

Norfolk Community Services Board
Board Meeting Notice
4:00 p.m., Tuesday, June 14, 2011
1st Floor Multi-purpose Room
225 W. Olney Road, Norfolk, Virginia

AGENDA

1. Call to order – Dr. Taylor
2. Attendance – Mr. Horne
3. Approval of the May 24, 2011 board meeting minutes
4. Report of the Chair
 - Adopt resolution re: hiring of CFO
5. Report of the Executive Director
 - Charitable care policy and benefit design
 - Draft Performance Contract – notice of 30-day public review/comment period
 - Adopt Annual Budget
6. Self-evaluation
7. Next meeting: July 12, 4:00 p.m., same location.
8. Adjournment

NORFOLK COMMUNITY SERVICES BOARD MINUTES

May 24, 2011

225 W. Olney Road, Norfolk, Virginia

Members Present:

Lewis J. Taylor, Ph.D., Chair
Kathy Weaver, Secretary
William Graves, III. Ed.D.
George H. Tatterson, Jr., CPA
Kenny Bryant
CDR Gary Hammond, Ret.
Capt. Henry Conde, Ret.
Capt. Neil Walsh, Ret.
Patrick D. Thrasher, M.D.

Comprising a quorum of the members of the board

Staff Present:

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

Advisors Present:

Jack Cloud, Norfolk City Counsel

Absent:

Dana L. Redding
Capt. Garrat "Gary" Cooper, Ret.
Eunice Whitehurst
Dorothy Isaac

Call to Order

The meeting was called to order by the Chair at 4:02 p.m.

Approval of the May 10, 2011 Board Meeting Minutes

A motion was made and seconded to accept the minutes for May 10, 2011 as amended. The motion passed unanimously.

Executive Session

Executive session entered at 4:06 p.m. and subsequently certified pursuant to Virginia Code Section 2.2- 3711. The executive session ended at 5:31 p.m. Copies of the resolutions related to the Executive Session are attached.

A motion was made to request that the City Attorney's office draft a resolution for the Board of Directors in support of the Executive Director's hiring of the Chief Financial Officer. The motion was seconded. There was no discussion. The members passed the motion unanimously.

Consideration of Proposed Changes to the Annual Budget

The Executive Director shared with the members plans to deal with the reduction in City funds with changes to the budget. The organization has agreed to deal with this decrease without impacting direct services. The decision was to flatten the administrative structure of the agency. This balancing of the budget includes an allocation from agency reserves of \$1.5 million for the 2012 fiscal year. The Executive Director also shared that there are at least two additional rounds of budget cuts which will be forthcoming due to cuts in funding from SAMHSA to take place between now and October of 2011. This will leave the unencumbered agency reserves at around \$3.8 million. This will also have an impact on the agency's ability to provide charitable care at the same level as is being provided currently. The Executive Director agreed to provide a briefing paper on the agency's charitable care policy to the members.

The Chair asked the Executive Director to enumerate for the members the currently planned encumbrances on the agency reserves. She described the following items planned for the reserves (see May 10, 2011 Executive Director's Report for additional details on most of these items):

- Electronic Health Record
- Workstation Lifecycle Plan
- Crisis Stabilization Build Out

- Quad 0000 Start Up Costs
- ICF/MR
- Supportive and Enclave Employment
- Adult Medical Home Building Renovations
- Adult Medical Home Building – Equipment Purchase and Start Up
- Retention Incentive to Norfolk CSB Employees to match City of Norfolk (Executive Team exempt)

It was the agreement of the members to defer the formal adoption of the budget until the June 14, 2011 meeting of the members. This will allow for any changes as a result of the pending SAMHSA cuts to be included and discussed with the members prior to the required submission of the SFY 2012 Performance Contract on June 17, 2011.

Adjournment

A motion was made by and seconded to adjourn. The motion passed unanimously. The meeting was adjourned at 6:12 p.m.

The next meeting will be held on June 14, 2011, at the same time & location.

Respectfully submitted,

Kathy Weaver
Secretary

KW/rah

24 MAY 2011

MOTION TO ENTER EXECUTIVE SESSION

It has been moved and properly seconded that the members of the Norfolk Community Services Board and the Executive Director go into a closed session with counsel for the purposes set out below, pursuant to The Virginia Freedom of Information Act, subsection 2.2-3711 of the Code of Virginia (1950), as amended:

- (1) Discussion and consideration of a specific employee. This is exempt from the open meeting laws pursuant to subsection A 1 of Section 2.2-3711 of the Virginia Code, which authorizes closed meetings for such purposes; and
- (2) Consultation with legal counsel regarding the same, a specific legal matter requiring the provision of advice by counsel. This is exempt from the open meeting laws pursuant to subsection A 7 of Section 2.2-3711 of the Virginia Code, which authorizes closed meetings for such purposes.

Roll Call:

Lewis J. Taylor, Ph.D., Chair - Aye
Kathy Weaver, Secretary - Aye
William Graves, III. Ed.D. - Aye
George H. Tatterson, Jr., CPA - Aye
Kenny Bryant - Aye
CDR Gary Hammond, Ret. - Aye
Capt. Henry Conde, Ret. - Aye
Capt. Neil Walsh, Ret. - Aye
Patrick D. Thrasher, M.D. - Aye

Date of Meeting: May 24, 2011

A RESOLUTION CERTIFYING AN EXECUTIVE SESSION

A RESOLUTION CERTIFYING AN EXECUTIVE MEETING OF THE NORFOLK COMMUNITY SERVICES BOARD IN ACCORDANCE WITH THE PROVISIONS OF THE VIRGINIA FREEDOM OF INFORMATION ACT.

