



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, January 24, 2023 5:00 PM  
Rappahannock Area CSB – Board Room 208  
600 Jackson Street, Fredericksburg, VA 22401

**DATE:** January 19, 2023

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A Board of Directors Meeting has been scheduled for Tuesday, January 24th at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

Looking forward to seeing everyone on January 24, 2023.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
BOARD OF DIRECTORS MEETING  
*January 24, 2023*  
*In-Person*

600 Jackson Street, Board Room 208  
Fredericksburg, VA 22401

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# December 2022 Board of Directors Meeting Minutes

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## Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held December 20, 2022 at 600 Jackson Street. Attendees included Matt Zurasky, Ken Lapin, Nancy Beebe, Susan Muerdler, Glenna Boerner, Claire Curcio, Greg Sokolowski, Susan Gayle, Melissa White, Jacob Parcell, Kheia Hilton, Joe Wickens, Brandie Williams, Tina Cleveland, Amy Jindra, Michelle Wagaman, Jacque Kobuchi, Stephanie Terrell, Michelle Runyon, Carley Hurd, Lauren Dickinson and Hiter Davis. Linda Carter, Claire Curcio and Sarah Ritchie were not present.

## November 15, 2022 Minutes Board of Directors

The Board of Directors approved the minutes from the November meeting

**ACTION TAKEN:** The Board approved the minutes as amended.

Moved by: Nancy Beebe Seconded: Susan Gayle

## Employee Service Awards

Joe Wickens announced that the following employees celebrated an anniversary for their service:

### 5 Years

- Lauren Dickinson – ICC Case Manager, Spotsylvania
- Daniel Clark – MH Residential Specialist, Crisis Stabilization
- Olguynne Wilcox – Direct Support Professional ICF, Wolfe St.

### 10 Years

- George Hiter Davis IV – MH Residential Counselor I, Lafayette Boarding House

## Consent Agenda

### **I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, December 13, 2022**

A.1 Information Only – Extraordinary Barriers List

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

A.3 Information Only – Information Technology/Electronic Health Record Update

A.4 Information Only – Crisis Intervention Team Assessment Center Report

A.5 Information Only – Emergency Custody Order/Temporary Detention Order



A.6 Information Only – Waitlist

A.7 Information Only – QA Chart Review

A.8 Information Only – CARF Overview

A.9 Information Only – Data Highlights

## **II. RECOMMENDED: FINANCE COMMITTEE December 13, 2022**

B.1 Approved – Board Deck, Financial Reports

## **III. RECOMMENDED: PERSONNEL COMMITTEE December 13, 2022**

C.1 Information Only – September Retention Report

C.2 Information Only – September EEO Report and Recruitment Update

## **V. ITEMS FOR FULL BOARD REVIEW**

A. Corrective Action Plans from PPE Committee Meeting

B. Financial Summary from Finance Committee Meeting

C. Cost of Living Adjustment from Finance Committee Meeting

**ACTIONS TAKEN:** The Board approved the corrective action plans and financial summary as presented; the Board approved a 5% cost of living increase for employees.

Moved by Ken Lapin, seconded by Susan Gayle

## **Report from the Executive Director**

Joe Wickens said that the VACSB would hold its next conference on Jan. 17 in Richmond. This conference would focus on budget and legislative information and advocacy. He also reminded the Board Members that the January meeting would be held Jan. 24. Joe told the Board that this would be Kheia Hilton's last meeting as a representative of Stafford County. He said that he truly appreciated Kheia and all of the work she has done for RACSB. He said she would be missed.

## **Report of Directors and Coordinators**

Michelle Wagaman thanked the Board for the 5% salary increase and told them about upcoming training opportunities.

## **Board Time**

Kheia Hilton said that she had been honored to serve on the Board and that she would be traveling more and would not be able to remain on the Board of Directors. She said that she was continually impressed with RACSB staff and the way they served the community and she was grateful to be part of that work.

Susan Gayle thanked Kheia for serving on the Board and thanked RACSB staff for their hard work.

Melissa White also thanked Kheia and RACSB staff and said she was proud to be part of the Board.

Nancy Beebe said that she would really miss Kheia who had been an integral member of the Board. She thanked Kheia for her help and support over the years.

Jacob Parcell thanked everyone for their dedication.

Matt Zurasky thanked Kheia for serving on the Board and wished her well. He said he continued to be impressed with RACSB's work.

Greg Sokolowski said that he appreciated the staff and the Board.

Ken Lapin wished Kheia well and thanked her for serving. He also said that he was very impressed with RACSB staff. He said that everyone expected things to get easier once the pandemic wound down but that now the CSB faced workforce shortages and more challenges. "You have really stepped forward and as head of the Board, I want you to know that we truly appreciate it," he said.

## Adjournment

The meeting adjourned at 5:21 PM.

January 13, 2023

Ramon Test  
3738 White Hall Rd.  
King George, VA 22485

Dear Ramon,

**Congratulations on your selection as Employee of the Quarter for the Second Quarter - Fiscal Year 2023. The following nominations were submitted on your behalf:**

- 1. I would like to nominate Ramon Test for Employee of the Quarter. His dedication to RACSB and his clients goes way above and beyond. As a Case Manager he makes sure his clients are taken care of. Even the toughest of the clients get the utmost respect from Ramon. He will make sure his clients are able to get to their Dr.'s Appointment, get their injections or help with housing and financial assistance applications. He is always willing to listen to his clients when they just need to talk to someone. I have even known Ramon to drive a client to West Virginia, go to thrift stores searching for luggage for a client. It's the little things that make Ramon shine brightly.*

*Now he is helping staff at SLH. He genuinely cares for his clients and this makes him shine. He is to me Hands Down the Best Case Manager RACSB has to offer.*

- 2. I would like to nominate Ramon Test, for employee of the quarter. Ramon has shown unwavering dedication across the span of the 5+ years I have had the privilege to work alongside him in the case management department. Ramon regularly assists me in conceptualizing cases, when an individual he has worked with enters the state hospital system, and the insights he provides allow me to build better rapport, sooner, and understand the unique needs and abilities of the client. One of the many examples of Mr. Test going above and beyond in the scope of his work, was when he offered to participate in a video meeting with a client he had served in the past, who was not even open to case management at the time. Ramon participating in the meeting allowed for the client to engage more meaningfully in the discharge planning process, because of the trust he had in Ramon's opinion.*

*The support for folks that have encountered the state hospital system doesn't stop when they are in treatment. When Ramon is assigned a case involving an individual that has discharged from one of our state hospitals, he takes great care in understanding the needs of the individuals, and truly personalizes his approach to the case based on the needs of the individual he serves. Ramon has shown excellence in supporting folks who have significant co morbid medical conditions, experience poverty, are undocumented, and have other variables that make them vulnerable, and he does this with an eagerness, and enthusiasm not often seen in folks who have been in the field as long as Ramon has.*

*He is a wonderful and valuable asset to the case management team, a team player, and an advocate for those he serves. I only see a small slice of the work he does on a daily basis, but what I do see of his work ethic and commitment, makes me proud to work alongside him.*

3. *I would like to nominate Ramon Test for Employee of the Quarter. He truly goes the extra mile to help his team members and individuals on his caseload. Recently, 2 of his individuals transitioned from his caseload to mine. Ramon was extremely helpful in making this a smooth transition by attending meetings with the individuals and in answering numerous questions to ensure that services were continued in the best way possible. Ramon is always offering to assist with individuals who are not even on his caseload, and is always there to provide support to his team members. He is a very hard working, dedicated employee.*
4. *He is very dedicated, reliable, and a team player.*
5. *I would like to nominate Ramon Test, case manager. He is one of the most dedicated, caring individuals I've ever had the pleasure of working with. He goes above and beyond for his clients to ensure they get the care they need. Many of my King George clients have him as a case manager and they would not be doing as well as they are if it weren't for his help and guidance. He is also a great help to me and the doctors in obtaining assessment data and keeping us abreast of their condition. I cannot think of anyone more deserving than Ramon!*
6. *I've worked with him a few times while I've worked at the RACSB and all of his clients talk about how much they enjoy having him as their case manager. Since he has also begun taking extra shifts at Sunshine Lady House I have also seen firsthand his interaction with guests, who all have enjoyed his presence.*
7. *Although I have not known him for long, I can see how much of an impact he has made on the guests that he serves. I heard so many good things about Ramon prior to even meeting him and he lives up to the standard!*
8. *He is dedicated to his individuals. He works very hard to ensure they get connected to the services they need and follows up with them regularly.*
9. *I would like to nominate Ramon Test for employee of the quarter. Ramon works in Mental Health Case Management. He also has been assisting staff at SLH, helping fill in and provide support to our program for the past few months. I have worked on and off with Ramon for years. He is very compassionate, knowledgeable, and always willing to lend a hand. In addition, he has a very strong work ethic and shows up, willing to jump in wherever he is needed.*
10. *I would like to nominate Ramon Test for Employee of the Quarter. He is dedicated to his job and the people he serves. He's always willing to lend a helping hand to his co-workers and is usually the first to volunteer to help. He is most deserving of this award.*
11. *I would like to nominate Ramon Test for employee of the quarter. He is an incredibly hard working and compassionate case manager who really makes an effort to know his clients and honor their interests. It is excellent working with him!*
12. *Ramon Test is most deserving of the Employee of the Quarter nomination because of his outstanding work ethic, undeniable commitment to meeting the needs of individuals served, and his seemingly unwavering enthusiasm for the work that he does.*



*Ramon recently started working PRN at the Sunshine Lady House in addition to his full-time position as a MH Case Manager. When Ramon arrives for his shift, he has typically just completed a day of Case Management work. Still, he arrives with an upbeat, can-do attitude, and all of the SLH staff and guests that work with him really appreciate and enjoy his presence. Ramon is a wonderful asset to the Sunshine Lady House, and the agency as a whole. It is time that he is recognized for his impact and efforts.*

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

You will be recognized at the Board of Directors Meeting on January 24, 2023 at 5:00 pm to be held at 600 Jackson Street, Room 208. Please let Carley Hurd ([churd@rappahannockareacsb.org](mailto:churd@rappahannockareacsb.org) or 540-899-4371) know if you are able to attend.

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: Patricia Newman/Jacque Kobuchi

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# January 2023 Program Planning and Evaluation Committee Meeting Minutes

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## 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 **January 10, 2023**. Attendees included Susan Muerdler, Jacob Parcell, Glenna Boerner, Sarah Ritchie, Melissa White, Susan Gayle, Matt Zurasky, Jacque Kobuchi, Tina Cleveland, Joe Wickens, Brandie Williams, Amy Umble, Michelle Runyon, Stephanie Terrell, Patricia Newman, Carley Hurd, Amy Jindra, and Nadine Mayo. Nancy Beebe and Claire Curcio were not present.

## Extraordinary Barriers List

Patricia Newman reviewed the case of two individuals on the Extraordinary Barriers List. Barriers to placement include the need for a public guardian, the combination of physical and psychiatric care needs, registered sex offender status and the not guilty by reason of insanity process.

## Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received 15 referrals and completed 14 IACCT referrals in December. Six were from Spotsylvania, four from Stafford, three from Caroline, one from King George, and one from the City of Fredericksburg.

## Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 857 help tickets in December. Community Consumer information was submitted to the state Dec. 28, 2022.

## Crisis Intervention Team (CIT) Assessment Center Report – December 2022

Jacque Kobuchi reported that the CIT Assessment Center Assessed 28 individuals in the month of December 2022: Fredericksburg 6; Caroline 2; King George 0; Spotsylvania 5; Stafford 14.

## Emergency Custody Order and Temporary Detention Order Report – December 2022

Jacque Kobuchi told the Committee that emergency services staff completed 296 emergency evaluations in December 2022. Fifty-five Emergency Custody Orders (ECO) were issued, 51 Temporary Detention Orders were issued and 51 Temporary Detention Orders (TDO) were executed. One individual was sent to the state hospital as a bed of last resort.

## December 2022 Wait List

Stephanie Terrell reported that 342 individuals were waiting more than 30 days for outpatient therapy appointments as of Dec. 31, 2022. As of Jan. 3, 2023, there were six older adolescents and adults and no children 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, 2 (needs, 0; referral, 0; acceptance, 2); Developmental Disability Residential, 97 (needs, 91; referral, 5; acceptance, 1); Assertive Community Treatment, 12 (needs, 6; referral, 6, acceptance, 0); and DD Waiver Services, 794.

## Corrective Action Plan

Stephanie Terrell reviewed a licensing violation the agency received for Lucas Street Intermediate Care Facility. She discussed the corrective action plan RACSB submitted to DBHDS.

**ACTION TAKEN:** The Committee unanimously approved a motion to recommend the Board approve the corrective action plan as presented.

Moved by: Susan Gayle Seconded by: Melissa White

## Data Highlights

Brandie Williams reviewed reports on behavioral health and developmental disability performance measures. She told the Committee that RACSB is committed to using data-driven decision-making to improve performance and quality.

## Sunshine Lady House

Amy Jindra reported that the Sunshine Lady House for Wellness and Recovery would implement a temporary closure due to staffing shortages. She said that the crisis stabilization program has regulation requirements of 24-hour nursing, 1:6 staffing ratios, 24/7 admissions, daily availability for psychiatric assessment and medication management, and more. Significant and persistent staffing shortages prevent the program from meeting regulatory standards. The program closure is anticipated for less than six months with monthly review by the crisis stabilization coordinator and community support services director. During the closure period, individuals needing crisis stabilization services will be referred to the Wellness Recovery Center in Charlottesville and Arbor House in Harrisonburg.

Ken Lapin suggested that RACSB develop a plan to inform the community and address any concerns.

## Adjournment

The meeting adjourned at 11:29 a.m.



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

## NOTICE

**To:** Program Planning and Evaluation Committee Nancy Beebe, Glenna Boerner, Claire Curcio, Ken Lapin, Susan Muerdler, Jacob Parcell, Sarah Ritchie, Matt Zurasky

**From:** Joseph Wickens  
Executive Director

**Subject:** Program Planning and Evaluation Meeting  
January 10, 2023, 10:30 AM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** January 5, 2023

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, January 10, 2023 at 10:30 a.m. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on January 10 at 10:30 a.m.

Cc: Nancy Beebe, Chairperson



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
**Program Planning and Evaluation Committee Meeting**

January 10, 2023—10:30 a.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

***Agenda***

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## 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: January 10, 2023

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RACSB currently has two individuals on the Extraordinary Barriers List (EBL), to include one individual at Southern Virginia Mental Health Institute (SVMHI) and one individual at Western State Hospital (WSH). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

### **Southern Virginia Mental Health Institute**

Individual #1: Was placed on the EBL 12/4/22. Barriers to discharge include identifying and being accepted to a nursing facility that can meet both their physical and psychiatric needs. This individual was residing independently in the community prior to admission. Due to their inability to care for themselves, Adult Protective Services (APS) became involved and it has been determined that they require a nursing home. This individual is not always cooperative with staff with regard to completing their activities of daily living, causing it to be challenging to provide them with care. It has also been determined that they will require a legal guardian, therefore the application process for a public guardian is in the process of being submitted as well as RACSB's liaison is attempting to make contact with family members. An additional challenge to identifying an accepting placement will be that this individual is a Tier III Registered Sex Offender. This individual will discharge once accepted to a nursing home and once a guardian is in place.

## **Western State Hospital**

Individual #2: Was placed on the EBL 12/12/22. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual was acquitted on charges of Destruction of Property, Assault and Battery as well as Obstruction of Justice. They have a current diagnosis of Bipolar I Disorder and have been actively participating in their treatment at WSH. This individual is currently stable, has good family support and has had numerous successful passes to the community to both Kenmore Club and Home Road Supervised Apartments. Their Conditional Release Plan (CRP) has been developed and submitted for approval. They have a court date scheduled for 1/12/23. It is hopeful that their CRP will be approved by the court at that time and they can then discharge to Home Road.

**RAPPAHANNOCK AREA**  
COMMUNITY SERVICES BOARD

**MEMORANDUM**

**To:** Joe Wickens, Executive Director

**From:** Donna Andrus, Child and Adolescent Support Services Supervisor

**Date:** January 4, 2023

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

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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 fifteen IACCT referrals and completed fourteen assessments in the month of December. Seven referrals were initial IACCT assessments and eight were re-authorizations. Six were from Spotsylvania, four from Stafford, three from Caroline, one from King George and one from the City of Fredericksburg. One reauthorization was not completed as an initial IACCT was needed for a change in placements. Of the fourteen completed assessments in December, seven recommended Level C Residential, six recommended Level Group Home, and one recommended community-based services. No reauthorizations recommended discharge at this time.

Attached is the monthly IACCT tracking data for December 2022.

Report Month/Year	Dec. 22
1. Total number of Referrals from Magellan for IACCT:	15
1.a. total number of auth referrals:	7
1.b. total num. of re-auth referrals:	8
2. Total number of Referrals per county:	
Fredericksburg:	1
Spotsylvania:	6
Stafford:	4
Caroline:	3
King George:	1
Other:	0
3. Total number of extensions granted:	2
4. Total number of appointments that could not be offered within the prescribed time frames:	1
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	14
8a. Total number of ICA's recommending: <b>residential:</b>	7
8b. Total number of ICA's recommending: <b>therapeutic group home:</b>	6
8c. Total number of ICA's recommending: <b>community based services:</b>	1
8g. Total number of ICA's recommending: <b>Other:</b>	0
8h. Total number of ICA's recommending: <b>no MH Service:</b>	0
9. Total number of reauthorization ICA's recommending: <b>requested service not continue:</b>	0
10. Total number of notifications that a family had difficulty accessing <b>any</b> IACCT-recommended service/s:	0

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: January 3, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 857 tickets in the month of December. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.



## **Information Technology and Electronic Health Record Update**

### **IT Systems Engineering Projects**

During December, 857 tickets were closed by IT Staff.

Ticket completion numbers by month for calendar year: November 2022-939; October 2022-873; September 2022-1095; August 2022-1,168; July 2022-1,031; June 2022-1,159; May 2022-945; April 2022-943; March 2022-1,480; February 2022-891; January 2022-894.

On January 3, 2023 Multifactor Authentication (MFA) was turned on for all email accounts to increase security on our email by requiring staff to know their passcode as well as having a code from their phone to verify their identity. Prior to this date, we encouraged staff to have MFA turned on for their accounts so that support could be provided as needed.

### **Community Consumer Submission 3**

The November 2022 CCS was submitted on December 28, 2022.

### **Waiver Management System (WaMS)**

DBHDS has released their new 2023 specifications for ISP version 3.4. Netsmart and the IT team are working to implement the changes into the Avatar test system. IT staff are continuing to meet with DBHDS, WaMS, and Netsmart to discuss ISP 3.4 changes/testing period.

DBHDS has also decided to change the mechanism by which the Electronic Health Records and WaMS communicate. The current communication method uses Box.com, as an intermediate step between the EHR and WaMS. The new communication method will connect more directly to WaMS via Secure File Transfer Protocol (SFTP), and should help with some of the communication issues that CSBs are having. The process is in the beginning stages, but the transition should happen quickly. Netsmart and DBHDS are meeting to discuss the technical aspects of the change.

### **Trac-IT Early Intervention Data System**

In November, RACSB program and IT staff attended a demo on the upload functionality for Trac-It. This functionality will be key for our ability to meet expanded data requirements when the new date for that implementation is announced. After the demo, there were system-wide concerns around the functionality. We met as part of the DMC Trac-IT workgroup with DBHDS Part C Staff to express our concerns. Further, Brandie was able to address concerns with DBHDS leadership as part of an in-person DBHDS IT leadership strategic planning session on December 14, 2022. As a result, a change order with the vendor SSG has been placed on hold to ensure it captures all the functionality and business use needs required by Local Systems and CSBs.

### **Zoom**

We continue to utilize Zoom for telehealth throughout the agency.

- December 2022 – 2,176 video meetings with a total of 5,881 participants
- November 2022 – 2,538 video meetings with a total of 7,044 participants
- October 2022 – 2,546 video meeting with a total of 7,289 participants
- September 2022 – 2,589 video meeting with a total of 7,592 participants
- August 2022 – 3,023 video meetings with a total of 8,273 participants
- July 2022 – 2,582 video meetings with a total of 7,377 participants
- June 2022 – 2,881 video meetings with a total of 8,458 participants
- May 2022 – 2,921 video meetings with a total of 8,512 participants
- April 2022 – 2,878 video meetings with a total of 8,728 participants

- March 2022 – 3,281 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**

Bells – PEID's Note setup is now final in Bells and is ready for use. The IT team is now working with ACT to get their note functionality into Bells.

### **Camera System and Maintenance Request for Proposals-**

The IT department has decided due to the cost of camera maintenance and that we maintain the Axis camera systems in house and replace the Alibi systems as they breakdown.

### **Staffing**

The IT department has no open positions.



**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Tabitha Taylor, Emergency Services Law enforcement liaison  
**Date:** January 4, 2023  
**Re:** Crisis Assessment Center and CIT report December 2022

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The CIT Assessment Center assessed 28 individuals in the month of December 2022.  
The number of persons served by locality were the following: Fredericksburg 6; Caroline 2; King George 0; Spotsylvania 5; Stafford 14.

Please see attached CIT data sheet

# December 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
12/1/2022	3	2	Spotsylvania; Stafford	Spotsylvania/Stafford
12/2/2022	4	1	Fredericksburg	Fredericksburg
12/3/2022	1	0	n/a	Spotsylvania
12/4/2022	1	0	n/a	Spotsylvania
12/5/2022	5	0	n/a	Spotsylvania
12/8/2022	3	0	n/a	Spotsylvania
12/7/2022	4	1	Stafford	Spotsylvania
12/8/2022	0	0	n/a	Spotsylvania
12/9/2022	3	2	Stafford (2)	Spotsylvania
12/10/2022	3	2	Caroline; Spotsylvania	Spotsylvania
12/11/2022	0	0	n/a	Spotsylvania
12/12/2022	1	1	Stafford	Spotsylvania
12/13/2022	2	1	Fredericksburg	Spotsylvania
12/14/2022	0	0	n/a	Spotsylvania
12/15/2022	3	2	Spotsylvania; Caroline	Spotsylvania
12/16/2022	0	0	n/a	Spotsylvania
12/17/2022	3	2	Stafford (2)	Spotsylvania
12/18/2022	2	0	n/a	Spotsylvania
12/19/2022	0	0	n/a	Spotsylvania/Stafford
12/20/2022	1	1	Stafford	Spotsylvania/Stafford
12/21/2022	2	2	Spotsylvania; Stafford	Spotsylvania/Fredericksburg
12/22/2022	1	1	Stafford	Spotsylvania/Stafford
12/23/2022	1	1	Spotsylvania	Spotsylvania
12/24/2022	2	2	Stafford (2)	Spotsylvania
12/25/2022	0	0	n/a	Spotsylvania
12/26/2022	0	0	n/a	King George
12/27/2022	4	3	Fredericksburg; Caroline; Stafford	Spotsylvania
12/28/2022	4	1	Stafford	Spotsylvania
12/29/2022	1	1	Fredericksburg	Spotsylvania/Fredericksburg
12/30/2022	3	2	Fredericksburg (2)	Spotsylvania/Fredericksburg
12/31/2022	0	0	n/a	King George
<b>Total</b>	<b>57</b>	<b>28</b>		

Total Assessments at Center in December: 28

Brought by:

Cumulative Total:

Cumulative number of Assessment since September 2016:

3201

Caroline	2	139
Fred City	6	1000
Spotsylvania	5	948
Stafford	14	989
King George	0	122
Other	0	3

**MEMORANDUM**

**To:** Joe Wickens, Executive Director

**From:** Kari Norris, Emergency Services Coordinator

**Date:** January 4, 2023

**Re:** Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – December, 2022

---

In December 2022, Emergency Services staff completed 296 emergency evaluations. Fifty five emergency custody orders were assessed and fifty one total temporary detention orders served of the 296 evaluations. Staff facilitated one admission to a state hospital. The one admission was an adult to NVMHI. The adult admission was not a safety net however had ID/DD and was unable to be placed for several days in the ED prior to admission.

A total of two individuals were involuntarily hospitalized outside of our catchment area in December. One individual was able to utilize AT and the other was not due to elopement risk and impulsivity concerns.

Please see attached data reports.

DATE: 1.4.2023

## Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
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
April 2022		390	85	87	87
May 2022		417	92	73	73
June 2022		342	75	66	66
July 2022		343	77	83	83
August 2022		367	79	76	76
September 2022		341	66	76	76
October 2022		351	70	75	75
November 2022		359	69	73	73
December 2022		296	55	51	51

# FY23 CSB/BHA Form (Revised: 06/28/2022)

CSB/BHA	Rappahannock Area Community Services Board	Month	December 2022
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1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
296	26	29	55	49	8	1	40	49	2
			0					0	
			0					0	
			0					0	

## FY '23 CSB/BHA Form (Revised: 06/28/2022)

CSB/BHA		Rappahannock Area Community Services		Reporting month	December 2022		No Exceptions this month
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>		
12/6/22	79072	Adult (18-64) with ID or DD		No	Yes	NVMHI	



# ALTERNATIVE TRANSPORT DATA December 2022

Date	ID	LE DEPT	Location of Individual	Receiving Hospital	Travel time Round Trip (minutes)	ECO Y or N	Gender	Age	TDO criteria	Presented for AT: Y or N	Reason for Decline
12/5/22	100918	Caroline	MWH-ED	Newport News	190	Yes	F	16	Danger to self and others	N	Client is impulsive and an elopement risk
12/24/22											

Total Out of Area

2

Total Utilizing AT

1

% Utilized

50%

1

Total Appropriate for AT

50%

## MEMORANDUM

**To: Joe Wickens, Executive Director**  
**From: Stephanie Terrell, Director of Compliance and Human Rights**  
**Date: January 4, 2023**  
**Re: December 2022 Waiting Lists**

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

### OUTPATIENT SERVICES

- Clinical services: As of December 31, 2022, there are 342 individuals on the wait list for outpatient therapy services.
  - 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.
    - Due to an increase in request for outpatient services, the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021, the Spotsylvania Clinic implemented a waitlist beginning May 2022, and the Caroline Clinic implemented a waitlist beginning November 2022.
      - The waitlist in Fredericksburg is currently at 233 clients.
      - The waitlist in Spotsylvania is currently at 67 clients.
      - The waitlist in Caroline is currently at 42 clients.
      - This is an increase of 78 from the November 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 January 3, 2023, there are six older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of three from the November 2022

waitlist. The furthest out appointment is 2/27/2023. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

**PSYCHIATRY INTAKE** – As of January 3, 2023 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults		Children: Age 13 and below	
○ Fredericksburg –	3 (3)	0	(0)
○ Caroline –	0 (1)	0	(0)
○ King George –	0 (0)	0	(0)
○ Spotsylvania –	0 (1)	0	(0)
○ Stafford –	0 (1)	0	(0)
<b>Total</b>	<b>3 (6)</b>	<b>0</b>	<b>(0)</b>

Appointment Dates	
<b><i>Fredericksburg Clinic</i></b>	
	2/3/2023 2/7/2023 2/27/2023
<b><i>Caroline Clinic</i></b>	
	2/7/2023
<b><i>King George</i></b>	
	N/A
<b><i>Spotsylvania Clinic</i></b>	
	N/A
<b><i>Stafford Clinic</i></b>	
	N/A

#### **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 all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

### **MH RESIDENTIAL SERVICES - 2**

Needs List: 0  
Referral List: 0  
Acceptance List: 2

#### **Count by County:**

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	0
Stafford	2

- There are two individuals on the acceptance list for Home Road. One individual is a transitional referral and has been accepted to Home Road. His court date is scheduled for January 12, at which time he is expected to be discharged from WSH and discharge to Home Road. He continues to complete weekly passes until his hospital discharge.
- The second individual is a referral from the community and has completed two successful trial passes at Home Road. He has been accepted for the next community bed that is available at Home Road, which is expected to be in January or February 2023.

### **Intellectual Disability Residential Services – 97**

Needs List: 91  
Referral List: 5  
Acceptance List: 1

#### **Count by County:**

Caroline	10
King George	8
Fredericksburg	7
Spotsylvania	34
Stafford	37
Richmond	1

### Assertive Community Treatment (ACT)– 12

Caroline: 1  
Fredericksburg: 5  
King George: 0  
Spotsylvania: 3  
Stafford: 3

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

Total program enrollments = 51

Admissions: 1

Discharges: 1

- During the month of December, an ACT North client who has been receiving services since 2018, requested to be discharged. This client refused medication supports and meeting with the program psychiatrist. The client agreed to agency adult case management upon discharge. Client is aware they can resume ACT services in the future. One ACT North referral is currently receiving in-patient treatment for alcohol abuse. We will discuss our services with this client upon completion of treatment.
- ACT South will meet with a potential client who is transitioning out of agency residential in January. He meets criteria for services as he begins to live independently. In addition, ACT NORTH continues to have one client at RRJ. We continue to collaborate with program coordinator Portia Bennett.

