

**Norfolk Community Services Board  
Board of Director's Meeting  
Executive Director's Report  
August 9, 2011**



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## ITEM FOR ACTION:

### A. ANNUAL LEAVE POLICY

**1. Summary:** In recognition of the new executive leadership team and in support of the annual HR policy review process, the Employee Leave Policy is being presented to the Board. Accordingly, the previous policy which provided 30 days of annual leave to director level employees has been revised to provide 30 days of annual leave for director level and above staff. This now includes the Chief Financial Officer, Chief Operations Officer, and the Director of Human Resources. Full time physicians would also be eligible for the 30 days of annual leave.

The Employee Leave policy also celebrates the personal and religious diversity of our employees by providing an 8 hour annual holiday, "Diversity Day." This holiday will take the place of the current four hour floating holiday.

**2. Recommendation:** The NCSB leadership team recommends the NCSB Board of Director's adopts and approves the changes to the leave policy as a way of supporting staff and being sensitive to the diversity of cultures and religions employed at NCSB.

**3. Financial Costs of Diversity Day:** The diversity day is an increase of four hours of holiday for each full time and permanent part time employee. The cost for this holiday has been estimated to be \$27,307. This information has been attached for your review. The previous ½ floating holiday will now be a full day of leave.

Attachment: A copy of the full policy is enclosed for your review.

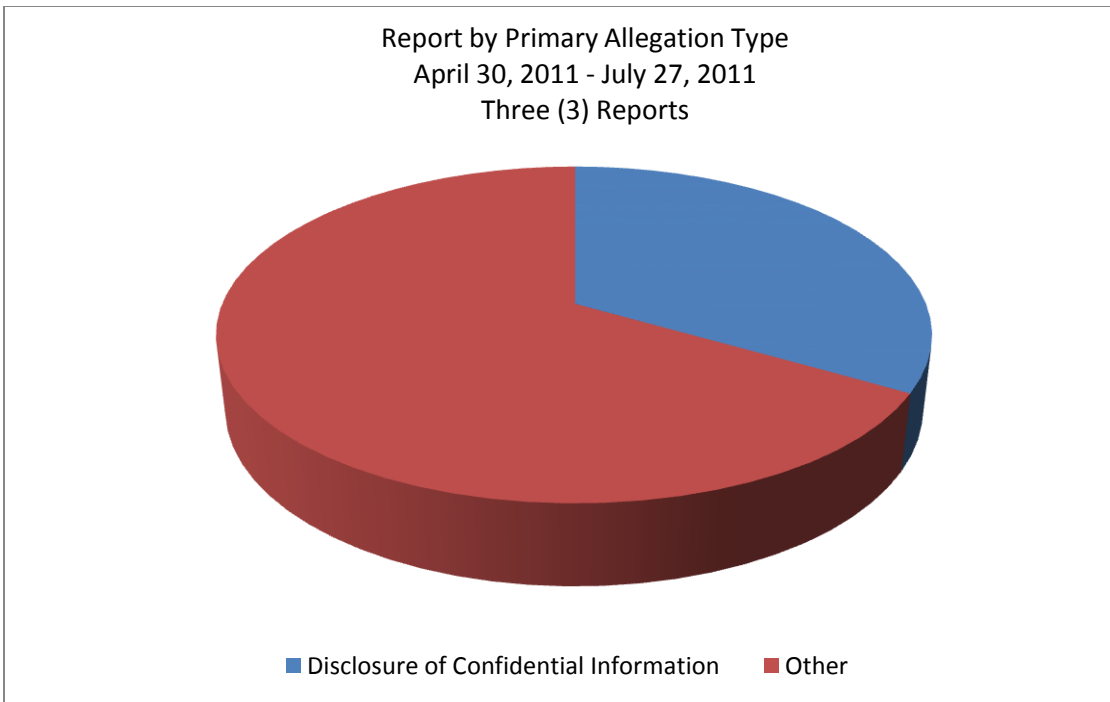
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## ITEMS FOR MONITORING:

### A. QUARTERLY CORPORATE COMPLIANCE REPORT

#### I. Allegation Reports:

There were no Medicaid/Medicare fraud, waste, or abuse (Corporate Compliance) reports received during the last Quarter. There were a total of three (3) reports received between April 30, 2011 and July 27, 2011. These are reports received since the previous quarterly report (May, 2011) to the Board. One (1) of these reports was received via our AlertLine hotline (33%), one (1) via an office visit (33%) and one (1) via an e-mail (33%). Of the reports received, the locations of the reported issues were two (2) at our Olney Road Center (66%) and one (1) at our Tidewater Drive Center (33%). Two of the reports during this period were identified (66%) and one of the reports was anonymous (33%). One (1) prior case remains open at this time. A copy of the Compliance Allegation Tracking Grid for these reports is included as an attachment to this report.



**Figure 1 – Reports by Primary Allegation Type**

Attachment: Compliance Allegation Tracking Grid

Attachment: DBHDS Memorandum, re: Summary of Local Early Intervention Systems Monitoring Results for FY2010 (7/1/2010-6/30/11) for the Compliance Indicators

Attachment: Summary of Local System's FY 2010 Monitoring Results for the Compliance Indicators

Attachment: Summary of Local System's Results for Compliance Indicators Requiring a CAP

Date	ID	Method	Location	Nature of Allegation	Status	Investigation Summary	Results	Resolved (date)	HR	CC	BC	PR	RM	LEGEND: HR = Human Resources CC = Corporate Compliance BC = Billing/Coding PR = Privacy RM = Risk Management
There were <b>no</b> Corporate Compliance (e.g. pertaining to Medicaid/Medicare Fraud, Waste, and/or Abuse) during this reporting period														
5/3/2011	NCSB-11-05-0001	Via AlertLine	ORC	Other	Closed	Consultation with Human Resources staff and Services Director over Pediatric Services	Unsubstantiated. Staff member attended another class and this was confirmed with the trainer.	5/4/2011	X					Staff signed up to attend training but did not come to the class. Someone signed staff as present for the class when she was not present. Staff received a training certificate and the Caller was upset that staff had received credit for training they had not completed.
6/22/2011	NCSB-11-06-0001	Via e-mail	ORC	Disclosure of Confidential Information	<b>OPEN</b>	Copies of Norfolk CSB medical records were forwarded to the Board of Medicine	Ongoing		X			X		BoM presented on 6/15/2011 seeking to review 3 medical records of individuals receiving services from an Norfolk CSB physician. They presented with faxed pages received from actual Norfolk CSB medical records.
7/19/2011	NCSB-11-07-0001	Office Visit	TDC	Other	<b>OPEN</b>	A fax transmission containing patient names and laboratory UDS results was discovered in a staff members inbox. The patients were not Norfolk CSB consumers. Apparently, these were patients of one of the Norfolk CSB staff who has an outside business.	Case turned over to Human Resources. Recommended letter be sent to staff's business address advising of breach and reporting requirements.		X			X		Staff was able to identify that the patients were not Norfolk CSB consumers nor was the laboratory one used by the Norfolk CSB. Staff identified that these persons were receiving services from an outside company.

