of everything our counselors and case managers, physicians and directors, supervisors and support staff do as they support our clients' journey to recovery.

Lewis J. Taylor, PhD
Chair, Board of Directors

Norfolk CSB is an agency of the City of Norfolk. We plan, implement and monitor the delivery of services for individuals with mental health or substance abuse disorders and/or intellectual disability.

Norfolk CSB is the safety net for these vulnerable Norfolk residents. Many of them live at or below the poverty level, some have limited family or social supports, and others are sometimes homeless. They often also have significant health issues.

We work to help these individuals find their personal road to wellness and recovery by offering the help they need today while at the same time building toward a more independent future.

We have a strong commitment to Norfolk's children, as exemplified by the opening of our Pediatric Mental Health Clinic. We also do ongoing outreach to identify infants and toddlers with developmental delays.

Our Mission is "to provide a system of mental health, intellectual disability and substance abuse prevention, treatment and rehabilitation services for the citizens of Norfolk." These straightforward words have guided the organization's development and growth for over forty years.

If you need a speaker

Staff are available to speak at meetings or conduct workshops on topics related to the services we provide. We are also available to participate in health fairs and other public events. For more information, please call us at 823-1600.

If you need our help

**please contact us
at any of these numbers:**

823-1600	Main Telephone Number
823-1617	Intake Office to schedule an appointment
823-1623	Community Help Line if you have questions about our services
664-7690	Emergency Services 24 hours a day 7 days a week

Board Members

Officers

Lewis J. Taylor, Ph.D., Chair

Kathleen M. Weaver, R.N., B.S.N., Secretary

Members

Leigh Baltuch, M.D.

Pastor Kenneth Bryant

Garrat E. Cooper

William H. Graves, III, Ed.D.

Gary R. Hammond

Dana L. Redding

Lafayette H. Richardson

George H. Tatterson, Jr., C.P.A.

Eunice B. Whitehurst

Pamela A. Wright

Norfolk Community Services Board is composed of a maximum of fifteen members.

They must be residents of the City of Norfolk and are appointed by Norfolk City Council. They serve a three-year term and may be reappointed.

Norfolk CSB members volunteer their time and meet monthly to set the policy and direction of Board activities.

Savannah's Story--A Big Surprise for Navy Dad

Infant & Toddler Connection of Norfolk

Before she was even born, Stephanie and Mike Beane knew their baby had serious medical problems. Savannah was born 8 weeks early, diagnosed with Spina Bifida and a congenital condition in which an abnormal amount of fluid in the ventricles of the brain causes enlargement of the skull and pressure on the brain, destroying much of the brain tissue, called Hydrocephalus.

Doctors told them that their daughter would likely never walk. But she proved them wrong. While Mike was deployed to Iraq, Savannah and her mom worked hard with therapists provided through Norfolk CSB's infant program. The journey from birth to steps with a walker was not easy. Mike said he understands the perseverance and strength his wife showed while he was deployed, because he had a hard time enduring



Savannah's therapy before he left. "I would actually leave the house. She's been the strong one with her. When Savannah was in pain I would just pick her up and hold her," he explained.

Mike received the surprise of his life when he returned home from Iraq. Stephanie had been keeping a secret from him for several months, a secret about his two-year-old daughter. Once Mike got a good look at his little girl, it was clear her hard work had paid off.

Savannah stood in her walker and grabbed her dad's hat when he knelt down next to her.

"It's all I could ask for. My daughter can walk," he said as tears filled his eyes.

WAVY TV 10, November 15, 2010

—Christine Roe was Savannah's Care Coordinator

Success Stories

James' Story

Substance Abuse Services



James has known success in his life, and disappointment, too. He would do well for a while and then it would all fall apart. It seemed like every year or so, he'd end up involved with the justice system. It messed up his life and cost him the confidence of the people he loved the most.

