

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

March 18, 2025

600 Jackson Street, Board Room 208
Fredericksburg, VA, 22401

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February 2025 Board of Directors Meeting Minutes

I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on February 18, 2025, at 600 Jackson Street and called to order by Chair, Nancy Beebe at 3:00 p.m. *Attendees included:* Nancy Beebe, Claire Curcio, Jacob Parcell, Greg Sokolowski, Carol Walker, Matthew Zurasky, Melissa White, Susan Gayle and Shawn Kiger. *Not Present:* Glenna Boerner, Ken Lapin, Bridgette Williams, and Sarah Ritchie.

II. PUBLIC COMMENT

No Action Taken

III. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

10 years

Anna Loftis, Coordinator, Kenmore Club

15 years

Kathryn Deters, Administrative Office Associate, PEID

IV. Employee of the 2nd Quarter – Rachael Nieves

V. BOARD CORE BEHAVIORS, *Ms. Nancy Beebe*

Ms. Beebe reminded the Board of the core behaviors throughout the discussions.

VI. PRESENTATION, OPIOID RESPONSE; PREVENTION SERVICES (Michelle Wagaman), CLINICAL SERVICES (Eleni McNeil) and SUNSHINE LADY HOUSE (Amy Jindra): Ms. Wagaman presented to the Board on how the agency is responding to the Opioid epidemic by going through prevention initiatives, Ms. McNeil covered treatment, recovery and harm reduction, and Ms. Jindra went over medically managed detox at Sunshine Lady House.

VII. MINUTES, BOARD OF DIRECTORS, **January 28, 2025**

The Board of Directors approved the minutes from the January 28, 2025 meeting.

ACTION TAKEN: The Board approved the January 28, 2025 minutes

Moved by: Ms. Carol Walker

Seconded by: Ms. Susan Gayle

VIII. MINUTES, EXECUTIVE COMMITTEE MEETING, **February 6, 2025**

The Board of Directors approved the minutes from the February 6, 2025 meeting.

ACTION TAKEN: The Board approved the February 6, 2025 minutes
Moved by: Mr. Matthew Zurasky
Seconded by: Mr. Shawn Kiger

IX. PROGRAM REPORTS

A. COMMUNITY SUPPORT SERVICES, *Ms. Amy Jindra*

1. **Program Update** – Ms. Jindra highlighted that RAAI had a successful flower sale despite tricky weather- they were able to get all the flowers delivered. Also, this quarter they are focusing on individuals desiring Community Engagement services based out of the YMCA and anticipate starting 2 new groups in the next 30-60 days. This will make a total of 5. Individuals go directly to the YMCA and then back out into the community. It allows for us to receive a higher reimbursement rate. In DD Residential Services, they are down to approximately 10 staffing vacancies and teams are working to eliminate instances of overtime across all DD Residential services. Additionally, more efforts are going towards Person Centered Thinking, which is all about focusing on the individuals. Unfortunately, a longtime individual of one of our ICF programs passed away in January due to medical complications. Staff will attend the services in February.
2. **Mental Health and Developmental Disabilities Residential Vacancies** – Ms. Jindra said that they are only going to have one vacancy at Leeland Road Group Home during the end of this weekend. They have an individual moving in on Friday. This is cause for celebration. They have an individual moving from Ross into Ruffins so that will fill Ruffins vacancy but then they will end up having two vacancies at Ross. They are looking at a myriad of referrals coming in including ones from DBHDS for the ICF programs. Mental Health residential has only three transitional beds vacant by the end of the week. Out of the six, they are down by half now. PSH is busy they have 63 individuals housed and 14 on the waiting list.
3. **Sunshine Lady House** – Ms. Jindra said they dipped down really low in December and they are creeping back up with 40% utilization in January. Still working and trying to encourage to get referrals but their acceptance rate is very high. For every referral received, there are only a handful they have to turn down due to medical reasons or behavioral risks that they can't accept into the program. They do have quite a few individuals that turn down services because they figure out something else.

B. CLINICAL SERVICES, *Ms. Jacque Kobuchi*

1. **Program Update** - Ms. Kobuchi gave highlights of her programs. She said that they continue to see staffing positions filled that they are very excited about. They have added another child adolescent therapist-emergency services who will provide community crisis stabilization service that had been completely vacant for a while. They had a busy month for adult case management, they added fourteen individuals to their caseload, which is a lot for them for one month. Also, the Fredericksburg Therapeutic Docket application was submitted. We should see this in the next couple of months.

Mr. Zurasky asked if the school-based therapist for Fredericksburg City serves three schools, what about the new school that finishes construction in July, and

is it replacing one of the schools or is it a fourth school. Mr. Parcell stated it would be a fourth school. Mr. Zurasky asked if we needed additional staffing for this position. Ms. Kobuchi said we don't have additional funding for staff. We initially had a grant from the state that paid for the school-based therapist but that money disappeared. We managed to get funding through Mary Washington Healthcare to sustain the one position for a year.

2. **State Hospital Census Report** -Ms. Kobuchi shared that there is currently one individual on the Extraordinary Barriers List. They have 36 individuals that are at state hospitals receiving treatment. There are a variety of hospitals where individuals are receiving treatment. Western State Hospital is our main hospital where we send people.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – January 2025.** Ms. Kobuchi stated that Emergency Services staff completed 177 emergency evaluations in January. Fifty-six individuals were assessed under an emergency custody order and sixty-three total temporary detention orders were served of the 177 evaluations. Staff facilitated two admissions to Piedmont Geriatric Hospital. A total of sixteen individuals were involuntarily hospitalized outside of our catchment area in January. Fifteen were able to utilize alternative transport, but one could not due to requiring oxygen. Data reports were submitted. They did hear today that the state is going to be using a new company to contract with for alternative transportation. Ms. Kobuchi said the pilot has been going amazingly well so she's not sure how this transition will affect that.
4. **CIT and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 31 individuals in the month of January. She took the Board through a chart indicating the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity. The Co-Response Team served 16 individuals in January. The therapist for the Fredericksburg team remains vacant. Stafford therapist position has been filled and the new therapist is in training. In January, two RACSB Co-Response staff participated in DBHDS Mobile Crisis Responder 48-hour training to support staff in obtaining additional knowledge necessary for mobile crisis response.
5. **Outpatient Waitlist and Same Day Access** – Ms. Kobuchi stated that the outpatient clinics have a goal to eliminate all waitlists and increase intake assessments provided through Same Day Access during FY25. The Fredericksburg, King George, Caroline, Children's and Spotsylvania clinics currently have no waiting lists. The Stafford clinic has a small waitlist of 3 individuals and reinstated Same Day Access on 2/4/25. Data on the number of intakes completed by clinic and how many of those are completing Same Day Access provided.

C. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** - Ms. Terrell shared with the Board that in January the compliance team focused on four main projects. The first one she referred to at last month's Board meeting, the real time audit project, which continues and is going really well, they are receiving great feedback from staff. The next project

is the Policy Pro program which will allow for all company policies for staff to be in one repository. On another project, they are working with the Lead Peer Specialist in regards to billing for peer services- previously we had not billed for peer services- but reimbursement rates went up so we are working towards billing for their services. The last project they are working on is with QI Folio, which is a company that has automated our audit.

2. **2nd Quarter FY25 Incident Report Review** - Ms. Terrell said that the report provides an overview of incident reports submitted by RACSB staff during the months of October 1, 2024 through December 31, 2024. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives. Compliance staff received and triaged 714 incident reports from October 1, 2024 through December 31, 2024 (an overall decrease of 61 reports from last quarter). Of those 714 incident reports received, 68 incidents were reported to Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS), (47 Level 2, 16 Level 3, 5 Abuse/ Neglect / Exploitation (ANE)).

Mr. Zurasky noted that there are a number of Incident Report Categories that have no definition for them. He pointed out that Accidental Overdose, Medication Non-Adherence, Medication Poor Adherence and Missing Person, do not have definitions for them. Ms. Terrell said that they should all have definitions for them and she will ensure they have them going forward.

3. **Quality Assurance Report** – Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs: *Rappahannock Adult Activities (RAAI), Kings Hwy.*; Discrepancies noted with Documentation and Individual Service Plans, average score increased from 91 to 92 on a 100-point scale. *Substance Abuse Outpatient (SAOP): Caroline*; Discrepancies with Individual Service Plans and General Documentation. Caroline received a 95 on a 100-point scale. *Assertive Community Treatment (ACT)*; Discrepancies with Progress Notes and Medical Documentation. Average score increased from 78 to 96 on a 100-point scale. Corrective Action Plans were submitted for all discrepancies.

Mr. Parcell thanked Ms. Terrell for the updated report with the true internal data, he found it very helpful.

D. COMMUNICATIONS, *Ms. Amy Umble*

1. **Program Update** - Ms. Umble said the RAAI flower sale was a success and through the website they sold 46 orders and 68 bouquets. The flower sale was featured in the Fredericksburg Free Press. On Sunday, two of our therapists were featured in the Free Lance Star for a story about suicide prevention amongst veterans. There will be an RACSB team at “The Coldest Night of the Year” fundraiser walk for Micah Ecumenical Ministries this Saturday.

E. PREVENTION, Ms. Michelle Wagaman

1. **Program Update** - Ms. Wagaman shared that the Youth First Conference was held this past Saturday and they came in second place. It was a good turnout, 500 people with some really dynamic speakers and positive conversations, really good day. She said that this Thursday and Friday is the virtual portion of the Creating Trauma Sensitive Schools Conference. This is supported by scholarships from DBHDS. Region 1 CSB prevention teams held a planning retreat earlier in the month. Also, DBHDS provided information on a new Prevention Strategic Framework for 2025-2030. This will impact the strategies and initiatives RACSB Prevention Services implement in the future.

The Board took a ten-minute break at this time.

F. FINANCE, Ms. Sara Keeler

1. **Program Update** – Ms. Keeler shared that she is actively advertising and trying to recruit an accounting coordinator. The reimbursement department has been in clean up mode, they have been cleaning up some self-pay items to get ready for debt set off which is where they can recoup some of our funds that are owed to us. They have also been adjusting clients who have exhausted their Medicaid limits. There was also an error in some of the numbers that were discovered after they closed the reporting for the month and Ms. Keeler said she would go into more detail with the Board in the next reports with Crisis Stabilization. On the accounting department side, they had an onsite review from DBHDS that went very well. They received a report back with changes and suggestions that they will work through. They also completed the 1099 filing out to all of the vendors. They are also working on their mid-year report to DBHDS that is due this week.

Mr. Parcell asked about the annual external audit that is due every year, he wanted to know if that was up to date. Ms. Keeler said that it has been done but we don't have the reports back from our auditors. Ms. Brandie Williams said that they were due the first week of December 2024 and they have been diligently working to get the reports from the auditors.

2. Ms. Keeler reviewed the Summary of Cash Investments and Health Insurance.
3. Ms. Keeler reviewed the Summary of Investments.

Mr. Zurasky asked about one of the investments that matured, he wanted to know if we reinvested it into another bill or was it invested into a note and what was the rate. Ms. Brandie Williams said that we have Atlantic Wealth Management that manages all of the reinvestments. She was unsure if it was invested in a note or a bill but imagined it was transitioning more to the note as previously discussed how the market is changing for the longer terms. She said that we will see how it was invested on next month's report.

Mr. Parcell asked if the investment policy statement says how often they have to update the policy, he said it would be a good idea midyear this year to update the treasury policy. Mr. Zurasky agreed. Ms. Williams said that the Fall may be a

good time because that is when Atlantic Wealth Management has their strategy meeting with us. Mr. Wickens said we will keep on the radar for then.

