

AGENDA

COLONIAL BEHAVIORAL HEALTH BOARD MEETING

January 3, 2012

4:00 p.m.

- I. Welcome and Call to Order - *B. Burge*
- II. Public Comment
- III. Approval of December Minutes
- IV. FY 2011 Audit Report Summary - *K. German*
- V. 2012 General Assembly Session Advocacy – *J. Lucera*
- VI. Return on Investment Model/Report - *D. Coe/K. German*
- VII. Executive Director’s Report - *D. Coe*
- VIII. Adjourn

The mission of Colonial Behavioral Health, the local Community Services Board, is to facilitate opportunities for recovery, resilience and wellness to individuals and families affected by mental illness, intellectual disabilities, and substance use disorders. Through an array of strategies and collaborative partnerships with local and regional providers, CBH will demonstrate a commitment to quality assessment, prevention, treatment, and habilitation through best practice methodology for the citizens of James City County, City of Poquoson, City of Williamsburg, and York County.

**COLONIAL BEHAVIORAL HEALTH
BOARD MEETING**

TIME: 4:00 p.m.
PLACE: Colonial Behavioral Health, 473 McLaws Circle, Williamsburg, VA 23185
DATE: December 6, 2011

BOARD MEMBERS PRESENT:

Mr. John McDonald – James City County
Ms. Barbara Burge – York County
Mr. Charles McAdams – York County
Mr. Max White – York County
Ms. Trish Kline – James City County
Mr. Bill Karaktin – York County
Ms. Edith Chutkow – Williamsburg
Mr. John Kuplinski – James City County
Ms. Diana Hutchens – James City County
Mr. Peter Walentisch – Williamsburg
Ms. Mary Diggs - Poquoson

STAFF PRESENT:

Mr. David Coe
Ms. Debbie Townsend-Pittman
Ms. Joan Lucera
Ms. Anita Michalec
Ms. Kari Traver
Ms. Nancy Shackelford
Mr. Dan Longo
Mr. Keith German

BOARD MEMBERS ABSENT:

Mr. Sam Lazarus – James City County
Ms. Anne Rollins - Poquoson
Mr. Ken Drees – York County

PUBLIC COMMENT:

None.

MINUTES:

Minutes of the November Board Meeting were approved as distributed.

ACTION ITEMS:

Action Item A-1 was presented upon the Executive and Administration Committee’s recommendation that the Board of Directors approve the Draft FY 13 Budget & Local Government Funding Request. Funding requests to local government are required during various time frames ranging from December through February. In order to present our submission in a timely manner, early budget projections for the upcoming year must be developed. A number of variables exist that could result in a more negative or positive effect on the draft budget, so it should be assumed that this Draft may not fully reflect the financial situation going into FY 13. Discussion. Ms. Chutkow moved to approve the Draft FY 13 Budget for its intended use as a first draft, and for purposes of requesting local government funding. Mr. Walentisch moved to amend the motion by inserting the phrase “recognizing that these requests may not be granted either partially or in full, and that this would increase the projected shortfall in the budget draft” at the end of the motion. Ms. Chutkow moved to approve the motion as amended. With no further discussion, the motion was approved.

FY 11 ANNUAL REPORT - J. Lucera

Colonial Behavioral Health's 2011 Annual Report was distributed to Board members. The Annual Report summarizes the highlights of FY 11. It was noted that FY 11 is the year that commemorates CBH's dedication to facilitating opportunities for recovery to individuals and families affected by mental illness, intellectual disabilities and substance use disorders.

EXECUTIVE DIRECTOR'S REPORT **D. Coe**

The Executive Director's Report was provided in writing and distributed to Board Members. Mr. Coe provided additional information for Board members.

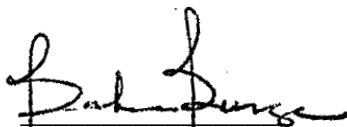
Colonial Behavioral Health is the recipient of two grants awarded from the Williamsburg Community Health Foundation. A grant in the amount of \$38,174 was awarded to support the Family Outreach Services for children with autism spectrum disorder (ASD). The second grant in the amount of \$45,436 was awarded to provide support for the Intensive Outpatient Program (IOP).

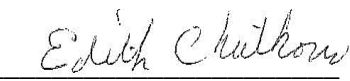
A Planning Grant was submitted by Colonial Behavioral Health for CIT (Crisis Intervention Team) funding. Members of the Colonial Community Criminal Justice Board (CCCJB) and the Williamsburg Community Health Foundation are partners in this effort. A decision concerning the grant award is expected mid December.

Information concerning the 2%, 4% and 6% budget reduction for state agencies is expected to be announced soon. Mr. Coe said that it is still unclear of the impact on CSB's and DBHDS. Board members will be updated as information is received

Mr. Coe reported that there has not been any further progress relating to SEVTC and the ICF-MR issues. He said that the Department is pursuing other options that may facilitate a positive outcome to this lengthy process

There being no further business to discuss, the meeting adjourned at 5:40 p.m.


Barbara Burge, Chair


Edith Chutkow, Secretary

ROBINSON, FARMER, COX ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

A PROFESSIONAL LIMITED LIABILITY COMPANY

Communication with Those Charged with Governance

To the Board of Directors Colonial Behavioral Health

We have audited the financial statements of Colonial Behavioral Health for the year ended June 30, 2011. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and OMB Circular A-133, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you dated May 26, 2011. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Colonial Behavioral Health are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2011. We noted no transactions entered into by the Board during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting Colonial Behavioral Health's financial statements were:

Management's estimate of the allowance for uncollectible client fees receivable, estimated useful lives of capital assets and related depreciation expense and accumulated depreciation, and the health insurance reserve reported as other current liabilities.

The above estimates are based on historical collection records and specific account analysis for the estimated uncollectible client fees, accounting and other guidelines for the estimated useful lives of capital assets, related depreciation expense and accumulated depreciation, and information from York County that administers the Board's health insurance plan regarding amounts reserved for potential health insurance claims. We evaluated and reviewed the key factors and assumptions used to develop the above estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

Difficulties Encountered in Performing the Audit:

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatement

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole except for the recording of the net addition to the liability for Other Post-Employment Benefits which was \$232,052 as of June 30, 2011.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated December 1, 2011.

Management Consultations with Other Independent Accountant

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the governmental unit's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior year, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Board of Directors and management of Colonial Behavioral Health and is not intended to be and should not be used by anyone other than these specified parties.

