



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

meeting notice

TO: Board of Directors

FROM: Gregory Sokolowski, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting
Tuesday, April 26, 2022 5:00PM
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: April 22, 2022

A Board of Directors Meeting has been scheduled for Tuesday, April 26 at 5:00PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.



Looking forward to seeing everyone on April 26, 2022.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING
April 26, 2022
In-Person

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

a g e n d a

- I. MINUTES, BOARD OF DIRECTORS, March 15, 2022 Hilton Page 4 of 201
- II. PUBLIC COMMENT- Public Comment Hilton
- III. EMPLOYEE SERVICE AWARDS Wickens Page 8 of 201
- Employee of the Quarter
Jennifer Hitt, Nurse Manager
- 10 Years
Kimberly Ehinmiakhena, SAP Manager I, Belmont SAP
- 15 Years
Shawn Brown, PSH Case Manager
- 20 Years
Rufous Gbordzi, Direct Support Professional, Residential, Belmont SAP
- IV. BOARD ORIENTATION – Benefits Presentation Wickens
- V. CONSENT AGENDA Hilton
- RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE April 19, 2022 Lapin Page 10 of 201
- A.1 Information Only – Extraordinary Barriers List – March 2022
- A.2 Information Only – Independent Assessment Certification and Coordination Team (IACCT) Update
- A.3 Approved – Community Foundation Grant – Anne Felder Fund
- A.4 Information Only – Information Technology/Electronic Health Record Update
- A.5 Information Only – Crisis Intervention Team (CIT) Assessment Center Report
- A.6 Information Only – Emergency Custody/Temporary Detention Order Report
- A.7 Approved – Project LINK Supplemental Federal Substance Abuse Block Grant
- A.8 Information Only – March 2022 Wait List
- A.9 Information Only – Quality Assurance Report Review
- A.10 Approved – DBHDS Diversity, Equity, and Inclusion ARPA Grant



A.11 Approved – Community Project Funding Application

A.12 Information Only – Data Dashboard

RECOMMENDED: FINANCE COMMITTEE: April 19, 2022

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B.1 Approved – February 2022 Financial Report

B.2 Information Only – February 2022 Investment Report

B.3 Information Only – February 2022 Reimbursement Report

B.4 Information Only – February 2022 Health Insurance Account Report

B.5 Information Only – February 2022 Other Post-Employment Benefits Review

B.6 Information Only – COVID-19 Impact – Payroll Statistics

RECOMMENDED: PERSONNEL COMMITTEE: April 19, 2022

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C.1 Information Only – March 2022 EEO Report and Recruitment Update

C.2 Information Only – March 2022 Retention Report

C.3 Information Only – Health Insurance – Renewal Meeting Update

RECOMMENDED: PREVENTION/PUBLIC INFORMATION
COMMITTEE: April 19, 2022

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D.1 Information Only – Healthy Families TA Report

D.2 Approved – Healthy Families Women and Girls Fund

D.3 Approved – RAKOB Arts Grant

D.4 Information Only – Problem Gambling and Gaming Prevention

D.5 Information Only – PhotoVoice Project

D.6 Information Only – Young Adult Survey

D.7 Information Only – Prevention Training Updates

D.8 Information Only – Operation Medicine Cabinet

D.9 Information Only – Media Reports

D.10 Information Only – Website Update

VI. ITEMS FOR FULL BOARD DISCUSSION/VOTE

VII. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VIII. REPORT OF DIRECTORS and COORDINATORS

A. Clinical Services

B. Finance and Administration

C. Human Resources

D. Compliance

E. Public Information

F. Prevention

G. Community Support Services

H. Director of Operations

Kobuchi

Cleveland

Runyon

Terrell

Umble

Wagaman

Jindra

Williams

IX. BOARD TIME

Hilton



X. ADJOURNMENT

Hilton

March 2022 Board of Directors Meeting Minutes

Call to order



A meeting of the Board of Directors of Rappahannock Area Community Services Board was held March 15 at 600 Jackson Street. Attendees included Greg Sokolowski, Susan Gayle, Kheia Hilton, Linda Ball, Nancy Beebe, Linda Carter, Ken Lapin, Lawrence Davies, Matt Zurasky, Jane Yaun, Brandie Williams, Michelle Wagaman, Amy Jindra, Jacque Kobuchi, Stephanie Terrell, Patricia Newman, and Teresa McDonnell. Carol Walker and Melissa White were not present.

February 15, 2022 Minutes Board of Directors

The Board approved the minutes from the February meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Ken Lapin Seconded: Linda Carter

Employee Service Awards

Jane Yaun announced that the following employee had celebrated an anniversary for years of service:

Five Years

Elizabeth Well, Lead Hospital Liaison, State Hospital Discharge Program

Board Presentation: Through the Looking Glass

Jane Yaun presented to the Board what she felt RACSB should be looking to in the future. She reminded the Board the importance of looking at finding and retaining a great workforce. She also discussed the importance of keeping an eye on mental health, substance use disorder, and intellectual disability/developmental disability/early intervention needs and changes that will be upcoming. She encouraged the Board to continue to look at the future of RACSB locations such as Carr Drive, Roxbury, Myers, Sunshine Lady House, and renovations at Jackson Street. Finally, she mentioned many things for the Board to keep in mind such as RACSB investments, payment structure changes from DBHDS, new systems and reporting, performance contract changes, and local, state, federal, and international news that will affect the way we are able to conduct daily operations.

Consent Agenda

I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, March 8, 2022

A. 1. Information only – Extraordinary Barriers List – February 2022

A. 2. Information only – Independent Assessment Certification and Coordination Team (IACCT) Update

- A. 3. Information only – Information Technology/Electronic Health Record Update
- A. 4. Information only – Crisis Intervention Team (CIT) Assessment Center Report
- A. 5. Information only – Emergency Custody/ Temporary Detention Order Report
- A. 6. Information only – Myers Drive Respite Update
- A. 7. Information only – February 2002 Wait List
- A. 8. Pending Approval – DBHDS Office of Licensing Corrective Action Plans
- A. 9. Information only – Quality Assurance Quarterly Incident Report Review
- A.10 Information only – Data Dashboard

II. RECOMMENDED: FINANCE COMMITTEE, March 8, 2022

- B.1 Pending Approval – January 2022 Financial Report
- B.2 Information Only – January 2022 Investment Report
- B.3 Information Only – January 2022 Reimbursement Report
- B.4 Information Only – January 2022 Health Insurance Account Report
- B.5 Information Only – January 2022 Other Post-Employment Benefits Review
- B.6 Information Only – COVID-19 Impact – Payroll Statistics

III. RECOMMENDED: PERSONNEL COMMITTEE, March 8, 2022

- C. 1 Information Only – February 2022 EEO Report and Recruitment Update
- C. 2 Information Only – February 2022 Retention Report

ACTION TAKEN: The Board unanimously approved the consent agenda, including all recommended actions with the exception of the two items that need to be voted on.

Moved by: Linda Ball Seconded: Lawrence Davies

Items for Full Board Discussion/Vote

PROGRAM PLANNING AND EVALUATION COMMITTEE: DBHDS Office of Licensing Corrective Action Plans (no quorum)

ACTION TAKEN: The Board moved to endorse the DBHDS Office of Licensing Corrective Action Plans as submitted.

Moved by: Linda Carter Seconded: Ken Lapin

FINANCE COMMITTEE: January 2022 Financial Report (no quorum)

ACTION TAKEN: The Board unanimously approved the January 2022 Financial Report as submitted.

Moved by: Matt Zurasky Seconded: Lawrence Davies

Report from the Executive Director

Jane Yaun informed the Board that the state budget has not yet been released. She also wanted to thank the Board for their trust and the privilege to work with a wonderful group of people.

Report of Directors and Coordinators

Jacque Kobuchi shared with the Board that they have submitted three hiring packets this week for the School Based Therapist, Mental Health/Substance Use Disorder Outpatient Therapist, and a Child and Adolescent Case Manager. The two therapists have accepted. We are waiting to hear back from the case manager.

Michelle Runyon stated the Human Resources/Payroll system will be going live in April. She also shared that she will be working with Stephanie Terrell to conduct harassment training with managers and supervisors soon. She also informed the Board that the HR Specialist position in has been filled by Teresa McDonnel. Teresa will be doing both the Executive Associate and HR Specialist job until a replacement is hired.

Michelle Wagaman stated that Prevention is pushing \$1 million. The highest amount since she has been in that position. She also informed the Board that Healthy Families will be hosting an Open House at their Carr Drive location on April 4th. Matt Zurasky asked about gambling addiction and who handles this. Michelle stated that Prevention handles the initial issues by education and Clinical would assist with the actual request for help if contacted by someone with a gambling addiction. Michelle stated that she would be sharing the results of the Gaming and Gambling Community Needs Assessment with the Board.

Amy Jindra reported that Caroline RAAI is currently in a phased opening. The plan is to be back at full capacity with individuals served by April 4. She also informed the Board that the plant sale will be coming soon.

Brandie Williams reported that RACSB has transitioned to AvatarNX. She also informed the Board that the Prescription Drug Monitoring Program integration with Orderconnect has been implemented and the prescribers are very happy with the program. She stated that RACSB has signed a contract with Remarkable Health/Netsmart to participate as an early adopter. This program will assist clinicians with notes and offers voice to text capability. Brandie also stated that her and Alison Standring have continued to work with the new Early Intervention System TRAC-IT.

Board Time

Matt Zurasky thanked everyone on the wonderful things RACSB continues to do. He also thanked Jane for her service and is looking forward to continuing these great things with Joe.

Greg Sokolowski stated he is always astounded at the number of things RACSB deals with regularly and how well we are able to get it all done. He also thanked Jane for everything she has done and wished her the best with her future endeavors.

Ken Lapin stated that he was extremely proud to be part of this wonderful Board. He also wished Jane the best and how wonderful it has been to work with her.

Susan Gayle stated how much she enjoys working with RACSB and is always promoting it. She thanked Jane and everyone at RACSB for the wonderful job they do.

Linda Ball stated that she feels all RACSB employees are heroes. She wished Jane the best and that she would be greatly missed.

Nancy Beebe thanked Jane for everything she has done and how much she has learned from her. She admires how she has brought us through the crises over the last few years. She also gave Kudos to everyone for their hard work.

Linda Carter thanked Jane for everything and wished her the best.

Lawrence Davies thanked Jane for her outstanding leadership to this agency. He thanked everyone for their help, cooperation, and friendship. He wished Jane the best and is very grateful to the Board.

Kheia Hilton thanked Jane and everyone for the great job they do.

Adjournment

The meeting adjourned at 6:06 p.m.

April 11, 2022

Jennifer Hitt
310 Bell Grove Ln.
Spotsylvania, VA 22551

Dear Jennifer,

Congratulations on your selection as Employee of the Quarter for January-March, 2022. The following nominations were submitted on your behalf:

1. I would like to nominate Jenn Hitt for the Employee of the Quarter, she is compassionate not only to her clients but to her fellow nurses. She is very kind and patient and will go far and beyond for clients and for staff. Jenn is ALWAYS helpful and willing to help in any way. Her work ethic and dedication is just incredible. In the all the years of nursing - 30yrs! - I have never had such kind, understanding and a true team player-supervisor. She is an outstanding individual. She needs to be recognized.

2. I would like to nominate Jennifer Hitt as employee of the quarter. She has served the RACSB for over 10 years and is an extremely dedicated, hardworking and caring individual. As my supervisor, she is very supportive and flexible with her staff. She is always available to answer questions and explain procedures, informs us of changes and makes sure we are trained to the best of our ability. She is the best supervisor I have had in my twenty years of nursing. I think she deserves to be recognized as an exceptional hopestarter!

3. I would like to nominate Jennifer Hitt, RN. Jen is an amazing nurse- caring and non-judgmental of her patients and goes the extra mile for them. I've been amazed at how she is kind and supportive to every patient, no matter how frustrating the circumstances are (internet issues, insurance problems, schedules). She will figure out the problems in order to get her patients' needs met- no matter what! And she does it without complaining and tirelessly. Patients tell me how much they appreciate her and how kind she is to them. Jen will help out her fellow co-workers and doctors/NPs and will quietly reduce the stress for everyone else.

She has been a tremendous help to me with learning the systems at RACSB and Avatar. No matter how many times I ask the same silly questions or present her with an issue, she will figure it out and explain patiently how to fix it. She has always been willing to answer questions and help out, even in other areas (IT, local resources) where she could have punted my question to someone else. Jenn has answered my questions after hours and on days she is working with other docs. She truly is a team-player and an inspiration to staff. It's an honor to work with her.

4. Jen goes above and beyond in her job as nurse manager. She is the go-to for nurses, clinical staff, and even physicians whenever there are any issues or concerns. She is the heart and soul of the medical team at RACSB. We all love Jen and she is more than deserving of employee of the quarter.

5. I would like to nominate Jennifer Hitt, outpatient nurse manager for her dedication and strong work ethic, and willingness to go above and beyond for our team and our patients.

6. Nominating Jennifer Hit, Mental Health Nurse Supervisor. Always going over and beyond patients' needs and staff needs as well. Stays extra hours to work all the time. Very hardworking and dedicated supervisor.

7. I would like to nominate Jennifer Hitt for Employee of the Quarter. She is an excellent team leader and goes above and beyond to make sure the medical team works effectively. She also wears many hats that are not in her job description, but without her, the team would come to a screeching halt. She wears the hat of Avatar specialist by training all the new providers on Avatar and frequently remotes in to fix any problems. She wears the hat of front desk by scheduling and managing all the ZOOM appointments and links during the first phase of COVID. She wears the hat of new medication liaison, by scheduling drug reps to come in and educate our providers on new products. The hats that are in her job description demonstrate even further, how vital she is to our team. She consistently stays late and addresses last minute Medline calls. She manages the medical side of nurse staffing for 5 clinics. She ensures that the entire medical team has the supplies necessary to provide the best care for our patients. She also shows caring and kindness to our patients. She has stayed late to ensure that our MAT patients could receive medication when they were running late. She has provided excellent care managing the Medline and ensuring all responses are in a timely fashion. Under her leadership the nursing team has thrived and has a culture of teamwork. She is an exemplary employee of RACSB and is most deserving of this award.

8. I want to nominate Jennifer Hitt for her hard work and her dedication to help.

9. I'd like to nominate Jennifer Hitt, RN, for employee of the quarter. She is committed 100% and faithful to RACSB. She is always there to help and really cares about the needs of the patients, as well as her employees. She's an amazing manager, nurse, and coworker. She's a go getter and motivates everyone else. Please consider Jennifer Hitt for the employee of the quarter. You won't regret it!

A one-time salary supplement of \$500 will be added to your paycheck.

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency.

Sincerely,



Joe Wickens, Executive Director
Rappahannock Area Community Services Board

cc: Jacque Kobuchi

April 2022 Program Planning and Evaluation Committee Meeting Minutes

Call to order

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on April 19, 2022. Attendees included Nancy Beebe, Carol Walker, Linda Ball, Ken Lapin, Jacque Kobuchi, Michelle Runyon, Tina Cleveland, Joe Wickens, Brandie Williams, Amy Umble, Stephanie Terrell, Amy Jindra, Patricia Newman, Donna Andrus, Brittany Dobynes, Hosanna Gifford, and Teresa McDonnell. Melissa White, Matt Zurasky, and Susan Gayle were not present.

Extraordinary Barriers List – February 2022

Patricia Newman reviewed the case of one individual on the Extraordinary Barriers List. This individual's barriers to placement include establishing housing and services in the community in order to have the support necessary to maintain stability as well as working through legal issues. This individual has a diagnosis of mental illness. They have been accepted to Home Road Supervised Apartments. Their anticipated discharge has been delayed in response to difficulty managing their mental health as well as reluctance to accept recommended medications. This has caused the Internal Forensic Privileging Committee to disapprove this individual's Conditional Release. Discharge will take place after the CRP is approved by the Court.

Independent Assessment Certification and Coordination Team Update

Donna Andrus told the Committee that RACSB received 20 IACCT referrals in February and completed 20 assessments. Eight referrals were initial assessments and twelve were re-authorizations. Four were from Spotsylvania, nine from Stafford, one from Caroline, three from King George, and three from the City of Fredericksburg.

Community Foundation Grant – Anne Felder Fund

Amy Jindra informed the Committee that Rappahannock Adult Activities, Inc. submitted a request for funding for \$8,400 for 6 RoPox Vision Tables. These tables allow for improved access and independence of individuals attending RAAI, allowing personal adaptive space for individuals to participate in a wide variety of activities of their choice. RAAI received partial funding in the amount of \$2,800, and is working with the vendor to obtain an updated quote for 2 tables to match the grant funding.

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant funding as presented.

Moved by: Nancy Beebe Seconded by: Carol Walker

Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 1,480 help tickets in March. Community Consumer Submission data was sent to the state March 30, 2022. Final specifications for

state reporting have been sent to Netsmart for programming into our system with a go-live date for new changes on July 1, 2022. There are over 60 changes this year for WaMS with a go-live date of May 1, 2022. Virginia DMAS was shut down for most computer process from March 30 – April 4, 2022 for implementation of a new Medicaid Enterprise System initiative. This will entail new portal for verification, data entry, claims status and payment, and authorizations. All staff had to be reset-up in the system with additional information needed. The go-live date for the new Trac-It program has been pushed back to June 27, 2022. RACSB continues to utilize Zoom with 10,071 video meetings held with a total of 3,281 participants in March. Additionally, we continue to assist staff with the new AvatarNX system. Also, we have installed two new phone systems for Spotsylvania Clinic and 4815 Carr Drive.

Crisis Intervention Team (CIT) Assessment Center Report – March 2022

Jacque Kobuchi reported that the CIT Assessment Center Assessed 16 individuals in the month of March 2022: Fredericksburg 2; Caroline 0; King George 1; Spotsylvania 7; Stafford 3; Other 1.

Emergency Custody Order and Temporary Detention Order Report – February 2022

Jacque Kobuchi told the Committee that emergency services staff completed 375 emergency evaluations in March 2022. Seventy-four Emergency Custody Orders (ECO) were issued, 81 Temporary Detention Orders were issued and 81 Temporary Detention Orders (TDO) were executed. Alternate transportation was used four times in March, with the opportunity to have been used two additional times, but no driver was available.

Project LINK Supplemental Federal Substance Abuse Block Grant

Brittany Dobyne stated the DBHDS has awarded Project LINK Supplemental Substance Abuse Block Grant funds to each CSB that currently has a Project LINK program. RACSB's Project LINK program will receive a one-time amount of \$100,000 to be used by March 2023. These funds will be used for continuing education, employment assistance, housing assistance, and staff training. Staff will be attending a Substance Use Disorder Conference in Ashville, NC.

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant funding as presented.

Moved by: Linda Ball Seconded by: Nancy Beebe

March 2022 Wait List

Stephanie Terrell reported that 185 individuals were waiting more than 30 days for outpatient therapy appointments as of March 31, 2022. As of April 12, 2022, there were ten older adolescents and adults and one child under the age of 13 waiting longer than 30 days for a psychiatry intake appointment.

The Community Support Services waiting lists included: Mental Health Residential, 4 (needs, 0; referral, 3; acceptance, 1); Developmental Disability Residential, 97 (needs, 89; referral, 7; acceptance, 1); Assertive Community Treatment, 10 (needs, 6; referral, 4; acceptance, 0); and DD Waiver Services, 739. The decrease is due to the slots that were awarded in March.

Quality Assurance Report

Stephanie Terrell reported that quality assurance staff had reviewed randomly selected charts, files, and documents in the following programs:

- Assertive Community Treatment (ACT) – the average score increased from 77 to 78 on a 100-point scale.
- Child and Adolescent Case Management – the average score decreased from 100 to 93 on a 100-point scale.

DBHDS Diversity, Equity, and Inclusion ARPA Grant

Brandie Williams informed the Committee that RACSB applied for the DBHDS Diversity, Equity, and Inclusion ARPA grant and received an award of \$39,000. RACSB will use this towards consultation services from a Diversity, Equity and Inclusion expert to review our policies and procedures to see how we can better support our DEI efforts. These funds will need to be spent by March 2023.

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant funding as presented.

Moved by: Nancy Beebe Seconded by: Carol Walker

Community Project Funding Application

Brandie Williams explained to the Committee that RACSB has been invited to apply for Community Project Funding as one of the 15 applications allowed through the office of Representative Abigail Spanberger. Funding would be requested in the amount of \$1,200,000 to support 15 behavioral health therapists and a coordinator position for the Children and Adolescent Behavioral Health Supports Project. This project will provide mental health supports in schools across Planning District 16. This is a one-time amount that we hope will jump start the program, since we can now bill outpatient services in the schools to help continue to fund the program.

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant application for funding as presented.

Moved by: Carol Walker Seconded by: Nancy Beebe

Data Dashboard

Brandie Williams told the Committee that this month's report shows an overview of the new and ongoing behavioral health performance measures for Same Day Access, Suicide Risk Assessment, Physical Health Coordination, Substance Use Disorder Engagement, and Enhanced Case Management.

Closed Session

CLOSED MEETING – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Ken Lapin requested a motion for a closed meeting.

It was moved by Linda Ball and seconded by Nancy Beebe that the Program Planning & Evaluation Committee of the Rappahannock Area Community

Services Board convene in a closed meeting pursuant to Virginia Code §2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business. The motion was unanimously approved.

Upon reconvening, Ken Lapin called for a certification from all Committee members that, to the best of their knowledge, the Committee discussed only matter lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Linda Ball – voted aye

Carol Walker – voted aye

Nancy Beebe – voted aye

The motion was unanimously approved and no action was taken in Closed Meeting.

Other Business

Joe Wickens reminded the Committee that the VACSB Conference is coming up. Ken stated he would like to attend. Joe informed the Committee that RACSB will be lifting the mask mandate for all vaccinated employees as of Monday, April 25, 2022. Additionally, Joe asked the Committee if there was anyone they knew who would be interested in serving on our Board. RACSB has immediate openings in King George (3) and Spotsylvania (1). RACSB also has two seats vacating at the end of June 2022 in Fredericksburg and Spotsylvania. Joe also asked for volunteers to chair the Prevention and Public Information Committee.

Adjournment

The meeting adjourned at 11:46 a.m.



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

NOTICE

TO: Program Planning and Evaluation Committee
Ken Lapin, Chair, Melissa White, Linda Ball, Nancy Beebe, Matt Zurasky, Susan Gayle,
Carol Walker

FROM: Joe Wickens
Executive Director

SUBJECT: Program Planning and Evaluation Meeting
April 19, 2022, 10:30AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

DATE: April 15, 2022

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, April 19, 2022 at 10:30AM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on April 19, 2022 10:30AM.

cc: Kheia Hilton, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
PROGRAM PLANNING & EVALUATION COMMITTEE MEETING
Tuesday, April 19, 2022 10:30 a.m.
In Person
600 Jackson Street, Room 208
Fredericksburg, VA 22401

a g e n d a

I. Extraordinary Barriers List – March 2022	Newman
II. Independent Assessment Certification and Coordination Team (IACCT) Update	Andrus
III. Grant Info from RAAI	Fisher
IV. Information Technology/Electronic Health Record Update	Williams
V. Crisis Intervention Team (CIT) Assessment Center Report – March 2022	Kobuchi
VI. Emergency Custody Order (ECO)/Temporary Detention Order (TDO) – March 2022	Kobuchi
VII. Project Link	Kobuchi
VIII. March 2022 Wait List	Terrell
IX. Quality Assurance Report	Terrell
X. DBHDS Diversity, Equity, and Inclusion ARPA Grant	Williams
XI. Community Project Funding Application	Williams
XII. Data Dashboard	Williams
XIII. Closed Session	Lapin
XIV. Other Business	Lapin

MEMORANDUM

TO: Joe Wickens, Executive Director

FROM: Patricia Newman – Mental Health Case Management Supervisor
Elizabeth Wells – Lead State Hospital Liaison & NGRI Coordinator
Chanda Bernal – Adult Mental Health Case Manager

PC: Brandie Williams – Deputy Executive Director
Jacqueline Kobuchi, LCSW – Clinical Services Director
Amy Jindra – Community Support Services Director
Nancy Price – MH Residential Coordinator
Tamra McCoy – ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: Extraordinary Barriers List (EBL)

DATE: April 19, 2022

RACSB currently has one individual on the Extraordinary Barriers List (EBL) at Central State Hospital (CSH). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within seven days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Central State Hospital

Individual #1: Was placed on the EBL 2/2/2022. Barriers to discharge include establishing housing and services in the community in order to have the supports necessary to maintain stability as well as working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a diagnosis of Bipolar Disorder and was acquitted NGRI on a felony charge of Assault on Law Enforcement. Initially this individual had been recommended for Conditional Release by both evaluators during the Temporary Custody Evaluation process and had been accepted to Home Road Supervised Apartments, however their anticipated discharge has been delayed in response to difficulty managing their mental health as well as reluctance to accept recommended medications. These concerns caused the Internal Forensic Privileging Committee (IFPC) to disapprove this individual's Conditional Release. At this time this individual's hearing has been postponed until 6/10/2022 to allow for the Commonwealth Attorney to subpoena the evaluators and gain additional information on the concerns surrounding this individual's readiness for Conditional Release. Discharge will take place after the CRP is approved by the Court.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Donna Andrus, Child and Adolescent Support Services Supervisor

Date: April 11, 2022

Re: Independent Assessment Certification and Coordination Team (IACCT) Update

I am writing to provide an update to the Independent Assessment Certification and Coordination Team (IACCT) program. The Department of Medical Assistance Services (DMAS) with Magellan launched the IACCT program July 1, 2017. The Rappahannock Area Community Services Board is the IACCT provider for Planning District 16.

