

City of Norfolk

Community Policy and Management Team



ANNUAL REPORT 2020



TABLE OF CONTENTS

Overview	3
Purpose	3
Mission	3
Framework	3
CPMT Membership	4
Demographics	4
Deliverables	6
Service Populations	7
Core Beliefs	8
Service Highlights	9
Expenditures by Service	10-11
Grant Funding	12
Performance Measures	13
Trends	14
Action Planning	15
Accomplishments	16

OVERVIEW

Purpose

The purpose of the Norfolk Community Policy and Management Team (CPMT) is to administer the development, implementation, funding, monitoring and evaluation of the Children's Services Act (CSA).

CSA is a law enacted in 1993 that establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to children, youth and their families. The Virginia Office of Children's Services (OCS) is responsible for the administration of CSA.

Mission

The mission of the Norfolk CPMT is to provide a system of care that is child-centered, family-focused and community-based to address the strengths and needs of at-risk children and their families in the least restrictive environment. The CPMT is committed to innovative and flexible provision of services through a collaborative process that includes city agencies and local providers to bring together the resources, skills and programs needed to ensure that children are living in a safe, permanent, and caring environment.

Framework

Family Assessment and Planning Teams (FAPT) assess the strengths and needs of children and families, determine the complement of services required to meet those needs, develop a service plan for each child and family, and authorize services.

There are a total of 8 teams in Norfolk that meet on a monthly basis, comprised of parents and human service professionals. Norfolk core agency partners include Public Schools, Human Services, Juvenile Court Services Unit, and the Community Services Board. The Norfolk Department of Human Services (NDHS) administers the Norfolk CSA Office and funds, and provides staff support to the CPMT.

CPMT Membership

Members of the CPMT are appointed by City Council and represent various human service departments and agencies in Norfolk, as well as parents and private youth and family service providers. Table 1 provides a listing of CPMT members.

Table 1. CPMT Membership Listing

1. Melinda Baker-Morris, Community Alternatives, Inc.
2. Audra Bullock Parent Representative
3. Dr. Sharon L. Byrdsong, Acting Superintendent, Norfolk Public Schools
Designees: Denise Williams-Patterson, Dr. Janice D. James-Mitchell, Dr. Joy Richardson
4. Sarah Paige Fuller, Director, Norfolk Community Services Board
Designees: Stacey O'Toole, Claudia Sparks
5. Stephen Hawks, Director, Norfolk Department of Human Services
Designee: Denise Gallop, Chair, Assistant Director, Norfolk Department of Human Services
6. Demetria M. Lindsay, MD, Director
Designee: Carolyn Burwell M.D. Norfolk Department of Public Health
7. Theresa McBride, Director, Norfolk Juvenile Court Services Unit
8. Melissa Reese, Norfolk City Official

Roles and Responsibilities

The CPMT is responsible for establishing policies and procedures, coordinate long-range community planning, administer and manage funds, authorize and monitor expenditures, as well as collect, review and report data to the state as required.

Norfolk Demographics

The majority of clients served through CSA are mandated as foster care children and youth, or at risk of foster care. Children and youth are also eligible based on their special education needs as identified in their Individual Education Program (IEP) and/or the severity of their emotional and/or behavioral health needs.

Many vulnerable families call Norfolk home, a city rich in resources and services. High rates of poverty, child abuse, foster care entry and number of students receiving special education services are just a few indicators that demonstrate the need of many Norfolk families served through the CSA. Table 2 provides an overview of 2018 Norfolk demographics, provided by Annie Casey Kids Count Data.

Table 2. Norfolk Demographics

2018 Indicators	Norfolk	Virginia
% Children Living in Poverty	28%	13.8%
Rate of Child Abuse	6.3	2.6
Foster Care Entry Rate	2.2	1.5
% Students Receiving Special Education Services	13.2%	12.9%

2018 Annie Casey Kids Count Data

To highlight unique challenges in Norfolk, the percentage of children living in poverty in Norfolk is twice the state average. The rate of child abuse in Norfolk is 142% higher than the state average, and children enter foster care at a 47% higher rate in Norfolk than the state average. The percent of students receiving special education services is slightly above the state average.