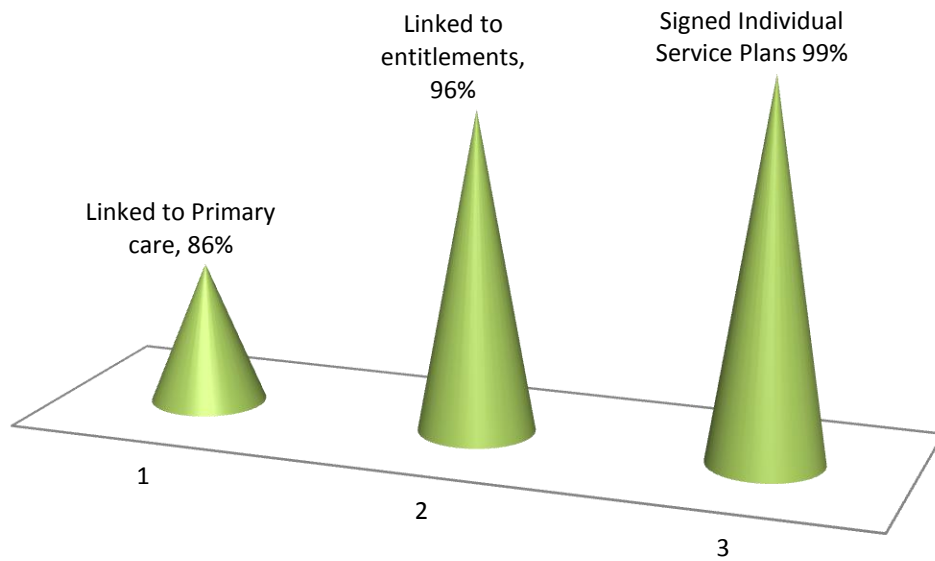
**B. INFANT AND TODDLER PROGRAM – EXTERNAL AUDIT**

The Infant and Toddler Program underwent an external audit by the Department of Behavioral Health and Developmental Services. The program received a rating of 100% compliance. A copy of the audit report is enclosed for your review.