RACSB received twenty IACCT referrals and completed twenty IACCT assessments in the month of March. Eight referrals were initial IACCT assessments and twelve were re-authorizations. Four were from Spotsylvania, nine from Stafford, one from Caroline, three from King George and three from the City of Fredericksburg. Of the twenty completed assessments in March, thirteen recommended Level C Residential, two recommended Level B group home, three reauthorizations recommended step-down from residential to a group home and two reauthorizations recommended step-down from residential to community-based services.

Attached is the monthly IACCT tracking data for March 2022.

Report Month/Year	Mar-22
1. Total number of Referrals from Magellan for IACCT:	20
1.a. total number of auth referrals:	8
1.b. total num. of re-auth referrals:	12
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	4
Stafford:	9
Caroline:	1
King George:	3
Other:	0
3. Total number of extensions granted:	4
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	20
8a. Total number of ICA's recommending: residential:	13
8b. Total number of ICA's recommending: therapeutic group home:	5
8c. Total number of ICA's recommending: community based services:	2
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	0
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	0

Memorandum

To: Amy Jindra, CSS Director

From: Lacey Fisher, RAAI Coordinator

Date: 4/11/22

Re: The Community Foundation Grant- Anne Felder Fund

Rappahannock Adult Activities, Inc. (RAAI), was recently presented new equipment options from ProCare Medical that became popular and more readily available due to COVID. Each RoPox Vision table has a tilting top, magnetic surface, and adjustable height to meet the needs of any individual. We feel that this equipment would significantly improve the lives, access, and independence of individuals attending RAAI. We are looking to purchase RoPox Vision tables to provide personal adaptive space for individuals to participate in a wide variety of activities of their choice. Rather than crowd around tables in groups, these versatile adaptive tilt tables allow those with limited mobility and vision to access things more easily, safely, and independently.

We submitted a request for funding for \$8,400 for six tables and received partial funding in the amount of \$2,800. We are working with the vendor to obtain an updated quote for two tables to match the grant funding and will proceed with purchasing.



“Perhaps the best table
you will ever come across”

ROPOX VISION TABLE

EXCELLENT FUNCTIONALITY AND LONG-LASTING DESIGN

Whatever you look for in a table, our Vision table range most probably has it. The Vision series offers an array of worktop sizes, models and adjustment options, to ensure we can meet whatever need you might have, no matter your height or physical capabilities.

The Vision tables have a range of features that will make your life easier: You can tilt the table top and shorten the distance to the documents on the worktop. You can keep your documents in place with the MagRule magnet even when the table top is tilted. You can adjust the height manually or through a light pressure on the control switch, and you can use the arm supports to relieve your forearms, and as a help to a balanced sitting posture.

The Vision is highly recommended for both adults and children and also by wheelchair users who favour that they can sit close at the table, since there are no cross bars underneath the table top.

ROPOXTM

BETTER WAYS TO BETTER DAYS

— A PART OF **AddLife**

Page 20 of 201

To: Joe Wickens, Executive Director
From: Suzanne Poe, IT Coordinator
Re: Information Technology and Electronic Health Record Update
Date: April 5, 2022

IT Systems Engineering Projects

During March, 1,480 tickets were closed by IT Staff. In previous months, 891 tickets were closed in February 2022, and 894 tickets in January 2022.

On March 31, 2022 the firmware and drivers on our SAN (Storage Area Network) were updated.

Community Consumer Submission 3

CCS submission for data from July 1, 2021 to February 28, 2021 was submitted to DBHDS on March 30, 2022.

The final CCS 8.1 specifications for state reporting have been released and have been sent to Netsmart for programming into our system. Go-live for new changes will be July 1, 2022.

Waiver Management System (WaMS)

IT staff represented RACSB in the development and review of specifications for next year's changes. The final specifications were provided by DBHDS at the end of December. There are over 60 changes for this year with a go-live date of May 1, 2022. All changes have been configured in our test environment and we are in the testing progress. We have created test clients on the DBHDS test platform and have attempted to submit ISP Plans. As of this writing none of the plans have transmitted from Avatar to WaMS. Netsmart is working to resolve this issue. IT staff continues to meet weekly with Netsmart's state reporting resource and weekly with DBHDS and all vendors to support this implementation.

Virginia (DMAS) had a major computer conversion shutting down most computer processes for the period of March 30 to April 4, 2022 for the implementation of a new Medicaid Enterprise System (MES) initiative. This will entail new portals for eligibility verification, direct data entry claims, claim status and payments, and service authorizations.

Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, has been pushed back to June 27, 2022.

This system will replace the current ITOTS and Provider Certification Systems. Staff were provided a "sneak peek" demo of the system on January 20, 2022. Further system requirements are expected via memo on February 11, 2022 which will outline which of the 300+ data elements housed in the system will be required data entry and which will be optional. This information will be critical in determining how to adjust our workflows to integrate the new requirements. Alison Standring, Part C Coordinator, has been a strong voice in advocating for system support during this transition, contributing valuable questions to ensure a smoother transition. Brandie Williams serves on the DBHDS steering committee for this project representing both RACSB and VACSB Data Management Committee.

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

March 2022 – 3281 video meetings with a total of 10,071 participants

- February 2022 - 3,248 video meetings with a total of 9,752 participants
- January 2022– 2,942 video meetings with a total of 8,870 participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

- Average from April to December 2020 was 3,836 video meetings and 11,435 participants

Avatar

We moved to AvatarNX on Tuesday March 1, 2022. We had many questions on the new version of Avatar creating more tickets in March than we normally have.

Since the upgrade we have had to have patches installed in our live Avatar system on March 30, 2022.

Continuity of Care Document (CCD) Exchange meetings and testing continued with a pilot group which includes members from DBHDS and other CSB systems. Since our first meeting other CSB have joined the pilot group.

Phone Systems

Spotsylvania Clinic: The new UPS (Uninterruptable Power Supply) was installed at the Spotsylvania clinic for the phones and network.

4815 Carr Drive: The phone system for Carr Drive has been received, programed and installed. Furniture is due to arrive for Carr Drive mid-May. Once the furniture arrives the phones will be installed on desks and staff trained on the use of the new phones.

March 2022 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
3/1/2021	1	0	n.a	Spotsylvania
3/2/2021	2	2	Spotsylvania	Spotsylvania
3/3/2021	3	2	Stafford/ Spotsylvania	Spotsylvania
3/4/2021	2	0	n.a	Spotsylvania
3/5/2021	2	0	n.a	Spotsylvania
3/6/2021	4	0	n/a	Spotsylvania
3/7/2021	4	1	Spotsylvania	Spotsylvania
3/8/2021	3	0	n.a	Spotsylvania
3/9/2021	3	0	Stafford	Spotsylvania
3/10/2021	4	0	n.a	Spotsylvania; Fredericksburg
3/11/2021	1	0	n.a	King George
3/12/2021	3	0	n.a	Spotsylvania
3/13/2021	4	0	n.a	Spotsylvania
3/14/2021	2	0	n.a	Spotsylvania
3/15/2021	6	1	Spotsylvania	Spotsylvania
3/16/2021	3	0	n.a	Spotsylvania
3/17/2021	1	1	Spotsylvania	Spotsylvania; Fredericksburg
3/18/2021	2	0	n.a	Spotsylvania; King George
3/19/2021	3	0	n.a	Spotsylvania
3/20/2021	3	0	n.a	Spotsylvania
3/21/2021	5	2	Stafford	Spotsylvania
3/22/2021	1	1	State Police	Spotsylvania
3/23/2021	2	2	Fredericksburg/King George	Spotsylvania
3/24/2021	0	0	n.a	Spotsylvania
3/25/2021	3	2	Spotsylvania	Spotsylvania; Fredericksburg
3/26/2021	2	1	Spotsylvania	Spotsylvania
3/27/2021	2	0	n.a	Spotsylvania
3/28/2021	1	1	Fredericksburg	Spotsylvania
3/29/2021	1	0	n.a	Spotsylvania
3/30/2021	3	0	n.a	Spotsylvania
3/31/2021	3	0	n.a	Spotsylvania
Total	79	16		

Total Assessments at Center in March: 16

Brought by:

Cumulative Total:

Caroline 0 130 Cumulative number of Assessment since

Fred City 2 736 September 2015: 2488

Spotsylvania 7 782

Stafford 3 721

King George 1 116

Other 1 3

CSB/BHA

Month

March 2022

[illegible]

Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
July 2014	603	346		80	80
August 2014	638	280		71	71
September 2014	1009	394		86	86
October 2014	1084	315		81	81
November 2014	912	313		77	77
December 2014	1023	349		74	74
January 2015	975	341		91	91
February 2015	975	292		68	67
March 2015	1151	403		91	90
April 2015	1132	377		99	99
May 2015	918	363		77	77
June 2015	967	339		82	82
July 2015	972	336		77	77
August 2015	933	339		65	65
September 2015	956	386		82	82
October 2015	1060	429		83	82
November 2015		358		78	77
December 2015		474	88	81	81
January 2016		433	76	73	73
February 2016		512	83	99	99
March 2016		565	90	86	86
April 2016		622	96	85	85
May 2016		607	98	91	91
June 2016		560	94	89	89
July 2016		441	64	57	57
August 2016		547	101	105	105
September 2016		470	65	70	70
October 2016		483	65	62	62
November 2016		377	85	78	78
December 2016		400	83	83	83
January 2017		395	80	83	83
February 2017		385	76	82	82
March 2017		408	82	98	98
April 20-17		425	85	99	99
May 2017		435	109	111	111
June 2017		428	75	95	95
July 2017		334	89	95	95
August 2017		408	97	105	105
September 2017		427	101	104	104
October 2017		453	109	113	113
November 2017		449	104	122	122
December 2017		382	109	109	109

January 2018		394	102	98	98
February 2018		420	87	92	92
March 2018		463	94	116	116
April 2018		421	90	107	107
May 2018		404	99	90	90
June 2018		449	103	109	108
July 2018		355	74	83	83
August 2018		374	84	89	89
September 2018		423	91	85	85
October 2018		482	92	85	85
November 2018		373	79	63	63
December 2018		330	66	70	70
January 2019		359	79	73	73
February 2019		417	72	71	71
March 2019		438	103	79	79
April 2019		477	77	70	70
May 2019		442	84	85	85
June 2019		512	110	83	83
July 2019		467	69	67	67
August 2019		510	101	89	89
September 2019		527	89	74	74
October 2019		586	94	89	89
November 2019		509	91	98	98
December 2019		490	87	89	89
January 2020		471	85	76	76
February 2020		548	93	86	86
March 2020		464	86	77	77
April 2020		353	83	90	90
May 2020		335	74	76	75
June 2020		396	91	81	80
July 2020		429	112	111	111
August 2020		401	90	82	81
September 2020		422	94	91	91
October 2020		492	113	85	85
November 2020		413	88	88	88
December 2020		373	75	79	79
January 2021		374	88	89	89
February 2021		358	84	83	83
March 2021		465	82	100	100
April 2021		449	92	100	100
May 2021		507	93	93	93
June 2021		453	95	95	92
July 2021		379	76	74	74
August 2021		394	86	77	77

September 2021		517	98	86	86
October 2021		422	60	72	72
November 2021		425	59	60	60
December 2021		401	67	66	66
January 2022		355	74	63	63
February 2022		442	87	64	64
March 2022		375	74	81	81

ALTERNATIVE TRANSPORT DATA March 2022

<u>Date</u>	<u>ID</u>	<u>LE DEPT</u>	<u>Location of Individual</u>	<u>Receiving Hospital</u>	<u>Travel time Round Trip (minutes)</u>	<u>ECO</u> Y or N	<u>Gender</u>	<u>Age</u>	<u>TDO criteria</u>	<u>Presented for AT: Y or N</u>
3/2/22	60461	Stafford	MW/H-ED	Pavilion at Williamsburg	180	yes	M	32	Danger to self	no
3/3/22	88412	Spotsylvania	MW/H Medical	CCCA	240	no	F	17	Danger to others/ Inability to care	yes
3/6/22	76130	Stafford	Stafford ED	Lewis Gale Alleghney	374	yes	F	56	Danger to self	Yes
3/7/22	105588	Fredericksburg	MW/H-ED	Poplar Springs	160	no	F	32	Danger to self/ Inability to care	yes
3/9/22	105645	Stafford	Stafford ED	Poplar Springs	180	no	F	15	Danger to self	yes
3/10/22	73835	Stafford	MW/H-ED	Poplar	160	no	F	18	Danger to self	Yes
3/12/22	79072	Spotsylvania	MW/H-ED	Poplar Springs	160	yes	F	18	Inability to care	no
3/15/22	46974	Fredericksburg	MW/H-ED	NVMI	98	yes	M	21	Inability to care	no
3/19/22	105761	Orange	MW/H Medical	Dickenson	766	no	F	73	Inability to care	yes
3/19/22	54962	Stafford	MW/H Medical	Poplar	160	yes	F	26	Danger to self	no
3/21/22	74029	Stafford	MW/H-ED	Pavilion at Williamsburg	180	yes	F	41	Inability to care	no
3/22/22	91617	Spotsylvania	SRMC ED	NVMI	132	yes	M	42	Danger to others	no
3/30/22	76810	Spotsy PD	MW/H-ED	NVMI	98	yes	M	54	Inability to care	no
3/31/22	4146	Fred PD	MW/H-ED	NVMI	98	yes	M	35	Inability to care	No

<u>Reason for Decline</u>	
Elopement risk	
Client was deemed appropriate however no available driver	
AT Utilized	
AT Utilized	
AT Utilized	
Client was deemed appropriate however no available driver	
Client was aggressive and uncooperative	
Client was not placed until post-commitment	
AT Utilized	
Actively self harming in ED	
Required chemical restraint	
Client was assaultive to ED staff	
Client refused AT and refused to ambulate historically	
Threatening and agitated; hx of assaultive behavior	

<u>Total Out of Area</u>			
	14		
<u>Total Utilizing AT</u>	<u>% Utilized</u>	<u>Total Appropriate for AT</u>	
4	29%	6	43%

To: Joe Wickens, Executive Director

From: Jacque Kobuchi, Director of Clinical Services

RE: Project LINK Supplemental Federal Substance Abuse Block Grant

Date: April 14, 2022

The Department of Behavioral Health and Developmental Services has awarded Project Link Supplemental Substance Abuse Block Grant funds to each CSB that currently has a Project LINK program. RACSB's Project LINK program will receive one time funds in the amount of \$100,000 to be used by March 14, 2023. These funds will supplement current Project LINK services to women, their children and families who are faced with direct or indirect impacts of substance use. The attached budget for use of these funds has been submitted to DBHDS and has been approved.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

To: Amanda Stehura,

From: Brittany Dobynes, RACSB Project LINK Program Manager

Date: March 16, 2022

Budget Category	Requested Funding
Mileage	6,000
Contingency Management	7,000
Family Engagement	6,000
Education/Employment Assistance	6,000
Medical Needs	10,000
Training	12,000
Marketing	17,000
Recovery	11,000
Residential	6,400
Supplies	11,000
Discretionary Fund	7,600

Mileage: Project Link staff are required to complete home visits with participating clients.

Mileage reimbursement will be used to reimburse staff for using their vehicles when associated with business purposes.

Contingency Management: Project Link encourages and provides resources to participating clients in reference to completing their identified goals. The contingency fund will be used to provide clients with incentives to achieve their goals. These goals can be for themselves or their

children. The incentives will include gift cards or gas cards and will be provided to clients upon their completion of goals.

Family Engagement: Project Link promotes family inclusion. Family engagements funds will be used to implement activities and programs for participating families to promote child development, learning and wellness.

Educational/Employment Assistance: Returning to work can be emotionally and financially daunting for the women we serve. These funds would cover the cost of professional clothing and required equipment. Additionally, those clients who need assistance with obtaining their GED, professional certifications, testing fees and renewal fees (that are not covered by federal student loans/grants) would be assisted. These funds will allow Project Link to provide informational sessions such as job coaching.

Medical Care: Postpartum mothers need supplies that are often not covered by their insurance, including tucks pads, disposable underwear, ice packs, peri rinse bottles etc. These funds would cover these wellness items and the cost of copays, outstanding medical bills and medication cost for uninsured clients. Also, we would cover the cost of developmental toys and safety equipment to provide a safe and enriching environment for their children.

Training: The current staff would like to participate in professional development trainings such as Beyond Trauma, Seeking Safety, domestic violence training, conferences related to the specific needs of women, and other trainings on various evidence-based practices. These funds will also be utilized for the peer recovery specialist to receive additional training as well, such as WRAP facilitation.

Marketing: To increase census, staff would like to create a marketing campaign. The campaign will allow the opportunity for local stakeholders and the community to become more aware of Project Link services. The campaign will consist of media ads as well as printed pamphlets in reference to Project Link services.

Recovery: When beginning the recovery process it can be challenging and we find that clients participate in multiple services. Staff would like to implement a recovery bag for participants for individuals when starting services. The recovery bag will consist of an agenda, wellness journal and other mindfulness items. Staff would also like to implement a pregnancy bag for individuals who are expecting. The pregnancy bag will provide expecting mothers with postpartum, self-care items as well as necessary items for newborns.

Residential: Some participating clients do not have adequate insurance coverage to cover the cost of residential treatment. We would utilize these funds to assist those participants who need a higher level care and don't have insurance that qualifies.

Supplies: The supply fund will be utilized to purchase necessary supplies such as office supplies and UDS test. These funds will also be utilized to purchase tablets to allow those participants without the necessary resources such as Wi-Fi or technology to complete applications and other documentation as needed during home and office visits.

Discretionary Funds: These funds will be utilized to assist participating clients with emergency needs such as hotel assistance and food assistance.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

This Agreement is between the Department of Behavioral Health and Developmental Services (“DBHDS” or “Department”) and the Rappahannock Area Community Services Board (“CSB” or “Subrecipient”), collectively hereinafter referred to as “the Parties”, entered into this Agreement to govern certain activities and responsibilities required for operating or contracting the Project LINK Supplemental Substance Abuse Block Grant funds (the “Program” or “Service”). This Agreement is attached to and made part of the performance contract by reference.

Purpose:

The Department shall award Project LINK Supplemental Substance Abuse Block Grant funds to each individual CSB that currently has a Project LINK program. The additional, one-time funding will be used to increase access to care for pregnant and parenting women with substance use disorder. Women, their children and families who are faced with direct or indirect impacts of substance use, continue to need time sensitive support and coordination of services. With the significant increase in overdose deaths during the pandemic, expansion of our efforts toward marketing of service availability, increased outreach, coordination and additional training of providers in evidence-based practices, this funding is to be utilized for the development of staff and expansion of current Project LINK services to pregnant and parenting women with substance use.

SELECT GRANT (ONLY ONE GRANT PER EXHIBIT)	SAMHSA GRANTS
1. ☒	GRANT NAME: Substance Abuse Prevention and Treatment Block Grant (SUD FBG) FEDERAL AWARD IDENTIFICATION NUMBER (FAIN): B08T1083547 FEDERAL AWARD DATE: 3/11/2021 FEDERAL AWARING AGENCY: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) FEDERAL AWARD PASS-THROUGH ENTITY: Virginia Department of Behavioral Health and Developmental Services CFDA NUMBER: 93.959 RESEARCH AND DEVELOPMENT AWARD: ____YES OR ____X_NO FEDERAL GRANT AWARD YEAR: NA AWARD PERIOD: 3/15/2021 – 3/14/2023

Term: This Agreement shall govern the performance of the Parties for the period of Oct 1, 2021 through March 14, 2023 (“Period of Performance”).

- A. Scope of Services:** Project LINK has proven to be an asset to the community it serves by connecting women with substance use to targeted services and treatment, specific to women. Each Project LINK program is responsible for advisory meetings with agencies in their catchment, to integrate and coordinate additional service needs, and provide education to providers in the community around substance use disorders and women. The program is a catapult to an array of service and providers that include, but not limited to, behavioral health, physical health, medication assisted treatment and coordination of treatment options for children. Supplemental Federal Substance Abuse Block Grant fund dollars are to be used for the continued development of staff and continuation and expansion of current Project LINK services and programming.
- B. The CSB Responsibilities:** In order to implement the Exhibit D, the CSB agrees to comply with the following requirements:
1. The CSB agrees to utilize the Supplemental Federal Substance Abuse Block Grant funds in the amount of \$100000 to expand Project LINK services.
 2. The CSB is required to include any required financial information in its annual CARS Reports for FY 2022, as well as specific financial reports for the Project LINK program.
- C. The Department Responsibilities:** In order to implement the Supplemental Federal Substance Abuse Block Grant funds, the Department agrees to comply with the following requirements.

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

1. DBHDS agrees to continue to monitor the Project LINK program in its entirety, and DBHDS agrees to communicate in a timely fashion with each CSB about changes to the programming and where funding needs may be assessed and readdressed.
- D. Payment Terms:** The Department shall provide the CSB with Supplemental Federal Substance Abuse Block Grant funds in the amount of \$100000. These funds shall be disbursed in a one-time payment and must be utilized prior to March 14, 2023.
1. The Department may, at its reasonable discretion, modify payment dates or amounts, or terminate this Agreement and will notify the CSB of any such changes in writing.

Amount	\$100000
Federal Fund Cost Code:	1203

- E. Limitations on Reimbursements:** CSB shall not be reimbursed or otherwise compensated for any expenditures incurred or services provided following the end of the Period of Performance.

F. Closeout Disclosure.

Closeout: Final payment request(s) under this Agreement must be received by DBHDS no later than thirty (30) days prior to the end of the Period of Performance. No payment request will be accepted by DBHDS after this date without authorization from DBHDS. The CSB may continue to expend retained funds until the end of the Period of Performance to pay for remaining allowable costs.

Any funds remaining unexpended at the end of the Period of Performance shall be returned to DBHDS within 30 days of the end of the Period of Performance. There are two methods by which unexpended funds can be returned to DBHDS. The first is to send the money via mail in the form of a check made payable to the Treasurer of Virginia and sent to:

DBHDS
 PO Box 1797
 Richmond, VA 23218-1797
 C/O Eric Billings

The second method would be to complete an ACH transfer. The transfer would be made to DBHDS' SunTrust account. The account information and DBHDS' EIN is as follows:

Account Number: 201141795720002
 Routing Number: 061000104
 EIN: 546001731

Name and Address of Bank:
 SunTrust Bank
 303 Peachtree Street
 Atlanta, GA 30308

If you choose to utilize the ACH method of payment, please send an email that describes your intent to do so to the following individuals:

Eric.billings@dbhds.virginia.gov
 Ramona.howell@dbhds.virginia.gov
 Dillon.gannon@dbhds.virginia.gov
 Christine.kemp@dbhds.virginia.gov

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

Kim.barton@dbhds.virginia.gov

You do not need approval from us to execute the ACH, but we want to be aware that it is coming so we can account for it properly.

Failure to return unexpended funds in a prompt manner may result in a denial of future federal Subrecipient awards from DBHDS.

In consideration of the execution of this agreement by DBHDS, the Subrecipient agrees that acceptance of final payment from DBHDS will constitute an agreement by the Subrecipient to release and forever discharge DBHDS, its agents, employees, representatives, affiliates, successors and assigns from any and all claims, demands, damages, liabilities, actions, causes of action or suits of any nature whatsoever, which Subrecipient has at the time of acceptance of final payment or may thereafter have, arising out of or in any way relating to any and all injuries and damages of any kind as a result of or in any way relating to this agreement. Subrecipient's obligations to DBHDS under this agreement shall not terminate until all closeout requirements are completed to the satisfaction of DBHDS. Such requirements shall include, without limitation, submitting final reports to DBHDS and providing any closeout-related information requested by DBHDS by the deadlines specified by DBHDS. This provision shall survive the expiration or termination of this agreement.

G. Performance Outcome Measures:

<i>Combating the Maternal Substance Use through the Expansion of Prevention, Treatment, and Recovery Support Services for Pregnant and Parenting Women</i>	
<i>Key Performance Measures</i>	<i>Ex. Key Outcome Measures</i>
• Number of women served • Number of children served • Number of women or families visited during this reporting period • Total Number of in-home Visits made during this period (this number may be higher than above due to multiple home visits during the reporting period) • Number of office visits during reporting period • Number of community visits during reporting period (ex: shelter)	• Abstinence from substances (less than 3 months; 3-6 months, 6 or more months) • Social and economic functioning at discharge from program • Birth outcomes • Reunification of families

H. Reporting Requirements:

Reporting will follow the current reporting mechanism and timeframe of Project LINK, as set forth in the Project LINK quarterly Survey Monkey reporting.

The CSB shall provide data reports as required in CCS 3 and finance reports on the funds provided by the Department as required in CARS pursuant to the Reporting and Data Quality Requirements of the Community Services Performance Contract.

I. Monitoring, Review, and Audit: The Department may monitor and review use of the funds, performance of the Program, and compliance with this Agreement, which may include onsite visits to assess the CSB's governance,

Exhibit D: Rappahannock Area Community Services Board
Performance Measures for the Project LINK Supplemental Federal Substance Abuse Block Grant

management and operations, and review relevant financial and other records and materials. In addition, the Department may conduct audits, including onsite audits, at any time during the term of this Agreement.

- J. Entire Agreement:** This Agreement and any additional or supplementary document(s) incorporated herein by specific reference contain all the terms and conditions agreed upon by the Parties hereto, and no other contracts, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the Parties hereto.
- K. Counterparts and Electronic Signatures:** Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- L. Conflicts:** In the event of any conflict between this Agreement (or any portion thereof) and any other agreement now existing or hereafter entered into, the terms of this Agreement shall prevail.