### ID/DD Support Coordination

There are 794 individuals on the waiting list for a DD waiver.

P-1 321  
P-2 182  
P-3 291

## MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** January 4, 2023  
**Re:** Licensing Reports

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The Department of Behavioral Health and Developmental Services' (DBHDS), Office of Licensing issues licensing reports for areas in which the Department finds agencies in non-compliance with applicable regulations. The licensing report includes the regulatory code which applies to the non-compliance and a description of the non-compliance. The agency must respond to the licensing report by providing a corrective action plan (CAP) to address the areas of noncompliance.

Rappahannock Area Community Services Board (RACSB) obtained approval for one Corrective Action Plan (CAP) during the month of December 2022. Lucas Street Intermediate Care Facility received a report due to an incident which occurred involving a resident of Lucas.

The attached CAP provides addition details regarding the citation and RACSB's response.

# DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Page: 1 of 5

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-02-2022

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited      Comp      Description of Noncompliance      Actions to be Taken      Planned Comp. Date

12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Lucas Street (ICF/IID)  This regulation was NOT MET as evidenced by: See OHR citation below.		12/13/2022
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Lucas Street (ICF/IID)  This regulation was NOT MET as evidenced by:  CHRIS A#20220038/Incident date: 11.13.2022  "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia.  Provider substantiated neglect due to the following:  <ul style="list-style-type: none"> <li>• Video footage revealed Individual #1 falling on the floor.</li> <li>• After the fall, Employee #1 failed to immediately assist Individual #1; instead, Employee #1 allowed Individual #1 to lay on the floor for several seconds before attempting to assist.</li> </ul>	PR) 12/15/2022  PR: Two of the staff members responsible for not helping the individual immediately following the fall incident were issued corrective disciplinary action on 12/13/2022. One staff member was a temp nurse who will not be returning to work in the program per RACSB request.  On 11/28/22 All staff present during this incident (with the exception of the released temp worker) received comprehensive training and each signed attestations agreeing to their understanding of commitment to following expectations for: responding to medical emergencies, human rights, and RACSB's Code of Conduct.  Systematically, Human Resources will	12/13/2022

# DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Page: 2 of 5

License #: 101-01-005  
 Organization Name: Rappahannock Area Community Services Board  
 Date of Inspection: 12-02-2022  
 Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Planned Comp. Date

Actions to be Taken

Description of Noncompliance

Comp

Standard(s) Cited

<p>• Additionally, there were four other staff in the room who all watched as Individual #1 struggled to get up off the floor after the fall.</p>	<p>continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure for preventing these kinds of incidents.</p>
	<p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p>
	<p>The Program Supervisor, Assistant Manager, and QIDP will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. Staff interventions and supports will be monitored through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals, providing monthly supervision and coaching).</p>
	<p>The Quality Assurance team will monitor</p>

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
CORRECTIVE ACTION PLAN**

Page: 3 of 5

License #: 101-01-005  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-02-2022  
Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-110. A. - Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.	N	<p>Lucas Street (ICF/IID)</p> <p>This regulation was NOT MET as evidenced by: CHRIS A#20220038/Incident date: 11.13.2022</p> <p>Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.</p> <p>Provider substantiated for unnecessary restraint due to the following:</p> <ul style="list-style-type: none"> <li>Approximately 1 minute after the fall, video footage revealed Employee #1 holding Individual #1 by the arm, by the shirt, and with both hands around Individual #1's waist.</li> </ul>	<p>incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 12/16/2022</p> <p>PR) 12/15/2022</p> <p>PR: Two of the staff members responsible for not helping the individual immediately following the fall incident were issued corrective disciplinary action on 12/13/2022. One staff member was a temp nurse who will not be returning to work in the program per RACSB request.</p> <p>On 11/28/22 All staff present during this incident (with the exception of the released temp worker) received comprehensive training and each signed attestations agreeing to their understanding of commitment to following expectations for: responding to medical emergencies, human rights, and RACSB's Code of Conduct.</p> <p>Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure</p>	12/13/2022

# DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

License #: 101-01-005  
 Organization Name: Rappahannock Area Community Services Board  
 Date of Inspection: 12-02-2022  
 Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited      Comp      Description of Noncompliance      Actions to be Taken      Planned Comp. Date

			for preventing these kinds of incidents.	
			All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.	
			The Program Supervisor, Assistant Manager, and QIDP will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. Staff interventions and supports will be monitored through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals, providing monthly supervision and coaching).	
			The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and	



**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
CORRECTIVE ACTION PLAN**

Page: 5 of 5

License #: 101-01-005  
 Organization Name: Rappahannock Area Community Services Board  
 Date of Inspection: 12-02-2022  
 Program Type/Facility Name: 01-005 Lucas Street (ICF/MID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			mitigated quickly. OHR/OLR) Accepted 12/16/2022	

<b>General Comments / Recommendations:</b>	
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.	
Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)  Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined	



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: January 4, 2023

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

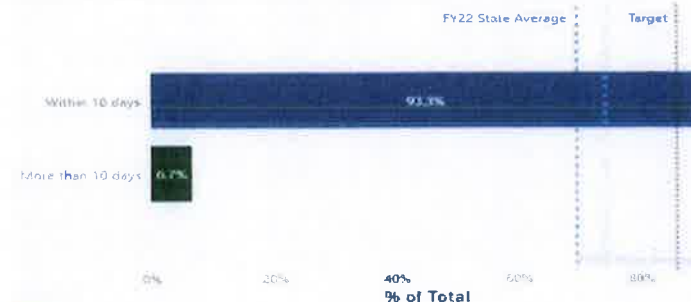
**Measure #1: SDA Appointment Offered:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

#### Current Month's Performance- August 2022 (93.3%)

**Measure 1: Appointments Offered**  
Target - 86% within 10 Business Days  
State Average

**76.1%**  
Goal: 86 %  
Within 10 days

Appointments Offered: Target - 86% within 10 Business Days



Number of CSBs that met 86% target in most current month: 12 of 39

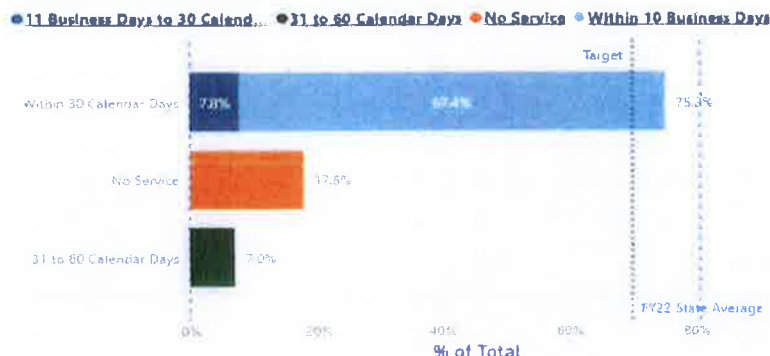
**Measure #2: SDA Appointment Kept:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

#### Current Month's Performance- July 2022 (75.3%)

**Measure 2: Appointments Kept**  
Target - 70% within 30 Calendar Days  
State Average

**82.3%**  
Goal: 70 %  
Within 30 Days

Appointments Kept: Target - 70% within 30 Calendar Days



Number of CSBs that met 70% target in most current month: 20 of 48



**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.

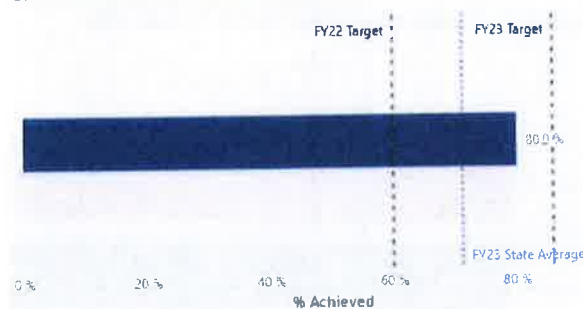
**Measure #1: Universal Adult Columbia Screenings:** Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for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

**Current Month's Performance-August 2022 (80.0%)**

**Measure 2: Adults 18 and Over**  
FY22 Target: 60%; FY23 Target: 86%  
State Average

**75.0 %**  
Goal: 86 %

**Universal Adult Columbia Screenings**



Number of CSBs that met 86% target in most current month: 13 of 40  
Number of CSBs that met old 60% target in most current month: 30 of 40

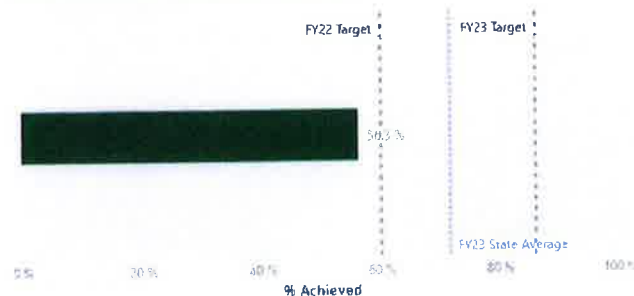
**Measure #2: Child Suicide Assessment:** Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22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

**Current Month's Performance- August 2022 (50.3%)**

**Measure 1: Children 6 to 17**  
FY22 Target: 60%; FY23 Target: 86%  
State Average

**76.2 %**  
Goal: 86 %

**Universal Child Columbia Screenings**



Number of CSBs that met 86% target in most current month: 10 of 40  
Number of CSBs that met old 60% target in most current month: 22 of 40

## 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%.

### Current Month's Performance- September 2022 (46.2%)

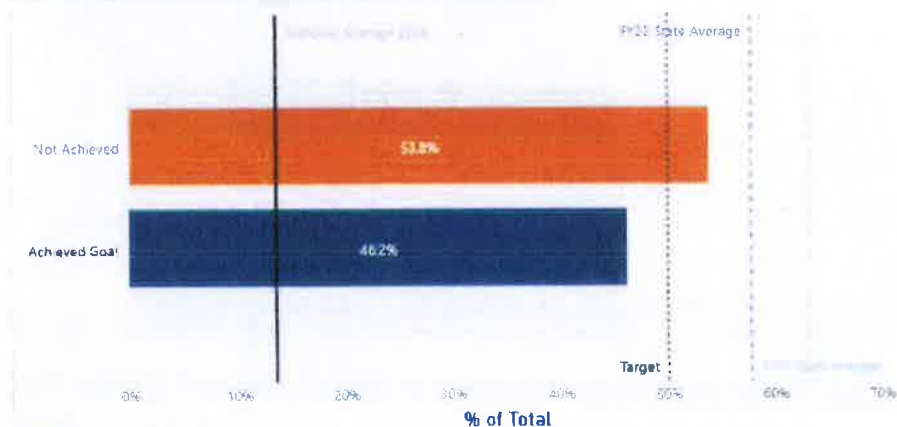
#### **Benchmarked Measure**

Target - 50%

State Average

**61.1%**✓  
Goal: 50 %

#### **Benchmarked SUD Engagement Metric: Target 50%**



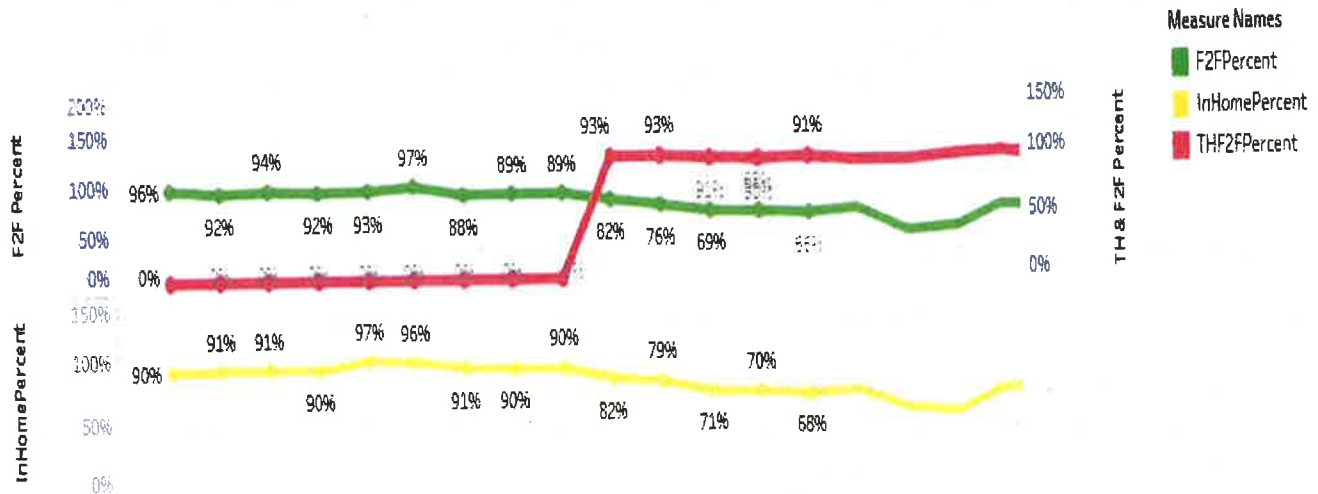
Number of CSOs that met 50% target in most current month: 17 of 49

## 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%.**



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# January 2023 Finance Committee Meeting Minutes

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## Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on January 10, 2023. Attendees included Nancy Beebe, Matt Zurasky, Glenna Boerner, Melissa White, Susan Gayle, Susan Muerdler, Jacob Parcell, Sarah Ritchie, Jacque Kobuchi, Michelle Runyon, Stephanie Terrell, Tina Cleveland, Joe Wickens, Amy Umble, Amy Jindra, Nadine Mayo, and Megan Toler.

## November 2022 Board Deck

Tina Cleveland reviewed a Board Deck summary of financial reports., including:

- Cash Investments, which totaled \$22,910,007 in November 2022.
- Fee Revenue Reimbursement, with current year-to-date collections of \$13,705,665 which was a 21% increase from the previous year.
- Write-Off Report, which totaled \$283,018 for November 2022.
- Health Insurance Account, with year-to-date monthly premiums totaling \$1,629,817 and claims and fees totaling \$1,088,795.
- Other Post-Employment Benefits, which had a balance of \$2,096,031 as of Nov. 30, 2022.
- Payroll Statistics, which showed that employees were paid an average of 448 overtime hours per pay period in FY23 and an average of 3,654 leave hours per pay period.

## November 2022 Financial Summary Report

Nadine Mayo reviewed the November financial summary report with the Committee. Overall, FY23 balances currently show a net gain of \$4.2 million, with \$2 million of that being in restricted funds.

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

Moved by: Ken Lapin Seconded by: Susan Muerdler

## Additional Funding Summary

Brandie Williams reviewed additional funding received in November and December 2022, including CSB IT/Data Infrastructure Funding and FY23 State Opioid Response III Prevention.

## Adjournment

The meeting adjourned at 12:29 p.m.



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

## NOTICE

**To:** Finance Committee: Susan Gayle, Susan Muerdler, Jacob Parcell, Melissa White, Matt Zurasky

**From:** Joseph Wickens  
Executive Director

**Subject:** Finance Committee Meeting  
January 10, 2023, 12:00 PM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** January 5, 2023

A Finance Committee meeting has been scheduled for Tuesday, January 10, 2023 at 12:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on January 10 at 12:00 PM.

Cc: Matt Zurasky, Chairperson



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Finance Committee Meeting**

January 10, 2023—Noon

600 Jackson Street, Room 208 Fredericksburg, VA 22401

***Agenda***

<b>I.</b>	Finance Committee Board Deck .....	3
	<b>a.</b> Summary of Cash Investments.	
	<b>b.</b> Fee Revenue Reimbursement	
	<b>c.</b> Fee Collection YTD and Quarterly	
	<b>d.</b> Write-Off Report	
	<b>e.</b> Health Insurance Account	
	<b>f.</b> OPEB	
	<b>g.</b> Payroll Statistics	
<b>II.</b>	Financial Summary, <i>Cleveland</i> .....	11
<b>III.</b>	Additional Funding Summary, <i>Williams</i> .....	15
<b>IV.</b>	Other Business, <i>Zurasky</i>	



# Finance Committee

JANUARY 10, 2023

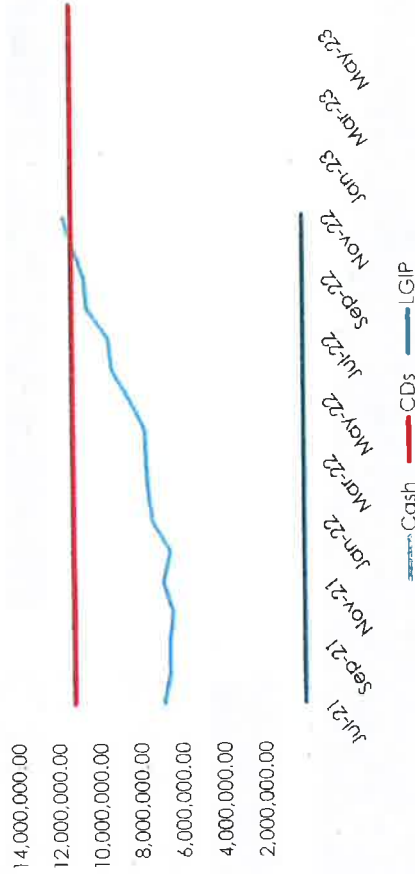
# Summary of Cash Investments

Depository	November 2022	Rate	Maturity Date
<b>Atlantic Union Bank</b>			
Checking	\$ 11,627,736	1.50%	N/A
Certificates of Deposit	\$ 11,250,000	0.01%	6/21/2024
<b>Total Atlantic Union Bank</b>	<b>\$ 22,877,736</b>		
<b>Other</b>			
Local Gov. Investment Pool	\$ 32,272	0.09%	N/A
<b>Total Investments</b>	<b>\$ 22,910,007</b>		

	\$ Change	% Change
Change from Prior Month	\$ 451,610	2.0%
Change from Prior Year	\$ 4,737,396	26%

Average # Months Reserves on Hand: 5.54

Cash and Cash Equivalents



# Fee Revenue Reimbursement

3

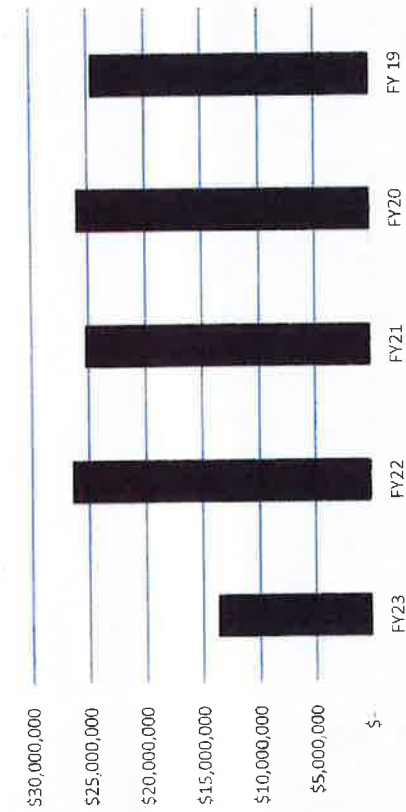
AGED CLAIMS	Current Month		Prior Month		Prior Year	
	%	\$	%	\$	%	\$
Total Claims Outstanding	100%	\$5,782,757	100%	\$6,137,300	100%	\$6,051,491
Consumers	43%	\$2,477,048	41%	\$2,488,685	33%	\$2,010,176
3rd Party	57%	\$3,305,709	59%	\$3,648,615	67%	\$4,041,315
Claims Aged 0-29 Days	5%	\$277,655	4%	\$263,212	6%	\$390,765
Consumers	51%	\$2,962,306	53%	\$3,257,622	53%	\$3,181,189
3rd Party						
Claims Aged 30-59 Days	0%	\$17,888	2%	\$139,176	1%	\$59,463
Consumers	1%	\$72,955	1%	\$73,596	2%	\$91,724
3rd Party						
Claims Aged 60-89 Days	2%	\$111,782	0%	\$6,792	1%	\$41,335
Consumers	1%	\$52,414	1%	\$58,829	2%	\$118,680
3rd Party						
Claims Aged 90-119 Days	0%	\$6,822	2%	\$104,105	1%	\$60,849
Consumers	1%	\$41,025	1%	\$81,370	1%	\$48,292
3rd Party						
Claims Aged 120+ Days	36%	\$2,062,900	32%	\$1,975,400	24%	\$1,457,764
Consumers	3%	\$177,009	3%	\$177,198	10%	\$601,431
3rd Party						

## CLAIM COLLECTIONS

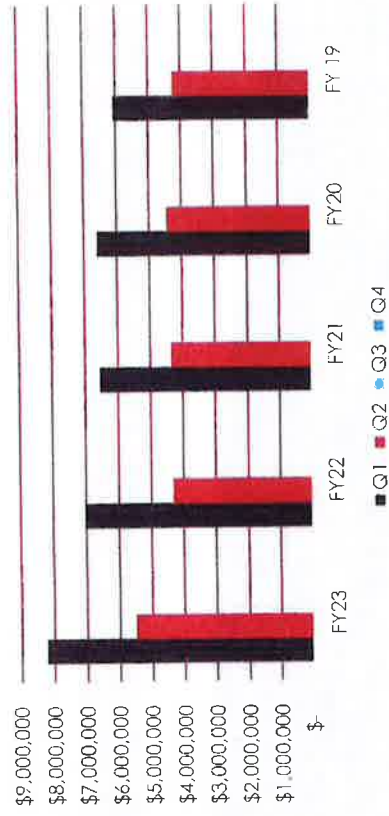
Current Year To Date Collections \$13,705,665  
 Prior Year To Date Collections \$11,342,692  
 \$ Change from Prior Year \$2,362,973  
 % Change from Prior Year 21%

# Fee Collection YTD and Quarterly

Year to Date Fee Collections



Quarterly Fee Collections





# Write Off's – Current Month & YTD

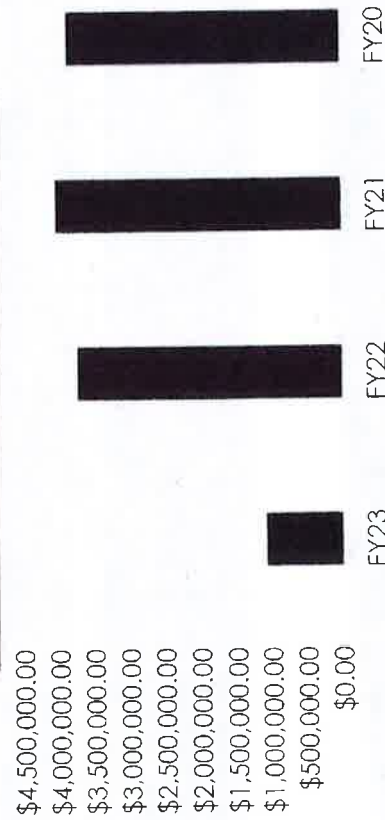
Month: November 2022			
Write Off Code	Current Year	Prior Year	
BAD ADDRESS	\$0.00	406.32	
BANKRUPTCY	\$687.57	\$0.00	
DECEASED	\$320.77	\$0.00	
NO FINANCIAL AGREEMENT	\$1,211.88	\$2,578.54	
SMALL BALANCE	\$273.77	\$28.00	
UNCOLLECTABLE	\$137.21	\$5,430.63	
FINANCIAL ASSISTANCE	\$214,312.76	\$17,160.68	
NO SHOW	\$330.00	\$500.00	
MAX UNITS/BENEFITS	\$15,922.44	\$3,759.23	
PROVIDER NOT CREDENTIALLED	\$10,045.00	8700.8	
DIAGNOSIS NOT COVERED	\$165.00	\$0.00	
NON-COVERED SERVICE	\$3,402.37	\$99,411.51	
SERVICES NOT AUTHORIZED	\$9,177.88	\$43,091.98	
PAST BILLING DEADLINE	\$10,121.93	\$3,196.98	
INCORRECT PAYER	16908.96	\$12,856.33	
<b>TOTAL</b>	<b>\$283,017.54</b>	<b>\$197,121.00</b>	

Year to Date July 2022 - Nov 2022			
Write Off Code	Current Year	Prior Year	
BAD ADDRESS	0	\$884.57	
BANKRUPTCY	\$3,695.55	\$270.00	
DECEASED	\$3,906.95	\$390.00	
NO FINANCIAL AGREEMENT	\$42,008.65	\$18,609.53	
SMALL BALANCE	\$670.22	\$547.26	
UNCOLLECTABLE	\$4,034.66	\$8,384.27	
FINANCIAL ASSISTANCE	\$1,157,607.27	\$811,598.54	
NO SHOW	\$2,000.00	\$2,482.66	
MAX UNITS/BENEFITS	\$45,014.71	\$22,638.29	
PROVIDER NOT CREDENTIALLED	\$27,948.06	\$41,237.83	
DIAGNOSIS NOT COVERED	\$1,985.00	0	
NON COVERED SERVICE	\$22,186.10	\$104,307.20	
SERVICES NOT AUTHORIZED	\$115,539.12	\$153,901.99	
PAST BILLING DEADLINE	\$37,896.68	\$41,349.22	
MCO DENIED AUTH	\$0.00	\$2,733.18	
INCORRECT PAYER	44436.64	\$19,224.33	
INVALID MEMBER ID	\$810.00	\$0.00	
<b>TOTAL</b>	<b>\$1,509,739.61</b>	<b>\$1,228,558.87</b>	

# Health Insurance

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## YTD Health Insurance Claims



FY 2023	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$381,873.61
July	\$338,553.32		\$284,427.57	\$39.03	\$436,038.39
August	\$329,546.48		\$212,109.53	\$13.80	\$553,489.14
September	\$323,477.09		\$223,419.72	\$65.66	\$653,612.17
October	\$309,999.97		\$208,892.49	\$86.00	\$754,805.65
November	\$328,240.35		\$159,945.92	\$108.99	\$923,209.07
December					\$923,209.07
January					\$923,209.07
February					\$923,209.07
March					\$923,209.07
Apr					\$923,209.07
May					\$923,209.07
June					\$923,209.07
<b>YTD Total</b>	<b>\$1,629,817.21</b>	<b>\$0.00</b>	<b>\$1,088,795.23</b>	<b>\$313.48</b>	<b>\$923,209.07</b>

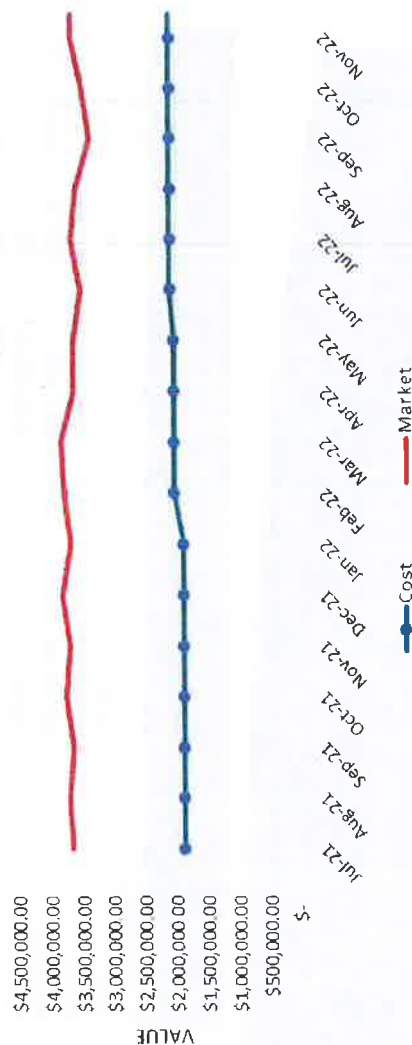
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2023	\$217,759	(\$93,754)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002	(\$1,163)	\$378,562
FY 2019	\$322,165	\$46,681	\$396,619



# Other Post Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
<b>Initial Contribution</b>	\$ 954,620		\$ 954,620	
<b>2022 Year-End Balance</b>	<b>\$ 2,097,261</b>	<b>\$ 1,142,641</b>	<b>\$ 3,520,345</b>	<b>\$ 2,565,725</b>
Balance at 7/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,680,816.76	\$ 2,726,196.76
Balance at 8/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,590,000.78	\$ 2,635,380.78
Balance at 9/30/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,382,530.44	\$ 2,427,910.44
Realized Gain/(Loss)	\$ 409.36		\$ 409.36	
Unrealized Gain/(Loss)			\$ 118,634.02	
Net Income & Expenses	\$ (125.00)		\$ (125.00)	
Transfers/Contributions	\$ (895.26)		\$ (895.26)	
<b>Balance at 10/31/2022</b>	<b>\$ 2,096,030.84</b>	<b>\$ 1,141,410.84</b>	<b>\$ 3,500,553.56</b>	<b>\$ 2,545,933.56</b>
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ 158,512.26	
Net Income & Expenses				
Transfers/Contributions				
<b>Balance at 11/30/2022</b>	<b>\$ 2,096,030.84</b>	<b>\$ 1,141,410.84</b>	<b>\$ 3,659,065.82</b>	<b>\$ 2,704,445.82</b>

