



**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY**

(SERVING ALBEMARLE, CHARLOTTESVILLE, NELSON)

160 Peregory Lane

Charlottesville, Virginia 22902

Phone: (434) 977-6981 Fax: (434) 951-1339

Col. Martin Kumer, Superintendent (ext. 230)

Web: <http://www.acrj.org>

Mrs. Marce B. Anderson, Clerk (ext. 229)

**Board Business Meeting**

March 14, 2024 (11:00 a.m. – 2 p.m.)

Albemarle-Charlottesville Regional Jail, 160 Peregory Lane, Charlottesville, VA

AGENDA

(Action/Information)

**I. ACRJ Board Meeting – Call to Order**

Adopt Meeting Agenda

Action Item

**II. Consent Agenda**

For Approval:

- 1) Draft Summary Minutes February 8, 2024 ACRJA Board Bi-Monthly Business Meeting

Action Item

Informational

- 1) Administrative Reports
  - a) Personnel Report – February 2024
  - b) Out of Compliance Report -January 2024
  - c) Census Report – February 2024
  - d) Work Force / VDOT / Litter Control –February 2024
  - e) Special Management Report – February 2024
  - f) Home Electronic Incarceration – February 2024

**III. Matters from the Public – (Time Limit: 3 Minutes / 2 Minutes if more than 9 speakers – no longer than 30 minutes)**

**IV. Matters from ACRJA Attorney – Brendan Hefty**

**V. Matters from ACRJA Board Members**

**VI. Matters from Financial Consultant – (no financial report)**

**VII. Matters from the Superintendent – Colonel Martin Kumer**

- 1) 2% Compensation Board Raise
- 2) Construction / Renovation Discussion (Moseley, Davenport, Downey)
- 3) Renovation Option Selection

Action Item  
Informational Item  
Action Item

**VIII. New Business –**

**IX. Closed Session – If Needed**

Action Item

**X. Adjourn to April 11, 2024 – 12:00 pm – 2:00 pm**

Action Item

Authority Board

Kaki Dimock	(Albemarle)	Sheriff James E. Brown, III	(Charlottesville)	Robert Barton	(Nelson)
Sheriff Chan Bryant	(Albemarle)	Lisa Draine	(Citizen Rep) (Charlottesville)	Sheriff Mark Embrey	(Nelson)
David Pastors (Citizen Rep)	(Albemarle)	Brian Pinkston	(Charlottesville) – Vice Chair	Candice McGarry	(Nelson)
Diantha McKeel	(Albemarle) - Chair	Ashley Reynolds Marshall	(Charlottesville)		

Bi Monthly Board February 8, 2024

**DRAFT**

**Summary Minutes of the  
Albemarle Charlottesville Regional Jail Authority Board Meeting  
February 8, 2024**

**Jail Board Members Present:**

Ms. Diantha McKeel  
Ms. Lisa Draine  
Ms. Kaki Dimock  
Mr. Brian Pinkston  
Mr. Robert Barton  
Sheriff Chan Bryant  
Mrs. Candice McGarry  
Mr. David Pastors  
Sheriff Mark Embrey

**Jail Board Members Absent:**

Sheriff James Brown  
Mrs. Ashley Reynolds Marshall

**Others Present:**

Colonel Martin Kumer  
Mrs. Marce Anderson  
Mr. Brendan Hefty

The meeting was called to order at 12:00 pm by Chairperson Diantha McKeel.

Ms. McKeel asked for introductions from all members present.

Chairperson McKeel then asked for all remaining board members and staff present to introduce themselves.

Ms. McKeel asked for a motion to adopt the meeting agenda. Mr. Pinkston made the motion to approve the agenda. Mr. Barton seconded the motion. The motion carried.

Ms. McKeel asked for a motion to adopt the consent agenda. Mrs. McGarry made a motion to approve the consent agenda. Ms. Dimock seconded the motion. The motion carried.