Children and youth served represent the diversity of Norfolk. According to the OCS FY '2019 Dashboard, a total of 213 children were female and 254 were male. A total of 308 children identified as black, 121 as white, 21 as biracial and 10 as Hispanic. A total of 117 children were ages 0-3, 45 ages 4-6, 108 ages 7-12, 158 ages 13-17, and 39 ages 18-21. Table 3 provides a comparison by gender, race and age.

Table 3. Demographic Comparisons

Comparison by Gender

Gender	#	%
Male	213	46%
Female	254	54%

Comparison by Race

Race	#	%
Black	308	66%
White	121	26%
Bi-racial	21	5%
Hispanic	10	2%

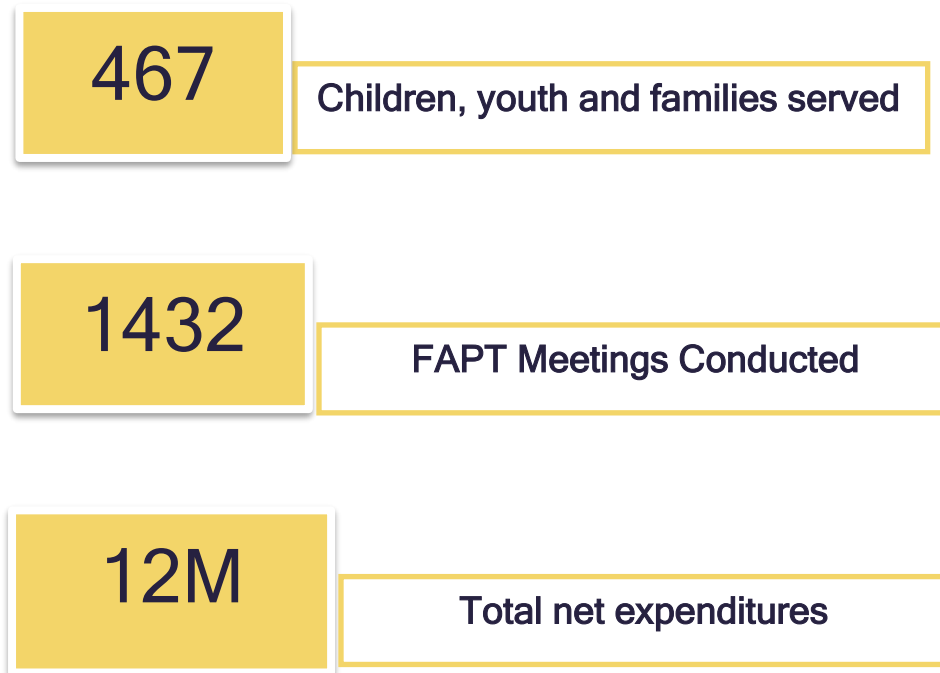
Comparison by Age

Age	#	%
Age 0-3	117	25%
Age 4-6	45	10%
Age 7-12	108	23%
Age 13-17	158	34%
Age 18-21	39	8%

OCS FY 2019 Dashboard

Deliverables

Norfolk served a total of 467 children, youth and their families in FY 2019. A total of 1432 FAPT meetings were convened. The total net expenditures was 11.2M. The average cost per child in Norfolk was \$23,912, below the state average of \$26,731. Table 4 illustrates 2019 deliverables.