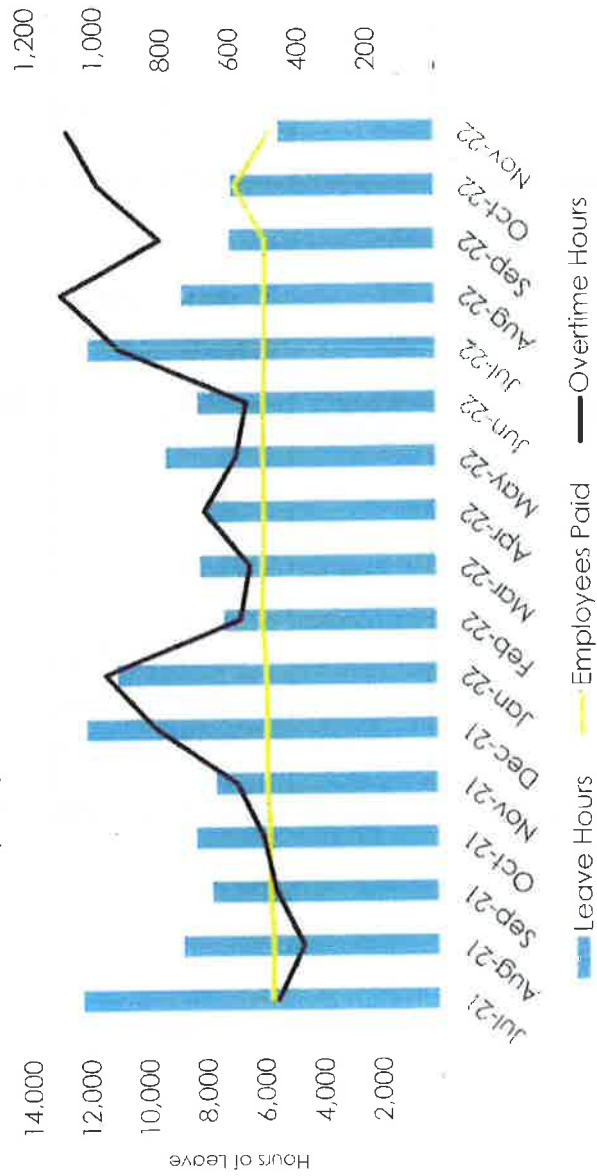
OPEB TREND



# Payroll Statistics

8

Employees / Leave\* / Overtime



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

Indicators	FY 2021		FY 2022		FY 2023	
	Average Per	Pay Period	Average Per	Pay Period	Average Per	Pay Period
# Employees Paid	514		506		500	
Leave Hours	3,850		4,196		3,654	
Overtime Hours	102		279		448	

**RACSB**  
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**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INPATIENT	20,000	0	0.00%	20,000	10,400	52.00%	(10,400)	0%
OUTPATIENT	2,078,691	1,210,235	58.22%	2,078,691	836,058	40.22%	374,176	31%
MEDICAL OUTPATIENT	3,849,822	1,699,554	44.15%	3,849,822	1,821,273	47.31%	(121,719)	-7%
ACT NORTH	880,238	408,971	46.57%	880,238	332,225	37.74%	77,745	19%
ACT SOUTH	843,563	321,663	38.13%	843,563	245,144	29.06%	76,519	24%
CASE MANAGEMENT ADULT	937,373	420,563	44.87%	937,373	393,295	41.96%	27,269	6%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	360,622	45.07%	800,057	272,662	34.08%	87,960	24%
PSY REHAB & KENMORE EMP SER	681,878	321,969	47.22%	681,878	240,244	35.23%	81,725	25%
PERMANENT SUPPORTIVE HOUSING	1,275,349	1,067,783	83.72%	1,275,349	451,444	35.40%	616,338	58%
CRISIS STABILIZATION	1,928,225	795,299	41.25%	1,928,225	630,670	32.71%	164,628	21%
SUPERVISED RESIDENTIAL	440,930	181,267	41.11%	440,930	199,519	45.25%	(18,253)	-10%
SUPPORTED RESIDENTIAL	893,956	338,786	37.90%	893,956	328,169	36.82%	9,816	3%
JAIL DIVERSION GRANT	156,523	110,886	70.72%	156,523	31,889	20.37%	78,797	71%
<b>SUB-TOTAL</b>	<b>14,786,607</b>	<b>7,238,396</b>	<b>49%</b>	<b>14,786,607</b>	<b>5,793,993</b>	<b>39%</b>	<b>1,444,403</b>	<b>20%</b>
* Budget excludes program subsidies								

**DEVELOPMENTAL SERVICES**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
CASE MANAGEMENT	3,105,473	1,362,668	43.89%	3,105,473	1,276,651	41.11%	86,217	6%
DAY HEALTH & REHAB *	4,136,396	1,696,691	41.07%	4,136,396	1,731,449	41.86%	(32,758)	-2%
GROUP HOMES	5,580,946	2,789,857	49.99%	5,580,946	1,985,245	35.57%	804,612	29%
RESPIRE GROUP HOME	229,325	71,748	31.29%	229,325	201,445	87.84%	(129,696)	-181%
INTERMEDIATE CARE FACILITIES	4,091,920	1,872,264	45.76%	4,091,920	1,544,989	37.76%	327,275	17%
SUPERVISED APARTMENTS	1,525,310	1,047,547	68.88%	1,525,310	640,031	41.96%	407,516	39%
SPONSORED PLACEMENTS	2,047,818	1,203,519	58.77%	2,047,818	796,320	38.89%	407,199	34%
<b>SUB-TOTAL</b>	<b>20,717,187</b>	<b>10,046,496</b>	<b>48.49%</b>	<b>20,717,187</b>	<b>8,176,130</b>	<b>39.47%</b>	<b>1,870,365</b>	<b>19%</b>
* Budget excludes program subsidies								

**RACSB**  
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**SUBSTANCE ABUSE**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
OUTPATIENT	1,818,448	625,703	34.41%	1,818,448	646,110	35.53%	(20,407)	-3%
MAT PROGRAM	987,709	190,779	19.32%	987,709	278,971	28.24%	(88,192)	-48%
CASE MANAGEMENT	154,511	64,900	42.00%	154,511	48,911	31.66%	15,989	25%
RESIDENTIAL	161,757	97,819	60.47%	161,757	37,966	23.47%	58,853	61%
PREVENTION	808,950	560,224	69.25%	808,950	237,403	29.35%	322,821	58%
LINK	400,397	350,849	87.63%	400,397	68,816	17.19%	282,032	80%
<b>SUB-TOTAL</b>	<b>4,331,772</b>	<b>1,890,273</b>	<b>44%</b>	<b>4,331,772</b>	<b>1,318,177</b>	<b>30%</b>	<b>572,096</b>	<b>30%</b>
* Budget excludes program subsidies								

**SERVICES OUTSIDE PROGRAM AREA**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
EMERGENCY SERVICES	1,371,467	675,709	49.27%	1,327,096	424,558	31.99%	251,151	37%
CHILD MOBILE CRISIS	311,007	185,924	59.78%	320,728	118,188	36.85%	67,735	36%
CIT ASSESSMENT SITE	294,556	135,539	46.01%	289,481	119,323	41.22%	16,216	12%
CONSUMER MONITORING	130,859	57,835	44.20%	139,646	94,497	67.67%	(36,862)	-63%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	76,215	39.29%	(76,215)	0%
ASSESSMENT AND EVALUATION	592,509	224,128	37.83%	739,048	165,962	22.44%	58,267	26%
<b>SUB-TOTAL</b>	<b>2,894,374</b>	<b>1,279,135</b>	<b>44.19%</b>	<b>3,009,974</b>	<b>998,642</b>	<b>33.18%</b>	<b>280,493</b>	<b>22%</b>
* Budget excludes program subsidies								

**RACSB**  
**FY 2022 FINANCIAL REPORT**  
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**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	
ADMINISTRATION	130,574	94,579	72.43%	130,574	353,438	270.68%	(258,859)
PROGRAM SUPPORT	66,768	(583)	-0.87%	86,768	76,411	114.44%	(76,994)
<b>SUB-TOTAL</b>	<b>197,342</b>	<b>93,996</b>	<b>47.63%</b>	<b>197,342</b>	<b>429,849</b>	<b>217.82%</b>	<b>(335,853)</b>
ALLOCATED TO PROGRAMS				4,268,473	1,577,557	36.96%	

\* Budget excludes program subsidies

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
TRANSPORTATION	0	0	0.00%	0	3,175	0.00%	(3,175)	0%
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>3,175</b>	<b>0.00%</b>	<b>(3,175)</b>	<b>0%</b>

\* Budget excludes program subsidies

**FISCAL AGENT PROGRAMS**  
**PART C AND HEALTHY FAMILY PROGRAMS**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL	1,710,296	1,063,368	62.17%	1,710,296	423,181	24.74%	640,187	60%
INFANT CASE MANAGEMENT	725,520	368,396	50.78%	725,520	291,005	40.11%	77,391	21%
EARLY INTERVENTION	2,041,058	655,603	32.12%	2,041,058	775,733	38.01%	(120,130)	-18%
<b>TOTAL PART C</b>	<b>4,476,874</b>	<b>2,087,367</b>	<b>46.63%</b>	<b>4,476,874</b>	<b>1,489,919</b>	<b>33.28%</b>	<b>597,449</b>	<b>28%</b>
HEALTHY FAMILIES	178,866	84,015	46.97%	178,866	26,045	14.56%	57,970	69%
HEALTHY FAMILIES - MIECHV Grant	403,497	97,218	24.09%	403,497	156,460	38.78%	(59,242)	-61%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	10,393	1.96%	531,457	221,524	41.68%	(211,131)	-2031%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,113,840</b>	<b>191,627</b>	<b>17.20%</b>	<b>1,113,840</b>	<b>404,030</b>	<b>36.27%</b>	<b>(212,403)</b>	<b>-111%</b>



**RACSB**  
**FY 2022 FINANCIAL REPORT**  
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Report Period: July 1, 2022 through November 30, 2022

## RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	7,238,396	5,793,993	1,444,403	20%
DEVELOPMENTAL SERVICES	10,046,495	8,176,130	1,870,365	19%
SUBSTANCE ABUSE	1,890,273	1,318,177	572,096	30%
SERVICES OUTSIDE PROGRAM AREA	1,279,135	998,642	280,493	22%
ADMINISTRATION	93,996	429,849	(335,853)	-357%
OTHER	0	3,175	(3,175)	0%
FISCAL AGENT PROGRAMS	2,278,994	1,893,948	385,045	17%
<b>TOTAL</b>	<b>22,827,289</b>	<b>18,613,915</b>	<b>4,213,374</b>	<b>18%</b>

Restricted Funds \$ 1,977,359  
Unrestricted Funds 2,573,381  
Total \$ 4,213,374

## RECAP FY 2022 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	4,626,349	3,495,658	1,130,691	24%
DEVELOPMENTAL SERVICES	5,073,687	4,776,594	297,093	6%
SUBSTANCE ABUSE	2,007,967	1,031,817	976,150	49%
SERVICES OUTSIDE PROGRAM AREA	803,430	696,248	107,182	13%
ADMINISTRATION	34,201	34,200	2	0%
OTHER	2,000	20,016	(18,016)	-901%
FISCAL AGENT PROGRAMS	1,566,679	1,298,910	267,769	17%
<b>TOTAL</b>	<b>14,114,314</b>	<b>11,353,443</b>	<b>2,760,871</b>	<b>20%</b>

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 8,712,975	61.73%
Change in Expense from Prior Year	\$ 7,260,474	63.95%
Change in Net Income from Prior Year	\$ 1,452,503	52.61%

\*Unaudited Report



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Additional Funding Summary

Date: January 3, 2023

The Rappahannock Area Community Services Board is committed to accessing funding opportunities to support and expand our operations. This report provides a summary of additional funding received outside those which occur in the normal course of business operations. This report reviews additional funding received during the month of November and December 2022.

Summary of Additional Funding Received During November/December 2022

**CSB IT/Data Infrastructure Funding:**

Amount: \$190,000 to be spent by December 31, 2023.

Description: The purpose of this funding is to support the CSB in its efforts to modernize information technology infrastructure regarding data, business analytics, and critical operating systems including financial management systems.

**FY23 State Opioid Response III Prevention:**

Amount: \$115,000

Description: This funding supports the implementation of effective strategies identified by Virginia Evidence-Based Outcomes Workgroup. The categories of approved strategies include: Coalition development, heightening community awareness/education, supply reduction/environmental, tracking and monitoring, and harm reduction.

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# January 2023 Personnel Committee Meeting Minutes

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## Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on January 10, 2023. Attendees included Ken Lapin, Susan Muerdler, Jacob Parcell, Glenna Boerner, Matt Zurasky, Melissa White, Susan Gayle, Sarah Ritchie, Jacque Kobuchi, Michelle Runyon, Amy Jindra, Nadine Mayo, Tina Cleveland, Joe Wickens, Michelle Wagaman, Carley Hurd. Amy Umble. Members not in attendance included Linda Carter, Claire Curcio and Greg Sokolowski.

## December 2022 Retention Report

Michelle Runyon reported that Human Resources processed a total of two employee separations for the month of December 2022. The retention rate was 99.7%.

## December 2022 EEO Report and Recruitment Update

Michelle Runyon told the Committee that RACSB received 71 applications through December 31, 2022. This is an increase of 26.8% to the month of November 2022, and a decrease of 25.3% when compared to the month of December 2021.

## Adjournment

The meeting adjourned at 12:45 p.m.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Personnel Committee Meeting**

January 10, 2023—1 p.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

***Agenda***

- I. December Retention Report, *Runyon* ..... 3
- II. December EEO Report, *Runyon* ..... 6
- III. Other Business, *Gayle*



## MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: January 4, 2023

Re: Summary – Retention Report – **December 2022**

Human Resources processed a total of **2** employee separations for the month of **December**, 2022. One of the separations were voluntary and was a termination. Both of the employees were full-time.

The one resignation was submitted due to other employment and one employee was terminated.

According to the attached report, the Retention Rate for **December** was 99.67% and the turnover rate was .33%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT  
Dec-22

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative	0	0		
Unit Totals	0	0	0	
Clinical Services	0	1	0	Other Employment
	0	0	0	
Unit Totals	0	0	0	
Community Support Services	1	0	1	Termination
	0	0	0	
	0	0	0	
Unit Totals	1	0	1	
Grand Totals for the Month	1	0	1	1 Retirement - didn't count in turnover rate

Total Employees for the Month	600
Retention Rate	99.67%
Turnover Rate	0.33%

Total Separations	2
Part-time Separations	0.00%
Full-time Separations	100.00%



# RACSB Turnover 2018

Employees	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Year End
Average Total Positions	615	615	615	615	615	615	615	615	615	615	615	615	615
Monthly Terminations*	11	12	15	7	11	12	9	13	6	6	7	9	118
Turnover by Month YTD	1.79%	1.95%	2.44%	1.14%	1.79%	1.95%	1.46%	2.11%	0.98%	0.98%	1.14%	1.45%	19.19%
Cumulative Turnover YTD	0.16%	3.74%	6.18%	7.32%	9.11%	11.06%	12.57%	14.63%	15.61%	16.59%	17.72%	19.19%	19.19%
Average % Turnover per Month YTD	0.16%	1.87%	2.06%	1.83%	1.82%	1.84%	1.79%	1.93%	1.73%	1.66%	1.61%	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 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%	1.67%	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%	1.45%	1.48%	1.64%	1.71%	1.66%	1.59%	1.57%	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	9	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%	1.34%	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%	1.54%	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	41	39	38	38	43	42	42	45	45	42
Monthly Terminations*	11	13	11	7	8	16	17	13	13	9	5	2	125
Turnover by Month YTD	1.83%	2.17%	1.83%	1.17%	1.33%	2.67%	2.83%	2.17%	2.17%	1.50%	0.83%	0.33%	20.83%
Cumulative Turnover YTD	0.17%	4.00%	5.83%	7.00%	8.33%	11.00%	13.83%	16.00%	18.17%	19.67%	20.50%	20.83%	20.83%
Average % Turnover per Month YTD	0.17%	2.00%	1.94%	1.75%	1.67%	1.83%	1.98%	2.00%	2.02%	2.19%	2.05%	1.89%	1.89%

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



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: January 3, 2023

Re: Summary – December 2022 EEO Report and Recruitment Update

RACSB received **71** applications through December 31, 2022. This is an **increase of 26.8%** compared to the month of November 2022, and a **decrease of 25.3%** when compared to the month of December 2021.

RACSB received **771** resumes and advertised **21** positions through Indeed for **December 2022**.

Of the applications received, 27 applicants listed the RACSB applicant website as their recruitment source, 22 stated employee referrals as their recruitment source, and 16 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **128** open positions. New positions account for **7** 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 **December 2022**.

# EEO Report 2022

APPLICANT DATA		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Female		45	41	46	35	24	31	45	30	41	35	29	25	22
Male		7	8	7	11	3	13	11	9	11	12	4	2	8
Not Supplied		43	27	33	26	30	25	33	44	38	36	35	29	41
Total		95	76	86	72	57	69	89	83	90	83	68	56	71
ETHNICITY														
Caucasian		28	31	25	13	13	22	30	19	30	28	14	17	9
African American		20	15	20	27	16	17	24	17	18	19	16	7	19
Hispanic		9	7	6	5	5	5	3	4	5	2	5	1	2
Asian			2	3		1	1			1		1	2	1
American Indian		1		2	1		1	1	1		1	1		
Native Hawaiian														
Two or More Races														
RECRUITMENT SOURCE														
Newspaper Ads			1									1		4
RACSB Website		39	36	32	33	27	28	39	28	31	28	26	25	27
RACSB Intranet		1	2	7	5	2	5	7	3	6	6	2	1	2
Employee Referrals		34	18	32	15	23	18	30	29	30	27	23	19	22
Radio Ads					1		1			4			1	
indeed.com		20	20	7	17	9	11	15	11	13	24	13	9	16
/A Employment Commission		1	3	2	3	2	7	2	2	1			2	4
Monster.com														
Other -			1	8	3		3	4	5	2	2	2	2	2
Colleges/Handshake								1						
Facebook														
Multi Site Search								1	1	2	2			
NHSC														
Linked In										1				
Goodwill referral														
Zip Recruiter											1	3	1	
Job.Fair				2	1			1			2		2	2
Total # of Applicants		68	62	65	59	47	52	77	59	72	64	57	42	60

## Analytics summary: jobs and campaigns

12/1/2022 12/31/2022

Summary: Budget and spend

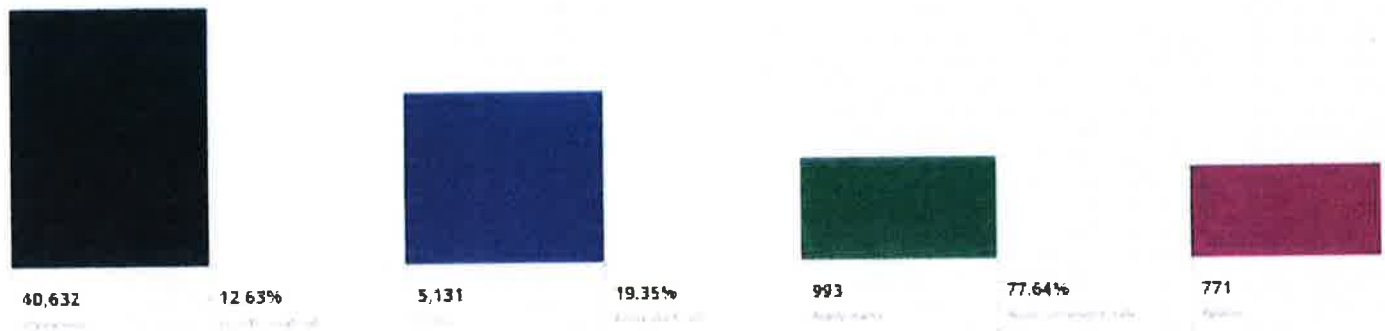
Apply filters

Filter by: Performance: All

Filter data

### Performance funnel

🔗 ⚙️ ↓



### Cost summary

🔗 ⚙️ ↓

\$16,488.15

Cost (all campaigns)

\$3.21

Cost per click

Cost per click is the highest cost per click. Google Ads, Bing, Facebook, and Twitter are the lowest cost per click. The lowest cost per click is Google Ads, at \$0.00.

\$16.60

Cost per add to cart

Cost per add to cart is the highest cost per add to cart. Google Ads, Bing, Facebook, and Twitter are the lowest cost per add to cart. The lowest cost per add to cart is Google Ads, at \$0.00.

\$21.39

Cost per sale

Cost per sale is the highest cost per sale. Google Ads, Bing, Facebook, and Twitter are the lowest cost per sale. The lowest cost per sale is Google Ads, at \$0.00.

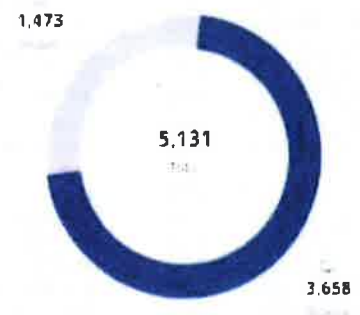
### Engagement summary

🔗 ⚙️ ↓

### Desktop vs. mobile clicks

🔗 ⚙️ ↓

Clicks on desktop: 1,473  
Clicks on mobile: 3,658





Open Positions Report - December 30, 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	
5/27/2022	127-2022	ADMIN Property Maintenance Technician	Fredericksburg	1000	FT	
8/8/2022	210-2022	ADMIN Lead Landscape Technician	Fredericksburg	1000	FT	
8/11/2022	216-2022	ADMIN Landscape Technician I	Fredericksburg	1000	PT	
				4		
1/10/2022	003-2022	CLINICAL Psychiatrist	Fredericksburg		FT	
10/17/2022	276-2022	CLINICAL Office Associate II	Spotsylvania	1100	FT	
6/12/2022	115-2022	CLINICAL Office Associate II	Fredericksburg	1000	FT	
7/20/2022	183-2022	CLINICAL Emergency Services Therapist - Overnight	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	
1/28/2022	030-2022	CLINICAL MH Therapist (Jail Based)	RRJ Stafford	2200-4200/6430	FT	
9/27/2022	246-2022	CLINICAL MH Nurse - LPN/RN	Outpatient Clinics	2201	FT	
6/1/2022	125-2022	CLINICAL MH Therapist	Caroline	2210	FT	
11/18/2022	298-2022	CLINICAL MH/SA Outpatient Therapist	Caroline	2210	FT	
12/27/2022	323-2022	CLINICAL Office Manager I	Caroline	2210	FT	
3/30/2022	093-2022	CLINICAL School Based Therapist	Spotsylvania	2240	FT	
4/15/2022	107-2022	CLINICAL MH Outpatient Therapist	Spotsylvania	2240	FT	
8/23/2022	230-2022	CLINICAL Clinic Coordinator II	Stafford	2200/4200	FT	
1/28/2022	029-2022	CLINICAL MH Therapist	Stafford	2250/6430	FT	
8/22/2022	227-2022	CLINICAL Child/Adolescent Therapist	Stafford	2200/6430	FT	
6/29/2020	092-2020	CLINICAL Peer Specialist (Adult MH C. Mgmt)	Fredericksburg	2400	FT	
4/15/2022	106-2022	CLINICAL Child/Adolescent Therapist (Safe Harbour)	Spotsylvania	2400	FT	
8/30/2022	236-2022	CLINICAL Adult MH Case Manager	Fredericksburg	2400	FT	
11/2/2022	294-2022	CLINICAL Adult MH Care Coordinator	Fredericksburg	2400	FT	
9/21/2021	199-2021	CLINICAL Family Support Peer	Spotsylvania	2500	PT	
7/8/2022	172-2022	CLINICAL Child/Adolescent MH Case Manager	Stafford	2500	FT	
8/30/2022	240-2022	CLINICAL Senior Child & Adolescent Case Manager	Stafford	2500	FT	
7/23/2021	200-2021	CLINICAL Therapist/Office On Youth	Fredericksburg	4200	PT/FT	
6/22/2022	152-2022	CLINICAL Substance Abuse Therapist (Jail Based)	RRJ Stafford	4200	FT	
12/1/2022	306-2022	CLINICAL Substance Abuse Therapist (P&P)	RRJ Stafford	4200	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	
7/29/2022	206-2022	CLINICAL MH/SA Therapist - Detention Based	RRJ	4290	FT	
3/24/2021	066-2021	CLINICAL SA Therapist/Case Manager	Fredericksburg	4296	FT	
8/11/2022	217-2022	CLINICAL Project LINK Specialist, SUD	RC	4970	FT	
8/6/2021	221-2021	CLINICAL MH Therapist (Intakes)	Fredericksburg	6430	FT	
				36		
6/10/2022	148-2022	CSS Nurse Manager - RN	Crisis Stabilization	2770	FT	
7/15/2022	182-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization	2770	FT	
9/9/2022	231-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization	2770	FT	
9/13/2022	253-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization	2770	FT	
12/28/2022	321-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization	2770	FT	
9/13/2022	256-2022	CSS MH Residential Specialist	Crisis Stabilization	2770	FT	
12/28/2022	322-2022	CSS MH Residential Specialist	Crisis Stabilization	2770	FT	
12/1/2022	303-2022	CSS Cook	Crisis Stabilization	2770	FT	
12/28/2022	320-2022	CSS Peer Recovery Specialist	Crisis Stabilization	2770	FT	
				9		
12/28/2022	318-2022	CSS Psychoosocial Advocate	Kenmore Club	2680	FT	
6/10/2022	150-2022	CSS MH Supv Apartment Asst. Mgr	Lafayette	2786	FT	
10/13/2022	277-2022	CSS MH Residential Counselor	Lafayette	2786	FT	
12/21/2021	345-2021	CSS MH Residential Counselor	Lafayette	2786	PT	
11/17/2021	313-2021	CSS MH Residential Counselor II	Home Rd	2778	FT	
8/12/2022	220-2022	CSS MH Residential Counselor II	Home Rd	2778	FT	
7/11/2022	170-2022	CSS MH Residential Counselor I	Home Rd	2778	FT	
9/29/2022	273-2022	CSS Peer Specialist III - ACT	401 Bridgewater	2372	FT	
12/1/2022	305-2022	CSS Office Associate II - ACT South	401 Bridgewater	2372	FT	
4/26/2022	109-2022	CSS PSH Case Manager	401 Bridgewater	2760	FT	
12/13/2022	313-2022	CSS PSH Peer Specialist	401 Bridgewater	2760	FT	
8/30/2022	242-2022	CSS Developmental Svcs Support Coordinator	Caroline	3400	FT	
8/30/2022	241-2022	CSS Developmental Svcs Support Coordinator	Spotsylvania	3400	FT	
3/21/2022	077-2022	CSS Developmental Svcs Support Coordinator	Stafford	3400	FT	
5/24/2022	129-2022	CSS Developmental Svcs Support Coordinator	Stafford	3400	FT	