WHEREAS, the Norfolk Community Services Board (Board) has convened a closed meeting on this date pursuant to an affirmative recorded vote and in accordance with the provisions of The Virginia Freedom of Information Act; and

WHEREAS, Section 2.2-3712 of the Code of Virginia requires a certification by the Board that such closed meeting was conducted in conformity with Virginia law;

NOW, THEREFORE BE IT RESOLVED that the Board certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the executive session to which this certification resolution applies, and (ii) only such public business matters as were identified in the motion convening the executive meeting were heard, discussed, or considered by the Board.

Roll Call:

Lewis J. Taylor, Ph.D., Chair - Aye
Kathy Weaver, Secretary - Aye
William Graves, III. Ed.D. - Aye
George H. Tatterson, Jr., CPA - Aye
Kenny Bryant - Aye
CDR Gary Hammond, Ret. - Aye
Capt. Henry Conde, Ret. - Aye
Capt. Neil Walsh, Ret. - Aye
Patrick D. Thrasher, M.D. - Aye

Date of Meeting: May 24, 2011

**A RESOLUTION OF THE NORFOLK COMMUNITY
SERVICES BOARD**

A RESOLUTION APPROVING THE EXECUTIVE
DIRECTOR'S APPOINTMENT OF A CHIEF FINANCIAL
OFFICER.

- - -

WHEREAS, it has come to the attention of the Board that the Norfolk Community Services Board's new Chief Financial Officer, appointed by the Executive Director to this regular, full-time position on March 23, 2011, has three previous convictions in his background, one from 31 years ago and two from 10 years ago;

WHEREAS, this officer was perfectly frank about his convictions in his application, and after careful consideration the Executive Director, whose authorities and duties include the appointment of all the officers and employees of the Norfolk Community Services Board, decided that his past record was not a disqualification either under the laws of the Commonwealth of Virginia or the policies of the Norfolk Community Services Board; and

WHEREAS, the Executive Director decided that he was the best qualified applicant, his mistakes from years ago being heavily outweighed by his stellar career and credentials; and

WHEREAS, the City Attorney has reviewed this matter and recommends that the Board take those actions detailed below in this Resolution; now, therefore

BE IT RESOLVED, by the Board of the Norfolk Community Services Board:

Section 1:- That the Board hereby approves and confirms the Executive Director's decision of March 23, 2011, appointing Mr. Mark Moser to the regular, full-time position of Chief Financial Officer of the Norfolk Community Services Board.

Section 2:- That it was never intended, in framing the criminal background checks policy, to hold applicants for and employees in indirect care giving positions (e.g. administrative employees) to all of the same standards and procedures that must be followed with employees in direct care positions (e.g., doctors, nurses and social workers). Rather, the sole intent was to exceed the requirements of Virginia law by requiring background checks of indirect care givers even though Virginia does not require such checks.

Section 3: - That to the extent there is any official policy of the Norfolk Community Services Board which could be interpreted as requiring that all the exact standards and procedures concerning criminal background checks that must be followed when appointing direct caregivers must also be followed when appointing indirect caregivers, such provision is hereby waived in this and all other appointments to indirect care positions pending revision of said policy.

Section 4:- That the Board directs the Executive Director to promulgate a revised policy concerning criminal background checks so as to clarify the policy in conformance with the original intent by eliminating any possible confusion as to the different standards governing the initial appointment and continued employment of direct care givers versus indirect care givers.

Section 5:- That this Resolution shall be in effect from and after its date of passage.

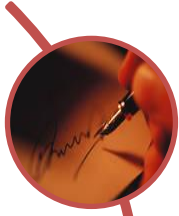
ADDOPTED BY NORFOLK COMMUNITY SERVICES BOARD ON
_____, 2011, AND EFFECTIVE IMMEDIATELY.



NCSB Board of Director's Meeting

Executive Director's Report

June 14, 2011



1. EXECUTIVE SUMMARY - INFORMATIONAL AND MONITORING



2. CHARITABLE CARE AND BENEFIT DESIGN - MONITORING



3. PERFORMANCE CONTRACT AND BUDGET - ACTION

1. EXECUTIVE SUMMARY

SERVICE REQUESTS:

NCSB continues to cope with the increasing demands for services. By May 1st Norfolk CSB had served 8265 individuals, 5370 of these individuals received charitable care. Budget cuts in our region continue to affect our patients. The Hampton Roads Community Health Center (formerly Park Place Medical Center) has not been accepting new referrals for our uninsured. Patients currently in services are being referred out to other providers due to lack of funding. We have started referring our uninsured to the H.O.P.E.S. Clinic (Health Outreach Partnership of EVMS Students.) The clinic is staffed by EVMS medical students, residents and physicians.

