

Norfolk Community Services Board
Board Meeting Notice
4:00 p.m., Tuesday, November 8, 2011
1st Floor Multi-purpose Room
225 W. Olney Road, Norfolk, Virginia

AGENDA

1. Call to order
2. Attendance
3. Approval of the October 11, 2011 board meeting minutes
4. Report of the Chair
 - Resignation of Executive Director
 - Draft Annual Calendar
 - Draft proposed board policy changes
5. Report of the Ad Hoc Committee on Executive Director Evaluation and Compensation
6. Report of the Executive Director
 - Virginia Behavioral Health Partnership
 - Preliminary budget for FY 2013
7. Nominating Committee Report
8. Self-evaluation
9. Next meeting: December 13, 4:00 p.m., same location.
10. Adjournment

NORFOLK COMMUNITY SERVICES BOARD MINUTES

October 11, 2011

225 W. Olney Road, Norfolk, Virginia

Members Present:

Lewis J. Taylor, Ph.D., Chair
William Graves, III. Ed.D.
George H. Tatterson, Jr., CPA
Dana L. Redding
Kenny Bryant
Capt. Henry Conde, Ret.
Capt. Garrat "Gary" Cooper, Ret.
Eunice Whitehurst
Patrick D. Thrasher, M.D.
Capt. Neil Walsh, Ret.
Dorothy Isaac

Staff Present:

Maureen Womack, Executive Director
Robert Horne, Corp. Compliance Officer/Board Clerk

Advisors Present:

Jack Cloud, Norfolk City Counsel

Absent:

CDR Gary Hammond, Ret.
Kathy Weaver, Secretary

Comprising a quorum of the members of the board

Call to Order

The meeting was called to order by the Chair at 4:01 p.m.

Approval of the committee and board meeting minutes

The Chair requested whether the members had any changes or would they accept the minutes for August 29 Ad Hoc committee minutes and September 9 and September 21, 2011 board meeting as prepared. There being no corrections, the Chair accepted the minutes as prepared.

Report of the Chair

The chair requested approval of the proposed changes to the Ends Policy as proposed in the September 9, 2011 meeting of the board. **A motion was made and seconded to accept the proposed changes to the Ends Policy as proposed in the September 9, 2011 Board meeting. There was no discussion. The motion passed unanimously.**

Report of the Executive Director

- a. Quarterly Monitoring Report – The Executive Director provided an overview to the members of her annual (as of the end of the last fiscal year) and first quarterly monitoring report. She began with an overview of the Executive Limitations Matrix, focusing specifically on areas where there was either partial or non-compliance with the policy. There was a brief discussion of the need for the board to define its debt guidelines. The Chair asked that members forward any suggested revisions to the executive limitations policies to him to be addressed in future board meetings. There was discussion on item 3.4.1 and the interpretation of the Executive Director for this policy. **A motion was made that the Executive Director's interpretation of 3.4.1 was reasonable, and given her interpretation, that she was in fact in compliance with this policy. The motion was seconded. There was no discussion. The motion passed unanimously.** The Executive Director responded to questions related to her interpretation of the executive limitations policies.

The Executive Director next presented an overview of the organization's annual monitoring of the Ends Policy. Dr. Handel provided the members present with a broad overview of the survey development and results. He responded to questions from the members on the survey results. The Executive Director shared that the current survey serves as a baseline and results would be trended over time. There was discussion about including commentary for respondents to indicate how the organization could improve in areas where they scored the organization poorly.

There was discussion about the potential for benchmarking certain of these measures against national indicators. There was also discussion of the need to consider rewriting 4.1.2 so that it does not include a double negative and includes more clarity for the measurement of this end.

There was a motion to accept the Executive Director's SFY 2011 and 1st Quarter SFY 2012 Executive Limitations Matrix and Ends Policy Survey Report, as previously amended. The motion was seconded. There was no discussion. The motion passed unanimously.

- b. Update on Wainwright Building – The Executive Director provided the members present with an update on the Wainwright building. The projected date of occupancy is currently December 1, 2011.
- c. Medicaid & Managed Care – The Executive Director presented information on the movement of the Department of Medical Assistance Services toward establishing statewide managed care for behavioral health Medicaid services. The Executive Director responded to questions from the members present on the implications of this Request for Proposals. **A motion was made that the Board of Directors authorize the Executive Director to execute necessary documents to join the Behavioral Health Partnership of Virginia and any resultant state-wide managed care company(ies). The motion was seconded. There was discussion that this motion was unnecessary since this is an operational issue and as a result is under the purview of the Executive Director. The motion passed with three of the members voting against the motion on the basis of the discussion previously.**

Self-evaluation

The Chair solicited feedback from the members on recommendations for improvement(s) for the board's meeting. The Chair issued a request to provide input on the annual calendar for the Board.

The Chair shared that there were three items that would be included in the proposed agenda for the November board meeting:

- 1) A report from the Ad Hoc Committee on Executive Director Performance evaluation and compensation;
- 2) the Nominating committee slate of officers; and
- 3) Revisions to the Board calendar.

In addition, he mentioned that the December agenda would include a review of any proposed revisions to the Board's policies.

Adjournment

The meeting was adjourned at 5:42 p.m.

The next meeting will be held on November 8, 2011 at the same time & location.

Respectfully submitted,

Kathy Weaver
Secretary

KW/rah

**NORFOLK COMMUNITY SERVICES BOARD
AD HOC COMMITTEE ON EXECUTIVE DIRECTOR PERFORMANCE
EVALUATION & COMPENSATION**

**MINUTES
October 06, 2011**

225 W. Olney Road, Norfolk, Virginia

Members Present:

Lewis J. Taylor, Ph.D., Chair
Kathy Weaver, Secretary
Capt. Henry Conde, Ret.
Capt. Neil Walsh, Ret.

Staff Present:

Robert Horne, Corp. Compliance Officer/Board Clerk

Advisors Present:

Comprising a quorum of the members of the Ad Hoc committee of the board

Absent:

Call to Order

The meeting of the Ad Hoc committee was called to order by the Chair at 8:03 a.m.

The minutes for the prior meeting of the Ad Hoc committee were reviewed and the committee gave preliminary approval for the minutes as written pending approval by the board (per Norfolk Community Service Board Policy 1.6.2.)

The Chair opened the meeting with a review of the tasks assigned from the previous meeting. He mentioned that the current city code, per the City Attorney, is moribund with regard to the Norfolk CSB in that it does not comport to the State code. According to the city attorney, once the City decides on the outcome of the organization of the CSB, the City ordinance related to the Norfolk CSB will be revised and updated.

Mr. Conde shared a draft of a background document (attached) related to compensation structures. There was a general discussion of pay banding and general compensation structures. Mr. Walsh shared about three general types of compensation: steps, bonuses, and COLAs. The members discussed how steps, bonuses, and COLAs could be implemented with regard to the Executive Director.

The Chair shared that Carver model clearly indicates that if the Executive Director does not violate the Executive Limitations policies and achieves the Ends Policy, then by definition, the Executive Director's performance is acceptable. There was some discussion on the need to align actual compensation to the overall economic performance of the organization. There was some discussion of the issue that the Norfolk CSB is currently on the 'cusp' of moving from a medium budget urban board to a large budget urban board. It was suggested that it would be helpful to look at the compensation policies for other similar CSBs, and other quasi-governmental organizations.

The chair suggested that compensation policies from similar community services boards and other organizations be obtained to establish comparability.

There was acknowledgement of the need to recommend alignment of executive compensation with the fiscal year as opposed to the current contract year for the Executive Director.

There was a discussion of the value of stratifying the Executive Limitations policies in order to be able to more objectively evaluate performance.

There was discussion of the need to craft a process of transition to implement new policies and procedures for CEO evaluation and compensation within the parameters imposed by the current contract.

For the next meeting:

- Review Carver – all committee members
- Review representative compensation policies from similar CSBs. The Chair will gather this information and send this information out to the members of the committee.

Adjournment

The next meeting will be held on Thursday, October 27, 2011, at 8:00 a.m. at the Olney Road location.

The Chair adjourned the meeting at 9:39 a.m.

Respectfully submitted,

Kathy Weaver
Secretary

KW/rah

Attachment: Background document (1 page)

October 5, 2011

BACKGROUND

Pay Structures

Pay structure is the method of administering a pay philosophy. The two leading types of pay structures are the internal equity method, which uses a tightly constructed grid to ensure that each job is compensated according to the jobs above and below it in a hierarchy, and market pricing, where each job in an organization is tied to the prevailing market rate. For government agencies the traditional pay structure is that of a "Payband"

An organization as CSB needs job descriptions for all its positions so that people know where they fall within the organization. A pay structure helps answer questions about who's who, what each person's role is, and why people are compensated differently. It also helps human resources personnel to fairly administer any given pay philosophy. Opportunities for incentives are also dealt with in each of the pay structures.