James has Major Depressive Disorder and struggled for years with alcohol and drug use. He used to say he was depressed and confused. Now, thanks to medication that makes the depression manageable, he says he is depressed and focused. He is focused on staying well, focused on helping others with mental illness, focused most importantly on being a positive force in his children's lives.

James picked up a brochure about a program called Peer-to-Peer, in which people with a mental illness help each other. James became very active in Peer-to-Peer and is now a teacher and mentor for that program. He said, "It was great to find that I could help another person." James has been doing that ever since.

Donna's Story

Opioid Treatment Program (OTP)



"I used heroin for 27 years. I also used cocaine, benzodiazepines, and alcohol. It all began when I was 9 years old. My mother left me at home that Easter while she visited her sister, saying I could have a glass of wine. I drank the whole bottle. I also have Bi-Polar Disorder.

"I made several attempts at drug treatment with this program and others starting in 1992, but none of them took. In March 2009, I began treatment at OTP and I've been clean ever since. What made the difference? I finally learned that recovery truly can only be managed one day at a time, sometimes an hour at a time."

Over the past year, Donna received treatment for both her substance use and her mental illness. She has developed a better understanding of both disorders. She has become actively involved and grounded in her recovery and has achieved stability with her mental health disorder. Donna has made tremendous strides during this time and now lives a stable and fulfilling life.

Mrs. G's Story

PACT (Program of Assertive Community Treatment)



"In 1989 I was diagnosed with Bi-Polar Disorder. I wasn't sure what that was but I knew I had to get better to live the life I wanted to live.

"The next decades were whirlwinds of 'being better' and 'being hospitalized.' In the best of times I was productive, seeking knowledge and

education . . . I even sat on the Board of the local CSB. In the worst of times I was in state and local hospitals wondering what happened and why Saddam Hussein was sitting in on all my meetings and court dates. I couldn't seem to find a middle ground.

"The Norfolk CSB PACT Team helped me find a place to live and saw me every day. The team psychiatrist adjusted my medications until we finally hit on the combination that works for me.

"Today I am happily married and live independently with my spouse. I am involved in teaching WRAP (Wellness Recovery Action Plan) training. I use my plan regularly and am pleased to be able to help others develop their own plans for recovery.

"I can't say that I will never have a 'worst time' again. But I do know that I am living successfully now due to the desires of my heart and mind and the support of Norfolk Community Services Board's dedicated staff."



Qualeigh's Story

Intellectual Disability



Qualeigh has always needed a high level of care. With severe intellectual disability, chronic lung disease, seizure disorder, cerebral palsy, retinopathy, and broncho-pulmonary dysplasia, he had lived in an institution since infancy. At the age of six his adoptive parents, Michelle and Jose Martins, decided to move him to their home.

Since then, he has attended school regularly and has learned to count to 20. He has also learned sign language so he can talk with the people around him now. His family hopes that soon they will be able to remove the tracheotomy and feeding tubes and introduce him to solid foods. Thanks to physical and occupational therapies, he can take steps on his own.

Qualeigh has become a very social boy and enjoys spending time with his older adoptive brothers. He participates in tee-ball with the Ocean View Challengers and loves to travel with his family.

—Tiffany Langley is Qualeigh's Care Coordinator

Katie's Story

Infant Development Program

When she turned 21, Katie Mann was anxious to leave home for a weekend retreat—a birthday gift. *"I can't wait to get out of here,"* she said smiling at her mother. Joking with Katie, it's hard to believe this bright young adult was developmentally delayed as a baby. Katie has Down syndrome.

"I was in shock," said her mom Kitty. *"I couldn't believe I had a child with special needs."* Norfolk CSB's Infant Program began working with Katie at six weeks. They helped her sit, roll and walk.