Robinson, James, Co. Associates

Charlottesville, Virginia
December 1, 2011

COLONIAL BEHAVIORAL HEALTH

Williamsburg, Virginia

FINANCIAL REPORT

YEAR ENDED JUNE 30, 2011

ROBINSON, FARMER, COX ASSOCIATES

A PROFESSIONAL LIMITED LIABILITY COMPANY CERTIFIED PUBLIC ACCOUNTANTS

CHARLOTTESVILLE □ RICHMOND □ FREDERICKSBURG □ VERONA □ CHRISTIANSBURG



ROBINSON, FARMER, COX ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

A PROFESSIONAL LIMITED LIABILITY COMPANY

INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF DIRECTORS COLONIAL BEHAVIORAL HEALTH WILLIAMSBURG, VIRGINIA

We have audited the statement of net assets of Colonial Behavioral Health and the related statements of revenues, expenses and changes in net assets, and cash flows, as of and for the year ended June 30, 2011. These financial statements are the responsibility of the Colonial Behavioral Health's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year comparative information has been derived from the entity's 2010 financial statements and in our opinion dated November 11, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the *Specifications for Audits of Authorities, Boards and Commissions*, issued by the Commonwealth of Virginia, Office of the Auditor of Public Accounts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Colonial Behavioral Health, as of June 30, 2011, and the respective changes in financial position and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated December 1, 2011, on our consideration of the Colonial Behavioral Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and the Required Supplementary Information as listed in the table of contents be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied

certain limited procedures to the management's discussion and analysis and the Required Supplementary Information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Colonial Behavioral Health's financial statements as a whole. The combining statements are presented for additional analysis and are not a required part of the financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is also not a required part of the financial statements. The combining statements and schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Robinson, James, Co. Associates

Charlottesville, Virginia
December 1, 2011

COLONIAL BEHAVIORAL HEALTH

Management's Discussion and Analysis Year Ended June 30, 2011

This Management's Discussion and Analysis is intended to be objective and easily readable information that will supplement the basic financial statements. It represents an opportunity for Colonial Behavioral Health (CBH) management to present an examination of the entity's short- and long-term financial condition. This analysis will emphasize current year transactions and results, in comparison with the prior year, and is based on facts, decisions, and conditions that were known as of the date of the auditor's report.

FISCAL YEAR 2011 HIGHLIGHTS

- CBH continued to expand its participation in regional services connected to the downsizing of Eastern State Hospital.
- Children's Services consolidated all upper catchment services in the facility on Capitol Landing Road in Williamsburg.
- CBH continued its conversion to an electronic health record to automate consumer care documentation.
- The name of the organization changed from Colonial Services Board to Colonial Behavioral Health on July 1, 2010.
- CBH observed its 40th anniversary in 2011.

OVERVIEW OF THE BASIC FINANCIAL STATEMENTS

CBH's annual financial report consists of three basic financial statements: a Statement of Net Assets, a Statement of Revenues, Expenses and Changes in Net Assets, and a Statement of Cash Flows. For ease of presentation, all statements are in a condensed format.

CBH maintains a non-profit corporation, Colonial Community Services Inc. (CCSI), as a component unit for the purpose of acquiring and holding real property for use by the CBH. During FY 2011 Colonial Workshop, Inc., formerly used to operate a sheltered workshop, underwent a change of name and mission. Colonial Health System, Inc. (CHS) is now a component unit of CBH promoting behavioral health in the jurisdictions served by CBH. All condensed statements are combined, including values and amounts for CBH, CCSI and CHS.

Financial Position. The Statement of Net Assets represents, as of the last day of the fiscal year, the assets (cash and other property) owned and liabilities (debts and other obligations) owed by CBH. The difference between total assets and total liabilities defines the net assets (equity), which is generally perceived as a measure of financial solvency.

OVERVIEW OF THE BASIC FINANCIAL STATEMENTS (continued)

A summary of CBH's Combined Statement of Net Assets for 2011 and 2010 is presented below:

Condensed Combined Statement of Net Assets		
	<u>2011</u>	<u>2010</u>
Assets		
Current assets	\$ 4,069,847	\$ 4,040,934
Capital assets (net of depreciation)	5,328,052	5,125,967
Other assets	<u>22,922</u>	<u>25,970</u>
Total assets	<u>\$ 9,420,821</u>	<u>\$ 9,192,871</u>
Liabilities		
Current liabilities	\$ 1,971,180	\$ 1,753,431
Long-term liabilities	<u>2,909,314</u>	<u>2,751,259</u>
Total liabilities	<u>\$ 4,880,494</u>	<u>\$ 4,504,690</u>
Net Assets	<u>\$ 4,540,327</u>	<u>\$ 4,688,181</u>
Total liabilities and net assets	<u>\$ 9,420,821</u>	<u>\$ 9,192,871</u>

CBH presents a strong balance sheet, with Current Ratio of 2.0:1. The decrease in current ratio from FY 2010 reflects use of cash for investments in facility improvements and vehicle replacement.

Changes in net assets. The Statement of Revenues, Expenses and Changes in Net Assets is a presentation of the amount of income generated (revenues) and resources consumed (expenses) during the fiscal year. The net difference between revenues and expenses represents the amount Net Assets increased or decreased for the year.

A summary of CBH's Statement of Revenues, Expenses and Changes in Net Assets for 2011 and 2010 is presented below:

Condensed Combined Statement of Revenues, Expenses and Changes in Net Assets		
	<u>2011</u>	<u>2010</u>
Operating revenues	\$ 4,729,102	\$ 4,733,235
Operating expenses	<u>13,332,545</u>	<u>13,153,830</u>
Operating income (loss)	\$ (8,603,443)	\$ (8,420,595)
Net Nonoperating income	<u>8,455,589</u>	<u>8,340,046</u>
Change in net assets	<u>\$ (147,854)</u>	<u>\$ (80,549)</u>

OVERVIEW OF THE BASIC FINANCIAL STATEMENTS (continued)

CBH's Statement of Net Assets reflects a somewhat stagnant financial environment. Operating Income is virtually unchanged from 2010 to 2011. Non-Operating Revenue and Operating Expenses each increased by less than 2%. Change in Net Assets worsened slightly from a loss of .06% of revenues in FY 2010 to 1.1% in 2011.

Cash Flows. The Statement of Cash Flows indicates the net increase or decrease of cash resources for CBH during the year and the activities that produced the increase or decrease. The statement concludes with a reconciliation tying the beginning cash balance and results for the year to the ending balance.

A summary of CBH's Statement of Cash Flows for 2011 and 2010 is presented below:

<u>Condensed Combined Statement of Cash Flows</u>		
	<u>2011</u>	<u>2010</u>
Cash flows provided (used) by operating activities	\$ (7,834,161)	\$ (7,607,114)
Cash flows provided (used) by non-capital and related financing activities	8,479,104	8,551,814
Cash flows provided (used) by capital and related financing activities	(645,341)	(464,532)
Cash flows provided (used) by investing activities	<u>7,247</u>	<u>10,442</u>
Net cash increase (decrease)	<u>\$ 6,849</u>	<u>\$ 490,610</u>

CBH's Combined Statement of Cash Flows shows nearly neutral cash flow for fiscal year 2011. This is primarily due to increase uses of cash for investments in facility improvements and vehicle replacements.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital assets as shown on the Condensed Combined State of Net Assets total \$5,328,052. Over 90% of this value (\$4,816,439) consists of the value of buildings and property held by CCSI for use by CBH. The remainder consists of vehicles and office equipment used by CBH. Increases from FY 2010 amounts reflect investment in facility improvements and vehicle replacement.

