

***COMPREHENSIVE SERVICES ACT
PROGRAM AUDIT***

City of Norfolk

Audit Report No. 09-2014

March 2, 2014



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EXECUTIVE SUMMARY

The Office of Comprehensive Services has completed an audit of the City of Norfolk's Comprehensive Services Act for At Risk Youth and Families program. The Norfolk Interagency Consortium (NIC) provided services and/or funding for 434 at-risk youth and families during fiscal year 2014. The audit included review and evaluation of management oversight, operational, and fiscal practices. The NIC demonstrated that efforts were made to ensure that services were provided to eligible youths and families, as evidenced by the following achievements:

- CSA expenditures decreased 21% from fiscal year 2011 to fiscal year 2014.
- Use of wrap-around services for students with disabilities increased 50% from fiscal year 2013 to fiscal year 2014. These are funds that have been earmarked to provide services outside of the school setting to a student with disabilities and/or the student's family which are necessary to keep the student out of a more restrictive placement.
- In comparison to all local CSA programs statewide for fiscal year 2014, Norfolk has the 16th lowest average length of stay across all service placement types at 150 days.
- The average length of stay for youth in residential programs was reduced from 111 days in fiscal year 2013 to 67 days in fiscal year 2014.

However, there are additional opportunities to effect quality improvements in other areas of the CSA program. Our audit concluded that there were major deficiencies¹ in internal controls. Conditions were identified that could adversely impact the effective and efficient use of resources, accomplishment of program objectives, as well as compliance with statutory requirements. The following significant issues were identified:

- Services were recommended and funded that exceeded stated needs as documented in the Individual Family Services Plan (IFSP). Treatment Foster Care (TFC) services were recommended when the IFSP indicated that there were "no needs". CSA staff indicated TFC services were purchased due to the shortage of available non-TFC foster homes. Use of a private provider for foster care placement services does not necessitate the purchase of treatment services from that provider when an assessed need does not exist. The limited availability of non-TFC homes suggests a gap in services to meet the needs of the community. Such practices could also lead to inefficient use of CSA funds due to service fees incurred that are not commensurate with the stated level of needs (i.e. non-treatment) of the youth.

¹ Major deficiency is defined as an internal control deficiency or combination of deficiencies that severely reduces the likelihood that the entity can achieve its' objectives." Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control Integrated Framework, May 2013.

- The Utilization Management/Utilization Review (UM/UR) process is required to ensure assessments of the effectiveness of services provided, and thereby the effectiveness of the local CSA program are performed. UR and discharge planning are an important part of the process. However, UM/UR practices, policies, and procedures were not always consistently followed. Discharge planning was not always evident in the IFSP of client case files, and discharge Child Adolescent Needs Strengths (CANS) assessments were not documented. URs were not evidenced for clients where a single service was provided on a one-time only basis. The lack of consistent application of UR/UM policy and procedure is indicative of a risk-exposure that could result in non-compliance with statutory requirements should the practice continue.
- CANS assessments were not always formally closed upon completion to ensure the validity of completed assessments. Edits and/or alterations could occur after service planning and subsequent funding decisions have been completed, potentially adversely affecting the reliability and integrity of information used in that decision making. This condition could also undermine efforts to adhere to information security and records retention policies and procedures.

The Office of Comprehensive Services appreciates the cooperation and assistance provided on behalf of the Norfolk Interagency Consortium and other CSA staff. Formal responses from the Norfolk Interagency Consortium to the reported audit observations are included in the body of the full report.



Stephanie S. Bacofe, CIGA
Program Audit Manager



Annette E. Larkin, MBA
Program Auditor

INTRODUCTION

The Office Comprehensive Services has completed a financial/compliance audit of the City of Norfolk Comprehensive Services Act for At-Risk Youth and Families program. The audit was conducted in accordance with generally accepted government auditing standards. The standards require planning and performance of the audit pursuant to stated audit objectives in order to provide a reasonable basis for audit observations, recommendations, and conclusions. The audit was completed on February 18, 2015 and covered the period April 1, 2013 through March 31, 2014

The objectives of the audit were to:

- To determine whether adequate internal controls have been established and implemented over CSA expenditures.
- To determine the adequacy of training and technical assistance by assessing local government CSA staff knowledge and proficiency in implementing local CSA programs.
- To assess whether operations have maintained high standards for sound fiscal accountability and ensured responsible use of taxpayer funds by evaluating fiscal activities of local CSA programs.
- To assess the level of coordination among local government CSA stakeholders and efforts to improve CSA performance by evaluating local CSA program's operational and utilization review practices.

