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## NOTICE

TO: Prevention/Public Information Committee  
Linda Carter, Gregory Sokolowski

FROM: Joe Wickens  
Executive Director

SUBJECT: Prevention/Public Information Committee Meeting  
April 19, 2022, 1:30PM  
600 Jackson Street, Board Room 208, Fredericksburg, VA

DATE: April 15, 2022

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A Prevention/Public Information Committee meeting has been scheduled for Tuesday, April 19, 2022 at 1:30PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on April 19, 2022 1:30PM.

cc: Kheia Hilton, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
**PREVENTION/PUBLIC INFORMATION COMMITTEE MEETING**

**Tuesday, April 19, 2022 12:00PM**

**In Person**

**600 Jackson Street, Room 208**

**Fredericksburg, VA 22401**

# **a g e n d a**

I. Healthy Families – TA Report	Wagaman
II. Healthy Families – Women and Girls Fund	Wagaman
III. RAKOB – Arts Grant	Wagaman
IV. Problem Gambling and Gaming Prevention	Wagaman
V. PhotoVoice Project	Wagaman
VI. Young Adult Survey	Wagaman
VII. Training Updates	Wagaman
VIII. Operation Medicine Cabinet	Wagaman
IX. Media Reports	Umble
X. Website Update	Umble
XI. Other Business	Wickens

## **Healthy Families Rappahannock Area Annual Quality Assurance Site Visit Report**

Healthy Families Virginia conducted their annual quality assurance site visit of the local Healthy Families Rappahannock Area site on January 20 – 21, 2022.

Areas reviewed include: overall impressions; current staffing; screening and engagement; home visiting; supervision; training; quality management; policies and procedures; governance and administration; assurances for General Assembly; and Healthy Families America assurances.

Overall, the site is performing well and meeting quality standards.

Virginia is up for reaccreditation in 2022.

HEALTHY FAMILIES VIRGINIA  
Families Forward Virginia  
8100 Three Chopt Road, Suite 212  
Richmond, Virginia 23229



## ANNUAL QUALITY ASSURANCE SITE VISIT REPORT

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Date: February 1, 2022

Dear Melodie Jennings,

Enclosed is the final report of the Healthy Families Rappahannock Area onsite visit, conducted on January 20<sup>th</sup> 2022 and January 21<sup>st</sup> 2022 by Hadith Zalzal, TA/QA Specialist for Healthy Families Virginia (HFV). This report summarizes the impressions and recommendations of the TA/QA Specialist, who represents Healthy Families Virginia (HFV) and Prevent Child Abuse Virginia (PCAV). The completed site visit consisted of a pre-site review of assessment surveys, program outcomes, team meeting and Advisory/Board of Directors meeting minutes, job descriptions and new staff resumes, quality assurance analyses, and current Evaluation Outcomes. The review included examining family files, supervision documentation, training records, and verification of background checks. In addition, group discussions were conducted with home visitors, assessment workers, program management, and a host agency representative, as well as home visit and supervision shadows with same day follow-up and feedback.

This report includes both strengths and next steps for further growth. Where appropriate, *8th Edition Healthy Families America Best Practice Standards (HFA BPSs)* or *Healthy Families Virginia Best Practice Recommendations (BPRs)* are cited. The recommended next steps can provide an opportunity for updating your annual *Quality Improvement Plan* and planning for technical assistance based upon program needs.

### GENERAL IMPRESSIONS

Healthy Families Rappahannock Area (HFRA) is a resilient and innovative program. The Healthy Families Rappahannock Area team has done some outstanding work this past year! In 2021, the program went through a transition as their previous Program Director resigned and Program Supervisor Melodie Jennings stepped into leadership. I have to say, Melodie has done a wonderful job this year as the Program Manager. As soon as she started it was time to turn in the MIECHV grant and she also was working on receiving the CAP grant. She is a powerhouse in her own right. In this report, you will see her leadership is all about high-quality services and professional and personal growth for herself and the staff. This is reflected in the site's stats, the



service capacities, home visiting rates, supervision rates, and families' engagement, retention, and community engagement. They have several success stories that I will share throughout this report. One I am especially excited about is their partnership with Village Fathers. Village Fathers is a fatherhood education program and support group sponsored by Healthy Families Rappahannock. Its goal is to help fathers improve their parenting skills by promoting healthy and positive attitudes towards fatherhood and parenting. They have partnered with this organization to enroll current fathers in the program. So far they have engaged about 20 or more fathers. This is wonderful. Excellent Job!

The Program Director and Supervisors worked on starting a Community Advisory Board this year, despite already having a Governance Board, and they had their first meeting during January 2022. The site is all about engaging the community. The Director's motto is that everyone in the Rappahannock Area will look at Healthy Families as a program they can trust. The Director wants to next focus on reenergizing her Governance Board by engaging new and diverse members who are ready to work on helping on children and families.

When asking the staff what they felt was the program's biggest success they spoke about a Holiday Drive-Thru. Since we are still in the middle of a pandemic, the program decided to do a drive-thru holiday party since the health restrictions prohibited doing their annual party. For this event, the FSSs set up tables and decorated them for parents to drive by and pick up activities, resources, and information. The big surprise was that each family in the program received a \$100 grocery gift card for the holidays thanks to HFRA program leadership having worked on getting donations from community partners and businesses. Well Done!

## CURRENT STAFF

POSITION:	FTE
Program Director	
1. Melodie Jennings	1.00
Program Supervisor	
1. Laurie Strother	1.00
2. Martacelis Fuentes/MIECHV	1.00
<b>TOTAL MANAGEMENT:</b>	<b>3.00</b>
POSITION:	FTE
Family Resource Specialist	
1. Bryanda Monge-Vega	1.00
<b>TOTAL ASSESSMENT STAFF:</b>	<b>1.00</b>
POSITION:	FTE
Family Support Specialist	
1. Melissa Humphrey	1.00
2. Jennifer Berry	1.00
3. Carman Lopez	1.00
4. Kathleen Fragosa	1.00
5. Lixlia Planell-Jones/MIECHV	1.00

6. Ana Janina Morales/MIECHV	1.00
7. Ivy Lee/MIECHV	1.00
<b>TOTAL HOME VISITORS:</b>	<b>7.00</b>
<b>POSITION:</b>	<b>FTE</b>
Data Entry Specialist	
1. Teresa Carneal	1.00
<b>TOTAL OTHER SUPPORT POSITIONS</b>	<b>1.00</b>

## SCREENING AND ENGAGEMENT

**Description of Eligibility Criteria (1-1.A):** Parents residing in the City of Fredericksburg or the Counties of Caroline, King George, Spotsylvania, or Stafford (Planning District 16) who receive prenatal care through the Virginia Department of Health Rappahannock Area Health District and/or give birth at Mary Washington Hospital or Spotsylvania Regional Hospital.

### SCREEN AND ASSESSMENT DATA CHART

DATA ANALYSIS DATES	FY19 07/18- 06/19	FY20 07/19- 06/20	FY21 7/20- 06/21	COMMENTS
Target Population/Births	2317	2162	4421	Data Source: VDH Data Year: 2020
Positive Screens	413	376	249	
Negative Screens	146	60	13	
<b>TOTAL SCREENS</b>	<b>559</b>	<b>436</b>	<b>262</b>	
<b>% OF TARGET POPULATION SCREENED</b>	<b>24.1%</b>	<b>20%</b>	<b>17%</b>	
Positive Assessments	140	126	116	
Negative Assessments	114	94	56	
<b>TOTAL ASSESSMENTS</b>	<b>254</b>	<b>220</b>	<b>172</b>	
<b>% OF POSITIVE SCREENS ASSESSED</b>	<b>62.0%</b>	<b>57.2%</b>	<b>67%</b>	
Declined Assessment	30	3	5	
Not Assessed for Other Reasons	128	86	3	
<b>TOTAL SCREENS NOT ASSESSED</b>	<b>159</b>	<b>89</b>	<b>8</b>	
Offered Home Visits	138	125	113	

Verbally Accepted Home Visits	108	111	101	
Completed 1st Home Visits	30	14	89	
<b>HOME VISIT ACCEPTANCE RATE</b>	<b>63.0%</b>	<b>88.8%</b>	<b>79%</b>	

### **Strengths and Challenges:**

Rappahannock Area Healthy Families' home visit acceptance rate is around 79%. Overall this is good for the program as they had a few transitions this past year, and we're still in the midst of a pandemic. One FRS/FSS transitioned into a full-time FSS and, the other long-term FSS resigned this past year. The program hired a new FRS on November 15, 2021. During the absence of an FRS, the FRS Supervisor Martacellis F. conducted PSV's throughout the year. TA/QA Specialist reviewed four Parent Surveys (three positives and two negatives) from last year. Three were completed by the supervisor and one was completed by the new FRS.

The program site has recently renewed all its current MOUs with referral sources. The Program receives referrals from the following, Mary Washington Hospital, Stafford Hospital, Spotsylvania Regional Medical Center, and Rappahannock Area Health District. They also receive a lot of referrals from five local DSS intervention programs. In reviewing case files and parent surveys, I noticed a high amount of families that have CPS cases that were referred to the program.

Rappahannock Area has had a long history of maintaining its capacity. As they are transitioning to implantation of the new BPS they are working on making sure FSSs are not exceeding the maximum caseload and case weight.

Both the new FRS and FRS Supervisor are already trained in the new FROG assessment. They have completed three new FROG assessments. During the FRS interview conversation, the FRS stated the FROG is more detailed than the PSV and allows you to go into more detail with questions with families, which allows the family to be able to more fully tell their story. The supervisor stated that also gives the family more opportunity to build on their strengths.

Rappahannock Area Healthy Family has a very diverse community they serve. The FRS stated that she felt the new assessment FROG is culturally sensitive to use with all families.

### **Next Steps:**

As the FRS is new to her role. TA/QA Specialist will follow up with FRS Supervisor during their 1<sup>st</sup> Quarterly Call meeting of FY22 to see how she is doing.

## **HOME VISITING**

## FAMILY SUPPORT WORKER CASELOAD CAPACITY

HOME VISITOR:	PROGRAM TARGETS		6-MONTH AVERAGE: 07/2021 - 12/2021			
	CASELOAD	WEIGHT	ACTUAL CASELOAD	% CASELOAD CAPACITY	ACTUAL CASE WEIGHT	% CASE WEIGHT CAPACITY
Jennifer B.	22	30	21.67	99%	26.33	88%
Kathleen F.	22	30	18.67	85%	15.17	51%
Melissa H.	12	14	2.0	17%	1.0	07%
Ivy L.	22	30	19.55	89%	24.46	82%
Carmen	22	30	22.50	102%	24.38	81%
Janina M.	12	14	23.00	192%	25.58	183%
Lixlia P.	22	30	22.50	102%	22.67	76%
<b>PROGRAM TOTALS:</b>	<b>134</b>	<b>178</b>	<b>129.89</b>	<b>97%</b>	<b>139.59</b>	<b>78%</b>

## HOME VISIT RATES

### % OF FAMILIES RECEIVING AT LEAST 75% OF HOME VISITS DUE

HOME VISITOR	1ST QUARTER 07/01/21 – 0930/21			2ND QUARTER 10/01/21 – 12/31/21			COMMENTS
	# of families	# of families with ≥75%	Quarterly Home Visit Rate	# of families	# of families with ≥75%	Quarterly Home Visit Rate	
Jenny B.	20	17	88%	18	18	100%	
Ivy L.	20	16	80%	19	15	79%	
Carmen L.	22	19	86%	20	18	90%	
Janina M.	25	25	100%	24	24	100%	Excellent!
Lixlia P.	25	25	100%	23	20	87%	
Janee V.	7	6	86%	18	15	83%	
Kathleen F.	16	14	88%	20	19	95%	
Melisa H.*				1	1	100%	
<b>PROGRAM TOTALS</b>	<b>135</b>	<b>122</b>	<b>90%</b>	<b>143</b>	<b>130</b>	<b>91%</b>	<b>Excellent!</b>

## PROGRESS TOWARD OBJECTIVES

BPS	Description	Based On	Met HFA Standard?	Met HFV Evaluation Objective?	Comments
6-3.D	CHEERS Check In	VDSS Quarterly Report	Yes	Yes	100%
6-5.B	ASQ-3	VDSS Quarterly Report	Yes	Yes	100%
6-5.C	ASQ-SE	Review	Yes		5 families reviewed ???%
7-2.B & C	Immunization rates	VDSS Quarterly Report	Yes	Yes	100%
7-4.B	Prenatal depression screening	Review	Yes		3% families reviewed
7-4.C	Postnatal depression screening	Review	Yes		2% families reviewed
7-4.D	Depression screening for subsequent births	Review	N/A		N/A

### **Strengths and Challenges:**

Rappahannock Area Healthy Families FSSs have done a great job keeping families engaged this past year. You will see in the above home visit rate chart; the past two quarters home visiting rates have been at or over 90% and staff have maintained their capacity rates as well. During the home visit discussion with FSS, all had great examples of how they engage and retain their families. One FSS stated that she does a lot of self-disclosure with her new families to help them get comfortable and build trust. Most of the families she works with are of Hispanic descent. Helping families get to know her allows them to feel comfortable as they are family-orientated people. Another FSS works with a large number of families that are referred to her by CPS, stating that she had to explain to families that the program is voluntary. She

wants them to know that they are not CPS and the program is here to support them by building a relationship with all family members.

TA/QA Specialist reviewed five family services plans. Family Services Plans that were reviewed had updated progress notes and activities documented. Family Services Plans had all required information on them such as which Protective Factors they are building with families. All documents are electronic, which allows for clarity and easy accessibility of the document.

TA/QA Specialist reviewed several of the family goals plans. Throughout most of the FSS documentation in CASIE, there is a clear practice of how to establish goals and follow up. Reviewing one particular family, the FSS at every home visit checks in with the goal process. She documents where the family is in completing the goal by giving support and celebrating the steps to achieve the goal. I found that some do very well in this area of goal setting and others try to find ways to increase goal-setting activities with families. As one FSS stated during the discussion, it tends to depend on the family's culture and understanding of goal setting.

The FSSs talked about the different ways they approach CHEERS and PCI with families. One FSS stated, that she does find it still difficult to do CHEERS virtually. Even though the program has allowed FSSs to return to in-person visits, at times, due to inclement weather or other safety concerns, FSSs will be allowed to do a visit virtually. A few stated that with the new guidelines it is easier to get CHEERS observed and documented into CASIE. They also talk about the CHEERS Check-In tool has helped them understand why CHEERS is so important. One stated the tool helps her develop goals with parents around bonding and attachment between mom and child. An area of growth for the FSS team is documentation around CHEERS/PCI follow-up when a child is not at the home visit. There are times when the child is not present during the visit, TA/QA specialist asked what they do during the visit when the child is not present. Most of them talk about more case management or crisis management with the families, helping them with resources and referral services. TA/QA suggested they still have a conversation with parents about the PCI activities that they had planned, requesting mom and or dad to talk about it at their next visit or videotape the PCI activities and send them to them for observation.