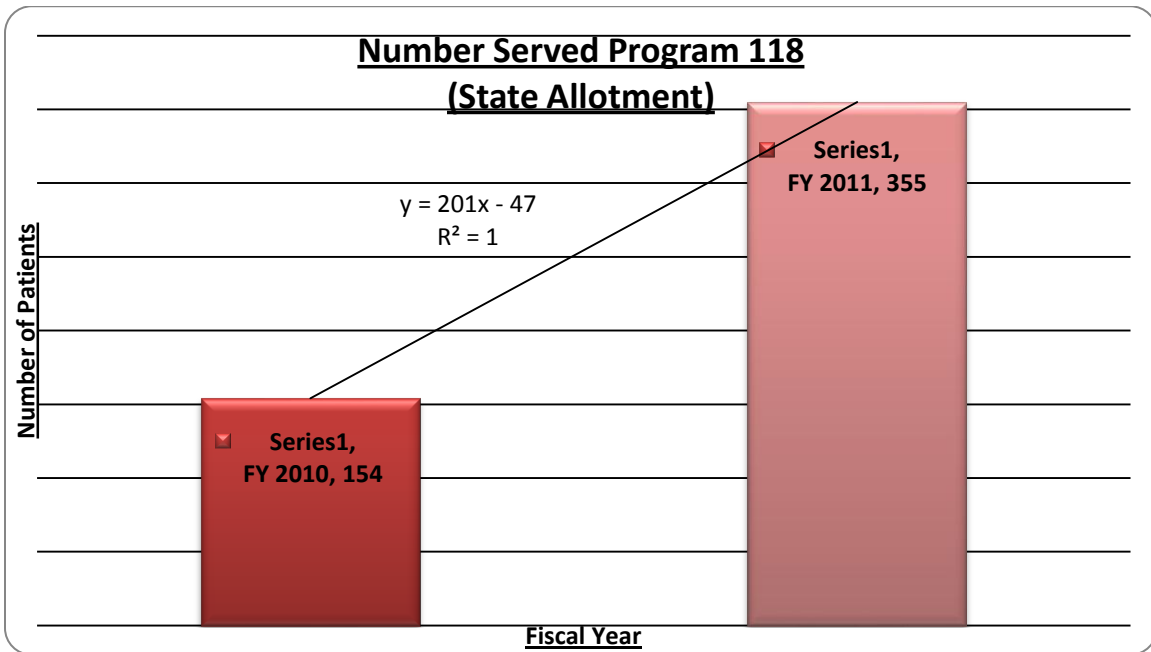
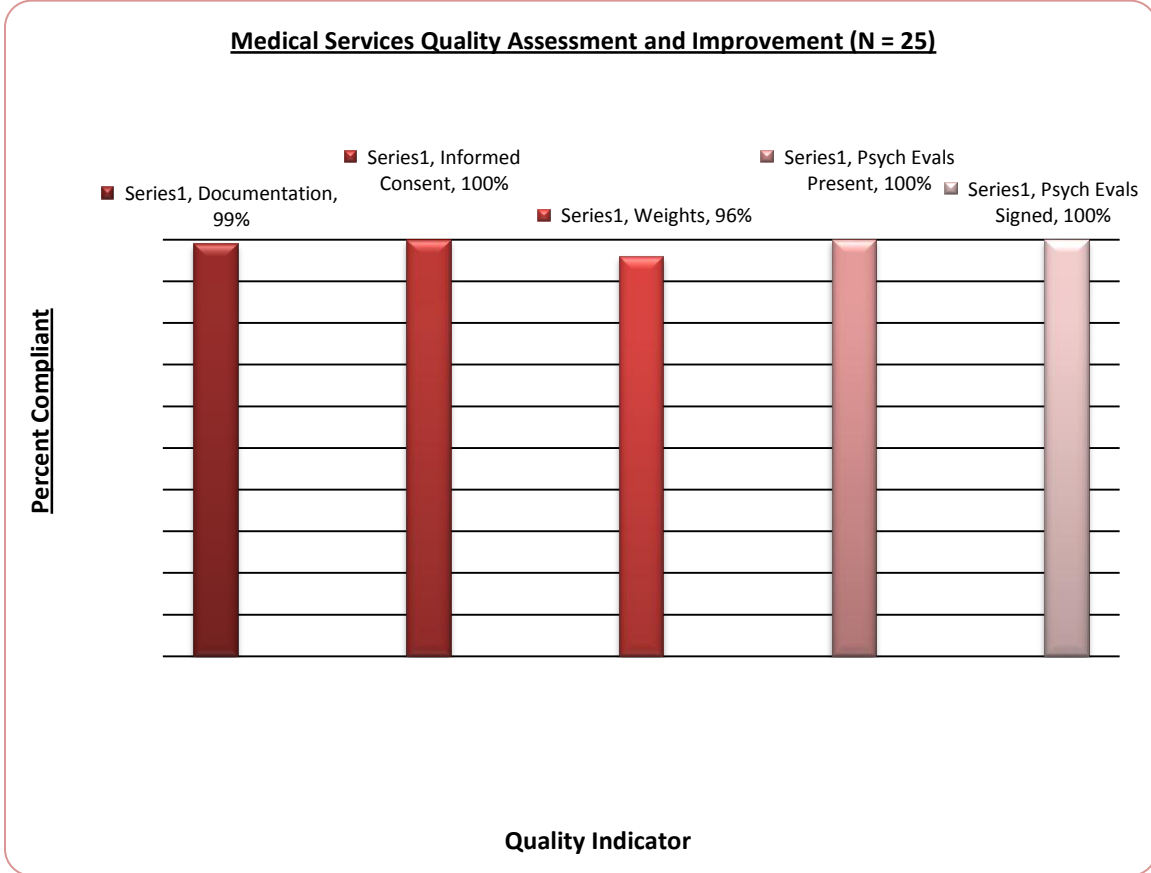
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**C. DEPARTMENTAL REPORTS:**