**Matters from the Public:**

**Kate Fraleigh** - Hello I'm Kate Fraleigh I live in Charlottesville and I speak only for myself. I have four points to make. First, I really appreciate the opportunities at the forum to ask questions and get answers. The summary after and the information leading up to the forum was rapidly put on the ACRJ website. And, the Miles Company has done a very good job providing materials to share with the public. Second I highly recommend listening to the audio version. Even after being there, I got more information listening to the audio. It's very important for you all to understand each of the tiers in detail and hear the community's concerns before you vote. Third this relates to the idea that there is enough money for everything we want inside and outside the jail. That is not accurate. Sen. Deeds sends a weekly update during the General Assembly. He has been an advocate for expanding mental health programs. He wrote in his 4th week update, quote, "The reality, however, is that mandatory spending demands will require many of my favorite projects to take a backseat for now. That is a bitter pill to swallow" Please don't make us swallow bitter pills for next 27 years. Fourth, probably all of us ourselves or at least someone in our family have had mental health issues, alcoholism, or a substance use disorder. There have never been enough resources available in the community to prevent or to intervene when someone with these problems crosses the line to illegal behavior. Having services in our community, outside the jail, to prevent and also to intervene with treatment programs, and supports, are the highest priority in my mind. The Marcus alert is such a plan and is mandated to be implemented by 2028. We need to have enough money to implement and to continue the full design. Marcus Alert type programs all over the country have worked to prevent jail admissions.

For example:

In Dallas in 3 years there was a 60% drop in arrests  
In Alexandria Kentucky there was a drop of 15% in the incarceration rate  
In Chicago there was an 83% decrease in jail days.

Most of you work for the communities paying for this project. I hope you will pay attention to the three tiers and consider what your own priorities will be up against. I hope none of us have to swallow a bitter pill.

**Matters from Brendan Hefty, ACRJA Attorney:**

Mr. Hefty advised the board that there are several Bills up for review. Bill 103 is to establish a procedure for adopting new procedures/regulations, specific to deaths in custody. It would prohibit jails from being held liable when an outside healthcare provider caused the issue.

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Emails related to public information is FOIA-able. It doesn't matter how many people are on the email, it is the content of the email. Ms. McKeel suggested possible FOIA training for members of the Authority. Mr. Hefty stated that he could do a FOIA presentation to the board in the future.

### **Matters from the ACRJA Board Members:**

Ms. McKeel asked Ms. Dimock to talk about the Hearts Team. Ms. Dimock stated that it is a 2 year pilot program for an alternative response team consisting of a Police Officer, Paramedic, and a Therapist. This team works with individuals experiencing a trauma incident. They are not in a hurry and will take as much time as needed in order to help connect the individual in crisis to a community resource. They have served 149 people in the first 6 months.

### **Matters from Ann Shawver, Business Manager:**

Ms. Shawver gave the board the most recent financial report.

#### **Summary**

Through the six-month period ending December 31, 2023, revenues and expenditures are tracking as expected for the mid-way mark of the fiscal year. Expenditures exceed revenues by approximately \$30,000. The current projection for FY24 calls for a \$175,000 deficit of revenues versus expenditures, driven by trends of some expenditures. Projections will be updated as the fiscal year progresses.

#### **Revenues**

- Revenues in total are 51% of the estimate and are projected to slightly fall short of the estimate.
- Member jurisdiction contributions are slightly ahead of expectation with one member having paid a month in advance; this category will also exactly meet budget.
- While Compensation Board funding slightly lags budget, ACRJ expects to receive the full amount budgeted by the time the year is complete.
- State per diem payments have been strong thus far and are expected exceed the budget. This projection may increase as the fiscal year continues.
- Phone system revenues are low in the early part of the year; however, the revenue estimate will be met with receipt of the minimum guaranteed amount later in the year.
- Housing of federal prisoners and DOC reimbursements are below expectation through December, demonstrating continuation of trends of low state and federal prisoners experienced in FY23. Budgetary shortfalls are expected as a result.
- Interest revenue, while not budgeted, is posting strong performance as a result of deposit of funds to the State Treasury's Local Government Investment Pool (LGIP). As of late January, the daily liquidity LGIP fund in which ACRJ is invested was returning a net yield of 5.5%.
- Other revenue, while lagging the expected amount at the mid-point in the fiscal year, is expected to exceed the estimate. More inmate funds than budgeted have supported activity

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within the operating fund which causes the offsetting revenue and expenditure to exceed budget. This will have no impact on net performance.