Rappahannock Area Healthy Families Program does a great job of engaging fathers in the program. TA/QA Specialist enjoyed reading one of the home visit logs where an FSS went to visit family and dad came out and was a part of the whole visit. She documents how dad and mom are on the living room floor doing the activity with the focus child. She even completed the CHEERS observation around the baby and dad interaction. Excellent! During the discussion, all the FSSs talked about the different ways they include fathers in the program.

### **Next Steps:**

Area of Growth: Following up with families when the focus child is not present at the home visit to ensure that Positive PCI/Bonding and Attachment is happening and being developed. TA/QA Specialist will discuss this more during our QA follow-up Plan/Quarterly calls.

## SUPERVISION

### SUPERVISION FREQUENCY AND DURATION

MARTACELLIS F. F. SIX MONTH AVERAGE: 07/2021 – 12/2021				
HOME VISITOR	SESSIONS EXPECTED	SESSIONS RECEIVED @ REQUIRED DURATION	SUPERVISION RATE	REQUIRED TIME PER SESSION
Ana J.-M.	23	21	91%	1 hr. 30 min.
Ivy Lee	24	22	92%	1 hr. 30 min.
Lixlia P.-J.	25	23	92%	1 hr. 30 min.
Bryanda M.-V.	6	5	83%	1 hr. 30 min.
<b>PROGRAM AVERAGES</b>	<b>78</b>	<b>71</b>	<b>91%</b>	<b>1hr. 30 min.</b>

LAURIE S. SIX MONTH AVERAGE: 07/2021 – 12/2021				
HOME VISITOR	SESSIONS EXPECTED	SESSIONS RECEIVED @ REQUIRED DURATION	SUPERVISION RATE	REQUIRED TIME PER SESSION
Jenny B.	24	23	96%	1 hr. 30 min.
Carmen L.	25	24	96%	1 hr. 30 min.
Janee V.	19	18	95%	1 hr. 30 min.
Kathleen F.	11	10	91%	1 hr. 30 min.
Melissa H.	5	5	100%	1 hr. 30 min.
<b>PROGRAM AVERAGES</b>	<b>84</b>	<b>80</b>	<b>95%</b>	<b>1 hr.30 min.</b>

#### Strengths and Challenges:

In a review of the Supervision frequency and duration, you can see that both Program Supervisors are at or above 90%. As I have stated before, the program focuses on maintaining high quality for their staff. Both supervisors understand the importance of reflective supervision. In reviewing supervision notes, both supervisors have their unique styles, but overall they get the job done. Laurie Strother is a new supervisor who was promoted this past fiscal year from an FSS position. During the FSS conversation about reflective supervision, the team gave a lot of praise to their new supervisor, who was once their peer. Most felt since they already had an established relationship and she was once in their shoes, she can easily relate to how they are feeling when it comes to the families they serve. Both supervisors do a great job of the parallel process with the team. They have a strong understanding of how to incorporate all the reflective strategies. In reviewing their notes, they talk about how they use

normalizing or explore and wonder with staff when having staff take a deep dive into how to support families in different ways. Both supervisors are different in their approach to accountability yet have the same outcomes with staff. They work together as a team to focus on challenges the staff may have and develop a plan of action to increase positive productivity.

During the Supervisor discussion, we talked about what it has been like implementing the new BPS 8th edition. Both talked about some of the challenges, but overall they feel they are up for it. They have already started working on making sure that FSSs are not overloaded with program capacity. They have done an outstanding job with meeting VDSS objective goals and monthly MIECHV reporting. This program does an excellent job of keeping up with their CQI projects and PDSA monthly reporting. We had the equity conversation; their focus for now is looking for different types of training around DEI, implicit bias, and macroaggression. The staff as a whole seem very aware of what DEI means. The leadership team still feels they are ready to take a deeper dive with staff around what equity looks like for the families they serve.

### **Next Steps:**

Training opportunities for DEI.

## **TRAINING**

### **Strengths and Challenges:**

11 out of 12 staff have completed the required Child Abuse and Neglect orientation training (10-2.D Safety Standard). One staff is not due yet.

3 out of 3 new staff completed their CORE training within 6 months of hire or have a date when they are scheduled to complete it (10-4.A-C; Essential Standards).

Any Program Manager hired or after January 1, 2018 **did** complete Implementation Training within 18 months of hire (10-5). 11 out of 11 staff have completed the required annual Child Abuse and Neglect training (11-4.B).

8 out of 8 staff have completed required wrap-around training topics within 3 months of hire (11-1.A-D)

8 out of 8 staff have completed required wrap-around training topics within 6 months of hire (11-2.A-G)

8 out of 8 staff have completed required wrap-around training topics within 12 months of hire (11-3.A-E)

8 out of 8 staff with at least one year tenure have received ongoing training which takes into account the individual's knowledge and skill base (11-4.A). The site does have a fully developed Orientation and Training Plan which includes "Stop-Gap" Training elements for each staff role (10-1).

### **Next Steps:**



None at this time.

## QUALITY MANAGEMENT

### **Strengths and Challenges:**

The site does have an *Annual Quality Assurance Plan* (QAP), which they update annually (GA-2.A); its most recent iteration is dated April 1, 2021.

The site has been actively participating in Continuous Quality Improvement efforts (GA-2.B) and submitting at least one PDSA cycle per quarter (as required by the VDSS Budget Assurances).

The site does have a *Family Satisfaction Survey*, which they update annually (5-4.A); its most recent iteration is dated November 11, 2021.

The site does have a *Staff Satisfaction Survey*, which they update annually (5-4.A); its most recent iteration is dated December 31, 2021. The site also has a *Staff Retention & Satisfaction "Analysis"* which they update every other year (9-4); its most recent iteration is dated December 31, 2021.

The site does have an *Acceptance Rate Analysis*, which they update every two years (1-4.B); its most recent iteration is dated January 31, 2021.

The site does have a *Retention Analysis*, which they update every two years (3-4.B); its most recent iteration is dated April 30, 2021.

The site does have a *Cultural Analysis Plan*, which they update every two years (5-4.B Essential Standard); its most recent iteration is dated June 30, 2021. This was presented to the site's advisory/governance board; strengths and strategies for growth were identified, discussed, and implemented (5-4.C).

### **Next Steps:**

None.

## POLICIES AND PROCEDURES

### **Strengths and Challenges:**

The site has made changes to their policies and procedures since the last site visit. These were reviewed by the TA/QA on December 10, 2021. Specifically, the Program has turned in CEs CE 1, 2, 3, CE 4 and 8. CE 9, 10, & 11, CE 6 & 7. TA/QA is in process of reviewing.

The site's policies and procedures are in alignment with the 8<sup>th</sup> Edition *Healthy Families America Best Practice Standards* (GA-6) as reflected above.

The site's Advisory Board has worked as an effective team to plan and develop site policy and procedures prior to finalization (GA-1.C). The Program has both Advisory and Governance Boards. They are in the process of reorganizing the Governance Board, as the Advisory Board is also in line with looking at Policy and Procedures.

The site is in compliance with 6 out of 6 *Healthy Families America's Safety Standards* and 16 out of 16 *Essential Standards*.

**Next Steps:**

Program Site will work on completing CE 12 and GA (due February 28, 2022).

## GOVERNANCE AND ADMINISTRATION

**Strengths and Challenges:**

The site does have adequate funding to meet the program's basic needs for the coming year and has 11 funding streams.

During the course of the site visit a meeting was conducted with Michelle Wagaman, Prevention Services Coordinator, representative from the host agency.

**Next Steps:**

None at this time.

## ASSURANCES FOR GENERAL ASSEMBLY

**Strengths and Challenges:**

The site has met all the required budget assurances for Virginia Department of Social Services.

12 out of 12 staff met their job qualifications (9-1.D Essential Standard) and 12 out of 12 have passed required background and Child Protective Services record checks (9-3.B Safety Standard).

The Program Director has attended 4 out of 4 Director's meetings held so far. Attendance at all meetings is required.

The site fully participates in the statewide evaluation and, per their most recent VDSS Annual Report, met or exceeded 17 out of 17 statewide objectives for Fiscal Year 2021.

The site's practices are in compliance with Federal Equal Opportunity Employment (EOE) laws.

The site is fully accredited by Healthy Families America until June 30, 2022.

## HEALTHY FAMILIES AMERICA ASSURANCES

### **Strengths and Challenges:**

- ☒ All policies and procedures are aligned and in compliance with HFA Best Practices (see *Policies and Procedures*).
- ☒ All required background check reports have been completed for all new hires (see *Assurances for General Assembly*).
- ☒ There is a full training plan in place (see *Training*).
- ☒ A staff retention review was completed if needed.
- ☒ A staff satisfaction survey was completed and improvement strategies are in place as needed (see *Quality Management*).
- ☒ Transition Plans for families preparing to leave the program are in place and are used as tools to prepare families for graduation.
- ☒ The site adheres to all Safety and Essential standards (see *Policies and Procedures*).
- ☒ All new hires meet *HFA Best Practice Standards*.
- ☒ Site utilizes a depression screening tool with all enrolled families at required intervals.

Respectfully submitted,

Hadith Zalzala  
TA/QA Specialist, Healthy Families Virginia

Date initially submitted: February 1, 2022

Date finalized: February 1, 2022

## **Healthy Families Rappahannock Area Woman and Girls Fund – The Community Foundation of the Rappahannock River Region**

Healthy Families Rappahannock Area has applied to the Woman and Fund through The Community Foundation of the Rappahannock River Region.

Healthy Families Rappahannock Area has requested \$15,000 to create the “What if she only knew” project. Funding will be used for a website update and awareness campaign of available support to parents.

The project was inspired by the death of a local infant due to maltreatment. This family was not referred to Healthy Family services.

## Women and Girls Fund - Stage 1

### 1 - About The Women and Girls Fund

The Women and Girls Fund, a special initiative of The Community Foundation, utilizes participatory philanthropy to provide awareness of and a response to issues facing local women and girls. This fund leverages the individual and collective power of women in the greater Rappahannock River region, who have each pledged \$1,000 toward a \$1 million endowment, to make grants to area organizations serving women and girls. Created in 2008 by The Community Foundation's Board of Governors, the Women and Girls Fund uses grantmaking as a strategy to advance equity for women and girls in our region. The fund has two key focuses:

1. Recruit a membership of 1,000 area women, each making a \$1,000 gift to create a permanent \$1 million endowment, to support area women and girls, now and in the future.
2. Annually, make grants to local nonprofits who are positively affecting the lives of regional women and girls in Fredericksburg, Spotsylvania, Stafford, King George and Caroline.

For more information about the Fund and prior grants awards please refer to our website: <https://www.cfrrr.org/who-we-are/women-and-girls-fund/>

### Values of the Women and Girls Fund

Research demonstrates that social investment in women reduces poverty and is vital to boosting sustainable economic growth. Persistent gender inequality, not only dampens the lives of women but negatively impacts families, economies, and communities.

When women and girls in our communities thrive, this success has a ripple effect. When a woman advances, her life improves, and her family's stability grows. Her success is our community's success. To create strong, vibrant, and resilient communities, we must support women and girls.

### 2 - Eligibility/Criteria for Evaluation

#### Eligibility

The Community Foundation is committed to offering flexible funding to support and address the unique needs of organizations improving the lives of area women and girls

#### Grant eligibility

- Eligible projects must serve individuals, groups, and/or locations within Fredericksburg, Spotsylvania, Stafford, King George or Caroline.
- Applicants must either be a registered 501(c)(3) nonprofit organization or have a registered 501(c)(3) nonprofit organization act as a fiscal sponsor for the proposed project.
- All applicants must demonstrate a commitment to gender-specific programming, not just programs that happen to serve women and/or girls.

It is important for applicants to demonstrate:

- Significant impact
- Fiscal responsibility
- Innovation/creativity
- Collaboration
- Outreach to traditionally unappreciated populations
- Commitment to racial diversity and equity, and engagement for women and girls of color.

#### What we do and do not fund

Examples of program areas that the Women and Girls Fund **does** fund (by no means is this list exhaustive):

- Early education and childcare
- Economic mobility
- Physical, mental and emotional health, safety and wellbeing
- Public safety nets and wraparound services
- Holistic programming for girls

The Women and Girls Fund grant opportunity **does not** fund:

- Co-educational programs that do not clearly communicate the specific and unique aspects for women and girls
- Advancement of capital or endowment campaign
- Event sponsorship
- Political campaigns or promotion of candidates for public office
- Promotion of religious beliefs
- Scholarships that fund individual students

The Community Foundation will not award grant support to organizations that, in their constitution, bylaws or practices, discriminate against a person or group because of age, race, national origin, ethnicity, gender, disability, sexual orientation or religious belief. Grantees, however, may target services to a particular population when the targeted groups require specialized programs to meet specific needs not shared by the general population.

Additionally, in alignment with Community Foundation guidelines, this grant opportunity **does not** fund:

- Organizations with fewer than three board members
- Grants directly to individuals
- Political campaigns or lobbying activities
- Advancement of capital or endowment campaigns
- Projects that exclusively serve religious or sectarian purposes. Religious organizations providing non-religious community services will be considered.
- Annual fundraising campaigns or events
- Debt payment or legal settlements
- Reimbursement for completed projects, programs, and equipment
- National and statewide organizations that cannot demonstrate a strong local presence.
- Re-granting organizations, service clubs and service clubs

### **Criteria for Evaluation**

The Women and Girls Fund membership consist of a diverse group of individuals committed to the fund's mission. An ad-hoc committee of the Women and Girls Fund will review initial applications and final funding decisions will be made by the entire membership. The ad-hoc committee will utilize the criteria below to evaluate applicant submissions. The Director of Donor Services may request additional information about the grant proposal prior to making an award or denial.

The Women and Girls Fund will evaluate grant applications using the following criteria:

- Project Narrative:
  - Connection to the mission and funding priorities of the Women and Girls Fund
  - Service to women and girls is clearly specified, defined and articulated
  - Narrative provides a clear picture of all proposed actions and activities.
  - Project/program dates and locations are clearly addressed and anticipated.
  - Roles and responsibilities are defined and work to strengthen/enhance the project.
- Diversity & Inclusion
  - Project demonstrates how it will be inclusive/accessible to all applicable audiences.
- Funding Sources
  - Project has an achievable funding plan and is not 100% dependent upon grant award.
- Budget

- Budget clearly defines where awarded funds will be applied.

### 3 - Application & Review Process

#### Application & Review Process

##### Funding details

- Available funding: one-time awards of up to \$15,000
- Total funding available: \$30,000
- Application timeline:
  - Application opens: Monday, January 3, 2022
  - Application closes: Monday, February 28, 2022, at 5:00 PM
  - Funding decisions will be made the week of May 8, 2022, by a membership vote
  - Live Ballot event and presentation: May 12, 2022 (TBD)
  - Award notifications will be made the week of May 15, 2022

##### Process

*Application:* The 2022 Women and Girls Fund grant application opens on Monday, January 3, 2022. The deadline to apply is Monday, February 28, 2022, at 5:00 PM. Funding decisions can be expected the week of May 15, 2022.