Date Posted	Position No.	Position	Position Title	Location	RU	Full-time/Part-time
8/17/2022	225-2022	CSS	Infant/Child Support Coordinator	PEID	3500	FT
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID	3910	FT
					17	
7/11/2022	177-2022	CSS	Office Associate II	RAAI KH	RAAI Split	PT
1/22/2022	020-2022	CSS	Direct Support Professional - Day Support	RAAI Caroline	3651	PT
12/29/2022	267-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	FT
6/24/2021	156-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
6/24/2021	168-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
6/24/2021	159-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
7/26/2021	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
2/6/2022	308-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
9/15/2022	269-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	FT
9/27/2022	266-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	FT
12/6/2022	310-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	FT
8/10/2021	227-2021	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	PT
8/24/2022	234-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	PT
7/11/2022	174-2022	CSS	Direct Support Professional - Day Support	RAAI ICF	3656	PT
					15	
3/21/2022	079-2022	CSS	Direct Support Professional - ICF	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
9/8/2022	247-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	FT
12/6/2022	309-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	FT
8/10/2022	213-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	PT
7/12/2022	179-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	PT
10/31/2022	180-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
9/15/2022	261-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
10/13/2022	278-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
11/18/2022	295-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	PT
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross	3792	PT
10/13/2022	279-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
12/13/2022	314-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
5/26/2022	126-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	PT
11/1/2022	292-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	PT
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas	3793	FT
					18	
12/6/2022	311-2022	CSS	Assistant Group Home Manager	Leeland Road	3772	FT
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road	3772	PT
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road	3772	PT
10/14/2022	285-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	FT
11/18/2022	300-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	FT
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	PT
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	PT
8/10/2022	211-2022	CSS	Direct Support Professional - Residential	Devon Drive	3774	PT
2/18/2022	066-2022	CSS	Direct Support Professional - Residential	Ruffins Pond	3775	PT
7/29/2021	203-2022	CSS	Direct Support Professional - Residential	Piedmont	3776	FT
10/30/2022	289-2022	CSS	Direct Support Professional - Residential	Piedmont	3776	FT
12/6/2022	312-2022	CSS	Group Home Manager	Igo Rd	3777	FT
6/15/2022	163-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	PT
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	PT
11/14/2022	293-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	FT
12/28/2022	319-2022	CSS	Direct Support Professional - Residential	New Hope	3778	FT
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates	3779	PT
9/10/2021	102-2021	CSS	Direct Support Professional - Residential	Scottsdale Estates	3779	PT
10/30/2022	290-2022	CSS	Direct Support Professional - Residential	Belmont SAP	3781	FT
4/29/2022	111-2022	CSS	Direct Support Professional - Residential	Belmont SAP	3781	PT
4/20/2022	106-2022	CSS	Direct Support Professional - Residential	Merchants Square SAP	3784	PT
12/6/2022	307-2022	CSS	Direct Support Professional - Residential	Galveston Rd	3790	FT
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd	3790	PT
12/29/2021	348-2021	CSS	Direct Support Professional - Residential	Churchill	3791	PT
5/3/2022	112-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
7/20/2022	189-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
9/30/2022	270-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	PT
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	PT
					29	
Positions on Hold						
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg	1000	FT



Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time
8/17/2022	225-2022	CSS	Infant/Child Support Coordinator	PEID	3500	FT
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID	3910	FT
					17	
7/11/2022	177-2022	CSS	Office Associate II	RAAI KH	RAAI Split	PT
1/22/2022	020-2022	CSS	Direct Support Professional - Day Support	RAAI Caroline	3651	PT
12/29/2022	267-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	FT
6/24/2021	156-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
6/24/2021	156-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
6/24/2021	159-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
7/26/2021	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
2/6/2022	308-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
9/15/2022	259-2022	CSS	Direct Support Professional - Day Support	RAAI Spotysylvania	3654	FT
9/27/2022	266-2022	CSS	Direct Support Professional - Day Support	RAAI Spotysylvania	3654	FT
12/6/2022	310-2022	CSS	Direct Support Professional - Day Support	RAAI Spotysylvania	3654	FT
8/10/2021	227-2021	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	PT
8/24/2022	234-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	PT
7/11/2022	174-2022	CSS	Direct Support Professional - Day Support	RAAI ICF	3656	PT
					15	
3/21/2022	079-2022	CSS	Direct Support Professional - ICF	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
9/8/2022	247-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	FT
12/6/2022	309-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	FT
8/10/2022	213-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	PT
7/12/2022	179-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	PT
10/31/2022	180-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
9/15/2022	261-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
10/13/2022	278-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
11/18/2022	295-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross	3792	PT
10/13/2022	279-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
12/13/2022	314-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
5/25/2022	126-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	PT
11/1/2022	292-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	PT
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas	3793	FT
					18	
12/6/2022	311-2022	CSS	Assistant Group Home Manager	Leeland Road	3772	FT
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road	3772	PT
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road	3772	PT
10/14/2022	285-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	FT
11/18/2022	300-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	FT
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	PT
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	PT
8/10/2022	211-2022	CSS	Direct Support Professional - Residential	Devon Drive	3774	PT
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond	3775	PT
7/29/2021	203-2022	CSS	Direct Support Professional - Residential	Piedmont	3776	FT
10/30/2022	289-2022	CSS	Direct Support Professional - Residential	Piedmont	3776	FT
12/6/2022	312-2022	CSS	Group Home Manager	Igo Rd	3777	FT
6/15/2022	153-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	PT
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	PT
11/14/2022	293-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	FT
12/28/2022	319-2022	CSS	Direct Support Professional - Residential	New Hope	3778	FT
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates	3779	PT
9/10/2021	102-2021	CSS	Direct Support Professional - Residential	Scottsdale Estates	3779	PT
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7/20/2022	189-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
9/30/2022	270-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	PT
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	PT
					29	
Positions on Hold						
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg	1000	FT

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time
3/23/2020	066-2020	CLINICAL	Lead, ES Therapist	Fredericksburg	2000/4000	FT
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford	2260	FT
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg	4200	PT
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD	Split	FT
			Total Open Positions:	128		

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	1	6	6	2	8	1	2	4	2	50
Full-time	15	11	15	10	11	8	15	12	12	15	11	12	147
Sub Total External Applicants Hired	23	19	17	11	17	14	17	20	13	17	15	14	197
Internal Applicants Moved:													
Full-time to PRN As Needed	1	1	1		1	1	1	6	1	3	1	1	18
Full-time to Part-time									1		1		2
Part-time to PRN As Needed	1			1		1					2		5
Part-time to Full-time		1	2	1			1	1	1	1		1(intern)	8
PRN As Needed to Part-time													0
Lateral Transfer	1		6	3		1		2	1		1	1	16
Non-Lateral Change in Position			1		1		1			1	1		5
Promotion	4	6	2	5	6	3	6	6	2	6	3	2	51
Temporary to Regular													0
PRN As Needed to Full-Time							1	1		3			5
Temporary Promotion								1					1
Sub Total Internal Applicant Moves	7	8	12	10	8	6	10	17	6	14	9	5	112
Total Positions Filled:	30	27	29	21	25	20	27	37	19	31	24	19	309
Total Applications Received:													
Actual Total of Applicants:	62	65	59	47	52	77	59	72	83	57	42	60	735
Total External Offers Made:	20	16	19	6	15	14	19	16	8	21	14	15	183
Total Internal Offers Made:	8	11	13	11	3	11	12	20	6	13	8	5	121



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# January 2023 Prevention/Public Information Committee Meeting Minutes

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## Call to order

A meeting of the Prevention/Public Information Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on Jan.10, 2023. Attendees included Ken Lapin, Susan Gayle, Melissa White, Jacob Parcell, Glenna Boerner, Matt Zurasky, Susan Muerdler, Amy Jindra, Joe Wickens, Amy Umble, Michelle Wagaman, Jacque Kobuchi, Michelle Runyon, Tina Cleveland, Nadine Mayo, and Brandie Williams. Members not in attendance were Claire Curcio, Linda Carter and Greg Sokolowski.

## Communications Update

Amy Umble reviewed internal and external communications efforts throughout the agency. She updated the Committee on the internal communications committee, the intranet, employee newsletter, United Way campaign, website, social media, press release and media mentions.

## Prevention Trainings FY23 Mid-Year Update

Michelle Wagaman updated the Committee on trainings for FY 23. She reviewed attendance and dates for Mental Health First Aid, Applied Suicide Intervention Skills Training, Safe TALK, ACE Interface and REVIVE! Opioid Overdose Reversal Training.

## ACEs Evaluation Assessments

Michelle Wagaman told the Committee that the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has worked with OMNI Institute to evaluate the facilitation of the ACE Interface "Understanding Adverse Childhood Experiences (ACEs) and Building Self-Healing Communities" training. RACSB has been facilitating this training since 2018, as part of the first cohort of Master Trainers. She reviewed the annual summary of participant evaluations.

## Virginia Substance Abuse Prevention Block Grant Annual Report

Michelle Wagaman reviewed the annual report created when DBHDS worked with OMNI Institute to evaluate Virginia's Substance Abuse Prevention Block Grant activities and initiatives for 2021-22. She told the Committee that the priority areas were alcohol, tobacco and mental health/suicide prevention.

## 2022 Problem Gambling and Marijuana Use Prevention

Michelle Wagaman discussed findings from the 2022 Community Readiness Assessments which found that Planning District 16 was in the denial/resistance stage of community readiness for both problem gambling and marijuana use.

## Prevention of Problem Gambling and Gaming CADCA Boot Camp

Michelle Wagaman told the Committee that CSB prevention teams continue to build capacity related to the prevention of problem gambling and gaming, and that DBHDS would host a problem gambling boot camp to support these efforts.

### **Adjournment**

The meeting adjourned at 1:47 p.m.



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

## NOTICE

**To:** Public Information/Prevention Committee: Melissa White, Nancy Beebe, Linda Carter, Greg Sokolowski

**From:** Joseph Wickens  
Executive Director

**Subject:** Public Information/Prevention Committee Meeting  
January 10, 2023, 1:00 PM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** January 5, 2023

A Public Information/Prevention Committee meeting has been scheduled for Tuesday, January 10, 2023 at 1:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on January 10 at 1:00 PM.

Cc: Melissa White, Chairperson



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

## Public Information/Prevention Committee Meeting

January 10, 2023 – 12:30 PM

In-Person | 600 Jackson Street, Room 208 | Fredericksburg, VA 22401

### Agenda

I.	Communications Update, <i>Umble</i> .....	3
II.	Prevention Training Mid-Year Update, <i>Wagaman</i> .....	4
III.	Adverse Childhood Experiences Evaluation Assessment, <i>Wagaman</i> .....	9
IV.	Virginia Substance Abuse Prevention Block Grant Annual Report 2021-22, <i>Wagaman</i> .....	15
V.	2022 Problem Gambling and Marijuana Use Prevention, <i>Wagaman</i> .....	24
VI.	Prevention of Problem Gambling and Gaming CADCA Boot Camp, <i>Wagaman</i> .....	49
VII.	Other Business, <i>White</i>	

# Communications Update

September 1-December 31, 2022

## Internal Communications

- An internal communications committee has been formed to discuss strategies for reaching all RACSB employees with communications campaigns.
- The committee recommends a hybrid employee newsletter, with print and digital versions. These are being designed to launch with the new intranet (see below).
- Work on the new intranet continues, with a goal of launching in March. The intranet is accessible to all employees, but the previous internet is also accessible. The launch will make the new intranet exclusive and will include new features.
- The Communications Office teamed up with Human Resources to run the annual Rappahannock United Way workplace giving campaign, which exceeded its annual goal of \$25,000. This included two fundraisers/employee engagement activities: a gift basket auction and a t-shirt design competition.
- Information Friday emails are sent weekly with details and updates for employees.
- Monday Motivation emails are also sent monthly.

## External Communications

- Website analytics were unavailable for most of the preceding quarter due to Google Analytics changes. In December 2022, the website had 8,200 users. Of those, 4,300 were new users.
- The most visited page was the home page (38%) followed by: staff portal (16%), contact page (10%), mental health services (6%), REVIVE! details (%) and day support (2%).
- Most users (about 60%) came to the site using a direct link. One quarter accessed the site through a search; one-eighth through referral sources; and the remaining came from social media. The most engaged users came from a direct search.
- Social media--1,848 people follow the RACSB Facebook feed; 314 follow RACSB on Instagram; 458 on Twitter; and 270 on LinkedIn.
- RACSB's Google Business listing was viewed by 26,508 people.
- Four media releases were disseminated in this quarter.
- Three Health Matters columns were published.
- Additionally, the communications office helped reporters with five stories that did not originate from media releases.

## **Prevention Trainings**

### **Fiscal Year 2023 Mid-Year Update**

RACSB continues to facilitate the following trainings: Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); safeTALK; Understanding ACEs; and REVIVE. This is a mid-year report to provide participant numbers and initiative highlights.

#### **Mental Health First Aid Trainings**

RACSB has the following instructors: Michelle Amey; Kari Norris; Sherry Norton-Williams; Sherry Thompson; and Michelle Wagaman. RACSB trainers are certified to facilitate the adult, youth, higher education, and public safety curriculums. We are pleased that the new Health Educator, Benjamin Henderson, will complete the train-the-trainer for Youth Mental Health First Aid in January 2023.

In the first half of FY 2023, 338 community members were trained (16 adult and 3 youth trainings held). Since we began offering the Mental Health First Aid training in 2014, a total of 3,471 community members have been trained. This curriculum is facilitated over 8-hours.

In addition to hosting trainings open within the community, trainings were held in partnership with the following organizations:

- Rappahannock Regional Criminal Justice Academy (4)
- University of Mary Washington (2)
- Spotsylvania County Public School Nurses
- U.S. Air Force Air Traffic Controllers (via Langley, VA)

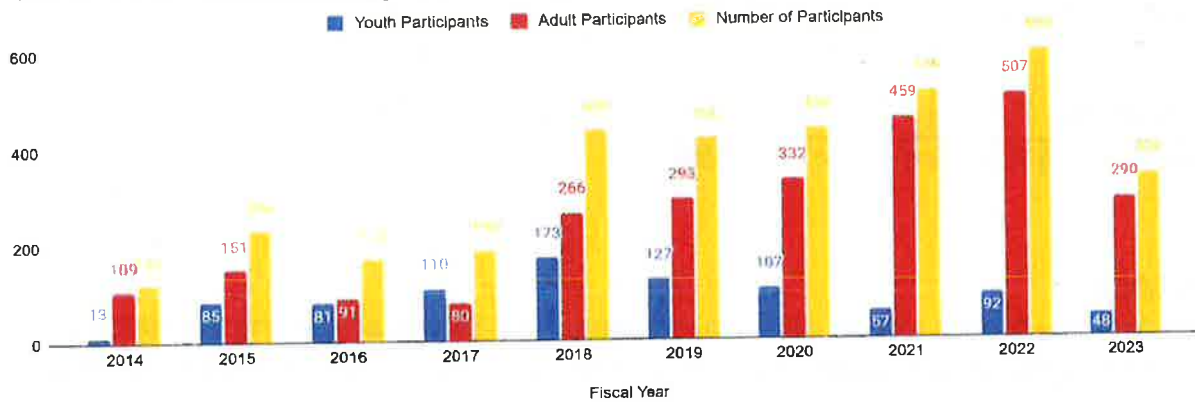
During this reporting period, we facilitated two (2) virtual trainings for the Virginia State Parks at the request of DBHDS. The Park Service partnered with DBHDS and MHFA instructors from across Virginia to train more than 200 staff members this past fall.

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

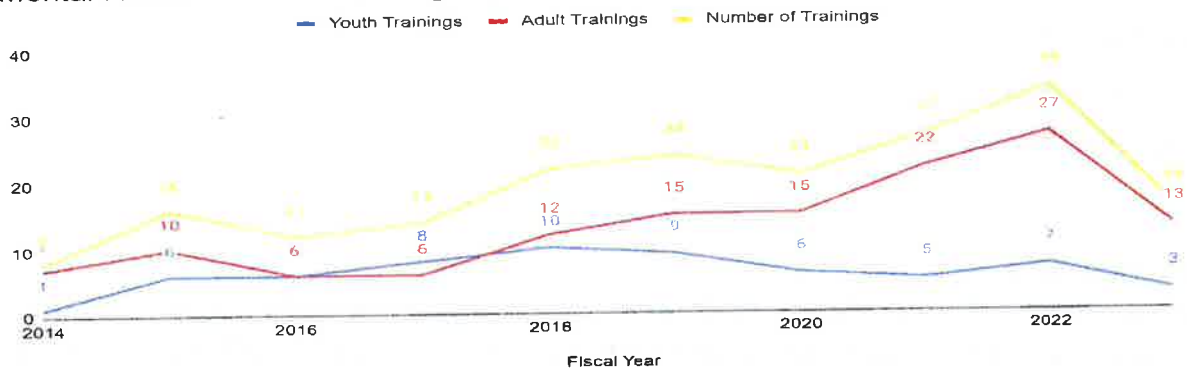
Fiscal Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023*	Cumulative
Youth Trainings	1	6	6	8	10	9	6	5	7	3	61
Youth Participants	13	85	81	110	173	127	107	57	92	48	893
Adult Trainings	7	10	6	6	12	15	15	22	27	13	133
Adult Participants	109	151	91	80	266	293	332	459	507	290	2578
Number of Trainings	8	16	12	14	22	24	21	27	34	16	194
<b>Number of Participants</b>	<b>122</b>	<b>236</b>	<b>172</b>	<b>190</b>	<b>439</b>	<b>420</b>	<b>439</b>	<b>516</b>	<b>599</b>	<b>338</b>	<b>3471</b>

\*Reporting the first six months of FY 2023

Mental Health First Aid Training Participants (FY 2014 - mid-year FY 2023)



Mental Health First Aid Trainings Held Annually (FY 2014 - mid year FY 2023)



### **ASIST: Applied Suicide Intervention Skills Training**

This suicide prevention “first aid” is a 2-day training the supports participants to identify and intervene to help keep a person with thoughts of suicide safe for now. RACSB initially began facilitating this training in FY 2019. Training was suspended in FY 2020 following the departure of the second training and the COVID pandemic. This training is only provided in-person. We were successful in getting a second internal instructor certified in March 2022 and have resumed offering this training in FY 2023.

Two (2) trainings were held for a total of 20 participants in the first half of FY 2023.

<b>Fiscal Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023*</b>	<b>Cumulative</b>
Number of Trainings	1	1	0	0	2	4
Number of Participants	7	15	0	0	20	42

\*Reporting the first six months of FY 2023

### **SafeTALK**

SafeTALK is a 3-hour suicide alertness training. RACSB began offering this training in FY 2023 to allow for an option of a suicide prevention training with a shorter duration.

<b>Fiscal Year</b>	<b>2023*</b>	<b>Cumulative</b>
Number of Trainings	2	2
Number of Participants	31	31

\*Reporting the first six months of FY 2023

### **ACE Interface**

“Understanding Adverse Childhood Experiences and Building Self-Healing Communities” is facilitated both in person and virtually. The content allows for options

# RAPPAHANNOCK AREA

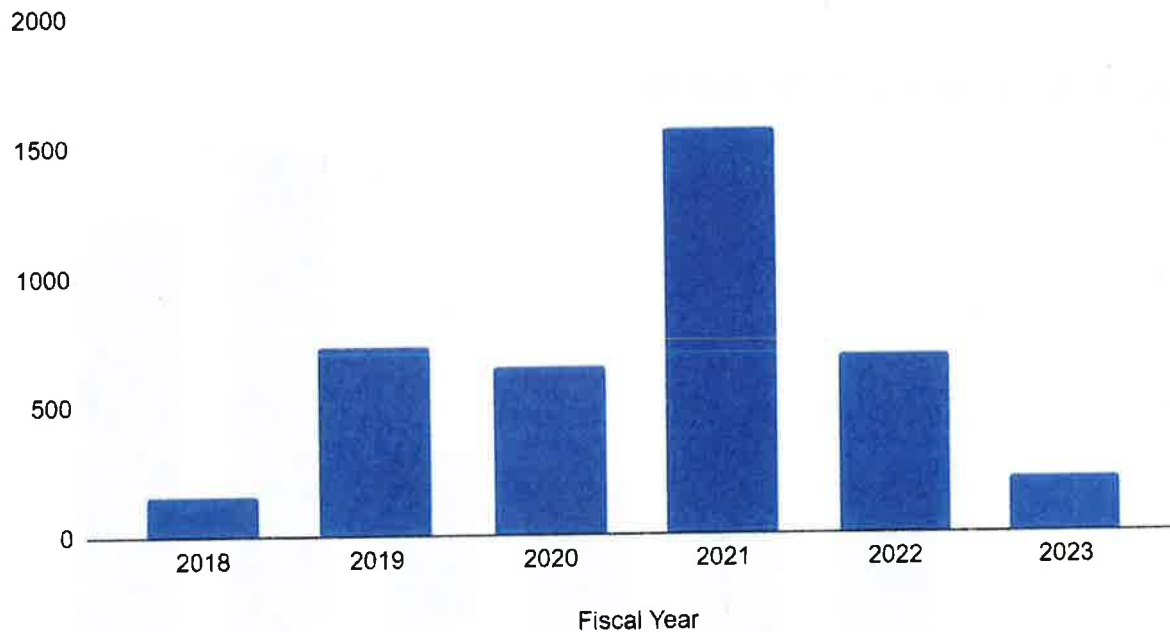
COMMUNITY SERVICES BOARD

from a 20-minute introduction/overview to a 6-hour course. We have been facilitating a 3-hour virtual version as well as in-person.

Fiscal Year	2018	2019	2020	2021	2022	2023*	Cumulative
Number of Trainings	10	35	23	26	29	10	123
Number of Participants	157	733	646	1562	690	212	3843

\*Reporting the first six months of FY 2023

## ACE Interface Trained Participants



## REVIVE! Opioid Overdose Reversal Training

RACSB began offering the REVIVE! Opioid Overdose Reversal training in 2019. We have clinical staff trained as well as all of the Prevention Team as facilitators. We have two Master Trainers on staff.



# RAPPAHANNOCK AREA

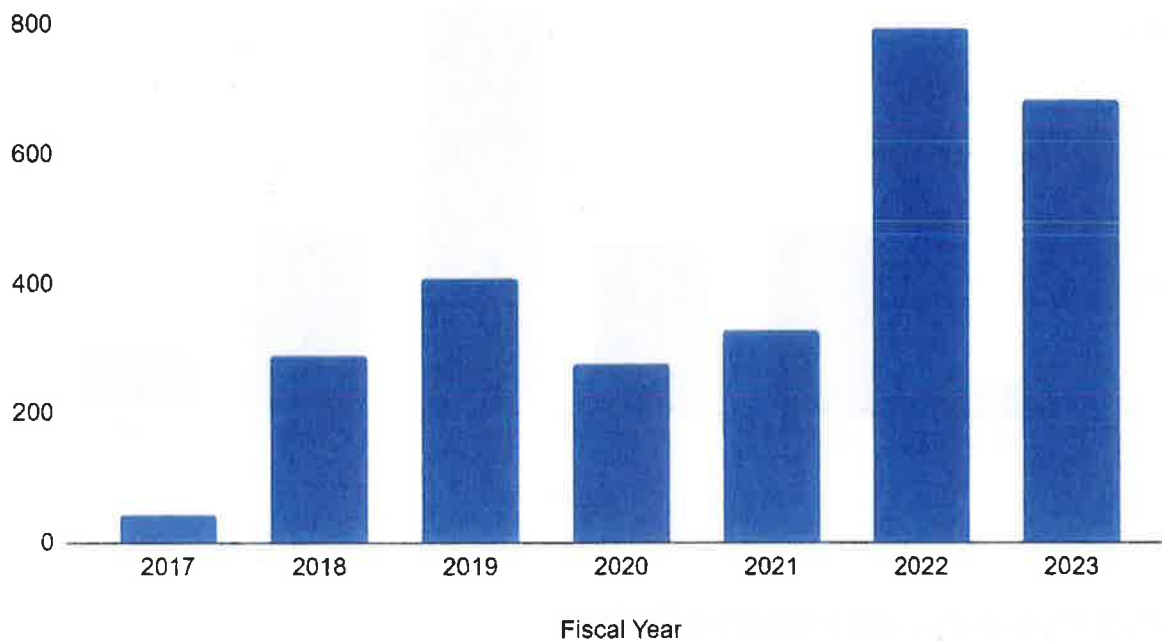
COMMUNITY SERVICES BOARD

In the first half of FY 2023, we have trained 683 community members in REVIVE and dispensed 632 doses of Narcan. Since beginning to offer REVIVE in 2017, we have now trained 2,488 community members. RACSB began dispensing Narcan in February 2020 and have dispensed a total of 1,554 boxes of Narcan/Naloxone (each box contains two doses).

Fiscal Year	2017	2018	2019	2020	2021	2022	2023*	Cumulative
Number of Trainings	3	25	30	21	26	53	43	173
Number of Participants	43	290	409	275	329	792	683	2488

\*Reporting the first six months of FY 2023

## REVIVE! Training Participants



## **ACEs Evaluation Assessments**

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has worked with OMNI Institute to evaluate the facilitation of the ACE Interface “Understanding Adverse Childhood Experiences (ACEs) and Building Self-Healing Communities” training. RACSB has been facilitating this training since 2018, as part of the first cohort of Master Trainers.

In 2020, we partnered with other CSBs to facilitate this training virtually. We continue to offer the training both in-person and virtually.

### **Annual Summary – July 1, 2021 – June 30, 2022**

OMNI Institute prepared an annual report to summarize participant evaluations received during FY 2021 (July 1, 2021 through June 30, 2022). During this time, RACSB trainers facilitated 29 trainings for a total of 690 participants. Of those participants, less than half completed the online post-training evaluation (n = 279). The discrepancy with the number of trainings occurring on the report (37) and the number RACSB reports is due to the CSB collaboration of the virtual training. All CSBs participating in this collaboration receive “credit” when a training is held as we collectively plan, promote, and share resources, even if an individual CSB trainer did not facilitate that training session.

99% of participants completing the post-training evaluation report being Satisfied (22%) or Very Satisfied (77%) with the presenter level of knowledge. Additionally, 100% of respondents also indicated being Satisfied (27%) or Very Satisfied (73%) with the delivery of the training content.

94% of responding participants Agreed or Strongly Agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends. 95% indicated they would incorporate this ACE knowledge into their daily work.

### **Quarterly Report – July 1, 2022 – September 30, 2022**

OMNI Institute prepared this first quarter report to summarize participant evaluations received during this first quarter of FY 2023 (July 1, 2022 through September 30, 2022).

## RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

During this time, RACSB trainers facilitated five (5) trainings for a total of 129 participants.

95% of participants completing the post-training evaluation report being Satisfied (14%) or Very Satisfied (81%) with the presenter level of knowledge. Additionally, 95% of respondents also indicated being Satisfied (19%) or Very Satisfied (76%) with the delivery of the training content.

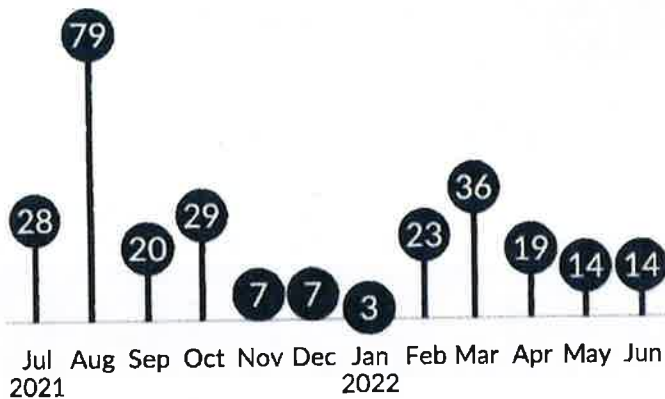
100% of participants Agreed or Strongly Agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends as well as into their daily work.

# Rappahannock Area CSB ACEs Evaluation Assessment

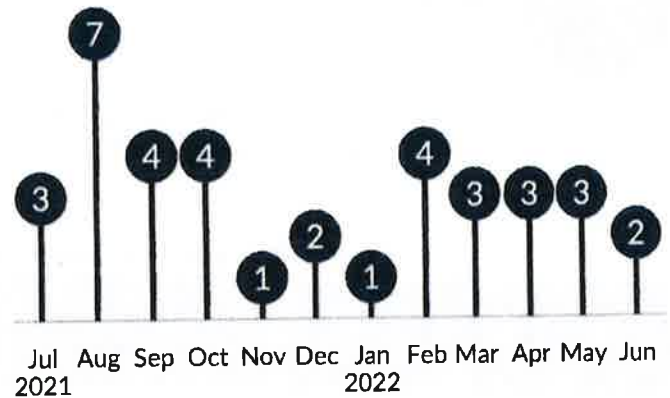
July 1st, 2021 through June 30th, 2022

## RAPPAHANNOCK AREA CSB

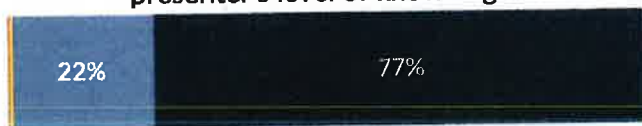
279 Participants were trained this year



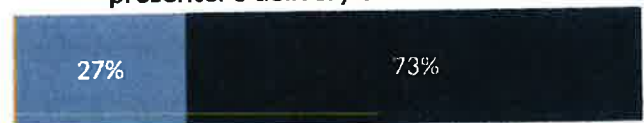
37 trainings occurred this year



How satisfied were you with the presenter's level of knowledge?

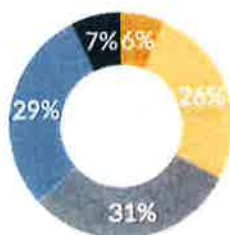


How satisfied were you with the presenter's delivery of the content?