NCSB MEDICAL SERVICES PERFORMANCE: *

- Documentation (progress notes from last three MSU appointments in the record): 98%
- Signed Informed Consent Sheet for all currently prescribed medications: 99%
- Weight measured at last MSU appointment (atypicals): 90%
- Psychiatric Evaluation present in the record: 100%
- Psychiatric Evaluation signed by the patient: 100%
- Hospitalizations (per notes in record during this quarter): 0/100 = 0%
- PCP Coordination of Care: 100% of the records had either a request for PCP records (when a PCP was identified), PCP records that were received per request, documentation that the patient does not have a PCP, or the patient's refusal to provide consent.
- Safety: No incident reports from MSU for adverse medication effects this quarter.
- Infection Control: No incident reports from MSU this quarter.

2. NORFOLK COMMUNITY SERVICES BOARD'S BENEFIT DESIGN OVERVIEW

NCSB is sensitive to the fact that individuals seeking our services come to us at a time with they are frightened and vulnerable. These individuals should not have to have the additional worry of not being able to afford help and from receiving the care they need. Any individual presenting as a psychiatric emergency in the City of Norfolk will be eligible for emergency services regardless of ability to pay.

Decreased access to employer-sponsored coverage, individuals' reduced ability to afford coverage and the psychosocial stressors associated with the economic recession have driven up demand for charity care. Therefore, NCSB has initiated what we think is an ethical and just charitable care program through benefit design.

NCSB's charitable care program seeks to be as comprehensive as possible, though funding levels limit our offerings. Therefore, skilled diagnostic assessment and validated service planning tools are critical success factors in this program. Norfolk CSB will begin utilizing the Adult Needs and Strengths Assessment -An Information Integration Tool for Adults with Mental Health Challenges (ANSA) to assist in service placement in the most appropriate benefit design based on clinical presentation.

Studies have shown that there is a positive relationship between medication adherence, desired clinical outcomes, and financially investment in one's health. Therefore NCSB requires consumer's to contribute to the cost of their healthcare. NCSB has a sliding fee scale to make care possible regardless of income. Additionally, some consumers may be eligible for a hardship waiver which would reduce costs to an annual enrollment fee.

Additionally other approaches to managing the charitable care resources will be utilized. These may include:

- disenrolling those who do not adhere to the person centered services
- requiring achievement of target milestones of self-sufficiency
- payment of enrollment fees
- identifying and assisting with enrollment in other public or private coverage options.

This benefit design will be reviewed as the Patient Protection and Affordable Healthcare Act guidelines are introduced. The increased accessibility and affordability of insurance coverage likely will have significant implications for our program business models. Resources available to our charitable care program from public funding sources will change, as may incentive structures that will be effective with the remaining uninsured population. Changes to the benefits package and delivery system also will affect requirements of an effective business model for NCSB.

Benefit Design Matrix

NCSB'S ASSESSMENT GUIDELINES FOR ELIGIBILITY IN A DESIGNED BENEFIT PACKAGE	Benefit Package- Design 1 NCSB's Basic Plan <ul style="list-style-type: none"> • Pharmacological Management • Illness Management • Routine Case Management 	Benefit Package Design 2 <ul style="list-style-type: none"> • Pharmacological Management • CBT or other indicated EBT • Case Management • Supportive Employment if unemployed >1 yr. 	Benefit Package Design 3 <ul style="list-style-type: none"> • Pharmacological Management • Illness Management • Psychosocial Rehabilitation • Supportive Employment • Supportive Housing 	Benefit Package Design 4 <ul style="list-style-type: none"> • Assertive Community Treatment
DIAGNOSES	Psychotic Disorders Bipolar Disorder	Mood Disorder Anxiety Disorder	Psychotic Disorders Bipolar Disorder MDD with psychosis	Psychotic Disorders Bipolar Disorder MDD with psychosis
GAF	Severe Impairment (41-50)	Severe Impairment (41-50)	Pervasive Impairment (1-40)	Pervasive Impairment (1-30) 1-30: inability to function is almost all areas (e.g. Danger to self/other; Poor reality testing, unable to care for self/family)
ANSA LIFE DOMAIN FUNCTIONING	Scores of 2 & 3	Scores of 2 & 3	Scores of 3	Scores of 3
ANSA MENTAL HEALTH NEEDS	Any Score of 2	Any Score of 2	Scores of 3	Scores of 3
ANSA RISK BEHAVIORS	Scores of 2 & 3	Scores of 2 & 3	Scores of 2 or 3	Scores of 2 or 3

Please appropriate use:

- Initial Reassessment
 Transition/Discharge

Date:

M F

Name _____ DOB _____ Gender _____ Race/Ethnicity _____
 Current Living Situation: _____
 Assessor (Print Name): _____ Signature _____
 Caregiver Name: _____ Relation _____

LIFE DOMAIN FUNCTIONING					
0 = no evidence of problems	1 = history, mild				
2 = moderate	3 = severe				
	N/A	0	1	2	3
Physical/Medical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Compliance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MENTAL HEALTH NEEDS				
0 = no evidence	1 = history or sub-threshold, watch/prevent			
2 = causing problems, consistent with diagnosable disorder	3 = causing severe/dangerous problems			
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antisocial Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