Table 4. 2019 Deliverables

OCS FY 2019 Dashboard

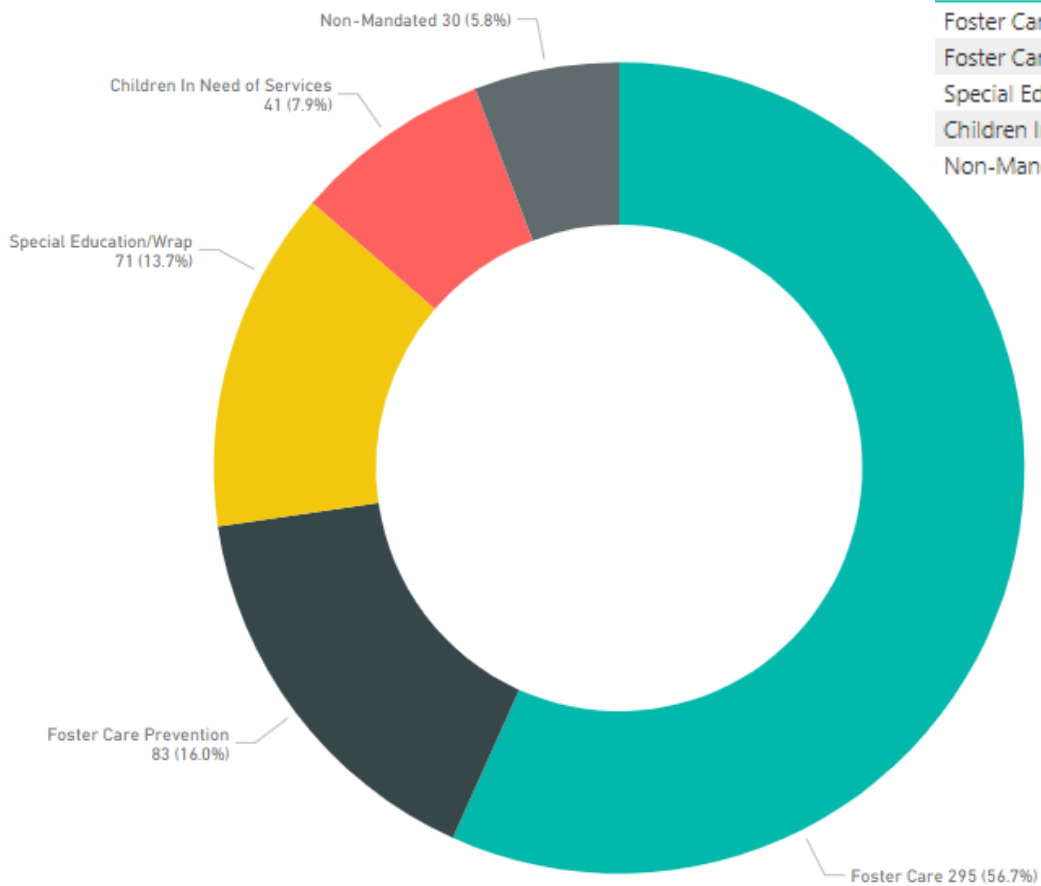
Service Populations

Children and youth must meet state eligibility requirements to receive services. Mandated children and youth for whom sum-sufficient funding must be appropriated are:

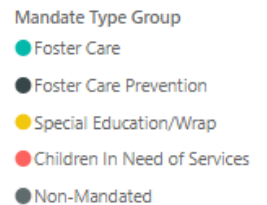
- Students with disabilities whose Individual Education Program (IEP) requires placement in private special education programs, either private day or residential;
- Children and youth who are in foster care or receiving services to prevent foster care.

Sum sufficient funding means the state pool and the required local matching funds must cover the full cost of services necessary to meet relevant federal mandates, regardless of the amount.

Children and youth in foster care or receiving services to prevent foster care represent approximately 72% of the population served. Special education students comprise approximately 14%, children and youth with severe emotional and/or behavioral health needs comprise approximately 8%, and non-mandated children comprise approximately 6% served, as seen in Table 5.

Table 5: Mandate Type by Percentage

Mandate Type Group	Distinct Child Count
Foster Care	295
Foster Care Prevention	83
Special Education/Wrap	71
Children In Need of Services	41
Non-Mandated	30



OCS FY 2019 Dashboard

Core Beliefs

The following core beliefs drive practice in Norfolk:

- Families are experts about their own families.
- Children deserve safety, well-being and permanency.
- Children deserve a family.
- Children do best with their family, kin or family settings.
- Children should receive services and supports in their home and community.
- Children should receive the least restrictive level of care to address their needs.

