

**Goochland Powhatan
COMMUNITY SERVICES**
Connect. Grow. Thrive.



P. O. BOX 189
GOOCHLAND,
VIRGINIA 23063

EXECUTIVE DIRECTOR
Les Saltzberg, Ph.D., LCP
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Mental Health Services
Developmental Disability Services
Substance Use Disorder Services

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MEMORANDUM

TO: Members of the Goochland Powhatan Community Services Board

FROM: Julie Franklin, Chair 

SUBJECT: Notification of Board Meeting

DATE: December 6, 2021

The Goochland Powhatan Community Services Board will meet on Monday, December 6, 2021. The meeting will begin at 4:30 p.m. It will be in person at Virginia House in Goochland. Masks continue to be required inside GPCS buildings. The following is the link for Zoom for those of you who are unable or uncomfortable attending in person:

Join Zoom Meeting

<https://us06web.zoom.us/j/4567076416?pwd=cGFwWWxxMHUwemdiYkRDMEFzTjFoZz09>

MeetingID:4567076416

Passcode: GPCS1234

You will find attached the following documents for the December Board Packet:

1. Minutes from the November 1, 2021 Meeting.
2. Memo FY2022 October Budget Reports
3. FY2022 October Budget
4. Memo MH Outpatient Clinician Conversion
5. Salary, tax, health insurance, VRS, Workman's Comp & Life Ins. Amounts
6. Memo Goochland Budget Meeting Update
7. Funding from Goochland & Powhatan Counties, Yearly Salary Increases, Salaries & Wages as a Percentage of Expenses, Salary Comparisons with surrounding CSBs and CSB Comparisons, Client Statistics
8. Memo COVID/Vaccine Update
9. Letter from Department of Behavioral Health and Developmental Services, Medicaid Bulletin
10. Memo State Crisis System Update
11. Memo Culture/Engagement Survey Process Update
12. Likert's Four Leadership Philosophies
13. Unit Reports

Please review these materials prior to the meeting. We look forward to seeing you on the 1st. *****If you find that you are unable to attend a Board meeting, please let us know as soon as possible. This will let us assess whether we will have a quorum or not, and reschedule if necessary. Les Saltzberg can be reached on his cell phone at 804-807-4335 (voice mail and text), or via email lsaltzberg@goochlandva.us. ***** Enclosure

GOOCHLAND POWHATAN COMMUNITY SERVICES
BOARD MEETING

December 6, 2021
4:30 P.M.
Virginia House

AGENDA

- I. Minutes of the November 1st Board Meeting (4:30 to 4:35)
Pages: 1 - 4
***Action: Approve or amend November 2021 minutes.**

- II. FY2022 October Budget Report (4:35 to 4:45)
Pages: 5 - 12
***Action: Approve or amend FY2022 October Budget Report**

- III. Convert MH Case Manager position to MH Outpatient Clinician
position (4:45 to 4:55)
Pages: 13 - 14
***Action: Approve conversion to MH Outpatient Clinician
position.**

- IV. Goochland Budget Meeting Update (4:55 to 5:05)
Pages: 15 - 17
***Informational**

- V. COVID Update (5:05 to 5:15)
Pages: 18 - 22
***Informational**

- VI. State Crisis System Update (5:15 to 5:25)
Pages: 23
***Informational**

- VII. Culture/Engagement Survey Update (5:25 to 5:40)
Pages: 24 - 35
***Informational**

- VIII. Reports (5:40 to 6:00)
 - a. Board Chair
 - b. Executive Director
 - c. Other ReportsPages NA
***Informational**

IX. Adjourn

Next Meeting: January 3, 2021, 4:30 p.m. Location: TBD.

GOOCHLAND POWHATAN COMMUNITY SERVICES
MINUTES
November 1, 2021

Goochland Powhatan Community Services Board of Directors held its November 2021 meeting on Monday, October 4, 2021, in Virginia House, with a zoom link available to members unable to attend in person.

Present

Jackie Cahill
Angela Cimmino
Parthenia Dinora
Julie Franklin
Erin Harnage
Mariah Leonard
GaElla Matthews
Crystal Neilsen-Hall
Renee Sottong

Absent

Yvette McDermott Thomas

Staff Attending

Les Saltzberg
Lateshia Brown
Carinne Kight
Irene Temple

Welcome

Les Saltzberg welcomed all attending Board members and thanked them for joining either by Zoom or in person. The meeting was brought to order. Parthy chaired the meeting.

Minutes

October 2021 meeting minutes were reviewed for approval. It was noted that rewording was needed in the policy and procedure review update regarding Angela's statement. It was reworded to "Angela said that the new policy says one cannot grieve a correction action plans (CAP) so she thinks the fix might have addressed one of the 2 grievances by the former employee, since one of them was a grievance against a CAP".

ACTION: Motion to approve October 2021 meeting minutes, as amended was made by M Leonard, seconded by J. Cahill. Motion carried by all, and October 2021 minutes were approved.

FY 2022 August Budget Report

Cheryl Smith, Account Analyst, provided the August 2022 Budget Report to the Board. She noted that the agency is even on expenses and revenues. Of note there is special funding that was deposited specifically for Prevention which must be expended by September 30th. Also of note is the amount spent on job advertisement, \$13,000. This is due to the number of vacancies in July and August that were being advertised for.

ACTION: Motion to approve FY 2022 August Budget Report as presented, was made by E. Harnage, seconded by M. Leonard. Motion carried by all, and FY 2022 August Budget Report was approved.

FY 2021 Fee Write Offs

Carinne Kight, Senior Director Administration, presented the fee write offs to the. Carinne reviewed with the Board that the doubtful account write-offs include billed fees that were non-collectible due to reasons such as bankruptcy, deceased clients, and clients moving. She explained that in the past the position of the Board has been not to chase down those clients with balances older than 3 months as it does not support a productive rapport and the client may cut off services that he/she vitally needs. This year's fee write off's is \$39,064.44 which is an increase from last year. The Board discussed possibly changing this policy in the future.

ACTION: Motion to approve FY2021 Fee Write offs as presented, was made by A. Cimmino, seconded by J. Cahill. Motion carried by all, and FY2021 Fee Write offs were approved.

Salary Adjustment Proposal

Les reminded the Board that this year some pay bands were given a separate increase in salaries due to needing to be competitive in the market. He further explained that leadership has been reviewing the bands that weren't increased. He asked Cheryl Smith to review a proposal to increase those in bands which leadership determined were paid under market value as well as needing adjustment due to the upcoming minimum wage increases. Cheryl presented a plan to increase the starting rate of these bands to \$13.00 per hour as well as increase the rate of those currently in the positions anywhere from one dollar to three dollars per hour. The Board discussed the impact of minimum wage increases on these positions as well as the need for an overall review of the agency pay plan.

ACTION: Motion to approve the salary adjustments as proposed was made by A. Cimmino, seconded by J Cahill. Motion carried by all, and salary adjustments were approved.

Modification of Agency Hours

Les spoke to the Board about the agency's current clinic hours, which are 8am to 4:30 pm with one late day until 7 pm for each clinic. He explained that the increase in child referrals has created a situation where the number of appointments available for children in school and working parents is minimal. Leadership is discussing a change to allow for multiple late hour days for each clinic and will be phasing that in. The first step in phasing these increased hours is to shift to 8:30 am to 5 pm. This allows for an increased availability of appointments after 3 pm.

ACTION: Motion to approve the modification of clinic hours was made by E. Harnage and seconded by A. Cimmino. Motion carried by all, and the modification of agency hours as presented was approved.

Administrative Services Assistant Position

Les explained to the Board that over the past year the agency has significantly increased the number of outpatient clinicians. To receive the maximum reimbursement for these new clinicians they must be credentialed with the various insurance companies and MCOs. He explained the credentialing process is often long, requires tracking of several documents and has application processes which clinicians do not

always have the time to figure out. Carinne then explained the currently the fiscal supervisor, Gwen Bates, is completing credentialing, however she also does not have the appropriate time to dedicate to it either. Carinne further explained that the staff Gwen supervises all hold responsibility for manning the front office as well as completing reimbursement responsibilities. This means that no one has dedicated time to focus on credentialing, making the process take longer than necessary and causing the agency to lose revenue. Carinne and Les proposed to the Board an addition of one administrative services assistant position to help with this as well as cover the shift in hours as it is phased in.

ACTION: Motion to approve the addition of an administrative services assistant position was made by J. Cahill and seconded by G. Matthews. Motion carried by all, and the position was approved.

Medication Assisted Treatment (MAT) Prescriber proposal

Les explained to the Board that when he was hired, he evaluated the Substance Use Disorder (SUD) outpatient program as the agency was currently running it. In his evaluation he noted two areas of concern, no group-based programs, and no Medication Assisted Treatment (MAT) for those with opioid use disorders. He noted that almost all CSBs have a MAT program, however the current practitioners at GPCS will not provide it. To offer this program Les is proposing that GPCS contract with Genoa. Genoa will find and contract with a psychiatrist for 16 hours per week specifically to provide MAT for GPCS. Most of the services will be provided through telepsychiatry visits. Genoa is a company that DBHDS contracts with and GPCS will receive the DBHDS rates. In addition, the funding for this contract would be provided through the DBHDS SOR grant. The Board discussed the funding of this contract and the benefits of offering MAT to GPCS consumers.

ACTION: Motion to approve a contract with Genoa was made by A. Cimmino, seconded by M. Leonard. Motion carried by all, and MAT prescriber contract proposal was approved as presented.

COVID/Vaccine Update

Les explained that leadership is continuing to wait on communication from CMS regarding the previously indicated vaccine mandate. The initial communications indicated that a memo would be released in October, however nothing has been seen up to this point. There was discussion about the impact of a mandate and how timing would work. Les said that typically all memos have a 60-day comment period prior to implementation so GPCS should have that cushion to develop the needed policies and procedures.

2021 Holiday Schedule

Carinne explained to the Board that the Governor's schedule for the holidays is out and in total he awarded 12 hours as additional holidays to state employees, 4 for the day before Thanksgiving, and 8 for December 23rd. Historically the GPCS Board has followed the State calendar and awarded the additional hours to employees as floating holiday time unless it makes sense to follow the calendar and close the agency. Carinne proposed in this case that all 12 hours be awarded to employees as floating holiday hours to be used before the end of FY2022.

ACTION: On motion of G. Matthews and seconded by E. Harnage, the Board unanimously approved the addition of 12 hours of floating leave as presented.

Reports

Board Chair, J Franklin, stated that she and Les have started weekly meetings. She noted that she is proud of the changes and updates the agency has made over the past 2 years. In addition, she noted that there will be some Board vacancies at the end of FY2022 and asked Board members to begin thinking of any individuals that would be a good addition to the Board.