"I would cry myself to sleep because it was so overwhelming," Kitty said, *"but the program gave me hope that she could reach her potential."*



Though well-rounded and social, Kitty and Katie had to fight to prove her normalcy—especially in school. Kitty had to constantly advocate for her daughter to take regular classes along with her special education curriculum. Katie elaborated. *"They didn't want me to take a government class, but I got an 'A.'"* Katie said. *"...I have Down syndrome, and that makes it difficult for people to give me a chance."*

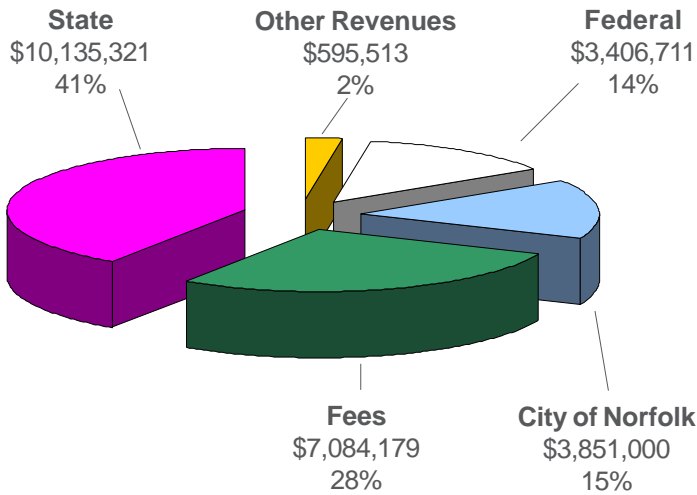
Katie does not remember the help she received, but the results of her success are obvious. This energetic young woman works with children at a preschool, a dream job for this social butterfly. *"I work and I love it!"*

Katie's other dreams include, *"Go to ODU and get a driver's license."*

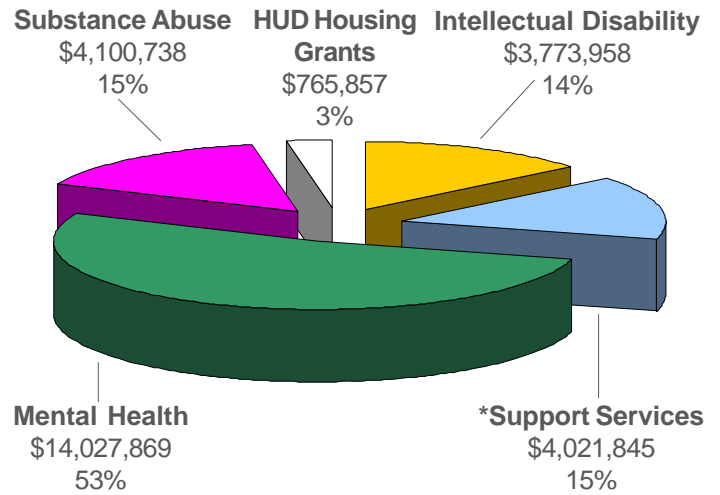
Some photographs in this report are stock photos. The names of some consumers have been changed to protect their privacy.

Resources and Expenditures

Resource Partners \$25,072,724



Expenditures by Category

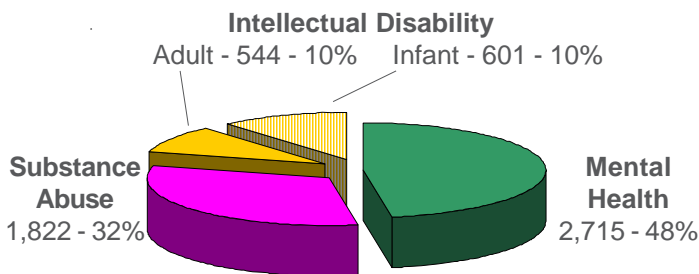


*Support Services include Boardwide functions such as Human Resources, Information and Technology, Financial Management, etc.

The financial audit of Norfolk Community Services Board was conducted for the year ended June 30, 2010 by KPMG.