Budget.

Senior management usually sets payroll budgets during the annual NCSB Performance Contract process.

Benchmark the value of the Executive Director Position

Benchmarking means matching an internal job to an external job of similar content, size and responsibilities. When benchmarking, the market value goes to the job, not to the person filling it. Price "spaces, not faces." For NCSB, the Department of Behavioral Health has developed such benchmark in the form of a structured pay-band for all Virginia CSB based on budget size. NCSB: (\$115k-148K)

Government positions: Federal, state and many local municipalities use a payband structure. These positions benefit from a more structured approach to pay and occasionally can be used to address exceptional performance as well by the use of a "step increase award".

Current Compensation:

-The NCSB Executive Director Position is categorically a government position which reports to both the local jurisdiction (Norfolk) as well as the State of Virginia.

-The NCSB Executive Director base pay is currently set at \$115K and includes additional benefits such as a vehicle (Voted 2009) valued at (\$7-10K) and seven weeks of vacation (voted 2009) valued at (\$7k-10K). Current Total approx \$129-135K.

RECOMMENDATION

- Benchmark the NCSB Executive Director position with those ED in comparable CSB's size of \$25M and place the ED in a Payband Step equivalent to three years of service. On an annual basis, performance may be recognized by the board by awarding a reasonable bonus or in the case of superb / exceptional performance a "step increase" may be appropriate. It is my recommendation to the Ad Hoc committee that we make the recommendation to place the ED in her own defined pay structure. Though this process may seem somewhat rigid, it is less subjective, transparent to all and can withstand scrutiny.

Respectfully,
Henry Conde

**NORFOLK COMMUNITY SERVICES BOARD
AD HOC COMMITTEE ON EXECUTIVE DIRECTOR PERFORMANCE
EVALUATION & COMPENSATION**

MINUTES

October 27, 2011

225 W. Olney Road, Norfolk, Virginia

Members Present:

Lewis J. Taylor, Ph.D., Chair
Kathy Weaver, Secretary
Capt. Henry Conde, Ret.
Capt. Neil Walsh, Ret.

Staff Present:

Robert Horne, Corp. Compliance Officer/Board Clerk

Advisors Present:

Comprising a quorum of the members of the Ad Hoc committee of the board

Absent:

Call to Order

The meeting of the Ad Hoc committee was called to order by the Chair at 8:05 a.m.

The minutes for the prior meeting of the Ad Hoc committee were reviewed and the committee gave preliminary approval for the minutes as written pending approval by the board (per Norfolk Community Service Board Policy 1.6.2.).

The Chair opened the meeting with a review of the tasks assigned from the previous meeting. He reviewed the information presented for the committee's review of executive compensation at other community services boards as prepared by Joseph Shorter.

The chair reviewed with the committee the pay bands for the department director level positions within the current City of Norfolk salary structure. There was general discussion on the pros and cons of considering the development of a basic compensation package along with the ability to provide recognition through pay-for-performance and/or bonus for exceptional meritorious service. The main points were:

- Maintaining independence as an operating board while maintaining our alignment with the City of Norfolk's compensation structure;
- Creating a pay band structure for compensation of the executive director consisting of a minimum/maximum salary with 10 co-equal pay bands;
- The ability to provide meritorious compensation for extraordinary performance.

There was discussion of aligning the contract period for the executive director to the State Fiscal Year and how best to do this. The committee discussed proposing that the board adopt a multi-year contract, renewable annually.

The committee discussed the monitoring of executive director performance per Board Policy 2.4 (Monitoring CEO Performance). The committee discussed using a scoring of the performance of the executive director based on current board policy. The chair agreed to craft a draft of the proposal to go to the board and circulate that to the members.

Adjournment

The committee discussed completing the remaining work of the development of a final proposal to the board via e-mail correspondence. As a result, there was no additional next meetings scheduled at this time.

The Chair adjourned the meeting at 9:45 a.m.

Respectfully submitted,

Kathy Weaver
Secretary

KW/rah

Attachment: Background document (1 page)

To: Dr. Jay Taylor. Chairman of the Board. NCSB.

From: Joseph Shorter, JD. Director of HR. NCSB

Subject: Executive Compensation Policy and Practice

Date: October 21, 2011

Over the course of the past week I have been in contact with the CSBs you identified, in order to gather information related to Executive Compensation. I have summarized the information below and found it a worthwhile read. The project reminded me that we can do more to improve our compensation offerings within the NCSB, without incurring additional costs. Specifically, a deferred compensation or 457 Plan. The 457 Plan would help staff plan for retirement by allowing pretax contributions up to a limit of \$16,500 per year. With additional amounts allowed for staff over 50 years of age and for staff approaching retirement. A 457 Plan also enables staff to borrow funds from themselves at a low interest rate for very specific purposes as defined in IRS regulations. In closing, I expect to receive some information updates early in the week and will forward on to you. Please let me know if I can be of further assistance or you have any questions.

Arlington County Community Services Board

All management staff for the county are placed into "broad bands" based on level of responsibility and job title. Common practice in state and county governments. The Executive Director is treated as a Division Director and participates in a pay for performance plan. The plan is titled Senior Management Accountability Program. Calls for competitive hiring, negotiated salary and benefits package. Plan defines working conditions such as changes to assignment, transfer, and separation or severance which are set on a case by case basis. Performance plans are set annually and signed as agreements with performance goal input from county management at the department and division levels. Plan also includes defined competencies and 360 degree performance feedback element where subordinates are provided an opportunity for input. Annual plan includes professional development and performance expectations.

Pay range is \$59,696 - \$156,582. Total salary increase is set by County Manager each year but typically includes a cost of living increase and average county step pay increase. Increases are given annually based on calendar year and performance agreement success. Usually paid as lump sum and/or base increase. Benefits. Up to 10 days of annual leave "front loaded" at the start of employment. Provide a 457 Deferred Compensation Plan retirement plan with room to negotiate up to ¼ of IRS base maximum for the first 5 years of employment (approximately \$4,125 per year). Flexible to give increase as employer contribution to 401a retirement plan. Supervisor recommends the increase but County Manager approves. Market Surveys are conducted periodically to remain competitive. Eligible also for additional merit awards, equity pay adjustments, and assignment pay adjustments at the discretion of the County Manager

Alexandria Community Services Board.

Preliminary information, additional information next week. Executive Director Compensation. Pay Range is \$81,700.72 - \$152,070.88 annually. Participates in the Virginia Retirement System with employee contribution set at four percent of base salary. City offers a deferred compensation 457 Plan. This allows the employee to defer income towards retirement up to \$16,500 per year. With additional amounts that can be contributed during the year for staff over age 50 under catch up provisions and for staff pre-retirement.

Hampton Newport News Community Services Board

No executive compensation plan. Receives same benefits as other HNNCSB employees.

Executive Director is a contact employee with the same compensation, benefit and leave package as other employees.

However, do provide higher leave accrual rates for Director level management. The director earns 30 days of paid annual leave per year. Current salary of Executive Director is \$142,000. HNNCSB participates in the Virginia Retirement System. Currently the Board contributes 10.24% of annual base salary. All staff received a 2% cost of living increase October 1, 2011. No bonus.

Henrico Area Mental Health & Development Services

No executive compensation plan. Executive Director receives same benefits as other county employees.

Salary range is \$109,701 to \$197,125. Mr. O'Conner is salaried at \$159,628.

Leave accrual of 234 hours per year. Sick leave 104 hours per year.

16 hours of floating holiday leave.

Loudoun County Community Services Board.

No executive compensation plan. Receives same benefits as other county employees.

Provide up to 5 days of leave in advance to help new staff relocate. Work week is 37.5 hours. Staff earn 84 hours of leave per year but earn 1 day per year each year that remain with the County up to a 12 day max. Provide relocation package from \$2,000 to \$10,000.

Virginia Beach. Department of Human Services.