Signatures: In witness thereof, the Department and the CSB have caused this Agreement to be executed by the following duly authorized Parties.

Virginia Department of Behavioral

Health and Developmental Services

By: DocuSigned by:
Cort E. Kirkley, CPA
 Name: CORT E. KIRKLEY, CPA
 Title: Deputy Commissioner
 Date: 4/13/2022 | 16:07 EDT

Virginia Department of Behavioral

Health and Developmental Services

By: DocuSigned by:
Margaret Steele
 Name: Margaret Steele
 Title: Program Director
 Date: 4/13/2022 | 15:11 EDT

Rappahannock Area Community Services Board

By: DocuSigned by:
Kheia Hilton
 Name: Kheia Hilton
 Title: Chairperson
 Date: 4/13/2022 | 15:07 EDT

By: DocuSigned by:
Joe Yaun
 Name: Joe Yaun
 Title: Executive Director
 Date: 4/13/2022 | 10:42 EDT

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: April 13, 2022
Re: March 2022 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of March 31, 2022.

OUTPATIENT SERVICES

- Clinical services: As of March 31, 2022, there are 185 individuals on the wait list for outpatient therapy services.
 - Waiting list is defined as having to wait 30 calendar days or more to be offered an appointment.
 - Due to an increase in request for outpatient services the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services began October 5, 2021. Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - The waitlist in Fredericksburg is currently at 185 clients. This is an increase of 10 from the February 2022 waitlist.
 - If an individual is not in a priority category the following may occur: 1) he or she may be placed on a waiting list and called weekly by a therapist to review presenting situation, individuals are then offered an appointment as one becomes available; 2) if an individual has private insurance staff will assist in locating a private provider if the individual does not wish to wait for an appointment. Staff are working to avoid scheduling an individual too far into the future as this increases the likelihood of no-shows.
 - Clinical services are initiated through Same Day Access. Due to COVID-19 concerns, Same Day Access appointments are scheduled versus having multiple individuals come to the clinic and having to wait for their appointment time. Same Day Access schedules are as follows:
 - Fredericksburg Clinic: Monday, Wednesday, and Thursday 8:30a.m. to 2:30 pm
Tuesday 9:30am – 2:30PM
 - King George Clinic: Tuesday-1:00 pm-5:00 pm and Wednesday- 8:00 am- 12:00 pm
 - Stafford Clinic: Tuesday and Thursday 9:00 am – 12:00 pm
 - Spotsylvania Clinic: Tuesday, Wednesday, and Thursday 9:00 am – 2:00 pm
 - Caroline Clinic: Tuesday and Thursday 8:30am – 11:30 am
 - Psychiatry intake: As of April 12, 2022, there are 10 older adolescents and adults waiting longer than 30 days for their intake appointment. This is an increase of 10 from the February 2022 waitlist. The furthest out appointment is 6/1/2022. There is one child age 13 and below waiting longer than 30 days for their intake appointment. This is an increase of one from the February 2022 waitlist. The furthest out appointment in 6/3/2022.

PSYCHIATRY INTAKE – As of April 12, 2022 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults		Children: Age 13 and below	
○ Fredericksburg –	5 (0)	0	(0)
○ Caroline –	0 (0)	1	(0)
○ King George –	0 (0)	0	(0)
○ Spotsylvania –	2 (0)	0	(0)
○ Stafford –	3 (0)	0	(0)
Total	10 (0)	1	(0)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	5/18/22
	5/19/22
	5/23/22
	5/26/22
	6/1/22
<i>Caroline Clinic</i>	
	*6/3/22
<i>King George Clinic</i>	
	N/A
<i>Spotsylvania Clinic</i>	
	5/12/22
	5/16/22
<i>Stafford Clinic</i>	
	5/16/22
	5/17/22
	5/31/22

***denotes child under age of 13**

Community Support services:

Waitlist Definitions

Needs List - A person is placed on the Needs List when an individual, family member, RACSB staff, or external agency notifies that particular program service that the individual needs services provided by that program.

Referral - Persons are placed on this Referral List when services have been requested and all necessary documentation for the referral process is submitted to the program Coordinator. At this time, the person is placed on the Referral List and removed from the Needs List.

All referrals are sent to the Coordinator for initial review. The Coordinator determines that all information is in the packet and makes a disposition for acceptance, rejection, or assessment. The Coordinator will forward

the referral packet to the appropriate staff for assessment. Time frame for completion of assessment is also be indicated.

If the assessment leads to acceptance the client will be placed on the acceptance list. If the assessment leads to a decision which does not involve acceptance, the program Coordinator will reach a decision about disposition of the referral.

Acceptance List - This list includes the names of all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

MH RESIDENTIAL SERVICES - 4

Needs List: 0
Referral List: 3
Acceptance List: 1

Count by County:

Caroline	1
King George	0
Fredericksburg	0
Spotsylvania	2
Stafford	0
Other (Catawba)	1

Intellectual Disability Residential Services – 97

Needs List: 89
Referral List: 7
Acceptance List: 1

Count by County:

Caroline	11
King George	7
Fredericksburg	6
Spotsylvania	34
Stafford	39

Assertive Community Treatment (ACT)– 10

Total Needs: 6
Total Referrals: 4
Total Acceptances: 0

Total program enrollments = 58

Count by County:

Caroline:	0
Fredericksburg:	4
King George:	0
Spotsylvania:	2

Stafford: 2
Homeless/unknown/Incarcerated: 2

Admissions: 2
Discharges: 1

Total Program enrollment = 59

During the months of March, ACT enrolled two individuals, one for each team. The North team also had one client discharge from services.

ID/DD Support Coordination

Currently there are 739 individuals on the DD Waiver Waiting list

This is a decrease of 45 from last month.

Priority 1 – 268

Priority 2 – 170

Priority 3 – 301

The decrease is due to the slots that were awarded in March. We are currently working to enroll everyone that received a waiver slot in services. In addition, we anticipate another meeting this month, to assign 5 slots that have come available by attrition.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: April 4, 2022
Re: Quality Assurance Report

The Quality Assurance (QA) staff completed chart reviews for the following Rappahannock Area Community Services Board (RACSB) programs:

- Assertive Community Treatment (ACT)
- Child and Adolescent Case Management

Assertive Community Treatment (ACT)

There were four staff members responsible for the randomly selected charts.

Findings for the ten open and one closed charts reviewed for Assertive Community Treatment are as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing the Daily Living Activities 20 (DLA 20).
 - One chart included an assessment which was completed late.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - One chart included an individual services plan that was missing the signature.
 - Two charts included individual service plans which were late.
 - One chart was missing a safety plan which was documented to be present in the treatment plan.
 - Two charts did not contain documentation that staff discussed the plan with the individual.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Three charts contained notes which were completed more than 24 hours late.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - One chart contained a quarterly review which was finalized two months late.
- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Three charts were missing current Consumer Orientation forms.
- One charts was reviewed for Discharge compliance:
 - There were no noted discrepancies found.

Comparative Information:

- In comparing the audit reviews of the ACT charts from the previous audits to the current audits, the average score increased from 77 to 78 on a 100-point scale.

Corrective Action Plan:

All misfiled documents were filed in the correct file and episode in the individual's chart. Columbia's assessment will be added to annual or semiannual assessments, some were completed during this corrective timeframe, others will be done at the next assessment period. The teams met together on 1/27/2022 where we discussed timeliness of notes, consequences for late notes, treatment plans, the need for corresponding notes for treatment plan meetings, and the Columbia. We also reviewed a treatment plan and discussed the needed components. A documentation checklist was developed and implemented to support better staff tracking/compliance for charts. Staff have also been encouraged to use reminders in avatar and in outlook for tracking due dates. Team leads monitor chart due dates and discuss chart needs in individual monthly supervision with each of the staff.

Child and Adolescent Case Management

Six staff members were responsible for the randomly selected chart files.

Findings for the ten opened and one closed charts reviewed for Child and Adolescent Case Management were as follows:

- Ten charts were reviewed for Assessment compliance:
 - There were no noted discrepancies found.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Two charts were missing a signature/ or Covid statement on the individual service plan.
- Ten charts were reviewed for Quarterly Review compliance:
 - There were no noted discrepancies found.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - One chart was missing documentation of a face-to-face visit.
- One chart was reviewed for Discharge compliance:
 - There were no noted discrepancies found.

Comparative Information:

- In comparing the audit reviews of the Child and Adolescent from the previous audits to the current audits, their average score decreased from 100 to 93 on a 100-point scale.

Corrective Action Plan:

For one chart: Case manager initially responsible for this chart is no longer with the agency. She was under a corrective performance review due to chronic issues with chart compliance. This is documented in performance evaluations. This staff member was required to audit all of her charts when she gave one week notice and submitted audit sheets reporting charts were in compliance. The current case manager will follow up on obtaining signature on annual treatment plan.

For second chart: Case manager responsible was made aware of discrepancies. Chart was not able to be corrected as a result of miscalculated timelines. Case manager will be more diligent in ensuring timelines are correct in the future.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Department of Behavioral Health and Developmental Services Diversity, Equity, and Inclusion ARPA Grant

Date: April 13, 2022

The Rappahannock Area Community Services Board applied for the DBHDS Diversity, Equity, and Inclusion ARPA grant and received an award of \$39,000.

RACSB recognizes that addressing systemic bias and discrimination within our organization is a critical part of our mission. Racial and social inequities harm everyone, including the people we serve, our staff, and the community at large. We also recognize that when social identifiers intersect such as ability, age, class, ethnicity, gender, religion, and sexual orientation, harmful inequities are compounded. Diversity here at RACSB consists of the full range of differences and similarities, that contributes to each individual's unique representation. RACSB is committed to equity to ensure inclusive treatment, access, opportunity, and advancement for all people, with the explicit intention of identifying and eliminating barriers to foster equal outcomes. RACSB is dedicated to establish and maintain an environment that recognizes diverse values and fully leverages wide ranging perspectives and backgrounds to drive results and cultivate a culture of belonging. Our organization has an opportunity and responsibility to positively impact our staff, the people we serve, and our community. As such, we are committed to advancing diversity, equity, and inclusion.

The funding opportunity of this grant offer the opportunity to support a targeted initiative to support our mission. The focus of this initiative will be increasing equity in access for traditionally underserved populations supported through a Diversity and Behavioral Health Equity Facilitator consultant to support the team through evaluation, analysis, and recommendations to senior leadership to support diversity, equity, and social justice. The facilitator will be responsible for the review of all program policy manuals, employee handbook, position descriptions, job advertisements, new employee orientation content, website, and social media and other policy items and prepare recommendations to support diversity, equity, and social justice in agency program policies and recruitment practices. The consultant will work with executive leadership staff to review data regarding underserved population representation in programming and in staff composition to analysis equitable access to services and employment. Further, this position will serve on the agency Diversity, Equity, and Inclusion Committee and participate in the CARF accreditation and performance analysis preparation process to facilitate consistent progress in identified progress areas. The Diversity and Behavioral Health Equity Facilitator provides policy recommendations to assist in achieving cross cultural understanding, respect for diversity and inclusiveness, as well as strategic interventions, to support agency development. Specifically, the funding will be used to provide a set number of consultation hours to support these efforts within the timeline prescribed by the grant. The consultant will be overseen by the Director of Human Resources and work in close partnership with Director of Compliance and Human Rights to ensure the executive sponsorship needed to impact needed policy changes.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Community Project Funding Application

Date: April 14, 2022

The Rappahannock Area Community Services Board has been invited to apply for Community Project Funding as one of the 15 applications allowed through the office of Representative Abigail Spanberger for the Children and Adolescent Behavioral Health Supports Project (CABHSP). Funding would be requested in the amount of \$1,200,000 to support 15 behavioral health therapists and a coordinator position to provide mental health supports in schools across Planning District 16.

This project will develop a targeted arm of the Rappahannock Area Community Services Board to collaborate with local school systems to provide integrated and comprehensive behavioral health services targeted to children and adolescents experiencing behavioral and substance use concerns. The goals are four-fold: (1) Establish a dedicated treatment team that increases wrap-around support available in school systems to students experiencing or at-risk for Serious Emotional Disturbance (SED), and provide timely access and availability of early intervention and treatment for mental health impact of the pandemic or exacerbation of pre-existing mental health conditions; (2) Reduce unnecessary exits from school environment, emergency custody orders, or emergency department psychiatric visits as a result of behavior difficulties, mental illness, substance abuse or co-occurring disorders through appropriate and timely access to a continuum of crisis supports; (3) Facilitate linkages for families to needed social services, peer supports, and resources across community systems.; (4) Enhance the bidirectional communication of the Rappahannock Area Community Services Board and local school systems utilizing a Rapid Cycle Quality Improvement process.

The Children and Adolescent Behavioral Health Supports Project initiative will provide evidenced-based, recovery-oriented service treatment using a model that provides comprehensive, locally-based clinical and recovery support services to children and adolescents experiencing increased behavioral or mental health needs. The CABHSP initiative will partner with the school systems in our service area to target children/adolescents experiencing behavioral needs related to the pandemic to receive enhanced services. The initiative would fund a comprehensive team of 15 Child and Adolescent Mental Health therapists and Program Supervisor/Community Liaison who would work in tandem to provide a full continuum of supports. RACSB also proposes to provide these supports either face to face or virtually using HIPPA compliant Zoom within the school setting. Co-located and community-based services increase access for individuals who may not typically have been enrolled in traditional RACSB services. Priority areas addressed include increasing access; addressing trauma, grief, and loss; children's behavioral health services; and indirectly providing associated supports and services using transportation of school system. Special focus will be increasing equity in access for traditionally underserved populations supported through the Program Supervisor/Community Liaison to support the team through training, evaluation, and analysis while providing outreach to target populations and communities. Administrative and evaluative support would be provided by the Program Supervisor and Clinical Services Director. The initiative would serve up to 35 individuals at a time per direct service clinician with at least 850 individuals served over the course of the funded year.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: April 13, 2022

The Rappahannock Area Community Services Board is committed to using data-driven decision-making to improve performance, quality, and demonstrate the value of services. This report will provide an overview of the new and on-going Behavioral Health and Developmental Disability performance measures.

Department of Behavioral Health and Developmental Services Performance Dashboard

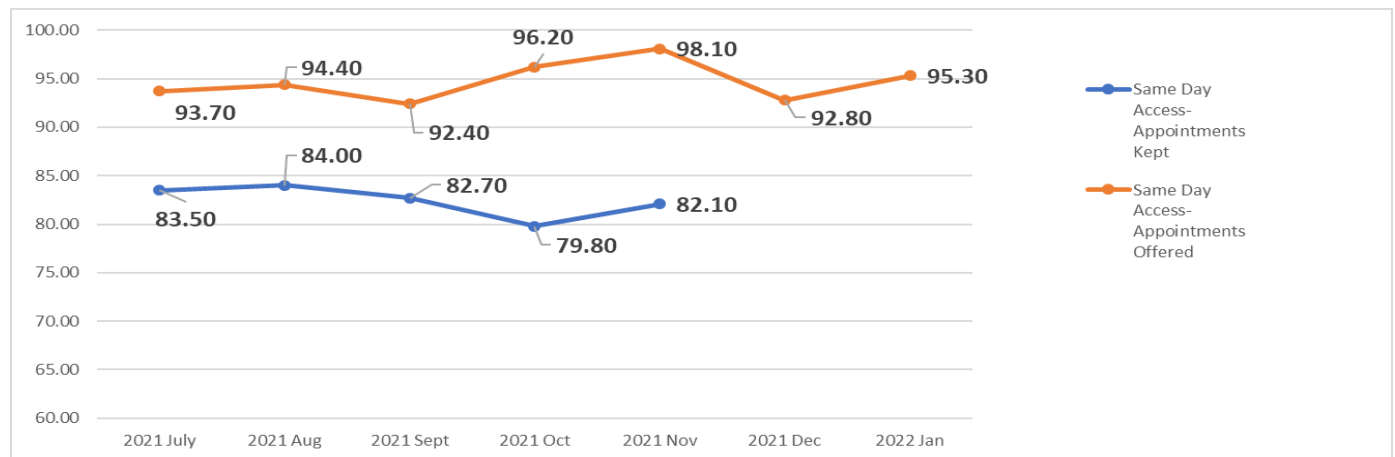
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

Behavioral Health Measures

Same Day Access

Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within ten business days. The benchmark is set at 86%.

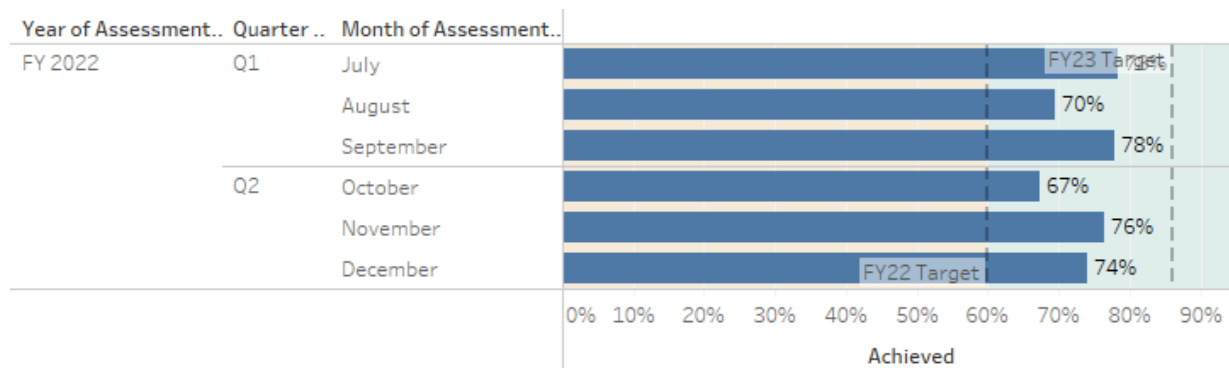
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.*RACSB started a modified Same Day Access process due to COVID and started back with full Same Day Access in January 2021.



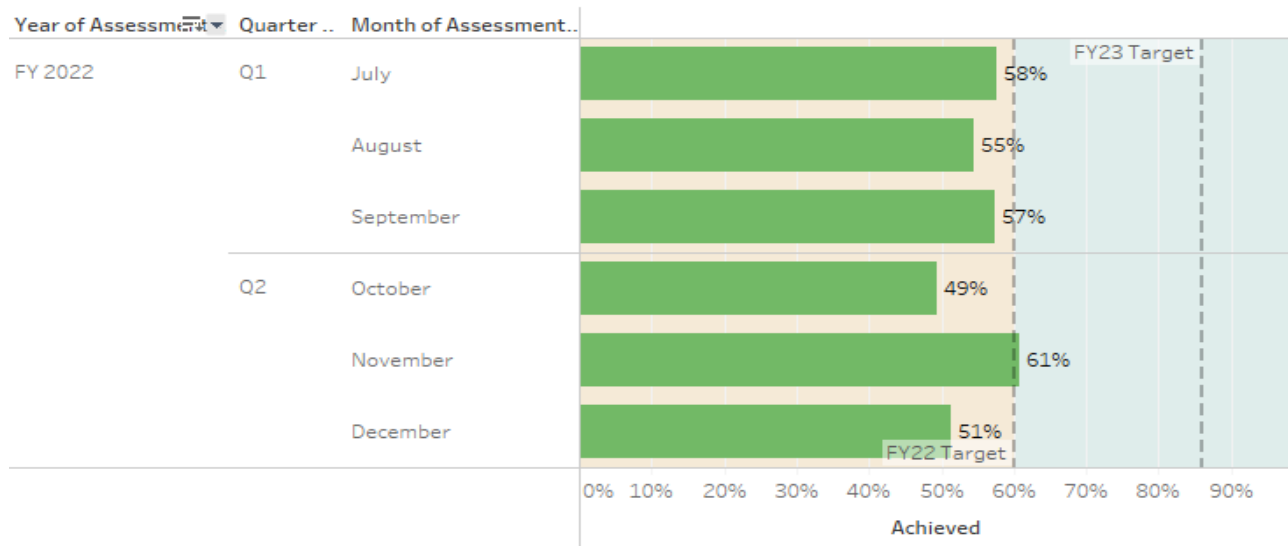
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening (numerator). The benchmark is set at 60 % for FY22 and 86% for FY23.

*Not yet benchmarked in performance contract.

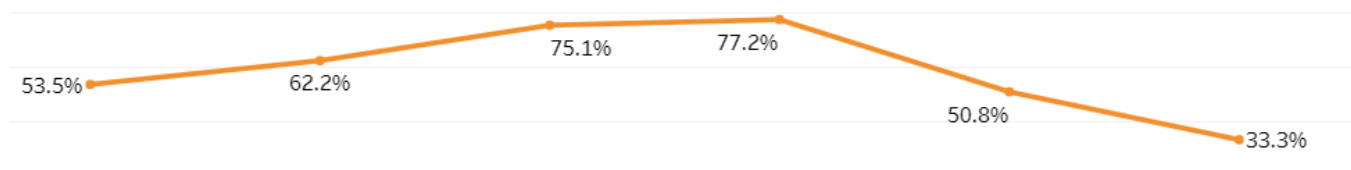


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening (numerator). The benchmark is set at 60 % for FY22 and 86% for FY23. *Not yet benchmarked in performance contract.



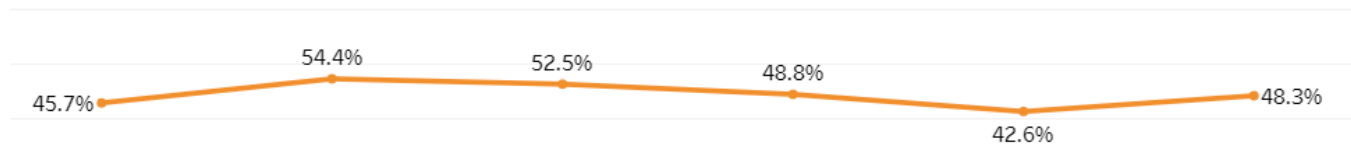
Physical Health Coordination

Annual Physical Examination: Percentage of adults who are 18 years old or older, are identified as having a serious mental illness (SMI), and are receiving mental health (MH) case management services (denominator) who received a complete physical examination in the last 12 months (numerator) (July 2021-Dec 2021). **We were able to identify a data error which occurred during our transition to hosting. These numbers are reflective of that technology error and will improve in coming months.**



Substance Use Disorder Engagement Measures

Engagement of SUD Services: Percentage of adults and children who are 13 years old or older with a new episode of SUD services as a result of a new substance use disorder (SUD) diagnosis (denominator, who initiated any SUD service within 14 days of diagnosis and who received two or more additional SUD services within 30 days of the first service (numerator). Benchmark is 50%.

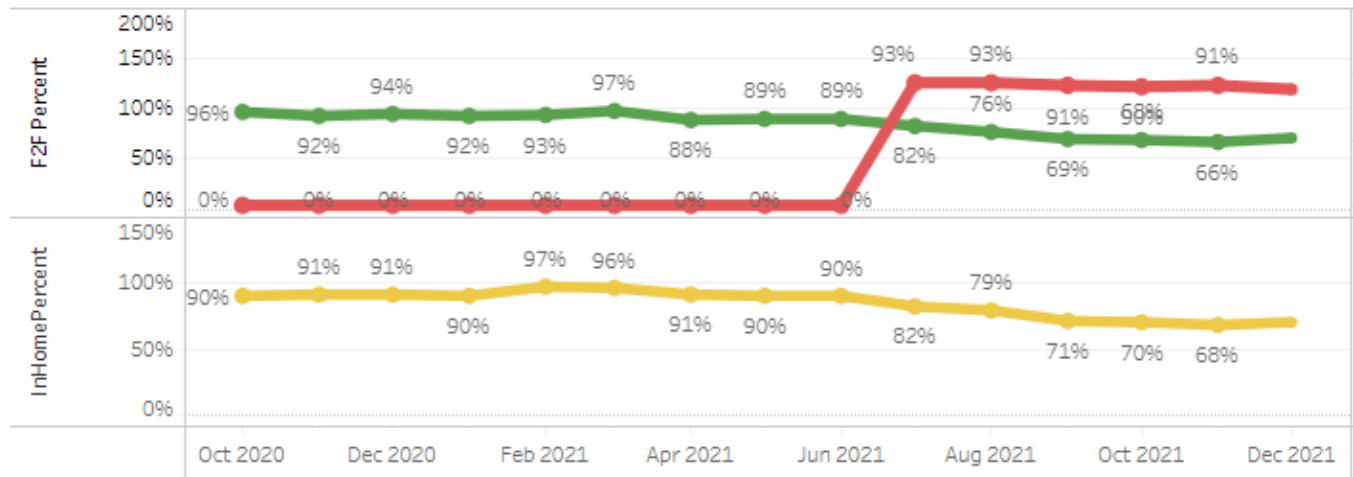


Developmental Disability Measures

Percent receiving face-to-face and In-Home Developmental Case Management Services

Definition: Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received a face-to-face case management service within the reporting month and previous case management visit was 40 days or less. *Target: 90%*

Definition: Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received **In-Home** face-to-face case management services every two months. *Target: 90%.*



April 2022 Finance Committee Meeting Minutes

Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on April 19, 2022. Attendees included Nancy Beebe, Ken Lapin, Carol Walker, Linda Ball, Jacque Kobuchi, Michelle Runyon, Tina Cleveland, Joe Wickens, Amy Umble, Amy Jindra, Megan Toler, Hosanna Gifford, and Teresa McDonnell. Matt Zurasky, Lawrence Davies, Susan Gayle, and Melissa White were not in attendance.