### **Expenditures** December FY24 Financial Report 2/08/24

-Expenditures in total are 51% of the budget and are currently projected to exceed the budget by approximately \$168,000.

-Salaries and benefits are tracking as expected at 50% of the budget. Overtime and part-time wages are expected to decline the latter part of the fiscal year; therefore, this category is projected to finish the year below budget.

-Contractual Service expenses are over budget through December as impacted by the continued use of contract nursing services. Though hiring efforts are in place, this category will significantly exceed the budget for the year. Another item affecting this category is the fact that both the FY22 and FY23 external audit fee will be incurred in this fiscal year based on the timing of the completion of the audits. No audit fee was incurred in FY22.

-Inmate food and medical costs are both below budget through December. Reduced inmate medical expenses have been incurred so far in FY24 as a result of refunds of prior payments, and this is expected to continue throughout the year. As a result, significant budgetary savings is expected for inmate medical.

-The inmate other category is ahead of target and expected to exceed budget for the year as a result of linen and uniform costs in excess of budget. The employee food and uniform category is experiencing a similar result.

-The other operating costs category is ahead of target and expected to exceed budget for the year. Advertising costs, the Inmate Fund activity, as mentioned previously, and repair and maintenance items are driving factors.

-The facility category is slightly ahead of budget through December but for the year as a whole is expected to remain under budget. Some "stocking up" of supplies was done in the fall which affects the timing of expenditures.

-Capital outlay expenditures are ahead of target. Expenditures for kitchen and other equipment and a vehicle purchase have taken place. Currently, the expectation is to purchase all items budgeted within this category. If needed, a spending delay can be enacted to mitigate other expenditure pressures.

**Recommendations:** None at this time.

### **Matters from Superintendent, Martin Kumer:**

**Departmental Report - Medical** – Nurse Rachel Gaddis Health Services Administrator, LPN, and Certified Correctional Health Professional presented the board with information regarding the Medical Department. Currently, Medical and Mental Health providers are on site every work day; Nursing is on-site 24/7 with a medical and mental health provider on call for weekend, holiday, and after-hour needs. A dentist comes weekly, and an ophthalmologist comes quarterly. Dr. Reynold is our medical director and a professor at UVA, who supervises the medical staff and collaborates with other internal and external providers to ensure that the inmate's care needs are met. Dr. Reynolds is available to us

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daily, participates in the on-call rotation with the other medical providers, and is on-site weekly to see inmates as needed. Ms. Claasen as our physician assistant, she works under the supervision of Dr. Reynolds and provides medical care to the inmates; she assesses patient symptoms, diagnoses illnesses, and prescribes medication. Ms. Claasen also performs office procedures such as incisions and drains to reduce the need to send an inmate to the hospital for treatment.

(1) Nurse Practitioner – Mrs. Gibson is a family and primary care practitioner who also assesses patient symptoms, diagnoses illnesses and prescribes medication; she is an autonomous practitioner.

(2) Full-time mental health nurse Practitioners, Ayodeji is a Doctoral-prepared Mental Health Nurse Practitioner who provides direct mental health care, diagnoses psychiatric conditions, and can prescribe medications. She graduated in 2022 and is supervised by Dr. Bruce Cohen, with whom we are contracted. Mr. Topel an autonomous Mental Health Nurse Practitioner who provides direct mental health care, diagnoses psychiatric conditions, and can prescribe medications.

(1) Part-time mental health nurse Practitioner. Dr. Juanita Morris continues to provide mental health care via Zoom and guides our new mental health staff, who are unfamiliar with our processes and policies as needed.

(1) Full-time Medical Office Manager who schedules outside appointments, verifies immune vaccine status, processes and orders medical supplies, maintains staffing records, and provides backup for insurance billing and medical records.

(1) Part-time medical insurance billing person who monitors inmate billing for preexisting conditions and initiates retractions, monitors medical charge sheets for allowed expenses, and ensures appropriate billing for reimbursement for federal inmates.

Dentists (1 each week) are contracted through The University of Virginia to provide dental care, including education, exams, preventative treatments, and simple extractions.