STRENGTHS					
0 = centerpiece	1 = useful				
2 = identified	3 = not yet identified				
	N/A	0	1	2	3
Family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Connectedness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job History		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents / Interests		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual / Religious		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Connection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RISH BEHAVIORS				
0 = no evidence	1 = history, watch/prevent			
2 = recent, act	3 = acute, act immediately			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCULTURATION					
0 = no evidence	1 = minimal needs				
2 = moderate needs	3 = severe needs				
	0	1	2	3	
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Identify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Optional CAREGIVER STRENGTHS & NEEDS				
0 = no evidence	1 = minimal needs			
2 = moderate needs	3 = severe needs			
	0	1	2	3
Physical/Behavioral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Charitable Care Policy

	<i>Norfolk Community Services Board</i> POLICIES AND PROCEDURES	SECTION:	NUMBER:
ORGANIZATIONAL POLICY		PAGE 5 OF 4	
SERVICE DIVISION: ADMINISTRATION		ISSUED:	REVISED:
SUBJECT: CHARITABLE CARE		APPROVED BY:	

NORFOLK COMMUNITY SERVICES CHARITABLE CARE POLICY

I. POLICY:

Norfolk Community Services Board is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Norfolk Community Services Board strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Norfolk Community Services Board's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Norfolk Community Services Board to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of individual seeking care charity. Norfolk Community Services Board has a limited amount of discretionary funding that may be utilized for charitable care. These limited resources need to be expended in ways that ensures the greatest good to the overall health of the City of Norfolk. Charitable Care Resources may be expended and therefore unavailable at some times of the year.

II. DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the

individual seeking care claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Mandated Services: Code of Virginia § 37.2-500: The core of services provided by community services boards within the cities and counties that they serve shall include emergency services and, subject to the availability of funds appropriated for them, case management services

Uninsured: The individual seeking care has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The individual seeking care has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

III. PROCEDURES

- A. **Services Eligible under this Policy.** For purposes of this policy, "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:
1. Emergency services provided in the community or an emergency room setting
 2. Services for a condition which, if not promptly treated, would lead imminent danger to self or others
 3. Medically necessary services are evaluated on a case-by-case basis at Norfolk Community Services Board's discretion and based on current levels of resources available for charitable care. Norfolk Community Services Board reserves the right to triage requested charitable care in order to direct limited resources to those most in need of behavioral health services.
- B. **Eligibility for Charity.** Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social status, sexual orientation or religious affiliation.

C. Determination of Financial Need.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may include
 - an application process, in which the individual seeking care or the individual's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - reasonable efforts by Norfolk Community Services Board to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - Take into account the patient's available assets, and all other financial resources available to the patient; a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. In all cases except emergency situations, a request for charity and a determination of financial need must occur prior to rendering of services with the exception of emergency services. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the individual seeking care for charity becomes known. Individuals are expected to update the Norfolk Community Services Board of any changes in their financial status or change in their insurance coverage.
3. Norfolk Community Services Board's values of human dignity and stewardship shall be reflected in the application process, financial needs determination and granting of charity.

D. Presumptive Financial Assistance Eligibility. There are instances when an individual seeking care may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. In these cases where this is inadequate information supplied by the individual seeking services and where there is supporting information from outside agencies, Norfolk Community Services Board will request permission from that individual to acquire this information to be used in the determination of eligibility for charitable care. In other cases, where no supporting documentation exists and current life circumstances allow presumption of eligibility, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Acute symptomatology and unable to provide a reliable history;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);

E. Individual seeking care charity guidelines. Services eligible under this Policy will be made available to the individual seeking care on a sliding fee scale, in accordance with financial need,

as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

- F. **Communication of the Charity Program to Patients and the Public.** Notification about charity available from Norfolk Community Services Board, which shall include a contact number, shall be disseminated by Norfolk Community Services Board by various means, which may include, but are not limited to, the publication of notices in the NCSB orientation package, at NCS facilities and at other public places as Norfolk Community Services Board may elect. Information shall also be included on facility websites.

- G. **Relationship to Collection Policies.** Norfolk Community Services Board management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the individual seeking care qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Norfolk Community Services Board, and a patient's good faith effort to comply with his or her payment agreements with Norfolk Community Services Board. For patients who qualify for charity and who are cooperating in good faith to resolve their bills, Norfolk Community Services Board may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.

- H. **Regulatory Requirements.** In implementing this Policy, Norfolk Community Services Board management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

3. NCSB PERFORMANCE CONTRACT

The following is the calendar for the completion of the 2012 Performance contract.

- June 17th, 2011 – Hardcopy transmittal forms and CARS (data reporting due)
- June 20th, 2011 – 30 day public comment period begins
- July 19th, 2011 – Public comment period ends
- August 9th, 2011 – Board approval of performance contract
- August/September – Local Government Approval
- September 30th, 2011 – Performance Contract due to Virginia Department of Behavioral Health and Developmental Disabilities

Performance Contract Accountability Matrix

Requirement	Point Person	Due Date	Attestation Completed (Initial)	Dates Monitored	Attestation of Monitoring (Initial)
Quality Improvement Plan	Dr. Handel				
Provider Performance Measures	Susan				
Utilization Management	Susan				
Risk Management	Maureen				
Continuous Quality Improvement Plan	Susan				
Individual Outcome	BoD & Susan				
Recovery Orientation (ROSI)	Bob				
Program & Service	Susan, Bill & Bob				
Responses to Complaints	Bob & Sandi				
Reporting Requirements					
CCS	Mark				
Core Taxonomy	Susan				
N-SSATS	Susan				
Inventory & Mental Health Organizations	Susan				
KIT	Susan				
Department of Forensic Info Management System	Susan				
ITOTS	Susan				
Juvenile Detention	Susan				