Service Highlights

Services are offered to children, youth and families in their homes, communities or schools, or more restrictive settings such as residential programs based on an assessment of the child and family strengths and needs.

Community Based Services

Community-based services may include a broad range of interventions to strengthen and stabilize families to include outpatient services, individual and family support services, substance abuse treatment, crisis intervention, intensive in-home counseling, and more.

Foster Care Services

Children and youth in foster care, as well as those receiving services to prevent foster care along with their family, require intensive supports and services. Most children and youth in foster care reside in family like settings, such as foster homes with therapeutic services and supports to address childhood trauma. Older foster care youth between the ages of 18-21 may participate in the Fostering Futures Program to prepare them for transition to adulthood and independent living. The cost to care for a child's needs is expensive. Foster care is intended to be short-term, with the primary goal of permanency through reunification with their family or through adoption.

Private Day School

Private day and residential schools are privately owned and operated schools or educational organizations offering instruction to children and youth determined to have a disability through their IEP. Placement in a private day school is determined by the child's IEP. Wrap around services for students with disabilities address the needs of children and youth beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

Residential Programs

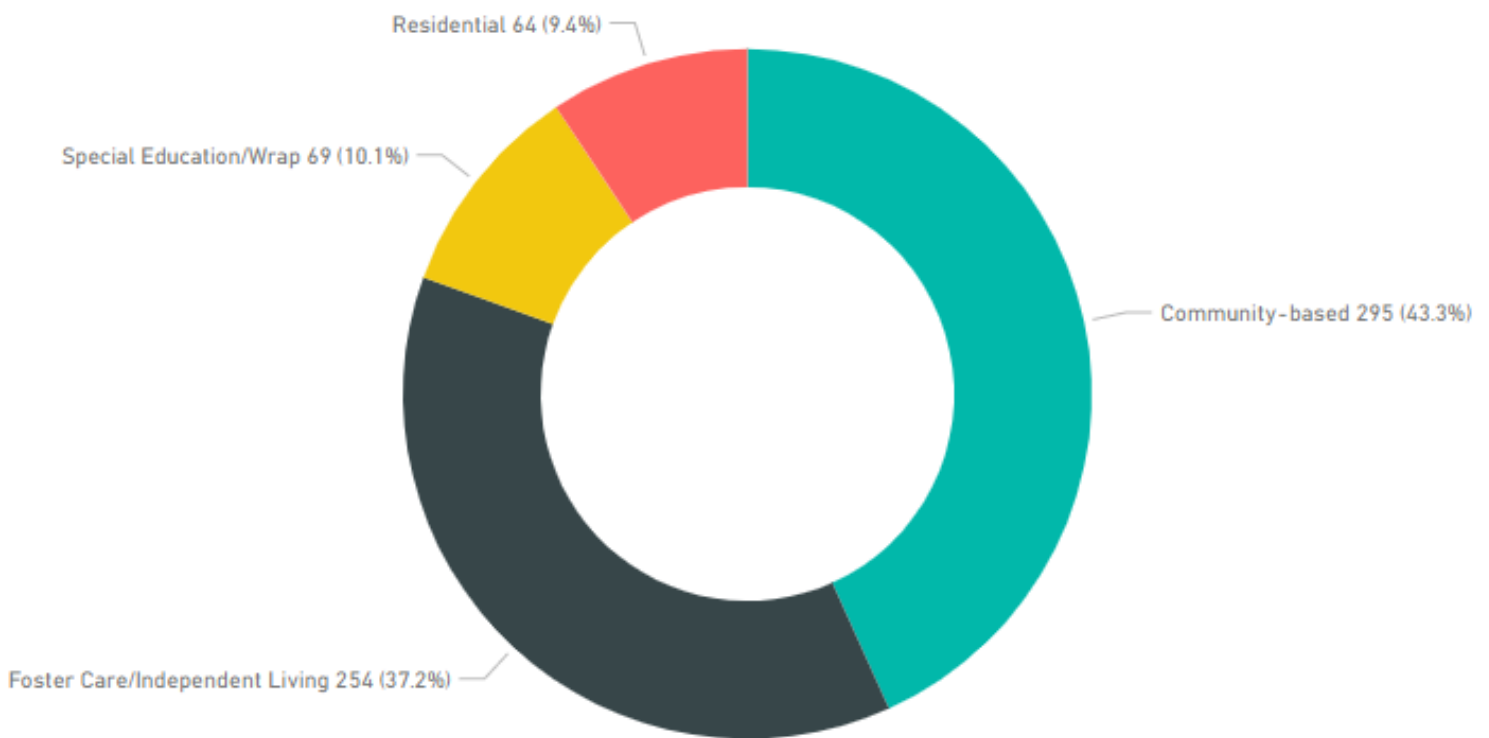
Residential programs provide 24 hour supervised care and services to children and youth outside of their family home. Licensed programs vary from psychiatric and secure residential facilities to therapeutic group homes and shelters. Health insurance may cover some of the cost of residential treatment, but specialized programs for children with autism may not be fully covered.