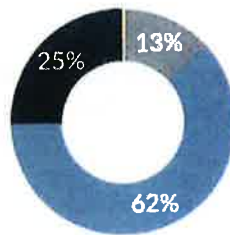


Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

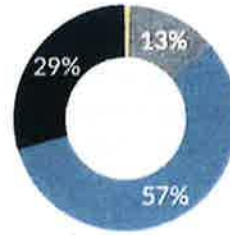
The information presented in this training was new to me



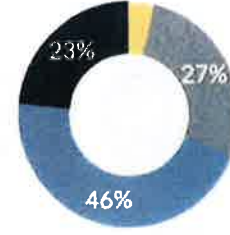
I want to learn more about the causes and effects of ACEs



I want to seek more information and guidance regarding trauma informed practice



I want to actively participate in community-wide ACEs efforts



Strongly Disagree Disagree Neutral Agree Strongly Agree

Text labels for percentages below 5% are not shown

## How many participants learned about\*:

**84%** The importance of identifying and addressing adverse childhood experiences

**83%** ACEs' impact on brains and behavior

**75%** The role of ACEs in my job

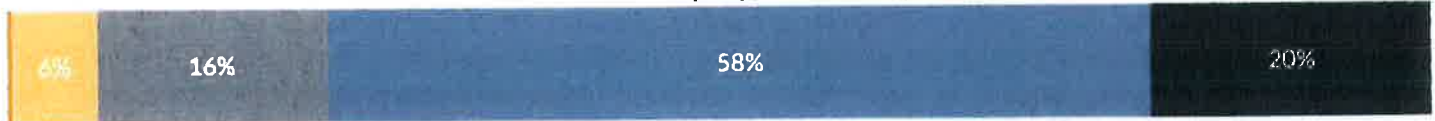
**78%** Why my community needs to get organized and mobilized to identify and address ACEs

\* Participants responded on a 4-point scale.  
The percentages below show those who demonstrated the highest level of learning.

41% of people **STRONGLY AGREE** that many challenges that people experience are rooted in their history of difficult life events



20% of people **STRONGLY AGREE** that people are usually doing the best they can at any given time



41% of people **STRONGLY AGREE** that many people need to experience healing relationships, rather than consequences, in order to function successfully in the world



51% of people **STRONGLY AGREE** that people can change more quickly when their support system expresses compassion, rather than judgement



Strongly Disagree Disagree Neutral Agree Strongly Agree

**94%** of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends

**95%** of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily work

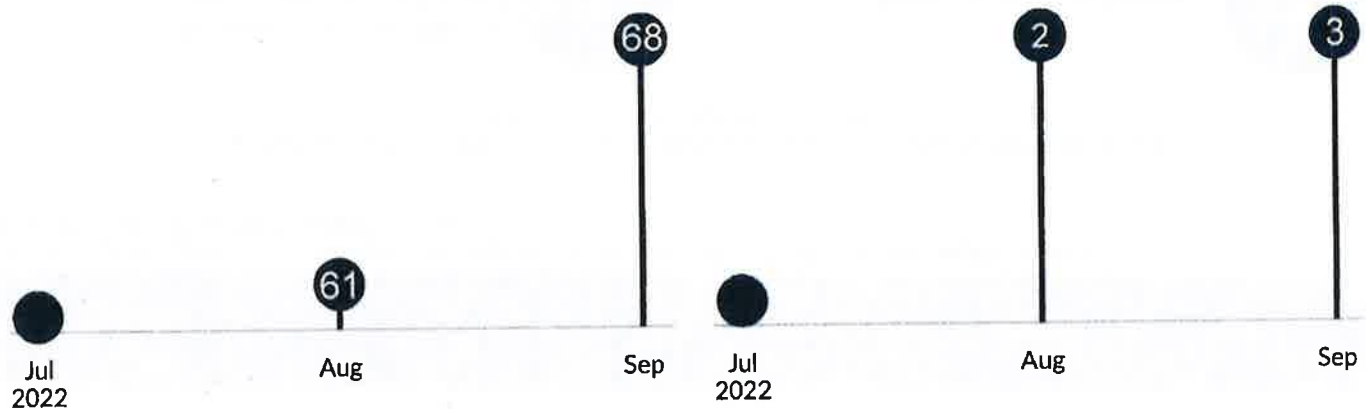


# Rappahannock Area CSB ACEs Evaluation Assessment July 1st, 2022 through September 30th, 2022

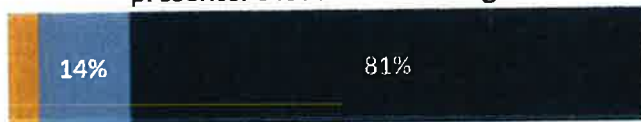
## RAPPAHANNOCK AREA CSB

129 Participants were trained

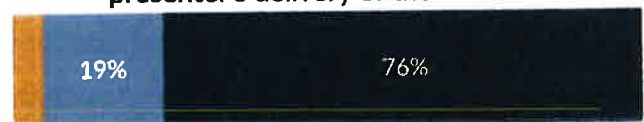
5 trainings occurred



How satisfied were you with the presenter's level of knowledge?

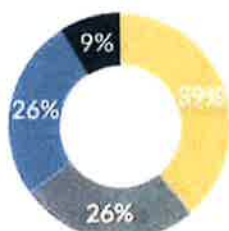


How satisfied were you with the presenter's delivery of the content?

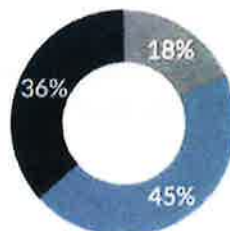


Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

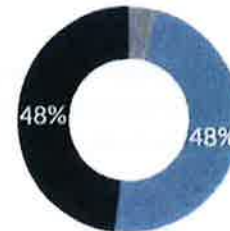
The information presented in this training was new to me



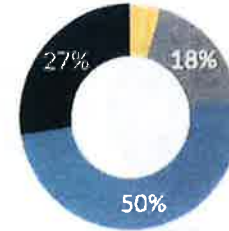
I want to learn more about the causes and effects of ACEs



I want to seek more information and guidance regarding trauma informed practice



I want to actively participate in community-wide ACEs efforts

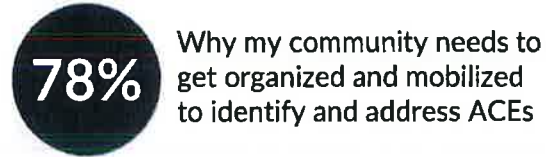
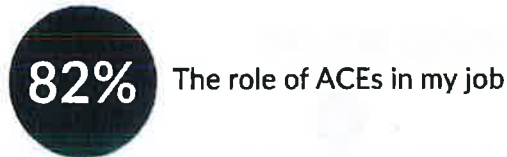
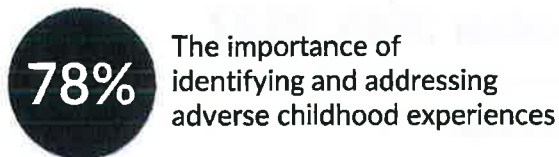


Strongly Disagree Disagree Neutral Agree Strongly Agree

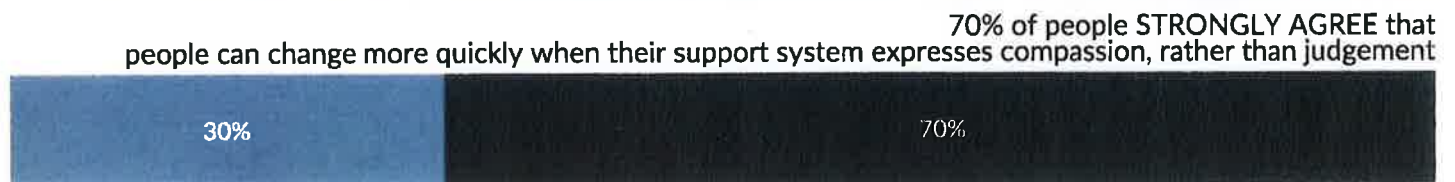
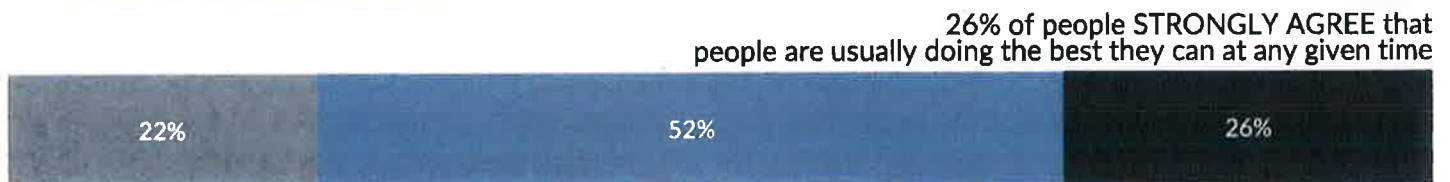
Text labels for percentages below 5% are not shown



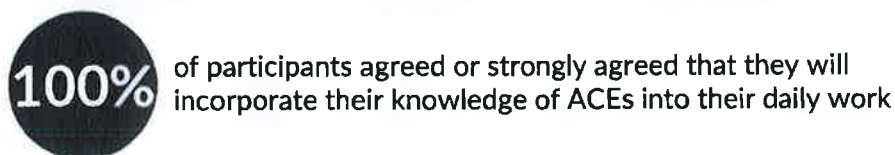
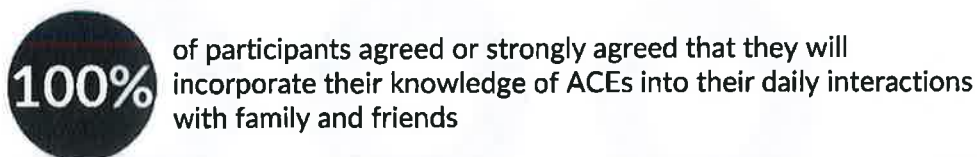
## How many participants learned about\*:



\* Participants responded on a 4-point scale.  
The percentages below show those who demonstrated the highest level of learning.



Strongly Disagree Disagree Neutral Agree Strongly Agree



## **Virginia Substance Abuse Prevention Block Grant Annual Report 2021-22**

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has worked with OMNI Institute to evaluate Virginia's Substance Abuse Prevention Block Grant activities and initiatives for 2021-22. The Executive Summary is provided.

The Substance Abuse Block Grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). DBHDS' Office of Behavioral Health Wellness (OBHW) distributes grant funds to each of the 40 Community Services Boards.

### **Current SABG Prevention Priority Areas:**

- Alcohol – this is the most used substance in Virginia with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days
- Tobacco and Nicotine – 23% of high school youth used tobacco or vapes in the past 30 days; 21% of adults used tobacco products in the past 30 days
- Mental Health and Suicide – Virginia recorded 1,202 suicides in 2020 which is a rate of 14 per 100,000; 16% of Virginia high school youth report considering suicide

### **Block Grant Priority Strategies:**

1. Community Mobilization and Coalition Capacity Building
  - Locally, RACSB is involved with a number of coalitions to include The Community Collaborative for Youth and Families, Be Well Rappahannock, Opioid Workgroup, and Partners in Aging
2. Lock and Talk Suicide Prevention and Awareness
  - RACSB, along with fellow CSBs in Health Planning Region 1, created this initiative more than six years ago. We are pleased that DBHDS identified it as a best practice and expanded implementation to all 40 CSBs. We continue to provide lethal means safety devices to individuals served and through community events.

3. Mental Health Promotion and Suicide Prevention Trainings
  - RACSB provides Mental Health First Aid, ASIST and safeTalk as well as engaging in community awareness activities and education campaigns.
4. Adverse Childhood Experiences (ACEs) Trainings
  - RACSB Master Trainers were part of the very first ACE Interface cohort. We recently hosted our own local cohort to expand presenter capacity.
5. Counter Tools Youth Retail Tobacco Prevention and Merchant Education
  - RACSB Prevention staff visited 315 retailers and provided education in FY 2022. We also provided vaping prevention education to more than 1,000 local high school students in coordination with their PE/Health Classes.

# Virginia Substance Abuse Prevention Block Grant

## Annual Report 2021-22: Executive Summary

The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) distributes grant funds to 40 Community Services Boards (CSBs) across the commonwealth to plan, implement, and evaluate prevention activities aimed at preventing and/or decreasing substance use.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2021-22 fiscal year. OBHW has contracted with OMNI since 2014 to evaluate Virginia's block grant activities and provide training and technical assistance (TA) to build evaluation capacity among Virginia's prevention workforce. OMNI is a nonprofit, social science consultancy that provides integrated research and evaluation, capacity building, and data utilization to accelerate positive social change.



## Strategic Planning and Prevention Priorities

Since 2014, OMNI and OBHW have partnered to implement the Strategic Prevention Framework within block grant activities to provide program structure, build capacity for data-driven prevention, and promote sustainability. In 2017 and 2018, OMNI conducted a statewide needs assessment to identify prevention needs and determine program direction. From this effort, the following priority areas were identified:

### Block Grant Prevention Priority Areas

<b>Alcohol</b>	Alcohol is the most used substance in Virginia with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days.
<b>Tobacco and Nicotine</b>	23% of high school youth used tobacco or electronic vapor products in the past 30 days. 21% of adults used tobacco products in the past 30 days.
<b>Mental Health and Suicide</b>	1,202 suicides were recorded in Virginia in 2020, a rate of 14 per 100,000 persons. 16% of Virginia high school youth have considered suicide.

Data on high school youth from the 2019 Virginia Youth Survey. Data on adult substance use from the 2019-2020 National Survey on Drug Use and Health. Data on suicide rates from the Center for Disease Control, 2020.

## 2022 Needs Assessment Process

New legislative changes in Virginia have thrust emerging focus areas into the spotlight – Gaming and Gambling, and Marijuana. Considering these developments, CSBs began conducting local needs assessments in the fall of 2021 to understand the scope of these issues and the readiness of their local communities to address them. Each CSB was tasked with completing several components as part of the needs assessment process: an environmental scan on gaming and gambling; community readiness assessments for gaming and gambling, and for cannabis; and the implementation of the Virginia Young Adult Survey.

### Environmental Scan

Measure the physical landscape around gaming and gambling

### Community Readiness Assessment

Determine each community's level of knowledge, leadership and attitudes around gaming and gambling, and cannabis

### Young Adult Survey

Comprehensive survey of 18–25-year-olds on a variety of subjects including substance use, mental health, and gambling.



# Prevention Capacity

OMNI provides capacity building services to CSBs in addition to support around assessment, planning, implementation, and evaluation of prevention efforts. In end of year reporting, CSBs indicated that they have ample capacity to implement their block grant prevention interventions. CSBs agreed that they have experience collaborating with other organizations on relevant prevention interventions (40), experience with relevant prevention interventions (39), and capability to use data in prevention planning (38). However, over half of all CSBs (24) disagreed or strongly disagreed that they have enough staff and only 16 CSBs reported that they have enough fiscal/financial resources.

Additionally, CSBs indicated a greater focus on specific populations experiencing health disparities than the previous fiscal year. Of note, more CSBs this year than last year increased access to (28 vs. 23) and availability of (27 vs. 22) substance use prevention services for subpopulations experiencing disparities than the prior year.



Loudoun County Prevention Staff at 2022  
Pride Fest

## Block Grant Priority Strategies

To impact Virginia's three prevention priority areas and reach desired outcomes, the OBHW team explored data from the 2017-18 needs assessment and selected key risk and protective factors underlying the priority areas that could be targeted through new or existing prevention strategies. Based on these discussions, OBHW selected five priority strategies and began requiring their implementation in 2020. Data from the priority strategies in this fiscal year are highlighted below.



### Community Mobilization and Coalition Capacity Building

Coalitions mobilize communities and are key in supporting prevention efforts and disseminating prevention messages. This fiscal year, CSBs partnered with and created local coalitions to plan and implement prevention activities, collect data, engage in community outreach efforts, and nurture partnerships with community stakeholders to spread prevention messaging.



**38 CSBs**  
led or facilitated  
coalitions



**71**  
active  
coalitions



**1,859**  
Coalition  
members



### Lock and Talk Suicide Prevention and Awareness

CSBs implemented Lock and Talk efforts focused on suicide prevention through restricting access to lethal means, community and merchant education, and media messaging. Lock and Talk messaging acknowledges that suicide and overdose prevention are incomplete without knowledge of safe storage of lethal means and access to locking devices.

CSBs worked to expand Lock and Talk efforts to reach more diverse populations, including veterans, non-English speakers, and the LGBTQ+ community. Through community partnerships and coalitions, several CSBs expanded their reach to include populations that are often overlooked.



**40 CSBs**  
implemented  
Lock & Talk



**35,883**  
Total devices  
distributed



**1.8M**  
Total  
impressions/  
reach

**1,744,847** reached via social marketing

**17,732** received lock boxes

**11,371** received cable locks

**7,545** reached through presentations

**6,780** received trigger locks

**101** gun retailers visited

"Lock and Talk has been the one initiative that has been  
"pandemic resistant!" - Hanover CSB

# Block Grant Priority Strategies



## Mental Health Promotion and Suicide Prevention Trainings

Thirty-eight of 40 CSBs implemented mental health and suicide prevention trainings to over 16,000 people in their communities, more than doubling their reach from the prior year. This fiscal year, all CSBs were expected to implement Mental Health First Aid (MHFA) trainings. CSBs were also required to offer one of three suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), Safe Talk, or Question. Persuade. Refer. (QPR).



**38 CSBs**  
conducted  
trainings



**642**  
trainings



**16,516**  
people trained



**30 CSBs**  
implemented  
campaigns



**6.8M**  
impressions/  
reach

Thirty CSBs implemented specific mental health promotion and suicide awareness activities through media campaigns, community events, and presentations, reaching millions of people.



Walk for a New Day! Gloucester County - MPNN CSB



## Adverse Childhood Experiences (ACEs) Trainings

CSBs provided ACE Interface trainings to bring awareness of the impact of ACEs on health and behavior. The ACE Interface curriculum teaches participants about the biological, health, and social impacts of ACEs as well as strategies to support the health and well-being of community members.



**36 CSBs**  
conducted  
trainings



**341**  
Trainings/  
presentations



**9,348**  
people  
trained

After ACEs trainings, participants indicated high levels of learning and a desire to expand their knowledge and increase participation in ACEs efforts in their communities.



**78%** agreed or strongly agreed that they want to seek more information and guidance regarding trauma-informed practice.



**79%** indicated they *learned a lot* about identifying and addressing ACEs and ACEs' impact on brains and behavior.



**77%** agreed or strongly agreed that they want to learn more about the causes and effects of ACEs.



**73%** indicated they *learned a lot* about why their community needs to get organized and mobilized to identify and address ACEs.



## Counter Tools Youth Retail Tobacco Prevention and Merchant Education

Though previously hindered by COVID-19 restrictions, CSBs returned to their in-person merchant education visit schedules and goals. Seventy percent of CSBs reported having met the Counter Tools goal of 100% visitation to participating merchants. The long-term relationships that have been formed between CSBs and retailers facilitated Counter Tools and merchant education strategies being perceived by retailers as informative and helpful in keeping up with the trends, and as opportunities to prevent underage tobacco, alcohol, and now vaping and marijuana use.



**36 CSBs**  
provided  
education



**4784**  
merchants  
visited



# Block Grant Prevention Outcomes

## Virginia Young Adult Survey Data

The 2022 Virginia Young Adult Survey (YAS) collected responses from 5,339 young adults across the commonwealth with all but two localities represented. Responses come from a convenience sample so the participants may not be representative of the full young adult population in the state. Sub-group analyses were conducted to better understand the needs of various populations. Findings relevant to Virginia's priorities and emerging areas are outlined below. Additional YAS data will be added to the Virginia Social Indicator Study Dashboard (VASIS) in 2023.

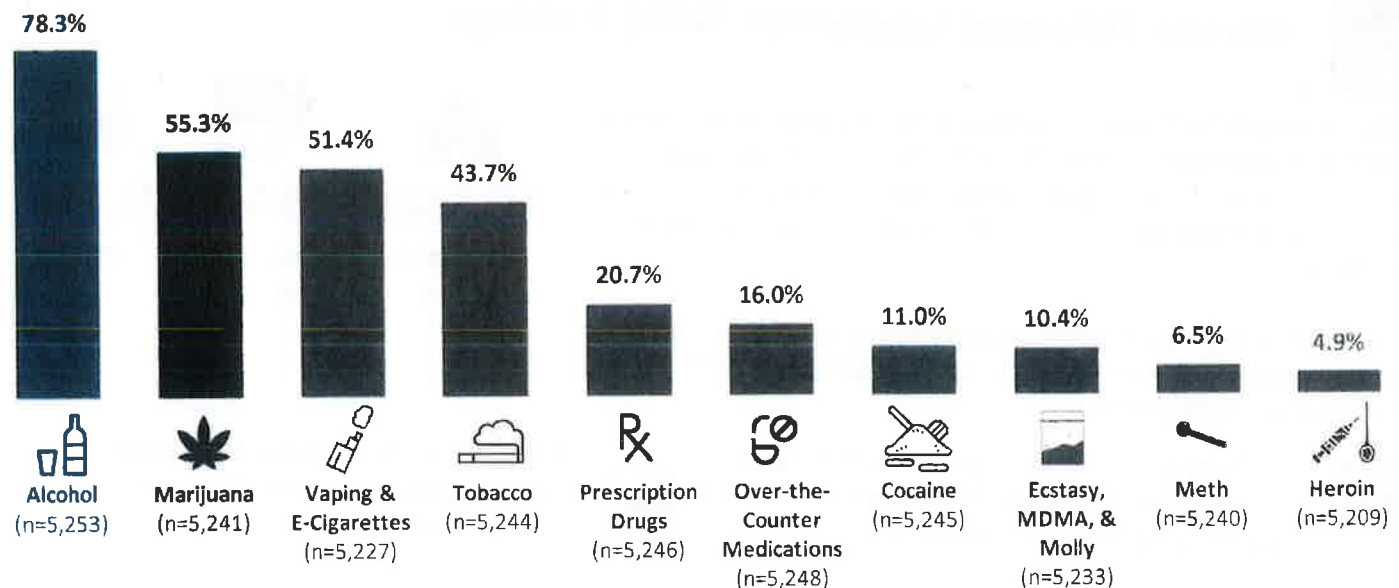
## Substance Use Rates

Data related to substance use among young adults in Virginia are discussed below. These data will provide a general picture of the current state of substance use across the priority and emerging areas, as well as explore differences among sub-populations.

### Lifetime Use

Young adults reported high rates of lifetime alcohol use (78.3%), confirming the need for prevention efforts still exists. Over half (55.3%) of young adults reported using marijuana at least once. The popularity of vaping and e-cigarettes in recent years, especially among youth and young adults, is clearly represented in this data. More young adults have reported using e-cigarettes or vaping devices (51.4%), which contain nicotine, than reported using tobacco (43.7%).

**More than three quarters of Virginia young adults surveyed had used alcohol at least once in their lifetime, while more than half have used marijuana.**



**LGBQ+ young adults** showed higher lifetime rates of use across all substances when compared to their peers.

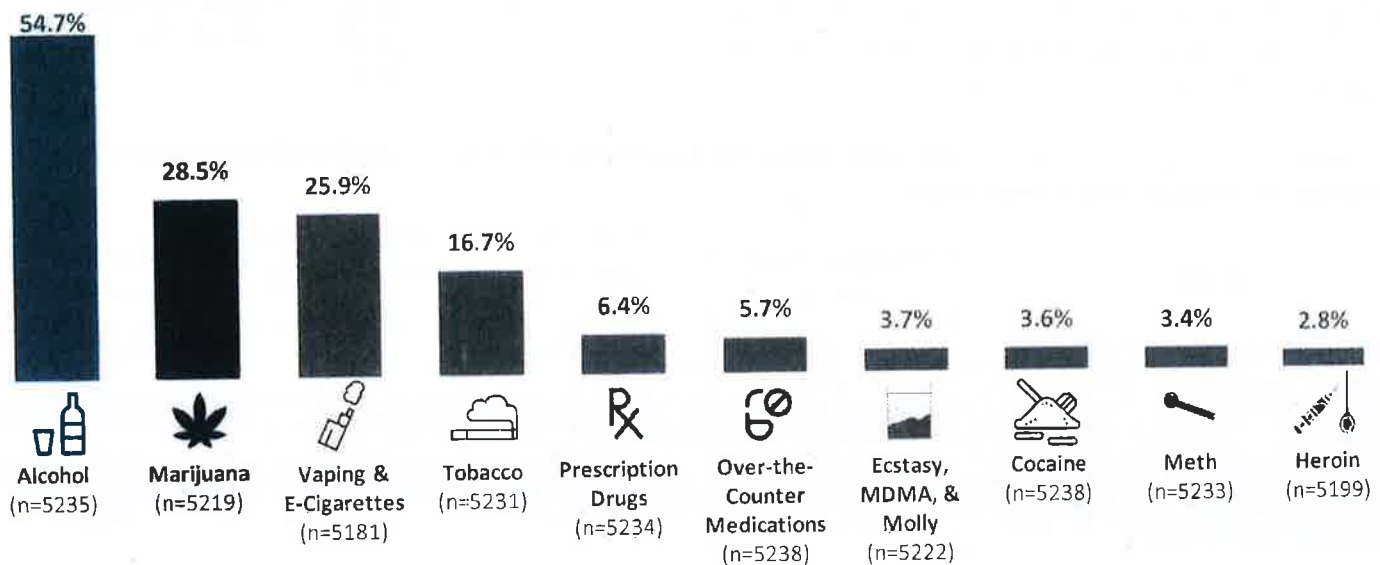
	BIPOC	LGBQ+	Trans and Gender Diverse
Alcohol		X	X
Marijuana	X	X	X
Vaping		X	X
Tobacco		X	
Prescription Drugs	X	X	X
Over-the-Counter Medications	X	X	X
Cocaine	X	X	
Ecstasy, MDMA, or Molly	X	X	X
Methamphetamine	X	X	
Heroin	X	X	

# Block Grant Prevention Outcomes

## Past 30-Day Substance Use

Participants were also asked about their substance use in the last 30-days, or past month. More than half of young adults surveyed had used alcohol in the past 30-days (54.7%), and more than a quarter had used marijuana (28.5%). 30-day alcohol use rates in the YAS were lower than the 58.7% reported by NSDUH in 2019-2020, whereas 30-day marijuana use rates were higher than the 17.1% reported by NSDUH. These results suggest that prevention efforts focused on alcohol may be contributing toward lower use, while there may be a greater need for prevention efforts focused on marijuana.

**Over half of young adults surveyed have used alcohol within the last 30 days and over a quarter have used marijuana.**



## Age at First Use

Substances that seem to have the highest early initiation rates, meaning age of first use was 11 or younger, include over-the-counter medications (8.9%), methamphetamine (7.6%) and heroin (5.9%). This means that of those who reported over-the-counter medication use, about one in ten began when they were 11 years old or younger. Interestingly, vaping had the lowest early initiation rate with 1.4%.

**Alcohol and marijuana use is more likely to begin between ages 15-17, while tobacco use is more likely to start between 18-20 years of age. Across all substances, initiation of use is most likely between the ages of 15 and 20.**

	11 or younger	12 to 14	15 to 17	18 to 20	21 to 25
Alcohol (n=4,114)	3.6%	14.3%	40.2%	31.6%	10.4%
Tobacco (n=2,290)	4.6%	15.9%	34.5%	37.1%	7.9%
Marijuana (n=2,896)	2.1%	13.8%	39.0%	34.0%	11.2%
Vaping (n=2,689)	1.4%	8.6%	40.6%	38.1%	11.3%
Over-the-Counter Medications (n=838)	8.9%	15.3%	36.4%	28.3%	11.1%
Prescription Drugs (n=1,087)	4.0%	12.3%	35.7%	36.4%	11.6%
Cocaine (n=579)	3.8%	6.9%	23.1%	45.6%	20.6%
Ecstasy, MDMA, or Molly (n=544)	2.8%	7.7%	25.9%	41.9%	21.7%
Heroin (n=256)	5.9%	11.3%	24.6%	30.9%	27.3%
Methamphetamine (n=342)	7.6%	8.8%	24.9%	38.3%	20.5%

# Block Grant Prevention Outcomes

## Mental Health and Suicide

13.3% of respondents reported having harmed themselves on purpose during the past 12 months, with LGBTQ+ and trans and gender diverse respondents reporting far higher rates than their peers – 27.7% vs 8.1%, and 44.3% vs 11.5%, respectively. Respondents from these groups were also more likely to report having considered suicide during the past 12 months, as were BIPOC respondents. BIPOC respondents who considered suicide were significantly more likely to report having made a suicide attempt during the past 12 months than their peers.