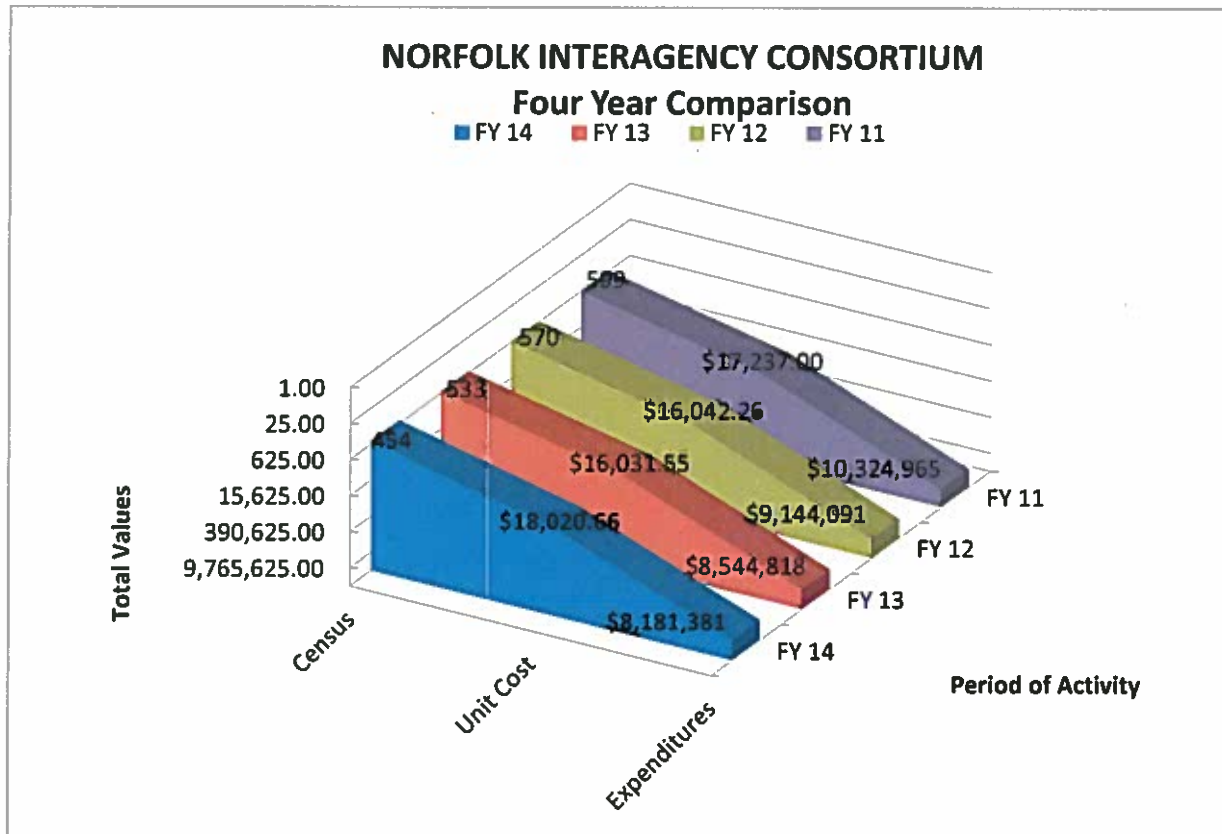
The scope of our audit included all youth and their families who received CSA funded services during fiscal years 2013 - 2014. Audit procedures performed included reviews of relevant laws, policies, procedure, and regulations; interviews with various CSA stakeholders; flowcharts of operational and fiscal processes; various tests and examination of records; and other audit procedures deemed necessary to meet the audit objectives.