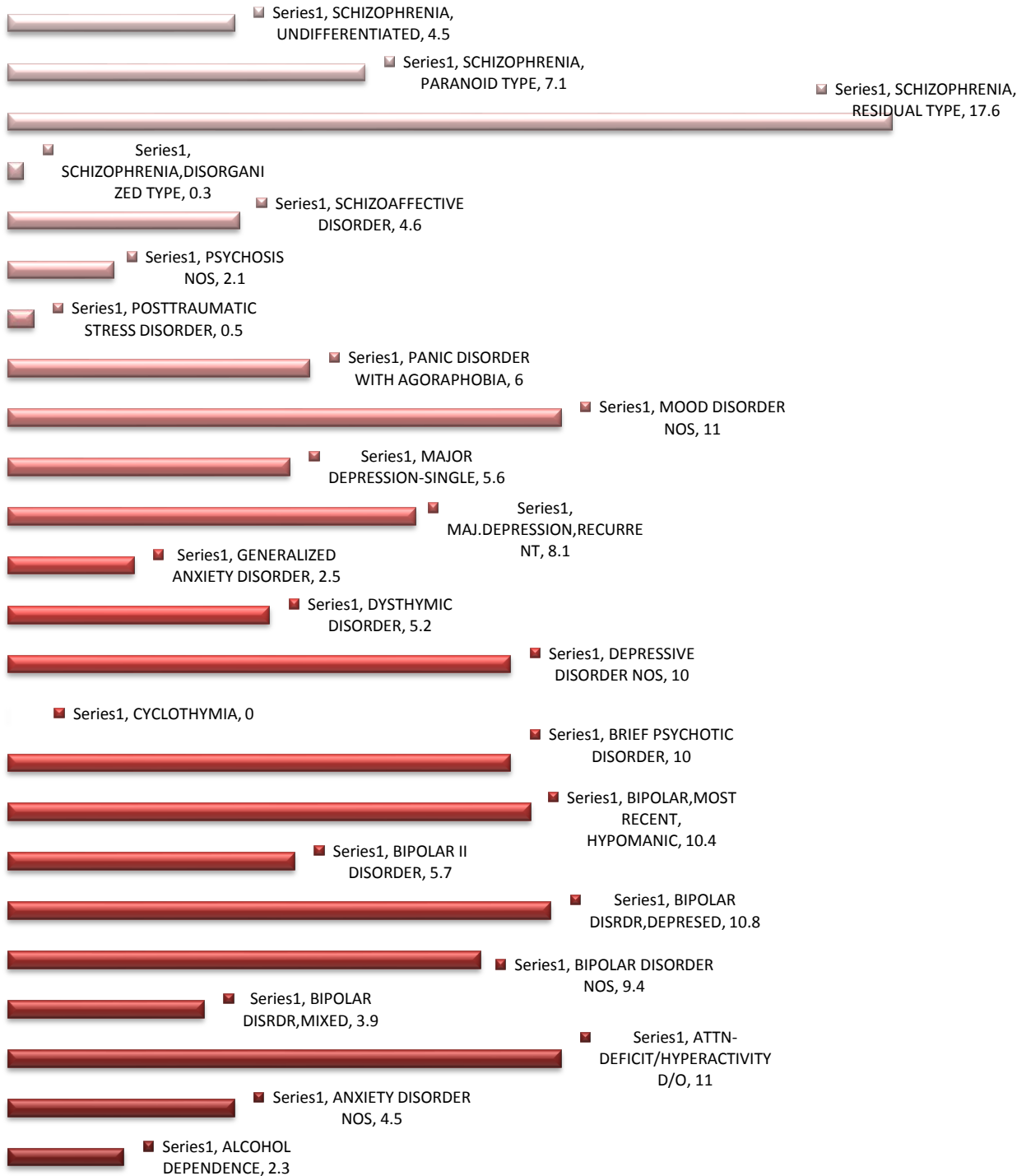
**1. OPERATIONS:**



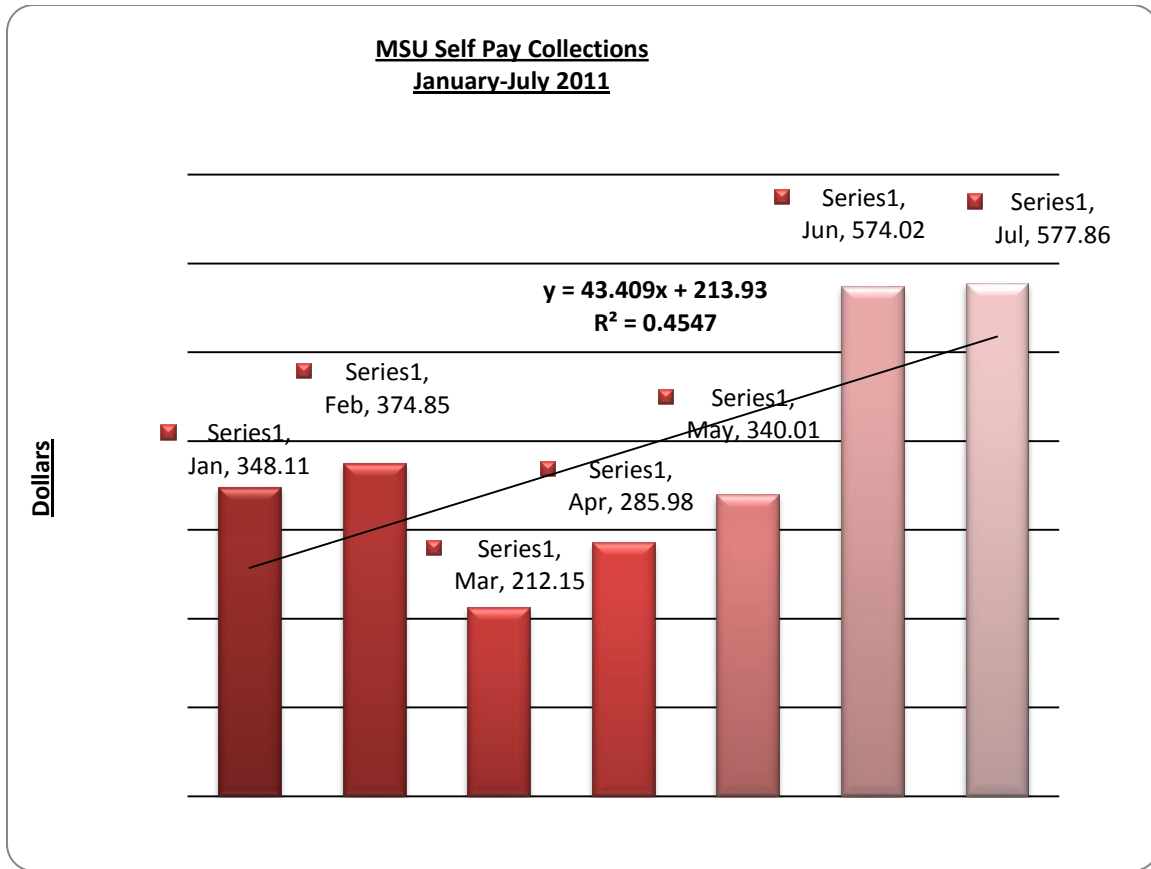
2. MEDICAL SERVICES:



## Average Change in GAF By Diagnosis (Intake GAF to Most Recent GAF)



**Average Change in GAF Score**



### 3. FINANCE AND INFORMATION MANAGEMENT

- All Fiscal policies have been reviewed and approved as of July 1<sup>st</sup>, 2011.
- The recommendation of reporting results per GASB Statement 35 has been implemented. In addition, the Chief Financial Officer will work with the external auditors to ensure that their financial statement presentation of the CSB's results also adheres to GASB Statement 35.
- The practice of budgeting with input from all levels of the organization has already been implemented for the fiscal year ending June 30, 2012.
- The recommendation that the Accounts Receivable Allowance for Doubtful Accounts include all payer sources has been implemented.
- The contract for the Electronic Health Record (Unicare Profiler ®) has been executed and the initial implementation call has occurred.
- The annual external audit is underway. Fieldwork began on August 1<sup>st</sup>. An entrance conference was held on 7/13 with KPMG, the Executive Director and the Chief Financial Officer.