Additional information may be requested once your application is reviewed.

*Grant Evaluation:* The Women and Girls Fund is an example of participatory philanthropy. An ad-hoc committee of Women and Girls Fund members will conduct an initial review and final funding decisions will be made by the entire membership. The membership will gather for the Live Ballot (tentative date of May 12, 2022) for presentations by nonprofits and to cast their votes for the organization(s) to receive funding.

##### Terms & Conditions

*Grant Agreement:* If approved, each grant recipient must sign an agreement that includes the following obligations:

- Public acknowledgment of The Community Foundation's support through The Women and Girls Fund
- Expenditure of the funds as specified in the application
- Return of any unused portion of the grant
- Complete final narrative and financial grant reports
- Any special conditions as mutually agreed

*Final Report:* Grantees must submit a final report on the use of grant funds using the foundation's online report form. Final Reports must be submitted within 30 days of the end of the grant term.

*Virtual Site Visit:* Grant recipients may receive one virtual site visit over the course of the funding period. Grantees may be asked to provide informal updates on funds expended, numbers served, and immediate impact. Virtual site visits may be used for future foundation marketing.

*Award Payments:* To expedite grantmaking, all Community Foundation grant payments are made electronically by ACH transmittal. Nonprofits receiving grant awards must submit their agency's banking information to the foundation's Finance Officer in order to initiate the transfer of grant funds.

*Please note grant guidelines are subject to change without notice due to the evolving nature of the COVID-19 pandemic.*

### 4 - Instructions



**Instructions**

- Log into your account at [https://www.GrantRequest.com/SID\\_2098?SA=AM](https://www.GrantRequest.com/SID_2098?SA=AM) to access saved and submitted requests. Note that your confirmation email will include a link to your account.
- We recommend you draft your request in a Word Document and copy/paste the information into the portal.
- Limit your use of bullets and other formatting.
- Add [info@cfrr.org](mailto:info@cfrr.org) and [casey.hu@cfrr.org](mailto:casey.hu@cfrr.org) to your safe senders' list to ensure you receive all system communications.

**We are here to help**

All applicants are invited to contact our Director of Donor Services, Casey Hu ([casey.hu@cfrr.org](mailto:casey.hu@cfrr.org)), to discuss a proposed project or application.

**5 - Organization Info****Organization Information****Organization Name**

Healthy Families Rappahannock Area

**Also Known As****Tax ID**

54-2029476

**Annual Organization Budget**

Your organization's total operating budget, inclusive of all programs.

1165507

**Organization Description**

In 100 words or fewer, Briefly describe the history and current activities of your organization, including your mission, founding date, major programs and links with other organizations.

In 1998, Healthy Families Rappahannock Area (HFRA) was established. HFRA is a prevention program comprised of services directed to new mothers at high risk of abuse or neglect. HFRA's mission is to Empower Families to Raise Healthy Children. By using an evidence-based, home visiting model focused on child development and positive parenting as well as linking to community resources, HFRA is able to build protective factors and reduce inter-generational cycles. HFRA equips new mothers vulnerable to poor parenting behaviors with the support they need to develop safe and loving homes by reducing those risk factors identified while building protective factors.

**Does your project serve a particular population segment?**

Select all that apply.

General Population

**Program Area**

Select up to 3

Human Services

Youth Devel

Education

**Diversity, Equity, and Inclusion*****Diversity, Equity and Inclusion***

The Community Foundation recognizes that our community is diverse and so are the needs and aspirations of the people we serve. We envision a thriving, equitable and connected region where people of all races, places and identities have full and equal access to opportunity, power and resources. We would like to collect demographic data on your Board of Governors and the people your organization serves. Please note that answers to these questions will not affect the eligibility of your proposal.

### **Incorporating values of DEI**

At the foundation, we are committed to building opportunities for all. To be successful, we know that a focus on equity is crucial. The foundation has made several organizational commitments, including a new board committee, an advisory council of community voices and a new fund for racial equity. We would like to hear from you on how your organization is incorporating diversity, equity and inclusion.

For example, do you incorporate the perspectives of the populations served in program design and delivery? Has your organization hosted/attended training for staff and board?

### **Goals related to DEI your Organization hopes to achieve in the future**

If your organization does not have any active efforts that incorporate a DEI lens into your work, or you're looking to expand on your current work; list any DEI goals your organization hopes to achieve in the future. (E.g. developing a more diverse board of directors, conducting yearly cultural competency training for staff, active inclusion of diverse vendors, mechanisms for senior accountability for DEI performance, etc.)

#### **1. Demographic data of board and staff**

a. Board member racial/ethnic identity. Which of the following best describes the racial/ethnic makeup of your board? You may enter members into more than one category:

Board Members - Black/African American

4

Board Members - Asian/Pacific Islander

Board Members - White

3

Board Members - Latinx, Hispanic

Board Members - MENA (Middle East and North Africa)

Board Members - Native American/Indian or Alaska Native

Board Members - Other

**b. Staff member racial/ethnic identity. Which of the following best describes the racial/ethnic makeup of your staff? You may enter members into more than one category:**

Staff Members - Black/African American

3

Staff Members Asian/Pacific Islander

0

Staff Members - White

4

Staff Members - Native American/Indian or Alaska Native

0

Staff Members - Latinx/Hispanic

6

Staff Members - MENA (Middle East and North Africa)

0

Staff Members - Other

0

**c. Board member gender identity. Which of the following best describes the gender makeup of your board members?**

Board member gender identity

Board Members – Female

Board Members – Male

**d. Staff member gender identity. Which of the following best describes the gender makeup of your staff?**

Staff member gender identity.

Staff Members – Female

## **2. Demographic Data of Those You Serve**

Those served: Gender Identity

Served - Female

Served - Male

Those served: Racial/ethnic identity

Asian/Pacific Islander

Black/African American

White

Latinx/Hispanic

More than one race

Those served: Income

Select up to 2

Less than \$25,000

\$25,000 – 49,999

### 3. Briefly describe how diversity, equity and inclusion inform your organization and/or programs.

#### Diversity Equity Inclusion

Healthy Families Rappahannock Area (HFRA) is intentional in its efforts to promote equity in all facets of operations with families, staff, and community. This level of intentionality allows us to listen and learn from the lived expertise of others, and to recognize how implicit bias and power imbalance impair authentic relationships. By examining and gaining greater clarity related to the causes of these and other challenges associated with long-standing health and social disparities, we believe we are more likely to effect change through our advocacy and meaningful dialogue with one another. We believe by taking an honest and reflective look inward increases awareness and understanding of our biases, offering us an opportunity to be intentional in our efforts to counteract these.

HFRA celebrates diversity and honor the dignity of families and colleagues by education and encouraging self and others, continuously striving to improve relationships. We believe by allowing parents to teach us of their culture, and being observant and accepting of behaviors, attitudes, and beliefs that may be different from our own, reduces the risk of making faulty assumptions, and helps us evolve as individuals with appreciation for our own common humanity. We believe when staff express curiosity with open-ended questions, are non-judgmental, refrain from imparting their own belief and value systems, and seek to repair relationships when missteps occur, families and staff have an opportunity to grow and develop.

HFRA works with others in the community to identify and address existing barriers, increase access to services and achieve equity in service delivery, especially for underrepresented groups in the community, confronting disparities caused by systemic oppression, institutional racism and discrimination. Racial and ethnic minorities, and other underrepresented groups, face barriers in accessing services within their communities. HFRA believes it is our responsibility to utilize our influence and decision-making in ways that identify and address structural inequities brought about by privilege and discrimination. This includes actions taken both internally (in support of our organization) and externally (in support of our community). We believe it is our responsibility to identify major cultural groups within the community, determine groups currently underserved, and prioritize the hiring of staff who represent these groups and can provide support in the family's preferred language.

## 6 - Contact Info

Organization Contact Information - Executive Director or Board Member

Prefix

Mrs.

First Name  
Melodie

Last Name  
Jennings

Title  
Program Director

Office Address  
4605 Carr Drive

Office City              Office State  
Fredericksburg        Virginia

Office Postal Code  
22408

Office Phone  
5403707404

E-mail  
mjennings@rappahannockareacsb.org

Project/Proposal Contact Information

Prefix  
Mrs.

First Name  
Melodie

Last Name  
Jennings

Title  
Program Director

Office Address  
4605 Carr Drive

Office City              State  
Fredericksburg        Virginia

Office Postal Code  
22408

Office Phone  
5403707404

E-mail  
mjennings@rappahannockareacsb.org

## 7 - Request Info

### Project Request Information

#### Project Title

What if she knew?

#### Request Amount

15000

#### Project Start Date

Project must start after the grant award date, i.e. after May 15, 2022

6/1/2022

#### Project End Date

Grant period is for one year or less.

5/30/2023

#### Geographical Area Served

All of PD16

#### Age Group Served

Infants (Birth - 2yrs))

Pre-school, K, HeadStart (3-5)

#### Ethnicity Served

Select the top three

All groups

#### Gender Served

M&F

### Project Description

#### Describe your project.

What is the project? What will you do? Who is it for? Why are you doing it? Why are you the right organization to do this? Describe the audience and geographic area served. Why were these selected? If this project is coeducational, explain how the project will specifically address the needs of women and girls. You must state how your project serves the mission of the Women and Girls Fund. Please complete the sentence "Grant funds will be used to \_\_\_\_\_."

Healthy Families Rappahannock Area's (HFRA) Project is to Increase the Awareness of Support available to Women as they walk this journey of parenting. HFRA has been supporting mother's in this community since 1998. We have testimony after testimony of how mothers are thankful for the support they have received and how their lives have been impacted. Our audience are mothers who have recently delivered or are currently pregnant living in Planning District 16 (Fredericksburg City and the counties of King George, Stafford, Caroline and Spotsylvania). HFRA recently hired of a former participant of the program into the role of a Family Support Specialist. She is anxious to share about the support she received and still believes in with other mothers in the community.

#### Our WHY for this PROJECT:

A few months ago, in Spotsylvania county, a four-month-old baby lost his life due to malnourishment and/or neglect. Immediately, we at HFRA checked to see if we had ever received a screen for this mother when she delivered her baby and unfortunately, we did not. Due to the pandemic, we are having to rely on hospital staff to share about HFRA.

The thought of "What if she only knew" ran through our minds instantly. What If someone would have only shared about Healthy Families, would this baby be alive today? What if she was adding more water than formula to his bottle because of a lack of formula? If involved in HFRA, she would have been linked to resources as well as provided support. What if this mother was suffering from post-partum depression and felt all alone? If connected to HFRA, we would have been able to referred her to the support she needed. There are many "What if" questions that we could ask, but the scenario always ends with, if she only had known about Healthy Families Rappahannock Area.

HFRA's mission is to help mothers IDENTIFY their best version of themselves, PARTNER with mothers for success

in parenting, and EMPOWER mothers to raise healthy children. If a mother can IDENTIFY her best self, she can help her child do the same. HFRA is that support for mothers in our community. When a mother feels supported, everyone involved in her life feels supported also. It is that ripple effect.

We believe if this young mom in Spotsylvania county would have only known about the support available to her, the baby would still be alive today. Grant funds will be used to increase the Awareness throughout our community about the support available to mothers. The funds will support the "What if she knew" Project. This project will help to re-design a more user-friendly website as well as other marketing strategies. When a mother uses the web, she is searching two things; either the name of the thing or seeking a solution, WE WANT TO BE THE NAME SHE IS SEARCHING FOR AS WELL AS THE SOLUTION TO WHAT ADVICE SHE IS SEEKING.

These funds will help Her Know.

Tell us why your project is needed in our community. Use local data or research whenever possible.

What do you specifically want to accomplish? Are your objectives and outcomes specific (why, what, who and where), measurable, achievable, realistic and time-bound (SMART)?

Since the pandemic, many of our new mothers are left to figure out this journey of motherhood with limited support. Prior to the 2019, Healthy Families had Family Resource Specialist in the hospital on a daily basis sharing about the program with all new mothers. Mary Washington Hospital has over 2,000 deliveries every year. In FY2017, there were 2,620 births reported, HFRA was able to share with over 50% of those new mothers about the program and other resources in the community.

Healthy Families Rappahannock Area now has to rely on already overworked and overwhelmed nurses to share about resources in the community due to the pandemic. HFRA has seen a large decrease in the number of screens completed by new mothers delivering at Mary Washington. In FY2020, there were 2,162 births reported and only 24% of the new mother's completed a screen for HFRA. This decrease in screens could possibly be a result in the baby boy passing away due to malnourishment and neglect. What if his mother would have only known about Healthy Families?

According to Google, there are over 1 billion users worldwide. People use the web for one of two reasons, either they are searching a name or they are seeking a solution. HFRA wants to be what new mothers are seeking when they are searching for their solution. We believe that by re-designing our website as well as using infomercials to advertise, we will see a higher number in screens received. In FY2021, of the 2,162 deliveries, HFRA only received 9% in screens.

In FY2022, HFRA set out to make awareness a part of their mission. We are able to track the number of screens we receive each year and where they came from through our data base. In FY2021, 24% of the screens HFRA received were from self-referrals. We are excited to announce that so far in FY2022, we have received over 15%. We believe that Technology and Advertising are the keys to promoting awareness. This project will help our community be more aware. It is up to us to ensure that no other mother feels she has to walk this journey of motherhood alone.

### Goals and Objectives

Define your project goals and what activities will help you achieve those goals. What will project success look like and how will project success be measured in documented? Be certain that your budget matches your proposed grant activities.

Awareness is the key to supporting mothers in our community. No mother should ever feel that she has to travel this journey of motherhood alone. HFRA helps mothers IDENTIFY the best version of themselves, PARTNER with mothers for success in parenting and EMPOWERS mothers to raise healthy children. The "What if She Knew" project is to help promote awareness of support available for free and increase knowledge of Healthy Families Rappahannock Area in our community to all mothers.

The activities for this project are:

1. New web design for HFRA which will allow easier access as well as allow HFRA to be the number one solution a new mother is seeking. This new web design will also link possible donors to ways they can support new mothers in our community as well.
2. Redesign infomercials. Once uploaded, HFRA will deliver to community partners (Hospitals, OB/GYN and social media sites).
3. QR codes: HFRA will ensure all marketing materials have the HFRA QR code which will link new mothers directly to the website.

#### 4. Update marketing tools (Brochures, screens, etc.)

Success of this project will show in the increase number of awareness as well as donations provided to support new mothers in our community.

The projects success will be determined by the number of screens/referrals received from those who learned about the program through the use of this project. We also believe that this project will play a key role in the support that is offered from Community Partners being aware of what is available to those they support as well.

Strategic use of this project in creating a donation button on the new web design will also provide a way for new donors to be involved with HFRA. We will be able to measure the success of this project through the number of new donors created, screens received and awareness provided to our community.

It takes a village and with awareness of who can help, this baby's life was not in vain.

#### Collaboration

Are you collaborating with another organization to complete this project? If yes, list the organization(s) and describe how you will work together on this project.