(1) Ophthalmologist (quarterly) Dr. McGrew continues quarterly visits to evaluate inmates with chronic health conditions and those who need glasses.

(1) Lab coordinator, who is a CNA/Phlebotomist who works in most aspects of the medical department, provides backup for medical records and the Medical Office Manager, assists the contracted providers during the inmate's scheduled visits, and obtains and processes lab specimens, including blood draws and COVID testing. This is not an inclusive list of duties.

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Certified Medication Aide, administers medications to inmates and ensure medications are reordered from the pharmacy, maintains records of medical supply and pharmacy inventory; also assists nursing within the scope of her practice.

Currently we have 8 Full-time Nurses (3 on days) (3 on evenings) (2 overnight)

We are currently in need of 4 Full-time Nurses (1 on days) (1 Evening) (2 nights)

We have several PRN nurses.

We have been actively recruiting by various methods, including online, employee referral bonuses, and job fairs. We have had some applicants but few hires; currently, Corrections nursing is not a widely discussed specialty; we now offer a shadow experience with our senior nursing staff for interested nursing applicants who verbalize unknown work expectations, duties, and environment to assist in dispelling preconceived ideas and elevate fears.

Due to staffing deficiencies and the inmate's daily needs, we currently utilize five contract nurses. The daily demands for inmate care influenced the necessity of contract nurses. As we hire, this need will diminish.

The goal of the medical staff is to address the medical and mental health needs of the inmates, using a variety of approaches to assist this population in educating and promoting healthy lifestyles to the inmates for their pre and post-incarceration.

In 2023, our medical and mental health providers had over 19,000 interactions with inmates, Nursing screened over 2,200 arrestees and had over 14,500 documented interactions, over 3,800 COVID tests were performed, of which 94 were positive these were entered into the Virginia Department of Health database. 358 labs were sent to an independent laboratory, which our providers reviewed and modified plans of care based on patient needs. Almost 1,900 Tuberculin skin tests were administered.

Last year, over 11,000 (11,259) prescriptions were entered for inmates. Of those prescriptions, our highest cost were Medications that treat HIV, Severe mental health disorders and pulmonary diagnosis. 13 inmates received treatment for HIV, 14 inmates who required injectable antipsychotics, 30 inmates were prescribed preventative inhalers. The nurses administered medications four times a day which came to over 370,000 (373,362) medications administered; this number also includes a variety of medications, from over-the-counter medications to life-sustaining medications.

These numbers do not reflect the inmates or the types of interactions, referrals, and implementation of treatments for these numbers. Inmates arrive in various states of

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emotional and medical health; as healthcare providers, we do our best to ensure continuity of care.

We have seen an increase in individuals who have advanced medical diseases, Limited to no housing, poor nutritional health, manic states, and varying levels of alcohol and drug toxicity; frequently, we have inmates who were recently released from the hospital with specialized treatments and ongoing medical, occupational and mental health treatments, that require immediate and ongoing interventions provided off-site and by staff.

With the assistance of Colonel Kumer and Lieutenant Colonel Barnabei, we have established the Critical Care team for inmates identified during intake as at risk and needing a multidisciplinary team approach to evaluate the inmate's needs both during and after release. The team consists of supervisors from the various jail departments. Programs, Classification, Security, Medical and Mental health; we also have Mrs. Virginia Leavell, who is active in the community and has assisted us recently by finding placement for an inmate with known medical and mental health conditions who was homeless; with this team approach the inmate was scheduled for evaluation with intent to admit to region 10 Wellness center for crisis stabilization and to find a more permanent housing option, and facilitated his acceptance into Healthy Transitions. I am hopeful this team approach will assist many more inmates that we serve.

It is important to note that all the numbers I have presented to you do not give a true representation of the hard work, dedication, and quality of care our medical and mental health staff members give.