Long-term debt (net of amounts due within one year) of \$1,782,280 is entirely attributable to obligations of CCSI incurred in the purchase / re-financing of buildings and properties referenced above.

CBH Legislative Priorities 2011

1. Protect and maximize the benefits of those with mental illness, substance use disorders and intellectual/developmental disabilities during the development and implementation of the State Health Insurance Exchange.
 - The Virginia Health Reform Advisory Committee proposes keeping Medicaid separate from other forms of insurance when the Health Benefit Exchange is planned and implemented. To do so would have serious negative consequences for our consumers by making navigation of the system and access to services difficult.
 - By treating Medicaid as one with other forms of health insurance in the Exchange, the amount of Medicaid “churn” would be drastically reduced, thereby stemming a logistical administrative nightmare and its’ associated costs.
 - “Churn” occurs when a person loses their Medicaid eligibility due to some event, such as a temporary increase in income, forcing them to take on new insurance from the Exchange. When this happens, the level of care they receive, benefits and even providers may change. When the individual’s income level drops again, they must go back on Medicaid as they are no longer eligible to be in the Exchange. Once again, their level of services, available benefits and providers will change. This back-and-forth movement from Medicaid to other insurance is called “churn” and is expected to be a significant problem for states that separate Medicaid from other forms of insurance in their Health Insurance Exchange. If Medicaid is kept together with the Exchange and not separated out or excluded, the amount of churn and therefore disruption to people’s lives, administrative costs and confusion in the health care world will be greatly reduced.
 - The state would be able to maintain and possibly improve service access for the individuals we serve due to cost savings.
2. Request that funding for community-based programming for mental health, substance use disorder and intellectually disabled and developmentally disabled populations not be decreased during times when state facilities are being downsized. Long-term savings to the Commonwealth are more likely to result from redirecting facility-based savings to community-based services. Services that divert citizens away from institutional and correctional systems should be Virginia’s priority, including Program of Assertive Community Treatment (PACT) teams, Crisis Intervention Team (CIT) programs, jail-based services and community-based crisis stabilization.
 - Downsizing state facilities while simultaneously cutting the budgets of community services leaves us with unfunded mandates and nowhere for people who need help to go.

- Every community needs a CIT to divert people with mental illness from entering the criminal justice system. Once such individuals are incarcerated, their conditions tend to worsen and jail is not the best placement for the mentally ill or those with co-occurring disorders. The jails take on the costs of caring for this population but they usually do not receive the level of care they truly need while incarcerated.
3. Improve/Expand Access to Child Psychiatry. Numerous state and legislative studies and reports have noted that throughout the state there is a significant lack of child/psychiatry services available to children in need. In response, the Children's Council is requesting funds to be used by CSBs/BHAs on an individual, regional, or state-wide basis to employ one or more of the following strategies to provide child psychiatry to an additional **4.000** children per year. This would be accomplished through:
- Contracting with vendors to secure the services of child psychiatrists and/or qualified nurse practitioners;
 - Directly employing child psychiatrists and/or nurse practitioners;
 - Contracting with local medical schools to establish workforce development programs that offer tuition stipends to medical students in exchange for agreeing to work at local CSBs/BHAs; and
 - Contracting with vendors willing to provide child psychiatry services through telepsychiatry on a 24 hr/day, 365 days/a year basis.
 - *The DBHDS report on Children's Services cite Crisis stabilization capability and access to psychiatry as basic services that should be present in every region.*

Virginia CSB –Related Legislation Tracking

Suggested Websites and Methods

Option 1: Richmond Sunlight

www.richmondsunlight.com

- This site allows you to search bills by legislator, bill number, etc.
- Easily shows each bill's current status in the Assembly
- Can set up ability to track the bill if it holds special significance
- Fiscal impact statement is very helpful within this site (from Department of Planning and Budget – DPB)
- A bit harder to track budget amendments here

Option 2: Virginia General Assembly

<http://legis.state.va.us>

- You can sign up for “Lobbyist in a Box” a free bill tracking service
- Can track legislation and budget amendments (easiest place to track budget amendments)
 - FOR BUDGET ITEMS:
 - On home page, scroll over “State Budget: (left box)
 - Click on “Budget Home,” in the drop down menu
 - In drop box on the right select “2012 Session” then click “Go”
 - Click on “Bills & Resolutions”
 - Click “By Committee” (or choose another option)
 - Select the Committee you are interested in
 - List will appear below this on the next page. You can see more detail by clicking on the blue item number of each proposed budget amendment

NOTE: The DPB's Fiscal Impact analysis of each bill and item is also available on this page.

Option 3: Virginia Association of Community Services Boards

www.vacsb.org/advocacy.html

- Allows reading of weekly Legislative Clearinghouse review, including positions taken on each bill by the VACSB
- Updated weekly
- Can also sign up for this weekly report by email
- Identifies VACSB budget priorities

Option 4: NAMI Virginia

www.namivirginia.org

- Look under advocacy tab on the left side of the page
- Links to budget and legislative priorities for NAMI Virginia

General Assembly Advocacy Overview

January 3, 2012



Legislator's Contact Information

- Five Legislators and their contact information
- Highlighted committees of importance to CBH and their meeting dates, times, location
- These will likely change soon



Tracking Bills

- www.richmondsunlight.com
- <http://legis.state.va.us>
- www.vacsb.org/advocacy.html
- www.namivirginia.org.



Volunteers Needed!

- What is being asked of me by CBH?



Contact Your Legislator

- Contact your Legislator during the General Assembly Session
- Email, call or visit them in person
- Ask for support for our priorities
- Thank them for continued support
- Provide additional information if needed



Track Bills

- Track bills of significance to CBH
 - CBH will provide a list of bills
- Track your Legislators activities in regard to these bills



Inform CBH and Board

- Report back to CBH staff (David, Joan or Kim) with updates (weekly if possible), to include:
 - Bills tracked
 - Legislators movement
 - Type of contact made
 - Any significant outcome of contact
- Staff will compile reports to distribute to entire Board



Who's with me?

Legislator	Board Volunteer
Senator John Miller	
Senator Tommy Norment	
Delegate Gordon Helsel	
Delegate Brenda Pogge	
Delegate Mike Watson	



You're Not Alone!

- CBH is available to you during this time; let us know how we can help.
- We can provide:
 - Agency Literature
 - Magnets and Pens with Agency Name and Logo
 - Transportation to Richmond if needed



Scheduled Opportunities for Advocacy

- Coalition Rally – January 16th, 10:00 AM (Bell Tower)
- HPR V CSBs Legislative Event - February 7th, from 10:00 to 11:00 AM (3rd floor East Conference Room, General Assembly building)



COLONIAL BEHAVIORAL HEALTH
Executive Director's Report – January 2012

Agency Issues

1. A major agency effort to revise major policies and procedures in light of new DBHDS Licensure regulations was completed successfully, prior to our annual Licensure review process.
2. Adult Outpatient Services recently conducted a Consumer Satisfaction Survey from 11/4-12/2. A total of 111 responses were received, with 97% reporting satisfaction with services received.
3. Adult Outpatient Services has scored 100% on the 2011 Anthem Pay for Performance Quality Improvement Project, qualifying our services for a Pay for Performance award at year's end. Our IOP services have qualified for this Project previously.
4. Twenty-six (26) CBH consumers receive ongoing rental assistance from the established Residential Support Funds. Consumers apply for this support with assistance from case managers. They are also required to maximize all other resources and to work toward increased independence.
5. Members of People's Place attended the VAPRA (Virginia Psychiatric Rehabilitation Association) Conference in late November.