1 in 2 respondents shared that they felt so sad or hopeless, almost every day for two weeks or more in a row over the last 12 months, that they stopped doing some usual activities. (n=5,024)

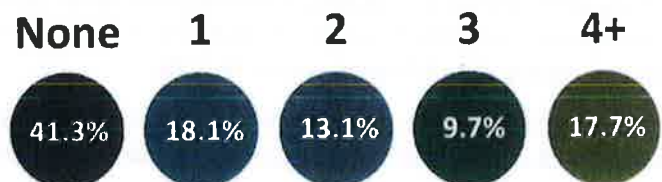
**LGBTQ+ and trans and gender diverse respondents were 2 or 3 times more likely to engage in self-harm and suicidal ideation behaviors compared to their peers.**

Population		Engaged in self-harm?	Seriously considered suicide...?	...and made a plan for attempting Suicide?	...and attempted suicide?
Black, Indigenous, People of Color (BIPOC)	BIPOC	13.2%	17.7%	51.1%	30.8%
	Non-BIPOC	13.5%	16.9%	51.1%	17.6%
LGBTQ+	LGBTQ+	27.7%	31.0%	53.8%	24.5%
	Non-LGBTQ+	8.1%	12.2%	12.2%	21.2%
Trans and Gender Diverse (TGD)	TGD	44.3%	43.5%	53.8%	21.2%
	Non-TGD	11.5%	15.7%	49.5%	23.0%

## Adverse Childhood Experiences (ACEs)

YAS respondents were asked whether they had experienced a variety of ACEs. Less than half (41.3%) reported having experienced zero ACEs in childhood making the occurrence of ACEs in childhood more common than not. Experiencing four or more ACEs places an individual at extremely high risk of using substances. Almost one in five (17.7%) of young adults in Virginia reported having experienced four or more ACEs – the highest level of risk possible.

**Over half (58.7%) of young adults reported having experienced at least one ACE before the age of 18.**



N=4,620

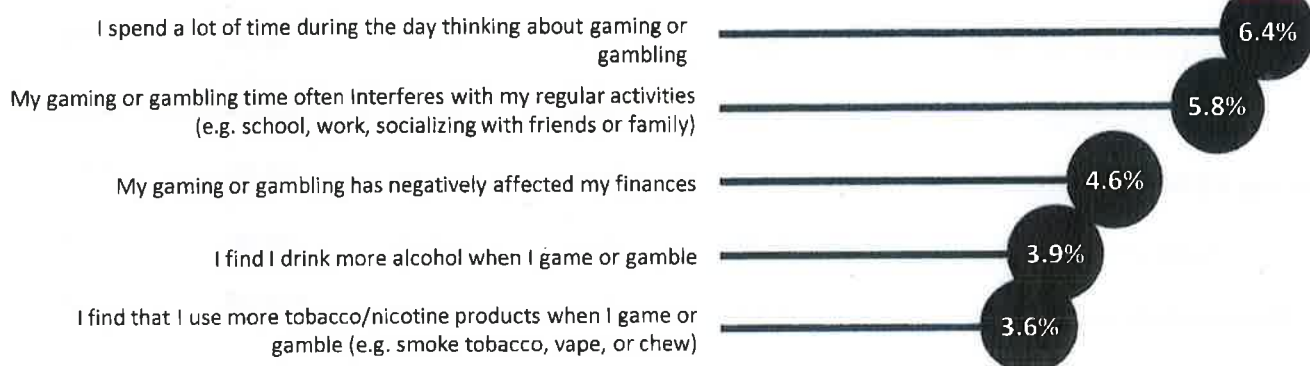
## Gaming and Gambling

In recognition of the legalization of gambling in Virginia, measures were included to allow for a better understanding of engagement in gaming and gambling activities, as well as impact of gaming and gambling on behaviors.



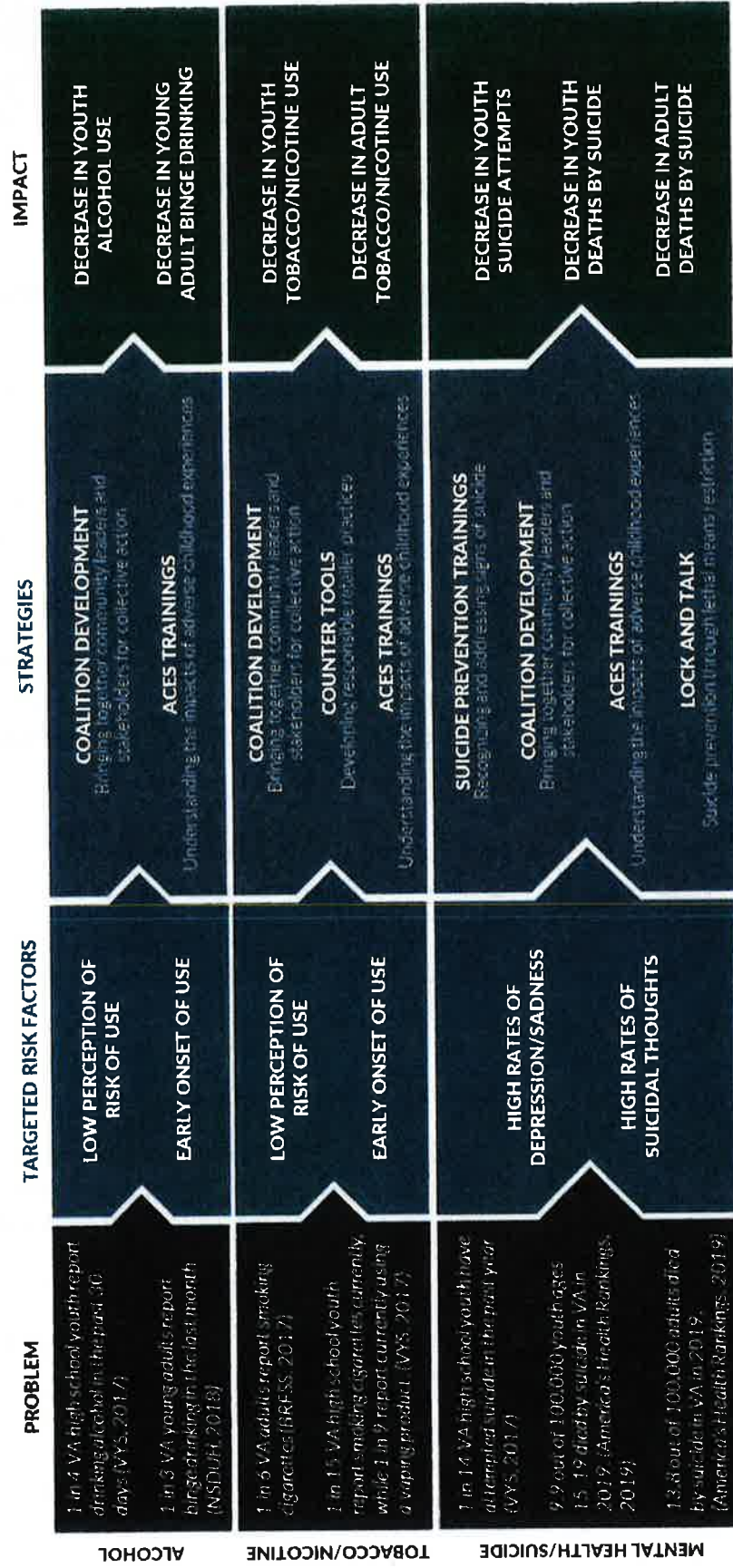
**63.6% of young adults in Virginia who responded to the survey had participated in at least one gaming or gambling activity in the past 30 days.**

**Preoccupation with gaming or gambling throughout the day was the most common negative impact for respondents who participated in the past 30 days**





# Appendix A: Virginia Block Grant Logic Model 2020-25



## **Understanding Virginians' Preparedness to Engage in Problem Gambling and Marijuana Use Prevention**

### ***Findings from the 2022 Community Readiness Assessments***

Following the legalization of recreational adult use marijuana as well as sports betting and other changes related to expanding gambling in Virginia, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) worked with OMNI Institute to evaluate Virginia's preparedness to engage in this prevention work as well as community readiness and capacity to respond to these social and public health changes.

Locally, we worked with the Survey and Evaluation Research Laboratory at Virginia Commonwealth University to complete the environmental scan, passive media scan, and key informant interviews. They also held a focus group on the topic of marijuana in September 2022.

Based on these findings, Planning District 16 is in the denial/resistance stage of community readiness for both Problem Gambling and Marijuana:

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

#### **Problem Gambling**

Overall, based on 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**

## **RAPPAHANNOCK AREA**

COMMUNITY SERVICES BOARD

- d. **Community Knowledge about the Issue: 3.4**
- e. **Resources Related to the Issue: 1.8**

### **Marijuana Use Prevention**

After scoring the focus group, the overall average score for the Community Readiness Assessment is **2.5**.

The average score for each of the domains is:

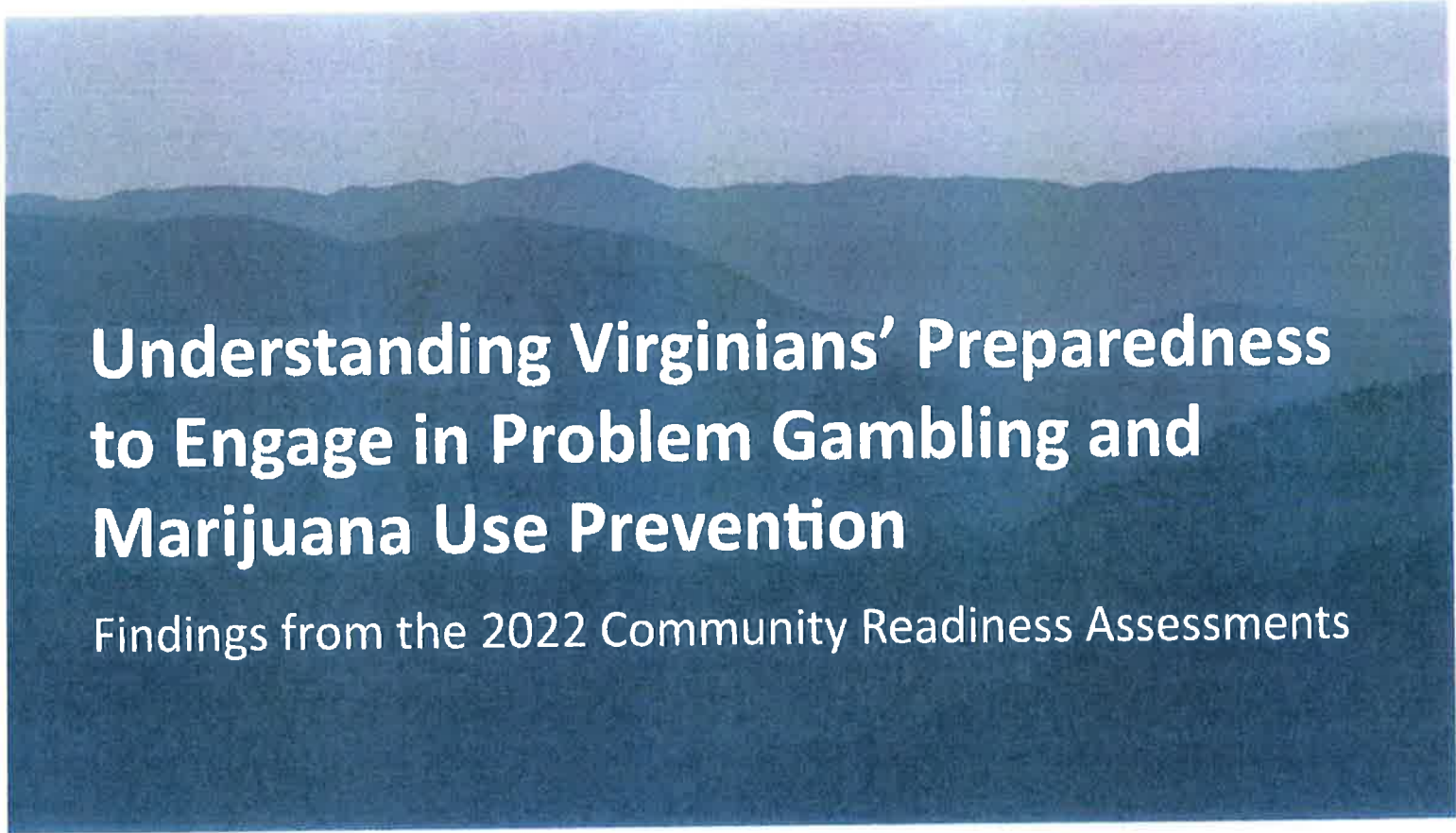
- a. **Community Knowledge of the Efforts: 2.5**
- b. **Leadership: 1**
- c. **Community Climate: 3**
- d. **Community Knowledge about the Issue: 4.5**
- e. **Resources Related to the Issue: 1.5**





# **Understanding Virginians' Preparedness to Engage in Problem Gambling and Marijuana Use Prevention**

Findings from the 2022 Community Readiness Assessments



# Understanding Virginians' Preparedness to Engage in Problem Gambling and Marijuana Use Prevention

Findings from the 2022 Community Readiness Assessments

Submitted to:

Nicole Gore and Anne Rogers

Virginia Office of Behavioral Health & Wellness, Department of Behavioral Health and Developmental Services

November 2022

Author(s): Becca Ruiz, T Schweimler, Amanda Seibel, Cindy Vigil

Project Team: Katie Gelman, Eden Griffin, Becca Ruiz, T Schweimler, Amanda Seibel, Cindy Vigil

## Acknowledgements

The OMNI Institute thanks the Community Service Boards across Virginia for their hard work in conducting Community Readiness Assessments in their communities.

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# Introduction

With the legalization of recreational marijuana, as well as sports betting and other changes that have expanded opportunities for gambling in Virginia, the Office of Behavioral Health Wellness (OBHW) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS) received funding to support prevention efforts targeted towards these two areas through SAMHSA's state prevention block grant and through gambling tax revenues in Virginia. As a first step, OBHW, in partnership with OMNI Institute (OMNI)—a non-profit research and evaluation firm that supports evaluation and capacity building for the prevention block grant—worked with Community Service Boards (CSBs) to conduct two readiness assessments: one on the commonwealth's gambling and gaming behaviors, knowledge, attitudes, and environment; and a second on marijuana related behaviors, knowledge, attitudes, and environment. Both of these assessments, along with a gaming and gambling environmental scan, will be used to help determine priorities for efforts to prevent marijuana use disorders and problem gambling and gaming disorders. As a part of each of these assessments, CSBs were asked to assess the readiness of their communities to address these issues.

The Community Readiness Model was developed at the Tri-Ethnic Center at Colorado State University to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies. To learn more about the Tri-Ethnic Center's Community Readiness Model visit: <https://tec.colostate.edu/communityreadiness/>

Through the Community Readiness Process, Community Service Boards engaged key stakeholders through interviews and focus groups.

**Key stakeholders** may include:

- > those **working in the industry** (i.e., casinos, race tracks, bingo halls, gambling halls, marijuana growers, marijuana retail stores, retail stores selling lottery tickets)
- > those **interacting with the industry**, such as customers
- > those involved with **policy or regulations**
- > those **working in treatment or recovery** of gambling and marijuana disorders

## Components of the Community Readiness Assessment

The design of the Community Readiness Assessment accounts for the various aspects of a community-wide issue and the community's stages or steps of becoming ready to address an issue.

### Dimensions of Readiness

Dimensions of readiness are key factors that influence a community's preparedness to take action on an issue. The dimensions identified and measured in the Community Readiness Model are comprehensive and serve as an excellent tool for diagnosing a community's needs and developing strategies that meet those needs. These dimensions include:



#### **Community Knowledge of the Efforts**

To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

- 2 Leadership**  
To what extent are appointed leaders and influential community members supportive of the issue?
- 3 Community Climate**  
What is the prevailing attitude of the community toward this issue? Is it one of helplessness or one of responsibility and empowerment?
- 4 Community Knowledge about the Issue**  
To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
- 5 Resources Related to the Issue**  
To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Across CSBs, each of the above dimensions were assessed and rated on their stage of community readiness, which is also a numerical score. The stages of readiness are defined below.

### Stages of Community Readiness<sup>1</sup>

- 1 No Awareness**  
An issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
- 2 Denial/Resistance**  
At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
- 3 Vague Awareness**  
Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
- 4 Preplanning**  
There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
- 5 Preparation**  
Active leaders begin planning in earnest. Community offers modest support of the efforts.
- 6 Initiation**  
Enough information is available to justify efforts. Activities are underway.
- 7 Stabilization**  
Activities are supported by administrators or community decision makers. Staff are trained and experienced.
- 8 Confirmation/Expansion**  
Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
- 9 High Level of Community Ownership**  
Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions.

<sup>1</sup> Readiness Handbook Adapted for the Colorado SPF SIG from: Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (2005, May). Community Readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.





# Gaming & Gambling

## History & Context

Gambling is an issue where federal law has always superseded state law. Gambling is legal under U.S. federal law, with the exception of online sports gambling due to a federal wire act and an act that outlawed financial transactions with online gambling service providers. In 2018, a law known as PASPA (Professional and Amateur Sports Protection Act) which banned sports betting in all States excluding Nevada, Oregon, Montana and Delaware (which already had laws allowing sports betting prior to PASPA in 1992) was overturned, allowing States to enact laws to legalize sports betting in their state if they chose to. The repeal of PASPA led to significant changes in gaming and gambling laws across the United States, including in the Virginia Commonwealth.

- |             |   |             |  |
|-------------|---|-------------|--|
| <b>1973</b> | ● Charitable Gaming became legal in the Virginia Commonwealth, allowing bingo and raffles to raise funds for organizations. | <b>2018</b> | ● access to the Virginia lottery was expanded with the launch of a mobile app where people could purchase lottery tickets via Bluetooth at a brick and mortar lottery retailer   |
| <b>1987</b> | ● the Virginia Lottery was created for persons 18 and older   | <b>2020</b> | ● allowing legalization of internet lottery, sports betting, and casinos. This law allows Virginia to participate in sports betting on professional sports and on non-Virginia college sports, as well as the construction of 5 Casinos. |
| <b>1989</b> | ● legalization of horse race betting  |             |  |

With the rapid expansion of gaming and gambling opportunities for Virginians with recent legal changes, a need was identified to better understand the gaming and gambling landscape, including community readiness to engage in problem gambling prevention activities. By putting aside a portion of revenue from gambling activities into a Problem Gambling Treatment and Support Fund, the Department of Behavioral Health and Developmental Services was able to provide funding to Community Service Boards to conduct a needs assessment process to bolster their ability to engage in problem gambling prevention activities – including a Community Readiness Assessment to understand community perceptions, knowledge, and readiness to engage in this work.

## Community Readiness at a Glance

### Average Community Readiness Across All Domains

Level of readiness:

High Low to none

Data not available



### Average community readiness score across all domains:



### What this says:

Vague Awareness - Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

Overall CSBs have little awareness of problem gambling as an issue in their communities. It is seen as less pressing compared to other issues their communities face that come with high fatality rates, like the ongoing opioid epidemic, rise in fentanyl, and the mental health crisis exacerbated by COVID-19. While problem gambling shares many of the same risk and protective factors as problems related to alcohol, opioid, tobacco, and other substance use, it is not recognized by communities as such. Rather, communities share an understanding of problem gambling as an isolated and individual issue that does not impact communities at large.

## Community Knowledge of Efforts

### CSB Readiness Based on Community Knowledge of Efforts



Average score for this domain:



**What this says:**

A few members of the community have heard about efforts, but the extent of their knowledge is limited.

Most communities have little to no knowledge of current efforts around addressing problem gambling, nor do they demonstrate knowledge of the need for such efforts. Those with personal connections to individuals in need of problem gambling treatment services, those within the prevention and addiction treatment fields, as well as those more broadly working in human services, were seen as more knowledgeable than the general community. Community knowledge of efforts was generally higher among communities that have seen local proposals, policy changes, or developments leading to increased opportunities for gaming and gambling, such as those with planned casinos. This knowledge is likely stemming from increased social discourse related to these developments, such as news coverage.

“...[W]e found that those who work in the field of providing support to youth and/or families are vaguely aware of efforts and the need for efforts, while those in the wider community seem to have little or no awareness of the need for efforts to address problematic gaming and gambling and are not aware of existing efforts.”

— Region 1 CSB

## Leadership

### Community Readiness Based on Leadership



Average score for this domain:



**What this says:**

Leadership believes that gaming and gambling is not a concern in their community.

The stance of leadership on gaming and gambling is unknown or leaders have no recognition of problem gambling. Concerns about increased gaming and gambling opportunities are not raised by leadership, with leaders instead focusing on the economic benefits that gaming and gambling can bring to their communities by increasing local revenue and jobs. The complex reality that gaming and gambling establishments, especially casinos, will create economic opportunity, while also creating risk to individuals and the community, is not well understood. The role prevention efforts can have in mitigating community risk – without removing those establishments – is largely absent from these conversations.

Some communities found leaders hard to engage in the assessment process itself. This lack of engagement or disconnect between community members and leaders can lead to speculation about leaders' motivations and stances, contributing to mistrust and decision-making that may not reflect community needs and desires. Disconnect hampers widespread adoption and support of prevention work, which may put communities at a greater risk for the negative consequences of increased gaming and gambling opportunities. Collaboration and compromise between leadership and community will help build trust and a path for integrating prevention work into a changing climate of gaming and gambling.

“Some participants wished that leaders would address it openly and honestly to raise awareness about the upcoming casinos and some worry that residents don’t have an understanding of potential consequences. Some participants also noted a lack of trust in state and local leadership to be truthful about gambling – and that leadership is only interested in the revenues and not the impact on people’s lives.”  
– Region 5 CSB

## Community Climate

### Community Readiness Based on Community Climate

Level of readiness:

High Low to none

Data not available



Average score for this domain:



**What this says:**

Community climate is neutral, disinterested, or believes that gaming and gambling does not alter the community as a whole.

Communities tend to have neutral opinions about gaming and gambling. Disinterest and a general lack of concern were shared, with many perceiving gaming and gambling as harmless, social, and fun. Given the recent statutory changes to gaming and gambling in the state, there’s a sense that because it is legal, it must be safe to engage in. However, a clear split exists between views on charitable gaming as compared with gaming or gambling hosted by for-profits. While charitable gaming is viewed positively and even as a way to support the community, gaming or gambling hosted by for-profits feels riskier or potentially predatory.

“Those involved in charitable gaming were keenly aware of all regulations, how their games are a social outlet for many, and believe that there is no real problem gambling involved with Bingo. But they do think there is more risk of addiction with electronic pull tabs, skilled games, and other types of high stakes gambling.”  
– Region 5 CSB

Problem gambling is viewed as an individual problem. There is recognition that some individuals experience negative consequences of gaming and gambling, but it is not seen as a community level problem. Some view gaming and gambling as a personal choice or right, not recognizing the risks and potential for addiction and family- and community-level impacts problem gambling can have. While communities note that the environment is changing, with more opportunities to game and gamble than before, there is little recognition of how increased opportunities would lead to increased problem gambling impacts. Building community buy-in for gaming and gambling prevention efforts will require shifting opinions on the potential risks of gaming and gambling and viewing it as a community-wide issue as opposed to an isolated, individual issue.

“The prevailing attitude ... is that it is mostly accepted... it appears that many believe that the community does not see a problem with gambling and does not talk about problem gambling unless an individual is affected personally...the perception of harm is generally low.”

– Region 2 CSB

“Overall, there is some awareness of problem gambling, but most feel it is a personal choice.”

– Region 3 CSB

“Some were indifferent altogether and feel it is an individual’s right to gamble if it is available.”

– Region 5 CSB

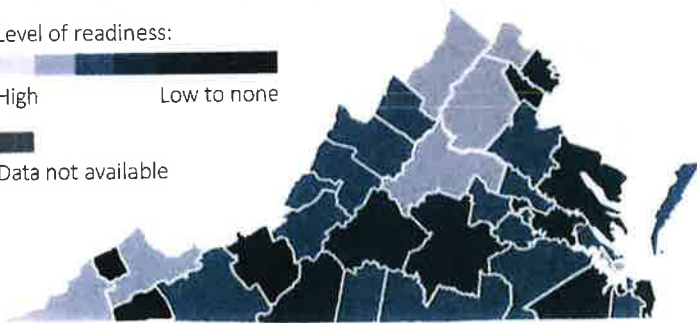
## Community Knowledge About the Issue

### Community Readiness Based on Community Knowledge About the Issue

Level of readiness:

High Low to none

Data not available



Average score for this domain:



3.7 out of 9

#### What this says:

A few in the community have basic knowledge of gaming and gambling, and recognize that gaming and gambling occurs locally, but information and/or access to information is lacking.

Overall, communities are not concerned about gaming and gambling and have little to no knowledge of the issue. Like the Community Knowledge of Efforts, those in human services fields have some knowledge of the issue and those with personal connections to individuals in need of gambling treatment services shared concerns. Of notable concern for prevention, some communities showed active resistance to addressing, learning more, or sharing concern about gaming and gambling. This resistance may come from a place of fatigue: living through COVID, social unrest, and increasing knowledge about urgent and complex social problems. As a few communities noted, this may be a more “hidden” social problem at this time and therefore seen as less pressing compared to more visible, widely publicized problems like the opioid epidemic and the rise of fentanyl where impacts – namely fatalities – raise greater concern. There is the perception that prevention is constrained and must choose which problem areas to work on (and which to ignore) and that public buy-in is required for any action to take place. Prevention is most effective when data, planning, and interventions are introduced as early as possible and should not only occur after prevalence increases and a community is impacted.



Some communities express concern about the impact of problem gambling on specific populations, namely youth, older adults, people of color, and people of lower socioeconomic status. While little is known about prevalence at a local or state level for these specific populations, these concerns align with the larger body of research around populations most at risk for and affected by problem gambling. A few communities associated social problems like “crime,” “poverty,” “prostitution,” “increased drug use,” and “blight” with casino gambling opportunities. The fears and concerns, while sometimes rooted in stigma, can be motivating, leading communities to seek further information and share their learnings widely. Finding reliable sources to build community capacity to understand the issue and drive decision-making, organizing, and support efforts will be key in growing prevention work on this issue.

“

*“My community does not see gaming and gambling as high priority at this time. If the community is affected by these risks, it is extremely hidden. You rarely hear stories of families being impacted by these behaviors, but you do hear about suicides, overdose, and mental health issues, which is what people are more eager to focus on at this time.”*

— Region 4 CSB

## Resources Related to the Issue

### Community Readiness Based on Resources Related to the Issue

Level of readiness:



Average score for this domain:



**What this says:**

There are no resources available for dealing with gaming and gambling.

Communities generally were unable to identify any resources related to problem gambling. When participants were able to identify resources, they tended to be able to name basic resources, like the Virginia Problem Gambling Hotline – which is occasionally printed on tickets and some signs and advertisements. More specific resources, including locally available resources, are largely unknown to community members. Communities expressed a general interest in local resources and sharing those resources, as well as concern about having a lack of them. As seen in other domains, participants in the human services field have more awareness of resources. Readily available and widely shared resources are needed to support communities and individuals given the increasing opportunities to game and gamble across the state. While most communities think first about resources for individuals in need of gambling treatment services, educational resources on responsible gambling and local data on prevalence are needed as well. Investing in building resources now positions communities to better act and provide support to loved ones and community members. Communities that are well-resourced are better poised to respond to local needs that increased gaming and gambling opportunities may bring.