4. Ms. Keeler reviewed the Fee Revenue Reimbursement and Collections.
5. Ms. Keeler reviewed the Write-Off Report.
6. Ms. Keeler reviewed the Payroll Statistics.
7. **Proposed Revision to Financial Policies & Procedures-** Ms. Keeler stated that during their recent DBHDS financial review they learned they should include in the policy a procedure to evaluate all contracts and subaward recipients with a checklist criterion if any federal funds will be used to pay for their services. Therefore, they are recommending language changes to the contract section of Section 2: Purchasing and to the administrative requirements section of Section 8: Contract Agencies in the financial policies and procedures to comply with this requirement.

Mr. Zurasky clarified that they were only voting on the red highlighted text in the document provided. Ms. Keeler confirmed. Mr. Zurasky recommended that they strike the word “all” before federal guidelines. He said he didn’t think that was possible. He suggested instead the word “pertinent” be used. It was agreed to make the change.

The Board moved to approve the amended changes to the Financial Policies and Procedures.

ACTION TAKEN: The Board approved the amended changes to the Financial Policies and Procedures.

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Claire Curcio

G. HUMAN RESOURCES, Mr. Derrick Mestler

1. **Program Update** – Mr. Mestler went over program highlights for January which was a very busy month for HR. Payroll closed out the calendar year and made sure that W2s were out to everyone. HR successfully transitioned the VRS retirement system to Voya. In employee relations, they implemented a third party FMLA administrator (absence tracker through Isolved) which is going well.
2. **Applicant and Recruitment Update** – Mr. Mestler noted that for the month of January, RACSB received 562 applications. Of the applications, 79 applicants listed the RACSB applicant portal as their recruitment source, 30 stated employee referrals as their recruitment source and 453 listed job boards as their recruitment source. At the end of January, there were 37 open positions, 26 full-time, 11 part-time. The HR department is currently working to quantify qualified candidates. More on this to follow in the coming months.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of 17 employee separations for the month of January. Of the separations, 14 were voluntary and 3 were involuntary. Mr. Mestler said that they looked at the reasons for the voluntary separations and a lot of the people who voluntarily resigned were given feedback as to their performance during recent evaluations and they chose not to continue on with the agency. He said this is an appropriate use of probationary time period. Some of the other voluntary resignations were relocations and a couple of people did not return from leave.

Mr. Zurasky asked about one of the resignations that states a reduction in force. He did not recall there being a reduction in force. Mr. Wickens said that it was for our landscaping. He shared that previously this was a contracted service then they made it a supported position for people we provided services for. That didn't work out very well so they decided to hire direct from the workforce. Unfortunately, that did not work out. Therefore, they are going back to contracting for landscaping services.

4. **DBHDS Workforce Reporting Overview**- Mr. Mestler shared the data for the quarter. He noted some changes over the past quarters, our DSP and nursing vacancies have gone down. The case manager and peer vacancies have increased. Mr. Parcell asked for the region and state averages to be added to this report in the future. Mr. Mestler confirmed to provide.

H. DEPUTY EXECUTIVE DIRECTOR, *Ms. Brandie Williams*

1. **Program Update** – Ms. Williams shared that currently March 1st is still the Go Live date for the transition to the new statewide data exchange. Nevertheless, Netsmart is having some challenges making sure it is ready to Go Live. Ms. Williams said that all CSB's are required to be on the new data exchange by June 30th. The state reporting and level of accountability that they have to have for this reporting will hit critical mass on July 1st. She said if they don't have an EHR that can deliver, and puts our service and our business line at risk, then they have to consider other options. If Netsmart does not deliver on March 1st they are considering other EHR vendors. Mr. Zurasky asked what the other CSBs were doing, if they were further along. If Netsmart doesn't deliver for us is there a viable alternative. Ms. Williams said yes there are at least three other EHR vendors who are not having the same level of problems as Netsmart that they may pursue. They would be free to explore other options after December, when the contract is up for renewal.

Ms. Williams also shared she participated in the DBHDS Incident Management System Replacement Committee which is leading the replacement of the CHRIS and CONNECT data systems. She submitted the name for the new system which was ultimately selected – Virginia Incident and Provider Reporting System (VIPRS).

2. **DBHDS Dashboard Report**– Ms. Williams presented the DBHDS Dashboard Report to the Board. The main objective of the dashboard is to have public accountability for meeting different outcomes from CSBs and is part of the Commissioner's strategic plan. Many of our measure ratings presented are measuring from the fall time particularly with Same Day Access Appointment Kept and SUD Engagement. Ms. Williams said those measures are really hard when you still have waitlists and you're trying to get waitlists down and you're still down in staffing. She noted that many of the measures are tied to our need for staffing stabilization.

Ms. Walker asked for more detail on the Universal Adult Columbia Screenings and Universal Child/Adolescent Columbia Screenings. Ms. Williams said that it is

a suicide risk screening. It is a screening required for us to give to all individuals when they enter services, it's built into our workflows and our EHR.

3. **Legislative Priorities Report** – The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

Budget Items/Updates:

Ms. Williams gave highlights from the House report:

- The entire \$8.7M that VACSB requested to assist CSBs with onboarding support coordinators
- \$8M for prevention services
- \$500k for substance use disorder rate increases
- \$500k for problem gambling and support services
- \$3.6M to expand Marcus Alert programs
- The entire \$1.5M that VACSB requested to fund outpatient competency restorations highlights from the Senate report

Include:

- \$16M in substance use disorder rate increase (the VACSB request was for approximately \$17M)
- Language directing DMAS to apply for a waiver to cover behavioral health services in jails
- \$7.8 to fund Marcus Alert programs

4. **Application for Step-VA Enhancement funds** – Ms. Williams shared that DBHDS Office of Adult Community Behavioral Health Services announced a new funding opportunity for Community Service Boards and Behavioral Health Authorities. Boards were able to submit proposals for how the funds can be used to enhance or improve implementation of the following components of STEP VA with a particular focus on Care Coordination. The RACSB applied for \$215,656 to enhance Coordination of Care through Same Day Access and Outpatient Services steps of STEP-VA.