## ITEMS FOR INFORMATION AND/OR CELEBRATION:

### A. GRANT AWARD

Norfolk Community Services Board applied for a grant to provide primary care to the individuals we serve (Primary and Behavioral Health Care Integration in Norfolk, Virginia - RFA No. SM-09-011). I wrote the grant in 2009, and we were notified on July 19<sup>th</sup>, 2011 that we were an awardee for the four year grant funded at \$2 million with an additional \$500,000 in fee collections. We were one of six in the country out of thousands of applicants to be selected.

The following is a brief overview of the grant and the purpose:

- 5.4% of Virginians have a serious mental illness. In Norfolk, that comes to 12,814 residents. People with serious mental illness live an average of 25 fewer years than the general population, often due to “medical conditions such as cardiovascular, pulmonary and infectious disease” with modifiable risk factors such as obesity, tobacco use, diabetes and hypertension.
- The Norfolk Community Services Board (Norfolk CSB) served 2,700 people with a mental health diagnosis in fiscal year 2008, 1,100 of whom were seriously mentally ill. Of this number, an estimated 44% (484) had no access to primary medical care due to lack of insurance or inability to afford out-of-pocket costs for medical services.
- It is the intention of the Norfolk Community Services Board (CSB) with its collaborative partners to address the gap of integrated behavioral health and primary care following the Person-Centered Healthcare Home model described by the National Council for Behavioral Healthcare. This program model will allow for the expansion of outpatient primary care capacity within the behavioral health setting by adding a Primary Care Physician (PCP), Nurse Practitioner and a Nurse Care Coordinator to the existing Medical Services Unit. The four-part team that also includes a Psychiatrist and Care Coordinator will more easily assess and identify undiagnosed but treatable conditions for chronic diseases to manage both physical and mental illnesses in one cohesive treatment plan. People who normally face barriers and stigma associated with treatment for mental illness and substance abuse will be able to access more flexible, comprehensive care within one community-based setting.
- Overarching goals and objectives within this model include:
  1. Individuals seeking behavioral health services will also have access to primary health services in one setting.
    - (a) Individuals in behavioral healthcare services have an ongoing relationship with a personal, primary care physician.
    - (b) Individuals receiving behavioral healthcare services also receive full-scope primary healthcare.
  2. Individuals with co-occurring behavioral disorders and chronic disease will achieve improved physical health and quality of life.
    - (a) Individuals with newly diagnosed chronic disease obtain health care education and treatment within the behavioral healthcare setting.
    - (b) Individuals with co-occurring chronic disease and mental illness adhere to treatment plans.
    - (c) Individuals with co-occurring chronic disease and mental illness maintain improved physical and mental health.
  3. The integration of primary care and behavioral health as a standard of care in Norfolk, VA.

The key components to be implemented to achieve these goals include:

- Regular screening and registry tracking / outcome measurement at the time of psychiatric visits. By tracking key health indicators during this medical visit the patient's overall physical health is monitored and any necessary changes to treatment are identified early.
- Co-location of a medical nurse practitioner and primary care physician in behavioral health settings. This improved access to primary care and in a group setting increases the likelihood that mentally ill consumers will be more engaged and ready to receive full-scope care.
- An embedded nurse care manager. This position oversees the monitoring of patient health status and coordinates collaborative care across various providers if required.
- Wellness programs. Through provision of ongoing education and awareness for consumers about their lifestyle, health practices and medical status, there is improved self-management for a better overall quality of life. The wellness activities will be provided by NCSB and our community partners.

This makes the location of clinic space a critical and urgent need.

Attachment: SAMHSA's Strategic Initiatives

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**B. SHEDDING LIGHT ON STIGMA**

● **NOW ON SALE!**

LEGENDARY FOLK ICON  
**JUDY COLLINS**

NAMI – Norfolk and the Norfolk CSB  
Present

**Shedding Light on Stigma**

**A Night of Music  
with  
Judy Collins**

Friday, September 9 at 8:00 pm

Harrison Opera House

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**ITEM FOR DISCUSSION:**

**A. FACILITIES**

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This report is respectfully submitted by:

Maureen Womack  
Executive Director