Norfolk procures goods, services and supports through a competitive bid process, and contracts with nearly 100 providers.

Community based services are the most frequently utilized at 43%, followed by foster care and independent living services at 37%, special education and wrap around services at 10%, and residential services at 9%. Table 6 provides a summary of service names by distinct child count by service placement type.

Table 6. Distinct Child Count by Service Placement

Service Placement Type Group	Distinct Child Count
Community-based	295
Foster Care/Independent Living	254
Special Education/Wrap	69
Residential	64



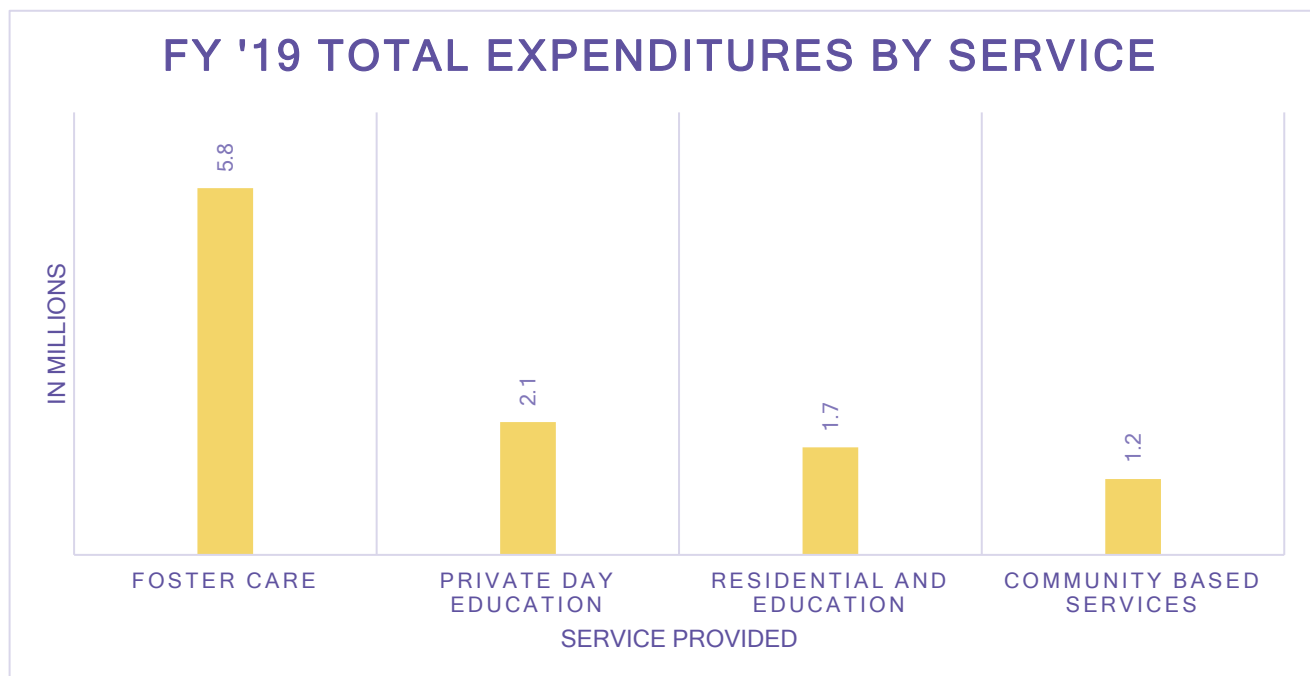
2019 Expenditures by Service

CSA utilizes a variety of blended and braided funding streams to provide a coordinated care approach. Sources of funding may include federal or state dollars, with an average match of 24% in local funds. Parents may be assessed a co-pay on a sliding scale as per state code.

The cost of services for children impacted by abuse, neglect, trauma and/or disabilities can be expensive, and many are mandated by federal or state law. For example, the number of children removed from their parents who enter foster care, and the number of children placed in private day school programs are both outside the purview of the CPMT.

The cost to care for children in foster care or at risk of foster care was 5.8 million dollars. The cost to provide private day special education as identified in a child's IEP was 2.1 million dollars. The cost for children with severe emotional and behavioral issues receiving residential care and education was 1.7 million dollars. Table 7 provides an overview of top expenditures by service.

Table 7. Total Expenditures by Service



OCS FY 2019 Dashboard

Norfolk mirrored the state in several key high cost expenditures, specifically a 11.3 million dollar increase in foster care expenditures, and a 12 million dollar increase in special education expenditures between 2018 and 2019.

Grant Oversight

The Norfolk CPMT is also responsible for grant oversight of the following federal, state, and local grants:

- Promoting Safe and Stable Families (PSSF)
- Virginia Juvenile Community Crime Control Act (VJCCA)
- Community Mental Health Initiative (CMHI)