HFRA plans to work with Metro Nova Creative in the new design of HFRA's web site. Metro Nova Creative is a locally run graphic design team run by Dan Craddock. Dan comes highly rated in our community and we look forward to his support on ensuring that Healthy Families Rappahannock Area is well known in our community. HFRA will also be working with Ignite Cinemas also locally owned and run by Jamie Garza. Jamie has been recognized by the Fredericksburg Regional Chamber of Commerce as well as worked on many projects with the Rappahannock Area United Way, FAHASS, Fletcher Construction, and many more.

The collaboration between HFRA and these two great organizations will allow our voice to be heard and the women of our community to know there is support available to them.

Tell us about the women and girls involved with, benefitting from or leading this program.

Are there women and girls involved in planning/implementing/leading this project? How many? What are their specific roles? Describe the women and girls population you seek to serve with this project. Who are they and what will they gain from the project? How will women and girls learn about your program? How will they access it?

There are many women involved in helping this project to grow. All staff of Healthy Families Rappahannock Area are women. The project manager is Melodie Jennings. She is a native of this community and a mother of 4 (two biological and two by love). She is supported by the rest of her staff who are either mothers themselves or pride themselves in the role of step-mothers and god-mothers.

HFRA seeks to serve new mothers living in Planning District 16 (city of Fredericksburg and the counties of King George, Caroline, Stafford and Spotsylvania).

Having a new baby can be very scary; especially when they do not come home with a "how to guide". Some new mothers can feel so alone on this journey. Sometimes our own childhood can be a reason of this scare. Many times, we as mothers question ourselves and wonder if we are even capable of being a good mom. For the mothers involved with Healthy Families, they do not have to worry about taking this journey alone. Healthy Families Rappahannock Area helps mothers IDENTIFY the best version of themselves. HFRA works with mothers to recognize their strengths and help them build on those. HFRA PARTNERS with mothers for success in parenting. By building strong parent-child interaction skills, our community cannot help but to have strong women that can impact the community in a positive way. HFRA also EMPOWERS mothers to raise healthy children. HFRA believes mothers are capable of being a good parent, they just do not have to do this journey alone.

#### Sustainability

Restate the amount you are seeking through this grant opportunity and describe any other funding sources and amounts. Are you seeking funding for a new or existing project? If an existing project, is your proposal to expand or sustain your work?

The "What if She Knew" project is an existing project. This proposal is to expand and renew a way of awareness. Since many are using some type of technology to seek a solution, HFRA believes that this expansion will help to build the awareness in our community. HFRA is seeking \$15,000 to help in this expansion.

This Project will add to our already collected \$5,000 in donations collected toward the re-design.

Make a compelling case for why your grant should be funded.

Provide a case study or tell us a story that illustrates the impact your funding request has on women and girls, their support system and our community.



We have shared about the mother that did not know about Healthy Families; however, here are a few testimonies of mothers that did have the support of HFRA because they knew.

"Without the help of healthy families, I would not have been fully equipped to embark on the journey of motherhood alone. Being a single first time mom is scary, and to know I had a nonjudgmental mentor guiding and supporting me towards unimaginable goals for my child and I....was like a breath of fresh air, or a peaceful full nights sleep!"  
Nia W.

"Healthy Families makes sure that all families are connected with resources that I didn't know was available to me. My FSS helped me look at the positive side of all the challenges I felt I was having a first time mother." S. Darley

"Nobody knows how hard postpartum is and my FSS was there to help every step of the way, even shared personal experiences that made me feel that I was not the only one feeling this way! Having a premature baby is scary and my FSS made me feel that I was not alone." A. Kubina

When Jane first joined Healthy Families, she had a one-month old daughter and 2-year-old son. She was recently separated, experiencing depression, unemployed and facing eviction. Jane was feeling overwhelmed and in need of support. Over the years, Jane earned her C.N.A. and began working full-time in-home health care and later at a nursing home. She moved into a new apartment and now has stable housing and finances. Jane learned to prioritize mental health and the importance of practicing self-care. During her time in the program, she began to have developmental concerns with both of her children. She was able to get early intervention services for both of them and they are thriving. She has always been interested in learning and utilizing positive parenting techniques and learning about child development. Jane has taken advantage of other resources she has been referred to in order to reach multiple goals. Her most recent goal was to have her daughter, who is now 4 years old, enrolled in Head Start for the 2021-2022 school year. Her daughter is enrolled and will begin Head Start in the fall, at which time Jane will become a successful Healthy Families graduate! Jane A.

## Evaluation

To the extent possible, detail how you will measure the effectiveness of your proposed project. How will you measure success? What indicators or evaluations will you use? Are your objectives and outcomes specific (why, what, who and where), measurable, achievable, realistic and time-bound (SMART)? How will you know the project is successful? Are you collecting value statements, surveys, photos, or using other methods for analysis?

Measure of effectiveness of the project will be done through data collect via the website as well as through the HFRA data system.

Objective: Increase Awareness of Healthy Families

1. Desired Outcome: HFRA Web site will be source of when a mother is seeking a solution to her situation.

- a. Monthly hits to website will be tracked
- b. Quarterly: HFRA will track overall usage of website
- c. Annually: Ended report will be the baseline for proceeding year

Evaluation Measures: HFRA will see an increase of 75% or greater of the number of visits made to the web site to increase awareness yearly

2. Desired Outcome: Increase number of Screens Received

- a. Monthly track number of screens received via site visit
- b. Monthly track number of screens received via infomercial
- c. Monthly track number of screens received via QR code

Evaluation Measures: HFRA will see an increase of 75% or greater on the number of self- referrals received by end of fiscal year.

3. Desired Outcome: Increase in the number of donations received

- a. All donations received will be tracked through finance

Evaluation Measures: Donations received through web site will be tracked and used as a baseline for annual reviews.

Annually, HFRA will collect value statements from those receiving services as well as community partners to share on web site as well as social media. We believe that success comes from our stories and the more we are able to share, the more others will want to be involved.

### Grant Publicity

Please restate/summarize your grant proposal in 50 words or fewer.

If awarded, the below statement may be used to describe your grant in social and print media, and with our donors. Here is an example summary statement: This grant will allow [organization] to [make a strategic plan, board training (describe briefly)] and help support [positive outcome] for [number] of [type of people].

This grant will allow Healthy Families Rappahannock Area to reach mothers in our community that are walking the journey of motherhood. By helping mothers IDENTIFY the best version of themselves, PARTNERING with them for success in parenting, and EMPOWERING them to raise healthy children, we can build a stronger community.

## 8 - Budget

### Project Budget

**Provide a budget attachment (see instructions below) and provide a detailed description of your proposed expenses in the form below.**

[Click here to download an MS Excel budget template.](#)

The file, entitled "Budget Template for Grant Application" will automatically download to your computer.

Open the budget template file on your computer and fill it in with information about your proposal.

Once completed: 1) rename, 2) save and 3) upload your budget using the file loader below.

Upload your completed Budget for Grant Application MS Excel Document

Remember to click "Upload" after you have chosen the file you wish to upload.

[HFRA Budget Request.xlsx](#)

### Detailed Description of Expenses

For each category of your grant request, please write out the details of expenses including the amount, purpose, basis of your estimates, etc.

Fees/stipends- for professional services and staff

For the site build of the HFRA web site, HFRA's grant request toward this project is \$8,000. The new web site will allow a better user experience while providing security, and safety for our users. Pages will include, home, about us, services, donation, volunteers, community resources, blogs, contact, etc.

For the infomercial redesign, HFRA is requesting \$4,000 towards this cost. The infomercial will be used in Hospitals, OB/GYN offices, Health Department as well as on social media.

Supplies- to support project.

USB drives to share infomercials with community partners - \$250

Transportation- to and from event, training, etc.

n/a

Printing/publications for outreach or public awareness

Brochures and QR Code stickers for public awareness - \$2750

Rental fees – special equipment, meeting or event space

n/a

Other Expenses (not stated above). Please specify.

n/a

## **Rappahannock Area Kids on the Block City Arts Commission Grant**

The Rappahannock Area Kids on the Block (RAKOB) plans to submit an application to the City of Fredericksburg for the Government Challenge Grant. It is a matching grant program that combines local monies with state monies to support 501c3 Arts Organizations with operating funds. (The Rappahannock Area Community Services Board is not responsible for providing any additional funding.)

The application is due to the City by March 4, 2022. The Fredericksburg Arts Commission will review all applications before submitting the selected grant applications to the Virginia Commission for the Arts in April. If included, RAKOB will receive the funds in spring 2023.

The program received notification on July 20, 2021 of an award in the amount of \$2,000 for the 2021 grant cycle. It was noted that the amount was higher than previously awarded by the Commission in recognition of the difficult times that art and cultural organizations have during the pandemic.

FY 2014	\$1,400
FY 2015	\$1,250
FY 2017	\$480
FY 2018	\$1,430
FY 2019	\$1,500
FY 2021	\$1,050
FY 2022	\$2,000

## Virginia Problem Gambling and Gaming Prevention

With the recent legalization of online gambling and gaming, CSB Prevention teams are being tasked to add Problem Gambling Prevention Services to our activities.

Over the past six months, we have worked with the Survey and Evaluation Research Library at the Center for Public Policy at the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University to complete a community needs assessment to collect data on local gambling and gaming behaviors, to understand the pervasiveness of gambling through an environmental scan, and to measure community readiness to address problem gambling prevention. These findings will be incorporated into our prevention strategic plan, logic model, and measurement plan following the state-wide priority finalization.

The work of VCU's Survey and Evaluation Research Laboratory (SERL) involved:

- Scans of 20 brick and mortar stores (this is a random sampling of 10% of lottery provides in Planning District 16)
- Scans of 5 charitable gaming sites (Bingo sites)
- Community Walk of 5 busy intersections
- Community Walk of 5 school intersections
- Interviews with key informants
- Passive media scan (goal five adult and five youth)

The overall average score for the Community Readiness Assessment is 2.3. This score best fits into the category of:

**Denial/Resistance.** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

Based on VCU's interviews with key informants, awareness of gaming and gambling within the community appears to be low and most people don't view it as a problem behavior that affects the community. Gaming and gambling seem to be viewed by many within the community as "harmless fun."

### REFLECTION FOR RAPPAHANNOCK AREA CSB

The Survey and Evaluation Research Laboratory at Virginia Commonwealth University conducted 5 interviews with key informants from the Rappahannock Area CSB area. Interviews were conducted with someone who works with child protective services, a public health professional, a substance abuse therapist, an activist for responsible cannabis use, and someone who works at a local nonprofit.

After scoring each interview, the overall average score for the Community Readiness Assessment is 2.3. This score fits best into

**Denial/Resistance.** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

This rating falls in line with what respondents shared with us during their interviews. Overall, based on our interviews with key informants, awareness of gaming and gambling within the community appears to be low and most people don't view it as a problem behavior that affects the community. Gaming and gambling seem to be viewed by many within the community as "harmless fun."

The average score for each of the domains is:

- a. **Community Knowledge of the Efforts: 2.6**
- b. **Leadership: 1.0**
- c. **Community Climate: 2.6**
- d. **Community Knowledge about the Issue: 3.4**
- e. **Resources Related to the Issue: 1.8**

**Community Knowledge of the Efforts** – When asked to what extent community members know about local efforts and their effectiveness, key informants indicated that there are a few members of the community that are aware of efforts relating to gaming and gambling, but awareness is overall very low.

**Leadership** – When asked to what extent appointed leaders and influential community members are supportive of the issue, key informants indicated that community leadership has no recognition of gaming and gambling or they are unaware of any recognition.

**Community Climate** – The prevailing attitude of the community towards gaming and gambling is neutral—generally the community sees it as harmless to the community as long as it is done in moderation.

**Community Knowledge about the Issue** – In regards to the extent to which community members know the causes of the problem, consequences, and how it impacts their community, our key informants indicated that some members of the community have basic knowledge and recognize that

gaming and gambling occurs locally. Information is generally lacking though and not much consideration is given to problem gaming and gambling.

**Resources Related to the Issue** – Our key informants indicated that there are limited resources available for gaming and gambling—while informants were aware of the existence of some resources, they did not know many details about those resources.

1. What do these scores tell you about next steps to take for gaming and gambling prevention work?

### Community Readiness Assessment Process

2. Successes – We found the key informants to be very open and willing to share their experiences and perspectives with us.
3. Challenges – We at SERL did not experience any challenges with this portion of the assessment.
4. What would be helpful for future Community Readiness Assessments? I think that a review of the scoring guide may be useful. It was sometimes difficult to find the right category for a response as they did not seem to flow in a continuum. Some key informants indicated that there were polarized views within their community, and this was hard to capture on the form provided.

### Last Reflections

For the last question, we ask that you reflect on the entire process of the Community Readiness Assessment – from identifying stakeholders, to holding interviews of focus groups, to scoring responses, to seeing the results.

From SERL’s perspective the interviewing went extremely well. The CSB had notified stakeholders that we would be inviting them to participate in an interview and this help tremendously. The stakeholders that we spoke with were happy to provide their personal experiences and perspectives on the topic. Scoring the responses was a little tricky, as many responses were not easily coded with the rating guide provided. However, our individual ratings matched up very well so we do feel confident in our ratings.

- 8) Describe the major learnings or takeaways that you, staff, the CSB or coalition, will remember and take with you all moving forward.

SCORE SHEET – RAPPAHANNOCK AREA CSB

	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Mean Rating
Community Knowledge of the Efforts	3	1.5	2.5	4	2	2.6
Leadership	1	1	1	1	1	1.0
Community Climate	3	4	2	3	1	2.6
Community Knowledge about the Issue	3	3	5	5	1	3.4
Resources Related to the Issue	1.5	2	2	2	1.5	1.8

COMMUNITY READINESS AVERAGE 2.3



# Appendix A

## Stakeholder Interview Notes

## INTERVIEW #1

- 1. Please share how you are connected to gaming and gambling in your community? What role do you (or your organization) play in gaming and gambling in your community?**

CPS worker; to her knowledge, she hasn't had a case yet with families that have had issues with gaming or gambling.

- 2. What kind of gaming or gambling activities exist within your community that folks participate in?**

Noticed that there are some machines like in local neighborhood 7-11 that people can put money in and play (matching slot games). That's what she's seen for gaming/gambling. Seen people post because Super Bowl soon but not excessive thing.

- 3. How prevalent is advertising or marketing focused on gaming and gambling in the community? This can include television ads, billboards, posters, internet advertising or the radio.**

- a. Who is the target audience for the advertising?**
- b. What do the ads portray or what impression do you get from the ads?**

When the MGM resort came in, saw ads for that. Seen some ads on TV for Rosie. Drive by Rosie's and see people coming in and out, even during the weekdays (in Prince Williams). The idea of fast money, turn smaller amount into larger amount. Even with 7-11, people go in to buy scratch-offs. Message is easy/fast money. Fast money seems more geared towards lower income class. The appeal for something fun to do in abundance more geared towards high class.