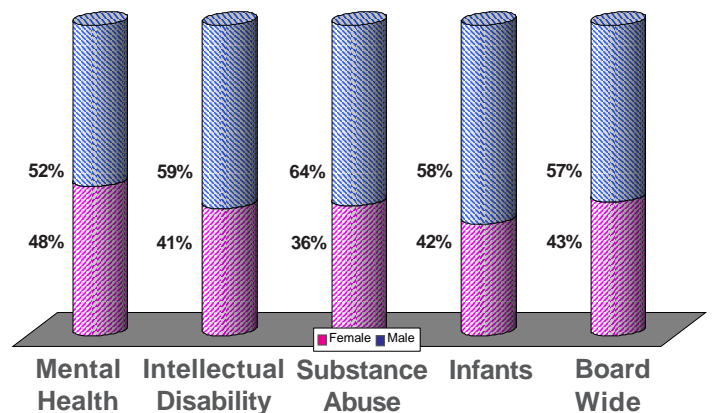
The People We Serve

Individuals Served

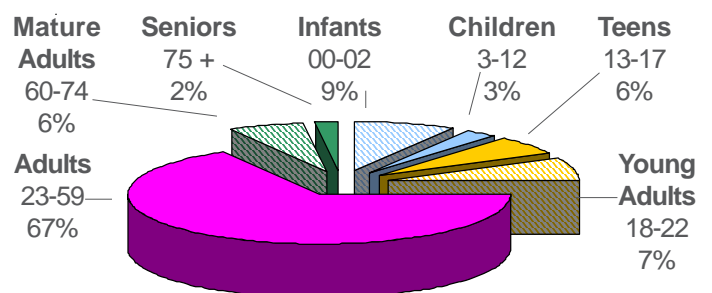


In addition, 66,624 individuals received information, education and referral services through community events such as health fairs and through Norfolk Public Schools.

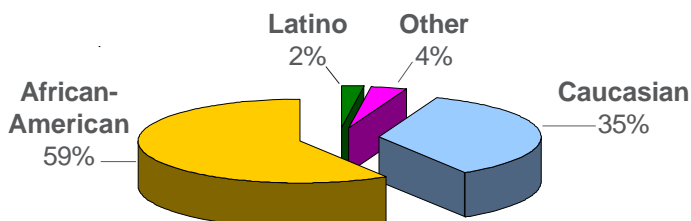
By Gender



By Age



By Ethnicity



Achievements of Fiscal Year 2010

- 601** infants and toddlers were served by the infant program called Infant & Toddler Connection of Norfolk during the fiscal year. 158 of these children graduated from the program, and 43% of these little graduates will no longer need special services.
- 27,730** students received mental health and substance abuse information, education and referral services through Student Assistance Counselors in ten selected Norfolk Public Schools. Unfortunately, this program had to be discontinued at the end of the fiscal year due to budgetary constraints.
- 38,894** contacts with residents were made by Prevention Services staff, primarily through community events such as health fairs and speaking engagements with local groups. Unfortunately, this program had to be reduced at the end of the fiscal year due to budgetary constraints.
- 544** individuals were served by Intellectual Disability Services, 284 of whom receive an ID Waiver which provides a variety of services, such as housing, medical care, day services. 124 Norfolk residents remain on the Urgent Waiver list and 114 on the Non-Urgent Waiver List, awaiting a new or vacated waiver slot.
- 743** individuals received the following services through our Criminal Justice program:
- 343 were served upon their release on probation or parole;
 - 151 were served through Norfolk Drug Court and Norfolk Mental Health Court, two highly supervised programs which give appropriate candidates the opportunity to receive treatment instead of jail;
 - 118 were served through the Jail Diversion program, which diverts appropriate candidates from jail into treatment;
 - 131 were served by the jail programs Freedom Within for men and Bridges to Freedom for women. Unfortunately, these two programs were discontinued due to budgetary constraints.
- 188** individuals were served through the Mental Health Therapeutic Learning Center, which offers group educational opportunities that enable individuals to better manage their mental illness and to increase or acquire skills needed to achieve their major life goals.
- December 2009** The first anniversary of living in the community for the four individuals who were the first clients with intellectual disability to transition from institutional care under the Money Follows the Person initiative. One young boy celebrated his first year in the community after transitioning from Lake Taylor Hospital and three adults transitioned from Southeastern and Central Virginia Training Centers. All have remained stable and have been successful in the community.
- February 2010** The Opioid Treatment Program established the Patient Advisory Committee to provide ongoing feedback and direct input to the program on matters regarding service delivery. Recruitment of committee members was held through June, 2010.
- April 2010** Norfolk CSB launched the Advance Directives Peer Facilitation Project, an initiative unlike any other in the Commonwealth of Virginia. Interested client volunteers underwent a year-long rigorous program of peer training and facilitation. The course of study was developed and implemented by Ms. Dana Traynham, a staff attorney for the Virginia Office of Protection and Advocacy and recognized expert in the field of advance directives, with input from John Oliver, former Chesapeake City Attorney. This program is being considered as a model for the State.
- Fiscal Year 2010** Eastern Virginia Medical School's Community and Family Medicine began providing Norfolk CSB staff with training about medical co-morbidity and general medical issues that individuals receiving services may experience.