Requirement	Point Person	Due Date	Attestation Completed (Initial)	Dates Monitored	Attestation of Monitoring (Initial)
REPORTING REQUIREMENTS:					
STATE HOSPITAL BED UTILIZATION: In accordance with § 37.2-508 or § 37.2-608 of the Code of Virginia, the Board shall identify or develop jointly with the Department and with input from private providers involved with the public mental health, developmental, and substance abuse services system mechanisms, such as the Discharge Protocols, Extraordinary Barriers to Discharge lists, and reinvestment or system transformation projects and activities, and employ these mechanisms collaboratively with state hospitals that serve it to manage the utilization of state hospital beds. Utilization will be measured by bed days received by individuals for whom the Board is the case management Board.	Limited Service Susan & Jackie				
QUALITY OF CARE - CLINICAL CONSULTATION: The Board may request the Dept to provide professional consultations for clinically complex or difficult or medically complicated cases within the resources available for this purpose in the Department or its facilities and as permitted under 45 CFR § 164.506 (c) (1) when individuals or their authorized representatives have requested second opinions and with valid authorizations that comply with the Human Rights Regulations and the HIPAA Privacy Rule or when staff of the Board request such consultations for individuals it serves in the community, if the Board is not able to provide those second opinions or obtain this consultation within its resources.	Bill				
BOARD RESPONSIBILITIES:					
e. Report KIT Prevention System data on all substance abuse prevention services provided by the Board, including services that are supported wholly or in part by the Substance Abuse Prevention and Treatment (SAPT) Block Grant allocation for prevention services, LINK prevention, and substance abuse prevention services funded by other grants and reported under substance abuse in the Community Automated Reporting System (CARS), and enter KIT Prevention System data by June 15 on goals, objectives, and programs approved by the community prevention planning coalition	Susan				
f. Supply information to the Department's Forensics Information Management System for individuals adjudicated not guilty by reason of insanity (NGRI), as required under § 37.2-508 or § 37.2-608 of the Code of Virginia and as permitted under 45 CFR §§ 164.506 (c) (1) and (3), 164.512 (d), and 164.512 (k) (6) (ii)	Susan				
g. Report individual, service, financial and other information on Part C services that it provides, previously reported through the CARS and CCS, to the Dept through a separate reporting system maintained by the Dept.	Susan				

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h. Report individual, service, financial, and other information on jail diversion and juvenile detention center services, previously reported through separate manual reports, only through the CARS and CCS; and	Susan				
i. Report data and information required by the current Appropriation Act.	Susan				
ROUTINE REPORTING REQUIREMENTS:					
The Board shall account for all services, revenues, expenses, and costs accurately and submit reports to the Department in a timely manner using current CARS, CCS, or other software provided by the Department. All reports shall be provided in the form and format prescribed by the Department. The Board shall provide the following information and meet the following reporting requirements:					
<ul style="list-style-type: none"> Types & Service capacities of services provided, costs for services provided and revenues received by source and amount and expenses paid by program area and for services available outside of a program area, reported mid-year and at the end of the fiscal year through CARS, and types and amounts of services provided to each individual, monthly through the current CCS 	Mark				
<ul style="list-style-type: none"> Demographic characteristics of individuals receiving services, monthly through the current CCS 	Mark				
<ul style="list-style-type: none"> Numbers of adults with serious mental illnesses, children with serious emotional disturbance, children at risk of serious emotional disturbance, and individuals with intellectual disability, or substance use disorder, monthly through the current CCS 	Mark				
<ul style="list-style-type: none"> Performance expectations and goals and individual outcome and Board provider performance measures in Exhibits B and C 	Mark Exhibits B & C -- Susan				
<ul style="list-style-type: none"> Community waiting list information for the Comprehensive State Plan that is required by §37.2-315 of the Code of Virginia, as permitted under §32.1-127.1:03 (D) (6) of the Code of Virginia and 45 CFR §164.512 (d) and (k) (6) (ii) (when required) 	Susan				
<ul style="list-style-type: none"> State Facility Discharge Waiting List Database reports using ACCESS software supplied by the Department 	Susan				
<ul style="list-style-type: none"> Federal Balance Report (October 31) 	Mark				
<ul style="list-style-type: none"> Total Numbers of individuals swerved for the Mandatory Outpatient Treatment, Discharge Assistance Project, Mental Health Child and Adolescent Services Initiative, ID Waiver Services, and other Consumer Designation (900) Codes, monthly through the current CCS 	Susan				