A Cimmino requested that the Board receive an update on the total number of consumers on the Developmental Disabilities waitlist and the priority. Lateshia Brown, Senior Director Community Supports, agreed to do that.

Les also noted that at the next meeting he is planning to bring information regarding a community recovery resource center as well as a crisis presentation.

Meeting was adjourned at 6:12 pm.

The next meeting is December 6, 2021.

Erin Harnage, Secretary
EH/ck

Date

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Memorandum

TO: Julie Franklin, Chair and Members of Goochland Powhatan Community Services
Board of Directors

FROM: Les Saltzberg, Executive Director

SUBJECT: October Budget Report for Fiscal Year 2022

DATE: December 1, 2021

Cheryl Smith will review the October Budget Report for FY 2022.

***Action: Approve or amend October Budget Report for FY 2022.**

GOOCHLAND POWHATAN COMMUNITY SERVICES
ALL PROGRAMS COMBINED
BUDGET REPORT
FY 2022

Account Description	FY 2021 Actual	FY 2022 Approved	Through 10/31/2021	% Expended	Over/(Under)	Note #
EXPENSE						
PERSONNEL						
Total Salaries and Wages	\$3,146,426	\$3,889,694	\$1,155,813	30%	(\$2,733,881)	
Total Fringe	\$859,263	\$962,052	\$288,880	30%	(\$673,172)	
Total Personnel Services	\$4,005,689	\$4,851,746	\$1,444,693	30%	(\$3,407,053)	
OPERATIONS						
Total Staff Development	\$29,768	\$29,294	\$4,884	17%	(\$24,410)	
Total Facility Expense	\$187,645	\$195,133	\$50,630	26%	(\$144,503)	
Total Supplies	\$129,093	\$144,110	\$41,295	29%	(\$102,815)	
Total Travel Expense	\$71,637	\$105,590	\$21,718	21%	(\$83,872)	
Total Consult/Prof Servs	\$505,798	\$418,815	\$129,881	31%	(\$288,934)	
Total Special Funding			\$100,142			1
Total Misc Expense	\$125,062	\$57,514	\$43,173	75%	(\$14,342)	2
Total Operations	\$1,049,004	\$950,456	\$391,723	41%	(\$558,732)	
TOTAL EXPENDED	\$5,054,693	\$5,802,201	\$1,836,416	32%	(\$3,965,785)	
INCOME						
State Income - MH	\$1,686,019	\$1,927,408	\$652,034	34%	(\$1,275,374)	
State Income - DD/ID	\$397,648	\$397,517	\$132,504	33%	(\$265,013)	
State Income - SUD	\$468,162	\$476,643	\$149,310	31%	(\$327,333)	
Federal Income	\$595,872	\$380,872	\$346,465	91%	(\$34,407)	3
Goochland County	\$298,630	\$298,630	\$149,315	50%	(\$149,315)	4
Powhatan County	\$298,630	\$298,630	\$74,658	25%	(\$223,972)	4
Fees:					\$0	
Medicaid SPO	\$943,059	\$763,760	\$314,717	41%	(\$449,043)	
Medicaid Waiver	\$414,563	\$517,100	\$154,263	30%	(\$362,837)	
Medicaid Transport	\$19,682	\$30,000	\$7,254	24%	(\$22,746)	
Schools	\$0	\$0	\$0	0%	\$0	
Direct & Third Party	\$244,298	\$310,366	\$64,385	21%	(\$245,980)	
Work Contracts	\$0	\$0	\$0	0%	\$0	
Program Activities	\$3,929	\$0	\$2,446	0%	\$2,446	
PIEP Part C	\$198,742	\$166,489	\$55,496	33%	(\$110,993)	
Reinvestment	\$162,640	\$177,425	\$59,142	33%	(\$118,283)	
Restricted-Grant	\$0	\$0	\$0	0%	\$0	
Reserves	\$0	\$0	\$0	0%	\$0	
Miscellaneous	\$191,906	\$57,362	\$50,539	88%	(\$6,823)	
Interest and Other	\$0	\$0	\$0	0%	\$0	
TOTAL INCOME	\$5,923,780	\$5,802,201	\$2,212,528	38%	(\$3,589,673)	
BALANCE	\$869,087	\$0	\$376,113			

Notes:

- 1 - \$10K Annual Program License for 5 Bridges to Wellness, \$10.5K for Beth Macy, speaker at RSAAC's 8/21 Event, \$40K to Pinnacle for RSAAC 2021 Media, \$3K Locking Medicine Pouches, SOR Recovery \$9K, SARPOS \$8K
- 2 - \$31K spent on Job Advertisements
- 3 - We received \$158K OT SUD FBG Prevention Funds and \$62K OT SUD FBG Alcohol/Drug Treatment Funds
- 4 - We received 2nd Qtr Goochland payment in Oct. We also received the Powhatan 2nd Qtr payment in Oct, but it did not get deposited until Nov so that is why there is a difference

Overall, we are right on target for expenses and a little ahead for revenue because we had \$220K Fed OT Funds

ADMINISTRATION AND PROGRAM DEVELOPMENT
BUDGET REPORT
FY 2022

Account Description	FY 2021 Actual	FY 2022 Approved	Through 10/31/2021	% Expended	Balance
EXPENSE					
PERSONNEL					
Total Salaries and Wages	\$742,969	\$823,812	\$279,230	34%	(\$544,582)
Total Fringe	\$218,599	\$210,649	\$74,547	35%	(\$136,103)
Total Personnel Services	\$961,568	\$1,034,461	\$353,776	34%	(\$680,685)
OPERATIONS					
Total Staff Development	\$8,020	\$4,150	\$1,496	36%	(\$2,654)
Total Facility Expense	\$8,910	\$38,077	\$11,001	29%	(\$27,076)
Total Supplies	\$15,426	\$11,589	\$8,091	70%	(\$3,498)
Total Travel Expense	\$215	\$2,725	\$149	5%	(\$2,577)
Total Consult/Prof Servs	\$71,957	\$54,379	\$16,231	30%	(\$38,148)
Total Special Funding			\$0		
Total Misc. Expense	\$17,164	\$10,535	\$6,587	63%	(\$3,948)
Total Operations	\$121,693	\$121,455	\$43,555	36%	(\$77,900)
TOTAL EXPENDED	\$1,083,261	\$1,155,916	\$397,331	34%	(\$758,585)
INCOME					
State Income - MH	\$645,982	\$759,779	\$207,347	27%	(\$552,432)
State Income - DD/ID	\$0	\$25,000	\$7,318	29%	(\$17,682)
State Income - SUD	\$260,404	\$121,706	\$36,591	30%	(\$85,115)
Federal Income	\$0	\$0	\$0	0%	\$0
Goochland County	\$239,646	\$112,216	\$85,096	76%	(\$27,120)
Powhatan County	\$239,645	\$112,216	\$10,440	9%	(\$101,776)
Fees:					
Medicaid SPO	\$0	\$0	\$0	0%	\$0
Medicaid Waiver	\$0	\$0	\$0	0%	\$0
Medicaid Transport	\$0	\$0	\$0	0%	\$0
Schools	\$0	\$0	\$0	0%	\$0
Direct & Third Party	\$0	\$0	\$0	0%	\$0
Work Contracts	\$0	\$0	\$0	0%	\$0
Program Activities	\$0	\$0	\$0	0%	\$0
PIEP Part C	\$0	\$0	\$0	0%	\$0
Reinvestment	\$0	\$0	\$0	0%	\$0
Restricted-Grant	\$0	\$0	\$0	0%	\$0
Reserves	\$0	\$0	\$0	0%	\$0
Miscellaneous	\$176,875	\$25,000	\$50,539	202%	\$25,539
Interest and Other	\$0	\$0	\$0	0%	\$0
TOTAL INCOME	\$1,562,552	\$1,155,916	\$397,331	34%	\$758,585
BALANCE	\$479,291	(\$0)	(\$0)		

TRANSPORTATION
BUDGET REPORT
FY 2022

Account Description	FY 2021 Actual	FY 2022 Approved	Through 10/31/2021	% Expended	Balance
EXPENSE					
PERSONNEL					
Total Salaries and Wages	\$68,130	\$114,462	\$23,496	21%	(\$90,966)
Total Fringe	\$12,053	\$18,171	\$3,625	20%	(\$14,546)
Total Personnel Services	\$80,183	\$132,633	\$27,121	20%	(\$105,512)
OPERATIONS					
Total Staff Development	\$0	\$0	\$0	0%	\$0
Total Facility Expense	\$284	\$348	\$0	0%	(\$348)
Total Supplies	\$0	\$0	\$0	0%	\$0
Total Travel Expense	\$44,731	\$60,747	\$14,525	24%	(\$46,222)
Total Consult/Prof Servs	\$0	\$0	\$0	0%	\$0
Total Special Funding	\$0	\$0	\$0	0%	\$0
Total Misc. Expense	\$6,130	\$2,500	\$1,413	57%	(\$1,087)
Total Operations	\$51,144	\$63,595	\$15,938	25%	(\$47,657)
TOTAL EXPENDED	\$131,327	\$196,229	\$43,059	22%	(\$153,169)
INCOME					
State Income - MH	\$111,645	\$52,644	\$0	0%	(\$52,644)
State Income - DD/ID	\$0	\$25,000	\$0	0%	(\$25,000)
State Income - SUD	\$0	\$0	\$0	0%	\$0
Federal Income	\$0	\$0	\$0	0%	\$0
Goochland County	\$0	\$44,293	\$17,903	40%	(\$26,390)
Powhatan County	\$0	\$44,292	\$17,902	40%	(\$26,390)
Fees:					
Medicaid SPO	\$0	\$0	\$0	0%	\$0
Medicaid Waiver	\$0	\$0	\$0	0%	\$0
Medicaid Transport	\$19,682	\$30,000	\$7,254	24%	(\$22,746)
Schools	\$0	\$0	\$0	0%	\$0
Direct & Third Party	\$0	\$0	\$0	0%	\$0
Work Contracts	\$0	\$0	\$0	0%	\$0
Program Activities	\$0	\$0	\$0	0%	\$0
PIEP Part C	\$0	\$0	\$0	0%	\$0
Reinvestment	\$0	\$0	\$0	0%	\$0
Restricted-Grant	\$0	\$0	\$0	0%	\$0
Reserves	\$0	\$0	\$0	0%	\$0
Miscellaneous	\$0	\$0	\$0	0%	\$0
Interest and Other	\$0	\$0	\$0	0%	\$0
TOTAL INCOME	\$131,327	\$196,229	\$43,059	22%	\$153,170
BALANCE	(\$0)	\$0	(\$0)		