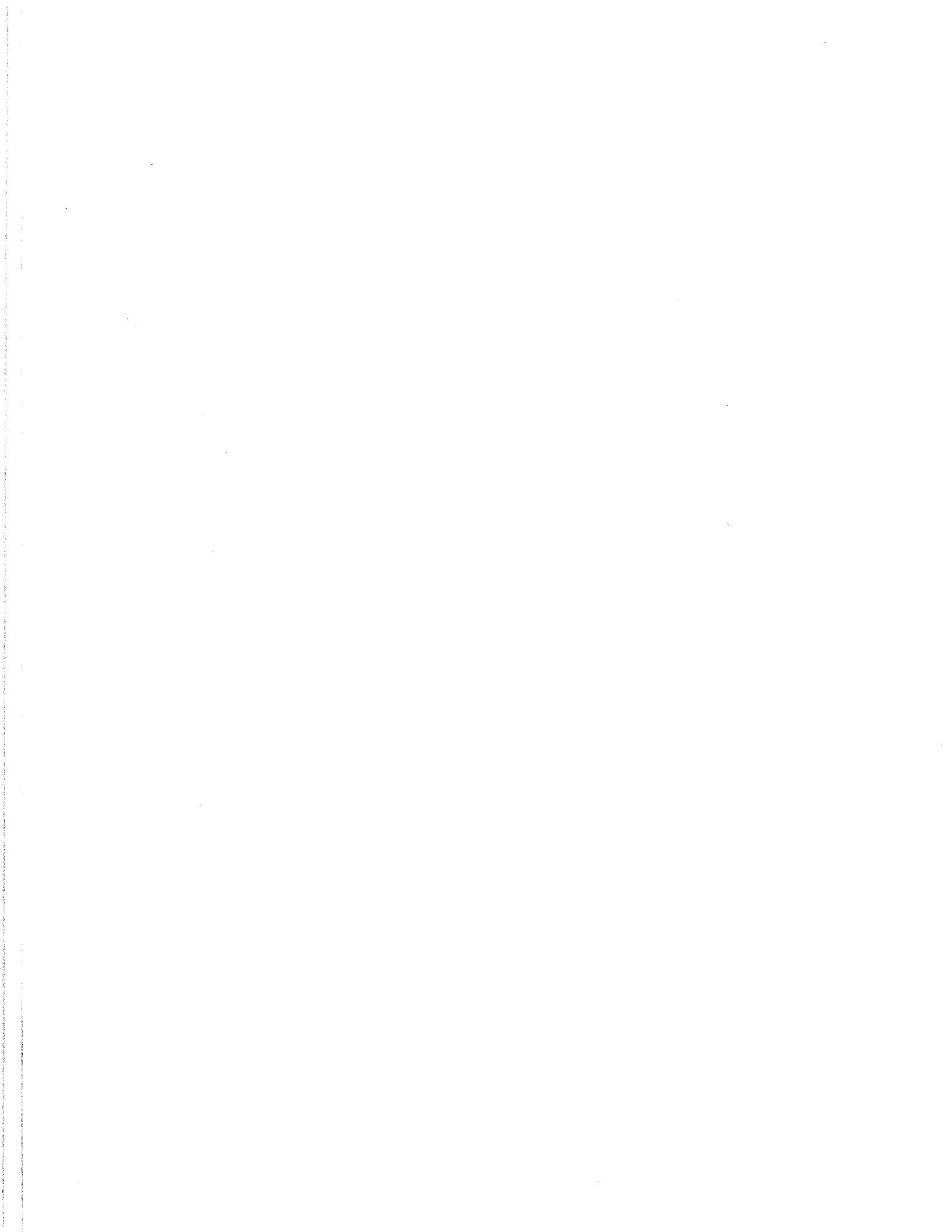
Have common employee benefits but Director level staff participate in compensation package for department heads managed through the City of Virginia Beach hr department. Department Heads receive car allowance of \$6,000. Yearly physical exam up to \$500. 5 administrative leave days. 3 months of severance leave regardless of length of service for separation at the request of the City.

Rappahannock Area Community Services Board

No executive compensation plan. The Executive Director receives the same benefits as other RACSB employees. No HR Department and were not very helpful with information.

**DRAFT 2012 ANNUAL CALENDAR
BOARD OF DIRECTORS
NORFOLK COMMUNITY SERVICES BOARD**

JANUARY	ED's Quarterly Monitoring Report New officers take posts
FEBRUARY	Adopt budget for city funding Corporate Compliance Report
MARCH	Annual report to City Council
APRIL	ED's Quarterly Monitoring Report Establish board budget for next Fiscal Year
MAY	Adopt Annual Budget Corporate Compliance Report Begin Executive Director contract renewal
JUNE	Approve Performance Contract
JULY	ED's Quarterly Monitoring Report Board Education
AUGUST	Begin board planning cycle with Annual Calendar Corporate Compliance Report
SEPTEMBER	Board retreat – strategic planning, review of Ends policies Appoint Nominating Committee
OCTOBER	ED's Quarterly Monitoring Report Town Hall meeting to obtain citizen input
NOVEMBER	Nomination of officers Corporate Compliance Report Review Annual Financial Audit
DECEMBER	Election of officers



NCSB Board Policy Manual

Policy Type: Board – Management Delegation Date Approved: _____

Policy Title: Monitoring CEO Performance

- 2.4 Systematic and rigorous monitoring of the CEO’s job performance will be based only on compliance with Organizational Ends and Executive Limitations.
- 2.4.1 Monitoring is simply to determine the degree to which board policies are being met. ~~Monitoring~~ information that does not do this will not be considered to be monitoring information.
- 2.4.2 The board will acquire monitoring information by one or more of three methods:
- 2.4.2.1 By CEO report, in which the CEO provides the board with (a) policy interpretations; (b) data that demonstrates whether or not board ~~Ends and Executive Limitation~~ policies are being realized; and (c) ~~and~~ reasons for ~~compliance or~~ noncompliance. ~~All CEO report formats and data are to be predetermined by the board.~~

- 2.4.2.2 By external report, in which an external, disinterested third party selected by the board assesses compliance with board policies.
- 2.4.2.3 By direct board inspection, in which a designated member or members of the board assess compliance with appropriate policy criteria.
- 2.4.3 In every case, the board will judge (a) the reasonableness of the CEO's interpretation and (b) whether data demonstrates accomplishment of the interpretation.
 - 2.4.3.1 The board is the final arbiter of reasonableness, but will always judge with a "reasonable person" test rather than with an interpretation favored by board members or the board as a whole.

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Policy Type: Executive Limitations

Date Approved: _____

Policy Title: Financial Operations

- 3.4 With respect to the actual, ongoing financial conditions and activities of the organization, the CEO shall not materially deviate from board approved budgets or allow the development of financial jeopardy. Accordingly, the CEO will not:
- 3.4.1 Expend more funds than have been received in the fiscal year to date unless the board's debt guideline is met.
 - 3.4.2 Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues within sixty days.
 - 3.4.3 Fail to settle payroll and debts in a timely manner.
 - 3.4.4 ~~Fail to~~ Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
 - 3.4.5 Acquire, encumber, or dispose of real estate.
 - 3.4.6 Fail to aggressively pursue receivables
 - 3.4.7 Use any designated reserves other than for established reasons
 - 3.4.8 Fail to adhere to Generally Accepted

Comment [k1]: Do not have one

PROPOSED NEW NCSB POLICIES

Policy Title: 2.5 CEO Compensation

2.5 The Board shall set CEO compensation.

2.5.1 CEO compensation is based on multiple factors including achievement of ends policies; adherence to executive limitations policies; professional experience, accomplishments and credentials; time in service and others as determined by the Board.

2.5.2 CEO compensation shall be reviewed and may be adjusted at the end of the Fiscal Year following the Board's evaluation of the CEO's performance and before renewal of the CEO's contract.