“

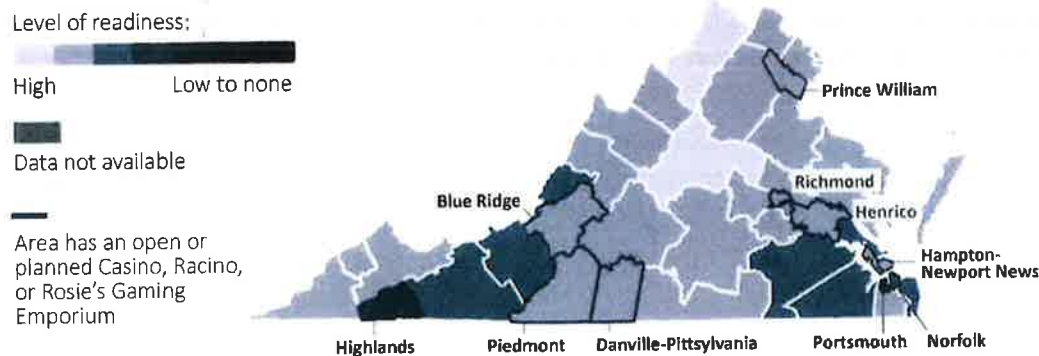
*“Responses around the question of available resources for problem gambling were mixed. Half of those interviewed believed there are available support groups and counseling, such as Gamblers Anonymous. (In fact, the closest GA support group identified was in Portsmouth). Two persons believe there is nothing at all available while three stated that they knew of the existing hotline to seek help.”*

— Region 5 CSB

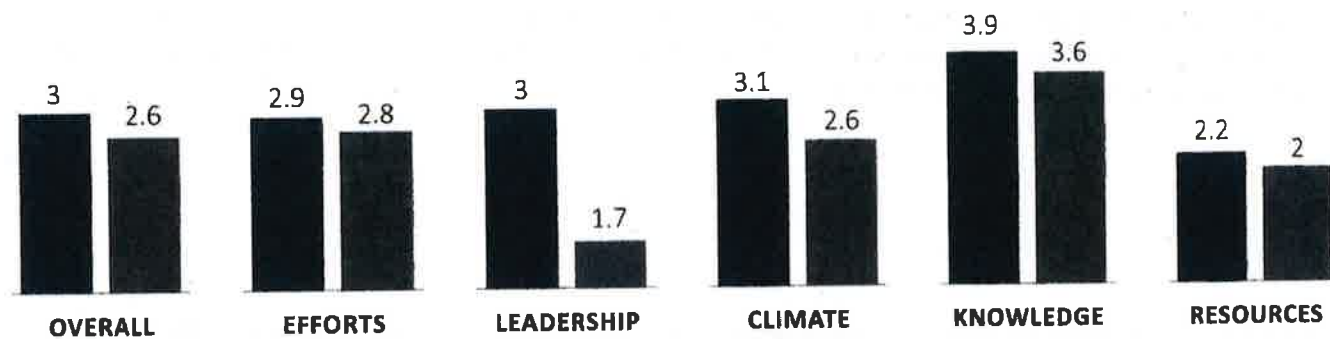


## Spotlight: Community Readiness Levels within Communities with Dedicated Gaming and Gambling Establishments

### Community Readiness Based on Community Knowledge About the Issue



Average Community Readiness scores among **CSBs with a current or planned Casino, Racino, or Rosie's Gaming Emporium** were higher across all domains when compared to those without a dedicated gambling establishment.



Levels of community readiness across communities with gaming and gambling establishments, including Rosie's Gaming Emporiums, or planned Casinos, were higher than among communities without. Scattered throughout Virginia, these dedicated gambling establishments were found in the Highlands, Blue Ridge, Piedmont, Danville-Pittsylvania, Prince William, Richmond, Henrico, Hampton-Newport News, Norfolk, and Portsmouth CSB catchment areas. Most of these communities recognize the changing climate and environment around gaming and gambling and noted that there is movement among some community members to address problem gambling related matters in response to casino developments, but that community-wide knowledge is still lacking.

“There is a small group of dedicated individuals within our community and prevention coalition who have been active at town council meetings and providing resources and recommendations to our strategies and activities, but overall community members don't know about the causes, prevalence, and concerns about gambling and gaming in our community.”

— Region 2 CSB

CSBs intentionally outreached both to community leaders and those within the gaming/gambling industry to participate in this process. CSBs invited their input, recognizing the importance of their perspectives and the significance of this opportunity to build relationships for future local prevention efforts. There was great disappointment when leadership and industry voice was missing, with mistrust both contributing to their lack of willingness to engage and building from that lack of involvement. Leadership, they shared, was more focused on the economic benefits that establishments, especially Casinos, will bring to their communities and were resistant to acknowledging any potential harm that these businesses will create.



*"There is not a great deal of trust in community leadership, given that most residents of Norfolk seemed to feel that its leadership has been less than transparent regarding the casino referendums. I think most residents are awaiting the repercussions of the incoming casino and are suspicious of leaders touting solely the financial benefits."*

*— Region 5 CSB*

*"A definite challenge to conducting this assessment was the lack of willingness of city leadership to participate in the interviews. What is normally a very collaborative local government was not particularly open to discussing the current gambling environment, perhaps due to the economic and political impacts it has, as well as the precarious situation of the developing casinos in neighboring jurisdictions."*

*— Region 5 CSB*

When attempting to engage gambling industry professionals into the conversations, many CSBs were faced with defensiveness and general guardedness, with individuals and businesses being hesitant or unwilling to participate in the process for fear of being perceived poorly.



*"...[W]e did have business owners or Rosie's employees and management that did not participate because they felt targeted due to their participation in gaming and gambling."*

*— Region 3 CSB*

Building and sustaining relationships between leaders, industry, and community members is a vital part in establishing a foundation for effective prevention efforts, where gambling establishments can exist while efforts are also in place to mitigate harm done by their presence.

## Next Steps in Preparing for Problem Gambling Prevention



**Set the stage for early intervention:** There is low knowledge and concern about gaming and gambling in communities. Gaming and gambling is not viewed as an issue in many communities. Communication around the need for prevention activities should center a narrative that the work should begin *before there is an issue* and efforts should be in place to *prevent the issue from building*. Data collection tools should be built up and expanded to include measures around gaming and gambling to ensure communities are able to engage in data-driven decision-making and to set up systems to track the impact of gambling legalization on behavioral health outcomes.



*"The community is unaware of the need and has very little data to justify the need."*

– Region 3 CSB

*"Gambling or gaming is not routinely asked about on the initial intake for local mental health services and potentially adding a question about this topic could give valuable insight and data into whether this is an issue."*

– Region 1 CSB



**Reframe the conversation to focus on "responsible gambling":** The economic benefits, including increased revenue and added jobs, of large gambling establishments such as Casinos are centered in discourse, including among community leaders. A harm reduction approach should be taken, re-framing the conversation to focus on "responsible gambling," to mitigate impacts of increased opportunities for gaming and gambling and increase the potential for buy-in from community leaders and industry professionals.



**Increase understanding of root causes of problem gambling and shift perception from it being an individual's choice:** There is a significant need for community education around issues related to gaming and gambling. Problem gambling is being viewed as an individual problem and often a "personal choice." Efforts should be made to shift perceptions and increase understanding of the root causes and impacts of problem gambling on individuals and communities.



*"What was very interesting in completing this assessment was the economic incentive that encourage individuals to take a change in gaming/gambling. Many viewed it as an opportunity to win in a major way, thus moving them to become financially sound and stable. With that being understood, a major focus for prevention is to increase awareness of the addictive nature of gambling/gaming."*

– Region 4 CSB



**Share efforts broadly:** There is little being done to address problem gambling and when efforts do exist, they are not well-communicated to community members. Current and planned efforts to address problem gambling should be widely shared with the public using accessible language and provide avenues through which community members can get involved.



**Increase local resources for problem gambling and share widely:** Resources related to problem gambling are scarce and there is little awareness of those that do exist, though communities indicated a desire for more resources and sharing of those resources. Local and state infrastructures (e.g. services, resources, messaging) for problem gambling prevention and treatment need to be built up and communicated to communities. Special efforts should be made to increase communication of resources in communities with dedicated gambling establishments.



*“An area of prevention focus is to educate and provide community with much-needed information about the signs/symptoms of [problem] gaming/gambling [and] aligning with treatment and clinical workers to help them understand the importance of including questions regarding gaming/gambling in their assessments.”*

– Region 4 CSB



**Develop resources tailored to local communities:** Efforts to address problem gambling should be population-specific, culturally informed, and available in multiple languages to ensure accessibility for those at most risk, including communities of color, low-income communities, older adults, and those whose primary language is not English.



*“The need for resources (posters, phone numbers, websites, etc.) in Spanish and support groups in Spanish (led by Spanish speakers) are needed...male members of the Latinx community are spending ‘entire paychecks’ at places with slot machines and scratchers and we need to understand the cultural piece of this in relation to gambling.”*

– Region 4 CSB



**Engage community members and leadership in prevention efforts:** A coalition of diverse community members can provide the perspective and expertise necessary to address problem gambling. Communities are poised to engage community members, policy makers, and existing coalitions to increase awareness and community buy-in of problem gambling prevention efforts. Efforts should be made to engage industry professionals and leadership in these efforts and identify avenues to balance the economic benefits of gambling establishments with responsible gambling prevention messaging.



*“The scores indicate next steps should include building capacity within our community to increase efforts related to gaming and gambling awareness, education, and resource accessibility. This should include building a team to work on this issue collaboratively in the community, integrating gaming and gambling into our local coalition, and inviting new stakeholders to get involved.”*

– Region 3 CSB



# Marijuana

## History & Context

Possession and the sale of marijuana is illegal under federal law, but the public consensus on using marijuana has changed over recent decades. Use has become more mainstream and accepted in society. Many states (37) have legalized the use of marijuana for medicinal use, and nineteen states have decriminalized marijuana for recreational use, meaning that possession of cannabis, up to specific amounts, is legal and will not be prosecuted by state and local law enforcement. States that have decriminalized marijuana are regulating and taxing the sale through licensed retailers.

The Commonwealth of Virginia has recently changed their laws regarding cannabis to allow for medical and recreational use, and sales.

- 2015 ● CBD and THC-A oils became legalized for medicinal purposes
- 2020 ● Medical marijuana dispensaries open
- 2021 ● Possession of up to 1 ounce legalized for adults 21 and older
  - Adults can legally grow up to 4 cannabis plants for personal use
  - Virginia Cannabis Control Authority was created
- 2024 ● Recreational marijuana sales are slated to begin, if legislators vote to approve

Across Virginia, the term “marijuana” and “cannabis” are used interchangeably, and both will be used throughout this report.

With the ongoing changes in the legalization of cannabis in Virginia, a need was identified to better understand the marijuana landscape, including community readiness to engage in marijuana use prevention activities. The Department of Behavioral Health and Developmental Services provided funding to Community Service Boards to conduct a needs assessment process to bolster their ability to engage in marijuana prevention activities – including a Community Readiness Assessment to understand community perceptions, knowledge, and readiness to engage in this work.



## Community Readiness at a Glance

### Average Community Readiness Across All Domains

Level of readiness:

High Low to none

Data not available



### Average community readiness score across all domains:



#### What this says:

Vague Awareness- Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

Retail owners and workers, direct service providers, and other community members were interviewed in the Community Readiness Assessment process. Most CSBs reported that their results felt accurate and were representative of their catchment area. There was an understanding that marijuana use is an issue, or will be an issue soon, but specifics about what to do, when or by whom, was not clear. Some suggested that this could be due to the upcoming legalization of cannabis and the many unknowns surrounding how this will proceed. Some CSBs noted that those who work in the cannabis industry – whether in medical dispensaries or CBD shops – seemed to have a higher awareness than those that do not.

“

“Those who are awaiting the legalization of marijuana appear to be closer to the Preparation stage... The community is concerned with what the legalization will do for their health and wellness and also their bottom-line profits.”

– Region 5 CSB

## Community Knowledge of Efforts

### Community Readiness Based on Community Knowledge of Efforts

Level of readiness:

High Low to none

Data not available



### Average score for this domain:



#### What this says:

Some members of the community know about local efforts.

In general, CSBs reported that their communities have a lack of knowledge on existing efforts promoting responsible marijuana use. Some community members may be aware of local efforts, but the breadth of their knowledge is limited. Similarly, there is little to no awareness of efforts or resources to support those with marijuana use disorder specifically. Many participants did not know the disorder exists.

“

“Participants did not readily acknowledge that marijuana misuse is a legitimate problem. Very few were aware of the availability or recognized a need for any formal treatment programs.”

– Region 5 CSB

Though there is a basic awareness of the partial legalization of marijuana use and growth, many CSBs mentioned inconsistent understanding of the rules and regulations in their communities. This may partly be explained by the changing legal landscape, which was frequently cited. The degree and accuracy of knowledge regarding policies and laws varied even amongst retail stores and entrepreneurs, who appear to be the most educated on the current, changing landscape. Many community members reported that marijuana laws, including sale, use, and growth of the substance, are not being enforced.

“Most of the smoke shop retailers were aware of some of the laws... but the accuracy of the knowledge was mixed. The stores were aware that they could not directly sell marijuana but also that there were ways to get around that.”

— Region 5 CSB

“The general consensus was that police were reluctant to enforce the laws while they are still evolving and that the police had more important issues to pursue.”

— Region 5 CSB

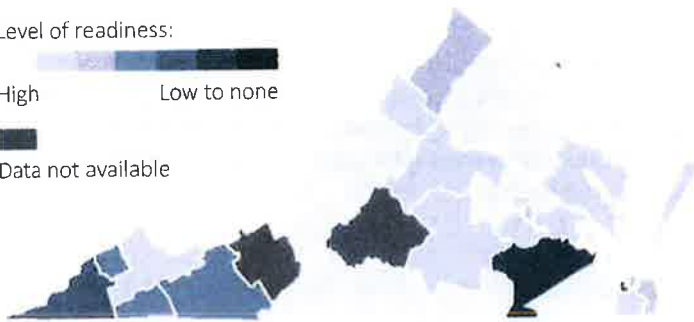
## Leadership

### Community Readiness Based on Leadership

Level of readiness:

High Low to none

Data not available



Average score for this domain:



#### What this says:

Leaders recognize the need to do something regarding marijuana.

While CSBs found that there appears to be a recognition that something needs to be done regarding marijuana use prevention, they reported a lack of active leadership surrounding the sale or use of marijuana in their communities. Many interviewees perceive local leadership as uninvolved, or uninterested, in regulating the use of cannabis at this time.

“Lastly, county/regional leadership has not made their opinions or intentions clear to those working in the business so therefore, there is a void in actual guidance at the local level.”

— Region 5 CSB

More broadly, participants indicated that addressing marijuana use/sale is not seen as a priority in their areas, citing opioids as a more important matter. Others view marijuana use as an individual responsibility, not a community issue. One exception to this is that some school systems are concerned about the extent to which the issue is impacting youth.

“I agree with the finding that our community does not see any of these issues as top concerns at this time. Our community is small and leadership is spread thin, so people feel that suicide and overdoses are a bigger threat and a place to concentrate our energy.”

— Region 4 CSB

## Community Climate

### Community Readiness Based on Community Climate

Level of readiness:

High Low to none

Data not available



Average score for this domain:



#### What this says:

The attitude in the community is beginning to reflect interest in marijuana. “We have to do something, but we don’t know what to do.”

The sale and use of marijuana appears to be widely accepted by most communities across the Commonwealth of Virginia. Rather than identifying marijuana as a potential problem, however, the climate was more focused on moving towards legalization and recreational sale – what to do once cannabis use is fully legalized was mostly undecided.

“

*“Individuals that want the legalization of marijuana feel those around them support it but are unclear as to how to further pursue it.”*

– Region 5 CSB

In the instances where there is interest related to marijuana in communities, there is little to no motivation towards action regarding prevention. Cannabis use appears to have become more normalized and accepted in communities, either medically or recreationally. The widespread use of marijuana appears to often earn comparisons with tobacco cigarettes in terms of use, social norms, and ease of access. Communities do not perceive risks associated with use, generally considering marijuana use as safe, limiting their motivation to engage in prevention activities.

“

*“Almost all the participants spoke up about how marijuana is normalized. They shared how there are entire news sources dedicated to the topic, how it is easy to get, how it’s looked at like a pack of cigarettes, how it is medically accepted, etc.”*

– Region 4 CSB

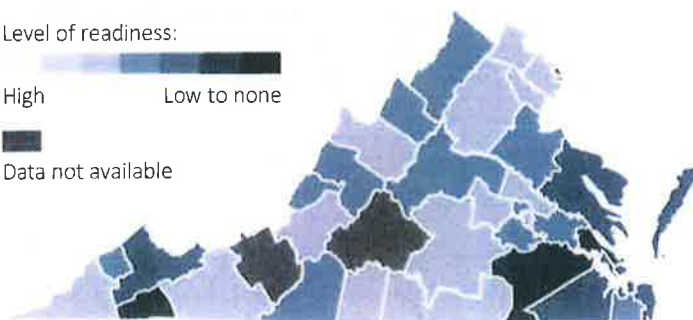
## Community Knowledge About the Issue

### Community Readiness Based on Community Knowledge About the Issue

Level of readiness:

High Low to none

Data not available



Average score for this domain:



#### What this says:

Some community members have basic knowledge of marijuana. General information on marijuana is available.

Community knowledge related to marijuana was one of the domains that reflected higher levels of readiness. This reflects the idea that cannabis use, and the legalization of use, is becoming more talked about openly in the community. Participants were readily able to speak on marijuana related issues, especially the movements in Virginia towards legalization and community access and availability of marijuana or cannabis products. Marijuana use was seen as very common in communities, especially among youth, many of whom are able to access marijuana easily. A number of community members spoke about medical marijuana access and how to navigate the system and get access to a medical marijuana card to be able to purchase products at medical dispensaries.

Similar to the community climate domain, however, knowledge seemed centered on matters related to legalization and marijuana access rather than any associated risks or harm that may warrant prevention efforts. As communities appear ready to discuss matters related to marijuana, there may be pathways to incorporate prevention related topics into the conversation alongside conversations about legalization.

“However, clearly the easiest way to access it, whether on the black market or through the dispensary, seemed to be knowing someone who already had it and having them share their knowledge.”  
— Region 5 CSB

## Resources Related to the Issue

### Community Readiness Based on Resources Related to the Issue



Average score for this domain:



#### What this says:

The community is not sure what it would take, or where their resources would come from, to initiate efforts.

There was an overwhelming sense that community members did not know what resources were available about marijuana use prevention or how to treat marijuana use disorder, nor if the resources were needed. Some had the attitude that marijuana is not physically harmful, at least compared to other substances, so did not need resources.

“Only a few respondents said they would like to know if such resources if they existed, but most felt that marijuana use disorder must be extremely rare since marijuana use is never associated with overdoses.”  
— Region 5 CSB

Others expressed the idea that marijuana use, and any such issues that result from use, are not the community’s concern but rather the concern of individuals. As such, it is not the community’s responsibility to take action and provide such resources to those in need.

“The larger focus group that was interviewed reminisced about the D.A.R.E. (Drug Abuse Resistance Program) program that was in place at elementary schools between 1983 and 2009. Citing its ineffectiveness, they all felt that a similar program for marijuana use today would only lead to additional use, not any sort of prevention. Most all felt that education around marijuana was needed but that anyone who overindulged was not a concern for the community to address.”  
— Region 5 CSB

## Next Steps in Preparing for Marijuana Prevention



**Increasing awareness related to marijuana needs to be a significant focus as legalization continues to evolve:** There was an overwhelming sense of low community awareness expressed by over half of CSBs. People seemed to be confused or were unclear on issues surrounding marijuana. Education regarding changing laws and policies, as well as risks for youth, were specifically called out as important. Media campaigns, especially those on social media, were seen as ways to address low understanding in the community. Some also noted that strengthening partnerships with key stakeholders, increasing community dialogue, and targeting messages at specific groups will be central to their efforts moving forward.



*"The general public should be kept aware of any new laws or changes to the current marijuana laws, as a lot of folks are not clear on what they are."*

– Region 4 CSB

*"The first issue is that there is still a lot unknown by everyone exactly what the new Virginia Marijuana Law, passed in 2021 by the General Assembly, will contain. In fact, the General Assembly made some revisions to the law during its 2022 session. It is difficult to give a lot of good information about an everchanging law."*

– Region 2 CSB

*"Participants did not feel as if marijuana use was harmful overall but recognized that there is a great amount of inconsistency that needs to be addressed."*

– Region 5 CSB



**Continued examination on the economic effects of cannabis legalization:** Several communities reported the need for more research and knowledge on how marijuana legalization will impact their community, or similar communities. This may be especially true for more rural or coastal communities, compared to urban centers.



*"The financial impact of legalization is worthy of in-depth study."*

– Region 5 CSB



**Develop or expand existing resources and share widely:** Marijuana specific resources, such as risks associated with use, and support seeking treatment were mentioned often as needed in the community. However, framing these resources in an approachable manner focused on specific aspects, like youth use, might be needed.



*"Respondents were not aware of any programs that existed to treat a marijuana use disorder or if any are even needed. If they mentioned a program at all, it was usually designed to treat a separate disorder or social problem and they thought that a potential marijuana use disorder could be addressed within one of these programs. Most everyone felt that a marijuana use disorder must be extremely rare since marijuana use is never associated with overdoses."*

– Region 5 CSB





**Expand prevention efforts for youth:** CSBs repeatedly mentioned youth and young adults as an area for needed growth in prevention services. Specifics that were mentioned include increasing education and knowledge related to risks of use, reducing access to marijuana, and shifting perception of marijuana use as an adult activity, like alcohol or tobacco.



*“Increase our awareness and education campaigns regarding the scientific and public health aspects about the use of marijuana the current impacts on health, especially among youth, when they use marijuana.”*

– Region 2 CSB

*“The major takeaway our team found when conducting the Marijuana Needs Assessment was the overwhelming and ease of access for youth to obtain marijuana. Students in our after-school programs and school groups were more likely to respond negatively towards marijuana use than other students. This shows prevention programs and education does work.”*

– Region 2 CSB



**Acknowledge and address historical racial disparities within the criminal justice system:** The observation that Black and people of color have been treated differently for marijuana use, especially by the legal system, was made in several communities. Disproportionate numbers of the BIPOC population have been negatively impacted by strict enforcement of cannabis use laws in the past compared to their White peers.



*“Some talked about the difference in treatment with marijuana between White and Black people. They talked about White folks having enough money to set up farms, go through the legal process, but Black people go to jail for 3 joints in their car.”*

– Region 4 CSB

*“One area of inconsistency was focused on incarceration as a result of marijuana drug charges. No one really wanted to see anyone go to jail over marijuana use and realized that it has become a racial equality/social justice issue. Two individuals mentioned that we needed to reconcile the current laws with the old laws and release or reduce the sentences of those who are doing jail time for marijuana offenses.”*

– Region 5 CSB

*“He shared that 75% of all the drug arrests are Black people while Black people make only 15% of the county. He also mentioned how the laws are used to suppress the poor and damage the community.”*

– Region 4 CSB



# Reflections

## Successes and Challenges

### Gaming and Gambling - Successes

- > Assessment process increased awareness of the issue for both CSB staff and community members
- > Accessed additional support, like contracting with VCU, involvement from their coalition, organized regional efforts, and hiring new staff
- > Involved a wide variety of engaged community members that shared openly
- > Offered incentives to improve participant recruitment
- > Connected potential participants with the contractor via email (warm hand-off)



*"This assessment brought awareness of the issue to the participants. Most had not given it much thought, but through this process, became aware of the breadth of issues it may raise in the future."*

— Region 5 CSB

*"The needs assessment process was helpful in getting a better understanding of the types of gambling activities occurring in our communities. The process also shed light on how our community understands what constitutes as gaming and gambling. I think for many of our interviewees, they now see things different than they did before the interview. For example, one interview was helping fund her son's gambling addiction without realizing that that was what she was doing when she gave him money monthly to "help him with bills" and he used some of her money to play lottery on a regular basis."*

— Region 4 CSB

### Gaming and Gambling - Challenges

- > Meeting the due dates and the lack of coordination between this project timeline with other due dates for CSBs
- > Identifying and engaging participants in the process, including industry and leadership voices
- > CSB staff capacity to complete the assessment
- > The assessment tool itself: length, depth, and wording of interview questions
- > Scoring responses, especially how to categorize responses and capture polarized views within a group



*"It was more challenging than expected to identify key informants and stakeholders for the issue of problem gaming and gambling. Many community leaders and stakeholders who were initially asked indicated they had no awareness of gambling or gaming as an issue and therefore did not feel their input would be beneficial."*

— Region 1 CSB

*"Getting key informants to participate as it's hard to ask one more thing of community partners as they're actively addressing COVID response and experiencing personal burnout from the past 2+ years of living through collective community traumas of pandemic and social/civic unrest."*

— Region 1 CSB

## Marijuana – Successes

- > Community members were open, candid, friendly and engaged in the conversations
- > People seemed eager to share their perspective on marijuana
- > Process was received positively and increased awareness and knowledge of the issue
- > Outreach sparked new conversations with a diverse group of stakeholders, including community leaders and youth

“This assessment was received very positively. Most everyone was eager to share their experiences with marijuana and they are eager to see it legalized more fully. For the most part, every place visited was friendly and open to questioning and it was easy to see that this is an issue that affects people of all ages, socio-economic statuses, and races.”

– Region 5 CSB

## Marijuana – Challenges

- > Engaging some community partners to participate
- > Resources and effort needed to complete was extensive
- > Some responses felt guarded
- > Tool was perceived as long, difficult to score and/or using hard to understand terminology

“It was difficult to get people to agree to be a part of the process. Some were fearful that their employers would find out that they participated. There seems to be fear of reprimand for giving data and opinions about marijuana and gambling, which makes data collection difficult.”

– Region 4 CSB

## Learnings for Future Needs Assessments

- > Identify multiple points in time when the assessment will be conducted in initial planning and preparation to establish baseline data and create opportunities to evaluate impact of prevention activities through follow-up assessments.
- > Hiring of external contractors aided in saving time and resources and allowed interviewees to be more open. Support CSBs to contract out for the work if they lack internal staff capacity to complete it.
- > Utilize 2-person interview teams.
- > Include incentives to demonstrate value for interviewee's time and expertise.
- > Provide additional trainings that include practice scoring responses. Review the scoring guide for clarity, ease of scoring, and ability to capture polarized responses.
- > Give a longer timeline (that doesn't overlap with holidays) and more support planning the implementation of the assessment.
- > Facilitate the sharing of learnings within CSBs (from staff to staff) and across CSBs.
- > Offer outreach support to CSBs to identify and connect with potential participants.
- > Implement strategies that were successful during this assessment.

“I feel like we have just scratched the surface regarding community readiness and marijuana. We need to continue listening sessions and focus groups with both youth and adults.....especially as the legal landscape shifts [regarding] marijuana laws in Virginia.”

– Region 4 CSB

## **Prevention of Problem Gambling and Gaming CADCA Boot Camp**

With the legalization of online gambling and gaming, CSB Prevention teams continue to build their capacity related to the prevention of problem gambling and gaming.

To support this need, the Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness is hosting a CADCA Problem Gambling Boot Camp (April 4 – 6, 2023 in Staunton). CADCA is the national Community Anti-Drug Coalitions of America which is based in Alexandria, VA. One member of the RACSB Prevention Services team will attend on behalf of the agency.

The purpose of this boot camp is to:

- Identify local conditions that need to be addressed for each regional team
- Build the capacity of the Gambling Awareness Teams with representatives from Treatment, Prevention, and Recovery as well as local community members from various sectors
- Develop a communication plan to share and promote resources offered in each region
- Assess community readiness to address problem gambling with additional stakeholders not yet involved
- Recruit sectors to participate in identified initiatives

There will also be another day devoted to Social Determinants of Health on April 3, 2023.

# RAPPAHANNOCK AREA

## COMMUNITY SERVICES BOARD

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: January 18, 2023

Re: Report to RACSB Board of Directors for the January Board Meeting

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### Outpatient Services

Caroline Clinic established a waiting list on 11/17/2022. The waiting list remains active and averages 40-45 individuals waiting for services. The Clinic Coordinator contacts individuals on the waiting list weekly to check-in. Clinic staff completed 13 intakes for our priority populations in December, and we also continue to offer an adult Wellness group. The clinic now has three vacancies, including office manager and two clinician positions. We remain committed to the individuals we are currently serving.

The Fredericksburg Clinic and Children's Services Clinic completed over 100 intakes for outpatient therapy and medication management, during the month of December. The waitlist has been active for the last year at the Fredericksburg Clinic. We have been able to schedule or refer out approximately 650 adults since initiating the waitlist, in addition to completing at least 15 intakes a week for our priority populations. It is our hope that we will be able to transition back to Same Day Access in the next month. We continue to provide services over ZOOM and in person at both locations. Two clinicians completed the second part of EMDR training provided by the EMDR Institute in December and are excited to incorporate this treatment into their practice. Two of our interns, Joshua Robinson and Breanna McConnaughay-Tate, have accepted full-time positions as our new Intake Therapist and Clinical Outreach Therapist, respectively. The Fredericksburg Clinic will be fully staffed for MH clinicians (9 clinicians total between the Fredericksburg Clinic and Children's Services Clinic) by the end of January!

The King George Clinic continues to offer the weekly in person women's and men's substance abuse groups. This month we had two men successfully graduate from the program and one woman. King George Clinic staff completed 23 new client intakes during the month of December. One King George therapist shared a success this month of a member in group who was very resistant initially to group. This individual served has recently shared that the group has been very good for him and helped him to feel more connected and understood.