February 2022 Financial Report

Tina Cleveland reviewed the Finance Report with the Committee.

Ken Lapin requested Permanent Supportive Housing be discussed in Program Planning & Evaluation Committee in March.

ACTION TAKEN: The Committee unanimously approved a motion recommending the Board of Directors accept the report as presented.

Moved by: Ken Lapin Seconded by: Linda Ball

February 2022 Investment Report

Tina Cleveland said that as of February 28, 2022, cash and cash equivalent investments totaled \$18,875,202 which is 12% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool. At this time, RACSB has four months' worth of revenue in reserve.

February 2022 Reimbursement Report

Megan Toler told the Committee that claims aging figures are provided as of February 28, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$5,557,694 as of the period end date. Year-to-date fee revenue of \$18,044,543 is 8% higher than the prior year.

February 2022 Health Insurance Account Report

Tina Cleveland reported the health insurance account balance is \$365,297.18 as of February 28, 2022. Year-to-date premiums deposited in the account, \$2,463,351.94 are less than year-to-date claims and fees by \$151,873.45.

February 2022 Other Post-Employment Benefits Review

Tina Cleveland said that the February 2022 OPEB cash basis value is \$2,037,168 which is 113% more than the initial investment of \$954,620. The market value is \$3,794,148.

COVID Indicator - Payroll Statistics

Tina Cleveland said there were 503 paid employees. Overtime hours are increasing and leave hours have also been increasing.

Adjournment

The meeting adjourned at 12:42 p.m.



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

NOTICE

TO: Finance Committee
Matt Zurasky, Chair, Lawrence Davies, Linda Ball, Susan Gayle, Melissa White

FROM: Joe Wickens
Executive Director

SUBJECT: Finance Committee Meeting
April 19, 2022 12:00PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

DATE: April 15, 2022

A Finance Committee meeting has been scheduled for Tuesday, April 19, 2022 at 12:00PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on April 19, 2022 12:00PM.

cc: Kheia Hilton, Chairman

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

FINANCE COMMITTEE MEETING

April 19, 2022 12:00PM

In-Person

600 Jackson Street, Room 208

Fredericksburg, VA 22401

a g e n d a

- | | |
|---|-----------|
| I. February 2022 Financial Report | Gibbs |
| II. February 2022 Investment Report | Cleveland |
| III. February 2022 Reimbursement Report | Toler |
| IV. February 2022 Health Insurance Account Report | Cleveland |
| V. February 2022 Other Post-Employment Benefits | Cleveland |
| VI. COVID -19 Indicator – Payroll Statistics | Cleveland |
| VII. Other Business | Zurasky |

Re: February 2022 Financial Report

Fiscal Year 2022 revenues of \$33,361,036 are \$4,428,886 or 15.31% more than Fiscal Year 2021 as of February 28, 2022. Expenses of \$29,287,652 are \$2,389,459 or 8.88% greater than Fiscal Year 2021. The Net Revenue of \$4,073,384 is \$2,039,428 or 100.27% greater than Fiscal Year 2021.

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through February 28, 2022

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%		
INPATIENT	106,500	12,925	12.14%	106,500	14,625	13.73%	(1,700)	-13%
OUTPATIENT	2,079,801	1,635,620	78.64%	2,079,801	1,283,968	61.74%	351,652	21%
MEDICAL OUTPATIENT	3,673,594	2,446,374	66.59%	3,673,594	2,502,179	68.11%	(55,805)	-2%
NORTH / SOUTH ACT	1,795,548	1,132,329	63.06%	1,795,548	940,986	52.41%	191,342	17%
CASE MANAGEMENT ADULT	953,110	645,470	67.72%	953,110	632,406	66.35%	13,064	2%
CASE MANAGEMENT CHILD & ADOLESCENT	802,910	526,676	65.60%	802,910	511,113	63.66%	15,563	3%
PSY REHAB & KENMORE EMP SER	956,854	464,576	48.55%	956,854	416,335	43.51%	48,241	10%
PERMANENT SUPPORTIVE HOUSING	2,035,818	1,459,379	71.69%	2,035,818	495,802	24.35%	963,577	66%
CRISIS STABILIZATION	2,067,073	1,197,850	57.95%	2,067,073	1,187,138	57.43%	10,712	1%
SUPERVISED RESIDENTIAL	558,092	447,960	80.27%	558,092	330,564	59.23%	117,396	26%
SUPPORTED RESIDENTIAL	867,856	600,784	69.23%	867,856	532,050	61.31%	68,734	11%
JAIL DIVERSION GRANT	146,429	115,074	78.59%	146,429	53,999	36.88%	61,075	53%
SUB-TOTAL	16,043,585	10,685,016	66.60%	16,043,585	8,901,165	55.48%	1,783,851	17%
* Budget excludes program subsidies								

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%		
CASE MANAGEMENT	2,774,419	2,075,766	74.82%	2,774,419	1,957,794	70.57%	117,972	6%
DAY HEALTH & REHAB *	4,617,930	1,878,474	40.68%	4,617,930	2,734,761	59.22%	(856,287)	-46%
GROUP HOMES	5,546,096	3,801,468	68.54%	5,546,096	3,453,163	62.26%	348,305	9%
RESPIRE GROUP HOME	148,378	29,502	19.88%	148,378	236,928	159.68%	(207,426)	-703%
INTERMEDIATE CARE FACILITIES	4,045,972	2,347,338	58.02%	4,045,972	2,371,734	58.62%	(24,396)	-1%
SUPERVISED APARTMENTS	1,490,022	1,127,361	75.66%	1,490,022	902,169	60.55%	225,191	20%
SPONSORED PLACEMENTS	2,263,579	1,524,502	67.35%	2,263,579	1,295,165	57.22%	229,337	15%
SUB-TOTAL	20,886,396	12,784,411	61.21%	20,886,396	12,951,714	62.01%	(167,303)	-1%
* Budget excludes program subsidies								

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through February 28, 2022

SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%	ACTUAL VARIANCE	
OUTPATIENT	2,204,542	1,410,983	64.00%	2,204,542	1,080,477	49.01%	330,506	23%
MAT PROGRAM	885,458	987,936	111.57%	885,458	631,814	71.35%	356,122	36%
CASE MANAGEMENT	143,474	161,314	112.43%	143,474	79,953	55.73%	81,361	50%
RESIDENTIAL	412,936	358,027	86.70%	412,936	37,981	9.20%	320,046	89%
PREVENTION	838,809	1,095,810	130.64%	838,809	490,874	58.52%	604,936	55%
LINK	184,996	306,498	165.68%	184,996	99,651	53.87%	206,847	67%
LINK PPW GRANT	19,780	19,780	100.00%	19,780	14,478	73.19%	5,302	27%
SUB-TOTAL	4,689,995	4,340,348	92.54%	4,689,995	2,435,228	51.92%	1,905,120	44%
* Budget excludes program subsidies								

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%	ACTUAL Variance	
EMERGENCY SERVICES	1,327,096	982,426	74.03%	1,327,096	825,555	62.21%	156,871	16%
CHILD MOBILE CRISIS	320,728	254,977	79.50%	320,728	147,845	46.10%	107,132	42%
CIT ASSESSMENT SITE	289,481	239,213	82.64%	289,481	192,454	66.48%	46,759	20%
CONSUMER MONITORING	139,646	75,465	54.04%	139,646	64,382	46.10%	11,083	15%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	113,350	58.44%	(113,350)	0%
ASSESSMENT AND EVALUATION	739,048	331,236	44.82%	739,048	312,854	42.33%	18,382	6%
SUB-TOTAL	3,009,974	1,883,317	62.57%	3,009,974	1,656,441	55.03%	226,876	12%
* Budget excludes program subsidies								

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through February 28, 2022

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%	
ADMINISTRATION	177,738	70,486	39.66%	177,738	70,486	39.66%	0
PROGRAM SUPPORT	62,547	13,932	22.27%	62,547	13,932	22.27%	0
PROPERTY MANAGEMENT	-	0	0.00%	-	0	0.00%	0
SUB-TOTAL	240,285	84,418	35.13%	240,285	84,418	35.13%	0
ALLOCATED TO PROGRAMS				4,821,155	2,989,760	62.01%	

* Budget excludes program subsidies

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%		
TRANSPORTATION	445,758	0	0.00%	445,758	43,175	9.69%	(43,175)	0%
KIDS ON THE BLOCK	1,050	2,157	205.43%	1,050	1,859	177.03%	298	14%
TOTAL	446,808	2,157	0.48%	446,808	45,034	10.08%	(42,877)	-1988%

* Budget excludes program subsidies

FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2022	ACTUAL 02/28/22	%	BUDGET FY 2022	ACTUAL 02/28/22	%		
INTERAGENCY COORDINATING COUNCIL	1,489,950	1,140,273	76.53%	1,489,950	848,764	56.97%	291,509	26%
INFANT CASE MANAGEMENT	705,062	511,127	72.49%	705,062	460,955	65.38%	50,172	10%
EARLY INTERVENTION	1,957,235	1,132,029	57.84%	1,957,235	1,249,685	63.85%	(117,655)	-10%
TOTAL PART C	4,152,247	2,783,429	67.03%	4,152,247	2,559,403	61.64%	224,026	8%
HEALTHY FAMILIES	287,198	331,682	115.49%	287,198	58,705	20.44%	272,977	82%
HEALTHY FAMILIES - MIECHV Grant	432,579	252,477	58.37%	432,579	284,517	65.77%	(32,039)	-13%
HEALTHY FAMILIES-TANF & CBCAP GRANT	440,799	213,780	48.50%	440,799	311,026	70.56%	(97,246)	-45%
TOTAL HEALTHY FAMILY	1,160,576	797,939	68.75%	1,160,576	654,248	56.37%	143,691	18%

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through February 28, 2022

RECAP FY 2022 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	10,685,016	8,901,165	1,783,851	17%
DEVELOPMENTAL SERVICES	12,784,411	12,951,714	(167,303)	-1%
SUBSTANCE ABUSE	4,340,348	2,435,228	1,905,120	44%
SERVICES OUTSIDE PROGRAM AREA	1,883,317	1,656,441	226,876	12%
ADMINISTRATION	84,418	84,418	0	0%
OTHER	2,157	45,034	(42,877)	-1988%
FISCAL AGENT PROGRAMS	3,581,369	3,213,652	367,717	10%
TOTAL	33,361,036	29,287,652	4,073,384	12%

RECAP FY 2021 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	9,380,450	8,260,018	1,120,432	12%
DEVELOPMENTAL SERVICES	11,840,339	11,883,334	(42,995)	0%
SUBSTANCE ABUSE	2,724,117	2,089,661	634,456	23%
SERVICES OUTSIDE PROGRAM AREA	1,710,120	1,493,418	216,702	13%
ADMINISTRATION	173,847	173,847	0	0%
OTHER	1,724	28,736	(27,011)	-1566%
FISCAL AGENT PROGRAMS	3,101,552	2,969,180	132,372	4%
TOTAL	28,932,150	26,898,194	2,033,956	7%

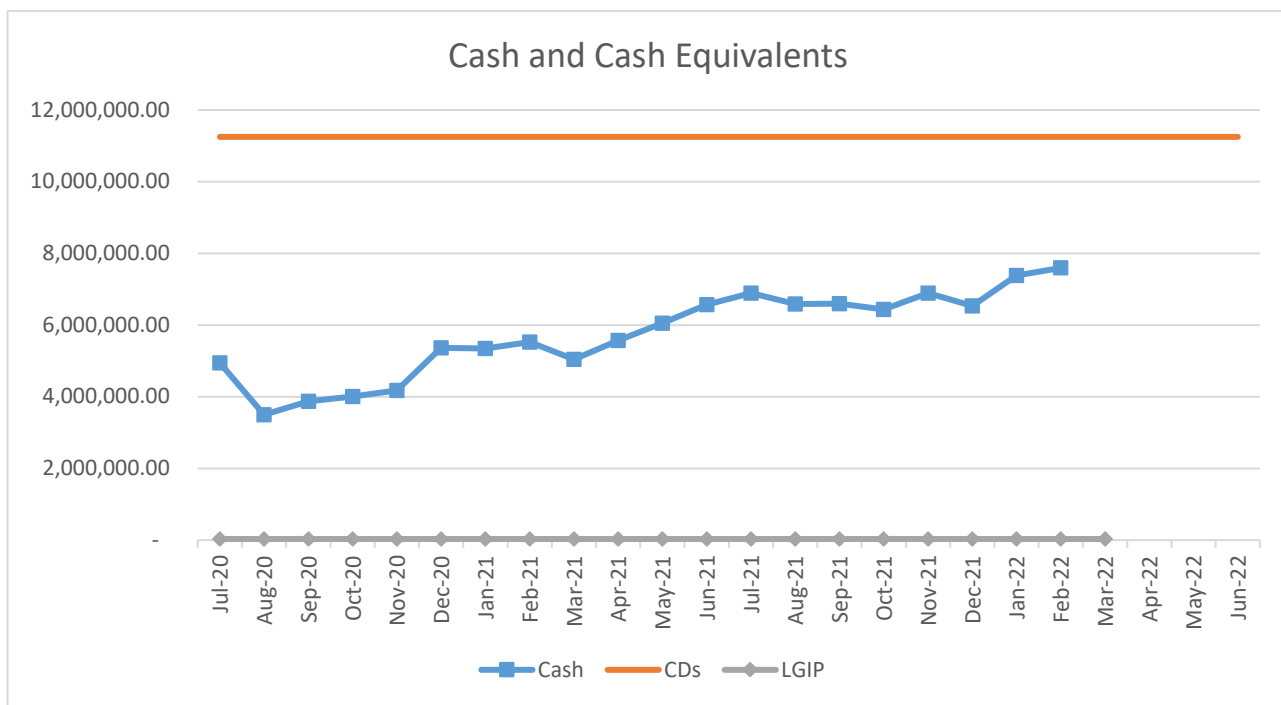
	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 4,428,886	15.31%
Change in Expense from Prior Year	\$ 2,389,459	8.88%
Change in Net Income from Prior Year	\$ 2,039,428	100.27%

Re: February 2022 Investment Report

At February 28, 2022, cash and cash equivalent investments totaled \$18,875,202 and 12% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
SUMMARY OF CASH AND INVESTMENTS BY DEPOSITORY

Depository	2/28/2022	Rate	Maturity Date
Atlantic Union Bank			
Checking	\$ 7,593,354	0.15%	N/A
Certificates of Deposit	\$ 11,250,000	0.01%	5/29/2022
Total Atlantic Union Bank	\$ 18,843,354		
Other			
Local Gov. Investment Pool	\$ 31,848	0.09%	N/A
Total Investments	\$ 18,875,202		



	\$ Change	% Change
Change from Prior Month	\$ 206,324	1.1%
Change from Prior Year	\$ 2,071,385	12%

Average # Months Reserves on Hand: 4.56

Re: Reimbursement Report

Claims aging figures are provided as of February 28, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$5,557,694 as of the period end date.

Year-to-date fee revenue of \$18,044,543 is 8% higher than the prior year.

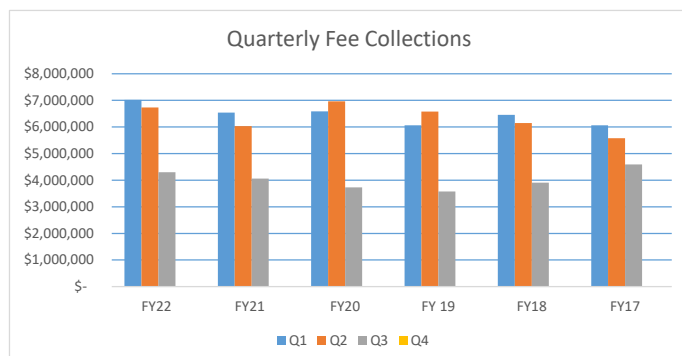
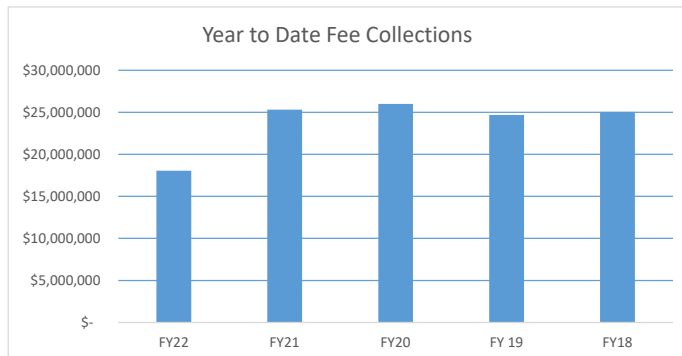
**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
FEE REVENUE REIMBURSEMENT REPORT AS OF JAN,2022**

AGED CLAIMS

		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$5,557,694	100%	\$5,097,900	100%	\$5,451,160
	Consumers	40%	\$2,248,463	37%	\$2,038,388	28%	\$1,544,695
	3rd Party	60%	\$3,309,231	55%	\$3,059,512	70%	\$3,906,464
Claims Aged 0-29 Days	Total	50%	\$2,753,180	43%	\$2,209,214	52%	\$2,858,774
Claims Aged 0-29 Days	Consumers	5%	\$296,604	1%	\$67,439	2%	\$106,509
	3rd Party	44%	\$2,456,576	39%	\$2,141,776	50%	\$2,752,265
Claims Aged 30-59 Days	Total	3%	\$160,637	3%	\$151,815	2%	\$130,451
Claims Aged 30-59 Days	Consumers	1%	\$78,628	2%	\$88,529	1%	\$50,405
	3rd Party	1%	\$82,009	1%	\$63,287	1%	\$80,046
Claims Aged 60-89 Days	Total	3%	\$149,661	6%	\$326,072	7%	\$381,180
Claims Aged 60-89 Days	Consumers	2%	\$88,024	4%	\$222,414	1%	\$36,280
	3rd Party	1%	\$61,637	2%	\$103,658	6%	\$344,899
Claims Aged 90-119 Days	Total	5%	\$288,976	2%	\$120,690	1%	\$57,963
Claims Aged 90-119 Days	Consumers	4%	\$213,331	1%	\$55,879	1%	\$30,936
	3rd Party	1%	\$75,645	1%	\$64,811	0%	\$27,027
Claims Aged 120+ Days	Total	40%	\$2,205,243	45%	\$2,290,108	37%	\$2,022,791
Claims Aged 120+ Days	Consumers	28%	\$1,571,877	29%	\$1,604,127	24%	\$1,320,564
	3rd Party	11%	\$633,366	12%	\$685,981	13%	\$702,227

CLAIM COLLECTIONS

Current Year To Date Collections \$18,044,543
Prior Year To Date Collections \$16,633,503
\$ Change from Prior Year \$1,411,040
% Change from Prior Year 8%

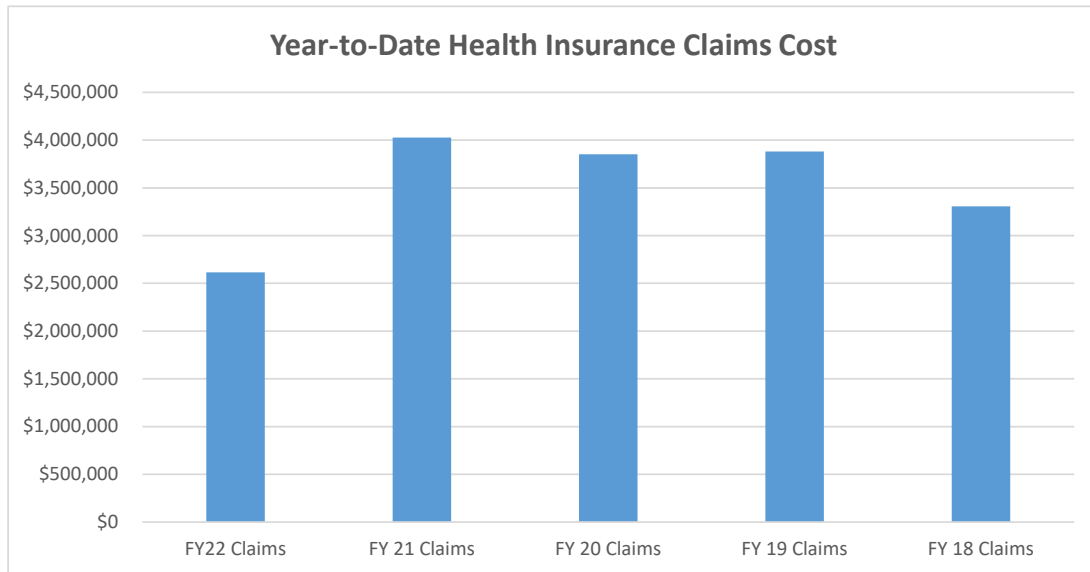


Re: February 2022 Health Insurance Account Report

The health insurance account balance is \$365,297.18 as of February 28, 2022.

Year-to-date premiums deposited in the account, \$2,463,351.94 are less than year-to-date claims and fees by \$151,873.45.

RAPPAHANNOCK AREA CSB
FY 2021 HEALTH INSURANCE ACCOUNT REPORT
As of January 2022



FY 2021	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$48,255.77
July	\$333,947.48	\$166,837.69	\$431,612.79	\$2.63	\$117,430.78
August	\$323,550.03	\$114,398.75	\$391,138.38	\$0.95	\$164,242.13
September	\$161,080.39	\$102,074.56	\$298,220.78	\$1.06	\$129,177.36
October	\$163,038.70	\$85,580.94	\$377,797.00	\$0.95	\$0.95
November	\$504,695.24		\$309,156.69	\$4.48	\$195,543.98
December	\$316,352.67		\$233,065.37	\$4.86	\$278,836.14
January	\$334,105.97		\$303,786.71	\$3.32	\$309,158.72
February	\$326,581.46		\$270,447.67	\$4.67	\$365,297.18
March					\$365,297.18
Apr					\$365,297.18
May					\$365,297.18
June					\$365,297.18
YTD Total	\$2,463,351.94	\$468,891.94	\$2,615,225.39	\$22.92	\$365,297.18

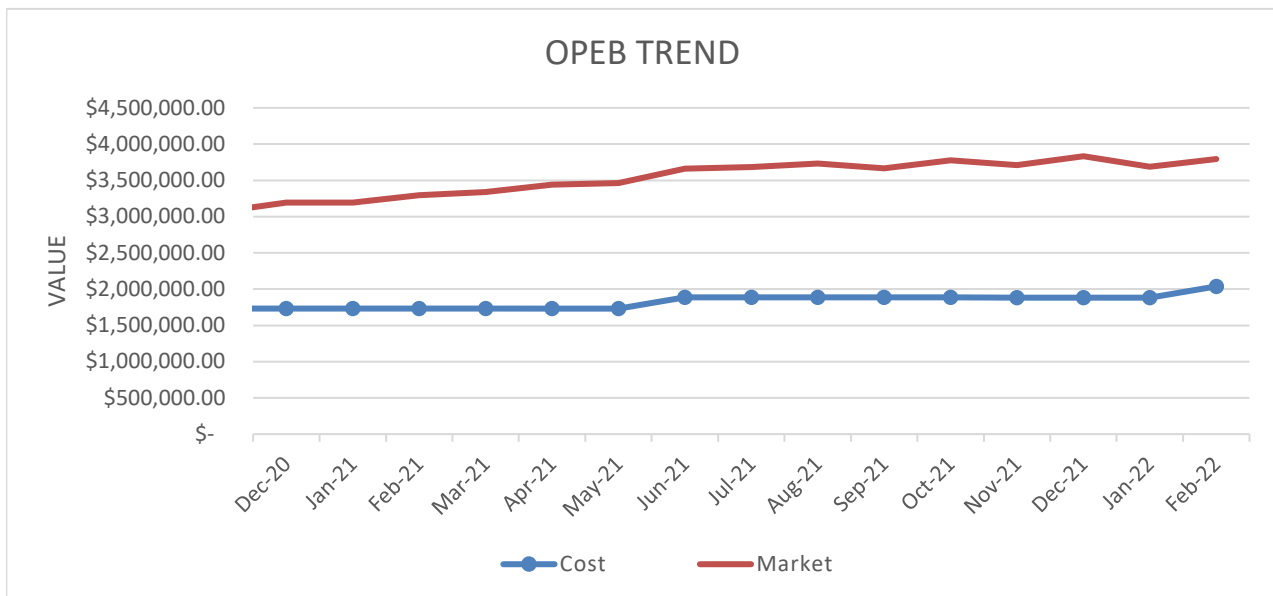
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2022	\$326,903	(\$8,739)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002	(\$1,163)	\$378,562
FY 2019	\$322,165	\$46,681	\$396,619
FY 2018	\$275,483	\$38,450	\$320,214
FY 2017	\$237,033	\$15,995	\$293,706
FY 2016	\$221,038	(\$5,388)	\$291,378
FY 2015	\$226,426		\$253,164

Re: Other Post-Employment Benefits (OPEB) Review

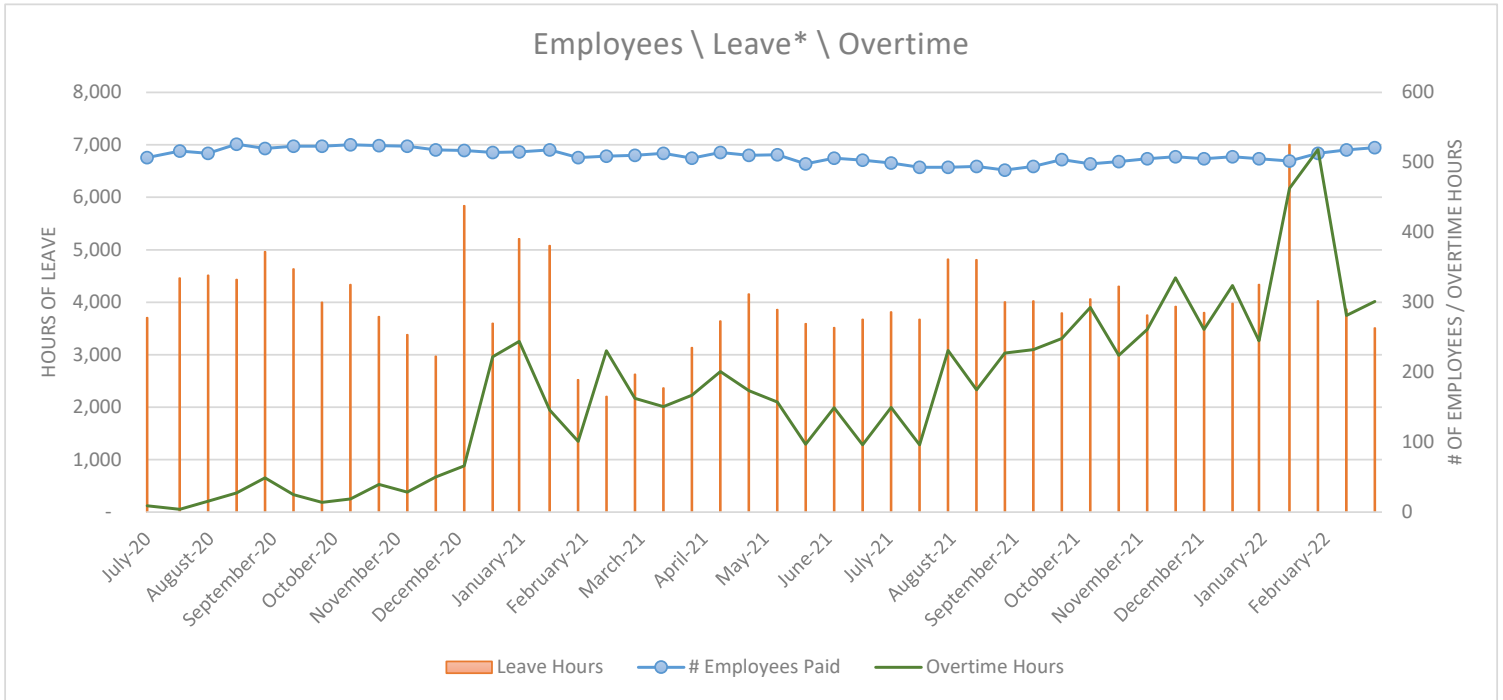
The February 2022 OPEB cash basis value is \$2,037,168 which is 113% more than the initial investment of \$954,620. The market value of \$3,794,148 is 297% higher than the initial investment. The market value increased 2.90% from the prior month.