Requirement	Point Person	Due Date	Attestation Completed (Initial)	Dates Monitored	Attestation of Monitoring (Initial)
<ul style="list-style-type: none"> PATH reports (mid-year and at the end of the fiscal year) 	Susan				
<ul style="list-style-type: none"> Uniform Cost Report information through CARS (annually) 	Mark				
<ul style="list-style-type: none"> Other reporting requirement in the current CCS Extract or Design Specifications 	Mark				
SUBSEQUENT REPORTING REQUIREMENTS:					
<p>In accordance with State Board Policy 1037, the Board shall work with the Department through the Virginia Association of Community Services Boards (BACSB) Data Management Committee (DMC) to ensure that current data and reporting requirements are consistent with each other and the current Core Services Taxonomy, the current CCS, and the Treatment Episode Data Set (TEDS) and other federal reporting requirements. The Board also shall work with the Department through the DMC in planning and developing any additional reporting or documentation requirements beyond those identified in this contract, such as the federal mental health and substance abuse National Outcomes Measures (NOMS) when they become effective, to ensure that such requirements are consistent with the current Core Services Taxonomy, the current CCS, and TEDS and other federal reporting requirements.</p>	Mark				
STREAMLINING REPORTING REQUIREMENTS:					
<p>The Board shall work with the Dept through the VACSB DMC to review existing reporting requirements outside of the current CCS to determine if they are still necessary and, if they are, to streamline those reporting requirements as much as possible and to ensure they are consistent with the current CCS Extract Specifications and Core Services Taxonomy.</p>	Mark				
DISCHARGE ASSISTANCE PROJECT (DAP)					
<ul style="list-style-type: none"> Board Responsibilities: If it participates in any DAP funded by the Department, the Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans (ISPs) to the Department for approval or preauthorization. 	Susan				
<ul style="list-style-type: none"> Department Review: The Board agrees to participate in any utilization review or utilization management activities conducted by the Department involving services provided under the DAP. Protected health information may be disclosed as permitted under 45 CFR §§ 164.506 (c) (1), (3), and (4) and 164.512 (k) (6) (ii). 	Susan				
COMPLIANCE REQUIREMENTS:					
<p>The Board shall comply with all applicable federal, state, and local laws and regulations, including those contained or referenced in the Community Services</p>	Bob				

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<p>Board Administrative Requirements and in Exhibits F and K of this contract, as they affect the operation of this contract. Any substantive change in the CSB Administrative Requirements, except changes in statutory, regulatory, policy, or other requirements or in other documents incorporated by reference in it, which changes are made in accordance with processes or procedures associated with those statutes, regulations, policies, or other requirements or documents, shall constitute an amendment of this contract, made in accordance with applicable provisions of the Partnership Agreement, that requires a new contract signature page, signed by both parties.</p> <p>If any laws or regulations that become effective after the execution date of this contract substantially change the nature and conditions of this contract, they shall be binding upon the parties, but the parties retain the right to exercise any remedies available to them by law or other provisions of this contract. The Board shall comply with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder by their compliance dates, except where the HIPAA requirements and applicable state law or regulations are contrary, and state statutes or regulations are more stringent, as defined in 45 CFR § 160.202, than the related HIPAA requirements. The Board shall ensure sensitive data, including HIPAA-protected health information and other confidential data, exchanged electronically with the Department meets the requirements in the FIPS 140-2 standard. The Department will accept 128 bit encryption methods that are FIPS 140-2 compliant.</p> <p>The Board shall follow the procedures and satisfy the requirements in the Performance Contract Process and the Administrative Performance Standards, contained in Exhibits E and I respectively of this contract. The Board shall document its compliance with §§ 37.2- 501, 37.2-504, and 37.2-508 or §§ 37.2-602, 37.2-605, and 37.2-608 of the Code of Virginia in Exhibits G and H of this contract.</p>					
<p>REGIONAL PROGRAMS: The Board shall manage or participate in the management of, account for, and report on regional programs in accordance with the Regional Program Operating Principles and the Regional Program Procedures in Appendices E and F of the current Core Services Taxonomy.</p> <p>The Board agrees to participate in any utilization review or utilization management activities conducted by the Department involving services provided</p>	Susan				

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through a regional program. Protected health information may be disclosed as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (k) (6) (ii)					
JOINT AGREEMENTS: If the Board enters into a joint agreement pursuant to § 37.2-512 or § 37.2-615 of the Code of Virginia, the Board shall describe the agreement in Exhibit J of this contract and shall attach a copy of the joint agreement to that Exhibit.	Maureen				
INTENSIVE CARE COORDINATION FOR THE COMPREHENSIVE SERVICES ACT:					
<ul style="list-style-type: none"> As the single point of entry into publicly funded mental health, developmental, and substance abuse services pursuant to § 37.2-500 of the Code of Virginia and as the exclusive provider of Medicaid targeted mental health and developmental case management services, the Board is the most appropriate provider of intensive care coordination (ICC) services through the Comprehensive Services Act for At-Risk Youth and Families (CSA). The Board and the local Community Policy and Management Team (CPMT) in its service area shall determine collaboratively the most appropriate and cost-effective provider of ICC services for children who are placed in or are at risk of being placed in residential care through the CSA program in accordance with guidelines developed by the State Executive Council and shall develop a local plan for ICC services that best meets the needs of those children and their families. If there is more than one CPMT in the Board's service area, the CPMTs and the Board may work together as a region to develop a plan for ICC services. If the Board is identified as the provider of ICC services, it shall work in close collaboration with its CPMT(s) and Family Assessment and Planning Team(s) to implement ICC services, to assure adequate support for these services through local CSA funds, and to assure that all children receive appropriate assessment and care planning services. Examples of ICC activities include: efforts at diversion from more restrictive levels of care, discharge planning to expedite return from residential or facility care, and community placement monitoring and care coordination work with family members and other significant stakeholders. If the Board contracts with another entity to provide ICC services, the Board shall remain fully responsible for ICC services, including monitoring the services provided under the contract. Subject to the approval of the local CPMT(s), the Board may phase in ICC services as a way to facilitate meaningful integration of ICC services with existing services 	Susan & Tim				