**GOOCHLAND POWHATAN COMMUNITY SERVICES
MENTAL HEALTH CLINICAL SERVICES**

Budget Report

FY 2022

Account Description	FY 2021 Actual	FY 2022 Approved	Through 10/31/2021	% Expended	Over/(Under) Spent
EXPENSE					
PERSONNEL					
Total Salaries and Wages	\$1,123,104	\$1,540,407	\$430,608	28%	(\$1,109,799)
Total Fringe	\$312,804	\$400,699	\$109,170	27%	(\$291,529)
Total Personnel Services	\$1,435,908	\$1,941,106	\$539,779	28%	(\$1,401,328)
OPERATIONS					
Total Staff Development	\$14,332	\$14,358	\$1,699	12%	(\$12,659)
Total Facility Expense	\$103,889	\$80,753	\$20,612	26%	(\$60,141)
Total Supplies	\$62,549	\$73,603	\$19,254	26%	(\$54,349)
Total Travel Expense	\$5,519	\$17,258	\$263	2%	(\$16,995)
Total Consult/Prof Servs	\$365,210	\$310,486	\$89,339	29%	(\$221,147)
Total Special Funding			\$100,142		
Total Misc. Expense	\$56,913	\$22,339	\$19,254	86%	(\$3,085)
Total Operations	\$608,411	\$518,797	\$250,563	48%	(\$268,234)
TOTAL EXPENDED	\$2,044,319	\$2,459,903	\$790,342	32%	(\$1,669,562)
INCOME					
State Income - MH	\$646,165	\$898,325	\$298,319	33%	(\$600,006)
State Income - DD/ID	\$0	\$0	\$0	0%	\$0
State Income - SUD	\$207,758	\$354,937	\$112,719	32%	(\$242,218)
Federal Income	\$595,872	\$380,872	\$346,465	91%	(\$34,407)
Goochland County	\$12,319	\$0	\$15,000	0%	\$15,000
Powhatan County	\$12,319	\$0	\$15,000	0%	\$15,000
Fees:					
Medicaid SPO	\$555,892	\$381,648	\$194,424	51%	(\$187,224)
Medicaid Waiver	\$0	\$0	\$0	0%	\$0
Medicaid Transport	\$0	\$0	\$0	0%	\$0
Schools	\$0	\$0	\$0	0%	\$0
Direct & Third Party	\$197,684	\$234,334	\$57,636	25%	(\$176,698)
Work Contracts	\$0	\$0	\$0	0%	\$0
Program Activities	\$0	\$0	\$0	0%	\$0
PIEP Part C	\$0	\$0	\$0	0%	\$0
Reinvestment	\$162,640	\$177,425	\$59,142	33%	(\$118,283)
Restricted-Grant	\$0	\$0	\$0	0%	\$0
Reserves	\$0	\$0	\$0	0%	\$0
Miscellaneous	\$7,500	\$32,362	\$0	0%	(\$32,362)
Interest and Other	\$0	\$0	\$0	0%	\$0
TOTAL INCOME	\$2,398,149	\$2,459,903	\$1,098,705	45%	(\$1,361,198)
BALANCE	\$353,830	\$0	\$308,364		

MENTAL HEALTH CLINICAL SERVICES PROGRAM DETAIL

Budget Report

FY 2022

Account Description	MH Clinical Services	SUD Clinical Services	MH CM Services	Emergency Services	CSH Acute Care	Prevention Services	Same Day Access	Total Clinical
EXPENSE								
PERSONNEL								
Total Salaries and Wages	\$119,942	\$98,277	\$98,770	\$3,959	\$0	\$36,590	\$73,071	\$430,608
Total Fringe	\$29,756	\$18,988	\$26,176	\$1,668	\$0	\$10,905	\$21,677	\$109,170
Total Personnel Services	\$149,698	\$117,265	\$124,946	\$5,627	\$0	\$47,495	\$94,748	\$539,779
OPERATIONS								
Total Staff Development	\$158	\$316	\$258	\$158	\$0	\$650	\$158	\$1,699
Total Facility Expense	\$5,320	\$4,069	\$5,975	\$2,306	\$0	\$1,275	\$1,666	\$20,612
Total Supplies	\$5,140	\$5,078	\$3,342	\$1,985	\$0	\$1,345	\$2,364	\$19,254
Total Travel Expense	\$127	\$23	\$114	\$0	\$0	\$0	\$0	\$263
Total Consult/Prof Servs	\$7,293	\$4,635	\$6,368	\$66,090	\$0	\$2,217	\$2,737	\$89,339
Total Special Funding	\$7,022	\$22,128	\$0	\$0	\$0	\$70,992	\$0	\$100,142
Total Misc Expense	\$7,003	\$2,921	\$3,489	\$651	\$0	\$4,179	\$1,010	\$19,254
Total Operations	\$32,063	\$39,170	\$19,547	\$71,190	\$0	\$80,658	\$7,935	\$250,563
TOTAL EXPENDED	\$181,761	\$156,435	\$144,492	\$76,817	\$0	\$128,153	\$102,682	\$790,342
INCOME								
State Income - MH	\$119,693	\$0	\$12,800	\$59,653	\$0	\$9,570	\$96,603	\$298,319
State Income - DD/ID	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State Income - SUD	\$0	\$83,811	\$0	\$0	\$0	\$28,908	\$0	\$112,719
Federal Income	\$0	\$115,201	\$23,264	\$0	\$0	\$208,000	\$0	\$346,465
Goochland County	\$0	\$0	\$0	\$0	\$0	\$15,000	\$0	\$15,000
Powhatan County	\$0	\$0	\$0	\$0	\$0	\$15,000	\$0	\$15,000
Fees:								\$0
Medicaid SPO	\$62,826	\$13,217	\$114,642	\$354	\$0	\$0	\$3,385	\$194,424
Medicaid Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Transport	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Schools	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Direct & Third Party	\$46,936	\$5,077	\$2,836	\$93	\$0	\$0	\$2,694	\$57,636
Work Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Activities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PIEP Part C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Reinvestment	\$0	\$0	\$17,743	\$41,399	\$0	\$0	\$0	\$59,142
Restricted-Grant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Reserves	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interest and Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INCOME	\$229,455	\$217,306	\$171,285	\$101,499	\$0	\$276,478	\$102,682	\$1,098,705
BALANCE	\$47,694	\$60,871	\$26,793	\$24,682	\$0	\$148,325	(\$0)	\$308,364

GOOCHLAND POWHATAN COMMUNITY SERVICES
CASE MANAGEMENT AND RESIDENTIAL SERVICES
 Budget Report
 FY 2022

Account Description	FY 2021 Actual	FY 2022 Approved	Through 10/31/2021	% Expended	Over/(Under) Spent
EXPENSE					
PERSONNEL					
Total Salaries and Wages	\$1,212,223	\$1,411,012	\$422,479	30%	(\$988,534)
Total Fringe	\$315,807	\$332,532	\$101,538	31%	(\$230,995)
Total Personnel Services	\$1,528,030	\$1,743,545	\$524,016	30%	(\$1,219,528)
OPERATIONS					
Total Staff Development	\$7,417	\$10,786	\$1,689	16%	(\$9,097)
Total Facility Expense	\$74,563	\$75,955	\$19,017	25%	(\$56,938)
Total Supplies	\$51,118	\$58,917	\$13,949	24%	(\$44,968)
Total Travel Expense	\$21,172	\$24,859	\$6,781	27%	(\$18,078)
Total Consult/Prof Servs	\$68,630	\$53,950	\$24,311	45%	(\$29,639)
Total Special Funding			\$0		
Total Misc. Expense	\$44,855	\$22,140	\$15,920	72%	(\$6,221)
Total Operations	\$267,756	\$246,608	\$81,667	33%	(\$164,941)
TOTAL EXPENDED	\$1,795,786	\$1,990,153	\$605,683	30%	(\$1,384,469)
INCOME					
State Income - MH	\$282,227	\$216,661	\$146,368	68%	(\$70,293)
State Income - DD/ID	\$397,648	\$347,517	\$125,186	36%	(\$222,331)
State Income - SUD	\$0	\$0	\$0	0%	\$0
Federal Income	\$0	\$0	\$0	0%	\$0
Goochland County	\$46,665	\$142,121	\$31,316	22%	(\$110,805)
Powhatan County	\$46,666	\$142,122	\$31,316	22%	(\$110,806)
Fees:					
Medicaid SPO	\$387,166	\$382,112	\$120,293	31%	(\$261,819)
Medicaid Waiver	\$414,563	\$517,100	\$154,263	30%	(\$362,837)
Medicaid Transport	\$0	\$0	\$0	0%	\$0
Schools	\$0	\$0	\$0	0%	\$0
Direct & Third Party	\$46,614	\$76,031	\$6,749	9%	(\$69,282)
Work Contracts	\$0	\$0	\$0	0%	\$0
Program Activities	\$3,929	\$0	\$2,446	0%	\$2,446
PIEP Part C	\$198,742	\$166,489	\$55,496	33%	(\$110,993)
Reinvestment	\$0	\$0	\$0	0%	\$0
Restricted-Grant	\$0	\$0	\$0	0%	\$0
Reserves	\$0	\$0	\$0	0%	\$0
Miscellaneous	\$7,531	\$0	\$0	0%	\$0
Interest and Other	\$0	\$0	\$0	0%	\$0
TOTAL INCOME	\$1,831,751	\$1,990,153	\$673,433	34%	(\$1,316,720)
BALANCE	\$35,965	(\$0)	\$67,750		

