

**U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER**

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND
OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restriction's on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grantor cooperative agreement over \$100,000 as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS
(DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and Implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE
(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the drug-Free Workplace Act of 1988, and implemented at 28 CFR Parts 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620---

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about---

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

MRCs Fernwood Counseling Center
6999 Carrollton Pike, Suite 1
Galax, VA 24333

Check if there are workplaces on file that are not identified here.

Section 67.630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check if the State has elected to complete OJP form 4061/7.

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620---

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

Mount Rogers Community Services, 770 West Ridge Road, Wytheville, VA 24382

2. Application Number and/or Project Name

3. Grantee IRS/Vendor number

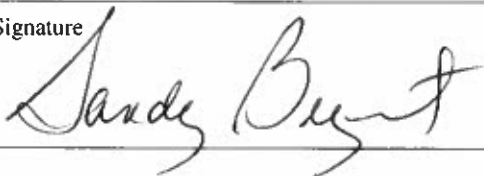
Twin County COAP Application

54-1395005

4. Typed Name and Title of Authorized Representative

Sandy Bryant, Executive Director

5. Signature



6. Date

8-15-19



Virginia Department of Criminal Justice Services

**CERTIFICATION OF COMPLIANCE WITH REGULATIONS
OFFICE FOR CIVIL RIGHTS, DEPARTMENT OF JUSTICE**

INSTRUCTIONS: Please read this form completely, identify the person responsible for reporting civil rights findings, certify that the required Civil Rights training has been completed by the Project Director, and check only *one* certification under "II" that applies to your agency. Your Project Administrator must sign at the bottom of page 2, forward a copy to the person identified as being responsible for reporting civil rights findings, and return the original to grantsmgmt@dcjs.virginia.gov within 45 days of the grant award beginning date.

GRANTEE NAME & ADDRESS:

Name: Mount Rogers Community ServicesStreet: 770 West Ridge RoadCity/State/Zip Code: Wytheville, VA 24382

AWARD (\$): _____

GRANT NUMBER: _____

PROJECT TITLE:

Twin County COAP ProjectPROJECT DURATION: CY 2020FROM: Jan. 1, 2020TO: Dec. 31, 2020PROJECT DIRECTOR: Michael CoblerPHONE: 276-238-5613

PERSON RESPONSIBLE FOR REPORTING CIVIL RIGHTS FINDINGS OF DISCRIMINATION:

Name: Bob GordonStreet: 770 West Ridge RoadCity/State/Zip Code: Wytheville, VA 24382Email: bob.gordon@mrcsb.state.va.us

I acknowledge that I viewed the training on Civil Rights available on the DCJS website (Victims Services page) or at <https://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm>. I accept responsibility for ensuring that project staff understands their responsibilities as outlined in the presentations. I understand that if I have any questions about the material presented and my responsibilities as a grantee that I will contact my grant monitor.

Michael A. Cobler, MED, CPS, CSATP
PROJECT DIRECTOR SIGNATURE

8/14/19
DATE

SIGNATURE AUTHORITY'S CERTIFICATION: As the Project Administrator for the above Grantee, I certify, by my signature on page two (2), that I have read and am fully cognizant of our duties and responsibilities under this Certification.

- I. REQUIREMENTS OF GRANT RECIPIENTS: All grant recipients (regardless of the type of entity or the amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.
- I certify that this agency will maintain data (and submit when required) to ensure that: our services are delivered in an equitable manner to all segments of the service population; our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et seq.*; our projects and activities provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also*, 2000 Executive Order #13166).
 - I also certify that the person in this agency or unit of government who is responsible for reporting civil rights findings of discrimination will submit these findings, if any, to the DCJS within 45 days of the finding, and/or if the finding occurred prior to the grant award beginning date, within 45 days of the grant award beginning date.

CERTIFICATION OF COMPLIANCE WITH REGULATIONS
OFFICE FOR CIVIL RIGHTS, DEPARTMENT OF JUSTICE *(Continued)*

II. EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEO) CERTIFICATIONS: Check the box before **ONLY ONE APPROPRIATE CERTIFICATION** (A, B, or C below) that applies to this grantee agency during the period of the grant duration noted on page one (1).

CERTIFICATION "A" [Applicable, if (1), (2) or (3) apply.] This is the Certification that most non-profits and small agencies will use. Check all that apply to your entity.