X. **REPORT FROM THE EXECUTIVE DIRECTOR, *Mr. Joseph Wickens***

- A. Mr. Wickens said that at the request of the Board, they have signed on with Danielle Ross from Netsmart to provide consultation services in the writing of the company's strategic plan. He said they were the most appealing of all the providers in that she had previous experience doing this work with other CSBs. The first meeting will be held on Thursday, February 27th from 10am to 1pm. Ms. Danielle Ross is the contractor who will meet with all members of the Board as well as the management team. Board members to let Mr. Wickens know if they are interested in joining discussion.
- B. Mr. Wickens gave an update on the homeless outreach staffing position that the City of Fredericksburg approached us about in August 2024. At the city's request, we have been open to the discussion although we don't provide typical homeless support services outside our traditional behavioral health and developmental disability services. Still, the city is scheduling a meeting with us to continue talks about this

position. He said that other localities are also interested in doing something very similar. They have homelessness concerns that affect them differently. He will keep the Board posted on the status of this issue.

- C. Mr. Wickens announced that the All-Staff In-Service day for February had to be rescheduled due to a snow day. The new date is April 23, 2025.
- D. Mr. Wickens shared that two of our drug court staff made the front page of the Free Lance Star for a story on veteran suicide prevention. He mentioned that the program does incredible work that goes unnoticed in the public and it is great to see it get some recognition.

XI. BOARD TIME

- A. Ms. White thank you, let it snow.
- B. Mr. Parcell, thank you for all of the hard work, the packet is slim. I think we are finally at the fine point of our new Board meetings. I think all the content we need there is there, all the charts are starting to look better. It's very easy to read, great work. Evidence of all your hard work, thank you all.
- C. Ms. Curcio, thank you all, I appreciate getting the packet earlier. Impressed that the numbers keep going in the right direction.
- D. Ms. Walker, appreciate the way you summarize things, very efficient and effective. Thank you for all the work you do.
- E. Ms. Gayle thank you for all that you do, thank you for the food, it was exceptionally good. Thank you for your hard work.
- F. Ms. Beebe, thank you for the food, and for your hard work.
- G. Mr. Kiger, thank you all.
- H. Mr. Sokolowski, thank you.
- I. Mr. Zurasky, thank you, I think the package has gotten to where we can get through it in an appropriate amount of time and yet, anytime we have questions you can back fill and that's pretty impressive. Appreciate your efforts.

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

Ms. Beebe requested a motion for a closed meeting. Matters to be discussed:

- CRC Update

It was moved by Ms. Beebe and seconded by Ms. Curcio that the Board of Directors of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 – 3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

The motion was unanimously approved.

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

A roll call vote was conducted:

Claire Curcio – Voted Aye
Nancy Beebe – Voted Aye
Melissa White – Voted Aye
Carol Walker – Voted Aye
Shawn Kiger – Voted Aye

Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Susan Gayle – Voted Aye
Greg Sokolowski – Voted Aye

The motion was unanimously approved.

XIII. ADJOURNMENT

The meeting adjourned at 6:03 PM.

Board of Directors Chair

Executive Director

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

February 2025 Board of Directors Work Session Minutes

I. Call to Order

A work session of the Board of Directors of the Rappahannock Area Community Services Board was held on February 27, 2025, at 600 Jackson Street and called to order by Chair, Nancy Beebe at 10:00 a.m. Attendees included: Nancy Beebe, Jacob Parcell, Matthew Zurasky, and Bridgette Williams.

II. Strategic Plan Consultation

A. Introduction:

Mr. Wickens introduced Ms. Danielle Ross, Senior Vice President and General Manager with Netsmart. He said she was here to provide expertise and guidance as we close out our current strategic plan and work towards developing our new plan. Ms. Danielle Ross gave an overview of her background.

B. Developing a Framework:

Ms. Ross emphasized a shift in how strategic planning is approached, particularly in response to the rapid pace of change and the unpredictable nature of today's environment. Shorter Time Horizons: Long-term strategic plans (five to ten years) are obsolete. The trend across industries is moving towards three-year plans, which are more adaptable to the changing landscape. While the framework of the strategic plan can be set depending on factors like your state, organization, and funding, anything beyond three years is really not worth the effort in our climate.

1. Living Strategic Plan: Provides a different way of looking at things. Plan is actively reviewed and adjusted every year. Allows us to determine whether it is still aligned with where we are at as an agency.
2. Methodology: Set a clear three-year trajectory, identify priorities, and plan for executing those strategic initiatives.
3. Reporting on Progress: Annually report out our success of the plan.

C. Vision and Values:

Ms. Ross said you should never start on a path of strategic planning without making sure you know your vision and values. You have to decide as an organization what your vision and values are. Ms. Ross shared some vision and values of other CSBs. Some questions to ask about our vision and values are: are they still active, is the Board still in alignment with them, is the staff still in alignment with them, for the draft strategic plan how would you align the vision and values to these particular items.

D. Strategic Goals as a Company:

Who are we trying to be? What are the strategic goals we need to put in place for the next three years that when we take a look back we have data that we can prove that we are what we set out to be? This model is the model most organizations are starting to adopt. They are identifying who do we want to be in three years and what are the efforts we are going to put forth each year to get there. Need to build in metrics

because every strategic plan must have metrics.

E. Labeling your Strategic Goals and Initiatives:

- **Organizational Stability** (ask yourself is this necessary for the stabilization of our organization)
- **Agility** (this is necessary for us, and how we operate, to be agile in a way to respond to the changing needs of our community, our staffing, etc.)
- **Innovation** (anything that disrupts currently the status quo for the market you are in)

F. Measuring your results:

Looks at the top priorities for your organization and decide what is going to have the biggest impact on where you want to be with your process. How do we merge what is strategic, who do we want to be, versus tactical or operational of how do we get there, you have to decide upfront, in the next three years what do we want to be able to say we accomplished, and how is the strategic plan about that goal, how are we going to measure the change.