CASE MANAGEMENT AND RESIDENTIAL SERVICES PROGRAM DETAIL

Budget Report

FY 2022

Account Description	DD/ID CM Services	PIEP Services	In-Home Services	Virginia House	Monacan Rehab	Totals
EXPENSE						
PERSONNEL						
Total Salaries and Wages	\$73,114	\$101,665	\$95,770	\$64,059	\$87,871	\$422,479
Total Fringe	\$20,054	\$17,722	\$14,930	\$16,803	\$32,028	\$101,538
Total Personnel Services	\$93,168	\$119,387	\$110,700	\$80,862	\$119,899	\$524,016
OPERATIONS						
Total Staff Development	\$73	\$348	\$973	\$222	\$73	\$1,689
Total Facility Expense	\$2,703	\$2,394	\$1,649	\$3,157	\$9,115	\$19,017
Total Supplies	\$2,544	\$1,748	\$1,635	\$5,042	\$2,980	\$13,949
Total Travel Expense	\$103	\$1,274	\$5,268	\$0	\$136	\$6,781
Total Consult/Prof Servs	\$7,457	\$4,508	\$2,871	\$4,049	\$5,426	\$24,311
Total Special Funding	\$0	\$0	\$0	\$0	\$0	\$0
Total Misc Expense	\$5,573	\$1,599	\$2,249	\$3,555	\$2,943	\$15,920
Total Operations	\$18,453	\$11,872	\$14,645	\$16,025	\$20,672	\$81,667
TOTAL EXPENDED	\$111,621	\$131,259	\$125,345	\$96,888	\$140,571	\$605,683
INCOME						
State Income - MH	\$0	\$0	\$0	\$146,368	\$0	\$146,368
State Income - DD/ID	\$0	\$29,471	\$24,709	\$0	\$71,006	\$125,186
State Income - SUD	\$0	\$0	\$0	\$0	\$0	\$0
Federal Income	\$0	\$0	\$0	\$0	\$0	\$0
Goochland County	\$12,478	\$11,694	\$622	\$0	\$6,522	\$31,316
Powhatan County	\$12,479	\$11,693	\$622	\$0	\$6,522	\$31,316
Fees:						
Medicaid SPO	\$81,809	\$21,011	\$0	\$17,473	\$0	\$120,293
Medicaid Waiver	\$0	\$0	\$99,392	\$0	\$54,871	\$154,263
Medicaid Transport	\$0	\$0	\$0	\$0	\$0	\$0
Schools	\$0	\$0	\$0	\$0	\$0	\$0
Direct & Third Party	\$4,855	\$1,894	\$0	\$0	\$0	\$6,749
Work Contracts	\$0	\$0	\$0	\$0	\$0	\$0
Program Activities	\$0	\$0	\$0	\$796	\$1,650	\$2,446
PIEP Part C	\$0	\$55,496	\$0	\$0	\$0	\$55,496
Reinvestment	\$0	\$0	\$0	\$0	\$0	\$0
Restricted-Grant	\$0	\$0	\$0	\$0	\$0	\$0
Reserves	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0
Interest and Other	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INCOME	\$111,621	\$131,259	\$125,345	\$164,637	\$140,571	\$673,433
BALANCE	(\$0)	\$0	\$0	\$67,749	(\$0)	\$67,750

Goochland Powhatan
COMMUNITY SERVICES
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EXECUTIVE DIRECTOR
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Substance Use Disorder Services

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Fax (804) 556-5403

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Powhatan, VA 23139
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Fax (804) 598-3114

Memorandum

TO: Julie Franklin, Chair and Members of
Goochland Powhatan Community Services Board of Directors

FROM: Les Saltzberg, Executive Director

SUBJECT: MH Outpatient Clinician conversion

DATE: December 1, 2021

Les Saltzberg will discuss the reason for converting a MH Case Management position to a MH Outpatient Clinician.

***Action: Approve or amend conversion to MH Outpatient Clinician.**

MH Case Manager Vs MH Clinician

	<u>MHCM</u>	<u>MHOP</u>
Start Salary from Pers Policy	41,802	45,234
FICA	3,198	3,460
Health Insurance	7,944	7,944
VRS	987	1,068
Workman's Comp	378	409
Life Insurance	560	606
	<u>54,869</u>	<u>58,721</u>

Difference \$3,852

	<u>MHCM</u>	<u>MHOP</u>
Recent Hire Starting Salary	45,500	50,500
FICA	3,481	3,863
Health Insurance	7,944	7,944
VRS	1,074	1,192
Workman's Comp	411	456
Life Insurance	610	677
	<u>59,020</u>	<u>64,632</u>

Difference \$5,612

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Memorandum

TO: Julie Franklin, Chair and Members of
Goochland Powhatan Community Services Board of Directors

FROM: Les Saltzberg, Executive Director

SUBJECT: Goochland Budget Meeting Update

DATE: December 1, 2021

Les Saltzberg will provide an update of the November 22, 2021 budget meeting with the acting Goochland County Administrator.

***Informational.**

Goochland Powhatan Community Services

Funding from Goochland and Powhatan

	FY 2014 - FY 2021											Budgeted		Requested		% Increase	
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023			2014-2022	2014-2022			
Goochland	\$252,730	\$252,730	\$258,730	\$263,730	\$268,730	\$273,730	\$278,630	\$298,630	\$298,630	\$298,630	\$373,630			18.2%	\$45,900		
Powhatan	\$252,730	\$252,730	\$258,730	\$263,730	\$268,730	\$273,630	\$278,630	\$298,630	\$298,630	\$298,630	\$373,630			18.2%	\$45,900		
% Increase Yr over Yr		0.0%	2.4%	1.9%	1.9%	1.9%	1.8%	7.2%	0.0%	0.0%	25.1%						

Yearly Increase in Salary

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Across the Board Raises	No Increase	2.25%	2.25%	No Increase	2.0%	2.0%	No Increase	5.0%

CSB Comparison

Salaries and Wages as a Percent of Total Expenses

	Actual					Budgeted	
	FY 2018	FY 2019	FY 2020*	FY 2021	FY 2022		
Salaries & Wages	\$2,971,232	\$3,065,085	\$2,980,440	\$3,146,426	\$3,889,694		
Total Expenses	\$4,825,294	\$5,005,218	\$5,151,670	\$5,054,693	\$5,802,201		
% Sal/Wag of Tot Exp	61.6%	61.2%	57.9%	62.2%	67.0%		

*We had COVID furloughs in FY 2020

GPCS is 36th by Population, but 39th by Budget

CSB	Population	Budget \$M
GPCS	53,339	5.8
Dickenson	14,229	5.3
Alleghany Highlands	20,646	9.0
Rockbridge Area	40,704	8.0
Eastern Shore	44,371	12.0

Starting Salary Comparisons with Surrounding CSBs

	GPCS < 7/1/21	GPCS Current	Hanover	Chesterfield	Henrico	RBHA
Case Manager	\$38,000	\$42,000	\$46,000	\$46,000	\$47,000	\$45,000
% Higher than GPCS			10%	10%	12%	7%
Clinician	\$41,000	\$45,000	\$52,000	\$57,000	\$58,000	\$54,000
% Higher than GPCS			16%	27%	29%	20%
Program Supervisor	\$48,000	\$48,000	\$64,000	\$65,000	\$66,000	Negotiable
% Higher than GPCS			33%	35%	38%	N/A

Goochland Powhatan Community Services
Client Statistics

Clients Served (Unduplicated)			
	FY 2020	FY 2021	Growth
Mental Health	485	614	27%
ID/DD	281	262	-7%
SUD	113	145	28%
Other Services	528	632	20%

Same Day Access			
	FY 2019	FY 2020	FY 2021
Clients Served	270	298	424
			42% Incr

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Memorandum

TO: Julie Franklin, Chair and Members of
Goochland Powhatan Community Services Board of Directors

FROM: Les Saltzberg, Executive Director

SUBJECT: COVID/Vaccine Update

DATE: December 1, 2021

Les Saltzberg will provide an update of the implementation of the CMS Federal Vaccine mandate for Health Care providers..

***Informational.**



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

ALISON G. LAND, FACHE
COMMISSIONER

April 29, 2021

The Virginia Department of Behavioral Health and Developmental Services is the single State Agency in the Commonwealth of Virginia. As such this letter confirms that the applicant organization **Blank**, is a non-profit Community Mental Health Center (CMHC), as defined by Section 1913(c) of the Public Health Services Act and is providing such services in the Commonwealth of Virginia. Requirements under Section 1913(c) include:

(c) Criteria for mental health centers

The criteria referred to in subsection (b)(2) regarding community mental health centers are as follows:

(1) With respect to mental health services, the centers provide services as follows:

- Services principally to individuals residing in a defined geographic area (hereafter in this subsection referred to as a "service area").
- Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
- 24-hour-a-day emergency care services.
- Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
- Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.

(2) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Sincerely,

Lisa Jobe-Shields, Ph.D., L.C.P.
Deputy Director, Community Services
Division of Community Behavioral Health
Virginia Department of Behavioral Health and Developmental Services



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID BULLETIN

TO: All Medicaid Providers and Managed Care Organizations

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE: 11/23/21

SUBJECT: Federal Vaccination Requirement

The purpose of this bulletin is to communicate to Medicaid and Family Access to Medical Insurance Security (FAMIS) providers that the Centers for Medicare and Medicaid Services (CMS) has issued regulations requiring eligible staff at health care facilities that participate in the Medicare and Medicaid programs to receive the COVID-19 vaccination.

The requirements apply to the following health care facilities:

- Ambulatory Surgical Centers
- Hospices
- Programs of All-Inclusive Care for the Elderly (PACE)
- Hospitals, including freestanding psychiatric hospitals
- Long Term Care Facilities
- Psychiatric Residential Treatment Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-DD)
- Home Health Agencies
- End-Stage Renal Disease Facilities
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- Clinics (rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services)
- Community Mental Health Centers (BRAVO partial hospitalization)
- Home Infusion Therapy suppliers
- Rural Health Clinics/Federally Qualified Health Centers

The vaccine requirements are divided into two phases. Phase 1 requires that, by December 5, 2021, each provider/supplier subject to the new rules develop and implement policies and procedures containing the elements described in the rules and ensure that all staff have either: (i) received at least the first dose of a two-dose COVID-19 vaccine or the dose of a single dose COVID-19 vaccine, or (ii) have requested a medical or religious exemption or approval of a temporary delay of vaccination for clinical reasons in accordance with CDC recommendations, prior to providing any care, treatment, or other services.

Phase 2 requires that, by January 4, 2022, all applicable staff are fully vaccinated for COVID-19, unless granted an exemption or a temporary delay of vaccination. To meet the requirements of Phase 2, it is sufficient that staff have received the final dose by January 4, 2022, even though an individual is not considered fully vaccinated until 14 days after the final dose. CMS has indicated that the requirements preempt inconsistent state and local laws, such as those that purport to prohibit vaccine mandates or offer broader exemptions than are allowed under the new rules.

For details on the vaccination requirements, including deadlines and required doses, please view a CMS press release [here](#), the new federal rule [here](#) and a frequently asked questions document from CMS [here](#).

PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.viriniamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p>https://www.dmas.virginia.gov/appeals/</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>

Medicaid Bulletin: Federal Vaccination Requirement

DATE: 11/23/2021

Page 3

<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or Call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Molina Complete Care</p>	<p>1-800-424-4524 (CCC+) 1-800-424-4518 (M4)</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 www.optimahealth.com/medicaid</p>
<p>United Healthcare</p>	<p>www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), www.virginiapremier.com</p>

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Memorandum

TO: Julie Franklin, Chair and Members of
Goochland Powhatan Community Services Board of Directors

FROM: Les Saltzberg, Executive Director

SUBJECT: State Crisis System Update

DATE: December 1, 2021

Les Saltzberg will provide an update of the changes to the State Crisis system beginning on December 1, 2021.