Community Issues

1. A \$40,000 planning grant for Crisis Intervention Team programming was received from DBHDS. The grant project funds planning for six (6) months.
2. WCHF funding was also received for IOP (\$45,000), and for Autism outreach services (\$38,000).
3. Joan Lucera attended a workshop related to Planned Giving (for future reference).
4. Behavioral Health (including Children's) Services recently conducted outreach programs/presentations to 37 schools and other community organizations/agencies.
5. Our partner agency, Child Development Resources, recently celebrated their 45th Anniversary. Congratulations to the CDR Board, staff and families!
6. A new CBH blog, *Behavioral Health Matters*, will debut January 17th. More details to come.

Regional Issues

1. DBHDS believes that current Budget Language will provide for funding to our Arc ICF project, but we have been provided no details that would help us evaluate their plan for local suitability.
2. Planning for the ID Crisis Stabilization project (START) continues. Debbie Townsend is our lead staff attached to this project at the regional level, with other staff also increasing their involvement.

Public Policy

1. Virginia's Medicaid RFP for managed care has been released. Responses are due by January 27th, with the ASO-only contract to be implemented and operational by July 1, 2012.
2. The Governor's Budget contained no new money, nor any real reductions. The largest budget issues continue to be the pending DOJ settlement and VRS funding.
3. A facility tour has been scheduled with new Delegate Mike Watson for January 4th.
4. The VACSB 2012 Annual Legislative Conference will be held in Richmond on January 17-18, 2012.
5. The VACSB 2012 Annual Training Conference will be held in Williamsburg on May 2-4, 2012.

Respectfully submitted,
David A. Coe



YEAR TO DATE REVENUES AND EXPENDITURES
as of
November 30, 2011

REVENUE

CATEGORY	RECEIVED YTD	BUDGET YTD	% RECEIVED	BALANCE
State	\$ 2,353,297	\$ 2,324,593	101%	\$ 28,704
Local	1,111,080	823,458	135%	\$ 287,622
Fees	1,978,372	2,199,936	90%	\$ (221,564)
Grants/Other *	500,831	229,244	218%	\$ 271,587
Total Revenue	\$ 5,943,580	\$ 5,577,231	107%	\$ 366,349

EXPENDITURES

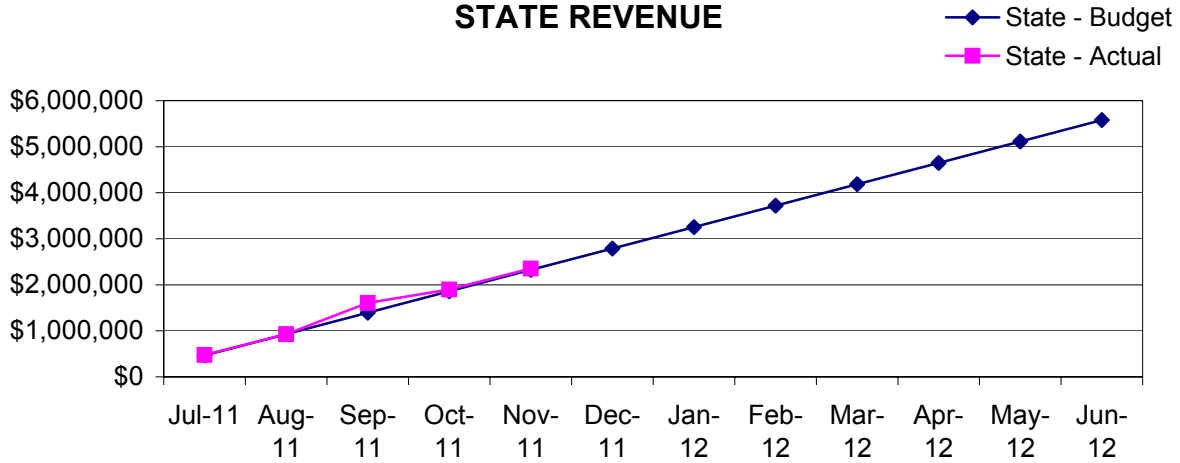
CATEGORY	EXPENDED YTD	BUDGET YTD	% EXPENDED	BALANCE
Personnel	\$ 4,236,016	\$ 4,202,223	101%	\$ (33,793)
Staff Development	30,504	22,960	133%	(7,543)
Facility	359,996	367,508	98%	7,512
Equipment and Supplies	217,452	210,688	103%	(6,764)
Transportation	68,625	143,053	48%	74,428
Consultant and Contractual	536,254	584,048	92%	47,794
Miscellaneous	22,851	46,750	49%	23,899
Total Expenditures	\$ 5,471,697	\$ 5,577,231	98%	\$ 105,534

Operating Margin	\$ 471,883	\$ -	8%	\$ 471,883
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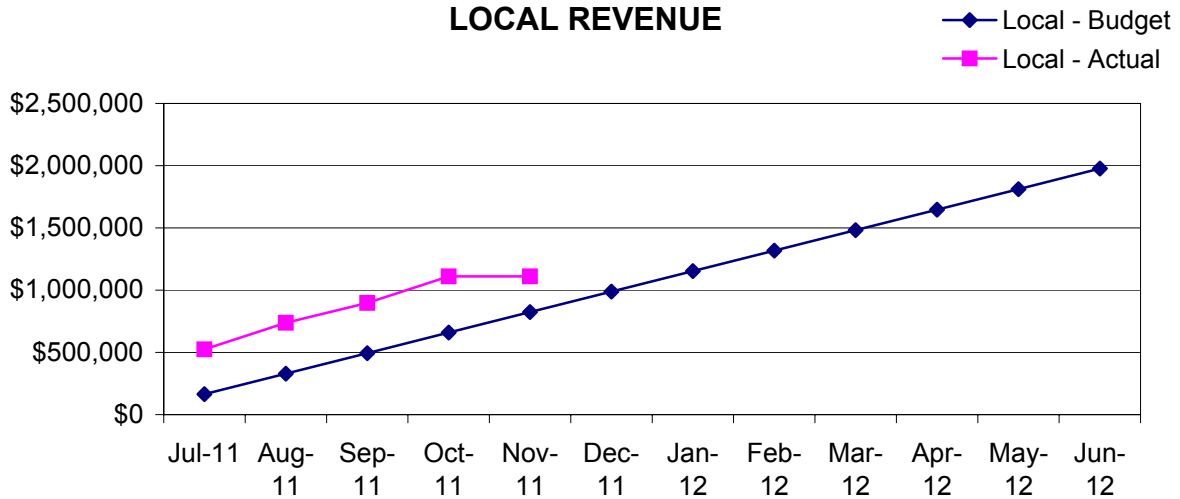
Unless noted otherwise, all amounts are cash basis: revenues recognized upon receipt; expenditures upon disbursement, subject to final settlement with fiscal agent.