The Promoting Safe and Stable Families Program (PSSF), Title IV-B, Subpart 2 of the Social Security Act, is a significant source of federal funds to help states keep children safe from maltreatment, allow children to remain safely with their families, and ensure safe and timely permanency for children in foster care. The Norfolk Department of Human Services is the fiscal agent, working collaboratively with the Virginia Department of Social Services. A total of \$147,959.86 was utilized to provide prevention, support and reunification services to Norfolk children, youth and families.

The Virginia Juvenile Community Crime Control Act (VJCCA) established a community-based system of progressive intensive sanctions and services that correspond to the severity of offense and treatment needs. The purpose of the VJCCA is to deter crime by providing immediate, effective punishment that emphasizes accountability of the juvenile offender for his actions as well as reduces the pattern of repeat offending. The Norfolk Department of Human Services is the fiscal agent, working collaboratively with the Virginia Department of Juvenile Justice and Norfolk Court Services Unit. A total of \$1,279,798 was utilized to serve Norfolk youth and families.

Community Mental Health Initiative Funds (CMHI) provide services and supports to children with serious emotional disturbance and related conditions, and who are not mandated for services under CSA. The purpose of CMHI funds are to ensure that all eligible youth receive appropriate and quality mental health support and services to stabilize and maintain them within the community. The Norfolk Community Services Board Program Staff provide oversight and management. A total of \$353,437 was utilized to serve Norfolk children and youth.

Performance Measures

Family Engagement

Family participation in the FAPT process ensures that services are appropriate and effective. Fiscal year 2019 data indicates that 42% of cases staffed by FAPT included family engagement. The target for 2020 is 75%. Improvement is needed in this area.

Family Satisfaction with Service Provider

Parents and guardians reported an overall 86% satisfaction rate with vendors, indicating that they were pleased with their service provider.