### **Renovation / Expansion Presentation**

Mr. Bell reviewed the Power Point Presentation that was given to the community for the board for all 3 options for renovation/expansion (information can be found at ACRJ.org). Mr. Bell advised the board that the schedule located in the presentation was updated and placed at each members setting. It has been updated to allow more time on the front end of the schedule for community engagement, staff interviews as well as inmate interviews. Mr. Bell advised that the site survey was done and the building survey would begin in the near future. Mr. Bell stated that with regard to the schedule and the completion date, we are looking at June 2027 instead of May 2027. Mr. Bell also told the board that the schedule will be updated as the process goes along. Mr. Hefty advised Mr. Bell that we will have to go back to the member jurisdictions at some point to approve the full project financing. Mr. Bell stated that his desire is to receive an approval for whichever option is chosen at the March 14<sup>th</sup> meeting. Ms. McKeel told the board that there are staff and inmate interviews upcoming. Ms. Draine asked if the board is expected to make a decision at the next board meeting about which option the jail would be proceeding with. Colonel Kumer advised yes.



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Ms. Draine stated that that the timeline seemed compressed having to make a decision that quickly and not allowing for adequate discussion.

With Option 1 removes all of the demolition and all of the expansion. Under this option, we are renovating the 1975 West wing with the subsequent improvements to the dayroom and dormitory. We would be removing the bar grate to make the space a more trauma informed design. Additionally, we would be renovating the administrative offices and program space, corridors and a possible rec area. The dorm reconfiguration would include improved sight lines, ADA compliance, sally port, sufficient dining space, improved staff and inmate safety, more glazing, and increased daylight maximized.

With Option 2, we would be doing the East as well as the West wing. The same improvements that would be done just for the West wing in Option 1 would be done for both the East and West wing with removal of bar grate to make the space a more trauma informed design. Mr. Bell advised the board that the DOC's focus is improvement. They want the facility improved to meet the standard. That is why they are willing to reimburse the 25%. For example, if you replace tile with the same type of tile just a different color, they will not reimburse for that. That is not an improvement. That is an in kind renovation. Everything we are doing is trying to get it closer to the standard but realizing we have a limited budget.

Option 3, we would be renovating the West wing, demolishing the East wing and building back a 2 story expansion which would include a new front entry, a mental health unit, a multi-purpose space, housing unit, new HVAC, plumbing and electrical chases, new lobby and visitation space. There is a rec area on the schematics however, we are looking at some other options that are better for staff and inmates. This is the project that was approved for the 25% reimbursement from the Commonwealth of Virginia.

Mr. Bell advised the board that Moseley Architects does not determine how to design a day room, or how many special purpose cells need to be within a facility, that is dictated by the standards.

Mr. Bell reviewed many of the Department of Corrections Standards required for jails and prisons.

Mr. Barton asked if Option 3 was the only option for receiving the full 25% reimbursement. Mr. Bell advised that they would do their best to get some portion of reimbursement but it would be a hard sell. However, Moseley Architects will push for reimbursement for whatever option is chosen. Ms. McKeel stated that Option 3 is what we submitted and Option 3 is what we know would get us the 25% reimbursement. If we reduce it to Option

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1 or 2 there is no guaranty that we would get that reimbursement. There is no process that would let us know that until we make a decision. Mr. Pinkston asked if the percentage of reimbursement could change if we were to go with another option other than 3. Mr. Bell stated that they will not deviate from the percentage amount but you would receive 25% of whatever the improvement was. For example, if we replace florescent lighting with LED lighting, because that is an improvement, we would potentially receive 25% reimbursement for the lighting costs. Mr. Pinkston asked Mr. Bell if we didn't go with option 3 would the project even be approved. Mr. Bell advised that he could not be certain as to whether or not it would be approved. Mr. Pinkston asked if with Option 3, we would essentially be receiving a \$49 million dollar project for approximately \$38 million. Mr. Bell advised yes. This would be reimbursed at the conclusion of the project.

Ms. McKeel stated that we could call an additional meeting for more discussion regarding the renovation/expansion. Ms. Dimock stated that she would like there to be an additional meeting for discussion. It was decided to start the March meeting an hour earlier in order to have additional discussion around the renovation.

Mr. Pinkston made a motion to move the start time of the March 14, 2024 meeting to 11:00 am. Ms. Dimock seconded the motion. The motion carried by majority vote.

### **New Business:**

There was no new business.

### **Closed Session:**

There was no need for a closed session.

Ms. McKeel adjourned the meeting to March 14, 2024 at 11:00 am.