G. Challenges:

Ms. Ross asked Mr. Wickens what the most challenging issue was for the RACSB right now that has to be considered in the strategic plan. Mr. Wickens said the community continues to have needs that are unmet. Our goal is to determine the needs in the community and to meet those needs. Ms. Brandie Williams explained about larger initiatives and a community health assessment that were linked directly to the RACSB. In particular, they called on the RACSB to say that the community needs increased access to mental health care.

Ms. Ross asked if there was a consensus from the Board that the most pressing need is that we have to get back to the pre COVID delivery, or is that we need to expand and contract at the same time. Expand what the community wants for community health services and contract services that the community is not saying they need. Mr. Zurasky said he does not believe there is a consensus from the Board. He said they haven't really had these discussions. He added that mental health is a crisis in this area they know that. That being the case, we also know that we are getting hundreds more waivers on the ID/DD side so we can't have blinders on and only deal with this one thing.

Mr. Parcell said that he generally agrees with all that has been said but that before we dive into all of this, and it's important to state we don't have consensus from the Board, we need to determine, with the Board and with staff, what our framework is going to be along the strategic planning process. He said we need to know when the Board is going to be engaged, at what points and where we provide that input. Until we can show the Board an organizational profile, he doesn't think we can get an alignment on the vision and values. We need a systematic framework to get from A to B before we start diving into what is going to be our overall priority.

H. Framework with the Board vs. Staff:

Ms. Ross said this is normally a collaborative effort. She said that usually how Boards

engage is through Board sponsorship. She doesn't see Boards engaged in the tactical day to day matters but she does see them getting a report out at least on a quarterly basis of this is how we're trending toward the things we said we were going to measure to prove we are doing the things that will lead us to success in our strategic plan.

Mr. Parcell said that he doesn't want the Board involved in the physical measuring. There needs to be key points where the Board has input into the framework and streamline the process. Before we even get to that point, the Board has to align on the approach that we are going to take regarding the amount of input we will contribute throughout the process. There has to be buy in from both sides or it's not going to be successful.

Ms. Ross asked what has been the action taken for Board engagement in this process so far. Ms. Brandie Williams said that the strategic process has historically been a very staff driven process and input from community stakeholders, staff and the Board has been sought through surveys. Mr. Zurasky pointed out that historically the Board was providing guidance for the plan more than an active developer of the plan. He said we never used it as a touchstone to come back on a quarterly basis to say, are we tracking this or is it going to fall through the cracks. He said they saw the measurement of the strategic plan in the Executive Director's yearly objectives. Ms. Brandie Williams added that they have been intentional over the past three years to make the strategic plan implementation more structured. For example, you can find our strategic plan tasks that start in Mr. Wickens work plan and then it goes down to each of the Directors whose programs are responsible for that.

I. Timeline:

Ms. Ross asked if a three-year timeline for this plan would be satisfactory to the Board. Mr. Parcell said he wouldn't go past three years. He said that the goals are not going to change, the strategies we go after will. He said as long as we commit to doing the three years and every year continue the planning process, he thinks we can commit. Mr. Zurasky said he agreed with that and that throughout the strategic planning processes your strengths, weaknesses, threats and opportunities are going to change over those three years so you're going to have to reevaluate even though your vision statement might remain the same, that timeline might be okay. Ms. Brandie Williams added that the three-year choice is strategic and intentional to align with our CARF accreditation process and requirements every three years.

Ms. Ross said that we are going to have about three to five strategic planning pillars with a mindset of what can you achieve in the next twelve months. She said she sees this agency being an incremental strategic planning organization- based on the feedback she's receiving.

Mr. Zurasky noted that this agency survived COVID and has a good reserve and is strong financially. He said that we are not going to close our doors if we don't get the strategic plan perfect. Mr. Parcell said we need discipline and direction. Ms. Ross asked if anyone knew what percentage of the population you are serving right now, versus who you could be serving. Ms. Ross said the data is important to understand because it helps determine what are the right expectations of the other programs that we are serving. As a Board you have to identify what is the data that is going to inform your strategic plan, what is specifically important to you as a Board.

Mr. Parcell clarified with Ms. Ross that today was an immersion session to build-up a framework with staff and then bring it back to the Board. Ms. Ross confirmed and said she wants to know how involved the Board wants to be. Mr. Zurasky said that we are a strong Board and take our responsibility very personally to provide the appropriate guidance and oversight. We are a very active Board as well. He said he thinks the Board is essential for defining the vision statement and redefining the mission statement.

Mr. Parcell said we want to do this right the first time. We want to make sure we build things so that we have the background work so that we can onboard some of the process and show our organizational profile. He said he thinks it's appropriate to forward the vision, mission, values so that we can workshop those ideas to a small session of Board members and staff where we get a 90% complete product and then get the full Board's input on the back side. We need to be able to outline what the process is going to look like and the time involved for various kinds of participation so everyone knows what that looks like. We need structure and we need outputs.

J. Next Steps:

Ms. Ross said that step one, information gathering, has been achieved today. The next stages include her meeting with the leadership team, then she meets directly with Brandie and Joe to start to work on the framework the Board has spoken about today which will follow the methodology she has described. After that, there will be assignments for what has to be done next. She said that the end result of the strategic plan should be something that is easily consumable and at the end of twelve months you will immediately know your progress. Mr. Parcell said that at the end of this we need an organization that will be disciplined against the plan but we are going to apply some pressure, we need to keep it on the road forward and we need that to be as disciplined as possible so we are not wandering off track. All of that can follow up on a dashboard but the planning is the most important part of that and we need to make sure we bring everyone along with the process.