This funded entity:

- (1) is an educational, medical or non-profit organization or an Indian Tribe;
- (2) has less than 50 employees;
- (3) was awarded through this single grant award from the Virginia Department of Criminal Justice Services less than \$25,000 in federal U.S. Department of Justice funds.

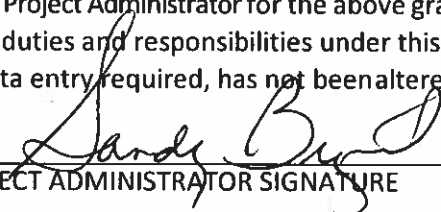
Therefore, I hereby certify that this funded entity is not required to maintain an EEO, pursuant to 28 CFR §42.302, but is required to submit a Certification (<https://ojp.gov/about/ocr/eeop.htm>).

CERTIFICATION "B" (Applicable to all entities that do not qualify for Certification "A" above)

This funded entity, as a for-profit entity or a state or local government having 50 or more employees (counting both full- and part-time employees but excluding political appointees) and is receiving, through this single grant award from the Virginia Department of Criminal Justice Services, more than \$25,000, in federal U.S. Department of Justice funds.

Therefore, I hereby certify that the funded entity will prepare and submit an EEO and Certification at <https://ojp.gov/about/ocr/eeop.htm>, within 60 days of the award. The EEO shall be submitted in accordance with 28 CFR §42, subpart E, to Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice that will include a section specifically analyzing the grantee (implementing) agency. (If you have already submitted an EEO applicable to this time period, send a copy of the letter received from the Office for Civil Rights showing that your EEO is acceptable.)

As the Project Administrator for the above grantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification. I, hereby, also certify that the content of this form, other than the data entry required, has not been altered.


PROJECT ADMINISTRATOR SIGNATURE

8-15-19
DATE

Sandy Bryant
TYPED NAME

Executive Director
TITLE

This signed form must be returned to grantsmgmt@dcjs.virginia.gov at the Virginia Department of Criminal Justice Services, 1100 Bank Street, Richmond, VA 23219, within 45 days of the grant award beginning date. You must also forward a signed copy to the person identified in the box above.

Twin County COAP Application

Job Descriptions

Mount Rogers Community Services Board

Job Abstract

Page 1 of 3

Position Title: System Navigator

Status: Full-Time, Part-Time, Substitute/Relief, Contractual **Salary Level:** 12

Supervisor's Title: Substance Abuse Treatment Specialist **Program Area:** MHMRSAS Services

Revision: New **Revision Date:** N/A

For Administrative Use Only **Abstract #:** **Approved by:**
Date Adopted:

JOB SUMMARY:

To provide intensive supportive services to youth and young adults with mental health and/or substance abuse disorders. This position will provide liaison services within the agency as well as with community agencies and state/federal agencies in relation to special projects. Services include the completion of a needs assessment and the development and implementation of individualized service plans with individuals and families to promote wellness in the home, school, and community. Refer, monitor, coordinate, and advocate for services and needs. This position is also responsible for maintaining client records and participating in CSA teams.

ESSENTIAL FUNCTIONS: *(Maximum of Eight)*

1. To provide intensive case management and advocacy services for youth and young adults, to include caregivers as appropriate, within the Mount Rogers system, the community, and in the institutions. This includes service coordination, consultation, advocacy, and establishing linkages between resources and individuals and caregivers. These areas include, but are not restricted to: housing, school placement/education, social/recreational/community training, vocational/employment, medical/psychiatric, behavioral health and substance abuse services, nutrition, financial assistance, family support, counseling, human services agencies, legal/court services.
2. To act as liaison between Mount Rogers CSB and other institutional and community based programs in order to assure appropriate delivery of services. Liaison activities may include interaction with state and federal agencies in relation to special projects.
3. To maintain a record keeping and data collection system appropriate to the needs of individuals served in accordance with regulatory standards, including but not limited to Medicaid and licensure requirements.
4. To conduct needs assessments, home and school visits, and phone contacts in order to provide case management services. Develop ISP and implement treatment goals with individuals and caregivers.
5. To attend area Family Assessment and Services Team meetings in order to present individual for funding of services and to report on progress. Monitor approved services to assure appropriate service delivery.
6. To coordinate and advocate for funding of services with other agencies to assure least restrictive alternative, maximum benefits for individual and caregivers who are consumers of numerous programs.
7. To provide education and support to caregivers and agencies in the community who care for or serve individuals with multiple impairments, and collaborate with both informal and formal advocacy groups and organizations to establish linkages for support and empowerment.
8. To actively participate in meetings such as supervision, clinical staffings, business meetings, and committees as assigned; utilizes these meetings for active problem solving and to enhance a team approach to decision making. Keep mandatory trainings up-to-date.