The meeting adjourned at 2:02 pm.

**DRAFT**

## CONSENT/AGENDA

### PERSONNEL/NEW HIRES:

Auntais Faulkner	Corrections Officer	02/12/2024
Katie Houts	Corrections Officer	02/12/2024
Clinton Rose	Corrections Officer	03/04/2024

Lids Reconciliation (State Bonus Payment Breakdown) and Final Out of Compliance Figures

	3/8/2024	2/5/2024	12/4/2023	10/5/2023
<b>Total number of inmates the jail received a \$8.00 bonus payment</b>	42	51	48	40
<b>The number of inmates who have been released or transferred</b>	11	27	21	15
<b>The number of inmates participating in jail sponsored programs*</b>	0	0	0	0
<b>The number of inmates with less than 60 days until their scheduled release**</b>	1	1	0	2
<b>The number of inmates who are being held as courtesies for other jurisdictions.</b>	0	0	0	0
<b>Total number of state sentenced ACRJ inmates who are eligible for intake</b>	31	23	27	23
<b>Percentage of State Responsible inmates compared to jail's total inmate population</b>	7.45	8.55	10.8	7.95

\*These are state sentenced inmates who are not transferred to DOC because they are participating in jail sponsored programs.

\*\*The DOC will not accept inmates with less than 60 days to serve.

- (1) This number represents 7.45% of the jail's population (231) as of 9:44 am on Fri. March 8, 2024
- (2) This number represents 8.55% of the jail's population (261) as of 6:28 am on Monday, Feb 5, 2024
- (3) This number represents 10.8% of the jail's population (263) as of 7:07 am on Thurs. Jan. 4, 2024
- (4) This number represents 10.8% of the jail's population (249) as of 10:55 am on Friday, Dec. 8, 2023

The primary driver for the sharp increase in the State Responsible population is the closure of DOC facilities around the state. This greatly reduced the number of beds available for the intake of state responsible inmates from local jails. In addition there has been an ever increasing backlog of state responsible inmates in local jails all across the state. Last year the DOC instituted a policy to focus on receiving inmates with more than two years to serve as opposed to one year.

<b>2023-2024</b>	<b>COA</b>	<b>City</b>	<b>Nelson</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>	<b>AMP</b>
July	3,819	3,638	1,187	106	149	8,899	287
August	3,793	3,665	1,174	107	127	8,866	286
September	3,800	3,605	1,192	179	84	8,860	295
October	3,732	3,516	1,224	169	128	8,769	283
November	3,146	3,140	1,184	181	126	7,777	259
December	3,346	3,013	1,273	178	66	7,876	254
January	3450	2856	1309	157	148	7920	255
February	3311	2806	1032	165	79	7393	255
March							
April							
May							
June							
<b>Total FY 22/24</b>	<b>28,397</b>	<b>26,239</b>	<b>9,575</b>	<b>1242</b>	<b>907</b>	<b>66,360</b>	
<b>ADP</b>	<b>117</b>	<b>108</b>	<b>39</b>	<b>5</b>	<b>4</b>	<b>273</b>	
Percent	42.79%	39.54%	14.42%	1.87%	1%	100.00%	
Local Share	44.22%	40.86%	14.91%			100.00%	

# ICWFP STATS 2024

Departments	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Hours
<b>ALBEMARLE COUNTY</b>	0	0											
<b>VDOT</b>	0	0											
<b>PROGRAM TOTALS</b>													
<b>DOLLAR CREDITS</b>													

## **Special Management Housing at ACRJ**

During the month of February 2024, special management housing stats are as follows:

- 36 inmates were assigned to Administrative/Mental Health Segregation
- 4 inmates assigned to Protective Custody
- 32 inmates were assigned to Medical Segregation
- 10 inmates were assigned to Pre-Hearing or Disciplinary Detention

**Albemarle-Charlottesville Regional Jail Authority Board  
Executive Summary**

**Subject: HEI Update**

**Total number of inmates placed on HEI: 791**

**Current total number of HEI participants: 24**

**Current HEI participants by court:**

Albemarle County Circuit Court-	5	Charlottesville City Circuit-	5
Nelson County Circuit Court-	2	Nelson General District-	0
Albemarle General District-	1	Charlottesville General District-	3
Albemarle J&DR-	2	Charlottesville J&DR-	2
Nelson J&DR-	1	Department of Corrections-	0
Combined Courts-	2	(1. Albemarle General District/Charlottesville General)	
		(2. Albemarle General District/Albemarle Circuit)	
Other Cities/Counties-	1	(Buckingham Circuit)	

**Total number of inmates recidivate: 14**

7 were removed from the program after being charged with a criminal offense while on HEI.