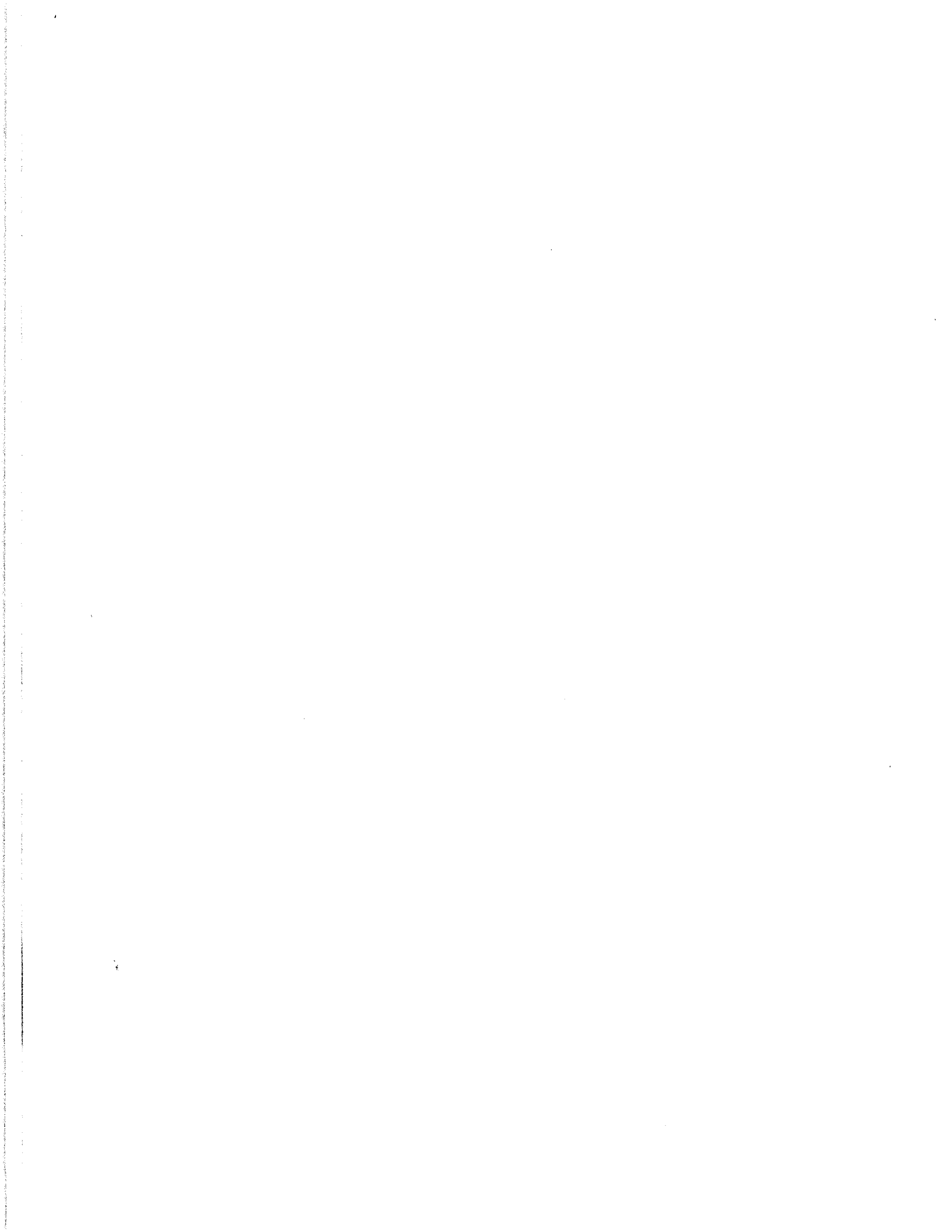
2.5.3 The Board shall set CEO salary within a step of a broad pay-band based on Virginia Department of Behavioral Health and Developmental Services CSB CEO salary data.

2.5.4 The Board may authorize a bonus for exceptionally meritorious job performance.

2.5.5 The CEO shall receive the same cost of living salary increases as may be granted to CSB employees generally.

Policy Title: 2.6 CEO Contract

2.6 The Board and CEO shall have a written contract for CEO services with a three (3) year term, renewable annually following a formal evaluation of the CEO's performance by the Board.



PROPOSED BROAD PAY-BAND FOR THE CEO OF THE NCSB 2011

\$133,000 - \$156,000.

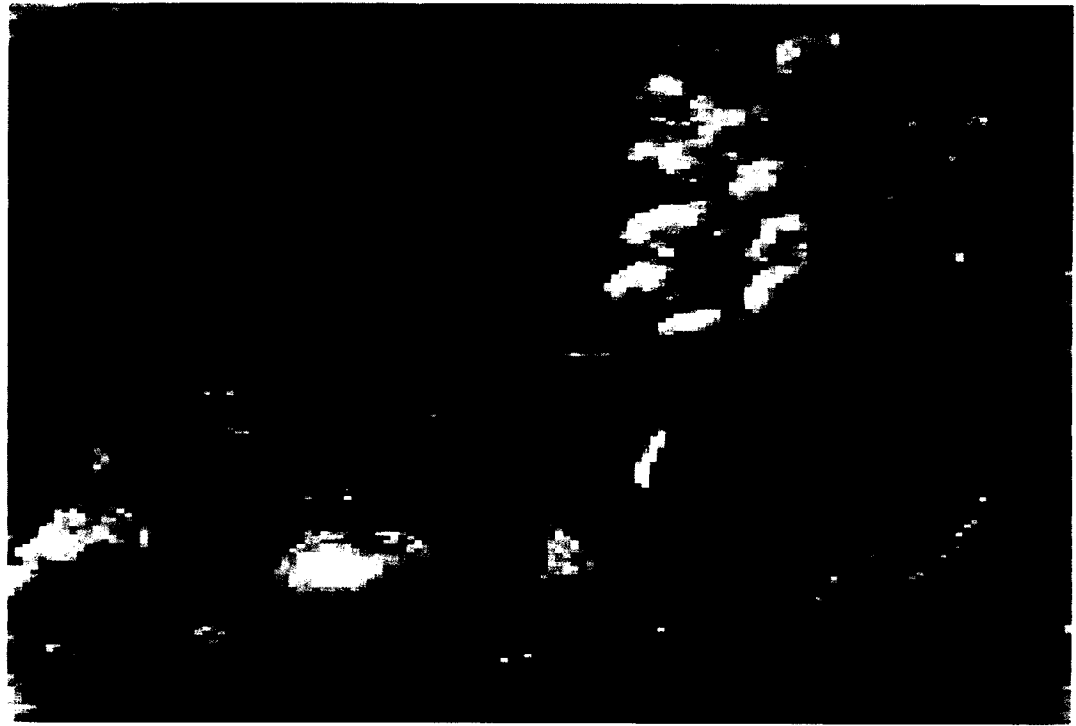
PROPOSED PAY STEPS FOR THE CEO OF THE NCSB 2011

\$2300 per step increase.

PROPOSED GRADING SYSTEM FOR CEO PERFORMANCE EVALUATION 2011

- 5 – Exceeds performance requirements at an exceptional level
- 4 - Exceeds performance requirements
- 3 – Meets performance requirements
- 2 - Improvement needed to meet performance requirements
- 1 - Unsatisfactory performance





Executive Director's Report
Norfolk Community Services Board
Board of Director's
November 2011



Executive Director's report
Norfolk Community Services Board
Board of Director's
November 2011

Table of Contents

Items for Action:

- a) Approval of the FY 2011 Independent Financial Audit

Items for Monitoring:

- a) State Monitoring Review—Infant and Toddler Program
- b) State Monitoring Review— Program of Assertive Community Treatment—
PACT

Items for Information:

- a) City Budget Proposal
- b) Federal Request for Repayment of monies paid to Jill McGlone
- c) Electronic Health Record Boot Camp— Week 1
- d) Update on the Virginia Behavioral Health Partnership
- e) Collaboration Award



1. Items for Action:

The independent financial audit will be reviewed by KPMG. The following were noted areas for improvement.

- As a result, KPMG noted that the NCSB was not properly calculating the allowance for doubtful accounts based upon their stated policies and procedures or their estimated potential exposure for non-payment on accounts due. Consequently, an additional reserve was recorded by NSCB management as a result of this finding, to properly reflect the collectability of outstanding receivables and net revenues.
- KPMG notes that management's incorrect evaluation of the transaction in previous years led to an inappropriate presentation of the investment balance on the NCSB's financial statements. As the investment has not been remitted to plan participants as of June 30, 2011, KPMG notes this continues to be a significant deficiency in internal control.

NCSB has a plan of correction for these areas of deficiency.

2. Items for Monitoring

- NCSB had two programs reviewed by the Virginia Department of Behavioral and Developmental Services—the Infant and Toddler Program and the Adult Program of Assertive Community Treatment.
- I have included the reports for your review. The Infant and Toddler Program exceeded all state standards and is exempt from any corrective action. The Program of Assertive Treatment was found to have systemic deficiencies and is on a provisional license until January 2012.

3. Items for information

1. Please find enclosed a preliminary budget proposal for FY 2013 that was presented to the City of Norfolk, per their request.
2. We were notified that the Department of Health and Human Services has determined that the CSB needs to pay back \$186,231.00 of federal substance abuse block grant funds that were inappropriately paid in salary to Jill McGlone. The check has been processed.
3. The implementation of the electronic health record – Unicare Profiler® is in full swing and the first “boot camp” has been completed.
4. We are continuing to work with the City Attorney's Office on NCSB's participation in the Virginia Behavioral Health partnership.
5. Kudos—to our Juvenile Justice Services for being named as recipient of the Collaborations Award by the Norfolk Educational Foundation. Please see the enclosed flyer.