***Informational.**

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Memorandum

TO: Julie Franklin, Chair and Members of
Goochland Powhatan Community Services Board of Directors

FROM: Les Saltzberg; Executive Director

SUBJECT: Culture/Engagement Survey Process Update

DATE: December 1, 2021

Les Saltzberg will provide an update of the Culture/Engagement Survey process that will begin January 2022..

***Informational.**

Building High-Performance Organizations

LIKERT'S FOUR LEADERSHIP PHILOSOPHIES*

SYSTEM 1 (Exploitative Autocratic)	SYSTEM 2 (Benevolent Autocratic)	SYSTEM 3 (Consultative)	SYSTEM 4 (Participative)
<ul style="list-style-type: none"> • People are seen as basically lazy, selfish, dishonest, and inept; they will not work unless constantly threatened and closely supervised; workers are exploited and have little recourse. • People are motivated by the fear of the loss of job, pay, or dignity; they will be terminated or punished if they do not comply with management's directions; "it's my way (the bosses) or the highway." • Knowledge, ability, and creativity are seen as concentrated in management; workers are seen as largely incompetent; as a result, there is no need for management to consult, because labor has nothing useful to say. • To best control labor, work is divided into small ("dumber and dumber") pieces; there is a supervisor for every 6-8 workers, a manager for each 6-8 supervisors to tightly control, direct, and punish; results in a steep, high hierarchy. • This is a "master-slave" style; it is clear that the worker is not important to the organization; "if you don't like this deal, there's a bus leaving every 5 minutes;" its only positive aspect is that it is honest about not caring about the worker; fear and mistrust characterize relationships. 	<ul style="list-style-type: none"> • Not much shift from S1; people are still seen as self-centered and in need of close supervision; because management wants to prevent costly turnover, however, policies are more benevolent. • In addition to fear/punishment, status is added as a motivator; if workers are mindlessly loyal and compliant, they are rewarded with the illusion of advancement; S2 organizations usually have many status layers with each layer having many pay "steps." • Knowledge, ability, and creativity are still seen as concentrated in management; some confidence is shown in the technical ability of workers, but organizational decisions are still made without consultation. • Work is still broken into pieces with management responsible for the integration of work; "critical parent-child" relationship between management and labor (and between each layer in the steep hierarchy). • This style, while more benevolent, is manipulative; "masters" treat the "servants" better because "good help is hard to get," but there is still no say for the servants on "management" issues; mistrust often characterizes the relationships. 	<ul style="list-style-type: none"> • A major shift from S1/S2; people are seen as wanting--even needing--to do a good job; if they know what needs doing and have the skills, they will do a good job without very much external control or direction. • Once the basic "hygiene" factors (pay, benefits, working conditions, safety, etc.) are taken care of in a "fair" way, then motivation is seen as coming from within the work; it must provide challenge, growth, recognition, and a sense of contribution. • Knowledge, ability, and creativity are seen as widely distributed; management does not know all the answers (or even all the questions); it needs help if the best decisions for the customer and the organization are to be found; consultation is the norm; less hierarchy is needed. • Work is seen as complex processes involving networks or employees working together to reach goals; management's responsibility is to create a culture (values, strategies, structures, and systems) that allow for maximum consultation. • This style is "adult-adult" in relationship; management is still accountable, but it recognizes that it must consult widely if good decisions are to be made. 	<ul style="list-style-type: none"> • Very similar to S3; people are seen as wanting--even needing--to do a good job; if they know what needs doing and have the skills, they will do a good job without very much external control or direction. • Once the basic "hygiene" factors (pay, benefits, working conditions, safety, etc.) are taken care of in a "fair" way, then motivation is seen as coming from within the work; it must provide challenge, growth, recognition, and a sense of contribution. • People are seen as being so capable that many responsibilities seen in the past as being solely the work of managers can be transferred to self-directed work teams who perform these leadership/management functions as a natural part of getting the technical/task work done. • Work is seen as complex processes involving collectives of employees working together to reach goals; teams are responsible for task/technical, managerial, and leadership functions. • This style is "adult-adult" in relationship; management (and team leaders with delegated responsibility) is still accountable, but recognizes it must play a stewardship role in creating empowered work teams.

* Adapted from Rensis Likert, *The Human Organization*, (New York: McGraw-Hill, 1967)

Building High-Performance Organizations LIKERT'S ORGANIZATIONAL "SYSTEMS"*

III-9

	SYSTEM 1 (Exploitative Autocratic)	SYSTEM 2 (Benevolent Autocratic)	SYSTEM 3 (Consultative)	SYSTEM 4 (Participative)	SYSTEM "Zero"*** (Laissez Faire)
EMPLOYEE MOTIVATION	Security Money	Status	Growth Recognition	Identity Achievement Influence	Higher Level (comes from outside org.)
TEAMWORK	None	Little	Some	Much	Mixed (but mostly within tech. areas)
COMMUNI- CATION	Down Only	Mostly Down	Up and Down	Up, Down, and Sideways	Mixed (but mostly on technical issues)
DECISION MAKING	Boss Alone	Boss Mostly, Some Technical at 1st Level	Boss Focused: Asks, Decides, Explains	Team Based	Mixed (often avoided)
GOALS SET	Top Down	Top Down	At Top, with Consultation	Group Participation	Mixed (sometimes not set at all)
EMPLOYEE ATTITUDES	Hostile	Mixed (toward negative)	Mixed (toward positive)	Favorable	Mixed (positive toward job but not org.)
OUTPUT	Mediocre	Fair to Good	Good to Excellent	Excellent	Mixed (poor to good)

* Adapted from Rensis Likert, *The Human Organization*, (New York: McGraw-Hill, 1967)
 ** Adapted from Marvin Weisbord, "Why Organizational Development Hasn't Worked (So Far)
 in Medical Centers" *Health Care Management Review* (Spring, 1976).

PROFILE OF ORGANIZATIONAL CHARACTERISTICS

Organization or Unit to be Assessed:

		System 1	System 2	System 3	System 4	Item No.
Leadership	1. How much confidence and trust is shown in subordinates?	Virtually none	Some	Substantial amount	A great deal	1
	2. How free do they feel to talk to superiors about their job?	Not Very Free	Somewhat free	Quite Free	Very free	2
	3. How often are subordinates' ideas sought and used constructively?	Seldom	Sometimes	Often	Very frequently	3
Motivation	4. Is predominant use made of 1 fear, 2 threats, 3 punishment, 4 rewards, 5 involvement?	1, 2, 3, occasionally 4	4, some 3	4, some 3 and 5	5, 4, based on group	4
	5. Where is responsibility felt for achieving organization's goals?	Mostly at the top	Top and middle	Fairly general	At all levels	5
Team Work	6. How much cooperative teamwork exists?	Very little	Relatively little	Moderate Amount	Great deal	6
	7. What is the usual direction of information flow?	Downward	Mostly downward	Down and up	Down, up, and sideways	7
Communication	8. How is downward communication accepted?	With suspicion	Possibly with suspicion	With caution	With a receptive mind	8
	9. How accurate is upward communication?	Usually inaccurate	Often inaccurate	Often accurate	Almost always accurate	9
	10. How well do superiors know problems faced by subordinates?	Not very well	Somewhat	Rather well	Very well	10
Decision Making	11. At what level are decisions made?	Mostly at the top	Policy at top, some delegation	Broad policy at top, more delegation	Throughout but well integrated	11
	12. Are subordinates involved in decisions related to their work?	Almost never	Occasionally consulted	Generally consulted	Fully involved	12
	13. What does the decision-making process contribute to motivation?	Not very much	Relatively little	Some contribution	Substantial contribution	13
Goals	14. How are organizational goals established?	Orders issued	Orders, some comments invited	After discussion, by orders	By group action (except in crises)	14
	15. How much covert resistance to goals is present?	Strong resistance	Moderate resistance	Some resistance at times	Little or none	15
Control	16. How concentrated are review and control functions?	Very highly at top	Quite highly at top	Moderate delegation to lower levels	Widely shared	16
	17. Is there an informal organization resisting the formal one?	Yes	Usually	Sometimes	No—same goals As formal	17
	18. What are the cost, productivity, and other control data used for?	Policing, punishment	Reward and punishment	Reward, some self-guidance	Self-guidance, problem solving	18

SOURCE: Adapted from Appendix 11 in *The Human Organization: Its Management and Values* by Rensis Likert. Copyright 1967 by McGraw-Hill, Inc.

Saltzberg, Lester

From: Saltzberg, Lester
Sent: Thursday, October 21, 2021 3:51 PM
To: Saltzberg, Lester
Subject: Survey

When I asked a friend how they'd define employee engagement they said, "It's allowing employees to feel a part of the system. Giving them autonomy." I polled another friend and she said, "It's employee happiness. Do people feel good about showing up to work?"

If you were asked to define employee engagement, what would you say?

At Culture Amp, here's how we would define employee engagement:

Employee engagement represents the levels of enthusiasm and connection employees have with their organization. It's a measure of how motivated people are to put in extra effort for their organization, and a sign of how committed they are to staying there. Importantly, employee engagement is an outcome that depends on the actions of an organization, particularly the actions driven by leadership, managers, and people teams.

However, it's not enough to just define employee engagement. What matters most is truly **understanding** employee engagement. That's why so many of today's top HR and People leaders make employee engagement a top priority.

In this article, you'll learn:

- Why it's important to measure employee engagement (and how to get started)
- The 20 best employee engagement survey questions to ask to measure and understand engagement
- Why the question scale of an employee engagement survey matters

The 20 best employee engagement survey questions

We launched Culture Amp five years ago to help make the world a better place to work. Our team of organizational psychologists, data scientists and engineers keep our platform up-to-date with findings from academia, as well as feedback and learnings from our clients. Our employee engagement questions have been used in surveys by 4000+ Culture First companies. Every year, we pull this data together for our benchmark research, providing industry analysis on employee engagement trends.

Our employee engagement survey questions have been validated through external metrics including Glassdoor ratings and Mattermark Growth scores. We also use external research on an ongoing basis to identify questions that may be redundant (which are removed) or add questions that address areas of emerging interest.

Here, we share 20 employee engagement survey questions that we believe you should use and why each question is important.