BACKGROUND

The City of Norfolk encompasses 66 square miles of Virginia’s Tidewater region and is located at the core of the Hampton Roads metropolitan area. It is home to the world’s largest naval base and is considered to be the historic, urban, financial, and cultural center of the region. According to July 1, 2013 published estimates by the Weldon Cooper Center for Public Service - University of Virginia, Norfolk has a population estimate of 246,392 making it Virginia’s second most populist city behind neighboring Virginia Beach. The U.S. Census Bureau reports the median household income from 2009-2013 as \$44,747.

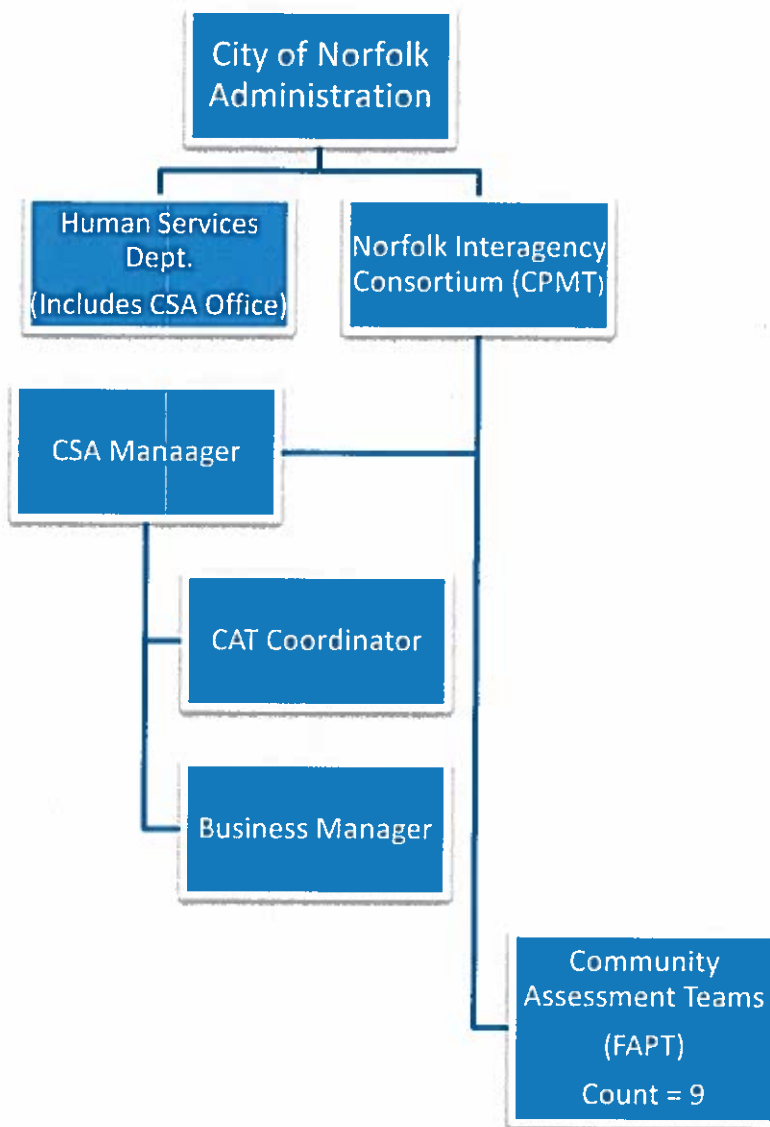
The Comprehensive Services Act for At-Risk Youth and Families (CSA) is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at-risk youth and their families. Of the approximate \$278 million appropriated by the Virginia General Assembly and local governments to fund CSA, total allocations (state and local funds) for the City of Norfolk combined for fiscal years 2013 and 2014 was \$17.5 million. Actual net expenditures for fiscal year 2013-2014 combined totaled \$16.7 million. Based on reported expenditures for fiscal year 2014, the estimated average per capita cost of CSA in Norfolk is \$33.