On September 11, 2009, Norfolk Community Services Board was afforded the opportunity to engage in a strategic planning process facilitated by the Annie E. Casey Foundation. The strategic planning process utilized a process called Common Language. Common Language uses evidence to facilitate communication between those who support the individuals we serve: parents, practitioners, managers, other agencies, policy makers and researchers, as well as the individuals themselves.

The outcome of this strategic planning process was a strategic plan with the following three goals.

- Improve the health status of individuals living with a mental illness, substance use disorder, or intellectual disability.
- Teach individuals with a behavioral health disorder to effectively manage their illnesses.
- Assist individuals in attaining a role of their choice in the community.

This strategic plan is one of the most focused and succinct plans we have had the pleasure of implementing. Its simplicity was valuable in aligning the organization at all levels and functions. The Norfolk CSB strategic plan provided the platform for identifying evidence-based practices and skill level and knowledge of staff in implementation. As a result of this assessment, Norfolk CSB has invested significant time and resources into staff training. The following individuals have been on sight and continue to mentor staff on a monthly basis.

- Scott Migdole, LCSW, of Yale New Haven, has worked with the staff in formulating diagnostic assessments and person-centered individual service plans that meet medical necessity. Scott is also working with the ACT and PACT team in optimizing functioning using skill-based evidence-based modules.
- Mary Thornton has worked with case managers and mental health support staff and introduced a library of evidence-based practices to empower clients into role attainment as efficaciously as possible.
- Susan Curran has worked with the Housing First staff and has successfully worked with the staff,

consumers and landlords to have all leases transferred to the consumers as a major step in autonomy. Susan has also worked with the PATH team in identification and engagement evidence-based practices.

- Eastern Virginia Medical School (EVMS) Department of Community Medicine is working with the CSB in the development and training of chronic disease management curriculum. The EVMS Department of Community Medicine has been on site and providing staff training on the most common physical chronic illnesses in the population we serve.
- Lisa Yawn, PhD, JD, is working with the intake and outpatient departments to increase access and capacity and to effectively triage to the appropriate level of care and evidence-based practice.
- Craig Fair has worked with the finance team in constructing a revenue cycle to maximize billing and collecting based on the new services and billing opportunities.

We would like to thank the Board of Directors for their support through this challenging year. The staff of Norfolk CSB did a truly remarkable job in focusing on the quality of care through goal attainment of the mission-based strategic plan. It would have been very easy to lose sight of the mission-based strategic plan with numerous administrative distractions. We can sincerely state that the quality of care provided to the individuals we served improved throughout this year. The staff has been receptive to the academically rigorous training and has shown great adeptness in implementing what has been learned. We will continue to improve both the access and quality of care ensuring Norfolk residents the help they need and deserve.

The rubric on the next page provides a quick view of the major accomplishments to date.