For each of the twenty questions that follow, we'll also provide typical benchmark scores. We used our 'All Industry' data to provide the most general interpretation of each question. However, as our Chief Scientist Jason McPherson explains, "Our data is biased towards New Tech companies, who would typically have higher engagement levels. Indeed that means our benchmarks are somewhat biased in that direction. Culture Amp customers, in general, tend to be more engaged on average." With that in mind, we've provided a general explanation of what the benchmark scores indicate, as well as simplified interpretations of higher or lower scores.

Engagement index questions

These first five survey questions represent what we call our "engagement index." We believe that understanding employee engagement takes more than one question. Our index combines questions that focus on key outcomes of employee engagement.

1. "I am proud to work for [Company]"

This question, unsurprisingly, focuses on an employee's pride in the place that they work. It's colloquially called the "barbecue test" - as in, would an employee be proud to tell someone where they worked if asked at a barbecue? Scores on this question reflect levels of brand and mission affiliation and can give you insight into how your external brand is viewed by people internally. The benchmark for this question is **80-90%** agreement, which is quite high. However, scores for this question should be high, and a low score (below 70%) is a red flag that there may be some internal concerns about your brand.

2. "I would recommend [Company] as a great place to work"

This is our version of the Employee Net Promoter Score question, which we believe is important to include in our engagement index. The eNPS was launched in 2003, and some companies use it as their sole indicator of employee engagement. However, we believe it's not robust enough of a measure on its own. For instance, people might recommend your company but be planning to leave. Likewise, they might be unsatisfied with their role but would still recommend your company because of high pay or desirable perks.

Our benchmark for this question is again around **80-90%**, which indicates that people generally enjoy the experience of working at their company. Scores below 60% indicate that there may be day-to-day discontent concerning people's roles or overall issues with the workplace environment.

3. "I rarely think about looking for a job at another company"

This question gets at an employee's present commitment to your company. It's sometimes a nice reality check for companies that have high scores on the other engagement index questions. People who are truly engaged at work often find that looking for a job somewhere else hasn't crossed their minds. On the other hand, those who are less engaged will find this an easy question to answer. Due to the nature of this question, it has a moderate benchmark range of **55-60%**. 70% or above on this question would be considered a very high score. Scores below 40% are a strong indicator of churn. For this question in particular, we recommend looking for variation across demographics.

4. "I see myself still working at [company] in two years' time"

This question analyzes commitment in the same way that question 3 ("I rarely think about looking for a job at another company") does, but with a specific time frame. An employee that isn't currently looking for a job at another company isn't necessarily an employee that intends to stay for another

two years. Coupled together, questions 3 and 4 give a picture of present and future commitment, which we use to calculate an overall retention index.

Benchmark responses for this question are in the **60-65%** range. If your score is higher on this question than the one above, you can somewhat discount concerns about retention. However, these two questions tend to move together and are usually a fair measure of retention.

5. “[Company] motivates me to go beyond what I would in a similar role elsewhere”

This question measures discretionary effort and is intended to assess whether your company is motivating people to do their very best. In industries where tenure is traditionally low, this question is even more important. For example, this would be a key question for a seasonal workforce in which low scores for “I see myself still working at ACME in two years’ time” would not raise any concerns. This is generally a tough question to score highly on, and benchmark responses are typically in the **70-75%** range. Scores below 55% can be an indicator that people feel disconnected from the company mission or don’t feel enabled to get things done.

LEAD questions

After our engagement index, we ask questions about the four main factors that drive employee engagement: Leadership, Enablement, Alignment and Development (LEAD).

The progression of questions in each of these sections can be thought of as paralleling Maslow's hierarchy of needs. For example, in enablement, we look at things on the individual role level, broader career level, and overall company level. Basic hygiene needs (those on the individual level) generally need to be met before people can reach a higher level of engagement.

Leadership

6. "The leaders at [company] keep people informed about what is happening"

Communication is critical for establishing any level of engagement within a company. Informing people about what is happening builds a foundation for communication from leadership at the most basic level.

As organizations continue becoming less hierarchical, scores for this question should go up. As it stands, our benchmark for this question is in the range of **65%-75%**. If your company's level of agreement falls below this range, look at how your internal communication takes place and where there are opportunities for improvement.

7. "My manager is a great role model for employees"

Rather than asking specifically about the relationship between a manager and their direct report, this question examines how people see their manager within the broader context of the company.

The benchmark for this question is in the **70%-80%** range, with low scores indicating that additional training for managers may be necessary. Maintaining a high score will require identifying what is currently being done well, as well as strategies for sustaining and scaling up these activities over time.

8. "The leaders at [Company] have communicated a vision that motivates me"

In order for this higher-level statement to be true, people need to first feel informed about what is happening at the company (as reflected in question six). Only then will they feel motivated by, or connected to something "bigger" than their day-to-day work. Driving motivation is crucial for increasing employee engagement.

Benchmarks for this question are in the **65%-75%** range. As discussed above, scores are often impacted by how informed people feel. If scores for both informing (question 6) and motivation (this question) are low, focus first on improving communication with your employees. From there, you can work on improving motivation.

Enablement

9. "I have access to the things I need to do my job well"

This question is pretty self-explanatory: Do people have the day-to-day things they need to do their work and develop? This is an important hygiene factor, meaning that without this, you can't move forward. It's good to note that we've intentionally used the word "things" here, rather than a word like "resources" or "tools." In the modern workplace, people aren't necessarily looking for more or better resources and tools.

Benchmark scores for this question are in the **75%-85%** range. Scores falling below this range indicate that you should look into what things people are lacking when it comes to doing their job. This is where looking at free-text responses associated with the question can be beneficial.

10. "I have access to the learning and development I need to do my job well"

This question goes deeper and is more specific than the previous question. Put simply: Are learning and development opportunities (like training and information, coaching, intellectual and emotional support) available to people? How people respond to this question is important as learning and development is a consistent driver of employee engagement across industries.

Low scores here indicate a lack of learning and development opportunities. Benchmarks for this question are in the **65%-75%** range.

11. “Most of the systems and processes here support us getting our work done effectively”

We’re intentionally avoiding using absolutes in this question, opting for “most” instead of “all.” At the end of the day, even the greatest company will struggle to achieve a state in which *all* systems and processes are working perfectly. This question asks: On top of the things people need to get work done (question 9) and the learning and development opportunities needed for people to succeed (question 10), does a company-wide infrastructure exist that can enable all of this to happen?

Because of the relative difficulty of achieving effective systems and processes, the benchmark for this question is relatively low, sitting at around **55%-65%**. Falling below this benchmark is a clear indication that you should reevaluate your company’s systems and processes, and potentially invest in new infrastructure support.

Alignment

12. “I know what I need to do to be successful in my role”

People need to know what they must do to be personally successful. This basic level of understanding needs to be put in place before people can further develop their alignment with the company.

Benchmarks for this question are generally on the higher end, in the range of **80%-90%**. Lower scores can signal misalignment or misunderstanding on the individual level as to which actions people can take to be successful. Note that this question is one that can vary based on a person’s team or tenure with your company.

13. “I receive appropriate recognition when I do good work”

Once a person knows what they need to do to be successful, they should be appropriately recognized for their achievements. If people don’t get any recognition for making progress, it’s hard for them to stay motivated.

Like in the alignment section, scores for this question can be influenced by how people feel about the previous question. Recognition is also a harder target for companies to reach, which is reflected in the benchmark falling around **65%-75%**. Scores below this level indicate that employees are not feeling recognized for their work. Low scores may also indicate that employees are unsure how success is defined in their role (question 12).

14. “Day-to-day decisions here demonstrate that quality and improvement are top priorities”

This is the top of the hierarchy of needs when it comes to alignment. When we initially wrote this question, we visualized engineering teams. “Engineers typically have values around doing work that they’re really proud of, and the company needs to be aligned with that and demonstrate a commitment to that kind of work,” explains our Chief Scientist, Jason McPherson. Over time, we’ve found this philosophy to ring true across departments and roles.

We know that this question is among the top drivers of engagement. This is especially true for high-performing, financially successful companies. The benchmark for this question is **60%-70%**. If you’re falling below the benchmark, consider holding focus groups with your people to dig deeper into why the day-to-day decisions of the company are falling short.

Development

15. “My manager (or someone in management) has shown a genuine interest in my career aspirations”

This question examines the one-on-one level interactions that build the foundation for people feeling like they can develop at the company down the line. It’s great when managers have the technical competence and can share those skills with their team, but employee development is arguably more

important for any given employee's success. For that reason, it's important for managers to focus on development during 1-on-1 meetings.

If the score for this question is low, either the manager doesn't realize development is part of their job, or the organization hasn't communicated to the manager that developing team members is a key part of the manager's role. The benchmark for this question is in the **65%-75%** range.

When people believe good career opportunities are available to them, they're more engaged at work, regardless of whether these opportunities fall within their current scope of work or outside of it. We try and steer away from words like "upwards" or "advancement" - things that connote a higher level. The core factor is opportunities themselves, and these could be at the same level or in a different department. This language is especially important in less hierarchical organizations.

16. "I believe there are good career opportunities for me at this company"

We see the scores for this question in the **60%-70%** range in our benchmark. Falling below this range can signify that people's perceptions of career opportunities are low. It's up to your company to start ensuring that these opportunities are available and communicate this fact.

17. "This is a great company for me to make a contribution to my development"

This question was inspired by author Dan Pink's idea of mastery. It asks: Does the company make a contribution to your development in your craft or industry? This kind of development is often beyond the company itself and doesn't necessarily need to be related to the bottom line or the company's goals.

This question is frequently one of the top drivers of engagement, and the benchmark range is **70%-80%**. Since development is such a huge driver of engagement, you should prioritize taking action on low scores for this question. Find out why people aren't feeling that the company contributes to their development, make changes based on their feedback, and communicate these changes to your people.

Free text questions

18. "Are there some things we are doing great here?"

19. "Are there some things we are not doing so great here?"

20. "Is there something else you think we should have asked you in this survey?"

For all of the questions above, you're looking to solicit open-ended feedback and give people a chance to provide general comments. Responses to these questions tend to focus on tangible things (like workplace environment), but employees may also give you feedback on leadership, development, and more. If many people feel that the survey doesn't address a particular topic of interest, you can consider including new questions focused on that topic in the future.

The value of free text questions is that they provide qualitative data in addition to the quantitative data that scale-based questions give. However, you can provide an area for open-ended feedback in scale-based questions, too. This takes us to a quick note on Likert scales, and why they matter in surveys.

A quick note on Likert scales

For all of our questions (except free-text only responses), we use a 5-point Likert scale that measures agreement to a statement. You might be asking, "Why five? Why not seven? Why not eleven?!" Good question.