An analysis of city of Norfolk CSA expenditures, population, and cost per child (“unit cost”) indicated expenditures and population are trending downward. Expenditures have decreased approximately 21% from fiscal year 2011 to fiscal year 2014. The chart below depicts a comparison for fiscal years 2011 through 2014.



The state funds, combined with local community funds, are managed by local interagency teams, referred to as “Community Policy and Management Teams” (CPMT) who plan and oversee services to youth. The city of Norfolk’s CPMT is formally referred to as the Norfolk Interagency Consortium (NIC). NIC is supported in this initiative by the nine “Family Assessment and Planning Teams” (FAPT) responsible for recommending appropriate services, which have been rename Community Assessment Teams (CAT). Administrative support to NIC and CAT is provided by a full-time CSA Coordinator, CAT Coordinator. The local management structure for City of Norfolk CSA program is as follows:

**CITY OF NORFOLK
COMPREHENSIVE SERVICES ACT
ORGANIZATIONAL CHART**



OBSERVATIONS AND RECOMMENDATIONS
SECTION 1 – MAJOR DEFICIENCIES

A) PROGRAM ACTIVITIES

Observation 1: The level of service recommended in the Individual Family Services Plan (IFSP) does not always appear appropriate based on the documentation of needs as stated in the same IFSP. This condition was specifically observed in instances where youths are placed in Treatment Foster Care (TFC) homes due to the lack of available non-TFC foster homes. Use of a private provider for foster care placement services does not necessitate the purchase of treatment services from that provider when an assessed need does not exist. In the absence of negotiation of service rates with the provider for non-treatment placements, the CSA program could incur higher cost associated with such placements when higher cost services are provided to a youth that does not meet that level of need. The limited availability of non-TFC homes suggests a gap in services that should be addressed by the NIC in consideration of its long-term plan for addressing the service needs of the community. Listed below is an example of the section comments referenced on an IFSP.

Excerpt taken from an IFSP:

Recommendation: “TFC Support and Supervision Moderate Level”

Needs/Goals/Objectives: “There are not any needs”

Criteria:

- COV Section § 2.2-5208, Items 4, 5, and 9
- CSA Manual 3.2.5 Duties and Responsibilities
- DOA ARMICS, Control Environment, Oversight by the Agency’s Governing Board and Assignment of Authority and Responsibility; Control Activities: Monitoring

Recommendation:

The NIC should ensure that services provided to youth and families are reflective of the needs identified and documented in the IFSP. Where insufficient resources are available to meet the assessed level of need, the IFSP should document rationale for use of alternative resources. The NIC should develop and implement policies and strategies, which may include but not limited to negotiation of rates with providers, to address operational and financial implications due to resource availability limitations.

Client Comment:

“We concur with this observation. Process improvements have been made to remedy this issue. As of July 1, 2014, the CAT/RRB teams are

developing and documenting the client needs and goals of the services that are approved by the teams. Previously, the case worker was responsible for identifying the client needs and goals, prior to the CAT meeting. Workers continue to identify the needs prior to coming to the meeting; however, during the CAT/RRB the team reviews the identified needs and will add other identified needs that become apparent during the meeting. In conjunction with the CSA case manager and vendor, the team develops and identifies the measurable service goals and objectives. Start and end dates are noted and goals are continued and discontinued at each service review. This is the practice that is in place and is reflected in service plans reviewed as of July 2014. This practice shall be placed in writing in the NIC desk manual.”

Observation 2:

Discharge planning was not always evident in the IFSP of client case files that noted termination of services or case and/or when it appeared that no additional services were to be provided. Further, there were no discharge Child Adolescent Needs Strengths (CANS) assessments documented after the last service was completed and the case is no longer in an active status.

Criteria:

- COV Section [§ 2.2-5208](#), Items 4, 5, and 9
- CSA Manual 3.2.5 Duties and Responsibilities
- DOA ARMICS, Control Environment, Control Activities: Monitoring
- [CANS Frequency of Administration - Updated 2013](#)

Recommendation:

The Community Assessment Teams should ensure that discharge planning is clearly documented in the IFSP, including the completion of a discharge CANS assessment. The CSA office should conduct periodic case file reviews to ensure required information and assessments are appropriately and timely documented.