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STATE FACILITY ADMISSION CRITERIA	Susan & Jackie				
STATE HOSPITALS 1. An individual must meet the following criteria for admission to a state hospital: Adults: The individual meets one of the criteria in section A.1.) below or one or more of the other criteria listed in section A and the criterion in section B: Section A: 1.) the person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future, a.) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or b.) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs* *Criteria for involuntary admission for inpatient treatment to a facility pursuant to § 37.2-817.C of the Code of Virginia.					

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CROSSWALK BETWEEN LICENSING REGULATIONS & 2010 CARF STANDARDS					
140 License Availability	Bob				
150 Compliance with Laws, Regulations, and Policies	Bob				
160 Reviews by Department; Request for Information	Bob				
170 Corrective Action Plan	Bob				
180 Notification of Changes	Bob				
190 Operating Authority, Governing Body, and Organizational Structure	Maureen				
200 Appointment of Administrator	Bob				
210 Fiscal Accountability	Mark				
220 Indemnity Coverage	Joseph				

230	Written Fee Schedule	Mark				
240	Policy/Funds of Individuals Receiving Services	N/A				
250	Deceptive or False Advertising	Bob				
260	Building Inspection and Classification	Tom				
270	Building Modifications	Tom				
280	Physical Environment	Tom				
290	Food Service Inspections	Joseph				
300	Sewer and Water Inspections	Tom				
310	Weapons	Maureen				
320	Fire Inspections	Tom				
330	Beds	Tom				
340	Bedrooms	Tom				
350	Condition of Beds	Tom				
360	Privacy	Tom				
370	Ratios of Toilets, Basins, Showers or Baths	Tom				
380	Lighting	Tom				
390	Confidentiality and Security Personnel Records	Joseph				
400	Criminal Registry Checks	Joseph				
410	Job Description	Joseph				
420	Qualifications of Employees or Contractors	Joseph				
430	Employee or Contractor Personnel Records	Joseph				
440	Orientation of New Employees, Contractors, Volunteers and Students	Joseph				
450	Employee Training & Development	Joseph				
460	Emergency Medical or First Aid Training	Joseph				
470	Notification of Policy Changes	Bob				
480	Employee or Contractor Performance Evaluation	Joseph				
490	Written Grievance Policy	Joseph				
500	Students and Volunteers	Joseph				
510	Tuberculosis Screening	Joseph				
520	Risk Management	Maureen				
530	Emergency Preparedness and Response Plan	Joseph				
540	Access to Telephone in Emergencies; Emergency Telephone Numbers	Aaron				
550	First Aid Kit Accessible	Tom				
560	Operable Flashlights or Battery Lanterns	Tom				
570	Mission Statement	BoD				
580	Service Description Requirements	Susan				

590	Provider Staffing Plan	Susan				
600	Nutrition	Susan				
610	Community Participation	Maureen				
620	Monitoring and Evaluating Service Quality	Bob				
630	Policies on Screening, Admission, and Referrals	Susan				
640	Screening and Referral Services Documentation and Retention	Susan				
650	Assessment Policy	Bill				
660	Individualized Services Plan (ISP)	Susan				
670	ISP Requirements	Susan				
680	Progress Notes or Other Documentation	Susan				
690	Orientation	Susan				
700	Written Policies and Procedures for a Crisis or Clinical Emergency	Susan				
710	Documenting Crisis Intervention and Clinical Emergency Services	Susan				
720	Health Care Policy	Bill				
730	Medical Information	Bill				
740	Physical Examination	Bill				
750	Emergency Medical Information	Bill				
760	Medical Equipment	Bill				
770	Medication Management	Bill				
780	Medication Errors and Drug Reactions	Bill				
790	Medication Administration and Storage or Pharmacy Operation	Bill				
800	Policies and Procedures on Behavior Management Techniques	Bill				
810	Behavioral Treatment Plan	Susan				
820	Prohibited Actions	Susan				
830	Seclusion, Restraint, and Time Out	Bill				
840	Requirements for Seclusion Room	Bill				
850	Transition of Individuals Among Services	Susan				
860	Discharge	Susan				
870	Written Records Management Policy	Bob				
880	Documentation Policy	Bob				
890	Individual's Service Record	Bob				
900	Record Storage and Security	Bob				
910	Retention of Individual's Service Records	Bob				
920	Review Process for Records	Bob				
930	Registration, Certification, or Accreditation	Susan				
940	Criteria for Involuntary Termination from Treatment	Susan				