* WCHF grant revenue recognized in year of anticipated expenditure

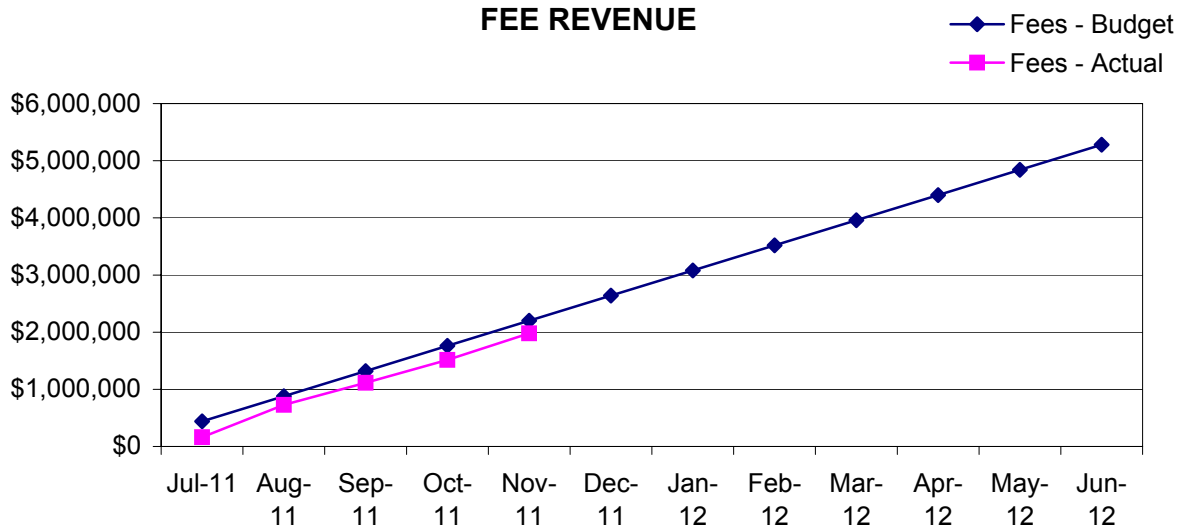
STATE REVENUE



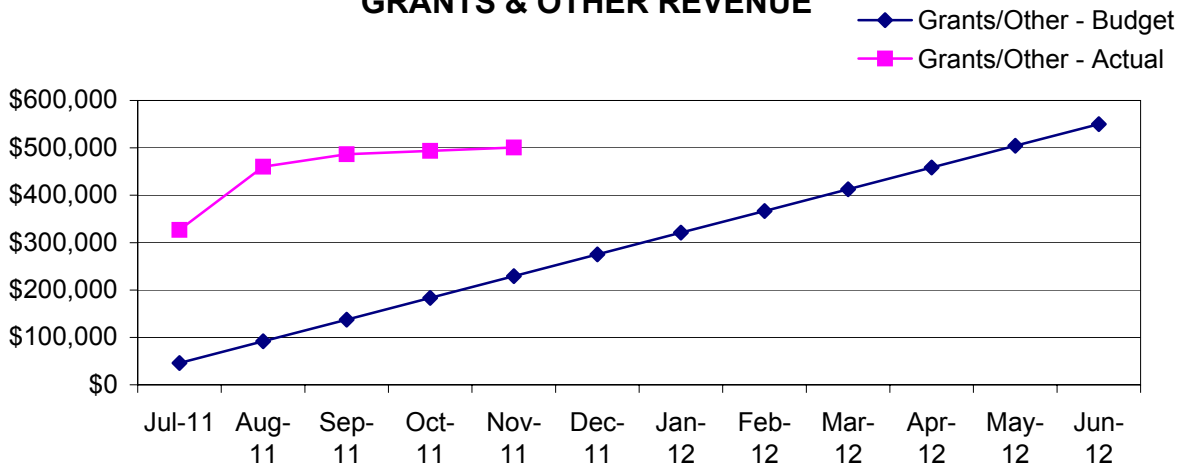
LOCAL REVENUE



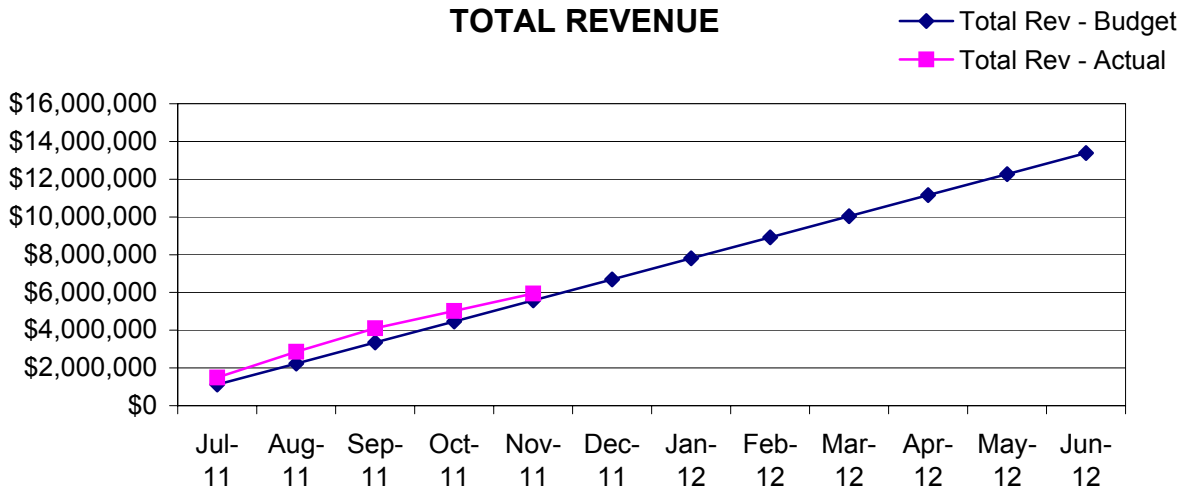
FEE REVENUE



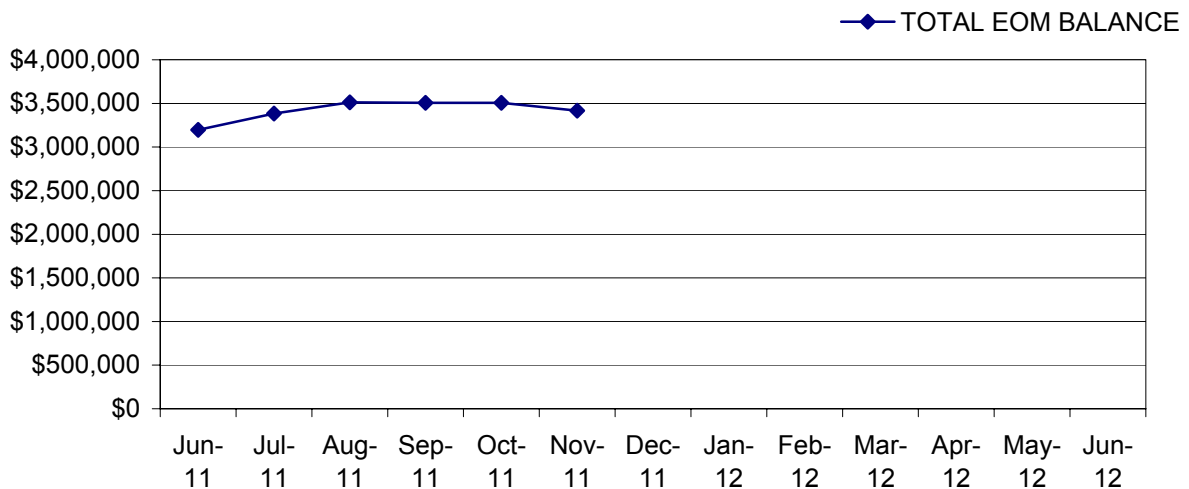
GRANTS & OTHER REVENUE



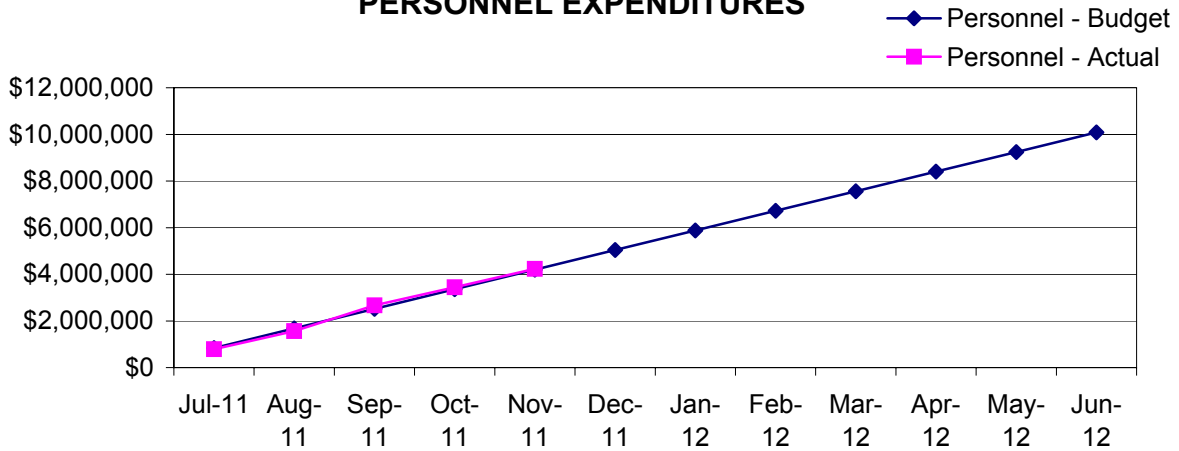
TOTAL REVENUE



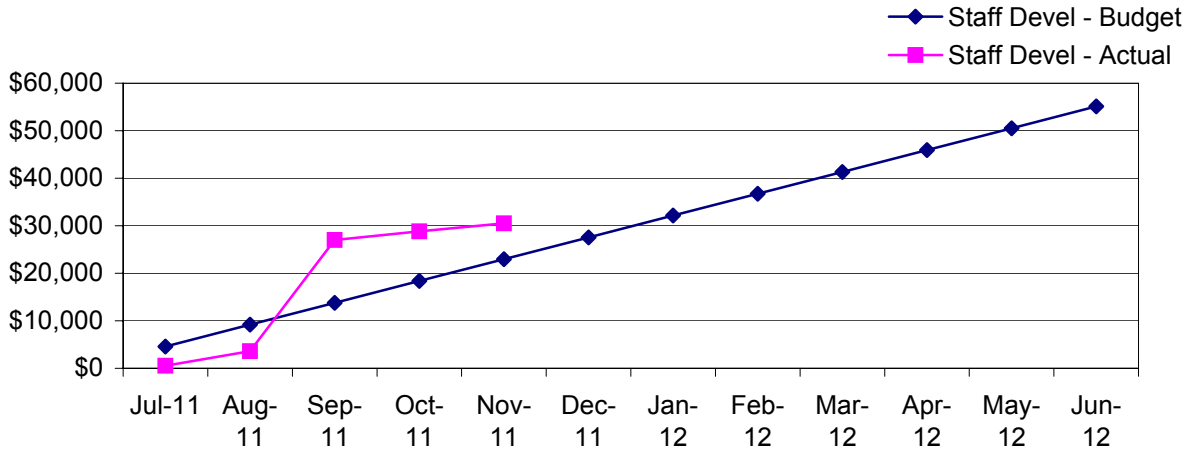
CASH & INVESTMENTS BALANCE



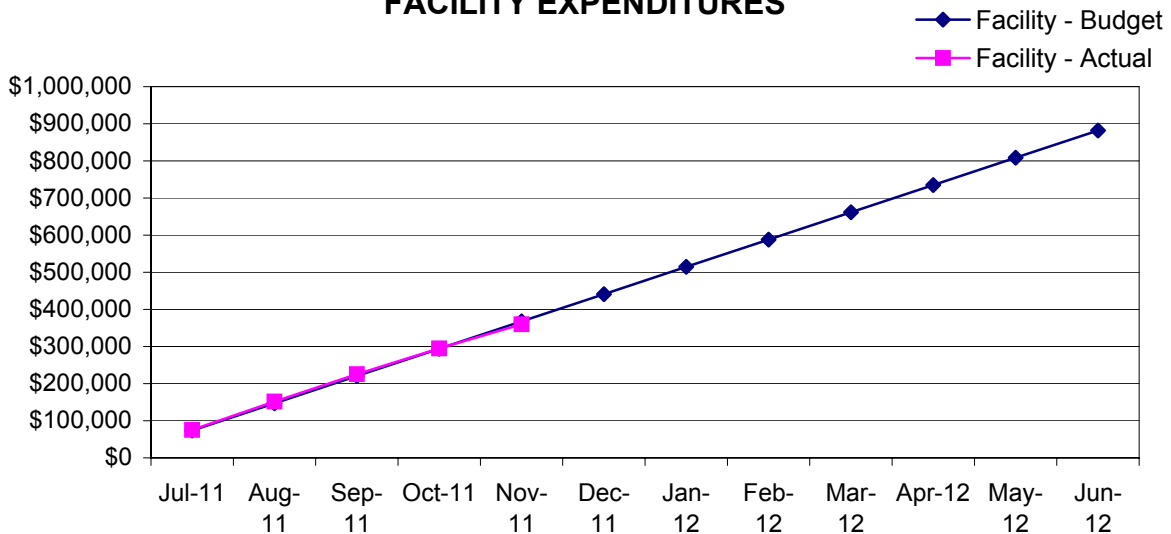
PERSONNEL EXPENDITURES



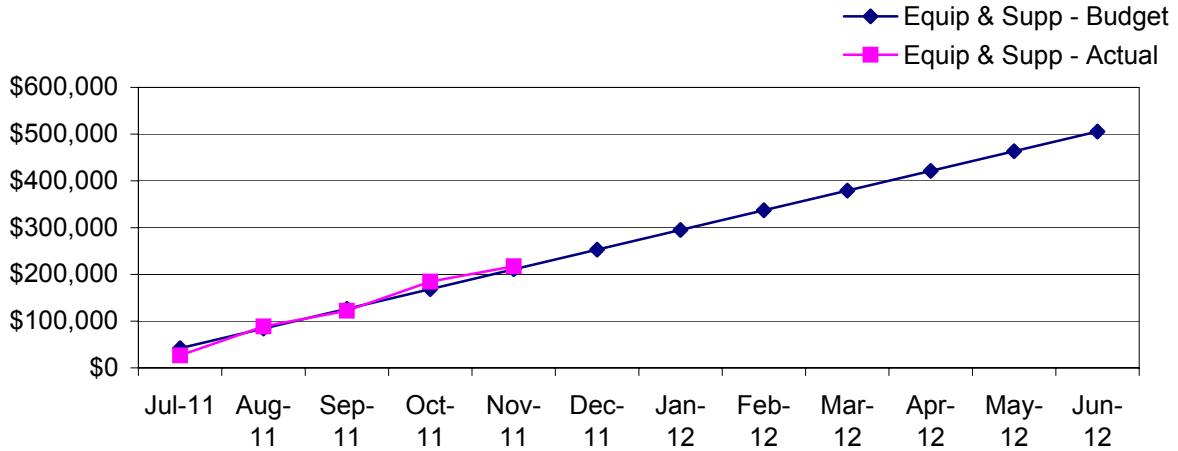
STAFF DEVELOPMENT EXPENDITURES



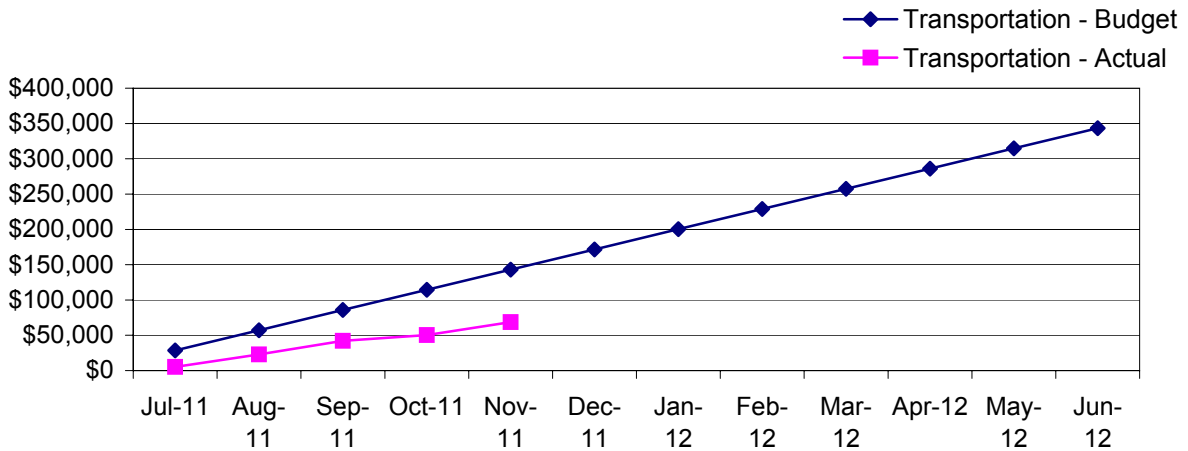
FACILITY EXPENDITURES



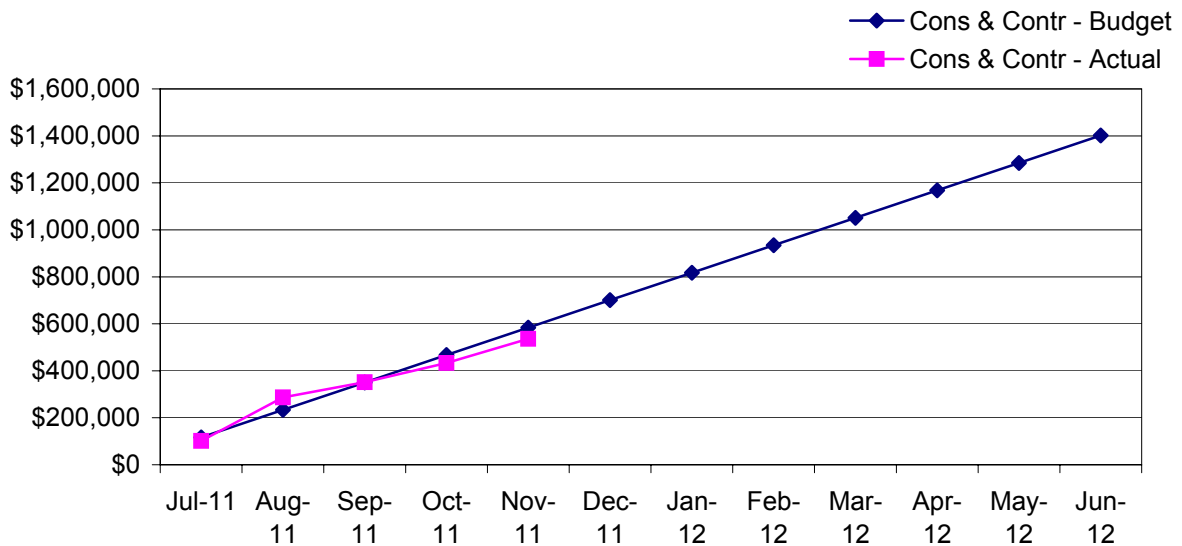
EQUIPMENT & SUPPLIES EXPENDITURES



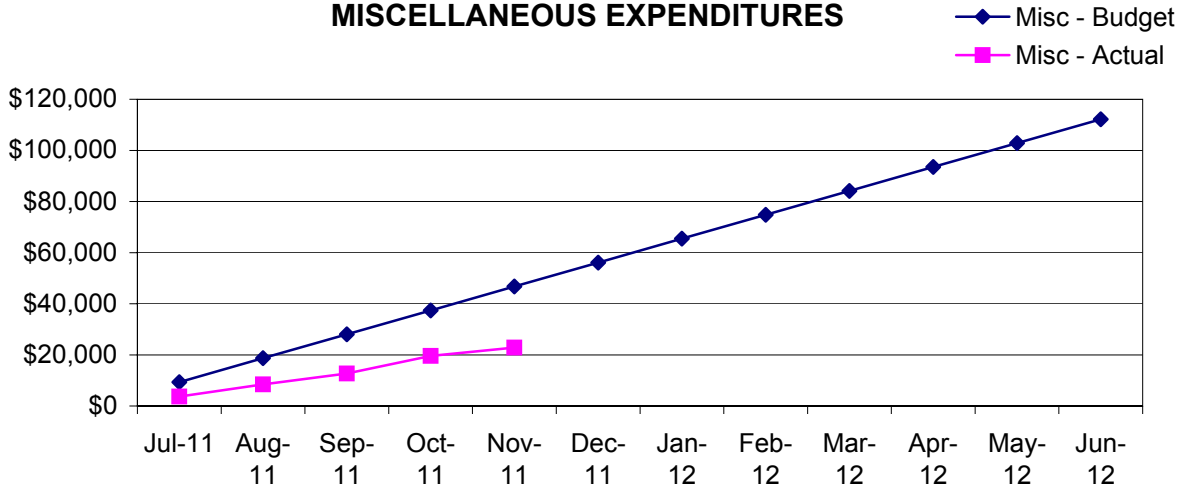
TRANSPORTATION EXPENDITURES



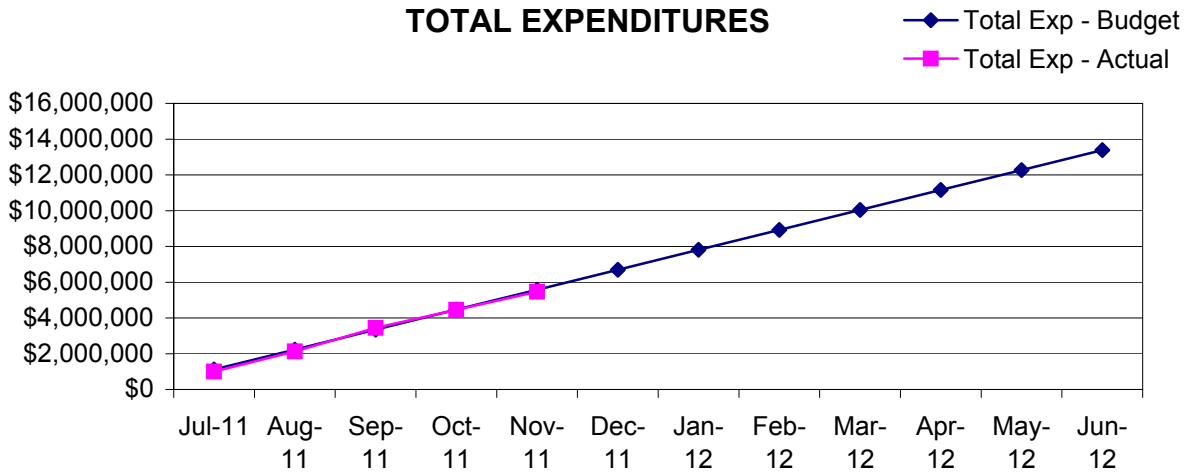