Client Comment:

“We concur with this observation that discharge CANS were not completed on some of the cases that were reviewed by the auditor. The cases were assessed by a CAT to determine if the service request was appropriate and the child met the criteria for CSA funding. Documentation of the service need was provided on the IFSP. A CANS assessment was completed on each case upon case closure. We acknowledge our role in ensuring that the case worker selects the “discharge,” option when the assessment was entered into the CANVAS system. It is our view that this is a process improvement issue that can be addressed through training with our partnering agency personnel. Recent modifications have been made to our process to address this observation.

As of July 1, 2014, the CAT/RRB put into practice the notation of the termination of services in the client IFSP and requires case workers to submit discharge CANS. A close out review of the case is conducted and documents the circumstances of the case at the time of closure. A procedure was developed and documented as of December 9, 2014. This document was provided to the auditor on 1/29/15.”

Observation 3:

Utilization review and utilization management practices, policies, and procedures are not always consistently followed. At the time of our review, reports examined suggested that utilization reviews of residential placements had not been completed since September 2013. In addition, utilization reviews were not always completed after a service had been terminated where services were provided on a one-time basis only.

Example: Non-mandated youth was referred to the Court Service CAT team for service planning. The recommended and funded service is anger management. The youth completes the program and no other services are provided. There is no evidence of subsequent CAT meetings, discharge planning, and/or utilization review.

The UM/UR process is required to ensure assessments of the effectiveness of services provided, and thereby the effectiveness of the local CSA program are performed. The lack of consistent application of UR/UM policy and procedure is indicative of a risk-exposure that could result in non-compliance with statutory requirements should the practice continue.

Criteria:

- COV Section [§ 2.2-5206](#), Items 6, 8, 9, and 13
- [Current Appropriations Act Chapter 806](#), Item B3
- CSA Policy Manual Section 8.1 Utilization Management, Paragraph 2
- DOA ARMICS, Control Environment, Oversight by the Agency’s Governing Board and Assignment of Authority and Responsibility; Control Activities

Recommendation:

The NIC should monitor and document adherence with utilization review and management practices, policies and procedures, in order to ensure that sufficient information is obtained to evaluate the effectiveness of services provided and overall effectiveness of the CSA program.

Client Comment:

“We concur with the observation that the Utilization Management/ Utilization Review (UM/UR) process was not consistently followed for clients where a single service was provided on a one-time only basis. A paper UR/UM is conducted on each child who is presented before the CAT/RRB. Documentation of UR/UM form is completed by a CAT

member and placed in each child's file. UR/UM site visits are conducted by the NCSB for all children placed in congregate care and placed at the intensive level of TFC every 90 days. UR/UM site visits are conducted by the CAT Coordinator. This is the practice as of June 2014. It will be put in writing to be maintained in the NIC desk manual. This is also documented in the MOU between NCSB and the NIC office. The MOU is in a draft format, as we are in the process of negotiating all of the conditions. However, the practice is in place. Documentation of tracking mechanisms and sample case UR/UM documents were provided to the auditor on 1/29/15."

B) DATA INTEGRITY AND INFORMATION SECURITY

Observation 4: CANS assessments were not always formally closed upon completion to ensure the validity of completed assessments. This condition could be due to incomplete information in the assessments and/or case managers that are no longer responsible for completing the assessments. The most extreme example is an assessment that has remained open since July 2009. Based on the CANS report of open assessments for 60 days or greater, the Norfolk CSA program had 492 open assessments as of April 11, 2014. Until such time that assessments are final and closed in the automated system, edits/modifications are possible. The risk-exposure created increases the potential for unauthorized alterations after service planning and subsequent funding decisions have occurred, and thusly affects the reliability and integrity of information used that decision making. This condition could also undermine efforts to adhere to information security and records retention policies and procedures.