- 4. If someone wanted to gamble, how easy would it be for them to participate? Would most folks know how to start gaming or gambling? Or where to go?**
  - a. Why do you think this?**

Sense of easy money while you're having fun is appealing so that may tell someone else.

- 5. What policies or laws, either at the local community level, or the state level, are you aware of that deal with gaming and gambling?**
  - a. Or programs? Activities?**
  - b. Do you believe these policies or laws are being enforced?**

On the radio, hear ad with disclosure from policies mandated by the state where if you're having an issue, contact someone.

- 6. How aware do you think your fellow community members are of gaming and gambling in the community?**
  - a. Of problem gambling?**

CSB is resource used a lot with families but not sure if they've implemented programs for gaming and gambling. Families very familiar with CSB so hopes they can connect with them if needed.

- 7. How do you think the community, in general, feels about gaming and gambling? What type of attitudes or beliefs do you think the community has?**
- a. Are attitudes different for different members of the community? Like youth, older adults, athletes, etc.**
  - b. How do you think the community views any risk or potential harm associated with gambling? Do folks think gambling is harmful?**

From the clients that she's worked with, they're not interested or aware of it. If they do get that appeal to feel comfort or fill a void, they might be interested with their circumstances (see something easy/fun to have an escape). They might fall into problem gambling.

Families at such a low point, they're not doing risk assessments.

- 8. What is your perception of community leaders' attitudes toward gaming and gambling? Those involved in city council, county commissioners, mayors, etc.**
- a. Have you heard them talk about this issue or reference it?**

Not heard them talk or reference it. In her agencies, leaders are part of different boards so if it's something that they address, they'll take initiative to speak with others in community.

- 9. What efforts are you aware of to either promote responsible gaming or gambling, or to support/help those who engage in problem gambling? This could be an ad you heard or saw.**
- a. What resources are available to support responsible gaming or gambling?**

Not too familiar with agencies that tackle head-on/focus on. Are you looking for the easy money or do you need some other assistance in your life?

- 10. How would you like to see your community respond to gaming and gambling?**

Would like to see a positive outcome on it, especially if it's cases they get where parents are causing neglect because they receive income and are more willing to spend it on gambling.

1. **Please share how you are connected to gaming and gambling in your community? What role do you (or your organization) play in gaming and gambling in your community?**

I'm not super closely connected specifically to gaming and gambling. We partnered with the CSB on all kinds of initiatives, especially coming out of COVID-19 mental health in general and kind of coping strategies. There's a social determinant of that mental health is definitely a concern. I guess I'm loosely aware that the CSB is looking into this. I know they've talked about it in some, like community work groups that were a part of that that's probably my biggest connection is directly through them

2. **What kind of gaming or gambling activities exist within your community that folks participate in?**

I'm really not an expert on this. I mean, anything I say will be specific with me. I think lottery as is commonly played, especially among lower income communities, but I don't think community in general.

Other than that, I think it's mostly online. I'm not aware of any casino those that fall within our health district which mirrors our CSB

3. **How prevalent is advertising or marketing focused on gaming and gambling in the community? This can include television ads, billboards, posters, internet advertising or the radio.**

the main ones that I hear a lot are for sports gambling on radio and TV, and then lottery as far as signage

- a. **Who is the target audience for the advertising?**

I would say men but a younger male audience, not necessarily super young, but I would say between 20 through 50s. And again, I feel like the targets low income communities. I feel like when I drive by, like gas stations in lower income areas, that's where I see more of that kind of advertising. With most grocery stores I go to, they have machines where you can buy lottery tickets

- b. **What do the ads portray or what impression do you get from the ads?**

That it will certainly increase your likelihood to win a lot of money. I guess the sports gambling ads seem to portray almost like a royalty sort of is the view of like the Caesars ad, where not only are you going to get money, but all this power. And then lottery just I feel like it's just it makes it seem like there's an increased likelihood, even though you're going to just be spending just as much money for any kinds of odds

4. **If someone wanted to gamble, how easy would it be for them to participate? Would most folks know how to start gaming or gambling? Or where to go?**

I just feel like lottery's so readily available. I can feel like we can go into any gas station or any grocery store and play. And then for some of the online stuff, it just seems to me that it's as simple as going to a website. Like it doesn't seem like there's any steps, even thinking compared

to casinos where you actually have to like take the step to drive there. All that is removed. It seems like the gambling that's available in our area.

**5. What policies or laws, either at the local community level, or the state level, are you aware of that deal with gaming and gambling?**

age restrictions. I believe it's all 18 and up but that's really the only law I'm aware of

**a. Or programs? Activities?**

**b. Do you believe these policies or laws are being enforced?**

I think so, but I think it's possible to find loopholes in that you could have somebody else play or purchase. And it's online. So I think that there's always ways that can be found when it's online

**6. How aware do you think your fellow community members are of gaming and gambling in the community?**

I think are very aware that it's available

**a. Of problem gambling?**

I feel like a lot of times people don't think about the kind of gambling that's known as gambling. I think that they think of it as like games. I guess that's just my perception, and then I'm not sure that it's really perceived as a problem. And again, I think some of this is just because it's like online and there's so many other online things we do all the time. That we don't perceive as problem behaviors. But like, everybody playing Wordle is very different than spending a lot of money on gambling.

**7. How do you think the community, in general, feels about gaming and gambling? What type of attitudes or beliefs do you think the community has?**

we have a really big, faith based community within our area. I think someone in that type of circle would probably view it as more of a problem. we do work with those groups quite a bit on various initiatives, and they're usually pretty in touch with some of these problems that can affect family structures in society. So I think that there's definitely a segment of our population that perceives this as a problem. I think that there is also a big segment of the population that sees it as like, I'm just having fun. So it's not a problem.

**a. Are attitudes different for different members of the community? Like youth, older adults, athletes, etc.**

Lottery usage that like it is typically lower income people they're playing the lottery, not middle or higher income people. Not that they never do, but they don't play really regularly and spend lots of money. So I do think that there's probably some class differences, but some of that may be differences in spending too. I think we're like a lot of Virginia but somewhat unique in that we have kind of an urban Fredericksburg that has a very different feel, unlike suburban Spotsylvania, Stafford and then really rural Caroline County

**b. How do you think the community views any risk or potential harm associated with gambling? Do folks think gambling is harmful?**

I think it's something that people think is not harmful in really small doses. I think that it's something that like people feel like they can play a game where it's small, low stakes. Like I play fantasy football. I think you could consider that like, it's a \$20 buy in for the season. It's essentially gambling. But like, that's a very different spending pattern and game than, you know, spending tons of money and tons of time investing in online gambling.

**8. What is your perception of community leaders' attitudes toward gaming and gambling? Those involved in city council, county commissioners, mayors, etc.**

**a. Have you heard them talk about this issue or reference it?**

I really haven't heard very much about it. Like I think CSB has been bringing it to some meetings where I think it will make its way there but so far, I haven't heard that stuff technically.

**9. What efforts are you aware of to either promote responsible gaming or gambling, or to support/help those who engage in problem gambling? This could be an ad you heard or saw.**

I've seen in meetings that have a lot of community partners, stuff coming out of CSB. I think that I've also seen some billboard ads for gambling hotline kind of support, but I would say that's probably the extent of it

**a. What resources are available to support responsible gaming or gambling?**

Other than the CSB, I'm really not hearing about it for many other organizations. So that's the main one I would be aware of.

**10. How would you like to see your community respond to gaming and gambling?**

I mean, I would certainly like to see it as an issue that's not affecting populations that are already struggling. And I think that is what really bums me out about it. Like, we've kind of talked about lottery that I feel like it does target low income communities. And that's like one of the bigger changes I would want to see.

For the greater community. I think we're just in a place where we're struggling with so many mental health issues. That acknowledging that there's all different kinds of ways that people are kind of engaging unhealthy coping mechanisms to include gambling, so I guess I would, with everything that's going on, I wouldn't see a specific gambling intervention necessarily being as successful but like trying to tie it into like we're seeing like if we're seeing more drug use and more alcohol use and all these different things. I think gambling fits well into that of just a way you know, people are trying to cope and escape with what's been a really hard two years.

### INTERVIEW #3

- 1. Please share how you are connected to gaming and gambling in your community? What role do you (or your organization) play in gaming and gambling in your community?**

They are not. One gambling addiction issue since 2008. Not treated it, not seen it.

- 2. What kind of gaming or gambling activities exist within your community that folks participate in?**

Most folks go to Maryland to do some of the horses, slots, not sure what they're doing. Locally the biggest issue they have is with the lottery. Sometimes clients will spend too much on that. They assess for behavioral addictions when they do assessments, but haven't seen a lot.

- 3. How prevalent is advertising or marketing focused on gaming and gambling in the community? This can include television ads, billboards, posters, internet advertising or the radio.**

- a. Who is the target audience for the advertising?**
- b. What do the ads portray or what impression do you get from the ads?**

The lottery, billboards/tv/etc. Impression is that advertising is aimed at folks in the low SES, more so African Americans. Not sure why. Low SES folks and African American clients tend to report more.

- 4. If someone wanted to gamble, how easy would it be for them to participate? Would most folks know how to start gaming or gambling? Or where to go?**

- a. Why do you think this?**

Horses are everywhere, Maryland, Atlantic City. Horse park in Williamsburg. Most folks do the lottery.

- 5. What policies or laws, either at the local community level, or the state level, are you aware of that deal with gaming and gambling?**

- a. Or programs? Activities?**
- b. Do you believe these policies or laws are being enforced?**

Don't think you're allowed to have private poker games where people make money. Friend was arrested; think there was real money involved. Don't know of anyone locally or clients who have had to deal with that.

- 6. How aware do you think your fellow community members are of gaming and gambling in the community?**

- a. Of problem gambling?**

Not at all. The general public is aware that problem gambling exists and is on some level aware of difference between gambling and problem gambling. Don't have access to people dealing with these issues.

**7. How do you think the community, in general, feels about gaming and gambling? What type of attitudes or beliefs do you think the community has?**

**a. Are attitudes different for different members of the community? Like youth, older adults, athletes, etc.**

**b. How do you think the community views any risk or potential harm associated with gambling? Do folks think gambling is harmful?**

Not sure. Community is aware that problem gambling exists.

**8. What is your perception of community leaders' attitudes toward gaming and gambling? Those involved in city council, county commissioners, mayors, etc.**

**a. Have you heard them talk about this issue or reference it?**

No knowledge. Avoids politicians.

**9. What efforts are you aware of to either promote responsible gaming or gambling, or to support/help those who engage in problem gambling? This could be an ad you heard or saw.**

**a. What resources are available to support responsible gaming or gambling?**

Have seen the bylines on some of the lottery advertisements. No idea how many people use that.

**10. How would you like to see your community respond to gaming and gambling?**

Not aware that it's a problem.



## INTERVIEW #4

- 1. Please share how you are connected to gaming and gambling in your community? What role do you (or your organization) play in gaming and gambling in your community?**

No direct connection with either. My only relationship is the abundance of advertising that has popped up recently.

- 2. What kind of gaming or gambling activities exist within your community that folks participate in?**

Sports betting, bingo, lottery tickets at a counter, vending machine, in grocery stores and gas stations.

- 3. How prevalent is advertising or marketing focused on gaming and gambling in the community? This can include television ads, billboards, posters, internet advertising or the radio.**

There has been a surge in recent months. Billboards, a lot of radio ads. Streaming and live radio. Targeted ads through YouTube or other social media. Sports betting is most prevalent.

- a. Who is the target audience for the advertising?**

Male population, middle aged

- b. What do the ads portray or what impression do you get from the ads?**

Incentive to sign-up from what I recall. If you sign up you get x amount of dollars for signing up. Promoting the downloading of the app. Seasonal based on whatever sport is in season.

- 4. If someone wanted to gamble, how easy would it be for them to participate? Would most folks know how to start gaming or gambling? Or where to go?**

I have no idea how it works, but based on the advertisement, they sound like they make it really easy to start. Usually a tutorial in the beginning. Trying to make it as appealing and easy as possible. I've had to dissuade my daughter from buying lottery tickets. They're so shiny and pretty even to children. It's distressing.

- 5. What policies or laws, either at the local community level, or the state level, are you aware of that deal with gaming and gambling?**

- a. Or programs? Activities?
- b. Do you believe these policies or laws are being enforced?

The only law that I am aware of is the age. You have to be 18 or older. I don't know how monitored or well enforced that is. That's the only law that I'm aware of.

- 6. How aware do you think your fellow community members are of gaming and gambling in the community?**

Not very aware. Those aren't the things that are advertised (laws). Nobody wants to hear about that unless it's their area of expertise.

I think so. When MGM opened up in DC a lot of people would make an evening out of going to the casino. I've been to Vegas, but I didn't go to DC. People are willing to travel a distance to do that. There willingness is pretty significant.

**a. Of problem gambling?**

Probably more aware of that. There's a disclaimer at the end of the radio ads. Fast talking disclaimer that as far as I know they are required to include. If you have problems gambling reach out to this number.

**7. How do you think the community, in general, feels about gaming and gambling? What type of attitudes or beliefs do you think the community has?**

Not fair for me to speak on behalf of the community. Myself, I find it irritating (the radio commercials). I turn the station. They are annoying. The high energy is supposed to generate excitement, but it doesn't for me since I'm not interested in gambling. I don't like the appeal of the lottery machines for children.

**a. Are attitudes different for different members of the community? Like youth, older adults, athletes, etc.**

They appeal to children (the lottery machines).

**b. How do you think the community views any risk or potential harm associated with gambling? Do folks think gambling is harmful?**

I would hope this is the general consensus (harmful).

**8. What is your perception of community leaders' attitudes toward gaming and gambling? Those involved in city council, county commissioners, mayors, etc.**

**a. Have you heard them talk about this issue or reference it?**

I haven't heard anything from them. I'm politically active, more engaged than my peers, and I have not heard them speak up about gaming.

**9. What efforts are you aware of to either promote responsible gaming or gambling, or to support/help those who engage in problem gambling? This could be an ad you heard or saw.**

I'm not aware of any.

**a. What resources are available to support responsible gaming or gambling?**

I don't know of resources other than the 1-800 number disclaimer at the end of the ads. I don't know what happens when you call that number. I don't know what the actual resource is.

**10. How would you like to see your community respond to gaming and gambling?**

I feel that having a designated spot for these things would reduce the risk of people who gamble opportunistically. At the checkout, the gas station, where they are right in your face. It's easy, fast.

If they had to go out of their way, that would reduce the likelihood of opportunistic gambling. For people who can't exercise self-control. This would also reduce the likelihood of illegal gaming.