There is ample academic research that debates the pros and cons of various different point scales. We've found that a 5-point scale encourages survey participation (fewer choices means it's faster to complete) and gathers the right amount of detail. A more detailed scale could add more nuance to your survey results, but we've found that it's sometimes an unnecessary amount of detail. A consistent, 5-point Likert scale is simple and suits the needs of our people geeks.

For example, the survey-taker is presented with a statement: "I am proud to work for ACME" They then choose from a scale of agreement with the following options:

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

By using a consistent Likert scale throughout the employee engagement survey, people will be able to answer questions more easily. The familiarity of the scale takes away some of the stress associated with answering survey questions. We also think it's important to have levels of agreement rather than just a number-based scale, as different people will interpret a 1-5 numerical scale differently. To further reduce ambiguity, our questions are all phrased to identify the ideal state (for example again, "I am proud to work for ACME").

In addition to the Likert scale, each question has a field to collect open-text responses. We encourage this for all employee surveys, because it allows you to tap into both quantitative and qualitative feedback from employees.

If you Likert what you're learning (get it?) we're here to geek out with you.

[Get in touch](#)

Why measure employee engagement?

If you work at a small company, you might think, "Why bother?" when it comes to measuring employee engagement. After all, you can simply ask people how they're feeling when you see them. At a larger company, you might think, "Measuring employee engagement takes ages, and we'll never get the results in time to make a real impact. We have more important metrics to look at than people data." **So, why measure employee engagement at all?**

With an accurate measure of employee engagement, HR teams can take meaningful action on what matters to people at work. Many organizations want to improve employee engagement because it has positive flow-on effects on things like [performance](#), [retention](#), and [innovation](#).

Employee engagement surveys enable teams to collect employee feedback at scale, empowering them with the right data. Feedback at scale is key because it represents the collective voices of your employee base, rather than the loudest voices of a few people.

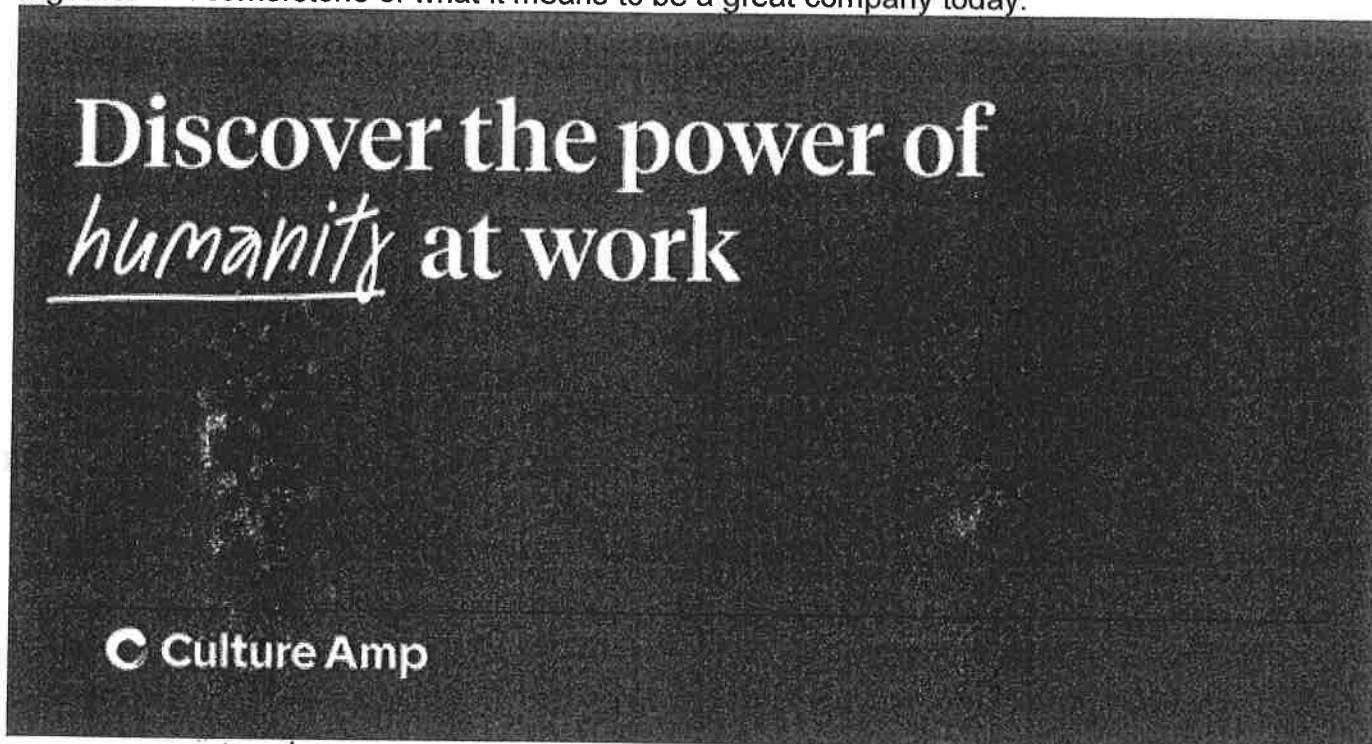
Moreover, if you don't measure employee engagement, you have no way to take informed action on improving company culture or people's experiences at work. Without a way to voice their feedback internally, many people may take to social media or public review sites like Glassdoor to voice their opinions of the company. This public feedback often happens after someone has left your company. If you're not providing a way for people to provide feedback internally, you're missing out on the opportunity to improve your employee experience and your company's performance. Employee feedback collected through engagement surveys will help you flag problem areas before they become detrimental to productivity and overall company culture. With a regular cadence of surveys, you'll not only be able to spot workplace issues before they get out of control, you'll also see what's motivating people to go above and beyond at your company, as well as why they're choosing to stay.

If you're ready to collect feedback at scale and take action through employee engagement surveys, having the right questions in your survey is an important step. In any employee engagement survey,

we encourage a balanced mix of validated questions (like the 20 we've provided here) along with unique questions relevant to the specific context of your organization. The more you survey your employees over time, the more you'll be able to see what questions provide you with the best insights for action.

Start crafting your engagement survey

Collecting employee feedback is the best way to start shaping your company's culture. [Listening to the voices of your people](#), then sharing with them what you've learned and how you'll move forward together is a cornerstone of what it means to be a great company today.



Build an employee experience that people love

Get the latest toolkits to understand your employees, build high-performing teams, and develop your people.

[Learn more](#)

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What's next

Les Saltzberg, Ph.D., LCP
Executive Director

COMMUNITY SUPPORT SERVICES December 2021 Board Report



FREE DEVELOPMENTAL SCREENINGS

Curious about your child's development?

Call us to schedule a free screening in your home (or by Zoom) to see if your child is on target for their age.

Any child from newborn through the end of their 2nd year, living in Goochland or Powhatan Counties, can receive a free screening by calling **804-657-2010** to schedule.

We can evaluate your child's:

- Communication skills
- Play skills
- Motor skills
- Learning skills
- Social-Emotional skills
- Behavior & Attention
- Feeding & Self-help skills

Find us on Facebook for more information




Parent-Infant Education Program (PIEP)

We had 10 referrals in October and 1 child was discharged. We served 33 families with active IFSPs. Pre-pandemic, we used to have events in Goochland and Powhatan counties called "Child Check", which is when our team would spend a whole day doing on-the-spot, walk in developmental screenings to anyone who shows up. It's a great undertaking but helped us let the community know we're here, as well as connected us with other community programs like the schools and libraries. These are always done in late September or early October. Since the state of things doesn't lend itself to community events like this, we're trying to get the word out in other ways. We put fliers like this on every community board we could find. The flier directs families to call us to self-refer, but also has a QR code

directing them to our Facebook page, where we have a pinned post letting everyone know that we're open, we're offering face to face services, and that for now we still have telehealth options too. If they want to learn more about us without/before getting in touch, we also have a "guide" that answers questions like what services look like and what they might cost. Most importantly, the rumor that we have a "long waitlist" is debunked, because we're not allowed to have a waitlist at all!

Submitted by Jeanine Vassar, PIEP Supervisor



A pandemic can't stop us!!! We're still smiling behind our masks :)

Let's get to know each other better

We're starting a series of posts to clear up misconceptions, set the record straight, and let everyone know we're here for you!

Have a question? Go ahead and ask! Someone else is probably wondering too.

message us on facebook, email us, or call us
vassar@goochlandva.gov
804.657.2010

The Infant & Toddler Connection of Goochland/Powhatan

Day Support Services

Monacan Services

Monacan continues to look for a PRN DSP. Consumers continue to do a great job wearing masks, keeping distance and sanitizing. We have recently done some rearranging of the center, which gave more space for the consumers to play games and do activities together. We also have some new furniture in the group room for storage which has made the space more versatile.

Halloween activities were in full swing in October, we had a wonderful day of Halloween Bingo, costumes and party snacks. Virginia house invited the consumers over for a morning of pumpkin decorating and crafts. The consumers had a great time interacting and seeing many of the folks that they had not seen in over a year. Consumers are excited for the upcoming Thanksgiving and Christmas activities at Monacan.



Submitted by Maitlin Ware, Monacan Services Day Support Supervisor

Psychosocial Rehabilitation Services

Virginia House



We've just held one of our consumers' favorite events, the annual Thanksgiving lunch. This year we opened the doors to our directors and board members. Consumers and staff decorated for the event with homemade stars and turkeys. We asked participants to write down at least one person/place/thing they are grateful for, and we added these responses to our decor. Participants also got cookies to take home, with a brief note of gratitude for all of their hard work. We are thankful to see another Thanksgiving and thankful we were able to spend the time in person.

We are gearing up for the holiday season and plan to decorate for that starting next week. We are also excited that our furniture will be getting an upgrade in the coming weeks, and look forward to having a more inviting and comfortable space for our folks.

Census has remained at 14. All but two of our consumers have returned face to face, and we are still adhering as best we can to spacing and masks.

Submitted by Jess Childress,
Psychosocial Rehabilitation Supervisor



Developmental Services Case Management (ID/DD)

The Developmental Services Case Management program currently serves 86 consumers with waivers and 5 consumers without a DD waiver. Case Managers facilitate meetings to develop Individual Support Plans (ISP) and assisted individuals with gaining access to needed supports identified in the ISP. Case Managers completed assessments, conducted face to face visits to monitor supports, and made additional referrals for services as needed.

The Developmental Services (DS) Case Management program provides services to support children and adults with Developmental Disabilities (DD). There are three DS case managers within the unit, who utilizes a team approach to coordinate services within the agency, with community partners and families to meet the specific needs of all individuals. DS Case Management includes assessing needs, linking individuals to resources, providing outreach, and acting as an advocate.