OTHER DUTIES: *(If Applicable)*

- Provide transportation to clients as needed
- Maintain required trainings
- Attend required staffings
- External and Internal Committee representation

QUALIFICATIONS:

- Must meet all knowledge, skills and abilities described in VA DBHDS Licensure manual – 12VAC35-105-1250 which includes (not inclusive):
 - Knowledge of services and systems available in the community including primary health care, support services, eligibility criteria and intake processes and generic community resources;
 - Knowledge of the nature of serious mental illness, intellectual disability, substance abuse, or co-occurring disorders depending on the individuals served, including clinical and developmental issues;
 - Knowledge of treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;
 - Skills in identifying and documenting an individual’s need for resources, services, and other supports;
 - Skills in using information from assessments, evaluations, observation, and interviews to develop service plans;
 - Ability to engage in and sustain ongoing relationships with individuals in services.
 - Good oral and written communication skills.

EXPERIENCE/EDUCATION REQUIRED:

System Navigator must possess a combination of mental health and substance abuse work/internship experience and relevant education which indicates the ability to perform duties: at least a bachelor’s degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and have at least one year experience providing direct services to individuals with diagnosis of mental illness and substance abuse. OR Certification as a Board of Counseling Certified Substance Abuse Counselor (CSAC) or CSAC-Assistant under supervision In addition, the “Basics of Case Management” curriculum through VA DBHDS must be successfully completed within 30 days of employment.

PHYSICAL, SENSORY, AND ENVIRONMENTAL REQUIREMENTS:

See attachment

My signature below indicates that I have reviewed the above job abstract with my supervisor and I agree that I am able to perform the job duties expected of me, except as noted below:

Employee’s Signature _____ Date _____

**Mount Rogers Community Services Board
Summary of Physical, Sensory, and
Environmental Requirements
Needed to Perform Essential Job Duties**

Position Title: System Navigator

A. Physical Requirements

	Continuously	Frequently	Occasionally	Rare	Explanation
1. Lifting: Up to 10 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Carrying: Up to 10 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Pushing/Pulling: Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Use of Equipment: (<i>Machines, tools</i>)					

	Continuously	Frequently	Occasionally	Not At All	Explanation
5. Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Reaching Above Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Grasping:					
a. One Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Both Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Fine Manipulating					
a. One Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Both Hands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Environmental Requirements

	Continuously	Frequently	Occasionally	Not At All	Explanation
1. Exposed to Marked Changes In Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Outside Work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Exposure to Dust, Fumes, Odors, Water, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Exposure to Biological, Electrical, and/or Chemical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Normal (Inside) Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Sensory Requirements

	Necessary	Not Necessary	Explanation
1. Eyesight			
a. Normal/Corrected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Close Eye Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing			
a. Normal Tones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Soft Tones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Distinguish Smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Distinguish Temperatures			
a. Touch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Proximity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Mount Rogers Community Services Board
Job Abstract**

Page 1 of 3

Position Title: Project LINK Peer Recovery Specialist

Status: Full-Time, Part-Time, Substitute/Relief, Contractual **Salary Level:**

Supervisor's Title: Director of Comprehensive Family Programs

Program Area: MHMRSAS Services

Revision: New

Revision Date: March 2019

For Administrative Use Only

Abstract #:

Approved by:

Date Adopted:

JOB SUMMARY:

To provide outreach, skills training, and peer recovery supports to pregnant and parenting women who have or at-risk of substance abuse and/or co-occurring disorders, as well as their children, to achieve and maintain community stability and successful recovery in the most appropriate and least restrictive environment.