## INTERVIEW #5

1. Please share how you are connected to gaming and gambling in your community? What role do you (or your organization) play in gaming and gambling in your community?
  - I don't we're connected in any way
  - Personally, I don't even buy a lottery ticket
11. What kind of gaming or gambling activities exist within your community that folks participate in?
  - I know that lottery tickets and scratch cards are available at gas stations and convenience stores.
  - Recently, I have seen ads on TV about online gambling such as gambling at sports events
3. How prevalent is advertising or marketing focused on gaming and gambling in the community? This can include television ads, billboards, posters, internet advertising or the radio.
  - I do see billboards for the lottery off of the interstate but only a couple
  - I do see scratch cards and lotto ticket machines at the gas station
  - I have seen ads on TV but I don't watch TV much
  - a. Who is the target audience for the advertising?
    - For Gas stations; regular kind of blue collar workers
    - The commercials, for sports; it seems to target men by the types of ads they select
  - b. What do the ads portray or what impression do you get from the ads?
    - For the TV commercials that it's fun
    - It highlights the social aspects about sports
4. If someone wanted to gamble, how easy would it be for them to participate? Would most folks know how to start gaming or gambling? Or where to go?
  - I would think so, yea
  - The fact that lotto and scratch cards are in gas stations most people would go
  - They make it seem like as long as you have a credit card you're ready to go
5. What policies or laws, either at the local community level, or the state level, are you aware of that deal with gaming and gambling?
  - IDK
  - The age limit is the only thing I can think of legally
    - a. Or programs? Activities?
      - Not in VA
      - I have heard of it in other states where gambling has been legal for longer
      - There are programs like AA
      - There are support groups and services, and resources surrounding it
    - b. Do you believe these policies or laws are being enforced?
      - I don't know
      - We received a lot of scratch cards as a gift but nobody checked our ID

- There's always ways around it
- 6. How aware do you think your fellow community members are of gaming and gambling in the community?**
- a. Of problem gambling?**
- Not very
  - I serve on several community task forces and gambling as not been much of a topic
  - It's not been on our reports on community needs
  - With it being more available that could easily change
- 7. How do you think the community, in general, feels about gaming and gambling? What type of attitudes or beliefs do you think the community has?**
- Generally people see it as harmless fun
  - Just like most things in moderation such as alcohol
  - Some people are more aware of addictive behaviors in gambling
- a. Are attitudes different for different members of the community? Like youth, older adults, athletes, etc.**
- Yeah, I think like everything certain activities are seen as more socially acceptable when high income people do it
  - Payday loan places are more available in low income neighborhoods
- b. How do you think the community views any risk or potential harm associated with gambling? Do folks think gambling is harmful?**
- I think some parts of the community do or are open to the idea that it could be
- 8. What is your perception of community leaders' attitudes toward gaming and gambling? Those involved in city council, county commissioners, mayors, etc.**
- a. Have you heard them talk about this issue or reference it?**
- I have not, no
  - I wouldn't know
- 9. What efforts are you aware of to either promote responsible gaming or gambling, or to support/help those who engage in problem gambling? This could be an ad you heard or saw.**
- a. What resources are available to support responsible gaming or gambling?**
- I haven't seen anything
  - I know it's on the community service board
- 10. How would you like to see your community respond to gaming and gambling?**
- - I think because it's newly being grown in VA
  - - I would like to see us being more proactive

## **PhotoVoice Project**

RACSB Prevention Services received \$5,000 in one-time State Opioid Response (SOR) funds as part of a Virginia Wellness Media Campaign PhotoVoice Project.

We have worked with the Rappahannock Area Health District to recruit local researchers to submit photos of what health and wellness looks like to them. This group of 11 community members shared more than 50 photos. The collection will be narrowed down to approximately 10 photos for a display.

Ultimately, the photos and narratives will help inform a state-wide media campaign.

# Virginia Wellness Media Campaign Photovoice Project

## TIMELINE

May – June 2021

- Participant recruitment, project introduction, training

June – Mid August 2021

- Plan project, Take pictures, discussion and story sharing for pictures

Mid – Late August 2021

- Group decision for what pictures and stories to share locally and for the statewide media campaign

September – November

- Plan and hold community exhibit, engage in community dialogue, reflection and action

November – December 2021

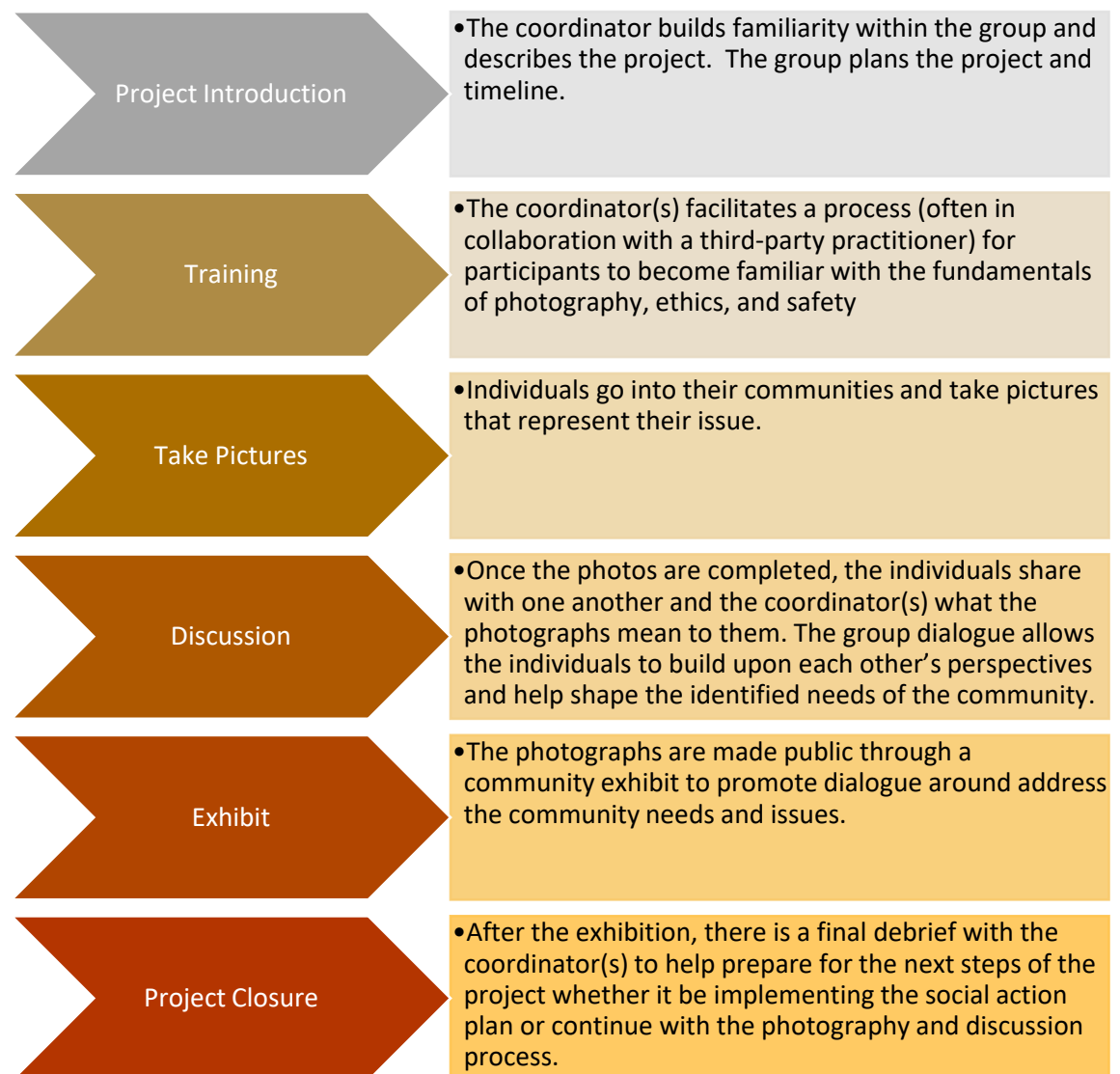
- Project celebration, evaluation and wrap-up (or next steps)

### What is Photovoice

<http://www.photovoicerva.org/about.html>

Photovoice is a research technique in which community members are provided cameras to photograph their personal challenges and successes in relation to an identified issue or research question. The community members then collaborate to discuss the intentions of their photographs, distill their stories into photo captions, and investigate overarching themes relating to the identified issue. The aim of the photovoice technique is to empower participants and promote social action by providing a visual platform that brings their photos and stories to policy makers, relevant stakeholders and the larger community.

The **basic components** included in a Photovoice projects are: <https://participedia.net/method/5016>



## **Young Adult Survey**

The Office of Behavioral Health Wellness (OBHW) at the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has directed CSB Prevention teams to implement the 2022 Young Adult Survey.

The survey is directed towards young adults ages 18-25 and was developed by OBHW and OMNI Institute.

The goal of the survey is to better understand young adult experiences with substance use, mental health, and other related topics. The survey asks about alcohol, marijuana/cannabis, cigarettes/e-cigarettes, stimulants, opioids, and other illicit drug use. Additionally, the survey asked about mental health topics/suicide, gaming and gambling behavior, and the impacts of the COVID-19 pandemic.

The survey is voluntary and takes 10-15 minutes to complete. It is confidential and anonymous. Upon exit of the survey, personal information is gathered to that an incentive can be provided. As a region, we are working with VCU for the tracking and distribution of incentives (\$15 e-gift card).

Our goal is to have 400 surveys completed by June 1, 2022.



To whom it may concern,

You are receiving this letter because you have been asked to partner with your local Community Service Board and the Office of Behavioral Health Wellness (OBHW) at the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in the implementation of the 2022 Virginia Young Adult Survey. This letter will explain what the Young Adult Survey is, how the results of the survey will be used, and how you can assist in this important statewide effort.

### **What is the Virginia Young Adult Survey (YAS)?**

- The YAS is a statewide survey of young adults ages 18-25 developed by OBHW and their evaluation partner, OMNI Institute, a nonprofit organization working with Community Services Boards (CSBs) and prevention coalitions.
- The purpose of the YAS is to better understand young adults' experiences with substance use, mental health, and other related topics to provide targeted prevention services across Virginia.
- The survey asks about young adults' opinions and experiences regarding the use of alcohol, marijuana/cannabis, cigarettes/e-cigarettes, stimulants, opioids, and other illicit drug use. It also asks about mental health topics, gaming and gambling behavior, and the impacts of the COVID-19 pandemic.

### **How was the YAS developed?**

- The survey underwent several phases of development and review to ensure validity.
  - Using research and a review of the existing literature, questions were developed to be comparable to existing validated surveys in other populations of interest such as the Youth Risk Behavioral Surveillance System (YRBSS), and Behavioral Risk Factor Surveillance System (BRFSS).
- The OMNI research team has developed an administration protocol that draws on best practices in the survey field, including a detailed informed consent process and procedures to ensure participant confidentiality and anonymity of responses. Because the survey was developed and approved at the state level, there was not a need to undergo Institutional Review Board (IRB) approval.

### **Logistics of survey collection:**

- The voluntary survey will take participants about 10-15 minutes to complete.
- The survey is confidential and anonymous; participants can exit the survey at any time or skip questions they do not feel comfortable answering.
- All data collected from this survey will be shared in aggregate and cannot be used to identify participants.
- After completion, respondents may be eligible to receive an incentive as a thank you for their participation.

### **How you can support the 2022 YAS:**

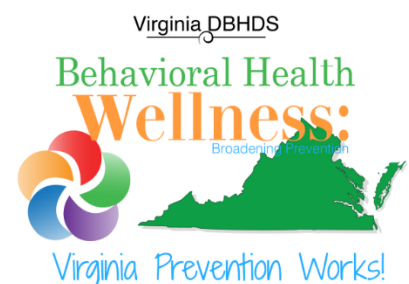
- You have the opportunity to assist with participant recruitment efforts, such as sharing the survey information with young adults in your community.
- You may also be asked to allow local prevention staff to recruit participants or advertise on your campus or at your organization/business.

We thank you in advance for your consideration and support in this important statewide effort. If you have any questions, please feel free to contact your local community service board (information below) or OMNI Institute at [VirginiaYAS@omni.org](mailto:VirginiaYAS@omni.org).

Thanks!

Gail Taylor  
Director, Office of Behavioral Health Wellness  
Department of Behavioral Health and Developmental Services

Local CSB contact information: \_\_\_\_\_



# Are you 18–25 years old, living in Virginia?

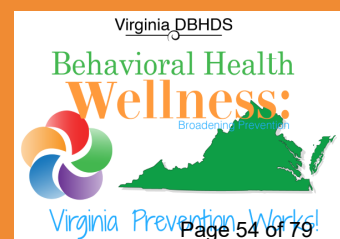
## Take the Virginia Young Adult Survey!

We want to hear about your experiences and opinions on substance use and mental health in your community. This data will help us develop health and wellness programming that better meets your needs.

**Text Virginia to  
855-632-2201  
for the survey link!**

Participate and contribute to your community's health. An incentive may be available.

**FOR MORE INFO:**



## Prevention Training Updates

Prevention Services continues to offer a hybrid of in-person and virtual trainings.

### **Mental Health First Aid**

We continue to offer virtual and limited in-person Mental Health First Aid Trainings. We currently have five (5) instructors on staff. We facilitate Adult, Youth, Public Safety and Higher Education.

So far FY 2022, we have hosted 30 trainings for a total of 512 participants. This nearly exceeds the entire previous year.

This success is attributed to Sherry Norton-Williams, Prevention Specialist, for her embrace of the virtual platform and willingness to co-train with CSB staff from across the commonwealth. Her efforts have recently been recognized by the National Council as she was announced as the top trainer in Virginia at NatCon.

For upcoming training dates or to register: <http://bit.ly/MHFAregistration>

### **ASIST**

We have not offered this in-person 2-day Applied Suicide Intervention Skills Training since March 2020. That was in part to not have the second required instructor on staff. We now have a second instructor and will resume ASIST trainings in July 2022.

### **Understanding Adverse Childhood Experiences (ACES)**

RACSB ACE Interface Master Trainers continue to host virtual trainings and collaborate with fellow CSBs. At the request of local schools and community partners, we have also hosted several in-person trainings.

Through March 31, 2022, we have trained 551 individuals.

For upcoming training dates or to register: <http://bit.ly/ACESregistration> RACSB

**REVIVE! and Narcan Dispensing**

Thus far in FY 2022, we have trained 481 individuals in REVIVE! and another 17 as Trainers. Trainings have been held virtually as well as in person. When in person we are utilizing the Rapid REVIVE! 10-minute version at community events.

We have dispensed 384 doses of Narcan.

For upcoming training and dispensing dates or to register:

[http://bit.ly/VIRTUAL\\_REVIVE](http://bit.ly/VIRTUAL_REVIVE)

<https://bit.ly/RACSB-NARCAN>

## **Operation Medicine Cabinet**

The local Partners in Aging coalition with support from law enforcement is once again hosting Operation Medicine Cabinet. This event will be held Saturday, April 30, 2022 from 10:00 a.m. to 2:00 p.m. at 10 sites throughout Planning District 16. This is the DEA's National Drug Take Back Day.

RACSB Prevention will offer Rapid REVIVE with Narcan dispensing at two sites: Mary Washington Hospital and Spotsylvania Regional Medical Center. Additionally, community partner Zoe Freedom Center will offer this at the Stafford Hospital site.

We have also arranged for every community member to receive a complimentary medication deactivation kit and RACSB wallet resource card.