Community-Based Services

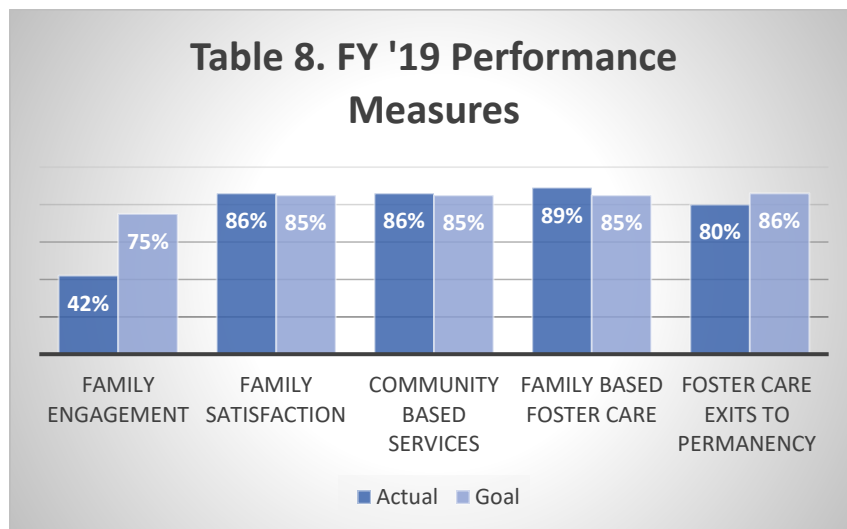
Fiscal year 2019 data indicates that 86% of children receive community based services, as opposed to residential services. The state average is 85%.

Family Based Foster Care

Fiscal year 2019 data indicates that 89% of children in the custody of Norfolk Department of Human Services are placed in family based foster care settings. The state goal is 85%.

Foster Care Exits to Permanency

Fiscal year 2019 data indicates that 80% of children exit from foster care achieve permanency. The state average is 76% and the state target is 86%, so there is opportunity for improvement. Table 8 displays FY '19 performance measures.



Action Planning

While Norfolk exceeds performance measures in many areas, there is room for improvement. The CPMT will utilize the following strategies to improve outcomes as follows:

1. Increase family engagement from 42% to 75%. through enhanced monitoring, tracking and reinforcement of expectations
2. Support foster care exits to permanency by providing additional training and technical assistance to the Norfolk Department of Human Services foster care program.

Trends

The following issues and trends were identified for continued discussion and action planning:

- Increased use and expenditures for private day schools
- Increased use and expenditures for residential treatment
- Increased volume of children and youth entering foster care

Action Planning

The CPMT will utilize the following strategies to enhance continuous quality improvement.

1. Prioritize robust utilization management of residential treatment and private day school programs.
2. Provide training for core agency staff on best practices in the use of community based care for children and youth with significant emotional and behavioral health needs.

Accomplishments

Preliminary Audit

Norfolk CSA Staff completed the OCS Self-Assessment Workbook. Preliminary findings indicate no significant observations and/or weaknesses in the design or operation of the internal controls applicable to the processes conducted or services provided. Technical areas in need of improvement will be addressed through the quality improvement planning process.

Stakeholder Training

The following trainings were offered to stakeholders in conjunction with or by Norfolk CSA in 2019:

- CSA Training Academy for Core Agency Stakeholders
- Intensive Care Coordination in the High Fidelity Wrap Around Model
- Fiscal Policy and Procedure Training for Vendors

Continuous Quality Improvement (CQI)

The Norfolk CPMT is committed to CQI efforts. The following initiatives were completed in FY '19.

- Updated the CPMT Policy and Procedure Manual to reflect best practices and align with state mandates.
- Converted to electronic document storage with Laserfische.
- Realigned CSA Office staff roles and responsibilities to increase efficiency and enhance continuous quality improvement.



Norfolk CSA Office Staff

Pamela Wong, Interim CSA Coordinator

Tara Ruffin, Management Analyst III

Corey Brooks, FAPT Coordinator

Vonda Johnson, Family Services Worker I

Sharon Phillips, Administrative Assistant II

Devitta Jones, Family Services Associate

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