This report is respectfully submitted by,

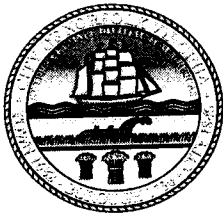
Maureen Womack Maureen Womack

NORFOLK COMMUNITY SERVICES BOARD
Preliminary Agency Wide Budget
Year Ended June 30, 2013

	YE 6/30/2013 Budgeted Results	YE 6/30/2012 Projected Results	YE 6/30/2011 Actual Results	Notes
Revenues:				
Client fees and insurance reimbursements, net	\$6,694,934	\$7,607,880	\$6,475,837	1
Contract revenue	\$1,141,985	\$391,985	\$453,460	2
Total operating revenues	\$7,836,919	\$7,999,865	\$6,929,297	
Expenses:				
Personnel	\$16,646,956	\$17,276,956	\$17,404,516	3
Operating costs	\$1,207,051	\$1,217,051	\$1,333,705	4
Services	\$5,242,630	\$5,442,630	\$6,166,425	5
Equipment	\$41,958	\$41,958	\$55,264	6
Depreciation and amortization	\$509,143	\$252,000	\$244,866	7
General relief	\$400,000	\$525,990	\$842,080	
Total Operating expenses	\$24,047,738	\$24,756,585	\$26,046,856	
Operating loss	(\$16,210,818)	(\$16,756,720)	(\$19,117,558)	
Nonoperating Income:				
Appropriations from the Commonwealth of Virginia	\$9,750,398	\$10,372,764	\$10,311,630	8
Appropriations from the Federal Government	\$2,489,708	\$2,648,626	\$3,347,802	8
Appropriations from the City of Norfolk	\$3,851,000	\$2,851,000	\$3,851,000	9
Miscellaneous income	\$15,000	\$15,000	\$27,412	
Budgeted Use of Reserves	\$104,712	\$869,330	\$683,904	
Total Non Operating Income	\$16,210,819	\$16,756,720	\$18,221,748	
Unbudgeted excess/(Deficit)	0	-	(895,810)	
Total Change in net assets	(\$104,712)	(\$869,330)	(\$1,579,714)	

Notes

- 1 Medicaid fees are expected to drop substantially in the next fiscal year. FYE June 30, 2013 assumes a 12% drop from FYE June 30, 2012 levels.
- 2 Contract Revenue will increase substantially with the influx of 2 major grants. Primary Health Care Integration through SAMHSA (\$500K) and a Service Delivery Grant through the Office of Justice (\$250K).
- 3 Personnel Costs reduced by \$600K from not replacing certain vacant positions and a \$120K saving from moving to a taxi service for transporting clients. In addition another \$259K in cost will result from the implementation of E H R causing reductions in both fiscal and records retention. This will be offset by a \$340K increase in personnel costs due to Primary Care Integration. This number also assumes no salary increases.
- 4 Operating Costs are increased by \$130K for Primary Care Intervention offset by a \$140K decreased due to reducing fleet size
- 5 Services are assumed to drop by \$200K after the implementation of E H R. Currently both fiscal and records retention use temps to complete data input and records activity that will be unnecessary after E H R is implemented.
- 6 Depreciation/Amortization will increase as the E H R system is amortized (7 Years).
- 7 General relief will continue to be reduced in line with the Charitable Care Policy.
- 8 Block Grants will continue to decrease. Current State communications indicate a 6% decrease from FYE June 30, 2012 levels.
- 9 In the FYE June 30, 2012 budget the City of Norfolk asked the CSB to utilize \$1M in reserves and cut the budget accordingly. The FYE June 30, 2013 budget assumes that historical funding levels will be restored.



**City of Norfolk
FY 2013 Application for Outside Agency Funding**

Agency Name	Norfolk Community Services Board
Address	225 W. Olney Road, Norfolk VA 23510
Contact Person	Maureen Womack, Executive Director
Phone Number	757-823-1600
Email Address	Maureen.Womack@Norfolk.gov
FY 2012 City Funding	\$2,851,000
FY 2013 City Request	\$3,851,000

Funding Requested is for: General Operating Support Single Program/Project

<p>Short Description of how General Operating Support will be used (if you checked the first box above)</p>	<p>The CSB's Mission is to provide a system of mental health, intellectual disability and substance abuse prevention, treatment, and rehabilitation services for citizens of Norfolk. These straightforward words have guided the Agency's growth and development for over 40 years.</p> <p>In September 2009, the Norfolk CSB developed a new Strategic Plan to guide its Mission to provide behavioral healthcare and developmental services for Norfolk residents. This Plan clearly identifies the CSB's mandatory responsibilities and guides the ethical allocation of resources to assure that the Agency is meeting its statutory and core duties.</p> <p>The Strategic Plan sets forth three goals which represent desired outcomes for persons served by Norfolk CSB:</p> <ol style="list-style-type: none"> 1. Improve consumers' health status. 2. Support the individuals we serve in attaining a meaningful role in the community. 3. Assist individuals in managing their illness.
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<p>Short Description of Single Program or Project (if you checked the second box above)</p>	<p>N/a</p>
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Agency Overview

Agency Purpose

The CSB's Mission is to provide a system of mental health, intellectual disability and substance abuse prevention, treatment, and rehabilitation services for citizens of Norfolk. These straightforward words have guided the Agency's growth and development for over 40 years.

Programs and Services Offered

Norfolk CSB provides almost fifty discrete services in these major categories:

- **24/7 Emergency Response and Crisis Stabilization**
- **Central Point of Entry to Public System of MH/ID/SA Services**
- **Case Management and Intensive Care Coordination**
- **Discharge Planning from State and Local Hospitals and Facilities**
- **Outpatient Counseling and Psychiatric Services**
- **Outreach for Homeless Persons and for At Risk Infants and Toddlers**
- **Opioid Treatment Programs (Methadone and Buprenorphine)**
- **Forensic Services such as Drug Court, MH Court, Jail Diversion and Cell Block Treatment Programs**
- **Day Support and Psychosocial Rehabilitation**
- **Mental Health Support Services**
- **Early Intervention and Prevention Services**

Target Population of the Agency's Programs/Services

Persons with mental health and substance use disorders, intellectual disability and developmental delays. Many consumers have co-occurring disorders whereby they receive services for more than one disability. Norfolk CSB serves infants, toddlers, children, adolescents, and adults. Norfolk CSB works with many consumers who are at or below the poverty level, have significant health issues, are sometimes homeless, and have limited family or social supports. Norfolk CSB is the safety net for these vulnerable Norfolk residents.

Projected Number of Residents to be Served in FY 2013

Emergency Services 24/7 response:	<u>2100</u> persons
Mental Health Services:	<u>2300</u> persons
Intellectual Disability Services:	<u>1200</u> persons
Substance Abuse Services:	<u>2000</u> persons

In addition, more than 65,000 individuals received information, education and referral services through Prevention Services at community events and in public schools.

Norfolk CSB is increased its penetration rate in the City of Norfolk from approximately 2.3% of the population to 3% through improvements in the access to treatment. This translates to 7238 individuals being served by Norfolk CSB. We are now experiencing a spike in demand for charitable care for uninsured and indigent citizens. We are implementing our Charitable Care policy which will limit the amount of services we can provide to uninsured and indigent persons and will also require everyone to pay something for their care. We do not anticipate a significant increase in the penetration rate in FY2013.

Partnerships with Other Agencies or City Departments

- **Public Safety Departments for Emergency/Psychiatric Response throughout the City.**
- **Department of Human Services for coordination of services to residents and for placement of Eligibility Workers in Norfolk CSB sites.**
- **City Office to End Homelessness related to Housing First (My Own Place) for homeless persons with mental illness/substance abuse.**
- **City Detention Center for assessment and treatment of juveniles.**

- Juvenile Court Services for screening, assessment and referral.
- NIC (CSA) for care coordination and service delivery
- Health Department for Infant/Toddler Services and for consumer referrals.
- Park Place Medical Center for medical referrals
- Ryan White Office for delivery of services to the HIV/Aids population.
- Norfolk Public Schools for Student Assistance Counseling and Prevention activities.
- Old Dominion University for a community counseling center.
- Circuit Courts and Commonwealth Attorney's Office for Drug Court and Mental Health Court.
- Probation and Parole, District 2 Office for Substance Abuse Treatment on-site.
- NRHA and the Continuum of Care through the Planning Council for housing services.
- Sentara Health Systems for coordination of psychiatric emergency and inpatient services.
- Sheriff's Office and City Jail for diversion activities and cellblock treatment services.
- Hampton Roads Regional Jail for coordination and discharge planning.
- Hope House Foundation for supportive residential services for adults with intellectual disabilities
- Eggleston Services for vocational/rehabilitation services for adults with intellectual disabilities.
- State Department of Rehabilitation Services (DRS) for vocational and employment referrals

Number of Employees in the Agency

311 which includes Psychiatrists, Physicians, Nurses, Licensed Clinicians, Case Managers, Counselors, Behavioral Health Aides, Executive and Administrative Staff

Percent of Total Operating Budget Provided by City

\$3,851,000 is approximately 16% of the projected FY 2013 budget.