Criteria:

- [How to Close CANVAS Assessments](#)
- DOA ARMICS, Control Activities over Automated Information

Recommendation:

- The case manager and service planning teams (CAT) should ensure that a valid (closed) CANS is presented and utilized during client service planning activities.
- The CANVaS Designated Super User/Report Administrator and the CSA Office should periodically review CANVaS reports to ensure CANS older than 60 days are managed in accordance with CANS policy.
- Repeated instance of non-compliance should be reported to the NIC and addressed for resolution by the appropriate agency representative.

Client Comment: “We concur with the observation that the CANS assessments were not always formally closed upon completion to ensure the validity of completed assessments. Upon notice of this deficiency, steps were immediately taken to close out open CANS assessments in the CANVAS system, where possible. This process was completed by July 2014. The CAT Coordinator reviews all CANS that are received to ensure that they have been closed on the website. A quarterly review will be conducted of the CANVAS website to ensure that all Norfolk CANS are closed.”

**OBSERVATIONS AND RECOMMENDATIONS
SECTION 2 – OTHER DEFICIENCIES**

C) FISCAL ACTIVITIES

Observation 5: Co-pays assessed as parental contributions towards the cost of services funded via CSA pool funds had not been collected for at least six months (November 2013 through April 2014). This activity was performed by the CSA Business Manager. However, the collections lapsed because the position had been vacant. Significant delays in the collection of parental contributions could adversely impact efforts to ensure effective and efficient use of resources, as well as parental accountability for services provided to children and families.

Criteria:

- COV Section [§ 2.2-5206](#) items 6 and 8
- [Current Appropriations Act Chapter 806](#) - Item E

Recommendation:

The NIC should ensure that parental contributions are collected in accordance with established policies and procedures. Responsibility for collections processes should be re-assigned to other CSA Office staff should there be an extended absence by the Business Manager and/or the NIC should consult with the local government’s finance office to coordinate arrangement to continue collection activities until normal operating conditions can be resumed.

Client Comment:

“We concur with this observation. The parental co-pay policy has been revised and implemented as of August 2014. Attempts to collect parental co-pays resumed in September 2014. The revisions are reflected in our procedures and documented in our NIC policies and procedures. To date, \$375 have been collected. Copies of the revisions were provided to the auditor on 1/29/15. “

D) GOVERNANCE ACTIVITIES

Observation 6: Improvements are needed to ensure that locally established CSA policies and procedures are consistent and in accordance with the Comprehensive Services Act and/or policies adopted by the State Executive Council (SEC). Areas noted include the following:

- NIC has not updated policies and procedures to govern Intensive Care Coordination. In May 2013, The SEC adopted newly revised policies governing Intensive Care Coordination (ICC). As of June 2014, the NIC Board had not updated the existing Memorandum of Understanding (MOU) dated March 2010 nor the ICC section of the local policy manual dated September 2013.
- NIC has not established a formal process for collecting and maintaining data on students receiving congregate or private day education service.

Criteria:

- COV Section [§ 2.2-5206](#). Item 17
- CSA Manual 3.1.5 Duties and Responsibilities
- CSA Manual Appendix B – Department of Education Tool Kit, [Reporting of Student Testing Identifier to CPMT for IEP Placements in Private Programs](#)
- DOA ARMICS, Control Environment, Assignment of Authority and Responsibility;

Recommendation:

- NIC should ensure that local policies and procedures are incorporated, reviewed and revised (if applicable) for consistency with state CSA requirements.
- NIC should establish and document a process for collecting and maintaining STI data. The CSA office should periodically review data collected to ensure information obtained is complete and accurate.

Client Comment:

“We partially concur with this observation. (1) The NIC office and NCSB are in the process of negotiating a new MOU. The draft format is provided for review. This document is in accordance with CSA and SEC policies related to ICC services. The draft copy of this document was provided to the auditor on 1/29/15. The final draft will be provided once approved and signed by the City Attorney and both Department heads. (2) A procedure has not been established to address this deficiency as it relates to private day education services. As of July 2014, the NIC office maintains a spreadsheet of children who are placed in a residential setting and transition to a less restrictive level of care. A draft copy of this

document was provided to the auditor on 1/29/15. A procedure will be developed to track Student Testing Identifier data.”