950	Service Operation Schedule	Susan				
960	Physical Examinations	Bill				
970	Counseling Sessions	Susan				
980	Drug Screens	Susan				
990	Take-Home Medication	Bill				
1000	Preventing Duplication of Medication Services	Susan				
1010	Guests	Susan				
1020	Detoxification Prior to Involuntary Discharge	Bill				
1030	Opioid Agonist Medication Renewal	Bill				
1040	Emergency Preparedness Plan	Joseph				
1050	Security of Opioid Agonist Medication Supplies	Susan				
1060	Cooperative Agreements with Community Agencies	Susan				
1070	Observation Area	Susan				
1080	Direct-Care Training for Providers of Detox. Services	Joseph				
1090	Minimum No. of Employees or Contractors on Duty	Susan				
1100	Documentation	Susan				
1110	Admission Assessments	Bill				
1120	Vital Signs	Bill				
1130	Light Snacks and Fluids	Bill				
1140	Clinical and Security Coordination	Susan				
1150	Other Requirements for Correctional Facilities	Susan				
1160	Sponsored Residential Home Information	Susan				
1170	Sponsored Residential Home Agreements	Susan				
1180	Sponsor Qualification and Approval Process	Susan				
1190	Sponsored Residential Home Service Policies	Susan				
1200	Supervision	Susan				
1210	Sponsored Residential Home Service Records	Susan				
1220	Regulations Pertaining to Employees	Susan				
1230	Maximum Number of Beds in Sponsored Residential Home	Susan				
1240	Service Requirements for Providers of Case Management Services	Susan				
1250	Qualifications of Case Management Employees or Contractors	Susan				
1260	Admission Criteria	Bill				
1270	Physical Environment Requirements of Community Gero-Psychiatric Residential Services	Bill				
1280	Monitoring	Bill				
1290	Service Requirements for Providers of Gero-Psychiatric Residential Services	Bill				

1300	Staffing Requirements for Providers of Gero-Psychiatric Residential Services	Bill				
1310	Interdisciplinary Services Planning Team	Bill				
1320	Employee or Contract Qualifications and Training	Bill				
1330	Medical Director	Bill				
1340	Physician Services and Medical Care	Bill				
1350	Pharmacy Services for Providers of Gero-Psychiatric Residential Services	Bill				
1360	Admission and Discharge Criteria	Bill				
1370	Treatment Team and Staffing Plan	Bill				
1380	Contacts	Susan				
1390	ICT and PACT Service Daily Operation and Progress Notes	Susan				
1400	ICT and PACT Assessment	Bill				
1410	Service Requirements	Susan				

NCSB Performance Contract Budget Submission

	2012 BUDGET		2011 PROJECTION		2010 AUDITED RESULTS	
REVENUE						
State	\$ 10,372,764		\$ 9,993,567		\$ 10,135,321	
Federal	\$ 2,648,626		\$ 3,398,081		\$ 3,406,711	
City	\$ 2,851,000		\$ 3,851,000		\$ 3,851,000	
Fees	\$ 7,607,880		\$ 7,268,672		\$ 7,084,179	
Contract	\$ 391,985		\$ 392,000		\$ 552,472	
Other	\$ 15,000		\$ 16,000		\$ 43,041	
Sub-Total		\$ 23,887,255		\$ 24,919,320		\$ 25,072,724
COSTS						
Personnel	\$ 17,130,456		\$ 17,642,243		\$ 18,014,277	
Operating Costs	\$ 1,217,051		\$ 1,212,119		\$ 1,139,579	
Services	\$ 5,442,630		\$ 5,921,479		\$ 5,308,420	
Equipment	\$ 41,958		\$ 61,724		\$ 67,312	
Depreciation	\$ 252,000		\$ 251,904		\$ 251,904	
General Relief	\$ 525,990		\$ 897,049		\$ 948,776	
Sub-Total		\$ 24,610,085		\$ 25,986,518		\$ 25,730,268
Additional Retirement Contribution						\$ 730,000
Repayment of Grant Funds						\$ 230,000
Increase/(Decrease) in Net Assets		\$ (722,830)		\$ (1,067,198)		\$ (1,617,544)
Budgeted Utilization of Reserves		\$ (722,830)		\$ (477,170)		\$ (1,264,088)
Bonus to Employees		\$ (146,500)				
Unbudgeted Utilization of Reserves		\$ 0		\$ (590,028)		\$ (353,456)
Increase/(Decrease) in Net Assets		\$ (869,330)		\$ (1,067,198)		\$ (1,617,544)

- Budget above includes the identification of all revenue sources and related expenditures as of June 9th, 2011. There is potential for these numbers to change. Most notably Federal SAMHSA money has been identified as being at risk but the amount is not yet quantified.
- State Revenue includes Administrative Fees to be received from Quad 000 implementation (\$554K). This is based on 2,200 assessments. The budget presented on 5/24 was based on original estimates as high as 3,500. Those numbers have since been re-communicated to the CSB to be much less. Costs of this program are currently captured in this budget as services as contractual.
- \$130K is included in personnel costs for Supportive and Enclave Employment. This program will be new for FYE 6/30/12. No revenue is included in the budget because it is a startup year.
- Included in the budget is \$146,500 in personnel costs to be paid to employees as a retention incentive. Full Time employees will be paid \$500 and Part Time employees will be paid \$250.

This report is respectfully submitted by:

Maureen Womack

Maureen Womack, Executive Director
Norfolk Community Services Board

* NOTE: REPORTS FROM HUMAN RESOURCES AND OPERATIONS WILL BE AVAILABLE BEGINNING JULY