**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
OTHER POST EMPLOYMENT BENEFIT ACCOUNT
AS OF JANUARY 2022**

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2021 Year-End Balance	\$ 1,884,943	\$ 930,323	\$ 3,661,365	\$ 2,706,745
Balance at 7/31/2021	\$ 1,884,878.98	\$ 930,258.98	\$ 3,682,039.43	\$ 2,727,419.43
Balance at 8/31/2021	\$ 1,884,411.77	\$ 929,791.77	\$ 3,730,481.87	\$ 2,775,861.87
Balance at 9/30/2021	\$ 1,884,411.77	\$ 929,791.77	\$ 3,664,968.97	\$ 2,710,348.97
Balance at 10/31/2021	\$ 1,884,349.41	\$ 929,729.41	\$ 3,777,368.54	\$ 2,822,748.54
Balance at 11/30/2021	\$ 1,883,838.26	\$ 929,218.26	\$ 3,710,875.16	\$ 2,756,255.16
Balance at 12/31/2021	\$ 1,883,838.26	\$ 929,218.26	\$ 3,832,609.82	\$ 2,877,989.82
Balance at 1/31/2022	\$ 1,883,259.64	\$ 928,639.64	\$ 3,687,226.12	\$ 2,732,606.12
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (46,986.51)	
Fees & Expenses				
Transfers/Contributions	\$ 153,909.00		\$ 153,909.00	
Balance at 2/28/2022	\$ 2,037,168.64	\$ 1,082,548.64	\$ 3,794,148.61	\$ 2,839,528.61



**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
PAYROLL STATISTICS**



*Leave includes Annual Leave, Administrative Leave With Pay, Bereavement Leave, Disability Leave, Family Personal Leave, Leave Without Pay, and Sick Leave.

Indicators	FY 2020 Average Per Pay Period	FY 2021 Average Per Pay Period	FY 2022 Average Per Pay Period
# Employees Paid	537	514	503
Leave Hours	3,534	3,850	4,193
Overtime Hours	55	102	270

April 2022 Personnel Committee Meeting Minutes

Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on April 19, 2022. Attendees included Nancy Beebe, Ken Lapin, Carol Walker, Linda Ball, Jacque Kobuchi, Michelle Runyon, Tina Cleveland, Amy Jindra, Joe Wickens, Amy Umble, Hosanna Gifford, and Teresa McDonnel. Members not in attendance included Linda Carter, Lawrence Davies, and Greg Sokolowski.

March 2022 EEO Report and Recruitment Update

Michelle Runyon told the Committee that RACSB received 72 applications through March 31, 2022. This is a decrease of 16.3% compared to the month of February 2022, and an increase of 26.3% when compared to the month of March 2021. RACSB received 364 resumes through Indeed for March 2022. There are currently 101 open positions.

March 2022 Retention Report

Michelle Runyon reported that Human Resources processed a total of 11 employee separations for the month of March 2022. Some of the reasons given were personal reasons, job dissatisfaction, and job abandonment. The retention rate was 94.17%.

Health Insurance – Renewal Meeting Update (Handout)

Michelle Runyon reported to the Committee that a pre-renewal meeting with our benefit broker (USI) was held on March 23, 2022. Renewal rates for our current trends with claims and costs experience were discussed. A follow up meeting was held this morning in which two options were presented. After review of the two options, we are recommending option two – BAFO & Specialty RX. This option has a slight increase in our health insurance premiums for 2022-2023 fiscal year. Michelle will be meeting with USI again tomorrow at 3:00 pm regarding the renewal.

Other Business

Michelle Runyon stated open enrollment will be held the first two weeks of May. Human Resources and Executive management team members will be meeting with employees to assist with open enrollment forms and time clock access.

Adjournment

The meeting adjourned at 1:14 p.m.



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

NOTICE

TO: Personnel Committee
Nancy Beebe, Chair, Linda Carter, Lawrence Davies, Ken Lapin, Greg Sokolowski

FROM: Joe Wickens
Executive Director

SUBJECT: Personnel Committee Meeting
April 19, 2022 1:00PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

DATE: April 15, 2022

A Personnel Committee meeting has been scheduled for Tuesday, April 19, 2022 at 1:00PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on April 19, 2022 1:00 PM.

cc: Kheia Hilton, Chairman

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

PERSONNEL COMMITTEE MEETING

April 19, 2022 1:00PM

In-person

600 Jackson Street, Room 208

Fredericksburg, VA 22401

a g e n d a

- | | |
|---|--------|
| I. MARCH 2022 EEO REPORT and RECRUITMENT UPDATE | Runyon |
| II. MARCH 2022 RETENTION REPORT | Runyon |
| III. HEALTH INSURANCE – RENEWAL MEETING UPDATE | Runyon |



Office of Human Resources
600 Jackson Street • Fredericksburg, VA 22401 • 540-373-3223
RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Human Resources Specialist

Date: April 6, 2022

Re: Summary – EEO Report – March 2022 and Recruitment Update

RACSB received **72** applications through March 31, 2022. This is a **decrease** of **16.3%** compared to the month of February 2022, and an **increase** of **26.3%** when compared to the month of March 2022.

RACSB received **364** resumes and advertised **23** positions through Indeed for **March 2022**.

Of the applications received, 33 applicants listed the RACSB applicant website as their recruitment source, 15 stated employee referrals as their recruitment source, and 17 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **101** open positions. New positions account for **10** of the open positions.

A summary is attached indicating external applicants hired, internal applicants moved, and actual number of applicants applying for positions in the month of **March 2022**.

EEO Report 2022

APPLICANT DATA	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Female	30	41	29	56	55	66	60	83	43	45	41	46	35
Male	4	4	8	6	8	22	12	26	15	7	8	7	11
Not Supplied	23	38	24	41	27	47	26	73	61	43	27	33	26
Total	57	83	61	103	90	135	98	182	119	95	76	86	72
ETHNICITY													
Caucasian	17	25	18	40	31	35	30	69	29	28	31	25	13
African American	17	14	11	19	26	48	26	34	28	20	15	20	27
Hispanic	1	2	3	4		6	2	14	5	9	7	6	5
Asian						2	3	5	2		2	3	
American Indian				4	6	2		3	1	1		2	1
Native Hawaiian			3				1	1					
Two or More Races	1	3	5										
RECRUITMENT SOURCE													
Newspaper Ads					1						1		
RACSB Website	29	50	28	64	59	78	40	84	52	39	36	32	33
RACSB Intranet	3	1	6	3	3	10	1	7	3	1	2	7	5
Employee Referrals	26	18	17	34	11	48	31	47	31	34	18	32	15
Radio Ads													1
Indeed.com	8	19	13	11	15	20	16	49	25	20	20	7	17
VA Employment Commission			1	1	4	6	4	4		1	3	2	3
Monster.com													
Other -	2	1			3			4			1	8	3
Facebook	2				1		1						
Multi Site Search			1			1	2						
NHSC													
Linked In	1			1	1		1						
Goodwill referral													
Zip Recruiter			1	4			2		1				
Job Fair		1			1	2	3	2	6			2	1
Total # of Applicants	49	65	54	76	58	93	74	121	80	68	62	65	59

RECRUITMENT REPORT 2022

MONTHLY RECRUITMENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL YTD
External Applicants Hired:													
Part-time	8	8	2										
Full-time	15	11	15										
Sub Total External Applicants Hired	23	19	17										
Internal Applicants Moved:													
Full-time to PRN As Needed	1	1	1										
Full-time to Part-time													
Part-time to PRN As Needed	1												
Part-time to Full-time		1	2										
PRN As Needed to Part-time													
Lateral Transfer	1		6										
Non-Lateral Change in Position			1										
Promotion	4	6	2										
Temporary to Regular													
PRN As Needed to Full-Time													
Sub Total Internal Applicant Moves	7	8											
Total Positions Filled:	30	27	12										
Total Applications Received:													
Actual Total of Applicants:	62	65	59										
Total External Offers Made:	20	16	19										
Total Internal Offers Made:	8	11	13										

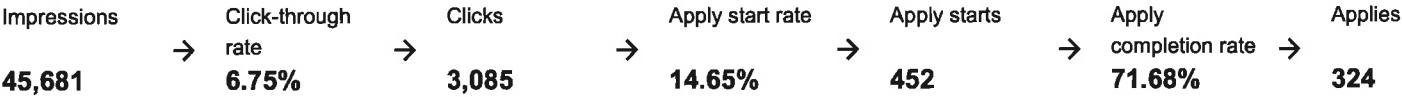
Job performance summary

Performance of your jobs across Indeed

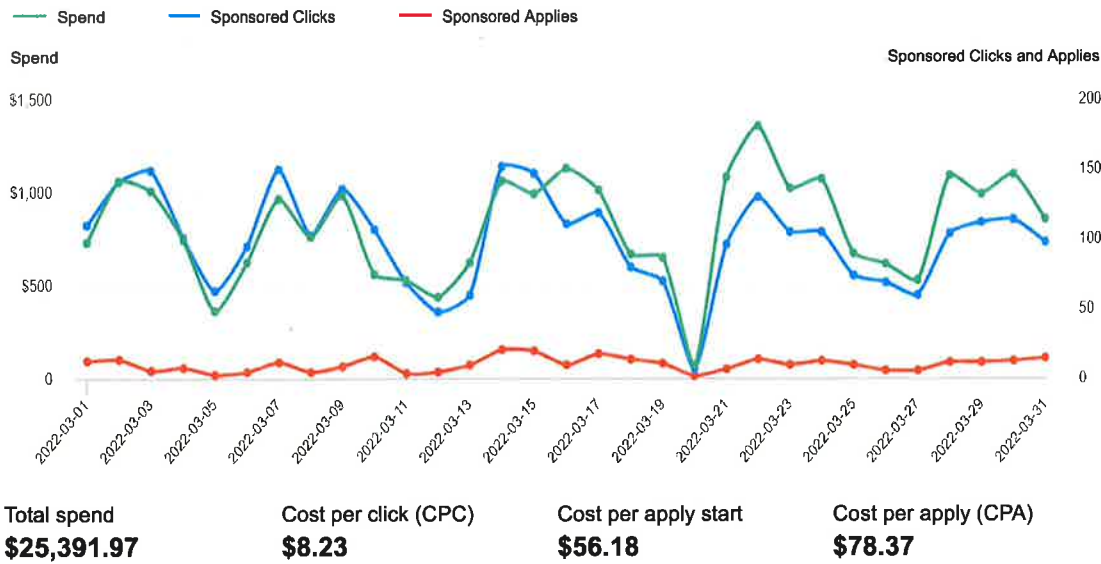
The data shown is all organic data and sponsored data for all cost-per-click campaigns

Candidate behavior funnel

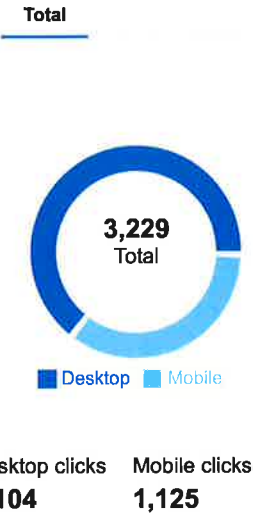
Sponsored



Cost-per-click campaign performance

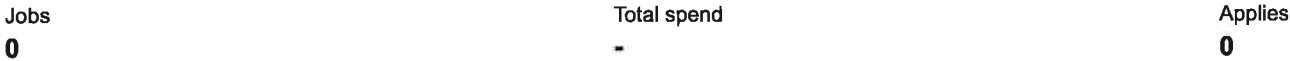


Desktop vs mobile clicks



[View jobs dashboard](#) [View jobs campaigns](#) [View billing summary](#)

Cost-per-application campaigns



[Manage job postings](#)

Open Positions Report - April 1, 2022						
Date Posted	Position No.	Position Title	Location	RU	Full-time/Part-time	
8/20/2021	236-2021	ADMIN Utilization Review Specialist	Fredericksburg		1000	FT
2/23/2022	059-2022	ADMIN Accounting Coordinator	Fredericksburg		1000	FT
3/9/2022	069-2022	ADMIN Medical Billing/Reimbursement Tech II	Fredericksburg		1000	PT
				3		
1/10/2022	003-2022	CLINICAL Psychiatrist	Fredericksburg			FT
8/19/2020	134-2020	CLINICAL Emergency Services Therapist	Fredericksburg		2000/4000	FT
10/27/2021	300-2021	CLINICAL ES Mobile Co-Response Therapist	Fredericksburg		2000/4000	FT
6/9/2021	123-2021	CLINICAL Child/Adolescent ES Therapist	Fredericksburg		2070	FT
9/20/2021	265-2021	CLINICAL Peer Recovery Specialist MH	Fredericksburg		2200	FT
1/11/2022	005-2022	CLINICAL Clinical Outreach Therapist	Fredericksburg		2220	FT
1/26/2022	027-2022	CLINICAL Health Educator	Fredericksburg		2200/4400	FT
1/28/2022	030-2022	CLINICAL MH Therapist (Jail Based)	RRJ Stafford		2200-4200/6430	FT
3/30/2022	093-2022	CLINICAL School Based Therapist	Spotsylvania		2240	FT
1/28/2022	029-2022	CLINICAL MH Therapist	Stafford		2250/6430	FT
6/29/2020	092-2020	CLINICAL Peer Specialist (Adult MH C. Mgmt)	Fredericksburg		2400	FT
8/25/2021	237-2021	CLINICAL Child/Adolescent Therapist	Spotsylvania		2400	FT
10/26/2021	286-2021	CLINICAL Diversion Case Manager	RRJ		2480	FT
9/21/2021	199-2021	CLINICAL Family Support Peer	Spotsylvania		2500	FT
12/21/2021	344-2021	CLINICAL Child/Adolescent MH Case Manager	Stafford		2500	FT
7/23/2021	200-2021	CLINICAL Therapist/Office On Youth	Fredericksburg		4200	PT/FT
7/13/2021	174-2021	CLINICAL S. A. Therapist	Fredericksburg		4220	FT
3/30/2022	092-2022	CLINICAL S.A. Therapist, Women's Services	Spotsylvania		4220	FT
9/1/2020	146-2020	CLINICAL S. A. Therapist	Spotsylvania		4240	FT
1/26/2021	350-2021	CLINICAL SA Therapist, Women's Services	Fredericksburg		4260	FT
4/28/2021	083-2021	CLINICAL MH/SA Therapist - Detention Based	RRJ		4290	FT
3/24/2021	056-2021	CLINICAL SA Therapist/Case Manager	Fredericksburg		4296	FT
9/27/2021	273-2021	CLINICAL Peer Recovery Specialist - Project LINK	River Club		4976	FT
8/6/2021	221-2021	CLINICAL MH Therapist (Intakes)	Fredericksburg		6430	FT
				24		
7/9/2021	169-2021	CSS MH Nurse - RN/LPN	Crisis Stabilization		2770	FT
11/30/2021	325-2021	CSS MH Nurse - RN/LPN	Crisis Stabilization		2770	FT
11/18/2021	319-2021	CSS Intake Therapist	Crisis Stabilization		2770	FT
2/14/2022	049-2022	CSS MH Residential Specialist	Crisis Stabilization		2770	PT
3/1/2022	061-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization		2770	FT
				5		
11/8/2021	307-2021	CSS Employment Manager	Kenmore Club		2680	FT
12/21/2021	345-2021	CSS MH Residential Counselor	Lafayette		2786	PT
1/6/2022	025-2022	CSS MH Residential Counselor	Lafayette		2786	FT
11/17/2021	312-2021	CSS MH Residential Counselor II	Home Rd		2779	FT
11/17/2021	313-2021	CSS MH Residential Counselor II	Home Rd		2779	FT
2/17/2022	057-2022	CSS MH Residential Counselor I	Home Rd		2778	FT
1/11/2022	006-2022	CSS Therapist - ACT	401 Bridgewater		2372	FT
3/30/2022	095-2022	CSS Co-Occurring Specialist, ACT	402 Bridgewater		2372	FT
2/18/2022	054-2022	CSS PSH Peer Specialist	401 Bridgewater		2760	FT
3/4/2022	067-2022	CSS Developmental Svcs Support Coordinator	Stafford		3400	FT
3/21/2022	077-2022	CSS Developmental Svcs Support Coordinator	Stafford		3400	FT
3/4/2022	063-2022	CSS Developmental Svcs Support Coordinator	Spotsylvania		3400	FT
1/25/2022	021-2022	CSS Infant/Child Support Coordinator	Fredericksburg		3500	FT
11/17/2021	309-2021	CSS Speech/Language Pathologist	PEID		3910	FT
1/21/2022	008-2022	CSS Early Childhood Special Educator	PEID		3910	FT
2/4/2022	041-2022	CSS Occupational Therapist	PEID		3910	FT
				16		
1/22/2022	020-2022	CSS Direct Support Professional	RAAI Caroline		3651	PT
12/14/2021	336-2021	CSS Direct Support Professional	RAAI KH		3652	FT
6/24/2021	156-2021	CSS Direct Support Professional	RAAI KH		3652	PT
6/24/2021	158-2021	CSS Direct Support Professional	RAAI KH		3652	PT
6/24/2021	159-2021	CSS Direct Support Professional	RAAI KH		3652	PT
7/26/2021	196-2021	CSS Direct Support Professional	RAAI KH		3652	PT
2/9/2022	046-2022	CSS Direct Support Professional	RAAI KH		3652	PT
3/28/2022	080-2022	CSS Direct Support Professional	RAAI KG		3653	FT
3/28/2022	090-2022	CSS Direct Support Professional	RAAI KG		3653	FT
10/26/2021	292-2021	CSS Direct Support Professional	RAAI KG		3653	PT
1/22/2021	019-2022	CSS Direct Support Professional	RAAI Spotsylvania		3654	PT

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time
3/4/2022	064-2022	CSS	Direct Support Professional	RAAI Spotyslvania		3654 PT
3/28/2022	091-2022	CSS	Direct Support Professional	RAAI Spotyslvania		3654 PT
7/26/2021	194-2021	CSS	Direct Support Professional	RAAI Stafford		3655 PT
7/20/2021	187-2021	CSS	Direct Support Professional	RAAI Stafford		3655 PT
8/10/2021	227-2021	CSS	Direct Support Professional	RAAI Stafford		3655 PT
					16	
3/28/2022	081-2022	CSS	Assistant Manager	Wolfe Street ICF		3771 FT
3/21/2022	079-2022	CSS	ID Res. Counselor I	Wolfe Street ICF		3771 FT
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT
3/24/2020	060-2020	CSS	ID Res. Counselor I	Leeland Road		3772 PT
12/10/2020	222-2020	CSS	ID Res. Counselor I	Leeland Road		3772 PT
3/17/2022	074-2022	CSS	ID Res. Counselor I	Stonewall Estates		3773 FT
4/5/2022	083-2022	CSS	ID Res. Counselor I	Stonewall Estates		3773 PT
1/11/2021	339-2021	CSS	ID Res. Counselor I	Devon Drive		3774 FT
3/17/2022	073/2022	CSS	ID Res. Counselor I	Devon Drive		3774 PT
2/18/2022	055-2022	CSS	ID Res. Counselor I	Ruffins Pond		3775 PT
2/18/2022	056-2022	CSS	ID Res. Counselor I	Ruffins Pond		3775 PT
3/28/2022	084-2022	CSS	Asst. Grooup Home Manager	Piedmont		3776 FT
11/3/2021	303-2021	CSS	ID Residential Counselor I	Piedmont		3776 PT
12/16/2021	338-2021	CSS	ID Residential Counselor I	Piedmont		3776 FT
12/16/2021	335-2021	CSS	ID Res. Counselor I	Igo Rd		3777 PT
2/19/2021	033-2021	CSS	ID Res. Counselor I	New Hope Estates		3778 PT
9/15/2021	256-2021	CSS	ID Res. Counselor I	New Hope Estates		3778 PT
10/12/2021	284-2021	CSS	ID Res. Counselor I	New Hope Estates		3778 PT
1/26/2022	026-2022	CSS	ID Res. Counselor I	Scottsdale Estates		3779 PT
9/10/2021	102-2021	CSS	ID Res. Counselor I	Scottsdale Estates		3779 PT
3/28/2022	085-2022	CSS	Asstitant Manager	Belmont SAP		3781 FT
3/21/2022	075-2022	CSS	ID Res. Counselor I	Galveston Rd		3790 FT
3/28/2022	089-2022	CSS	ID Res. Counselor I	Galveston Rd		3790 FT
3/9/2022	069-2022	CSS	ID Res. Counselor I	Churchill		3791 FT
12/29/2021	348-2021	CSS	ID Res. Counselor I	Churchill		3791 PT
3/17/2022	071-2022	CSS	ID Res. Counselor I	ICF Ross		3792 FT
3/28/2022	087-2022	CSS	ID Res. Counselor I	ICF Ross		3792 FT
10/12/2021	285-2021	CSS	ID Res. Counselor I	ICF Ross		3792 PT
3/17/2022	072-2022	CSS	ID Res. Counselor I	ICF Ross		3792 PT
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross		3792 PT
1/28/2022	031-2022	CSS	ID Res. Counselor I	ICF Lucas		3793 FT
1/28/2022	033-2022	CSS	ID Res. Counselor I	ICF Lucas		3793 FT
2/14/2022	051-2022	CSS	ID Res. Counselor I	ICF Lucas		3792 FT
3/28/2022	082-2022	CSS	ID Res. Counselor I	ICF Lucas		3792 FT
9/20/2021	260-2021	CSS	ID Res. Counselor I	ICF Lucas		3793 PT
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT
					37	
Positions on Hold						
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg		1000 FT
3/23/2020	056-2020	CLINICAL	Lead, ES Therapist	Fredericksburg		2000/4000 FT
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250 FT
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT
1/21/2022	014-2022	CSS	Peer Coach	Crisis Stabilization		2770 FT
2/3/2022	037-2022	CSS	Peer Coach	Crisis Stabilization		2770 PT
					6	



MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: April 11, 2022

Re: Summary – Retention Report – March 2022

Human Resources processed a total of eleven employee separations for the month of March, 2022. Of the separations nine were voluntary. Nine of the employees were full-time, two were part-time.

Resignations were submitted due to other employment (1), personal reasons (2), job dissatisfaction (3) and job abandonment/resigned, no notice (3).