Three Strategic Goals	Developing Objectives	Accomplished Objectives	Exemplary Objective Attainment
<p>Improve the health status of individuals living with a mental illness, substance use disorder, or intellectual disability.</p>	<p>Identified an Electronic Health Record with primary care integration, medical home and established libraries. Awaiting best and final offer.</p> <p>Primary care physicians interviewed and offer pending once Medical Services Unit cleared to move.</p> <p>EVMS* Department of Community Medicine will place residents once the primary care physician supervisor hired and on site.</p>	<ol style="list-style-type: none"> Gathered the data on numbers of CSB clients in need of primary care, dental care and the health needs of these individuals Identified best practices or professional staff development and brought in trainers 	<ol style="list-style-type: none"> Collaborated with EVMS* Department of Community Health to develop a chronic disease and wellness curriculum Partnered with Old Dominion University School of Nursing for nursing students to teach health and wellness at the Therapeutic Learning Center. Partnered with Portsmouth Health Center to have a dental van on sight quarterly for dental services at minimal or no cost to consumers. <p>* Eastern Virginia Medical School</p>
<p>Teach individuals with a behavioral health disorder to effectively manage their illnesses</p>	<p>An in-house pharmacy vendor identified and awaiting move of the Medical Services Unit to co-locate with physicians and pharmacy.</p>	<p>SAMHSA (Substance Abuse and Mental Health Services Administration) Tool Kit for Illness Management and Recovery and other curriculum on site and staff beginning to implement the modules in TLC (Therapeutic Learning Center) and ACT/PACT (Assertive Community Treatment/Housing First and Program of Assertive Community Treatment)</p>	<ol style="list-style-type: none"> Community Resource Guide developed and available. Norfolk CSB has led the state in training of peers for Advance Directives. Peers employed at TLC and the Crisis Stabilization Unit helping individuals with their Wellness and Recovery Plan (WRAP). All consumers provided information about NAMI (National Alliance on Mental Illness) and community support groups at the time of intake. Individual Service Plans identify strengths and hope for the future.
<p>Assist individuals in attaining a role of their choice in the community.</p>	<p>A Transportation Committee which includes staff and consumers has been chartered to make transportation recommendations.</p>	<p>A Consumer Advisory Council has been formed and they meet monthly.</p> <p>Identified need for employment as the most critical need.</p>	<ol style="list-style-type: none"> Housing needs for clients identified. A full-time housing coordinator has been assigned. Leases shifted to consumers and Virginia Housing Support. Volunteer Opportunities have been identified and a van transports weekly for interested volunteers at the SPCA. Department of Rehabilitative Services Counselor on sight for individuals with addictions.

No Teenagers Turn Their Lives Around without Counseling

No One Arrested for Drunk Driving in the Past 12 Months

Special Education Classes Are Empty: No One Needed Them This Year

Aren't these just the kind of headlines we'd all love to see? If only someone would wave a magic wand and fix all these problems, life would be so pleasant.

Pixie dust doesn't cure depression or mental illness of course, it won't keep someone from drinking too much, and it won't prevent the developmental disabilities that affect about three percent of infants born every year.

Here's something that could help. How about if we all set aside our personal biases about mental illness and substance abuse and stopped focusing on the things that set people with disabilities apart from us. Instead, let's concentrate on what brings us together.

That would set people free to get help with their sadness, to pursue recovery from mental illness and substance abuse. If we offer our neighbors and co-workers support, they won't have to be afraid that someone will find out about it. That might make it easier to seek treatment.

Here is something else that might help. A guide to help us all challenge the myths and bust the stigma about mental illness and substance abuse.



The Pediatric Mental Health Clinic brings together a team of professionals who provide a wide array of mental health services to children and adolescents up to age 21.

Through a continuum of care model, this program provides a thorough assessment as well as treatment options that are most fitting for each individual and his or her family. This team of mental health professionals includes specialists in counseling, psychology, psychiatry, nursing, art therapy, and social work.