The Spotsylvania Clinic currently has four therapists and one Masters level intern. The therapists completed 23 assessments in December. The clinic continues to be on a waitlist that averages an additional 50 individuals waiting for services. As of Feb, the clinic will have four therapist vacancies. Therapists continue to balance high caseloads and



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administrative tasks in stride! Carter Collins will be joining the team on 1/23/23 as the new Office Manager. The Office Associate position continues to be vacant.

Melis Akin, School Based Therapist, continues to provide therapeutic services to students in an elementary, middle, high, and public day placement. She completed three additional intakes in December. There continues to be an additional School Based Therapist position open. We are eager to fill this position, as additional schools in Fredericksburg City have requested therapy services.

Heather Tiffany, Safe Harbor Therapist, completed an additional two assessments in December. She continues to provide Trauma Focused Cognitive Behavioral therapy to children who have disclosed abuse through Forensic Interviews. Safe Harbor is currently operating on a waitlist, as there continues to be a vacant therapy position. Heather continues to participate in Training for Adoption Competency (TAC) to provide additional support to individuals in the adoption triad or foster care.

### Emergency Services

Emergency Services saw a decrease in overall TDOs issued and state hospital placements in December. The issue remains with individuals waiting 24-72 hours in emergency departments under safety net TDOs, however clients are being placed at private hospitals within that time frame with lower hospital censuses. In addition to lower state admission numbers, there was also a decrease in TDOs served out of the area with only two individuals being placed out of the area and one of the two able to utilize alternative transportation. Staffing shortages remain in ES with a positive interview resulting in a new hire starting in January 2023. The Emergency Services Coordinator assisted in regional interviews for the region one adult and children's mobile crisis program. The ES coordinator also attended a staff meeting with psychiatric services at Mary Washington Hospital to provide training on ES and our roles for their newer staff to ensure the best collaboration between the two teams. The CIRT (Crisis Intervention Response Team) with Fredericksburg Police provided public relations announcements for the community to continue to be made more aware of the program. Outside jurisdictions have even made requests with significant mental health calls for possible response support from the team.

### Case Management

Jason McIntosh with RACSB's Projects for Assistance in Transition from Homelessness (PATH) program, has been busy lately. Over the past month or so the PATH program prevented an eviction by moving the individual to a new apartment and offering support to get them settled into their new home. Mr. McIntosh also supported a gentleman in returning to his home after he came to VA from FL after a disagreement with family. Lastly, the PATH program assisted a gentleman who was recently released from jail by connecting them with a neighboring Community Services Board who was able to support them in restoring their waiver and housing. The PATH program is a part of the Adult Mental Health Case

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Management program within RACSB and provides services in conjunction with Micah Homeless Services in the community.

### Jail & Detention

Detention has a census of 34 residents. Currently there is one group of six male CPP residents and 3 male residents in the Post D program. Detention has one current vacancy for a part time therapist position. The Mental Health Therapist position remains vacant at the jail and there is a vacancy for the MAT Peer Specialist position.

### Specialty Dockets

Specialty Dockets continued to welcome new participants and celebrated some graduations in December. The Behavioral Health Docket was officially approved by the Supreme Court and has been providing services to seven participants in the program. We have seven current participants in the Veteran's Docket with the next graduation scheduled for February 2023. We gained a new participant in the Juvenile Drug Court Program and completed an evaluation for a second participant. We continue to seek a therapist for our District 21 Probation and Parole Therapist and have been seeing this population at the clinics where they reside.

### Substance Use

Our substance use programs continued to operate with two therapist vacancies and one Project LINK specialist vacancy, during the month of December. Project LINK continues their Nurturing Parents program and Baby Bucks Boutique. The SUD coordinator and OBOT peers continued attendance at the Opioid Workgroup's harm reduction subcommittee, along with other community stakeholders. The OBOT case manager, Arianna Colley, continues to offer Rapid REVIVE and Narcan to interested/at-risk individuals. Staff continue to work closely with Rappahannock Regional Jail to facilitate smooth transitions for individuals with opioid use disorder being released from the jail.

## HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS, **December 2022**:

### Training

Human Resources held two New Employee Orientation's during **December**. A total of fourteen new employees were brought on, twelve are full-time, two are part-time.

### Recruitment

In the month of **December**, we made fifteen offers to external applicants and five offers to internal candidates.

Indeed, continues to be our best source for applicants. We ran a total of 21 positions this month and received 771 resumes for the various positions.

### Human Resources & Employee Relations

Congratulations to the following employees who have recently received promotions:

Carter Collins	Promotion to Office Manager II - Spotsylvania
Denisha Hopkins	Promotion to Group Home Manager – Leeland Rd

### December Employee Events

Employee Holiday Party was held at the Fredericksburg Expo Center. Overall attendance was 228 employees and guests. Entertainment was provided by First Choice Entertainment to include light music at dinner, dancing after dinner (a Congo line was led by Joe Wickens), and a photo booth.

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

Michelle Runyon, HR Director

## RACSB Board Report Compliance

### Incident Report

- There were 189 Incident Reports entered into the Electronic Incident Report Tracker during the month of December. This is a decrease of 7 from November, and a decrease of 9 from October 2022. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were Health Concerns (62 reports) and Individual Served Injury (24 reports).
- Quality Assurance Staff entered 21 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system. (9 Level 1, 15 Level 2, 6 Level 3); a decrease of 10 from November. There were 15 positive COVID cases reported, and 21 COVID testing reports. Positive cases were reported regarding individuals receiving DD or MH Residential Services.
- There was one report elevated to care concern by DBHDS. These are reports that based on 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 review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- 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-one root cause analysis were requested and 16 were completed. No expanded root cause analysis were required nor received in December.

### Human Rights Investigations

QA staff initiated nine and closed five investigations during the month of December. Four investigations initiated were the same allegation of verbal abuse towards the members of a DD residential program; there were five total investigations for verbal abuse (four still open, one unfounded) in two DD Residential Programs. Two investigations were regarding physical abuse (unfounded) which occurred in two DD Residential programs. One investigation regarded an allegation of both physical and verbal abuse (unfounded) in an ICF Residential program. Two investigation was regarding an allegation of neglect (non-peer-to-peer) one of which was substantiated in an RAAI program, and one unfounded in an DD Residential program; both of these were medication errors. Finally, an investigation regarding an allegation of exploitation in a Support Coordination service.

### External Reviewers

- DMAS audit began on November 14 and worked through the month of December. They plan on completing their audit in mid-January. Since the audit began, the QA team has pulled 417 items from various charts at the auditor's request.
- QA staff provided requested follow-up information to Brian Dempsey, Senior Licensing Specialist with the Department of Behavioral Health and Developmental Services (DBHDS), on 4 incident reports submitted into CHRIS.
- QA staff received three external chart review requests and responded to 4 external chart reviews by submitting requested documentation.
- QA staff received and responded to 7 emails from various Human Rights Advocates regarding investigative reports, CHRIS reports and external providers. In addition, QA staff responded to various documentation request from the Advocates.
- QA staff received 4 phone calls and multiple emails from various programs with questions about incident reports, human rights, complaints, and root cause analysis (RCA) process.

### **Complaint call synopsis:**

The QA team received four complaint calls in the month of December. The two calls concerned dissatisfaction with the med-line; after collaborating with Nurse Manager and her team, the client's concerns were able to be resolved to the satisfaction of the client. One complaint call concerned services at Kenmore club; Club Coordinator was able to provide clarity on the situation and the complaint was resolved to the client's satisfaction. Finally, one complaint call was from a family member of an MH OP client with concerns about medications and policy. This family member reported that the website complaint form on the website was broken, and that he has had "the runaround" when trying to get information; however, we could not resolve this complaint to the caller's satisfaction, as he had no current release on file and the client had no complaints.

### **Trainings/Meetings**

- 1/10 Compliance Committee Meeting
- 12/5 – Investigative interview (1)
- 12/19 – Investigation interviews (4)
- 12/20 – Investigation Interviews (4)
- 12/21 – Investigative interviews (2)
- 12/27 – Investigation Interviews (4)
- 12/28 – Investigation Interview (1),

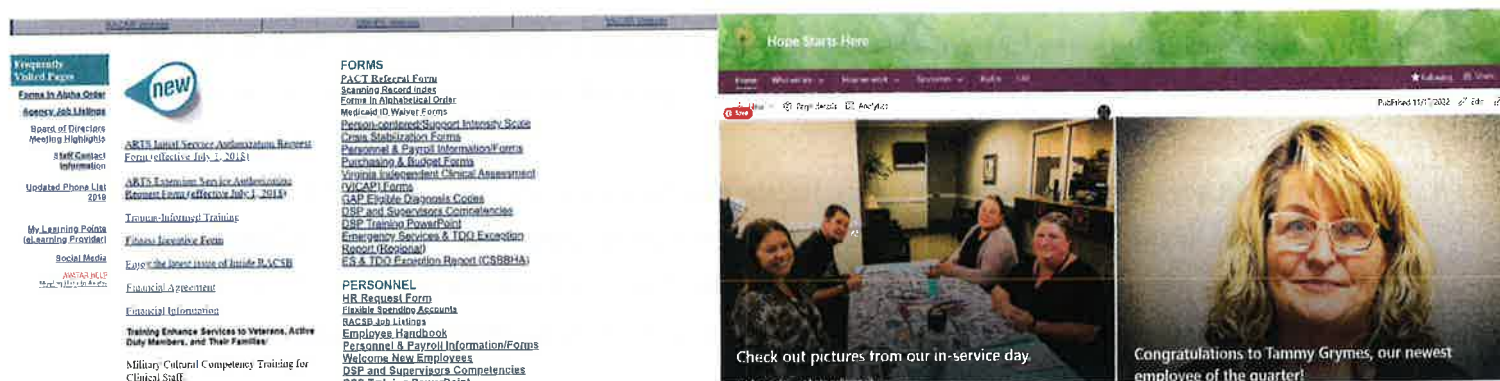
### **Other Activities**



# Public Information Board Report: January 2023

## Communications Update: Highlights

- Online shop created for RAAI's Valentine's Day flower sale--order yours by Feb. 10: [www.rappahannockareacsb.org/shop](http://www.rappahannockareacsb.org/shop)
- Attended quarterly meeting of the CSB Communications Coordinators. This networking proved useful when I was able to connect with the Communications Coordinator of Region Ten to discuss a communications plan for the closing of crisis stabilization. Their program temporarily closed six months' earlier and reopens this month.
- The December blog post offered tips for staying sober while celebrating the New Year and the January column for The Free Lance-Star was on resolutions and mental health.
- This month included two delicate communications projects--announcing the temporary closure of Sunshine Lady House and explaining the negotiations between Anthem and Mary Washington Healthcare to staff.
- RACSB's Communications Committee is working toward a March 1 launch of the employee intranet. We are holding an intranet naming competition, which has more than 50 suggestions so far. Below, see the old intranet and the new one.



Our workplace giving campaign for Rappahannock United Way had a successful finish. We set a goal of \$25,000 and raised \$29,000. One of our fundraisers was a gift basket auction. See a sampling of baskets below.



## **MEDIA RELEASE**

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

600 Jackson Street, Fredericksburg, VA 22401

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

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

#### **FOR IMMEDIATE RELEASE**

January 11, 2023, Fredericksburg, VA

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

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

## **Workforce Challenges to Temporarily Shutter Crisis Stabilization Program**

**Fredericksburg, Virginia**—Rappahannock Area Community Services Board announces the temporary closing of its residential crisis stabilization program. Significant staffing shortages have impacted the program's ability to safely treat individuals experiencing acute mental health crises.

The Sunshine Lady House for Mental Health Wellness & Recovery will close its doors to guests on Feb.

7. RACSB leadership anticipates the residential crisis program will be shuttered for less than six months.

"Sunshine Lady House provides high quality, holistic care for individuals in crisis," RACSB Executive Director Joe Wickens said. "Grateful guests often tell us that this program saved their lives. We are committed to offering the best care possible, but persistent staffing shortages prevent us from providing the services required. A temporary closure should allow us to focus on recruiting, hiring and training staff."

The ongoing staffing struggles at Sunshine Lady House reflect a nationwide behavioral healthcare workforce crisis. RACSB implemented various strategies which allowed the crisis stabilization unit in Fredericksburg to remain open during the Covid-19 pandemic while other programs in Virginia closed. As the workforce issues continued, regulatory staffing requirements increased, so the program now needs more employees to provide residential crisis services which include 24-hour nursing, round-the-clock admissions, psychiatric assessments, counseling and more.

During the temporary closure, individuals in the Fredericksburg area who require crisis stabilization services will be referred to the Wellness Recovery Center in Charlottesville and Arbor House in Harrisonburg. Sunshine Lady House employees will be redeployed to other RACSB programs.

"Opening our doors and resuming services is a top priority," Community Support Services Director Amy Jindra said. "We know the community relies on Sunshine Lady House. The dedicated employees allowed

us to continue providing the highest quality of care in challenging times and we look forward to continuing that tradition as soon as possible.”

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

###

# RAPPAHANNOCK AREA

## COMMUNITY SERVICES BOARD

You may have received notice that our health insurance provider is in contract negotiations with Mary Washington Healthcare. Anthem recently sent letters warning clients that MWHC could be out of network as of March 1.

The contract between Anthem and MWHC is scheduled to end on Feb. 28. Talks are ongoing and we hope that the companies will reach an agreement soon.

We know that this can be confusing and stressful, especially for employees who have ongoing medical conditions. We want to make sure we keep you up to date. Please look for updates on the topic in our weekly Information Friday emails.

The negotiations are stalled around the amount Anthem would pay MWHC for services. Contract negotiations happen fairly regularly and often come to a resolution at the last minute. Both sides say they are committed to finding a solution quickly.

**If there is no agreement by Feb. 28, then MWHC will be out of the Anthem network.**

- This would impact most MWHC services and providers including Mary Washington and Stafford hospitals, Snowden at Fredericksburg, Fredericksburg Ambulatory Surgery Center, Fredericksburg Endoscopy Center, Mary Washington Urgent Care, Mary Washington Physical Therapy, all Mary Washington Medical Group offices, Mary Washington Eye Care Center, Mary Washington Sleep Medicine, and all Mary Washington outpatient departments.
- Some services will remain in-network—Mary Washington Home Health, Mary Washington Hospice and Medical Imaging of Fredericksburg.
- If you are in active treatment, the law requires Anthem to cover services after Feb. 28 even if MWHC is out of network. This would include expectant mothers, cancer patients and people who have procedures already scheduled at Mary Washington or Stafford hospital. This benefit is available for a limited time, so please call the member services number on the back of your insurance card for details. You could also call MWHC's patient financial navigators at 450-741-1041 for help.
- **Medical emergencies will be covered as "in-network." Anyone needing emergency care should go the nearest hospital or call 911.**
- You could continue to see MWHC physicians and use MWHC facilities/services but these would be out-of-network and would incur higher costs. MWHC does have a financial assistance plan, and you can read about that here: <https://www.marywashingtonhealthcare.com/documents/content/MWHC-Patient-Financial-Assistance-Policy-2021.pdf>

# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

- To find in-network providers, you can use the Sydney Health mobile app or go to [anthem.com](https://www.anthem.com).
- For more details:
  - <https://www.anthem.com/marywashington/>
  - <https://www.marywashingtonhealthcare.com/patients-visitors/pay-my-bill/anthem-insurance-plans-q-a/>
  - Or call MWHC at 540/741-1041.



# Prevention Services

**Michelle Wagaman, Director**  
mwagaman@rappahannockareacsb.org  
540-374-3337, ext. 7520

**January 2023**

## Initiatives

**Youth Marijuana Prevention** – The analysis of the state-wide survey and research by OMNI Institute was released and presented at the recent Prevention/Public Information Committee meeting.

**Responsible Gaming and Gambling** – We intend to create a messaging campaign and to host an awareness event in March which is Problem Gambling Awareness Month.

**ASIST (Applied Suicide Intervention Skills Training)** – Our trainers are collaborating with other CSBs to co-train in February, March, and April. Our next local ASIST training is scheduled for July 10 -11, 2023.

To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2023>

**safeTALK** – Our next offering of this 3-hour suicide alertness training is February 13, 2023 at 1:00 p.m. and again on March 21, 2023 at 9:00 a.m. Trainer Sherry Norton-Williams assisted Old Dominion University with training 120 students through four simultaneous trainings on January 6, 2023.

To register: <https://www.signupgenius.com/go/RACSB-safeTALK-Training2023>

**Mental Health First Aid** – We continue to host this 8-hour course both virtually and in-person.

In January, we held trainings in partnership with the University of Mary Washington, Rappahannock Criminal Justice Academy, and Marine Corps Base Quantico.

To register:

Adult MHFA - <https://www.signupgenius.com/go/RACSB-MHFA-Training2023>

Youth MHFA - <https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2023>

**Lock and Talk Virginia** – We are gearing up to launch a new website. This will include a new and improved portal for participating CSBs and communities to access the branded materials.

**REVIVE!** – We continue to host virtual REVIVE! trainings via Zoom 1-2 times per month. We are seeing an increase in community partners requesting REVIVE trainings for their staff, volunteers, and clients served.

We have trained 645 community members in REVIVE! and another 32 as trainers since July 1, 2022. Additionally, we have dispensed 632 boxes of Narcan (each box contains two (2) doses).

To register for a REVIVE! training: [https://bit.ly/VIRTUAL\\_REVIVE](https://bit.ly/VIRTUAL_REVIVE)

To register for Narcan dispensing: [https://bit.ly/RACSB\\_NARCAN](https://bit.ly/RACSB_NARCAN)

There is increased interest from community partners to expand Harm Reduction Initiatives in our community. Members of the Opioid Workgroup are researching options and in dialog with community leaders.

**ACEs and Resilience** – RACSB Prevention Services is resuming in-person trainings and continuing to collaborate with fellow CSBs to host virtual Understanding ACEs trainings.

To register for in-person trainings: <https://www.signupgenius.com/go/RACSB-ACEsTrainings2023>

To register for virtual trainings: <https://forms.gle/mS9g5tZaQiuopFL08>

We are hosting part II of the Trauma Informed Leadership certification with Rick Griffin from Community Resilience Initiative (CRI) on February 8, 2023. Additionally, Rick Griffin will be the Keynote Speaker for Youth First on Friday, February 10, 2023. To learn more or register for this free event: <https://www.youthfirstconference.org/>

### **Healthy Families Rappahannock Area (HFRA)**

HFRA helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children.

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	0	6	2
CITY OF FREDERICKSBURG	5	4	30	9
KING GEORGE COUNTY	0	0	5	1
SPOTSYLVANIA COUNTY	2	3	64	11
STAFFORD COUNTY	2	6	35	6
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>10</b>	<b>13</b>	<b>140</b>	<b>29</b>

- HFRA was awarded a \$5,000 grant from Northern Neck Virginia Insurance.
  - NNINS Community grant will be used to support the re-development of HFRA's infomercials to be shared with community partners as well as the revision of HFRA's current website. HFRA used Amy Umble's message that "People search the web for two reasons, either they are searching a name or seeking an answer to their question." HFRA wants a website that is focused on being the name people are searching for or the answer they are seeking.
  - NNINS stated that "Healthy Families Rappahannock Area stood out as one of the most impactful programs in Virginia." We are excited that this grant will help support our vision of extending community awareness through the use of technology.
- HFRA was awarded a \$10,000 grant from the Fredericksburg Savings Charitable Foundation Fund of the Community Foundation.
  - The Community Foundation grant will be used to support the community awareness of HFRA. HFRA will use \$5,000 of the funds to purchase infant carriers (approx. 90 carriers) to be used for new families enrolling in the HFRA program. HFRA will also use a \$1,500 towards age appropriate manipulative bags for families and \$1,500 on books to promote early childhood literacy. The last \$2,000 will be used to help with the revision need of the HFRA website as well as the infomercial to promote community awareness.
- Additional donations received from Community Partners
  - CMS Mortgage Solutions – \$3,800
  - Creative Clips Hair Salon – \$600
  - Kilgore and Smith Personal Injury Law Firm – \$1,100
  - Prince Hall #61 – \$1,000 and 20 Thanksgiving Dinners
  - Sunshine Volunteers provide 110 toys for the target children of HFRA who had RSVP'd for the Holiday Drive Thru
- HFRA voted in six (6) new members to the HFRA Board of Directors. New Board Orientation was done with five (5) of the new members on December 13, 2022.
- HFRA was awarded a \$5,000 mini grant from Mary Washington Hospital. The "What if she knew" project will be used to for Advertisement and Awareness during pregnancy. Materials consist of questionnaires for parents to ask their medical team and brochures to provide knowledge of the importance of prenatal care. HFRA will also use a portion to create an infomercial which can be shared on social media platforms.
- HFRA provided 110 families with \$100 Walmart gift cards during the Holiday Drive Thru on December 10, 2023.
- The Program Manager and Family Resource Specialist met with the nursing staff of Spotsylvania Regional Medical Center to establish further partnership.






# Understanding Adverse Childhood Experiences & Building Self-Healing Communities




## UPCOMING TRAINING DATES


*January*

 Jan. 24 (9am-12pm).


*February*

 Feb 16 (9am-12pm).


*March*

 March 16 (9am-12pm).


*April*

 April 19 (12pm-3pm).

*May*

 May 23 (9am-12pm).

*June*

 June 21 (12pm-3pm).

## FREE! VIRTUAL TRAININGS

When children experience traumatic events, it can have lasting effects on their mental health and wellbeing. These events are called ACEs.

This important training helps raise awareness and provide resources in an effort to reduce ACEs, foster resilience, and improve the overall health of our communities.

**Click on the date to**

*REGISTER NOW*



This free training is made possible by these collaborating Community Services Boards:  
Alleghany Highlands;  
Chesapeake; Chesterfield;  
Goochland Powhatan; Hanover;  
Henrico; Horizon; Northwestern;  
Rappahannock Area; Region Ten;  
Rockbridge Area; Southside;  
and Valley.

## Community Support Services Board Report: January 5, 2023

### **Developmental Disabilities (DD) Residential Services - Stephen Curtis**

An individual was recently accepted into Scottsdale Group Home and has moved in on 1/13.

Our group homes were treated to dinner with Santa Claus on 12/12 for an annual gathering hosted by the Lion's Club. Everyone seemed to have a great time. We appreciate the Lion's Club for always being so generous to our Residential Programs.

The Sponsored Placement Team delivered treats and caroled together over the holidays. The train of carolers started small but grew larger as other providers and individuals decided to join in and travel along.

An individual from Merchants Square obtained a job at Outback Steak House in December following her original job having been phased out. We join her in her excitement.

### **Assertive Community Treatment (ACT) – Tamra McCoy**

Latonya Williams returned to ACT SOUTH. She is now a part time nurse (PRN) as she continues to pursue her BSN full-time. Latonya is an exceptional employee and we are very pleased she has returned to our program.

We discharged one client on the ACT South Team. This client has transitioned to the agency residential program. He was enrolled in our program in 2018 as he was living with his family. The client's family moved and we are unable to provide the structured care he needed. This client has done well in residential placement.

ACT South is in the process of enrolling a client who is transitioning out of the agency residential program. He is on a conditional release plan due to being found not guilty by reason of insanity; we are awaiting court approval for the move. He will be living independently upon discharge from residential. He will need ACT supports in place as he begins to remain stable in the community by living independently. We also received two referrals from previous clients. The ACT Coordinator has attempted to contact these former clients to discuss readmission.

Our program continues to provide ongoing supports in a wide array of circumstances.

### **Psychosocial Rehabilitation: Kenmore Club - Anna Loftis**

Kenmore Club is planning a trip to Kings Dominion this month, after having to reschedule from last month. We have increased our community engagement this month and are scheduled to visit Friendly Oaks as well as Western State Hospital. We are excited to welcome 5 interns for this semester, which will hopefully bring new and exciting group options for the members. Our current enrollment is 77.



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

RAAI is selling Valentine's Day Flowers again this year! See website for details.

RAAI is currently supporting 110 individuals; with nearly 60 individuals on the waitlist for services. With three new hires in December and three more scheduled for NEO in January we hope to have all individuals return to 5 days a week at Kings Highway.

Focusing on returning to quality community focused programming, Community Engagement and Volunteering has increased with the individuals in programming. Average CE hours are up to 2.157; not yet to pre-covid numbers but significantly better than the last two years. Last month, 37 individuals did 41.6 hours of volunteering. Our newest volunteer opportunity is a partnership with Sunshine Lady House, helping with their grocery pickup.

**Mental Health (MH) Residential Services - Nancy Price**

There were two individuals housed in PSH in December, which brings the total to 38 individuals currently housed in PSH.

Lafayette Boarding House had one individual complete a successful trial pass and was admitted to the program on December 19. The individual was a previous ACT participant and was experiencing homelessness. ACT and MH Residential worked closely to successfully transition the individual into to Lafayette Boarding House.

Home Road hosted trial passes for three individuals in December. Two individuals were accepted into transitional beds and will be admitted in January. The other individual was accepted for the next available community bed, which is expected in January or February.

PSH has identified a larger building to move into, which will better accommodate the growing program. PSH is tentatively scheduled to move into the Bowman Center at 3302 Bourbon Street, on March 1, 2023.

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

There are currently 517 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. Due to increased referrals, we are scheduling an average of 15 assessments for new clients weekly. We traditionally schedule 13. There are currently 16 providers on staff. We currently have an open position for a speech-language pathologist.

**MH Crisis Stabilization: Sunshine Lady House - Heather Honaker**

Staffing challenges persist in the SLH program, which currently has nine full-time vacancies. Recruitment efforts continue.

In honor of her late daughter's birthday, community partner Cathy Hoskins, delivered gifts to the guests of the sunshine lady house.

SLH received monetary donations from Travelers Rest Baptist Church and in memory of a past SLH guest. We are grateful for the generosity of our community.

From the December Survey Comments- "Everyone, from staff to guests, were kind and open. I'm incredibly grateful. The environment evoked positive memories from my childhood. I was afforded autonomy, and that makes the difference. We were given tools and then given the resources to exercise them immediately. Thank you so much."

## **RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**

### **December 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. RACSB staff, Suzanne Poe and Brandie Williams serve on the joint CCS User Acceptance Testing group which is currently meeting frequently to consider requests for changes in CCS for the upcoming fiscal year. The group has developed a draft version of the specifications which will be reviewed by all CSBs by the end of the month. Although there were twelve proposed changes from DBHDS for consideration, only one change will be implemented in the upcoming annual change cycle.

#### 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, was June 27, 2022. The new date for full implementation of additional 280+ data requirements has not been announced.

#### Waiver Management System (WaMS)

RACSB continues to implement interoperability with our electronic health record, myAvatarNX with the state-wide Waiver Management System. RACSB staff participate in the development and implementation of annual changes to this system. Finalized specifications for the upcoming year's changes were provided in December 2022. RACSB has made all the required changes in our test system and work consistently to ensure we are prepared for the go-live of May 2023.

#### Opportunities for Partnership/Input:

- Presented to the Caroline County Public School's CARE team meeting on RACSB services and initiatives
- Attended the December 2022 Behavioral Health Commission
- Participated in the George Washington Regional Commission meeting regarding Opioid Abatement Funding.
- Met with Dr. Patti Lisk from Germanna to further develop internship opportunities for the new Behavioral Health program.
- Participated in a panel for the Virginia Health Workforce Development Authority in Chesterfield to represent the public behavioral health perspective via invitation from Deloitte.
- Continued meeting with a combined group of CSB and DBHDS representation to streamline the performance contract.
- Supported the development and inclusion of RACSB in DBHDS' application for the Certified Community Behavioral Health Clinic (CCBHC) planning grant through SAMHSA.
- Served as one of two CSB representatives in an on-site meeting with DBHDS Information Technology Leadership at Central Office to guide strategic decisions around current and future IT projects.

#### 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:

- 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.
- 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 has grown to over 50 members.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Led the operational and advocacy workgroup of the Rappahannock Area Behavioral Health Workforce initiative.
- Supported the development of a data quality tool to assist as an interim solution which will allow CSBs to report data around CIT to DBHDS in a more flexible manner. Further worked with DBHDS to provide our developed tool as a foundation for implementing statewide.
- Met with Netsmart to develop the automated transfer of information required for the new Bed Registry which will be developed at no additional cost to RACSB.
- Participated with stakeholders across the system to develop a call to action for advocacy for the inclusion of Licensed Professional Counselors as providers able to bill for Medicare.
- Participated in Bed Registry demo for new statewide Crisis Data Platform
- Completed first quarter goal review and meetings with all program directors
- Met with DBHDS to plan BOX migration project regarding WaMS.