Fees Charged for Services

Fees including Medicaid/Medicare Reimbursements are projected at \$6,694,934 in FY 2013. This is 28% of the Revenue Budget. This is down substantially from prior year due to cuts in Medicaid funding. Norfolk CSB has a sliding fee schedule based on a person's ability to pay. Many of our consumers are at/below poverty level so they have virtually no ability to pay for services.

Performance Measurement: Please explain how you measure the services you provide, such as number of people served, quantity of service units, etc.

- During FY 2011, Norfolk CSB served 7238 individuals through its service programs. In context, this demonstrates increased admissions based on 5527 served in the twelve months of FY2010.
- Implementation of new Strategic Plan which includes redesign of delivery system to assure resources are allocated appropriately to: 1) services mandated in State Code and 2) core services.
- Incorporation of evidence-based practices for treatment and rehabilitation services.
- Expansion of services for children/adolescents/young adults through new Child Psychiatrist and implementation of Intensive Care Coordination via a City/NIC MOU.
- Timely responsiveness to psychiatric crises through 24/7 mobile team; goal is one

- hour response time.
- Continued provision of community-based services to consumers in their homes, neighborhood centers and other natural support locations.

Performance Goals: Please list three quantifiable performance goals for FY2013 along with your FY2011 results and FY2012 projections in those areas.

Performance Measure	FY2011 Results	FY2012 Projected	FY2013 Goal
Improve the health status of individuals living with a mental illness, substance use disorder, or intellectual disability.	80%	85%	90%
Teach individuals with a behavioral health disorder to effectively manage their illness.	80%	85%	90%
Assist individuals in attaining a role of their choice in the community.	70%	75%	80%

FY 2013 Funding Requests from Other Sources

Funding Source	Amount Requested	Amount Approved
State Funds	\$9,750,398	
Fees/Reimbursements	\$6,694,934	
City of Norfolk – Local Funds	\$3,851,000	
Federal Funds	\$2,489,708	
Contracts/Miscellaneous	\$1,156,985	
Use of Reserves	\$104,712	
Totals	\$24,047,737	

All applicants should attach a preliminary FY2013 comparative total agency budget that includes your FY2012 budget and FY2011 actual revenues and expenditures. If you have applied for funding of a single program or project, please also attach a comparative expenditure budget for that program or project. You may complete the tables below, or attach separate documents.

Agency Revenues	FY 2011 Actual	FY 2012 Actual	FY 2013 Planned
City Funding	\$3,851,000	\$2,851,000	\$3,851,000
State Funding	\$10,311,630	\$10,372,764	\$9,750,398
Federal Funding	\$3,347,802	\$2,648,626	\$2,489,708
Other Grants	\$453,460	\$391,985	\$1,141,985
Fees	\$6,475,837	\$7,607,880	\$6,694,934
Other (Investments)	\$27,412	\$15,000	\$15,000
Other (Use of Reserves)	\$1,579,715	\$869,330	\$104,712
Total Revenues	\$26,046,856	\$24,756,585	\$26,047,737
Agency Expenses	FY 2011 Actual	FY 2012 Actual	FY 2013 Planned
Salaries	\$13,802,154	\$13,700,996	\$13,201,392

Benefits	\$3,602,362	\$3,575,960	\$3,445,563
Other Personnel			
Total Personnel	\$17,404,516	\$17,276,956	\$16,646,955
Office Supplies			
Telephone			
Postage			
Travel			
Conferences			
Rent			
Printing/Publications			
Organization Dues			
Insurance			
Other (Operating Costs)	\$1,333,705	\$1,217,051	\$1,207,051
Other (Services)	\$6,166,425	\$5,442,630	\$5,242,630
Other (Equipment)	\$55,264	\$41,958	\$41,958
Other (Depreciation/Amort)	\$244,866	\$252,000	\$509,143
Other (General Relief)	\$842,080	\$525,990	\$400,000
Total Non-Personnel	\$8,642,340	\$747,629	\$7,400,782
Total Expenses	\$26,046,856	\$24,756,585	\$24,047,737

(Additional information for Single Program/Project Requests only)

Program Expenses	FY 2011 Actual	FY 2012 Actual	FY 2013 Planned
Salaries			
Benefits			
Other Personnel			
Total Personnel			
Office Supplies			
Telephone			
Postage			
Travel			
Conferences			
Rent			
Printing/Publications			
Organization Dues			
Insurance			
Other (please describe)			
Total Non-Personnel			
Total Expenses			

SUMMARY OF LOCAL SYSTEM'S FFY 2010 MONITORING RESULTS FOR RESULTS INDICATORS 3 and 4

Indicator 3: *Child Outcomes* (Data Collection Time Period: July 1, 2010 - June 30, 2011)

Indicator 4: *Family Outcomes:* (Data Collection Time Period: January 2011)

Infant and Toddler Connection of Norfolk

#	MONITORING INDICATOR	STATE TARGET %	STATE RESULT %	LOCAL RESULTS %		SEP?
				Actual Results	% of State Target	
3	Percent of infants and toddlers with IFSP's who demonstrate improved: a. Positive social-emotional skills (including social relationships) <u>Summary Statement 1:</u> Of those children who entered the program below age expectations in social emotional skills, the percent that substantially increased their rate of growth in social-emotional skills by the time they turned three or exited the program; <u>Summary Statement 2:</u> Percent of children who were functioning within age expectations in social-emotional skills, by the time they turned three or exited the program. (20 U.S.C.1416 (a)(3)(A) and 1442)	a1: 72.6	a1: 72.1	67.0	92	No*
		a2: 68.7	a2: 65.6	56.8	83	
	b. Acquisition and use of knowledge and skills (including early language/communication; <u>Summary Statement 1:</u> Of those children who entered the program below age expectations in acquiring and using knowledge and skills, the percent that substantially increased their rate of growth in acquiring and using knowledge and skills by the time they turned three or exited the program; <u>Summary Statement 2:</u> Percent of children who were functioning within age expectations in acquiring and using knowledge and skills, by the time they turned three or exited the program.	b1: 77.5	b1: 77.3	63.6	82	No*
		b2: 59.9	b2: 56.8	39.0	65	
	c. Use of appropriate behaviors to meet their needs <u>Summary Statement 1:</u> Of those children who entered the program below age expectations in taking appropriate action to meet needs, the percent that substantially increased their rate of growth in taking action to meet needs by the time they turned three or exited the program; <u>Summary Statement 2:</u> Percent of children who were functioning within age expectations in taking appropriate action to meet needs, by the time they turned three or exited the program.	c1: 80.4	c1: 80.1	68.2	85	No*
		c2: 58.9	c2: 56.0	50.0	85	
4	Percent of families participating in Part C who report that early intervention services have helped the family: a. Know their rights b. Effectively communicate their children's needs; and c. Help their child develop and learn (20 U.S.C.1416 (a)(3)(A) and 1442)	a. 70.5	a. 70.1	84.2	119	No
		b. 67.8	c. 67.6	81.6	120	
		d. 80.6	b. 80.0	89.5	111	

* The Part C Office provided technical assistance to local systems during the January – March 2011 Regional Meetings in an effort to ensure valid, reliable and accurate data across all local systems within the Commonwealth of Virginia. Local early intervention systems have not had sufficient time to implement monitoring mechanisms that would ensure that the data collection process and results are valid and reliable. Local systems are therefore not required to develop a Service Enhancement Plan based on the FFY2010 child outcome results.