CONSULTANT & CONTRACTUAL EXPENDITURES



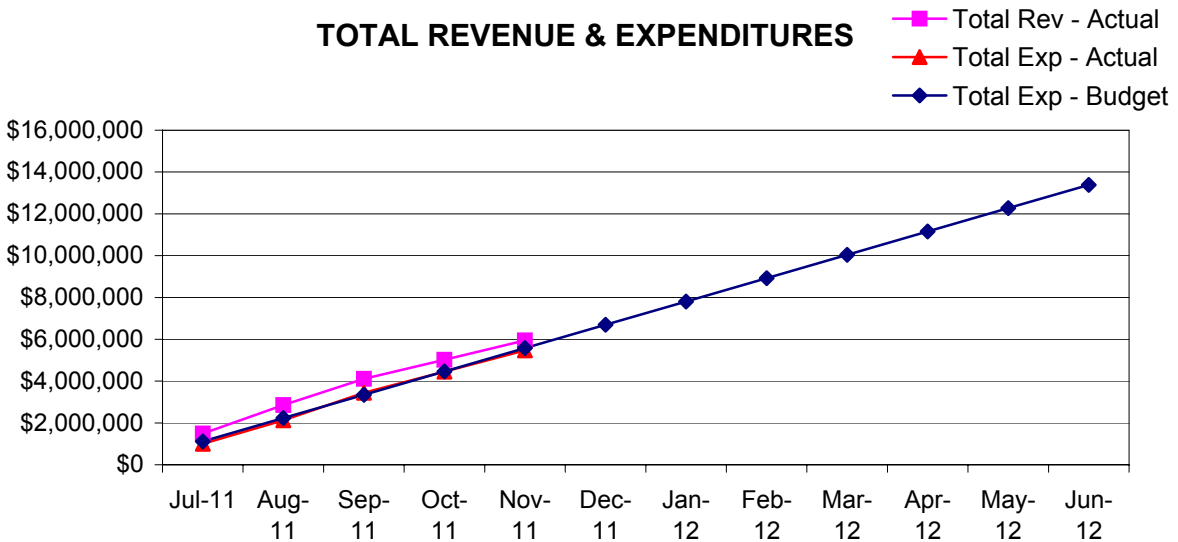
MISCELLANEOUS EXPENDITURES



TOTAL EXPENDITURES



TOTAL REVENUE & EXPENDITURES





YEAR TO DATE REVENUES AND EXPENDITURES
as of
October 31, 2011
Notes to Financial Report

REVENUE

CATEGORY	NOTE
State	None
Local	Reflects advance receipt of Local Tax funding
Fees	Percentage of budget has increased each month of fiscal year
Grants/Other	Reflects advance receipt of grant funding

EXPENDITURES

CATEGORY	COMMENT
Personnel	None
Staff Development	Budget revision pending
Facility	None
Equipment and Supplies	None
Transportation	Expenditures recognized when paid to County; billing current through September
Consultant and Contractual	None
Miscellaneous	Discretionary expenditures; incurred irregularly



Meeting Minutes

Minutes of : Admin Committee Meeting Date: December 20, 2011