According to the attached report, the Retention Rate for March was 94.17% and the turnover rate was 5.83%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Mar-22

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative	1	1	0	Resigned w/out notice
<i>Unit Totals</i>	1	1	0	
Clinical Services	1	1	0	Other Employment (in Northern VA)
<i>Unit Totals</i>	1	1	0	
Community Support Services	3	3	0	Job Dissatisfaction
	2	0	2	Termination
	2	2	0	Job Abandonment
	2	2	0	Personal Reasons
<i>Unit Totals</i>	9	7	2	
<i>Grand Totals for the Month</i>	11	9	2	

Total Employees for the Month	600
Retention Rate	94.17%
Turnover Rate	5.83%
Total Separations	11
Part-time Separations	19.00%
Full-time Separations	81.00%

RACSB Turnover 2019

Employees	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019 Year End
Average Total Positions	616	616	616	616	616	616	616	616	616	616	616	616	616
Monthly Terminations*	8	6	8	18	9	5	10	17	14	7	6	4	112
Turnover by Month YTD	1.30%	0.97%	1.30%	2.92%	1.46%	0.81%	1.62%	2.76%	2.27%	1.14%	0.97%	0.65%	18.18%
Cumulative Turnover YTD	0.16%	2.27%	3.57%	6.49%	7.95%	8.77%	10.39%	13.15%	15.42%	16.56%	17.53%	18.18%	18.18%
Average % Turnover per Month YTD	0.16%	1.14%	1.19%	1.62%	1.59%	1.46%	1.48%	1.64%	1.71%	1.66%	1.59%	1.52%	1.52%

* Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB Turnover 2020

Employees	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020 Year End
Average Total Positions	624	624	624	624	624	624	624	624	624	624	624	624	624
Monthly Terminations*	8	3	10	7	4	7	11	16	11	17	12	6	112
Turnover by Month YTD	1.28%	0.48%	1.60%	1.12%	0.64%	1.12%	1.76%	2.56%	1.76%	2.72%	1.92%	0.96%	17.95%
Cumulative Turnover YTD	0.16%	1.76%	3.37%	4.49%	5.13%	6.25%	8.01%	10.58%	12.34%	15.06%	16.99%	17.95%	17.95%
Average % Turnover per Month YTD	0.16%	0.88%	1.12%	1.12%	1.03%	1.04%	1.14%	1.32%	1.37%	1.51%	1.54%	1.50%	1.50%

* Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB Turnover 2021

Employees	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021 Year End
Average Total Positions	601	601	601	601	601	601	601	601	601	601	601	601	601
Monthly Terminations*	10	4	6	13	13	13	13	6	13	11	11	15	128
Turnover by Month YTD	1.66%	0.67%	1.00%	2.16%	2.16%	2.16%	2.16%	1.00%	2.16%	1.83%	1.83%	2.50%	21.30%
Cumulative Turnover YTD	0.17%	2.33%	3.33%	5.49%	7.65%	9.81%	11.97%	12.97%	15.13%	16.96%	18.79%	21.29%	21.29%
Average % Turnover per Month YTD	0.17%	1.16%	1.11%	1.37%	1.53%	1.64%	1.71%	1.62%	1.68%	1.70%	1.71%	1.94%	1.94%

* Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB Turnover 2022

Employees	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022 Year End
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Average Number of PRN's	43	43	42										35
Monthly Terminations*	11	13	11										5.83%
Turnover by Month YTD	1.83%	2.17%	1.83%										0.00%
Cumulative Turnover YTD	0.17%	4.00%	5.83%										0.00%
Average % Turnover per Month YTD	0.17%	2.00%	1.94%										0.00%

* Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers



MEMORANDUM

Date: April 19, 2022

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Re: Health Insurance – Renewal Meeting Update

On March 23, 2022 we held a pre-renewal meeting with USI (our benefit broker) to discuss renewal rates for our current trends with our claims and costs experience. At that time, our renewal rates were projected to increase 11.8%.

Today, we had a follow up meeting in which two options were presented with changes in carriers for our Stop Loss & Rx plans to minimize our increase while maintaining quality insurance options for our employees.

At this time, we are recommending Option 2 – BAFO & Specialty Rx. With this option our Medical/Rx rates will have a slight increase (6.2%) in our health insurance premiums for the 2022-2023 fiscal year.

Please review the attached slides from our presentation showing the data that was given to us.

Rappahannock Area Community Service Board
Medical/Rx Plan
Fully Insured Equivalent Rates
July 1, 2022 Renewal Date

Benefit	Enrollment	Option 1 -		Option 2 -
		BAFO Symetra	BAFO & Specialty Rx	
Administration Carrier		Anthem	Anthem	Anthem
Stop Loss Carrier		Anthem	Symetra	Symetra
Specific Stop Loss Level		\$125,000	\$125,000	\$125,000
HK POS 30				
Employee	124	\$712.03	\$767.13	\$756.20
Employee + Spouse	18	\$1,281.65	\$1,380.83	\$1,361.16
Employee + Child	23	\$1,281.65	\$1,380.83	\$1,361.16
Employee + Family	33	\$1,986.58	\$2,140.32	\$2,109.82
Sub-total	198	\$2,476,758	\$2,668,425	\$2,630,405
HK POS 25				
Employee	36	\$776.45	\$836.54	\$824.62
Employee + Spouse	0	\$1,397.57	\$1,505.73	\$1,484.27
Employee + Child	0	\$1,397.57	\$1,505.73	\$1,484.27
Employee + Family	0	\$2,166.25	\$2,333.89	\$2,300.64
Sub-total	36	\$335,426	\$361,385	\$356,236
HK POS 15				
Employee	83	\$818.24	\$881.56	\$869.00
Employee + Spouse	1	\$1,472.84	\$1,586.82	\$1,564.21
Employee + Child	2	\$1,472.84	\$1,586.82	\$1,564.21
Employee + Family	2	\$2,282.93	\$2,459.60	\$2,424.56
Sub-total	88	\$922,780	\$994,190	\$980,025
KC 20				
Employee	15	\$860.88	\$927.50	\$914.29
Employee + Spouse	1	\$1,549.58	\$1,669.50	\$1,645.71
Employee + Child	0	\$1,549.58	\$1,669.50	\$1,645.71
Employee + Family	0	\$2,401.87	\$2,587.75	\$2,550.87
Sub-total	16	\$173,553	\$186,984	\$184,321
Total Annual Cost	338	\$3,908,517	\$4,210,983	\$4,150,987
Change from Current			\$302,466	\$242,469
% Change from Current			7.7%	6.2%

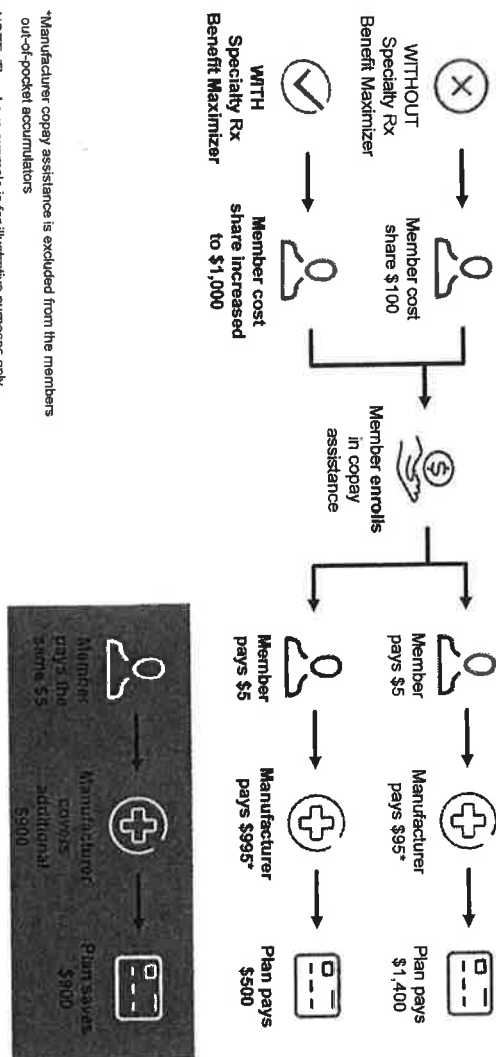
Notes

1. The rates shown above do not include the 2% COBRA administration fee.
2. Enrollment as of January 2022.

Specialty Rx Benefit Maximizer

How it works

A member is taking a targeted specialty drug that costs \$1,500 per fill. The drug manufacturer offers a copay assistance program valued at \$12K per year and requires enrollees pay only \$5 per fill.



*Manufacturer copay assistance is excluded from the members out-of-pocket accumulators.

NOTE: The above example is for illustrative purposes only.

April 2022 Prevention/Public Information Committee Meeting Minutes

Call to order

A meeting of the Prevention/Public Information Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on April 19, 2022. Attendees included Nancy Beebe, Ken Lapin, Carol Walker, Linda Ball, Amy Jindra, Joe Wickens, Amy Umble, Michelle Wagaman, Hosanna Gifford, and Teresa McDonnell. Members not in attendance were Linda Carter and Greg Sokolowski.

Healthy Families – TA Report

Michelle Wagaman said Healthy Families conducted their annual quality assurance site visit of the local Healthy Families Rappahannock Area on January 20-21, 2022. This was one of five sites selected for review in the state. Overall the site is performing well and meeting quality standards.

Healthy Families – Women and Girls Fund

Michelle Wagaman informed the Committee Healthy Families of Rappahannock Area applied for the Woman and Girls Fund through the Community Foundation of the Rappahannock River Region. Healthy Families has requested \$15,000 to create the “What if she only knew” project. This project was inspired by the death of a local infant due to maltreatment. The family was not referred to Healthy Families for services. These funds will assist with website updates and awareness campaigns of available support for parents.

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant funding as presented.

Moved by: Ken Lapin Seconded by: Carol Walker

RAKOB – Arts Grant

Michelle Wagaman presented the Committee with information regarding Rappahannock Area Kids on the Block’s application to the City of Fredericksburg for the Government Challenge Grant. The amount is determined by the number of applicants that submit. If included, RAKOB will receive the funds in spring 2023.

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant funding as presented.

Moved by: Nancy Beebe Seconded by: Carol Walker

Problem Gambling and Gaming Prevention

Michelle Wagaman presented the Committee with the results of the Gambling and Gaming community needs assessment conducted with Virginia Commonwealth University. This community needs assessment collected data on local gambling and gaming behaviors. The overall average score for the Community Readiness Assessment is 2.3. This score best fits into the category of Denial/Resistance.

Based on the interviews, awareness of gaming and gambling within the community appears to be low and most people don't view it as a problem. On-going funding will be based on tax revenues.

PhotoVoice Project

Michelle Wagaman stated that RACSB Prevention Services received \$5,000 in one-time State Opioid Response funds as part of the Virginia Wellness Media Campaign PhotoVoice Project. Prevention has worked with Rappahannock Area Health District to recruit community members to submit photos of what health and wellness looks like to them. Eleven community members shared 50 photos. The collection will be narrowed down to 10 photos. Michelle stated she would like to display the photos on our website and in a gallery showing.

Young Adult Survey

Michelle Wagaman told the Committee that the Office of Behavioral Health Wellness at DBHDS has directed CSB Prevention teams to implement the 2022 Young Adult Survey. The survey is directed towards adults ages 18-25. The goal of the survey is to better understand young adult experiences with substance use, mental health, and other related topics. RACSB's goal is to have 400 surveys completed June 1, 2022.

Prevention Training Updates

Michelle Wagaman updated the Committee on the trainings Prevention Services continue to offer both in-person and virtually. These trainings include Mental Health First Aid, ASIST, Understanding Adverse Childhood Experiences (ACES), and REVIVE! and Narcan Dispensing. Michelle also informed the Committee that Sherry Norton-Williams, Prevention Specialist, was recognized by the National Council as the top trainer in Virginia at NatCon.

Operation Medicine Cabinet

Michelle Wagaman told the Committee that Prevention would be attending the Operation Medicine Cabinet events on Saturday, April 30, 2022 at Mary Washington Hospital and Spotsylvania Regional Medical Center. There they plan to offer Rapid REVIVE with Narcan dispensing.

Media Reports

Amy Umble reviewed the agency's communications for the first four months of 2022. This included four media releases and four Health Matters columns that were 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.

Website Update

Amy Umble explained to the Committee that the agency's website has been broken for about 18 months. This has caused the site to continuously crash. A decision was made to update the site's framework and theme. This was a smaller less expensive option than an entire website refresh. Amy stated her focus has been fixing broken links and replacing missing media since the update. The process takes a lot of time, but should be completed by early to mid-May.

Other Business

Ken Lapin asked Michelle Wagaman about the Prevention budget and how she planned to spend it. Michelle stated she was going to be using it to purchase advertising, gun and medication lock boxes, etc.

Ken Lapin complemented Amy on the articles she has written. Linda Ball also stated she has enjoyed reading them via Facebook.

Adjournment

The meeting adjourned at 2:04 p.m.



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

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

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

Date: February 1, 2022

Dear Melodie Jennings,

Enclosed is the final report of the Healthy Families Rappahannock Area onsite visit, conducted on January 20th 2022 and January 21st 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
TOTAL MANAGEMENT:	3.00
POSITION:	FTE
Family Resource Specialist	
1. Bryanda Monge-Vega	1.00
TOTAL ASSESSMENT STAFF:	1.00
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
TOTAL HOME VISITORS:	7.00
POSITION:	FTE
Data Entry Specialist	
1. Teresa Carneal	1.00
TOTAL OTHER SUPPORT POSITIONS	1.00

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	
TOTAL SCREENS	559	436	262	
% OF TARGET POPULATION SCREENED	24.1%	20%	17%	
Positive Assessments	140	126	116	
Negative Assessments	114	94	56	
TOTAL ASSESSMENTS	254	220	172	
% OF POSITIVE SCREENS ASSESSED	62.0%	57.2%	67%	
Declined Assessment	30	3	5	
Not Assessed for Other Reasons	128	86	3	
TOTAL SCREENS NOT ASSESSED	159	89	8	
Offered Home Visits	138	125	113	

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

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 1st 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%
PROGRAM TOTALS:	134	178	129.89	97%	139.59	78%

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%	
PROGRAM TOTALS	135	122	90%	143	130	91%	Excellent!

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.
PROGRAM AVERAGES	78	71	91%	1hr. 30 min.

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.
PROGRAM AVERAGES	84	80	95%	1 hr.30 min.

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 8th 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 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 and 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), 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.

INTERVIEW #2

- 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 your 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

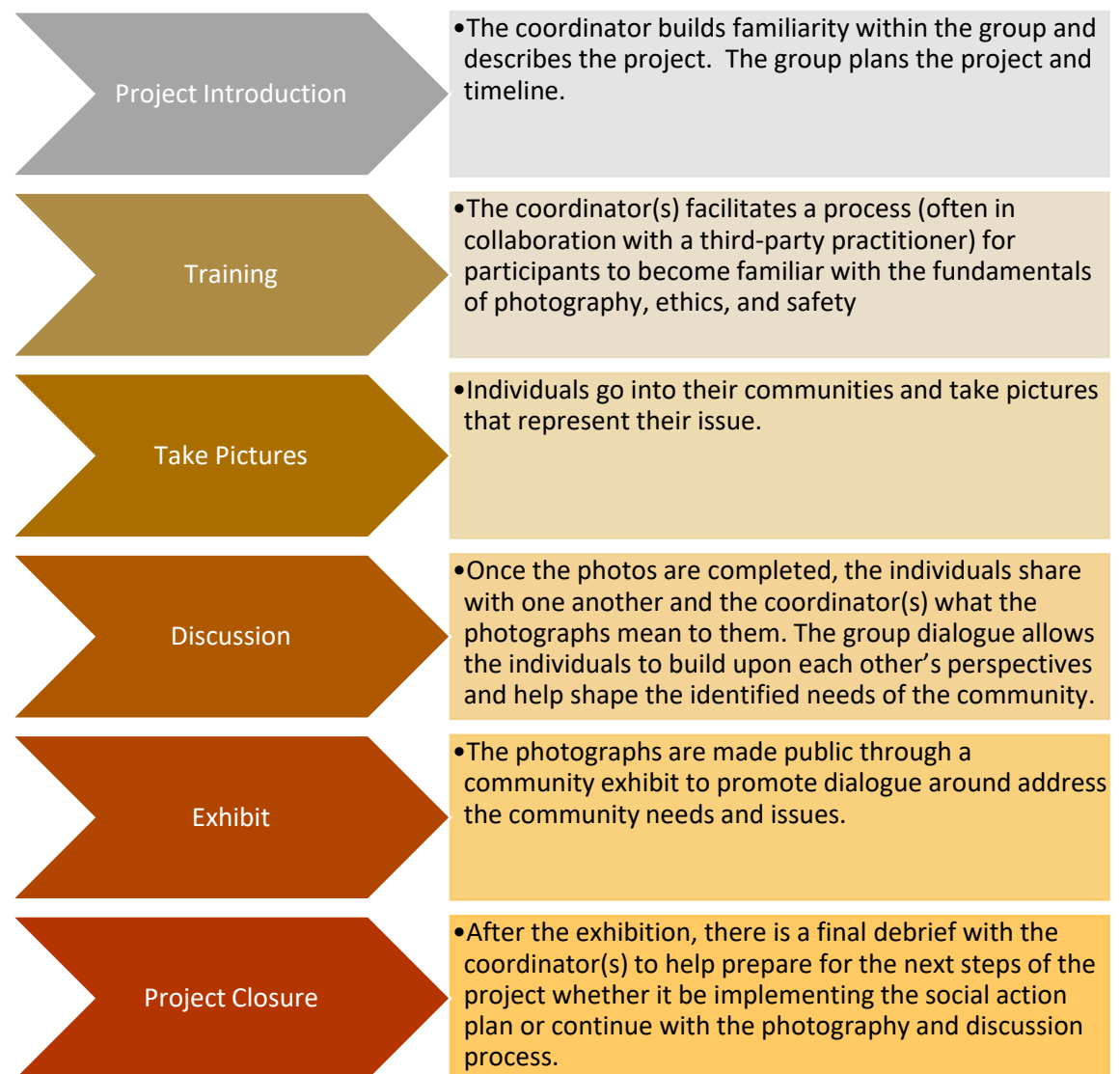
- Project celebration, evaluation and wrap-up (or next steps)

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:

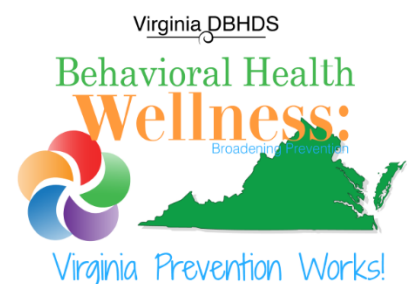
- You have the opportunity to assist with participant recruitment efforts, such as sharing the survey information with young adults in your community.
- You may also be asked to allow local prevention staff to recruit participants or advertise on your campus or at your organization/business.

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.

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?

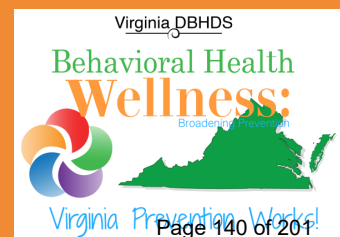
Take the Virginia Young Adult Survey!

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

<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



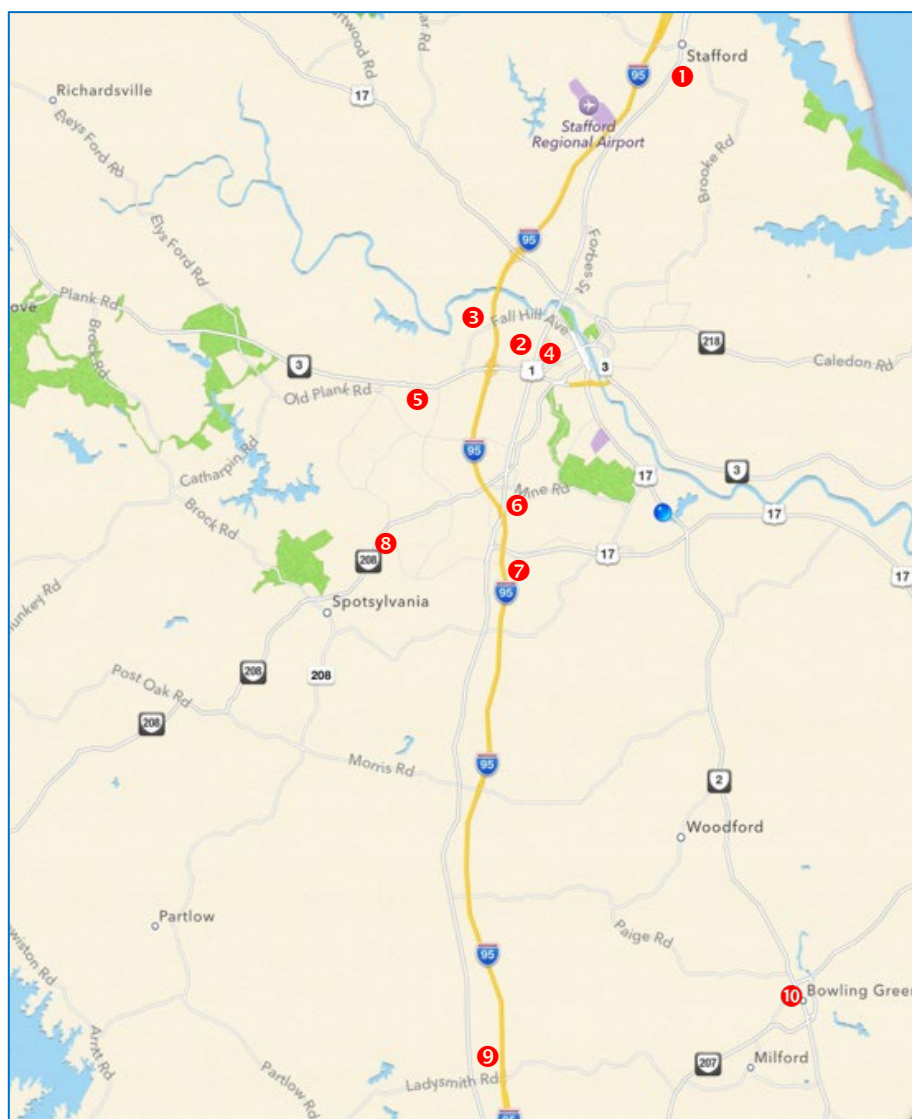
OPERATION MEDICINE CABINET

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_{VA}

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

FOR IMMEDIATE RELEASE

February 14, 2022, Fredericksburg, VA

For more information, contact: Amy Umble, Communications Coordinator

540-940-2314 or 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. 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.

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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

FOR IMMEDIATE RELEASE

April 5, 2022, Fredericksburg, VA

For more information, contact: Amy Umble, Communications Coordinator

540-940-2314 or 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.

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

4 Spotsylvania woman, 66, dies in house fire

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**

[/?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



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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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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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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

MARCH 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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-

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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3 Hearing scheduled for appeal in Spotsylvania School Board case

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

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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RACSB: Many Reasons to be Hopeful



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



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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 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

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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.

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.

To: Joe Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: April 20, 2022

Re: Report to RACSB Board of Directors for Board Meeting

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Outpatient Services

Caroline clinic completed 33 diagnostic assessments through Same Day Access and 5 scheduled child/adolescent intakes in March. Referrals for children and adolescents continue to increase and clinicians see most youth in person. The clinic is currently running an Adult bimonthly Wellness group, Women's weekly Substance Abuse group and Men's weekly Substance Abuse group. During the month of March, two women successfully graduated from the Women's SA program. Staff continue to increase collaboration with community partners in the county and clinicians completed an ASAM training and Military Culture Competency training last month.

Spotsylvania Clinic clinicians completed 57 intakes during the month of March. The following positions are vacant: Child and Adolescent therapist, Women's Substance Use Therapist, and Men's Substance Use therapist. Two clinicians put in their notice: Safe Harbor Therapist (last day May 18th) and Mental Health Therapist (retiring after 8 years at the Spotsylvania Clinic, last day June 1st). The Spotsylvania Clinic has submitted a request for a waitlist due to the high volume of clients and difficulty filling vacant positions. Clinicians are providing two groups for substance use treatment.

Stafford Clinic continues to see an increase in requests for child and adolescent outpatient services. The clinic coordinator is outreaching and scheduling for these services. Our clinic has posted for an additional front desk staff to assist with the increased requests and inquiries. We continue to experience around 600 phone calls. Of these calls, 178 were requesting intake appointments. The staff continues to collaborate and promote a team environment to assist with busy times.

The King George Clinic continues offering the Men's and Women's Substance Abuse Program which includes weekly substance abuse group treatment. During the month of February, we had four women and three men successfully graduate from the program. We have had staff attend trainings on Ethics, Community Resilience Initiative, and Grief Work this month.

Case Management

The Child and Adolescent Mental Health Case Management continues to advertise for three open positions, two full-time case managers in Stafford and a new position for a full-time parent support partner. Referrals continue to come in

from schools, private hospitals, local CSA offices and parent referrals. Ongoing waitlists for community based services and residential treatment facility placements create greater challenges for case managers and clients. We currently have one individual at CCCA and scheduled to discharge home today.

One of the programs that operates under the Adult Mental Health Case Management Team is our PATH Program. PATH stands for Projects for Assistance in Transition from Homelessness. This program serves individuals in our community who are currently homeless or unstably housed and supports them in linking with additional resources and services, to include mental health and substance use treatment. At this time our PATH Program staff member, Jason McIntosh is serving 54 individuals and is seeing at least 12 to 20 individuals per day! Over the past few weeks, Mr. McIntosh has supported individuals in obtaining emergency housing through the Thurman Brisben Center, linked an individual with a substance use treatment program as well as provided another individual with the funds necessary to pay a security deposit to move into their new home. The PATH Program provides services essential to those in our community, each day and we are so thankful for Jason's continued dedication to this program and those served.