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Investigation ID:

License #: 241-18-001

Organization Name: Norfolk Community Services Board

Date of Inspection: 09-21-2011

Program Type/Facility Name: PACT-Norfolk CSB

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
150.4 - Human rights law and regulations	N	Provider failed to document client human rights annually as required by regulation for Record #9.		
150.6 - The providers own policies	N	Provider failed to document progress note as required by their own policy for Record #7. Provider signed the "Case Action Sheet" for 9/18/11 which indicates there is a corresponding progress note but there is no progress note in client record. Provider failed to document choice of provider as required by their own policy for Record # 9. According to Providers policy choice of provider will be completed annually.		
520.F - Infection control, universal precautions	N	530.B.3 Using, Maintaining, and operating emergency equipment. Provider failed to maintain current and up to date first extinguishers inspection. Several fire extinguishers had not been inspected since July 2011.		
550 - First Aid Kit accessible	N	Provider failed to maintain a current and up to date first aid kit i.e. Alcohol Pre Pads expired 3/10; Aspirin Expired 6/11;		
580.B - Structured program of care	N	Provider failed to document a structured plan of care regarding documenting the progress towards individual service plan for goal # 2 as required by regulation for Record #9. Objective states service will be provided weekly but according to progress notes service was not provided for several weeks. Provider failed to develop a structure plan of care to meet the needs of Record #4 and the objectives of the required service plan Social Skills and Social Supports Treatment Plan: Problems/Need Statement: "Record #4 prefers to be alone. His symptoms alienate others and prevent him from developing healthy relationship with others. Record #4' s sister prefers for him to be in some sort of day treatment program, but Record #4 does not want to do this. Record #4 has no goal for this portion of the tx plan."		
620 - Monitor and	ND	PACT Team members stated that the Medication		

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evaluate service quality		<p>Administration Records (MARs) are monitored and reviewed daily. "They (MARs) are checked every day before, during and after the team meeting by the nursing staff."</p> <p>Documented on the Medication Administration Record "Other MAR CODES"</p> <p>L= "Denotes medication for period were left with client" M="Denotes client not at home/missed medications"</p> <p>Unable to determine medication administration delivery protocol when medications are left or missed, i.e.</p> <p>Record #2</p> <p>Left medications; 9/3,4,5,10,11,14,17, & 18 2011;</p> <p>Missed medications 9/7 9,,13,14,15,16, 18, 19, & 20, 2011</p> <p>Record #2 for the month of August;</p> <p>Left medication: 8/6,7,10,13,14,20,21,26,27,28,29,& 30,2011</p> <p>Missed 8/4,</p>		
650.A - Assessment policy	N	<p>Provider failed to document progress note that corresponds with assessment as required by regulation for Record #8. According to their own policy, there should be a corresponding progress note related to the meeting for the assessment. Assessment was completed 8/23/11.</p>		
660.C.1 - ISP shall address individuals needs and preferences	N	<p>Provider failed to document actual problems, individual needs and preference for Record #4 on the ISP related to Housing/Shelter.</p> <p>This is not a problem or need as identified by Record #4</p> <p>Housing/Shelter Treatment Plan Problem/Need Statement: "Record #4 continues to live with his sister on Greenleaf. Record #4 would like to continue living with his sister."</p>		

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
660.D - Comply with Human Rights Regulations in regard to decision making	N	Provider failed to revise and amend ISP for Record # 14 based upon needs identified by the Psychiatrist , documented in her PLAN OF CARE REVIEW, for Consumer# 18300 i.e. Safety Needs; Legal Guardianship.		
660.H - Implement ISP and review at least quarterly or as there is a need to revise	N	<p>Provider failed to document individual service plan as required by regulation for Record #9. Individual service plan expired 4/11/11 but next service plan was not completed until 9/1/11.</p> <p>Provider failed to document quarterly progress of individual service plan as required by regulation for Record # 9. Provider did not complete the 4th quarterly review.</p> <p>Provider failed to complete a 3rd Quarterly ISP Review in a timely basis for Record #4</p> <p>1st quarterly 06/01/10 to 8/30/10 2nd quarterly 08/30/10 to 11/18/10 3rd quarterly 11/18/10 to 02/18/11:</p> <p>The 3rd quarterly was actually completed 03/16/11: 27 Days Past Due</p> <p>Provider failed to actually evaluate the individual progress toward meeting the plan's objectives on Record # 4 1 St Quarterly ISP Review.</p> <p>#4. Issues that the client declined to address at this time included: NONE</p> <p>"Consumer has no desire to move; Consumer does not want to work; Consumer has not attempt to learn how to fill pill box; and declined to be more independent and responsible for his medications."</p>		
670.A.1 - ISP shall include a reference to	N	Provider failed to document accurate end date for on-going treatment plan as required by regulation for Record #7.		

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
the assessment		<p>Treatment plan started 7/22/11 and end dated stated is 7/21/11.</p> <p>Provider failed to maintain a current and up to date ISP for Record #4 ISP goals expired 12/01/10</p> <p>No ISP for Record # 4 from 12/01/10 to 4/26/11.</p>		
670.A.4 - Target dates for goals & objectives	N	Provider failed to document accurate target date for goal # 1as required by regulation, for Record #7		
670.A.6 - Discharge plan, where applicable	N	Provider failed to revise ISP for Record # 4 to address discharge planning goals and objectives. Progress note dated 4/28/11 "Program release for PACT completed." In addition, progress notes dated 3/16/11 identified that "after a review of his needs, it was agreed upon that CM services will be discontinued given that natural support is meeting current needs." No provision for discharge planning or transition plan documented.		
680 - Signed & dated progress notes to document services provided	N	<p>Provider failed to complete corresponding progress note during the development of ongoing treatment plan as required by regulation, for Record #7</p> <p>Provider failed to document progress towards current treatment plan as required by regulation for Record #9. For 5 months provider completed progress notes but there was no active service plan wherein which to corroborate services provided.</p> <p>In addition, the same was done for Record #4. The ISP goals and objectives expired 12/1/10; Several quarterlies and daily progress notes were documented to an expired ISP.</p>		
730.B.1 - Health history includes allergies	NS	<p>Provider failed to document history of allergies for Record # 13 for August 2011 & September 2011.</p> <p>According August & September 2011 Medication Administration Record #13 has the following allergies:</p>		

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		PCN, HALDOL, DEPAKOTE, TYLENOL, VISTARIL, As of 4/5/11 Consumer has been prescribed DEPAKOTE 500 MG PO ONE QAM TWO QHS.		
770.C - Only administered to whom prescribed	NS	Provider failed to administer medications as prescribed for individual Record # 15 NOVOLOG 70/30 MIX HOLD IF BS IS LESS THAN 80 – IF BS GREATER THAN 100 GIVE 25 UNITS 9/11/11- Blood Sugar not taken but given 15 units of NOVOLOG 9/12 & 13/11- Blood Sugar 126 & 141. But NO NOVOLOG given 9/18/11- Blood Sugar was not taken but yet given 25 units of NOVOLOG. Specialist unable to determine whether Record # 5 received his Haldol Dec IM on 9/14/11 or anytime within the month of September 2011		
770.D - Daily log of administered medications	NS	SYSTEMIC VIOLATION OF MEDICATION ADMINISTRATION RECORDS Systemic violations are: •Violations that occur repeatedly; •Reflective of the operation of a significant portion of the service; or •Very serious and impacts health and safety Provider failed to document that medication was received for the following Consumers, as required by regulation. Staff did not document that the medication was administered as prescribed. Due to the lack of documentation Specialist unable to determine whether Consumer received their medication or not.		

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		<p>Record #1 - Medication Administration Record For August 2011</p> <p>If BS 80 – 100 GIVE 15 UNITS -Provider did not document for August 8, 9, 10, 12, 13, 27,28, 29, & 30, 2011</p> <p>IF BS IS GREATER THAN 100 GIVE 25 UNITS- HS- Provider did not document for August 22, 2011</p> <p>GABAPENTIN 300 MG PO ONE BID AM- Provider did not document for August 24, 2011.</p> <p>HS- Provider did not document for August 18, 22, 2011</p> <p>KEFLEX 500 mg PO ONE QID; 5 PM- Provider did not document for August 8, & 12, 2011</p> <p>9PM- Provider did not document for August 8 & 12, 2011</p> <p>This medication was discontinued on August 19, 2011. Staff signed that the medication was administered on 9 am 9/21/2011.</p> <p>GLUCOSE AM- Provider did not document for August 11, 18, 25, 27, 28, 29, & 30, 2011</p> <p>PM- Provider did not document for August 11, 18, 22, 26, 29, & 30, 2011</p> <p>AUGUST 2011 MAR Record #2 # 217420</p> <p>GEODON 40 MG PO ONE BID WITH FOOD- HS- Provider did not document for August 4, 2011</p> <p>DEPAKOTE 500mg PO ONE QAM TWO QHS-HS Provider did not document for August 4, 2011</p> <p>COGENTIN 1 MG PO ONE BID- HS- Provider did not</p>		