Observation 7:

Records management practices and procedures pertaining to the closing of CSA client case files needs improvement. Specific observations noted were:

- There was very limited distinction between when the complete case file is final/closed, and when a specific service has been terminated. The same form (NIC Termination of Services) was used in many instances, and client case files were not visibly marked as closed.
- Existing procedure does not indicate a specific reference point and/or guideline for gauging when it would be appropriate to formally and officially initiate case closure once CSA service planning activities are no longer being provided.

Criteria:

- CSA Policy Manual Section 3.5 Records Management Toolkit, [CPMT Guidelines for Records Management](#)
- DOA ARMICS, Control Environment, Oversight by the Agency’s Governing Board and Assignment of Authority and Responsibility; Control Activities

Recommendation:

NIC should revise existing records management policies and procedures to clarify requirements for officially closing CSA case files, including but not limited to when to initiate and how to document

Client Comment:

“We concur with this observation. As of July 1, 2014, the CAT/RRB put into practice the notation of the termination of services and closure to CSA funds in the client IFSP and requires case workers to submit close out CANS. A close out review of the case is conducted and documents the circumstances of the case at the time of closure. A procedure was developed and documented as of December 9, 2014. A copy of this procedure was provided to the auditor on 1/29/15.”

CONCLUSION

Our audit concluded that there were major deficiencies¹ in internal controls over the City of Norfolk CSA program. Conditions were identified that could adversely impact the effectiveness and efficient use of resources, accomplishment of program objectives, as well as compliance with statutory requirements. An exit conference was conducted on January 14, 2015 to present the audit results to the Norfolk Interagency Consortium. Persons in attendance representing the Norfolk Interagency Consortium County CPMT:

Suzanne Puryear, Planning Council – NIC Chair
Stephen Hawks, Director, Norfolk Department of Human Services (NDHS)
Saniyyah Manigault, NIC Program Manager
Alice Kelly, City of Norfolk, Director of Finance
Andrea Long, Private Provider
Beckie Osborne, Parent Representative
Betty Wade Coyle, Parent Representative
Carolyn Burwell, Norfolk Department of Public Health
Heather Kelley, City of Norfolk Attorney
Lee Ann Avery, Parent Representative
Melody Sprague, NDHS Operations Controller
Rebecca Deal Poston, Citizen Representative
Sarah Paige Fuller, Norfolk Community Services Board
Stacey O'Toole, Norfolk Community Services Board
Valerie Boykin, Norfolk Juvenile Court Services Unit Director
Ciera Davidson, CSA Business Manager
Tara Davis, CAT Coordinator
Beth Dooley, Purchasing Agent
Christina Francis-Talley, DHS Operations Manager
Tammie Dantzer, City of Norfolk Auditor

Representing the Office of Comprehensive Services was Stephanie Bacote, Program Audit Manager. We would like to thank the Norfolk Interagency Consortium and related CSA staff for their cooperation and assistance on this audit.

¹Major deficiency is defined as an internal control deficiency or combination of deficiencies that severely reduces the likelihood that the entity can achieve its' objectives." Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control Integrated Framework, May 2013.

REPORT DISTRIBUTION

Susan Clare, Executive Director
Office of Comprehensive Services

Marcus D. Jones, Norfolk City Manager

Suzanne Puryear, NIC Chair
Director, Norfolk Planning Council

Ron Fritch, NIC Fiscal Agent
Assistant Director of Finance, City of Norfolk

Saniyyah Manigault, NIC Program Manager



NORFOLK INTERAGENCY CONSORTIUM

February 11, 2015

Stephanie Bacote
Internal Audit Manager Senior
Office of Comprehensive Services
1604 Santa Rosa Road
Suite 137
Richmond, VA 23229-5008

RE: Comprehensive Service Act Program Audit

Dear Ms. Bacote:

This correspondence is in follow up to our exit audit interview held on January 14, 2015. Thank you on behalf of the Norfolk Interagency Consortium (NIC) for your feedback and observations regarding our Comprehensive Services Act (CSA) program. It is our ongoing goal to effectively and efficiently serve our at-risk youth while complying with all State mandates. We appreciate your efforts to work collaboratively with us through this process and the opportunity you have offered to us to clarify programmatic practices.