ESSENTIAL FUNCTIONS: *(Maximum of Eight)*

1. To manage a caseload of children and parents engaged in Project LINK who require outreach, skills training, and supports to function independently in the community and maintain recovery. Examples include providing training in social skills, coping skills, parenting, personal hygiene, and household activities, as well as linking individuals to substance use treatment, prenatal care, support groups, and other community resources.
2. To provide rapid response to urgent referrals related to Project LINK and home visiting services for families engaged in Project LINK. Significant work time may be outside of normal business hours.
3. To provide implement and document in an individualized services plan that promotes ongoing recovery goals and ongoing management of symptoms and problematic behaviors; utilizes local community resources; involves individual's significant others (with properly authorized releases), and assures coordination of services with other providers of services, i.e., case manager, outpatient counselor, psychiatrist, etc. To maintain records and data to meet regulatory standards and timeframes.
4. To assist individuals directly to locate, develop, or obtain needed services, resources, and appropriate public benefits.
5. To know and monitor individual's health status, any medical conditions, and medications and potential side effects, and assist individuals in accessing primary care and other medical services.
6. To provide transportation to and from scheduled appointments, daycare/school, grocery stores, and other agency programs. Help educate individuals and their families to become more independent in managing transportation needs.
7. To work with effectively with other agency staff to include, coordination with case managers and therapists, participation with team meetings.
8. To actively participate in meetings such as supervision, clinical staffings, business meetings and committees as assigned. To utilize these meetings for active problem solving and to enhance a team approach to treatment. To maintain required certifications and keep mandatory trainings up-to-date.

OTHER DUTIES: *(If Applicable)*

- Must be willing to work hours, which coincide with the person’s at-home and leisure time periods.

QUALIFICATIONS:

- Ability to interact with people in a supportive and therapeutic manner
- Knowledge of the nature and recovery of mental health and substance use disorders.
- Knowledge of child development, attachment, and nurturing parenting skills..
- Ability to work as part of a team
- Good oral and written communication skills.
- Knowledge of coping skills, social skills, daily living skills, financial and money management skills. Knowledge of resources.
- Must be able to work independently and with supervision available at broadly spaced intervals.

EXPERIENCE/EDUCATION REQUIRED:

1. A valid Virginia Driver’s license and a safe driving record.
2. Either a college degree or high school diploma. Preferred applicants will have passed the Peer Certification Exam and/or are currently Certified Peer Recovery Specialists. Applicants must be eligible to work towards becoming a Certified Peer Recovery Specialist.
3. Background check and fingerprinting required.

PHYSICAL, SENSORY, AND ENVIRONMENTAL REQUIREMENTS:

See attachment

My signature below indicates that I have reviewed the above job abstract with my supervisor and I agree that I am able to perform the job duties expected of me, except as noted below:

Employee’s Signature _____ Date _____

Supervisor’s Signature _____ Date _____

**Mount Rogers Community Services Board
Summary of Physical, Sensory, and
Environmental Requirements
Needed to Perform Essential Job Duties**

Position Title: Project LINK Peer Recovery Specialist

A. Physical Requirements

	Continuously	Frequently	Occasionally	Rare	Explanation
1. Lifting: Up to 50 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Carrying: Up to 50 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Pushing/Pulling: Up to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Use of Equipment: (<i>Machines, tools</i>)	Office Equipment, Cars				

	Continuously	Frequently	Occasionally	Not At All	Explanation
5. Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Reaching Above Head	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Grasping:					
a. One Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Both Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Fine Manipulating					
a. One Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Both Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

B. Environmental Requirements

	Continuously	Frequently	Occasionally	Not At All	Explanation
1. Exposed to Marked Changes In Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Outside Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Exposure to Dust, Fumes, Odors, Water, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Exposure to Biological, Electrical, and/or Chemical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Normal (Inside) Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Sensory Requirements

	Necessary	Not Necessary	Explanation
1. Eyesight			
a. Normal/Corrected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Close Eye Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hearing			
a. Normal Tones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Soft Tones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	<input type="checkbox"/>	
3. Distinguish Smells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Distinguish Temperatures			
a. Touch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Proximity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Mount Rogers Community Services Board

Job Abstract

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Position Title: Lead Clinician, Therapeutic Day Treatment

Status: Full-Time, Part-Time, Substitute/Relief, Contractual

Supervisor's Title: TDT Program Manager

Revision: New

Revision Date: n/a

Salary Level:

Program Area: MHMRSAS Services

For Administrative Use Only

Abstract #:

Approved by:

Date Adopted:

JOB SUMMARY:

The major purpose of this job is to supervise Therapeutic Day Treatment Counselors in the delivery of school-based day treatment services to all eligible youth, conduct assessments for referred youth, and manage authorizations. This position is responsible for helping the Program Manager with the hiring and training of TDT staff, scheduling bimonthly supervisory meetings with TDT staff, providing liaison services with the schools currently receiving TDT services and participating in team meetings and trainings to positively promote the TDT program and MRCSB. Responsible for the workflow in assigned schools including managing and resolving referrals, opening individuals, conducting initial assessments and annual program specific eligibility, obtaining authorizations and subsequent reauthorizations, and comprehensive closings.