What Happens First

Call 823-1630 to schedule an appointment, and a licensed therapist will conduct a comprehensive intake/assessment. From there an individual service plan will be developed. Treatment may include individual, family, and group counseling, substance abuse education and treatment, crisis and mental health counseling, medication therapy, and psychological testing. Clinicians may also assist in linking you to support services in the community.

Some of the Services Available

Intensive In-Home Services assist families when their children return home from residential placements or when mental health needs put the youth at risk for an out-of-home placement.

Intensive Care Coordination is available through recommendation by the Norfolk Interagency Consortium Board and Community Assessment Team. The Intensive Care Coordinators work with all members of a child's treatment team when they are at risk of residential placement or are transitioning out of a residential program back into the community. The Coordinators make sure there is continuity and consistency among individual service providers.

Juvenile Courts and Detention Services include a team of clinical professionals who provide individual and group counseling, case management and court liaison services to youth involved in the juvenile justice system. The court liaison acts as a resource to families, judges, social workers, and other professionals to ensure that mental health and substance abuse issues within families are identified and addressed.

The Most Important Thing

You're not in this alone any more. Call us, we can help.

Bust the Stigma

Please take this handy pocket guide to use as a reference or to share with someone you know. By spreading the word that Recovery is Possible and Help is Available, we reduce the stigma often attached to seeking behavioral health care. Once the stigma is gone, more people will feel free to get the help they need to achieve their own recovery.

**Norfolk
Community
Services
Board**

*Challenge the Myths
Bust the Stigma*

*a ready reference
pocket guide*



Maureen Womack

How do you balance the need to transform a system of care and revitalize a weary staff with shrinking resources, increased demands for services and a tide of negative publicity?

These are a few of the challenges that Norfolk Community Services Board faced this past year. There are things we did well and others we could have done better. The progress we have made is attributable to our commitment to quality and accountable health care that is delivered by a team of dedicated staff, courageous consumers, and a hard working Board of Directors.

The need to transform the behavioral health system was prompted by the report of the Commission established by President Bush in 2003. *“The Commission recognizes that thousands of dedicated, caring, skilled providers staff and manage the service delivery system. The Commission does not attribute the shortcomings and failings of the contemporary system to a lack of professionalism or compassion of mental health care workers. Rather, problems derive principally from the manner in which the Nation’s community-based mental health system has evolved over the past four to five decades.”*¹

Never in the history of behavioral health have we seen so many technological advances being introduced. America’s pharmaceutical research and biotechnology companies are currently developing 313 medicines to help the nearly 60 million American adults today suffering from some form of mental illness or behavioral disorders. Recovery and even prevention one day are realistic hopes. We have the tools to enable people to live, work, learn and participate fully in the community.

However, transformation comes with challenges. *“The word ‘transformation’ was chosen carefully by the Commission to reflect its belief that mere reforms to the existing mental health system are insufficient. Transformation is a powerful word with implications for policy, funding, and practice, as well as for attitudes and beliefs. Indeed, transformation is not accomplished through change on the margin but, instead, through profound changes in kind and in degree. Applied to the task at hand, transformation represents a bold vision to change the very form and function of the mental health service delivery system to better meet the needs of the individuals and families it is designed to serve. As with any large-scale organizational change, transformation of the mental health system will be a complex process that proceeds in a non-linear fashion and that requires collaboration, innovation, sustained commitment, and a willingness to learn from mistakes. Transformation is a long-term process.”*¹

To guide this transformation the Norfolk Community Services Board developed a strategic plan that serves as our blueprint and is aligned with the federal agenda and the Department of Behavioral Health and Developmental Disabilities Strategic Plan – “Creating Opportunities.”

This report will illustrate our accomplishments towards this plan this year. Many thanks to all of those who made these goals come to fruition.

Maureen Womack
Executive Director

¹ TRANSFORMING MENTAL HEALTH CARE IN AMERICA - The Federal Action Agenda