

CHIEF EXECUTIVE OFFICER

MARCH 2015

Community Corrections – We have our foot note in the Long Bill and will follow it through the 4 caucuses before we don't have to worry. There is concern that DCJ will revert \$2 million dollars and there is still a demonstrated need for more IRT beds. The reversion may help our foot note and other interest across the state for more IRT beds. Both our Senator and Representative are aware of our efforts and will help when possible.

SyCare – We are discussing the distribution for the FY15-16 and have asked Tina to provide data about what each mental health center's profile looks like. The trends look like we will all grow in eligibles with the exception of South East. Spanish Peaks and Solvista have the fastest growth rate, although we have the second highest eligible population. There are a number of factors that will be considered and given the voting block I believe we will lose anywhere between .25% to .50 %. This will not be devastating to our own efforts to expand and meet our contract obligations. There is still time to introduce other models and will keep you posted.

New clinic partnership - The building documents have been filed with the county land use office. We met yesterday with the contractor and VW team to provide a final review and discussed changes before we get the final bid. The contractor will work on the final numbers and will be on the agenda this month to answer any questions the board may have. This will be on the agenda as an action item.

CBHC – George will leave his position in August and as a result there has been an extensive search to replace him. The applicant pool has been dwindled to 6 and 5 are from Colorado. We should hear about his replacement very soon. I will be attending the quarterly CBHC retreat in Denver on March 30th and hope to receive updates on all of the critical issues that we as an association are facing,

ICHP – The partnership is not struggling with one another as it has been in the past. The focus is still positioning, but in this case it has to do with the next RFP and if we apply together or go our separate ways. The reality is the ICHP on its own will not be applying and that there will be other partnership configurations that will be investigated. All the partners are slowly realizing that being part of the BHO and MHC team may be their best bet to stay in control as a partner and not as only a provider. Donna is trying to help this conversation along and has indicated a strong interest in the model that Arnold has put together.

SLVBHG – Our efforts at the center have been concentrated at increasing our penetration rate into the eligible population for our area. We rallied the staff around this interest and offered an incentive to all that contributed to this effort. I am very pleased to announce that the first goal was met and our penetration rate is now at 13%. The next target in this effort will be to reach 14%.

Recruiting is a topic that we have reported on over the last several months and the challenge has not changed. We are still trying to fill several clinical positions and to this end have decided to hire a full time recruiter. We hired AJ Webb who was employed with our prevention team. The purpose for such a position is to have a full court press to meet our hiring quotas. The position will also be mobile and will travel to surrounding colleges and universities with a combination of incentive offers at his disposal. In the short time he has been in this position we have been able to hire 4 positions.