ESSENTIAL FUNCTIONS: *(Maximum of Eight)*

1. To supervise the delivery of school-based day treatment services to all the eligible youth within assigned schools. To participate in the evaluation of existing services and to facilitate the development of new services. To provide clinical and program supervision to staff providing TDT services in assigned schools.
2. To provide direct services as needed to individuals served: when TDT staff are on leave or caseload at specific site is greater than staff can respond to.
3. To coordinate the monthly staff meetings at each assigned school location where TDT is currently being offered to ensure that the clients' needs are being met and manage incoming referrals, assessments and authorizations. Ensure appropriate TDT staff caseload. To ensure compliance with agency policy and procedures, state and Federal regulations and audit and data collection requirements
4. To provide liaison services to with assigned schools that are currently receiving TDT services. To work with the schools in resolving issues regarding the TDT staff and clients, and to work with youth services programs to increase the continuity of care.
5. To participate in the hire of TDT staff. To provide training, oversight and evaluation of assigned staff, who are working with students experiencing significant functional impairments in the school setting due to emotional, mental and behavioral symptoms. To conduct and/or participate in meetings including staffings and Comprehensive Services Act Teams, in order to ensure quality services. To participate as a team member on agency committees and work groups as requested
6. To ensure the maintenance and accuracy of record keeping and data collection systems appropriate to the needs of individuals served and in accordance with regulatory standards through regular record reviews and supervisory visits.
7. To provide technical assistance and training to staff and other community agencies, i.e. Department of Social Services, public schools divisions, and private providers in the areas of service provision options, funding sources etc. To coordinate services with other agencies to assure maximum benefits for individuals.

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OTHER DUTIES: *(If Applicable)*

- Assist in chart review and quality assurance, as needed.

QUALIFICATIONS:

- Knowledge of mental health and substance abuse disorders.
- Knowledge of treatment modalities and application.
- Knowledge of human growth and development.
- Knowledge of principles of management and supervision.
- Skills in written and oral communication.
- Skills in working effectively with young people.
- Skills in recording, interviewing, assessing, decision-making, and treatment planning.
- Public relations skills.
- Time management and organizational skills.

EXPERIENCE/EDUCATION REQUIRED:

Master's degree in the Human Service field required, at a minimum must be license-eligible, licensed Mental Health professional preferred, and one year of experience in school/education setting preferred.

PHYSICAL, SENSORY, AND ENVIRONMENTAL REQUIREMENTS:

See attachment

My signature below indicates that I have reviewed the above job abstract with my supervisor and I agree that I am able to perform the job duties expected of me, except as noted below:

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

**Mount Rogers Community Services Board
Summary of Physical, Sensory, and
Environmental Requirements
Needed to Perform Essential Job Duties**

Position Title: Day Treatment Counselor II

A. Physical Requirements

	Continuously	Frequently	Occasionally	Rare	Explanation
1. Lifting: Up to 100 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Carrying: Up to 100 pounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Pushing/Pulling: Up to 50 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Use of Equipment: (<i>Machines, tools</i>)					

	Continuously	Frequently	Occasionally	Not At All	Explanation
5. Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Stooping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Reaching Above Head	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Grasping:					
a. One Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Both Hands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fine Manipulating					
a. One Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Both Hands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Environmental Requirements

	Continuously	Frequently	Occasionally	Not At All	Explanation
1. Exposed to Marked Changes In Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Outside Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Exposure to Dust, Fumes, Odors, Water, Etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Exposure to Biological, Electrical, and/or Chemical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Normal (Inside) Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Sensory Requirements

	Necessary	Not Necessary	Explanation
1. Eyesight			
a. Normal/Corrected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Close Eye Work	<input type="checkbox"/>	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hearing			
a. Normal Tones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Soft Tones	<input type="checkbox"/>	<input type="checkbox"/>	
c. Other	<input type="checkbox"/>	<input type="checkbox"/>	
3. Distinguish Smells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Distinguish Temperatures			
a. Touch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Proximity	<input type="checkbox"/>	<input type="checkbox"/>	

SAM Registration

In changing our organization name from Mount Rogers CSB to Mount Rogers Community Services, our existing SAM registration information was deleted from the SAM system. The new registration process was initiated in July. We expect that SAM registration will be complete well in advance of the award of DCJS COAP funds.