III. Adjournment

The meeting adjourned at 11:30AM.

Board of Directors Chair

Executive Director

Community Support Services Program Updates March 2025

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

We are currently supporting 113 individuals. We are assessing 6 individuals to determine start dates in the next 90 days. This year's Valentine's day flower sale was the largest yet and remains many of the individuals' favorite seasonal sale. Check out our videos done through B101.5 on our Facebook page. The greenhouses are full of growing plants getting ready for our spring sale. Be on the lookout for new workshops we will be hosting this spring and summer through the horticulture program, more details to come.

Developmental Disabilities (DD) Residential Services - Stephen Curtis

February was a good month in terms of filling several residential vacancies. One individual moved into Leeland Road Group Home, one moved into Ruffin's Pond group home, 1 individual moved into a new apartment we added to Merchants Square Supported Apartment Program's license, and one individual moved into a vacant bed with a Sponsored Placement provider. We have 7 assessments underway at present along with a couple of pending referrals we are awaiting. Filling the 7 current group home bed vacancies and 3 ICF bed vacancies are at the top of our list of priorities.

Salem Fields Community Church hosted the annual "Night to Shine" prom event for individuals with developmental disabilities on February 7th. Individuals from Stonewall, Churchill, Wolfe Street, Devon, Ruffins, Galveston, and New Hope attended and reportedly had a blast. This event, and the similar "Bright Night" event to be held in March, continue to be big hits with our program residents.

We've been very fortunate with the recent wintry weather to have had excellent staff preparation and response, along with no instances of substantial power or heat loss across DD Residential. All programs took time to prepare ahead for predicted storms, and did an excellent job communicating statuses throughout the events to ensure everything continued to operate smoothly.

Developmental Disabilities Support Coordination - Jen Acors

We are preparing for another Waiver Selection Advisory Committee meeting at the end of March, which means approximately 30 waiver slots will be assigned. This will mean

approximately 30 individuals will be new to support coordination as most people are not open to active support coordination services.

Mental Health (MH) Residential Services - Nancy Price

MH Residential received 4 transitional housing referrals in February. Assessments have been completed and program managers are in the process of arranging passes. There are currently 2 vacant transitional beds at Home Road and 1 vacancy at Lafayette.

Although community beds are filled at Home Road and Lafayette, staff have continued community referrals for upcoming bed vacancies. Four individuals have been referred and are being assessed for upcoming vacancies.

Home Road filled one transitional bed in February. The individual does not qualify for Medicaid, however, the MH Residential Coordinator requested DAP funding to cover all skill building services that would normally be covered by Medicaid. Working closely with Liz Wells and Patricia Newman, the DAP plan was approved and her skill building services will be covered, up to 40 billable units per month, at Home Road.

PSH housed 3 individuals in February, which brings the total to 66 individuals currently housed through PSH. Another individual was approved for an apartment and is scheduled to move in March. There are 13 additional people who have been approved for PSH, and are in the process of being housed. PSH is funded for 91 units.

Alexis “Lexie” Klimowicz joined the PSH team on February 17. Lexie fills our new position, Critical Time Intervention (CTI) Case Manager, which was funded during our most recent expansion. The CTI case manager will work closely with individuals who are new to PSH and are in need of intensive case management services. Lexie may help support an individual applying for benefits, obtaining identification, complete referrals for services, etc. Once it is identified that someone is in need of intensive case management services, Lexie will begin working with the individual prior to housing. For individuals who are discharging to PSH from the state hospital, Lexie will arrange to meet with the individuals at the hospital prior to discharge, in order to establish a rapport and identify needs upon discharge. The CTI case manager typically works with an individual for about 3-6 months once they are housed, before doing a warm handoff to PSH case management. This is an exciting new position for PSH!

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club had a very sweet Valentine's Day party, and has a lot of exciting things for March. Weather permitting, we will be heading down to Williamsburg for the free music and arts festival. We will be visiting various parks and malls around the state and have a St Patrick's Day party. We have had lots of submissions for the Art of Recovery coming up in May. We also continue to benefit from classes led by RCASA and now a new one lead by Peer Support Specialists for our members. We continue to provide support as needed for our members enrolled in school. We have one vacancy for our Employment Specialist which we hope to fill quickly.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

SLH received 34 prescreens in the month of February 2025. Thirty-two guests were accepted into the program. Of the 28 accepted, only 22 admitted to the program. Two of the prescreens accepted were outside of the jurisdiction and decided not to admit. Three of the accepted prescreens did not medically clear, two decided not to come due to work obligations and the other three were not able to be reached before the prescreen expired. SLH continues to prepare for admittance of TDOs. Staff is completing additional trainings to enhance skills to assist guests within the program. Staff have participated in several meetings in house to address programmatic growth. We have identified yoga services as well as emotional support animal services. Both services will begin early March.

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

There are currently 506 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 working to schedule 16 assessments per week. We had 67 referrals in February, down from the 81 referrals in February of 2024 but more than the 56 referrals received in February 2023. We currently have 15 full time providers on staff and one contract staff member. One of our 15 is out on emergency leave and anticipated to return in April. We will lose our contracted staff member at the end of March. We have an opening for a Developmental Specialist.