WITH THE SUPPORT OF  
LOCAL  
LAW ENFORCEMENT



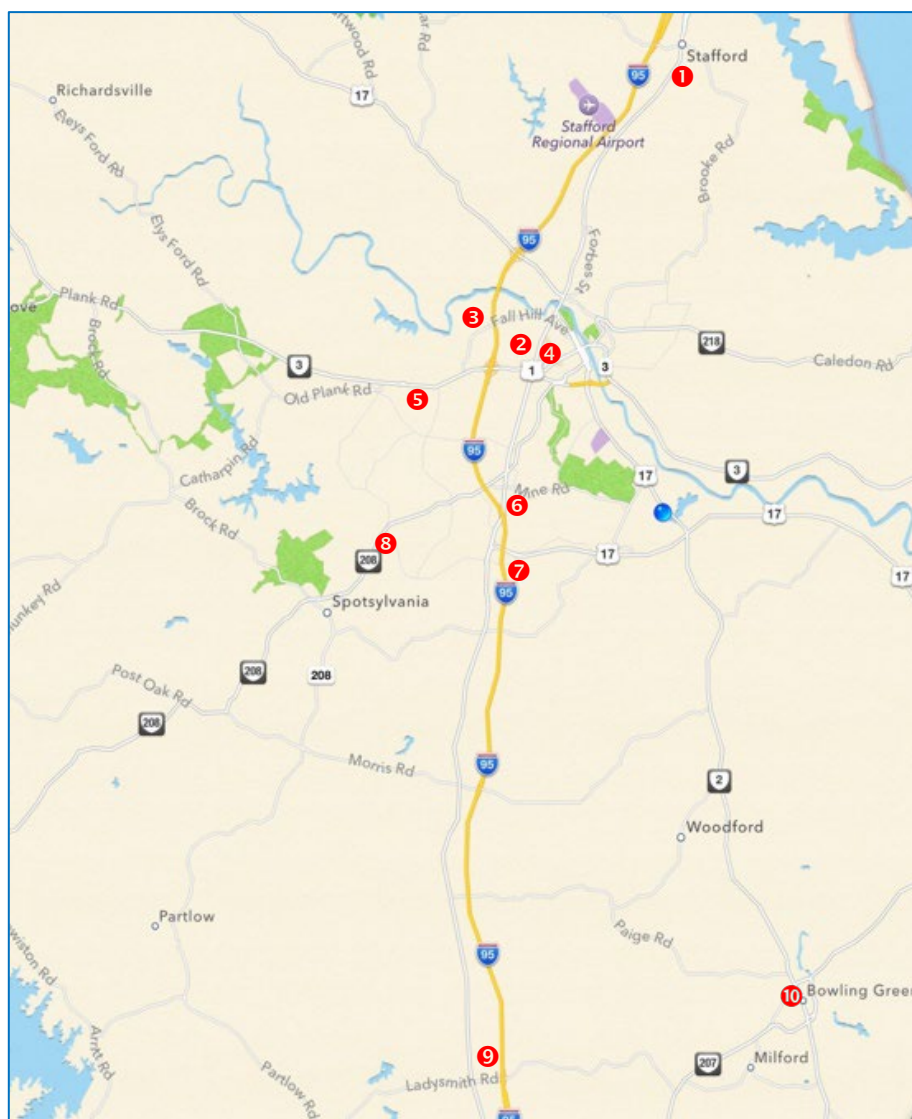
## OPERATION MEDICINE CABINET

**April 30, 2022**

**10:00 a.m. to 2:00 p.m.**

**Drop off your Expired or Unused Medications and Sharps!**  
**Drive up, drop off and drive out! No questions asked.**

### **Ten Locations to Serve You:**



1. Stafford Hospital  
101 Hospital Center Boulevard  
Stafford, VA 22554

2. Mary Washington Hospital  
Tompkins Martin Medical Plaza  
1101 Sam Perry Boulevard  
Fredericksburg, VA 22401

3. Wegmans  
2281 Carl D. Silver Parkway  
Fredericksburg, VA 22401  
**NO SHARPS ACCEPTED**

4. University of Mary Washington Bell Tower  
1301 College Avenue  
Fredericksburg VA 22401  
**NO SHARPS ACCEPTED**

5. Chancellor's Village  
12100 Chancellor's Village Lane  
Fredericksburg, VA 22407  
**NO SHARPS ACCEPTED**

6. Mary Washington Healthcare  
Emergency and Outpatient Center – Lees Hill  
10401 Spotsylvania Avenue  
Fredericksburg, VA 22408

7. Spotsylvania Regional Medical Center  
4600 Spotsylvania Parkway  
Fredericksburg, VA 22408

8. CVS Courtland Commons  
9767 Courthouse Road  
Spotsylvania, VA 22553  
**NO SHARPS ACCEPTED**

9. Mary Washington Primary Care and  
Pediatrics  
8051 Prosperity Way  
Ruther Glen, VA 22546

10. Walgreens  
104 West Broadus Avenue  
Bowling Green, VA 22427  
**NO SHARPS ACCEPTED**



**Mary Washington  
Healthcare**



**RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD**



**Spotsylvania Regional  
Medical Center**  
HCA<sub>VA</sub>

The mission of Partners in Aging is to improve the quality of life of older adults in the greater Fredericksburg area by providing access to resources and programs.

## Media Reports

In the first four months of 2022, the communications office disseminated four media releases and four Health Matters columns. The columns are written in conjunction with the Rappahannock Health District and run monthly in the Healthy Living section of The Free Lance-Star. Fredericksburg Parent Magazine also ran two stories about RACSB as part of its Stories of Strength edition. Additionally, ads for RACSB have run in Fredericksburg Parent (in print and online) and on Fredericksburg.Today's website and daily e-newsletter.

## **MEDIA RELEASE**

### **Rappahannock Area Community Services Board**

600 Jackson Street, Fredericksburg, VA 22401

540-373-3223 Fax: 540-371-3753

[www.rappahannockareacsb.org](http://www.rappahannockareacsb.org)

## **FOR IMMEDIATE RELEASE**

February 14, 2022, Fredericksburg, VA

**For more information, contact:** Amy Umble, Communications Coordinator

540-940-2314 or [aumble@rappahannockareacsb.org](mailto:aumble@rappahannockareacsb.org)

## **FREE TRAINING ON IMPACTS OF CHILDHOOD TRAUMA**

Learn how adversity in childhood can impact adult mental and physical health

**Fredericksburg, Virginia** – Before coronavirus hit, nearly half of American children experienced a traumatic event before the age of 18. Experts worry the global pandemic will drastically increase that number. Rappahannock Area Community Services Board will host free, virtual trainings to explain the impacts of childhood trauma and explore ways to mitigate those impacts.

Scientists have been studying Adverse Childhood Experiences (also known as ACEs) for years, and the research shows that children who live in toxic environments grow into adults who struggle with substance use disorder, mental illness, suicidal tendencies and other health issues.

Doctors, social workers and psychologists expect the number of children experiencing ACEs to skyrocket during the pandemic. During the previous two years, countless families have faced altered routines, financial worries, and sickness and death.

Covid-19 also exacerbates other traumatic situations for children, including domestic violence, abuse and neglect. Pediatricians across the country worry that these stressors will increase the risk of serious health, social and emotional issues.

But those outcomes could be prevented. One stable and caring relationship can mitigate the impacts of trauma. So, RACSB offers the ACE Interface Understanding Adverse Childhood Experiences and Building Self-Healing Communities sessions to help the public learn more about the effects of ACEs and the ways to build individual and community resilience.

Understanding ACEs will show the importance of being a positive influence and teach ways to help people respond to and overcome troubling experiences.

Upcoming training sessions include:

- February 16, 9 a.m. to noon
- February 23, noon to 3 p.m.
- March 10, 9 a.m. to noon
- March 23, 9 a.m. to noon



To learn more, email [prevention@rappahannockareacsb.org](mailto:prevention@rappahannockareacsb.org). To register, visit <https://bit.ly/3Glb9xV>.

*Founded in 1970, the Rappahannock Area Community Services Board (RACSB) provides public mental health, developmental disability, substance abuse and prevention/early intervention services to the residents of the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford. To learn more, visit [www.rappahannockareacsb.org](http://www.rappahannockareacsb.org).*

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## **MEDIA RELEASE**

### **Rappahannock Area Community Services Board**

600 Jackson Street, Fredericksburg, VA 22401

540-373-3223 Fax: 540-371-3753

[www.rappahannockareacsb.org](http://www.rappahannockareacsb.org)

## **FOR IMMEDIATE RELEASE**

April 5, 2022, Fredericksburg, VA

**For more information, contact:** Amy Umble, Communications Coordinator

540-940-2314 or [aumble@rappahannockareacsb.org](mailto:aumble@rappahannockareacsb.org)

## **Annual Plant Sale Helps Adults with Disabilities**

**Fredericksburg, Virginia** – Did you know that gardening can reduce anxiety, spark creativity and increase productivity? And that's on top of providing physical exercise and getting Vitamin D. And when gardeners purchase plants from Rappahannock Adult Activities, they are also supporting their community.

When shopping at the RAAI Plant Sale, customers can purchase quality plants while helping adults with developmental disability flourish in their community. Shoppers can choose from more than 100 varieties of vegetables, herbs and flowers.

Customers can purchase plants at 750 Kings Highway in Stafford County on weekdays from 10 a.m. to 4 p.m. and on Saturdays from 9 a.m. to noon. Proceeds will benefit RAAI, which helps adults with disabilities explore hobbies, develop friendships, and learn new skills. For details, call RAAI at 540/373-7643 or visit [www.rappahannockareacsb.org/daysservices](http://www.rappahannockareacsb.org/daysservices).

*Founded in 1970, the Rappahannock Area Community Services Board (RACSB) provides public mental health, developmental disability, substance abuse and prevention/early intervention services to the residents of the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford. To learn more, visit [www.rappahannockareacsb.org](http://www.rappahannockareacsb.org).*

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ALERT

TOP STORY

## **HEALTH MATTERS: Workplace wellbeing should take priority to help prevent burnout, sickness**

**By Mary Chamberlin and Amy Umble**

Apr 2, 2022

WAR, political fighting and new coronavirus strains dominate headlines these days, leaving many of us feeling exhausted. But current events aren't the only things causing burnout. A new study from Mental Health America found that 83% of American workers feel "emotionally drained" from their jobs.

And one-quarter of employees exhibit signs of severe burnout, making it difficult to concentrate on tasks or engage with coworkers.

The report offers tips for employers, encouraging them to address stress management with staff and to encourage employees to take time off when needed.

We can work on our own emotional wellbeing in the workplace, to help ourselves and our coworkers. Some ideas for managing stress at work: take breaks when possible—even if it's just a few minutes of fresh air between meetings; get organized by planning your day or decluttering your workspace; talk with supportive friends; be open with supervisors and peers about your exhaustion; keep track of your accomplishments; and take time off.

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### **People are also reading...**

- 1 Stafford police investigating possible \$200,000 phishing scam**
- 2 Steelers QB Dwayne Haskins killed in auto accident**

### 3 Spotsylvania School Board to consider changing public comment policy, amending Jan. 10 meeting minutes

### 4 Spotsylvania woman, 66, dies in house fire

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Many employees reported that they felt more emotionally secure when their work was acknowledged and appreciated. Studies have shown that peer-to-peer recognition is extremely effective, so be sure to take time out of your day to praise your coworkers and to acknowledge their contributions.

As the COVID pandemic continues to evolve, employees face many transitions from “new normal” to “new normal.” The MHA study reported, “Employers that acted with transparency, empathy and flexibility likely experienced a smoother transition during COVID-19 than companies that did not consider workplace culture, especially in high-stress or remote work environments.”

For quite some time, business owners and managers relied on the Department of Labor and Industry’s portal to report known or suspected COVID-19 outbreaks among their employees. Due to the recent revocation of the DOLI Standard and the reporting requirements under 16 VAC 25-220, a new suspect outbreak reporting portal has been created to replace the DOLI portal. The link for this portal can be found here: **[redcap.vdh.virginia.gov/redcap/surveys](https://redcap.vdh.virginia.gov/redcap/surveys)**

**[/?s=M3YRJPNRHP](https://redcap.vdh.virginia.gov/redcap/surveys/?s=M3YRJPNRHP)**.

This portal is intended to be used for the reporting of outbreaks or suspected outbreaks for all diseases, not just COVID-19. Anyone reporting an outbreak or suspected outbreak can use this project (businesses, long-term care facilities, schools, daycares, etc.).

The Rappahannock Area Health District’s Occupational Health team does feel that having businesses continue to report outbreaks of three or more cases will remain a very important factor in COVID-19 transmission containment. Reporting these outbreaks to RAHD will still be an important step in helping not only keep staff and

clients/customers healthy and safe, but it will also assist our team in tracing clusters of cases in particular areas of our health district, thus helping us to possibly prevent further transmission through contact tracing efforts. Reducing transmission means less stress for employees and fewer missed days of work—a win for all!

Mary Chamberlin is the public information officer for the Rappahannock Area Health District. Amy Umble is communications coordinator for Rappahannock Area Community Services Board. Both organizations serve Fredericksburg and Caroline, King George, Spotsylvania and Stafford counties.

Letter: Biden rallied world against Russia



Charles Mangh...

I have been in Russia. I have studied it. What...



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Jesse Jam

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TOP STORY

## HEALTH MATTERS: This February, let's rekindle kindness

By Mary Chamberlin and Amy Umble

Feb 5, 2022

A sign hangs in our window, with a myriad of positive phrases like “stronger together” and “stay safe.” My (Amy’s) then 7-year-old daughter created the sign at the beginning of the pandemic. At the time, most of the world seemed to agree with her positive sentiments. We clapped for health care workers in the evenings, drew hearts and rainbows on windows and sidewalks and shrugged off sacrifices that seemed short-term.

Two years later, we’re exhausted, divided, anxious. We no longer feel like “we’re all in this together” and we’ve moved beyond hearts and rainbows. But February is a time when we think more about love and friendship, hope and kindness. Hearts seem to appear everywhere. Let’s use this time to focus on kindness. When you think about others, you’re helping yourself. Kindness is shown to boost mental health, wellbeing and confidence. It doesn’t take a lot of effort to reap rewards, either. Start with small acts of kindness—call or text that friend you’ve been thinking about, pay a compliment to a coworker, follow a charity on social media.

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- 1 **Spotsylvania man, 18, charged in sex trafficking case**
- 2 **Turf fields coming in fall for Colonial Forge and North Stafford high schools**
- 3 **Spotsylvania School Board to consider changing public comment policy, amending Jan. 10 meeting minutes**

Keeping yourself and your community physically healthy in the midst of a pandemic is also an act of kindness. Making sure you are up to date on your COVID-19 vaccinations is the first of many layers of not only keeping yourself healthy, but in protecting others. Why does it matter if we're fully vaccinated and boosted if we know now that it's not just the unvaccinated who can be infected by the virus that causes COVID? Studies have shown that vaccinated individuals may clear the virus faster, have lower levels of virus overall, and have less time with very high levels of virus present. Those who are fully vaccinated are likely to be less contagious and are at a lower risk of severe illness that may lead to hospitalization and death—a win for ourselves and those around us.