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		<p>document for August 4, 2011</p> <p>August 2011 Record # 3</p> <p>ZOLOFT 100 MG PO ONE QD-AM- Provider did not document for August 26,27,28,29, & 30, 2011</p> <p>On the back of the MAR NOTE dated: 8/7/11- "CI Zoloft Unavailable</p> <p>September 2011 MAR Record # 2</p> <p>GEODON 40 MG PO ONE BID WITH FOOD-HS- Provider did not document for August 2 & 21, 2011</p> <p>DEPAKOTE 500 MG PO ONE QAM TWO QHS- HS- Provider did not document for August 2 & 21, 2011</p> <p>UNABLE TO DETERMINE IF CONSUMER'S INVEGA MEDICATION WAS ADMINISTERED PROPERLY. INVEGA SUSTENNA 234 MG IM Q4 WEEKS- MED WAS DISCONTINUED 9/20/11 TMP</p> <p>INVEGA 6 MG PO TWO QAM- AM-ORIGINAL ORDER DATE; 9/20/11 ON 9/21/11 COMMENTS SECTION ON MAR: "9-21-11 NO INVEGA YET". RP</p> <p>Resident #5 September 2011 MAR</p> <p>COGENTIN 2 MG PO ONE BID-PM Provider did not document for September 7, 2011</p> <p>HALDOL 10 MG PO ONE BID-PM- Provider did not document for September 7, 2011</p> <p>ZOCOR 20 MG PO ONE QHS-HS- Provider did not document for September 7, 2011</p> <p>METOPROLOL 50 MG PO ONE QD AM- Provider did not document MAR for September 8, 2011</p>		

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		<p>VITAMIN D 50K IU ONE QWK FRIDAY- AM- Provider documented the medication was administered on September 1,,3, & 4, 2011,</p> <p>Record #6 September 2011 MAR</p> <p>PROLIXIN- 10 MG – PO ONE BID- AM - Provider did not document MAR for September 17, 2011</p> <p>PROLIXIN- 10 MG – PO ONE BID- AM Original order was written September 12, 2011. The medication was administered to the consumer on September 15, 2011. (A three day delay after order was written).</p> <p>PROLIXIN- 10 MG – PO ONE BID- HS- Provider did not document MAR for September 15, 17, 18, & 19, 2011</p> <p>PROLIXIN- 10 MG – PO ONE BID- HS- Original order was written September 12, 2011. The medication was first administered to the consumer on September 20, 2011. (A nine day delay after medication order was written).</p> <p>POTASSIUM CL 20 meq po 1 tbsp/sm Q D- September 20, 2011 "CI's Potassium unavailable."</p> <p>Record #13 September 2011 MAR</p> <p>ZOLOFT 100 MG PO ONE QAM-AM- Provider did not document MAR for September 19, 2011</p>		
880.C - Entries in record shall be current, dated and	N	Provider failed to date errors when striking through and initialing as required by regulation for Record #8 clinical record.		

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authenticated by staff making entries				

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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General Comments / Recommendations:

Considering the SYSTEMIC deficiencies identified during this review, it is my recommendation that a PROVISIONAL license be issued. This Provider must submit immediate SYSTEMIC changes to ensure that the health and safety of participants are not at risk. The Provider must make sure that the integrity of the service remains committed to the fidelity of the PACT Model.

Please address each citation with a corrective action plan (CAP) and return the plan by 10/24/11. When responding to this please be aware of regulations/laws regarding the transfer of Protected Health Information through an electronic medium. Ensure that your return two CAP's:

1 Return a copy of correction action plan to dennis.riddick@dbhds.virginia.gov.

2. Return a original hard copy of the CAP to:

SEVTC: Licensing Office 2100 Steppingstone Square, Chesapeake, VA 23320.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Dennis Riddick, Specialist

(Signature of Organization Representative)

Date

Mail to: ESH
4601 Ironbound Rd., Building
Williamsburg, VA 23187

Due Date: 10-24-2011

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

A+ Community Partners Nominations

Innovation Award

Naval Support Activity, Norfolk

Captain Charles Melcher, Commanding Officer of Naval Support Activity, Norfolk and the sailor and Staff of NSA Norfolk have given selflessly of their time to support Camp Allen Elementary. Captain Melcher is an NPS parent and a great supporter of education. The NSA School Liaison Officer has attended Back to School events, participated in Career Day activities, provided staff development to the faculty and staff on educational issues for military children, provided workshops for military parents on PTSD and its effects in the school room, and worked with the Parent Liaison to provide resources for military parents. On November 11, 2011 Camp Allen Elementary school will unveil a new library that was obtained through the Heart of America Foundation. Captain Melcher and his command staff will be present, and because of their assistance the School Liaison Officer was able to arrange for the Fleet Forces Band to provide music and a singer for the National Anthem.

The Center for Naval Engineering

The Center for Naval Engineering has been an integral part of Tarralton Elementary for over six years. The men and women of this division of our Armed Forces have dedicated their precious time serving our students as Mentors and Cheerleaders. Joshua has been consistent in bringing out his volunteers for an hour each week, to participate in a workshop with Tarralton's Math Specialist and Family Engagement Specialist in our Magic Mentor Program. This program provides reinforcement of classroom objectives that children need to pass the state mandated Standards of Learning Test. In the last school year (2010-2011) the Magic Mentor Program served Special Education Students in grades three and four. These students showed significant growth in their SOL scores, and remained positive about their studies, homework, and personal relationships with the mentors. Joshua's commitment to Tarralton is outstanding. The Center for Naval Engineering and he have done this all while serving our Country in Iraq and Afghanistan.

Life Enrichment Center - Kevin Turpin

Mr. Turpin gave the students, staff, and community of Jacox Elementary School a full computer lab in 2008; tutors provided by LEC, worked one on one twice a week helping students build their reading scores and writing skills. Uniform and over 600 book bags with needed school supplies have been donated to Jacox students in the past 2 years. He has provided monetary donations for SOL incentives and after-school snacks. On top of all this Mr. Turpin won a 25,000 grant from CSX Corporation on behalf of Jacox students to attend summer camp hosted by Regent University this past summer. Thirty-six 5th grade students were busy challenging their minds and planning for their future with trips to college campuses and daily academic studies. Mr. Turpin is always looking for ways to enrich the lives of Jacox students and their families; he is now looking into renovating our cafeteria.

Collaboration Award

Office of Norfolk Commonwealth's Attorney, Norfolk Public Defender's Office, Norfolk City Attorney's Office, Norfolk Portsmouth Bar Association (NPBA), Norfolk Police Department, Norfolk Sheriff's Office, Norfolk Juvenile Detention Center (Norfolk Detention Home), Norfolk Community Services Board, and Norfolk Juvenile Justice Collaborative.

Nearly 3 dozen local criminal justice and public safety professional affiliated with these agencies taught more than 1300 8th grade students at various Norfolk schools over 2 weeks in June of this year a lesson from Virginia

Rules. Virginia Rules is an educational program established by the Virginia Attorney General's Office and implemented in Norfolk in 2009 with the guidance of the Norfolk Commonwealth's Attorney's Office. The goal of the program, through nearly 2 dozen lesson plans, is to teach Virginia's students the laws of the Commonwealth, focusing on how the laws apply to their everyday lives. Educators, parents, and students themselves can use Virginia Rules to learn about everything from how a courtroom operates to gang violence to computer crimes. This initiative required significant planning, especially the coordination of busy complicated schedules, but by all accounts, this effort was a huge success.

Sentara Norfolk General Hospital

Sentara Norfolk General Hospital has been a collaborative partner to Norfolk Public Schools for over twenty-five years. Sentara Norfolk General Hospital hosts Project SEARCH, a unique model for employment for high school aged youth with significant disabilities. Project Search is a nationally recognized program offering a unique business-led transition program designed to provide a comprehensive approach to internships, employment, job retention, and career placement for job seekers with disabilities. In September 2010, Norfolk Public Schools post-graduates with disabilities began their internships in Sentara Norfolk General Hospital's 525 bed tertiary care facility. They received employment training in a classroom and progressed through three 10 week internships in a variety of departments throughout the school year. On June 7, 2011 Norfolk Public Schools, Sentara Norfolk General Hospital administrators and staff, family and friends honored the first Project SEARCH interns during graduation hosted by Sentara Norfolk General Hospital.

Naval Support Activity, Norfolk

Captain Charles Melcher contacted the School Liaison Officer to approach principal, Mr. Fraley, to find out if it would be possible for Sailor volunteers to reposition the flag and fix all the burned out lights he noticed in Northside Middle School's gym. Mr. Fraley was very appreciative of the possibility that Sailors would be working at the school. As the group toured the school LT McCrown and QMCS Dickson also suggested that the Sailors could help clean up the school grounds and put down mulch in the flower beds. Fifty sailors and 10 marines participated in supporting of Northside Middle School. Within weeks, all of the projects had been completed to the satisfaction of the principal and the sailors who subsequently went on to help with the school's field day in which over 30 NSA sailors, Command Master Chief, Kenneth Pugh, and Captain Melcher all attended.

Tutoring Award

The Center for Naval Engineering

The Center for Naval Engineering has been an integral part of Tarralton Elementary for over six years. The men and women of this division of our Armed Forces have dedicated their precious time serving our students as mentors and cheerleaders. Joshua has been consistent in bringing out his volunteers for an hour each week, to participate in a workshop