Memorandum

To: Joe Wickens, Executive Director

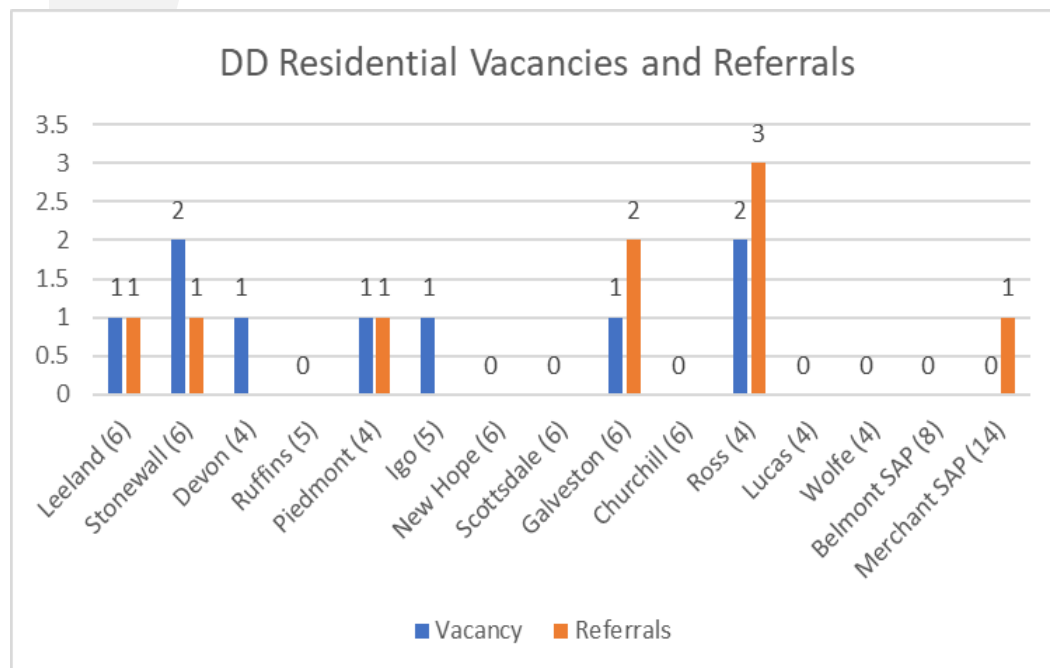
From: Amy Jindra, CSS Director

Date: March 6, 2025

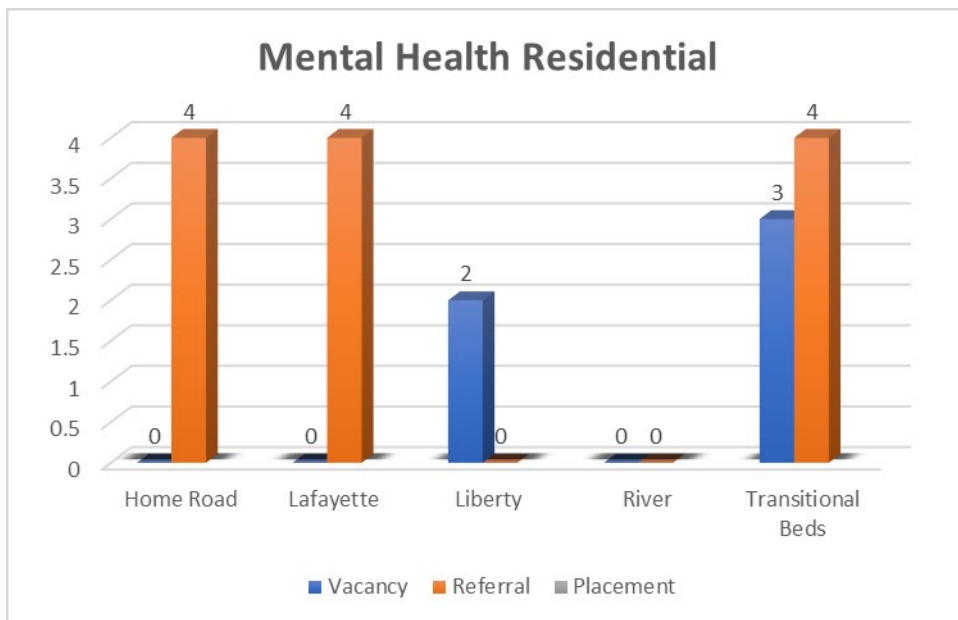
Re: Mental Health and Developmental Disabilities Residential Vacancies

During the month of February, Mental Health and Developmental Disabilities Residential programs experienced changes in program enrollment and vacancies. Programs actively seek referrals from support coordination, case management, hospital liaisons and other community members.

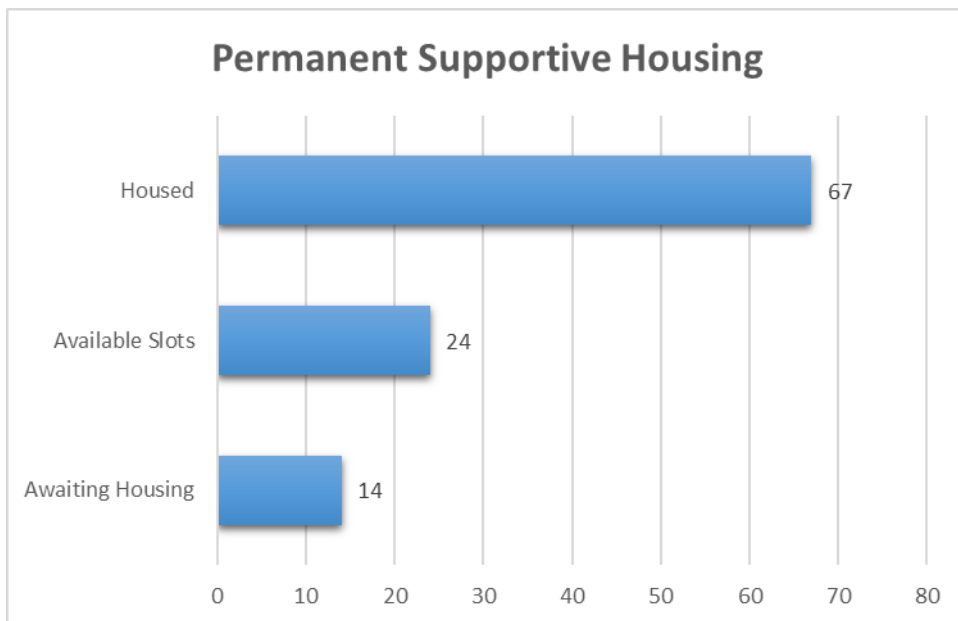
DD Residential received an increase in residential referrals over the last month. The program is currently assessing 9 individuals from outside of the RACSB and 1 individual currently in residential services. During February an individual moved into Ruffins and another moved into Leeland group homes. Merchant Square also added a licensed unit to increase resident enrollment to 14 individuals.