Wearing a mask when we're indoors in public spaces is also an act of kindness. Of course, you're protecting yourself from airborne virus such as SARS CoV-2, the virus that causes COVID-19, but you're certainly protecting all of those around you, too, including that cashier who's ringing-up your purchases (they really, really appreciate this, by the way!). In addition to other safety mitigations that can be listed, staying home when you're sick tells others you care about them. Keeping your germs to yourself is an example of when not sharing is the kindest thing you can do!

**Mary Chamberlin** is the public information officer for the Rappahannock Area Health District. **Amy Umble** is communications coordinator for Rappahannock Area Community Services Board. Both organizations serve Fredericksburg and Caroline, King George, Spotsylvania and Stafford counties.

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He's so backwa  
everything he c

 Top Comment



ALERT TOP STORY

## HEALTH MATTERS: Remember to give yourself time to adjust and connect with others

By Mary Chamberlin and Amy Umble

Mar 5, 2022

**M**ARCH 2022 marks the two-year anniversary of the very first COVID-19 case being identified in Virginia.

Two years—wow. Some days it feels like it's been much longer since we first heard about SARS-CoV-2, the virus that causes COVID-19. These past two years certainly have taken a toll on us, haven't they? Well, there is, finally, some very good reasons to start exhaling. First, the great news about our health district's metrics. Since our winter cases peaked the week of Dec. 26, 2021, we have seen a 95 percent decline as of this week. Our local hospitals are no longer overwhelmed, which is more good news. With more and more people getting vaccinated and receiving their COVID-19 booster doses, there are fewer in our communities who are at risk for severe illness and hospitalization. We have come a long way.

One question that comes up a lot for us at RAHD is about continuing to mask when we are not actually required to. Bottom line: You don't need a mandate to wear a mask. If masking-up in public makes you feel safer and more comfortable, wear your mask. Are you still protected if you are the only person in a public space wearing one? Absolutely, if you're masking correctly. (For more info, go to **[cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html)**.) The CDC's recommendation for areas of "low" community level COVID-19 transmission risk states, "Wear a mask based on your personal preference, informed by your personal level of risk."

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## People are also reading...

- 1 **Spotsylvania woman, 66, dies in house fire**
  - 2 **Copperhead encounter from 2017 has left Spotsylvania woman disabled**
  - 3 **FREDERICKSBURG AREA WEATHER: Another storm system coming this way**
  - 4 **Letter: FLS should include both sides of school board**
- 

The past two years have felt like a long and not-so-fun roller coaster ride. We may feel shaky for a while. It's important to remember that each of us has spent two years adjusting to a "new normal," so we should be patient with others—and with ourselves.

Some people, especially those who have lost loved ones, may struggle to cope. And some may suffer from post-traumatic stress disorder. Signs of PTSD include overwhelming sadness, fear or anger; flashbacks; nightmares; avoiding loved ones; and distorted thoughts. If you recognize these signs in yourself or someone else, please seek mental health treatment.

COVID numbers started dropping just in time for more worries to arise. War in Ukraine brings new tensions and anxieties. It's important to keep an eye on your mental well-being—and that of the people closest to you. Find time to unwind and to turn off the news and social media notifications. Take advantage of the warmer weather by getting outside and taking deep breaths while enjoying fresh air and sunshine. Make time to connect with others in ways that uplift you.

Mary Chamberlin is the public information officer for the Rappahannock Area Health District. Amy Umble is communications coordinator for Rappahannock Area Community Services Board. Both organizations serve Fredericksburg and Caroline, King George, Spotsylvania and Stafford counties.

ALERT

TOP STORY

## **HEALTH MATTERS: COVID-19 has taken away a lot, but not our choices**

**By Mary Chamberlin and Amy Umble**

Jan 22, 2022

Choices. We make so many each day. From whether to hit snooze on our alarm clocks in the morning to whether we want to squeeze in one more episode of the show we're bingeing, we have choices to make.

All our choices have consequences, some of them more serious than others. When it comes to COVID-19, the choices we make not only affect ourselves, but the people we love and even our communities.

We certainly never expected we would be facing record-breaking COVID cases and hospitalizations nearly two years after the first case was identified in Virginia. We're tired and just want our lives to get back to normal.

Many of us have done all the right things—we've gotten vaccinated and boosted, we've worn our masks and practiced social distancing, we've stayed home when we're sick, we've gotten tested and even isolated and quarantined when it's been necessary. It can be so easy to become complacent and not be as diligent about doing all the things we know help keep us safe.

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- 2 National Park Service OKs grant to preserve Todd's Tavern site**

### **3 Hearing scheduled for appeal in Spotsylvania School Board case**

### **4 Man accused of stabbing pregnant ex-girlfriend charged with murder**

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How many times have we heard that this won't last forever, and we need to modify our lifestyles just a little bit longer? COVID keeps throwing curveballs at us and it's incredibly frustrating, right? Of course, it is. But we still have the ability to make choices—that's something COVID has not taken away from us.

We will get through this surge like we've gotten through others. At some point, we won't be dealing with a pandemic. Until then, keep making the choices that help keep yourselves and your communities safer—those choices matter.

Healthy emotional choices are just as important. As COVID evolves and surges, pandemic fatigue has become very real. It makes us feel like we're not in control. We sometimes ask, "Why bother?"

Multiple studies have shown that anxiety interferes with our ability to make good choices. It leaves us in a screwed-up pattern of fight or flight, which often tampers down the parts of the brain that help us with rational thinking and understanding consequences.

But there are ways to tame your fight or flight mode. If you are feeling too anxious to consider your usual stress-reduction techniques, start with a grounding exercise. RACSB therapists often recommend one that is sometimes called 5-4-3-2-1, where you look around and notice:

- Five things you can see.
- Four things you can feel.
- Three things you can hear.
- Two things you can smell.
- One thing you can taste.

Once you are calmer, decide on a calming strategy, such as taking a walk, soaking in the tub, meditating, drinking a cup of tea, reading a short story or calling a supportive friend.

Acknowledge your feelings and frustrations. This is a trying time, and we don't always have to focus on the positive messages.

But don't get caught in the doom and gloom. Think about the positive aspects of your situation and find small, healthy choices you can make.

Mary Chamberlin is the public information officer for the Rappahannock Area Health District. Amy Umble is communications coordinator for Rappahannock Area Community Services Board. Both organizations serve Fredericksburg and Caroline, King George, Spotsylvania and Stafford counties.

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Editorial: Parents  
need to learn to let...



Larry Johnson

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# RACSB: Many Reasons to be Hopeful



By [Emily Freehling](#) January 17, 2022



135



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*Pandemic did not stop RACSB from serving those in need*



Resilience is the ability to recover quickly from difficulties. It’s a kind of strength that the Rappahannock Area Community Services Board (RACSB) works every day to build in the Fredericksburg region through services across the areas of mental health, developmental disabilities, substance abuse prevention, early intervention and prevention.

The COVID-19 pandemic has impacted all of these areas in ways we may just be beginning to understand. But as we work to identify the needs created by the pandemic, RACSB finds hope in the strength and creativity shown by its staff as they responded to an ever-changing array of pandemic-induced needs over the past two years.

The vast majority of RACSB employees continued in-person work through the pandemic. In many cases, they worked longer hours and handled greater challenges. Their work literally saved lives and helped our community in too many ways to count. We have listed a few examples here as reasons for hope that allow us to rest assured that although our community faces many challenges as we move into 2022, RACSB has the resilience to keep adapting to meet the needs of the people it serves.

1. The pandemic exacerbated the opioid epidemic that has affected our community and so many others across the U.S. RACSB kept fighting the opioid crisis on many fronts.
  - Peer support groups went virtual.
  - Important substance abuse services, including outpatient therapy and drug court groups continued operations.
  - [RACSB's Medication Assisted Treatment program](#) adapted to pandemic restrictions, serving 299 individuals this fiscal year.
  - REVIVE! training, which teaches people to reverse opioid overdoses, went virtual, and Rapid REVIVE! training was available at community events. In 2021, this agency has dispensed more than 200 doses of Narcan.
2. "Hidden in Plain Sight" workshops that help parents learn to recognize the signs of substance abuse in adolescents went virtual, continuing to deliver critical information.
3. When the pandemic closed in-person services, adults with developmental disabilities had to adjust to new routines and services. Group home staff went above and beyond to help adults in RACSB's residential programs. These dedicated staff members had no option to work from home, but found themselves putting in far more hours, including nights, weekends and holidays, to help residents cope with the changes brought by the pandemic.
4. Day programs that provide a lifeline to adults with developmental disabilities and serious mental illness were shut down early in the pandemic. Knowing how important these programs are, staff members took services virtual, and got creative about developing new activities, such as exercise classes and bingo games.
5. RACSB continued to partner with many other strong community organizations to spread helpful information and services. These partnerships include:
  - Mental health training to help local government employees avoid burnout.
  - The presence of our Prevention team at The Table, a food distribution effort at St. George's Episcopal Church.
  - Distributing 500 [Lock and Talk Virginia](#) suicide-prevention resource bags to school counselors, nurses, social workers, psychologists and other community partners.
6. In this fiscal year, RACSB has provided \$4.3 million in financial assistance to area residents who lack insurance or other resources to pay for treatment.

Get to know the wealth of resources available from RACSB from our website, our programs in the community and our services. Visit [rappahannockareacs.org](http://rappahannockareacs.org) to learn more.

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# RACSB: Early Intervention Remained an Important Support for Parents Through the Pandemic



By [Emily Freehling](#) January 21, 2022

 193

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*The limitations of the past two years have given providers new tools to help families and young children*

It's been 22 months since the world shut down to control the spread of the virus that causes COVID-19. In that amount of time in a young child's life, rapid brain growth is taking place, and the child is already learning to move her body, speak simple sentences, mimic behaviors and sounds and follow simple instructions.

The Parent Education – Infant Development (PE-ID) program is an early intervention program for children from birth to 36 months. The program, run through the Rappahannock Area Community Services Board, serves families in Stafford, Spotsylvania, Caroline and King George counties, and the city of Fredericksburg.

Because childhood development happens so rapidly at this age, the PE-ID team knew when the pandemic hit that they would need to act quickly to ensure parents and children did not lose precious time with PE-ID's trained providers, including speech language pathologists, physical therapists, occupational therapists, early childhood education specialists, and service coordinators.

These providers are passionate about helping young children and empowering parents to be their child's best teacher and advocate. Over nearly two years of adapting to pandemic limitations, here are four lessons the PE-ID team has learned.



# There are fewer barriers than ever before to getting the services your child needs

Things turned on a dime in March 2020 when schools, offices and the rest of the world shut down and stay-home orders made it impossible for PE-ID providers to visit families' homes to work with parents and children. But the early intervention team knew it was crucial to keep delivering services, and to keep coaching parents on how to foster their children's healthy development.

They set up secure Zoom meetings that enabled families to keep up with their services amid the lockdowns. Over months of serving families over Zoom, providers learned that this virtual tool could deliver high-quality services and empower parents to become their child's best coach—even though nothing will ever replace the power of an in-person visit.

Today, 90% of PE-ID's services are once again delivered in-person in families' homes. But the added virtual option means that children no longer need to miss out on services because a family member is sick.

Zoom also allows parents who are at work during the visit while the other parent is home to tune in on their lunch break and be a part of an experience they would have otherwise missed.

"Even though our services are traditionally offered in a home, we are living in different times now," said Service Coordinator Beth Shultz. "Some people still aren't comfortable with in-home visits, and we are able to adapt to ensure families can continue to meet the needs of their child, but also feel that they are protecting the health of their family."

## The sooner you call, the sooner PE-ID can help your child

A child's brain at birth is full of malleable white matter that can pick up language and social skills like a sponge. By the time a child is 5 or 6 years old, the body begins to prune brain cells that haven't been used. This is why intervention in the 0-3 age group is so important, says Developmental Specialist Anne Longenecker.

"You want to make sure that brain is stimulated," she said. "It's a muscle, and you want to get it stronger."

Many parents come to PE-ID through a referral from their pediatrician, and the pandemic shutdowns caused some delay in referrals, especially as families stayed away from doctor's offices early on. But any parent who is wondering about whether their child is meeting developmental milestones can call PE-ID at 540-372-3561 to set up an assessment. Parents can use tools such as the Centers for Disease Control and Prevention's milestone tracker app to learn about how young children typically develop.

# It really does take a village

While Zoom calls kept families connected to PE-ID and other services over the past two years, nothing can replace the experience of in-person socialization. PE-ID providers are excited to be back in homes, where they can point out household items that can be helpful in therapy, and observe interactions with siblings and the home environment that help paint a more complete picture of a child's development.

At the same time, parents should keep in mind that everyday experiences like visiting a playground or the library can play a huge role in supporting the social and mental health of both children and parents. These types of experiences were taken away during the pandemic, and as families are comfortable, returning to things like this can help children to grow their social skills while helping parents to build important support networks with other adults.

## Parents are heroes

Shultz said she hears from many parents who feel guilty that they have not been able to provide enough stimulating activities for their children during the pandemic. She urges parents to remember that children are resilient and that the presence of a caring, competent adult in their lives is the single-most-important factor that will help them to bounce back from any pandemic-induced delays.

Longenecker said it's important for parents to realize that they have played a key role in helping their children continue to progress during the shutdowns. She said PE-ID providers saw this with the parents of young children they worked with over Zoom.

"Parents are always their children's first teachers and best teachers," she said. "We are there in supporting roles, but they are teaching their children."

*To learn more, call 540-372-3561 or visit [Rappahannockareacsb.org](https://www.Rappahannockareacsb.org).*

## Website Update

The agency's website has been broken for about 18 months. The site's framework was outdated and deprecated, and each time WordPress updated, more components of the site would stop working. Last year, the agency planned a website refresh and added funds to the capital projects budget to refresh the site.

For various reasons, this project had to be placed on the back burner, and it looked like the refresh would not be completed until late 2022 or early 2023. In the meantime, the site continually crashed, and it was always possible that the next WordPress update would render the site inoperable. Because of this, it was decided to update the site's framework and theme, which was a smaller and less expensive option, that did not provide the entire scope of the desired refresh but did provide a solution to the current problem.

That work was completed in March 2022. The update has changed some links and titles of uploaded media, leading to many broken links, missing media, etc. The Communications Coordinator's focus has been on fixing those links and replacing missing media. This process takes a lot of time but should be complete by early to mid-May.

As a reminder, RACSB updated its website in 2016. The agency uses this site for a myriad of purposes—recruiting, information-sharing, community support, document publishing, employee use, e-commerce for fundraisers, donation submissions, event planning, marketing, and more. Most importantly, **this website spreads hope in our community** by reducing stigma; sharing tips and information on behavioral healthcare and developmental disabilities; and by announcing events that provide the community with the tools needed to address serious issues like trauma, addiction, suicide, emotional crises, developmental delays, and more.