We believe we have demonstrated on a consistent basis our compliance with the overall goal of the CSA to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of at-risk youth. We recognize that there are opportunities for improvement to our processes. We assure you that steps have been taken to address the identified areas in need of improvement. We began remedying those areas as early as May 2014. It is our belief that these areas are process improvement issues, rather than major deficiencies in internal controls.

In recognition of the need for process improvements the NIC Board has taken deliberate and purposeful steps to enhance our ability to adequately assess the strengths and needs of the youth that we serve. We believe that the strength of our system is our ability to work collaboratively with all of our partnering agencies and remain fiscally responsible. Through the support of the Norfolk Department of Human Services Fiscal Unit, we have established a multilayer system for the approval of purchase orders and payment of invoices that creates a separation of duties. This is a fiscal safeguard that has allowed us to closely monitor the approval and expenditure of funds. Our teams have been successful in reviewing cases within the 14 day requirement. During FY 2015, we successfully transitioned 35% of our youths

placed in a residential setting into a less restrictive setting. In addition, our parental co-pay policy and procedure has been revamped and implemented. To date, \$375 in parental co-payments have been collected.

While there are procedural changes that should be made, we believe that the observations in your report represent opportunities for process improvements. We believe that we have been successful in many areas and are striving to diligently work towards effectively and efficiently serving our at-risk youth, while complying with the policies of the CSA.

In conclusion, you will find our attached comments to the observations in the audit and a list of improvements that have been made in our program since the audit process began. We thank you for your time and consideration.

Sincerely,



Suzanne Puryear, CPMT Chair

Cc: S.H., S.M.

NIC Office Process Strengths

- CANS scores are reviewed and processed with the service request to ensure that there are actionable items that justify the service request.
- NIC office verifies that all CANS assessments are in a closed status prior to the case coming to CAT and notates in the recommendations if a new CANS must be resubmitted
- When services are being terminated, the CAT Coordinator requests a discharge CANS as well as the discharge report from the vendor providing the service.
- Client's strengths are being reviewed and documented for each scheduled case.
- The CAT Teams are reviewing, assessing and setting up child specific needs, goals and objectives in collaboration with the vendor, stakeholder case manager, biological family and client.
- New cases are being heard within 14 days of the NIC office obtaining the referral.
- Service Initiation Requests (SIR) are being completed for placements as needed to secure placement on an emergency basis until the CAT meeting is held within the 15 day requirement.
- Stakeholders are using the New Service Request form to justify services that we do not currently have contracts for to obtain services in a timely manner to meet child specific needs.
- CAT teams are reviewing and requesting that all team recommendations from previous team meetings have been completed or followed up on at each subsequent team meeting.
- CAT Coordinator is requesting and obtaining service plans from the vendors to support presentations for the team. The service plans are maintained in the client file.
- Vendor responsibilities have been posted in the lobby area and are reviewed with the specific vendors as needed.
- CAT teams are taking a more in-depth look into the IEP to ensure that the child's needs are being addressed in an appropriate manner. Follow up contacts are being made with providers to ensure that the IEP is up to date and services are implemented as required by the IEP.
- Older clients are being linked up with Great Expectations through Tidewater Community College and obtaining more support during their senior year in high school and first two years of college.
- Satisfaction surveys are being completed by the stakeholder case manager and biological parents to get assessments of services being provided.
- Feedback forms are being completed by CAT team members to assist the NIC office in providing positive feedback to stakeholder's case managers as well as address areas of need for improvement.
- The NIC office has streamlined the vendor reporting process by establishing one vendor form for service providers to provide documented feedback on the work that is being completed by the vendor.
- The NIC office is addressing concerns with vendors through letters, meetings and providing training on presenting before the CAT/RRB teams.
- The NIC office notifies all team members about ongoing training offered in the community to enhance the skills of the CAT/RRB team.
- New team members meet with the CAT coordinator for new CAT team member training.