Individuals in both communities are assessed for the Developmental Disabilities Waiver Waitlist using priority criteria based on the needs of the individual. Currently, GPCS has 62 individuals on the Waiver Waitlist:

County	Number of individuals on Waiver Waitlist
Powhatan County	40
Goochland County	20
Other (waiting transfer to GPCS)	2

Below shows numbers per priority status:

Priority Status	Number of individuals
Priority 1	10
Priority 2	23
Priority 3	29

Case managers provide case management services to individuals monthly. Our individuals are being seen face to face every 90 days and some as frequent as every 30 days.

We participated in one virtual training this month, Assessing Decision-Making Capacity. We also attended the provider roundtable discussion facilitated by DBHDS.

Submitted by LaTasha Brown, Developmental Services Case Management Supervisor

In Home Support Services

In Home Support Services (IHSS) continues to provide services to individuals in Goochland, Powhatan, and Hanover counties. Direct Support Professionals (DSPs) supported individuals in their homes and community utilizing a person-centered approach. Consumers participated in various community activities throughout October. Many of them visited local events in the parks, dining in restaurants, exercising in the malls and recreational centers. Several consumers chose to visit Kings Dominion for the Halloween Haunt event. Consumers were also assisted with spending leisure time at home. DSPs supported consumers with completing household chores,

hygiene, and following safety precautions. DSPs continue to support the individuals with social distancing and encouraging mask wearing.

IHSS Supervisor completed monthly visits and observations. IHSS Support Coordinator facilitated regular contact with consumers and their families via visits in the home and community, phone calls, and video conferences. Service coordination and planning meetings are also taking place using various platforms. IHSS received one referral in October.

The recruitment process continues for part-time Direct Support Professionals (DSPs) for Hanover, Goochland, and Powhatan counties. IHSS has received two applications from the recruitment process. The GPCS employment application and DSP job description is posted on our website www.gpcsb.org. Currently, we have two individuals in Hanover and one in Goochland in need of direct support staff.

Hanover		Goochland and Powhatan	
Consumers	11	Consumers	1
DSPs	13	DSPs	1

Submitted by Veneda Scott, In Home Support Services Supervisor

COMPLIANCE UNIT – Allison Meyer

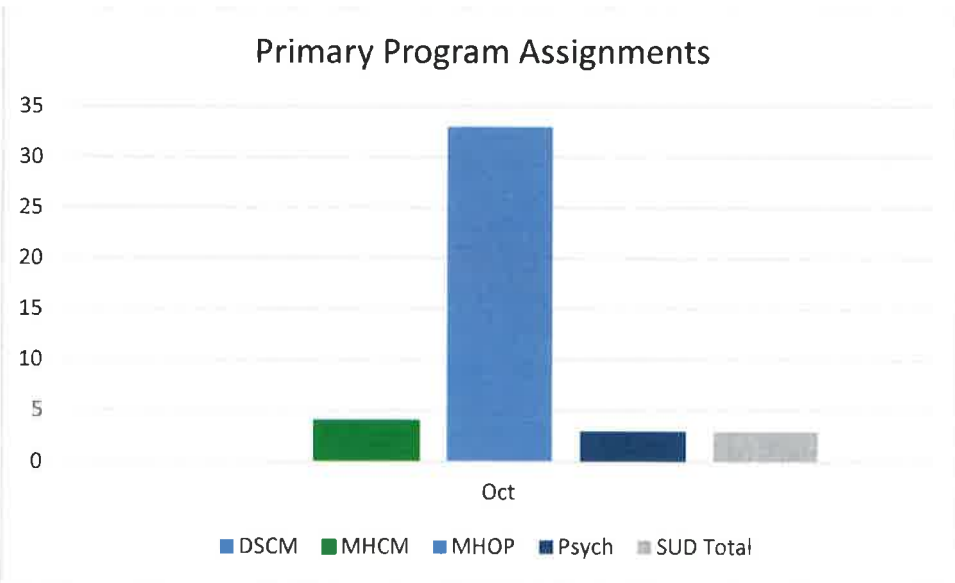
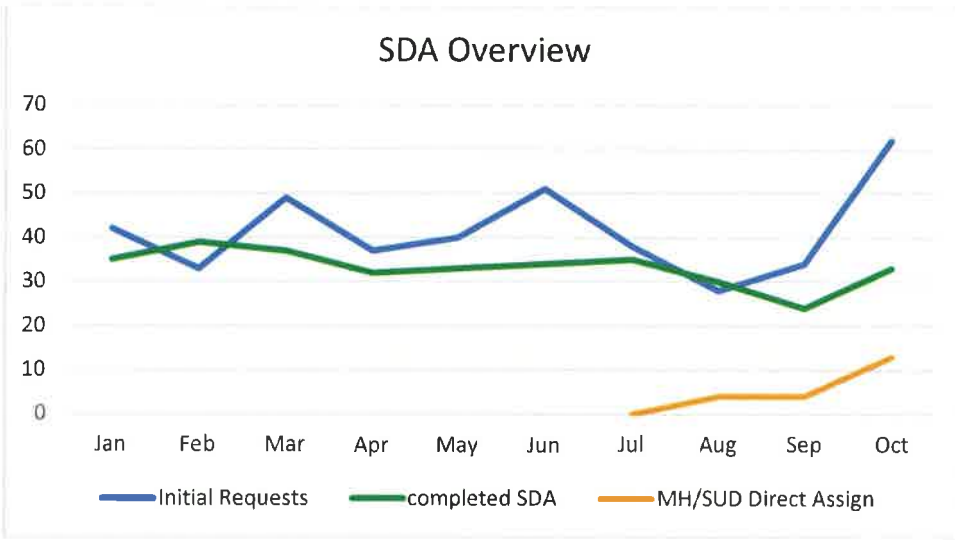
For this December Board Note, I'd like to recap some highlights for the Compliance Unit in 2021.

- ★ We added a Compliance Director to the Unit in January and redistributed duties among staff for better efficiency and effectiveness. I spent January transitioning between jobs and training for the Risk Manager role. We began having Unit Meetings weekly to get the lay of the land. End of 4th quarter and end of calendar year reports were compiled. Blessedly DBHDS rethought and lessened the Serious Incident COVID reporting.
- ★ In February, a privacy breach and therefore, a human rights complaint resulted in updates to the flow charts for Abuse, Neglect, and Complaints as well as GPCS Breaches for clarity and ease of use.
- ★ In March, we responded to the HSAG Audit Round 2. Compliance sent many of the reports, plans, and policies that summarized 2020 and were updated for 2021. I completed and attested to the training requirements for Risk Manager. Simpler instructions for how to file a human rights complaint were posted to the website and in our lobbies and program locations.
- ★ Compliance took over fulfilling records requests in April, so staff could gain back that time toward service delivery. From April through November, Compliance has reviewed 103 requests and completed 86 of them in 106 labor hours. A workflow, sample request letter for consumers, and an invalid authorization response letter were created for this process. The responsibility for conducting monthly fire drills shifted from the Front Desk to Compliance in April, and the Emergency Preparedness Drill Form was updated. Floor plans were updated for all locations. Compliance began tracking training for new hires and annual training day.
- ★ Compliance took the lead on license renewals and modifications as of May, when we had to submit service modifications for our MHOP and SUD licenses due to ASAM realignment. I presented on SIRs to the Clinical Services Supervisors.
- ★ Military Cultural Competence and Suicide Prevention training lists were updated in June.
- ★ In July, I presented to Clinical Services Supervisors on the changes in CCS as of July 1st. I developed a table that consolidated the COVID flexibilities from DMAS and their expiration dates. We began looking at ways that QA could pull, analyze, and communicate data better to programs. We disseminated a revised Safety and Risk Management Policy. We commented on the Licensing draft regulations.
- ★ I presented to the Clinical Services Supervisors about MCO Training requirements in August.
- ★ Les joined our Compliance Unit meeting in September to talk about quality and how to support programs. We've been analyzing Performance Dashboard data for SUD initiation, engagement, and retention and comparing it to Credible data on a monthly basis. It's been helpful to see where tweaks to increase outreach and scheduling could improve services and performance.
- ★ Shred Day was October 8th. Compliance purged paper charts for shredding, and we shredded 30 boxes of paper. Compliance tracks completion of Human Rights Notifications and began emailing out results of this quarterly review to supervisors and staff for more direct communication than referencing a report.
- ★ Annual Training Day(s) were completed in November. I discussed 42CFR Part 2 issues with Leadership Team and a workflow for separating Part 2 SUD programs. We successfully passed an MHOP Licensing audit to get a 2nd conditional license for that service. This was one of the licenses that was affected by alignment with ASAM, when previously it was part of our triennial license. DBHDS launched a new CONNECT platform for communication with them, so training and gaining access has begun.
- ★ In December we're going to do a Consumer Satisfaction Survey. Compliance will be busy with end of quarter/end of year data gathering, analysis, reporting, and revising policies.
- ★ Things to look forward to in 2022:
 - A review and revision of our Privacy Notice, Consent for Services, and Human Rights pamphlet and notification
 - A review and revision of chart review policy, procedures, and forms
 - Credible BI training for me
 - Bimonthly Critical Incident Meetings
 - Continuing to grow the quality focus for our Unit

ACCESS – Lise Fitzgerald

SDA: During October, our ES Clinicians continue to provide 2 assessment slots daily as staffing allows. OP staff cover 1 additional space weekly. MHCM staff provide another 1 appointment weekly. There is 1 substance use evaluation appointment weekly. This month, we had our highest number of service requests to date. This included multiple families seeking services for 3 or more children. We also saw increased number of returning consumers who were able to be directly assigned to an ongoing program. SDA continues to coordinate with other programs regarding direct assignment and program admission criteria.

Please see the charts below for SDA volume this year and the assessment outcomes for October.



Eligibility Services: In addition to assisting with SDA and eligibility services, our Engagement Specialist has been assisting the SUD clinician with coordination and outreach to consumers as the SUD program is changing.

Emergency Services: We are very excited to announce that Monika Szczotka joined us as an ES Clinician October 18th. She comes as a certified prescreener with SDA experience.

Central State hospital continues to operate at reduced capacity. Individuals TDOed to state facilities are still placed on a central waitlist while in Emergency Rooms, which results in delayed admissions. During October, GPCS Emergency Services assisted at total of 36 consumers. GPCS was responsible for 10 prescreenings, 8 of which were completed by RBHA under MOA. One additional prescreening was completed by other CSBs on individuals in Goochland or Powhatan Counties. The total outcomes can be seen below.