Jail & Detention

The Juvenile Detention Center currently has a census of 28 residents. We currently have a vacant therapist position at the JDC, but continue to provide individual and group therapy for the adolescents. RACSB staff based at the jail are receiving steady referrals and continue to screen and enroll clients into substance use services within the jail as well as into community services (i.e., Boxwood and other treatment programs). The Diversion program receives multiple referrals, works with the Pretrial department, and successfully diverts eligible individuals into community programs, though still impacted by COVID-19. The Diversion program has one vacancy for the Diversion Case Manager position, though a candidate has been interviewed and reference checks are being completed now. Medication management services are provided to a significant number of individuals in the jail who are prescribed psychotropic medication using a combination of both live and telehealth services.

Specialty Dockets

During the month of March, Specialty Dockets welcomed many new participants and celebrated multiple graduations. The Adult Drug Court program had seven new admissions and three graduations. Six participants were terminated from the Adult Drug Court program due to non-compliance. Our Juvenile Drug Court Program continues to function well with two participants, but we are hoping for new referrals in the upcoming months. Staff continues to provide services for clients on Probation and Parole through the District 21 office. They continue opening new group sessions to meet the growing population's need. Our Veteran and Family Specialist has been taking our veteran population from the waitlist and plans to begin an outpatient veteran specific group in the upcoming months.

The Behavioral Health Docket is still pending approval from the Supreme Court to begin ordering participants in from Spotsylvania County. So far, three participants have been evaluated and found eligible to participate upon approval.

Staff from mental health case management, mental health outpatient, peer services and specialty dockets have joined to create the Behavioral Health Docket team that will provide care to this population.

Substance Use

For the month of March, the substance use programs welcomed a new Project LINK specialist, Jessica Varner. Our MAT case managers and SUD coordinator met with a representative from OMNI to review data from clients participating in GPRA surveys. Staff attended training on ethics, offered through DBHDS. Project LINK admitted six new individuals in services. Case management admitted three new individuals in services. Our MAT program admitted 14 new individuals in services. Two new individuals were enrolled in substance use outpatient services at the Fredericksburg clinic. The SUD program continues to have vacancies as follows: SUD outpatient therapist, Women's SUD outpatient therapist, Project LINK peer recovery specialist.

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS, March, 2022:

Training

Human Resources held two New Employee Orientation's during January. A total of seventeen new employees were brought on.

Recruitment

In the month of March, we made nineteen offers to external applicants and thirteen offers to internal candidates.

Indeed continues to be our best source for applicants. We ran a total of 23 positions this month and received 364 resumes for the various positions.

Radio advertisements are running on Thunder 104.5.

Human Resources & Employee Relations

Congratulations to the following employees who have recently received promotions:

Thomas Cotter	Promotion to MH Residential Specialist
Christina Rezendes	Promotion to ID Support Coordinator Supervisor

March Employee Events

International Day of Awesomeness & Popcorn Lovers Day on March 10

We celebrated the Irish Culture by wearing Green on March 17

Doctor's Day was celebrated on March 30

RACSB is proud to have such a dedicated, professional staff!

Michelle Runyon, HR Director



Michelle Runyon

From: Michelle Runyon
Sent: Wednesday, March 2, 2022 1:53 PM
To: Michelle Runyon
Subject: March HR Events - Please Read!!
Importance: High



Employee Events

Thursday, March 10

International Day of Awesomeness & Popcorn Lover's Day - Tell a coworker how awesome they are and share some popcorn with them!



Thursday March 17

Wear Green to Honor the Irish Culture

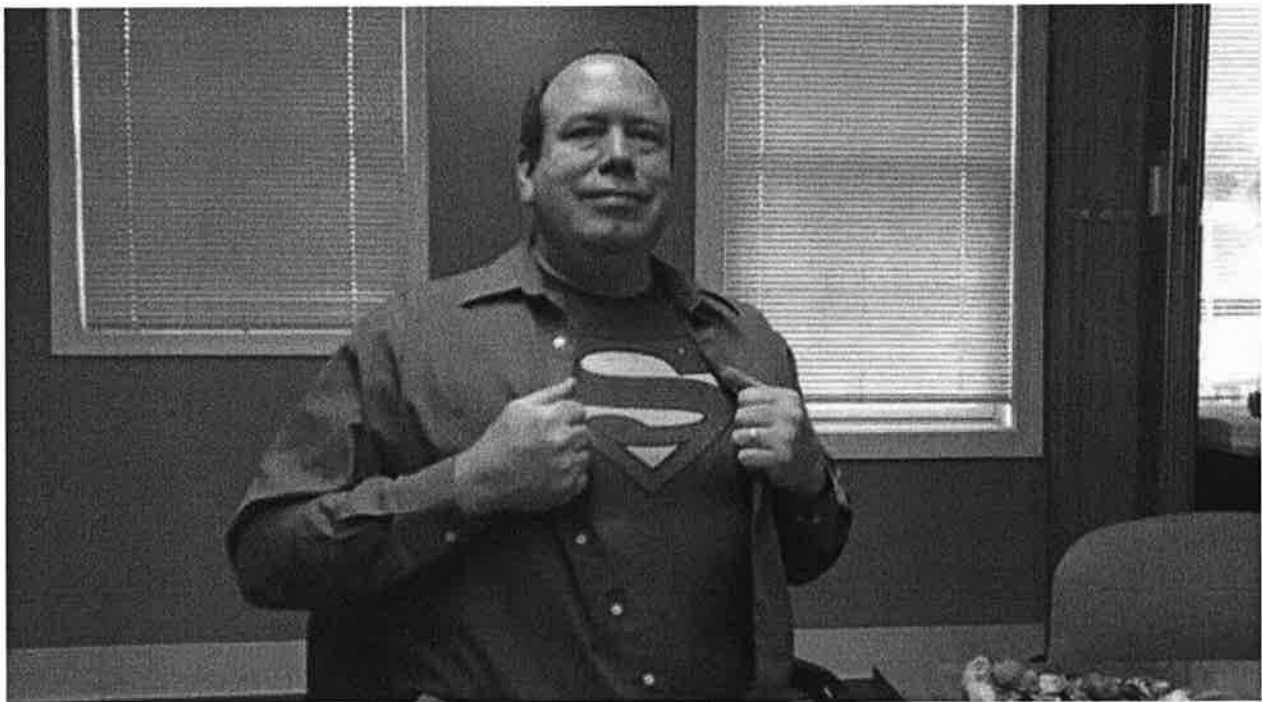
Wearing green makes you invisible to leprechauns!

March 17 is the 76th day of the year (77th in leap years) in the Gregorian calendar; 289 days remain until the end of the year.



Wednesday, March 30

Doctor's Day - Tell our doctor's how amazing they are and how much we appreciate them! Send an email, leave a voicemail, etc.



Friday, April 1

Jane Yaun's Retirement Lunch - Join us as we tell Jane Good-bye!

12pm - 2pm

River Club

Please RSVP and let us know if you will be there to ensure we have enough food for everyone. You can RSVP by clicking on this link:

<https://www.surveymonkey.com/r/RHW5W6W>



**BE KIND ALWAYS, YOU NEVER KNOW WHAT TYPE OF DAY SOMEONE IS
HAVING**



Michelle Runyon
Director of Human Resources
Rappahannock Area Community Services Board
600 Jackson Street
Fredericksburg, VA 22401
Phone: 540-899-4400

mrnyon@rappahannockareacsb.org



RACSB Board Report Compliance

Incident Report

- There were 164 Incident Reports entered into the Electronic Incident Report Tracker during the month of September. This is an increase of 26 from February 2022. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were Individual Served Injury (32 reports) and Health Concerns (67 reports).
- Quality Assurance Staff entered 32 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system. (23 Level 2, 9 Level 3) There were 2 positive COVID cases reported. Positive cases were reported regarding an individual receiving Assertive Community Treatment (ACT), and SA Case Management.
- There was 1 report elevated to care concerns by DBHDS. These are reports that based the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider may want to review the results of root-cause analyses completed on behalf of this individual. In addition, please take this time to determine the appropriateness of making systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. QA staff requested specific programs, based on submitted incident report, to complete the required root cause analysis. Twenty-seven root cause analysis were requested and twenty-eight were completed. No expanded root cause analysis were required or received in March.

Human Rights Investigations

QA staff initiated one and completed two fact finding investigation during the month of March. One completed fact-finding investigation was initiated as the result of allegations of abuse (founded) from February and one was a complaint of services in accordance with sound therapeutic practices (unfounded).

Complaint call synopsis:

The QA team received two complaint calls in the month of March. One call concerned not hearing back after leaving messages on the Medline; this was resolved, and the client had received a call from the clinic before the end of business that day. The other call was made by a gentleman on behalf of his girlfriend regarding concerns over services while in jail; this complaint call was unresolved to the clients liking, as there was not a release on file for this gentleman in the client's chart.

External Reviewers

- QA staff provided requested follow-up information to Brian Dempsey, Senior Licensing Specialist with the Department of Behavioral Health and Developmental Services (DBHDS), on three incident reports submitted into CHRIS.
- QA staff responded to three external chart reviews by submitting requested documentation for 3 individuals.
- QA staff received three phone calls and multiple emails from various programs with questions about incident report categories, human rights, do-not-resuscitate (DNR) paperwork, authorized representatives and root cause analysis (RCA) process. One of the calls required a preliminary chart review of 28 individual's medical records.

Trainings/Meetings

- 3/8 – Fact-Finding Interview
- 3/8 – NEO
- 3/10 – Q-Tips: Customer Service
- 3/11 – HSBS Final Rule Overview
- 3/22 - NEO
- 3/23 – AVATAR training w/ Nathan
- 3/24 – Q-Tips: Incident Reporting
- 3/25 – HSAG exit meeting
- 3/28 – CARF Kickoff Meeting
- 3/30 – Interview (Investigation)
- 3/31 – Interview (Investigation)
- 3/31 – Interview (Investigation)

Public Information Board Report: March 2022



Retirement Lunch

About 100 employees came to River Club to celebrate Jane Yaun's career on April 1. You can watch the slideshow made to honor her decades at RACSB here: <https://youtu.be/9rb5v5RBWFc>





Why did the gardener turn down a new job?

BECAUSE THE CELERY WAS TOO LOW.

VEGGIES, FLOWERS & HERBS NOW ON SALE.
WEEKDAYS, 10 A.M. TO 4 P.M. & SATURDAYS 9 A.M. TO NOON
750 KINGS HIGHWAY

hopestarter | RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

HAVE A BALL HELPING LITTLE ONES



Want to help infants and toddlers reach their fullest potential?

We're hiring occupational therapists for our early intervention program.

We offer a robust health insurance plan, paid time leave, Virginia Retirement System plans and so much more!

Join our team of HopeStarters and help families in the Fredericksburg area.

Learn more and apply online:
www.racsbjobs.com

hopestarter | RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

Like crunching numbers?

We're looking for an accounting coordinator who can manage finances and people.

We offer a robust benefits package, Virginia Retirement System, a great place to work, and so much more.

Apply to join our team of HopeStarters today!

www.racsbjobs.com

hopestarter | RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD



Did you know?

OBOT is more than trading one drug for another. It uses medication to alleviate withdrawal symptoms and cravings, allowing individuals to focus on their recovery.

Medications and dosages are carefully monitored in OBOT programs. Peer support, group therapy, and case management as needed are important parts of the treatment plan.

Pregnant women can participate in our OBOT program. In fact, OBOT increases the chances of delivering a healthy baby. We do require pregnant women to have an obstetrician or to connect with one within 30 days of beginning the program.

OBOT is considered the gold standard of treatment for Opioid Use Disorder. A combination of medication and therapy is the preferred treatment for OUD. Numerous studies show that the combination reduces relapses and overdoses.



You determine your goals for recovery. We help you achieve them.

Help is available around the clock
RACS Emergency Services: 540-373-6876
Peer2Peer Warmline: 833-626-1490

About Us

At Rappahannock Area Community Services Board, we are committed to helping community members lead the best lives possible. We offer behavioral healthcare and developmental, prevention, and early intervention services for the residents of the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford.

We have proudly served the Fredericksburg community since 1970, and we are here to help. RACS programs are licensed by the Virginia Department of Behavioral Health and Developmental Services. No one is denied services based on ability to pay. Financial assistance is available. RACS complies with the Americans with Disabilities Act. Equal access to programs, services, and employment is available to all individuals.

hopestarter |

OFFICE-BASED OPIOID TREATMENT



Supporting your journey to recovery.

Rappahannock Area
Community Services Board
600 Jackson Street
Fredericksburg, VA 22401
540-373-3223

www.rappahannockareacs.org



COMING TO YOU

MID APRIL



COMING SOON A NEW

PAYROLL SYSTEM

THIS CHANGE IS INTENDED TO MAKE THE TIMEKEEPING PROCESS EASIER FOR EMPLOYEES. THE NEW, USER-FRIENDLY SYSTEM WILL GIVE YOU MORE CONTROL AND EASIER ACCESS. YOU WILL BE ABLE TO ENROLL IN BENEFITS, CHANGE INFORMATION, UPDATE YOUR DIRECT DEPOSIT ACCOUNT, AND SO MUCH MORE.

A few examples of graphic design from the communications office.

Video Creation

Three videos were created during this timeframe:

- A video teasing the new payroll system
- Videos for use in workplace harassment training
- A video slideshow of photos from Jane's career at RACSB.

Media Releases

Three media releases were disseminated:

- Understanding ACEs/Child Abuse Prevention Month
- RAAI Plant Sale
- Joe Wickens chosen as new director

Website

- Work continues on the website. Each page must be inspected for broken links and missing media.
- Additionally, the pages for Office-Based Opioid Treatment, Peer Support Services, and Sponsored Placement have been updated with new content and fresh layouts.

Inside RACSB

- The employee newsletter is electronic. A PDF of the March edition follows.



INSIDE RACSB

March 2022



News and tips for Hope Starters

Director's Message

Not long after I stepped into the role of Executive Director, we launched an effort to rebrand RACSB. We wanted to honor our history of serving our community but also to make our services seem more accessible.

We went through a process involving months of work, dozens of interviews, and a strange exercise that involved sticker dots. After all of that, the rebranding agency came back with a new slogan. Well.Connected. We sent them back to the drawing board, because, well, Well.Connected does not describe our work at all.

HopeStarter. When the rebranding agency came back with that one, I didn't love it right away. But I soon saw the appeal. The simple tagline said a lot. That we offer hope when people are hopeless. But we don't provide it; we ignite it. We give individuals a spark and help them discover their own hope.

Since then, we've used "hope" a lot. So much that the word might seem ordinary. Simple.

But hope is powerful.

Hope compels a mother in Ukraine to seek safety for her children, even after her home has been devastated and loved ones have been killed. Hope propels volunteers to open their homes to strangers.

Hope brings people to our doors. It tells them that recovery is achievable despite relapses. That progress is possible despite disabilities. That health, happiness, and joy can exist with mental illness, anxiety, or fear. That their worst crisis isn't the end of their story. That they can save lives with a bit of compassion and training.

Hope also tells us that we can change our community and improve lives when the hours are long, the regulations keep mounting, and the money is short.

Hope allowed us to face a global pandemic, with severe impacts that exponentially increased the needs for developmental disability, mental health, substance abuse, early intervention, and prevention services—all while increasing expenses, diminishing the workforce, and limiting options for care.

Your commitment and compassion, combined with hope, helped us to overcome challenges that seemed insurmountable at times.

As the pandemic subsides (fingers crossed), obstacles will not disappear. There are issues looming in our community, our state, our nation, and our world that will impact our work. I know that you will continue to grow and to meet these challenges.

I came to RACSB 34 years ago, with a passion for our mission to help vulnerable members of our community. I leave knowing that mission will continue. Knowing that you are in good hands with Joe Wickens as your incoming Executive Director. And that you will continue to serve our community.

Director's Message continues on page 12

What's Inside



4

Acts of Kindness

Check out some pictures from the distribution of employee appreciation gifts in February



5

Employee Service Awards

See who celebrated a work anniversary in February



9

Test Your Skills

How well do you know Jane and Joe? Find out with a fun crossword puzzle



10

Kudos

See the many ways your coworkers have gone above and beyond



12

Supporting Individuals

Check out our team of peers!

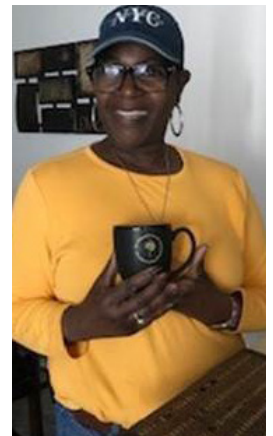


12

Red Carpet Moments

See which celebrities your coworkers have met

Acts of Kindness





The Board of Directors wanted to thank employees for their hard work and dedication during challenging times. In addition to approving a 2% pay increase, the Board also wanted to show their appreciation in a little bit sweeter way. During Random Acts of Kindness Week, the management team delivered specially designed mugs filled with candy and a note from the board members.

Employee Service Awards



At the November Board of Directors meeting, Joe Wickens recognized Dawayne Ellison, ID Residential Counselor, Belmont Supervised Apartments, for 10 years of service.

New Hires

Jessica Varner	Project LINK Case Manager
Trevier Butcher	ID Residential Counselor, Galveston Road
Dominique Lavender	ID Residential Counselor, Stonewall Estates
Bethany Concepcion	Direct Support Professional, RAAI Stafford
Melissa Conmy	Developmental Services Support Coordinator
Christopher Hughes	ID Residential Counselor, Wolfe Street
Tonaria Redd	ID Residential Counselor, Devon Drive
Kyaria Gaston	Direct Support Professional, RAAI Kings Highway
Ginger Apollo	ID Residential Counselor, Stonewall Estates
Jennifer Watts	ID Residential Counselor, Ross Street
Vanessa Maldonado	Nurse Practitioner Intern
Sophia Gayne	ID Residential Counselor, Stonewall Estates
Madison Fanning	ID Residential Counselor, Stonewall Estates
Karsyn Newton	ID Residential Counselor, Igo Road
Nancy Baker	MH Residential Counselor, Home Road
Elizabeth Ismail	Reimbursement Technician
Brittany Jones	Nurse Practitioner Intern
Megan Sparks	Infant/Child Support Coordinator
Elise Wise	Developmental Services Support Coordinator
Latanya Frenzley	ID Residential Counselor, Devon Drive
Elizabeth McCallum	ID Residential Counselor, Brittany Commons
Kerry Husten	Payroll Technician
Samantha Mikelson	ID Residential Counselor, Stonewall Estates
Lawrence McCaskill	ID Residential Counselor, Wolfe Street
Brianna Devine	ID Residential Counselor, Wolfe Street

On the Move

New hires and Status Changes

Promotions

Thomas Cotter from MH Residential Counselor, Home Road, to MH Residential Specialist, Crisis Stabilization

Kathryn Arntsen from MH Residential Counselor, Lafayette, to MH Residential Specialist, Liberty

Javonne Kirby from Peer Coach, Crisis Stabilization, to Peer Specialist III, ACT North

Carrie Beard from MH Residential Specialist, River Place, to MH Supervised Apartments Manager, Home Road

Amy Jindra from Coordinator, ACT, to Director, Community Support Services

Tamra McCoy from Assistant Coordinator, ACT to Coordinator, ACT

Christina Rezendes from ID Support Coordinator to Developmental Support Service Coordination Supervisor

Lateral Transfers

Katelyn McElwain from ID Residential Counselor, Lucas Street, to Day Support Counselor

Teresa McDonnel from Executive Assistant/HR Specialist to HR Specialist

Devon Adelsbach from ID Residential Counselor to MH Peer Specialist

Retirements

Jane Yaun, Executive Director, effective April 1

Sue Larkin, Day Support Counselor, effective April 1

Deborah Green, Reimbursement Technician, effective April 1

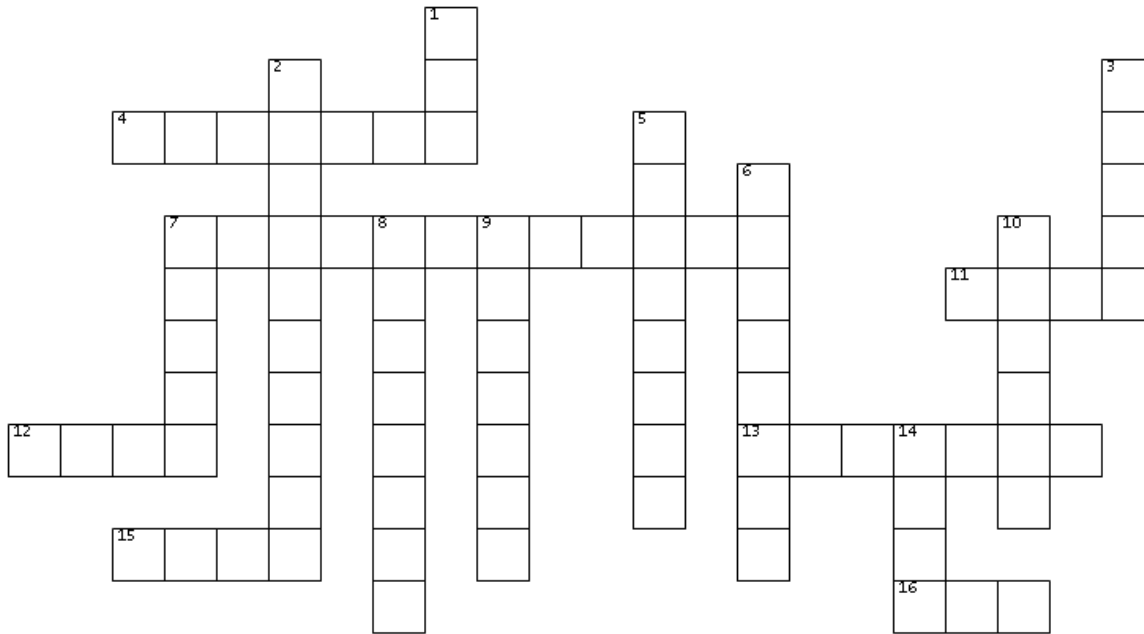
Sheila Winslow, Sponsored Placement Residential Specialist, effective May 31



Thank you to everyone who wore red for February's Spirit Day and to support heart health.

March's Spirit Day is to **wear green** on the 17th. Please send lots of pictures of your spirit to aumble@rappahannockareacsb.org.

Get to Know Jane and Joe



ACROSS

4. Joe has a pet that is always
7. Jane was born here
11. Something Jane loves to do on vacation
12. where Jane got her pet
13. Instrument played by Joe
15. Number of Joe's kids
16. Number of Joe's pet(s)

DOWN

1. Jane's pet
2. Years Joe has worked at RACSB
3. Joe's first work location for RACSB
5. Joe's birth state
6. Jane has one
7. Jane loves to eat
8. Mountain where Joe likes to vacation
9. Jane's first work location for RACSB
10. Joe's least favorite household chore
14. Joe loves to eat

As we witness a changing of the guard here at RACSB, let's get to know our outgoing and incoming executive directors a little bit better. Fill out this crossword and send to aumble@rappahannockareacsb.org to be entered into a drawing for a fun prize.

Kudos

A monthly list of Hope Starters who have gone above and beyond in promoting RACSB's mission.

Know someone who belongs on this list? E-mail kudos, including name and some praise, to aumble@rappahannockareacsb.org or submit online: <https://rappahannockareacsb.org/racsb-rockstars/>

And the kudos go to:

Arianna Colley, Rachel Lewis and Wanda McAndrews for representing RACSB at the Inspiring Hope event and for helping more people learn about recovery services.

Caitlin Summers for going above and beyond to ensure an individual got the treatment he needed.

Krysta Thomas for making sure ES had coverage during staffing difficulties and for working on a difficult case.

Karla Lewis for being recognized by a community partner for her compassion and hard work.

Kari Norris for providing compassion fatigue training.

Emergency Services staff for their continued dedication and commitment helping individuals experiencing crises.

Latroy Coleman for her excellent collaboration to seek services for an individual.

Eleni McNeil for taking on extra duties to assist the Fredericksburg Clinic.

Nicole Bassing and Patricia Newman for their work on the establishment of a mental health docket.

Child and Adolescent Case Management staff for taking on extra cases to assist with vacancies.

Toni DeLeon for always being on top of things.

Priscilla Lockner, for her continued dedication to our Medication Management courses and her continued willingness to lend a hand and answer questions.

Jane Yaun for dedicating well over half her lifetime (2/3??) to providing great service in many capacities to this agency, its staff, and especially to the individuals we serve. Congratulations on retirement. We will miss you.

Christina Leonard, who consistently provides great services to our clients at D21 Probation and Parole. Christina works hard

Kudos, Continued

every day to advocate for the best interests of our clients, build connections with them and change their view of “the system”. She is a great employee, co-worker and friend. Keep it up Christina; Your work does not go unnoticed!

Krystal Parker who has provided quality services to our drug court and Veteran’s court clients for years. She’s been adaptable in recent months by taking on new tasks and assisting wherever needed. The specialty dockets programs would be nothing without her. Keep it up Krystal, you are appreciated!

Heather Hernandez and Jessica Jones: Heather Hernandez is the Site Lead at Kings Highway, the largest day support site at RAAI. Jessica Jones has stepped in to the role of Assistant Site Lead at the Kings Highway RAAI site and has just done a wonderful job. Together they have re implemented the Community Engagement outings for all the individuals at the site. We had been restricted with Covid, with the restrictions and the virus itself. Now we are headed back towards normalcy and the ability for individuals to go out and enjoy the world is returning. There is an incredible amount of planning that goes into making a schedule for both staff and individuals but it’s a task Heather and Jessica are getting done.