Present: John McDonald, Edith Chutkow, Anne Rollins, Sam Lazarus, David Coe, Keith German, Nancy Shackleford, Jennie Keesee

Absent: Peter Walentisch

1. Call to Order

The meeting was called to order at 4:00 p.m. The Minutes of the November 28, 2011 meeting were approved as submitted.

2. Old Business

3. New Business

November 30, 2011 Board Financial Report – Mr. German presented the Board Financial Report for November 2011. It was noted that there was not much difference from the October report. Fees did increase slightly, most likely due to being deep enough in the year and away from refunds that were paid out earlier. Mr. German is forecasting revenue growth to slow. Transportation continues to be behind in billing.

FY '11 Audit Report – Mr. German reviewed the audit report with the committee. The report showed that the biggest increase was in capital assets. There was an increase in post employment cost of retiree healthcare. The committee suggested that we check with localities to see their retiree healthcare structure. Overall, the report reflects that accounting systems are good and operating properly and the fiscal staff was commended.

Matters from the Committee – Mr. Coe briefly discussed ICF funding that was supposed to be a part of the Governor's budget; however, there was no mention of this when the budget was released. Mr. Coe contacted the Department and there will be a meeting 1/4/12.

4. Conclusions, Recommendations, Actions

5. Adjournment

The meeting was adjourned at 4:55 p.m.

Submitted by: Jennie Keesee

Next Meeting

Date: January 17, 2012

Time: 4:00 pm

Location: McLaws Circle, Board Room