Violation of protective order, guilty-	1
Simple assault / strangulation-	1
Simple assault, damage / prevent phone line-	1
Possession of a firearm, marijuana PWI sell-	1
Domestic assault 3 <sup>rd</sup> offense-	1
Actual or simulated masturbation in public-	1

146 participants have been removed from HEI for violations including the 7 above.

**HEI Participants by Court**

Albemarle County Circuit Court-	128	Charlottesville City Circuit-	152
Nelson County Circuit Court-	37	Nelson General District-	6
Albemarle General District-	191	Charlottesville General District-	120
Albemarle J&DR-	3	Charlottesville J&DR-	26
Nelson J&DR-	3	Department of Corrections-	4
Combined Courts-	36		
<b>Total-</b>	<b>706</b>		



**Albemarle-Charlottesville Regional Jail Authority Board  
Executive Summary**

**Other Cities/Counties**

Waynesboro-	2	Staunton City-	1
Cumberland-	1	Fluvanna-	7
Orange-	2	Buckingham-	6
Greene-	9	Louisa-	6
Sussex-	1	Prince Edward	1
<b>Total-</b>	<b>35</b>		
<b>Misc. (Hospital, etc.)-</b>	<b>50</b>		

**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY  
EXECUTIVE SUMMARY**

<p><b><u>AGENDA TITLE:</u></b> Compensation Board Salary Increase</p> <p><b><u>SUBJECT/PROPOSAL/REQUEST:</u></b></p> <p><b><u>STAFF CONTACTS:</u></b> Martin Kumer, Superintendent Felicia Morris, Director of Human Resources</p>	<p><b><u>AGENDA DATE:</u></b> March 14, 2024</p> <p><b><u>FORMAL AGENDA:</u></b> INFORMATION</p> <p><b><u>CONSENT AGENDA:</u></b> No</p> <p><b><u>ATTACHMENTS:</u></b> No</p>
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**Background:**

I am seeking the Board's permission to provide a 2% salary increase for all 22 non-compensation board funded positions effective retroactively to December 1, 2023.

The General Assembly included additional funding in the Compensation Board (CB) budget when it passed the "Caboose" budget for FY 24. The funding provides for a 2% increase for all Compensation Board Funded positions effective December 1, 2023.

There are positions that are fully supported through funding from the local jurisdictions, non-Compensation Board funded, and the rest are supported by the Compensation Board and further supplemented by the local jurisdictions. However, the same position is not always funded by the CB. For example, of our 12 nursing positions only 5 are funded by the CB. Therefore, 7 nurses would not otherwise receive the increase. This scenario applies to all positions.

Therefore, it has been the Board Authority's preference to approve comparable salary increases for non-Compensation Board funded positions in line with those funded positions.

The additional funding in the "Caboose" bill is more than sufficient to fully fund this request with no additional cost to local jurisdictions.

The total cost (salary, fringe and FICA) of the 2% increase for the 22 non-compensation Board funded positions is estimated to be \$25,500.

Note: In the February Board meeting the FY 24 Year to Date financial report estimated a year end deficit of \$175,000. Since then we have confirmed the final FY 24 approved Compensation Board funding for the facility is approximately \$6,700,000. This is an increase of \$558,000 over the initial Compensation Board estimate of \$6,142,000 used in the FY 24 budget that was approved by the Board Authority. This additional revenue is sufficient to offset the anticipated deficit, provide funding for this request and is estimated to produce a budget surplus.

**Conclusion:**

**Recommend to approve 2% salary increase for all non-compensation board funded positions retroactive to December 1, 2023 to coincide with the comparable increase for Compensation Board funded positions.**