Clarice Barker who heads the Community Only group which has also recently been able to start back up. Clarice had made a community book of places to visit, places to eat, where to park, and where bathrooms are; it has been absolutely implemental to the program.

Arianna Colley, Substance Abuse Case Manager, for facilitating Rapid REVIVE! and dispensing Narcan at the recent Inspiring Hope event.

Jennifer Bateman, Prevention Specialist, for a recent HALO lesson with a preschool that positively impacted the confidence of one student.

Sherry Thompson, Prevention Specialist, for completing so may registrations for community partners to attend the Creating Trauma Sensitive Schools virtual conference.

Sherry Norton-Williams, Prevention Specialist, for being our resident expert on the new Mental Health First Aid Connect platform.

The Healthy Families Rappahannock Area team for an outstanding TA site visit.

Suli Lisk, Administrative Assistant ID Support Coordination, for helping with an unscheduled pick-up from a community partner.

Sherry Norton-Williams, Prevention Specialist, for becoming an ASIST Trainer (Applied Suicide Intervention Skills Training).



Please join us to wish Jane all the best in her next adventure!

Retirement lunch

River Club

April 1, noon to 2 p.m.

To make sure we have enough food, please RSVP:
<https://www.surveymonkey.com/r/RHW5W6W>.



Check out our awesome Peer Support Team!

Want to know more about how peer services help the individuals we serve? Visit: <https://rappahannockareacsb.org/peer-support-services/>

Difference Makers

We asked, “Who is someone in our community that makes a difference?” You answered:

Mary Katherine Greenlaw

Anyone and everyone who works in this field. It takes a special person!

Javonne Kirby is someone who makes a difference in our community. Javonne just joined the ACT team as a Peer Specialist and serves people in the community. She also does extensive work with Downtown Greens.

All the RACSB HopeStarters

First Responders

Alexis Fox heads our horticulture program at RAAI.

She works with staff and individuals from all sites to prepare for our plant sales. Alexis gathers support from Master Gardeners, students, local nurseries, and volunteers to prepare everything from securing seeds and soil all the way to walking plants to the customer's care. She brings people together to help with the plant sale but also brings them together to share stories, get “greenhouse therapy,” and be part of something bigger than themselves.

Director's Message, continued

I am truly humbled by the trust you placed in me, and I am grateful for the opportunity to support your work.

Never forget the importance of your efforts.

I hope you continue to look out for each other, to support one another and the individuals served. Keeping growing, both professionally and personally. Ask questions. And take care of yourselves. The work we do in our community is crucial, and you a



(RACS)B-Heard

Who is the most famous person you have met?

- Jodi Benson
- Captain Lou Albano
- Supreme Court Justice Antonin Scalia
- Heath Ledger
- Bart Millard, lead singer of Mercy Me
- Ryan Hamilton
- Jorja Fox
- ***And we have one employee related to Evel Knievel!***

(RACS)B-Heard

What is one suggestion for making RACSB and/or the Fredericksburg community better?

- Open communication, being progressive and adapting to and changing with the times and continuing to be accepting of everyone.
- Continue to collaborate and serve
- with the schools and younger community members to work towards ending the stigma surrounding intellectual and developmental disabilities.
- More events. Many people have no idea who and what RACSB is. I say, let's get the agency in more of the minds of the community we serve.
- Wouldn't it be fun to start a "kindness" campaign and get other businesses involved?
- Hire more counselors and have more offerings for drop-in mental health groups in afternoons to meet schedules of clients who can't get in due to work hours/limited availability for individual
- More affordable housing options!
- Upgrades to the 600 Jackson Street facility to make it more welcoming and comfortable for clients and employees.
- I would love for more agency mingling

A new payroll system is in the works!

Look for easier access to your pay stubs and W-2's, the ability to change your direct deposit info quickly, and a single login for mileage, expenses, payroll, benefits management.

This system will include some new changes to how you keep track of time, so please keep an eye out for more information as we move toward the mid-April go live date.

COMING SOON

Prevention Services

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org
540-374-3337, ext. 7520

April 2022

RACSB Prevention Staff maintains a busy schedule with virtual and in-person trainings, community events, and activities. We are gearing up for a busy spring in as part of Child Abuse Prevention Month and Mental Health Month. The team is actively providing social media content to include blogs, recorded story time several nights per week, family craft activities, wellness tips, and resources to promote resilience. We are providing increased information dissemination support to The Community Collaborative for Youth and Families as well as Lock and Talk Virginia.

Initiatives

Youth Marijuana Prevention – DBHDS and OMNI have finalized the survey and we have begun promoting the Young Adult Survey (YAS) via social media. This will be administered virtually and in-person through June 30, 2022. We continue to seek community partners to assist in the administration of the survey and recruitment of young adults to complete the survey. Those completing will receive a gift card incentive. Our goal is to have 400 surveys completed.

Responsible Gaming and Gambling – Region 1 has contracted with VCU to complete a community needs assessment to address problem gaming and gambling. The VCU team has completed the environmental scan of brick and mortar sites (20), charitable gaming scans (5 – BINGO halls), and community walk scan (5 intersections). Community members completed the passive media scan and key informant/stakeholder interviews were held. We continue to work on a final report related to this effort.

PhotoVoice Project – As part of research efforts to inform a state-wide media campaign. RACSB hosted members of the community ages 18-34 in a PhotoVoice project. Researchers provided photographs of what mental health and wellness means to them. The photos and narratives will be shared in a future exhibit.

ASIST (Applied Suicide Intervention Skills Training) – Sherry Norton-Williams, Prevention Specialist, recently completed the train-the-train for this 2-day suicide intervention skills training. RACSB has been without a second instructor for nearly a year. The agency will resume scheduling this training on a quarterly basis beginning in July 2022.

Mental Health First Aid – The National Council for Mental Wellness and Mental Health First Aid USA recently recognized Sherry Norton-Williams, Prevention Specialist, as the top MHFA Instructor in Virginia. Sherry has facilitated 30 trainings for more than 500 participants in FY 2022.

We have scheduled and promoted the following training dates through June 2022:

Adult Mental Health First Aid

- May 24, 2022 (9:00 a.m. to 3:00 p.m.) - full

Youth Mental Health First Aid

- June 7, 2022 (9:00 a.m. to 2:00 p.m.) - register by June 2

To register: <https://bit.ly/MHFAregistration>

Additional training dates will be added throughout the year.

Lock and Talk Virginia – Plans have been finalized for May as Mental Health Month. The theme will focus on the “talk” component of Lock and Talk with messaging of “Speak Up for Mental Health.” This will include social media posts, AudioGo radio ad with animation, media release, and social media toolkit. We are moving forward with the contracting with OMNI Institute for the creation of a formal evaluation plan. This is the next step following the strategic plan developed last year.

REVIVE! – We continue to host virtual REVIVE! trainings via Zoom 1-2 times per month. Additionally, Rapid REVIVE is now part of the Medication Management Training for RACSB staff. We are seeing an increase in community partners requesting REVIVE trainings for their staff, volunteers and clients served.

REVIVE trainings currently scheduled:

- | | |
|--|---|
| • April 7, 2022 at 6:30 p.m. | • April 25, 2022 at 3:00 p.m. Micah (virtual) |
| • April 15, 2022 at 10:00 a.m. | • May 5, 2022 at 6:30 p.m. |
| • April 19, 2022 at noon | • May 24, 2022 at 10:00 a.m. |
| • April 19, 2022 at 7:00 p.m. Spotsylvania County Sheriff’s Office mall substation | • June 2, 2022 at 6:30 p.m. |
| | • June 21, 2022 at 6:00 p.m. |

Narcan dispensing continues to be scheduled following the training.

- | | |
|--|---|
| • April 11, 2022 from 1:00 p.m. to 4:00 p.m. | • May 26, 2022 from 9:00 a.m. to 4:00 p.m. |
| • April 28, 2022 from 4:30 p.m. to 6:30 p.m. | • June 6, 2022 from 1:00 p.m. to 4:00 p.m. |
| • May 9, 2022 from 1:00 p.m. to 4:00 p.m. | • June 30, 2022 from 4:30 p.m. to 6:30 p.m. |

To register for a REVIVE! training: https://bit.ly/VIRTUAL_REVIVE

To register for Narcan dispensing: https://bit.ly/RACSB_NARCAN

Training and dispensing dates are also posted a Facebook events.

ACEs and Resilience – RACSB Prevention Services is hosting the virtual Understanding ACEs training. We continue to collaborate with fellow CSBs.

- April 7, 2022 noon to 3:00 p.m.
- April 20, 2022 9:00 a.m. to noon
- May 4, 2022 noon to 3:00 p.m.
- May 19, 2022 9:00 a.m. to noon
- May 27, 2022 9:00 a.m. to noon
- June 15, 2022 9:00 a.m. to noon
- June 22, 2022 1:00 p.m. to 4:00 p.m.

To register: <https://bit.ly/3rdtJYX>

RACSB Prevention is providing support to Southside Behavioral Health for a state-wide resilience conference on May 12-13, 2022.

Upcoming Events – RACSB Prevention and other staff members will be participating in the following upcoming community events:

- Every other Tuesday – The Table at St. George’s produce distribution
- April 30, 2022 – King George Family Day
- April 30, 2022 – National Prescription Drug Take Back Day/Operation Medicine Cabinet
- April 30, 2022 – Caroline Schools event
- May 7, 2022 – Mental Health America of Fredericksburg’s annual Walk for Wellness
- June 25, 2022 – Fredericksburg Pride

Rappahannock Area Kids on the Block

Rappahannock Area Kids on the Block returned to the stage at the University of Mary Washington to perform at the annual Multicultural Affair on April 9, 2022.



Healthy Families Rappahannock Area

Healthy Families Rappahannock Area continues to increase in-person home visits for willing families. Virtual engagement remains active and consistent.

Healthy Families Rappahannock Area submitted an application to the Women and Girls Fund through the Community Foundation of the Rappahannock River Region. Their application has moved forward to the second phase of review. If awarded, the grant will be used to create the “What if she knew” campaign to increase awareness of this resource to new parents.

April is National Childhood Abuse Prevention Month. The program hosted a very successful open house on April 14, 2022. This included planting a pinwheel garden in front of their office.

Downtown businesses have joined the Healthy Families to raise awareness of child abuse prevention by displaying pinwheels: ReFuel Nutrition and Energy; Fredericksburg Cupcake; Fredericksburg Co-op; Freddy Donuts; Blue Cow Ice Cream Co; Hyperion; Tilly’s Homemade Ice Cream; Jus Pop’n; Benny Vitalis; PONSOP; Juan More Taco; Latitudes Fair Trade Store; Soup and Taco; and Abner B’s Ice Cream.

A poker chip run is being sponsored by LAMA Fredericksburg on April 30, 2022. (see flyer)

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	4	2	11	3
CITY OF FREDERICKSBURG	2	3	34	14
KING GEORGE COUNTY	2	1	5	2
SPOTSYLVANIA COUNTY	16	13	67	23
STAFFORD COUNTY	6	6	30	10
OUT OF AREA	0	0	0	0
TOTAL	30	25	147	52



Every Child Matters Poker Chip Run

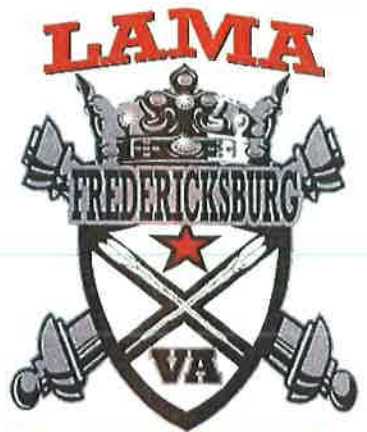
Proceeds Support



Healthy Families
Rappahannock Area™



Sponsored by:



APRIL 30, 2022

9am to 1pm
Last bike out at 12n

START: 4605 CARR DRIVE, FREDERICKSBURG, VA

*FIRST 100 TO
ARRIVE RECEIVE A
**"NO EXCUSE
FOR CHILD
ABUSE" PATCH.**

Cost to Play:

\$25 & pack of diapers (any size)

\$35 without diapers

* Monies & Diapers due at starting point.



HELP MAKE A DIFFERENCE

Join us:

- Gather for Coffee and donuts @ start – while it lasts.
- Enjoy a scenic ride through the 5 Rappahannock counties **HEALTHY FAMILIES RA** supports.
- Music and water at each stop.
- Enjoy games of chance for **CASH PRIZES \$\$\$**.
- Ride ends where good Food, Drink, & Laughs begin.



Hosted by:

Buffalo Wild Wings

1638 Carl D. Silver Pkwy
Fredericksburg VA 22401

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

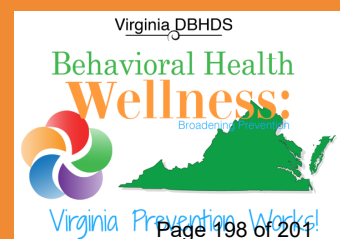
Take the Virginia Young Adult Survey!

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:





WITH THE SUPPORT OF
LOCAL
LAW ENFORCEMENT



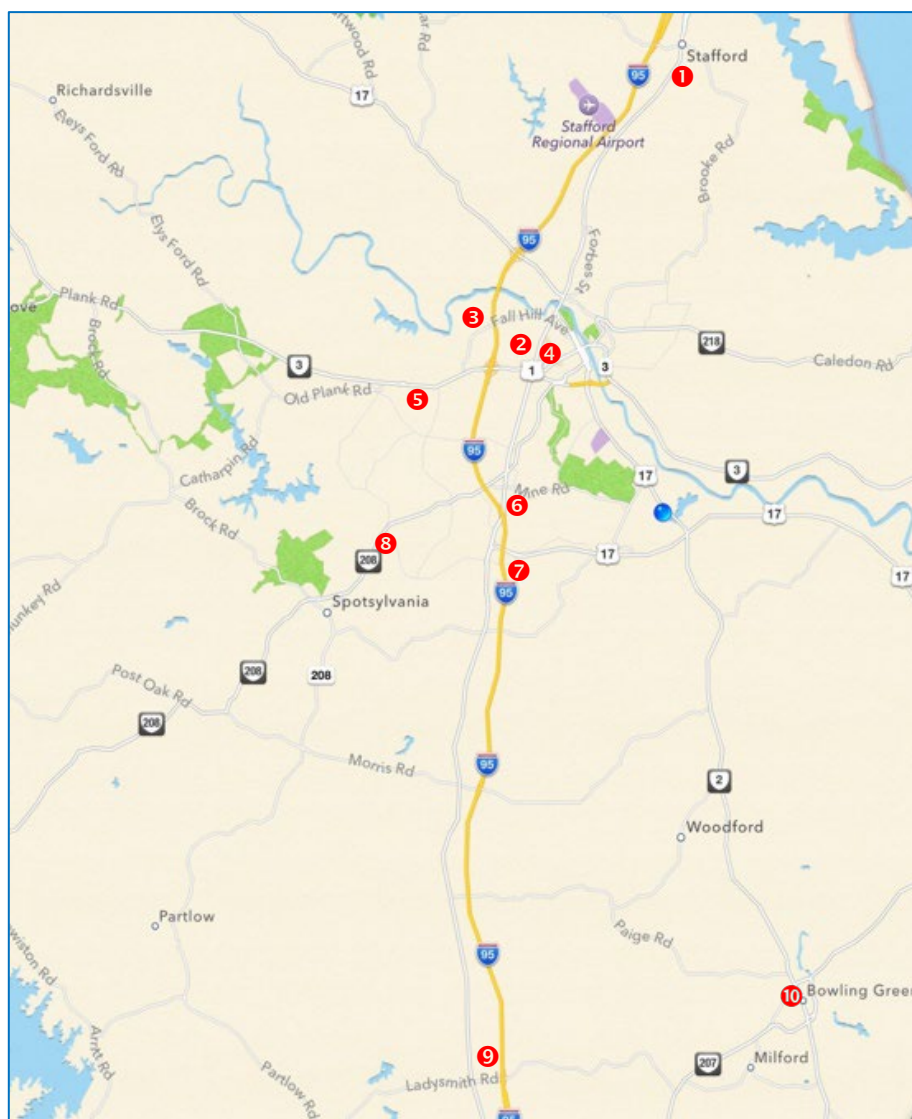
OPERATION MEDICINE CABINET

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_{VA}

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.

Community Support Services Board Report: April 2022

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Stonewall residents returned to their freshly renovated home on 3/21 after their stay at Myers Drive. New flooring, lighting, paint, and various other updates were all completed as planned.

Connie Jeffries, longtime sponsored placement provider and former RAAI staff member, retired from her post in early March. Connie always provided such heartfelt, thorough supports to individuals receiving services. She was such a positive example to each of us in our work. We will truly miss her.

Evelyn Dixon has been promoted to the role of Piedmont Group Home Manager and begins in this new role effective 4/3. We look forward to continuing to work with her in her leadership journey.

IDD Services is hosting a meet and greet for Support Coordinators, Residential Supervisors, and Day Support Supervisors on 4/5 at River Club to have opportunity to network. The event will give team members time to begin establishing inter-team connections amongst the many new and welcomed staff that have joined us.

Assertive Community Treatment (ACT) - Tamra McCoy

During the month of March regarding staff changes, Amenah Price, Co-occurring Specialist for ACT South applied and accepted the ACT South Mental Health Specialist position. It should be noted this was a lateral move. Also, Karla Lewis who has been an RACSB emergency services therapist for eight years, applied and accepted the position for ACT South Team Lead in March. She began her role in this position on April 17, 2022. Our staff changes continue to provide supports to ACT clients and agency's teams. Also, during the month of March, ACT enrolled two clients, one for each team within a week. Staff continue to provide ongoing supports to our clients in a wide array of circumstances.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club stopped the use of zoom groups at the beginning of April in order to focus on in person services, and provide more community engagement opportunities. We had a successful St Patrick's Day party, and are currently planning on a yard sale for May. Donations are currently being accepted at Kenmore Club. We have been slowly increasing our membership and currently have 74 active members. Members continue to participate in a variety of wellness and recovery-oriented groups daily, as well as at least one community outing a day. We continue to enjoy activities run by our two occupational therapy interns from Northern Virginia Community College.

DD Day Support: Rappahannock Adult Activities, Inc. (RAAI) - Lacey Fisher

RAAI is currently supporting a total of 107 individuals; with three admissions and one discharge. We are pleased that the individual discharged finally obtained much desired employment. Individuals receiving GD and CE at all sites other than Stafford have returned to full time schedules. Four Customized rate individuals receiving 1:1 service remain part time.

Twenty individuals are waiting to increase days, which we anticipate being able to do in the upcoming months. As vacant staffing positions are filled we will address those who are on the waitlist to return to or begin services. Currently we have 17 open (FT & PT) DSP positions.

Caroline site reopened in March and is currently supporting 6 individuals. We are assessing and providing tours to interested individuals on the waitlist.

Plant Sale April 8th at 750 Kings Highway. Mon-Fri 10am-4pm, Sat 9am-12pm.

Mental Health (MH) Residential Services - Nancy Price

One individual moved into Home Road on March 1.
PSH housed one individual in March, which brings the total to 29 individuals currently enrolled in PSH.
On March 3, Home Road welcomed Devon Adelsbach, PT Peer Specialist, to the team.
On March 28, Nancy Price, MH Residential Coordinator, facilitated the first ever PSH Network Meeting for PSH providers in Virginia. The purpose of this meeting is to network with other PSH coordinators, in a setting that is facilitated by the PSH providers, rather than DBHDS. The next meeting is scheduled for April 15.

Early Intervention: Parent Education and Infant Development (PEID) - Suzanne Haskell

There are currently 491 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and education developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. We are scheduling an average of 15 assessments for new clients weekly. In March we had 85 referrals and are projecting a higher number in April. As a result we are scheduling extra assessments in an effort to meet the need. There are currently 15 providers on staff. We have 2 open positions and are actively seeking a qualified Occupational Therapist and a Speech Language Pathologist.

MH Crisis Stabilization: Sunshine Lady House - Heather Honaker

SLH welcomes Lynn Mcfadden back to SLH to facilitate weekly yoga classes for program guests.
SLH Peer Specialist, Lacy Fizer, participated in a training facilitated by VOCAL, *Working with hearing voices*.
SLH MH Residential Specialist, Melody Allison, took part in a webinar hosted by the National Council for Mental Wellbeing on *Transforming Crisis Care through 988*.
SLH Therapist, Carla Anderson, participated in the *1st Annual Counseling Program Social Justice Conference* hosted by George Mason University.
CS Coordinator, Heather Honaker, participated in the training *Unpacking Models of Crisis Care: Psychiatric Urgent Care, Crisis Stabilization, and Crisis Residential*, and was recently elected to serve on the Board of Directors for the Crisis Residential Association.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

March 2022 Review

Community Consumer Submission 3 version 7.5 (CCS3 7.5)

The Community Consumer Submission 3 version 7.5 is the technical specifications for our state reporting data collection and extract. We continue to work to prepare for the July 1, 2022 changes. The state-led user acceptance testing process has been delayed due to turnover at DBHDS.

Waiver Management System (WaMS)

DBHDS provided the specifications for changes to WaMS for the upcoming year in late December. These changes will go-live on May 1, 2022. RACSB staff meets with Netsmart and DBHDS weekly to ensure this project is completed within timelines. There are over 65 changes for this year. Also, as DMAS transitions to the Medicaid Enterprise System, there will be corresponding changes in WaMS resulting in potential impacts to our submission process.

IT Closed Tickets

The Information Technology Department completed 1480 tickets in the month of March 2022. A total of 9,186 tickets have been completed so far in FY2022.

Virtual Service Provision

Due to COVID-19, the IT department supported the transition to new virtual service provision for many of the agency's programs. Many of the services remain virtual at this time. A total of 28,780 video meetings with 86,602 participants have been completed via Zoom this fiscal year. In addition, IT supports the use of Microsoft Teams for internal virtual meetings to free up space on Zoom licenses.

AVATAR Forms and Functionality

myAvatarNX: The new platform went live on March 1, 2022.

Direct Secure Messaging and Continuity of Care Documentation Exchange: We continue to test this functionality with DBHDS, Horizon Behavioral Health, Western Tidewater Community Services Board, and Chesapeake Integrated Behavioral Health. We completed the testing plan within the month of March and transitioned to joint development of business use cases. Joshua Abshire from DBHDS and Brandie Williams have partnered to roll out live use cases between state hospitals and CSBs.

Bells/Remarkable Health Artificial Intelligence- Assisted Documentation Technology: We signed a contract with Remarkable Health/Netsmart at a significant price break in order to participate as an early adopter for this functionality. This project kicked-off the first week of April.

Opportunities for Partnership/Input:

- Brandie Williams will be part of the Health and Human Services Keynote at Netsmart's national conference, Connections 2022, in Nashville on 04/26/2022. She will join Dr. Joe Parks from the National Council of Mental Wellbeing and Senior Leadership staff of Netsmart.
- Brandie spoke at a press conference at the U.S. Capitol to help launch the Summer Barrow

Prevention, Treatment, and Recovery Act.

- Participated in DBHDS MART EHR Team. This team is focused on trying to ease some of the burden that CSBs experience due to the multiple reviews/audits they undergo each year by streamlining the review process and eliminating the need to send same document to multiple places when possible.
- Heather Honaker, Sunshine Lady House Coordinator, and Brandie Williams, Director of Operations participate weekly in the DBHDS Bed Registry Workgroup.
- Continued efforts with Dev Nair, Assistant Commissioner, Quality Assurance & Governmental Relations, and Eric Williams, Director, Provider Development Division of Developmental Services to facilitate efforts to streamline documentation and administrative burden for ID/DD providers and support coordinators. Brandie presented out update on these initiatives at Quality and Outcomes meeting. Jointly created draft versions of each document and proposal for leadership.
- Kari Norris and Brandie Williams recorded a podcast with Netsmart on March 10 around Crisis Services which was published the week of 04/10/2022.
- Brandie recorded a podcast with Tristan Keelan of CCNY on quality improvement, data, and COVID impacts.
- Brandie has been identified to serve on the core DBHDS team for the implementation of the Taxonomy/Data Exchange program.
- Brandie has been asked to participate in the Virginia Health Information strategic options focus group.

Special Projects and Data Requests:

Operations programs participate in a variety of special projects/requests for data. Please find examples of a few of these efforts:

- Continued regular reporting (weekly/bi-monthly) for MAT, missing diagnosis, Columbia completion, TDO by age, Child Crisis Duration, Type of Care consistency, clinical utilization, Same Day Access Data Entry, Psychiatric Assessments in Draft, Substance Use Diagnosis status, and monitoring physicals for individuals over 18 receiving case management services.
- Monitored and completed follow-up on each individual service plan submitted through the WaMS integration process.
- Represented the agency virtually at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, Region 1 IT Council, UAT Team, new DBHDS Data Dashboard Committee, and DMC Technical Sub-committee.
- Provided a report to allow for comparisons of billable service units and charges trends month by month across the fiscal year in order for programs to be able to monitor the impact of COVID-19 on service delivery.
- Participates as representative of both RACSB and DMC on the implementation and oversight group for the new Early Intervention data platform. Established a workgroup comprised of both program and data staff of multiple CSBs to work through barriers and advocacy regarding the transition to the new platform. This group meets weekly and has grown to over 50 members.
- Nathan Reese and Brandie Williams attended the Government Innovations Summit in Richmond on March 16, 2022.