Mental Health Residential currently is assessing 4 individuals for transitional bed placements and 4 other individuals for potential community bed placements. The program moved one individual in a transitional bed at Home Road in late February.



Permanent Supportive Housing provides housing and case management services for individuals with serious mental illness with a current history of homelessness. PSH moved 3 individuals into apartments in February. They have 14 other individuals that meet criteria and are awaiting housing. The program has current capacity for 91 individuals with a total of 67 individuals housed.



Memorandum

To: Joe Wickens, Executive Director

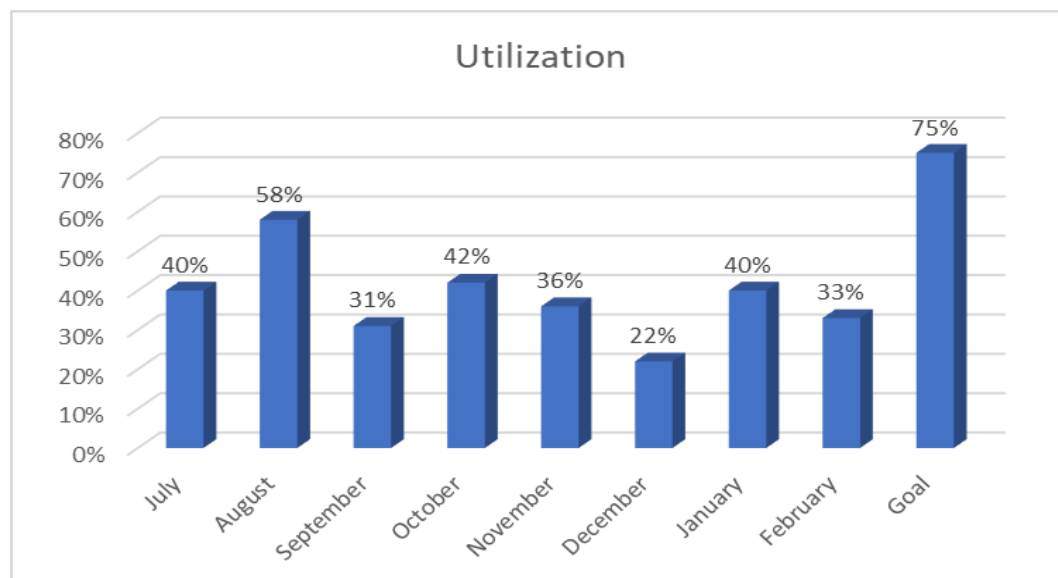
From: Amy Jindra, CSS Director

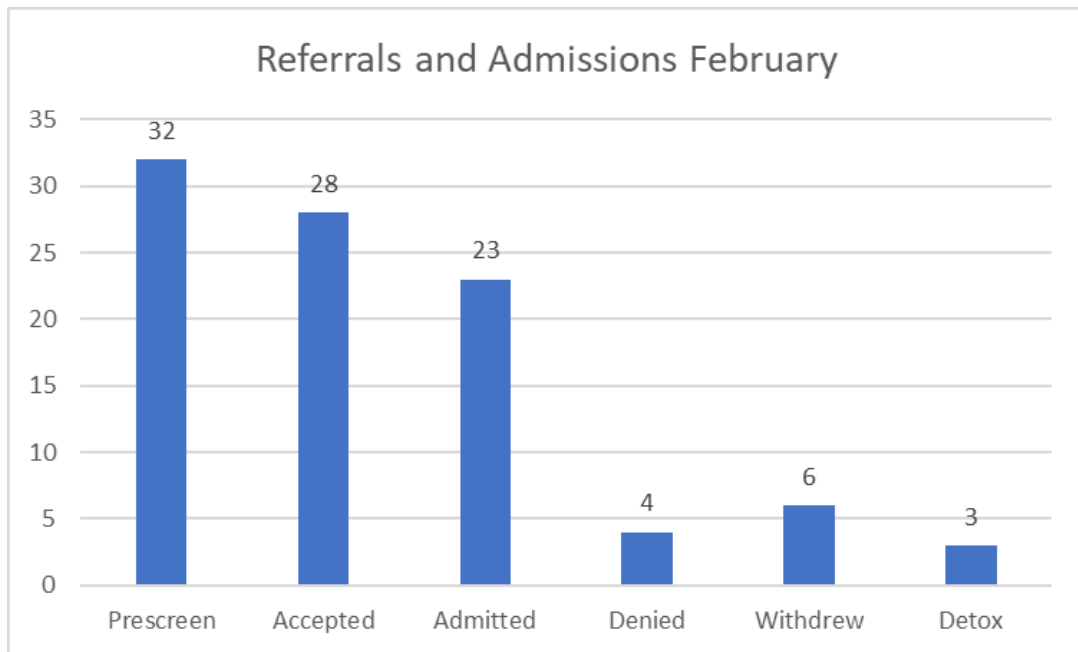
Date: March 6, 2025

Re: Sunshine Lady House Utilization

Sunshine Lady House for Wellness and Recovery, is a 12 bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiencing a psychiatric crisis. Services include medication management, therapy, peer support, nursing, restorative skill development, crisis interventions, coordination of care, and group support. The program strives to maintain a utilization rate of 75%.

Sunshine received 32 prescreens during the month of February. The program accepted 28 individuals, for an acceptance rate of 88%. Of the referrals that met criteria, 23 individuals were admitted into services. The program served 3 individuals under medically managed detox for a total of 9 bed days. Sunshine received 3 of the 32 referrals from outside RACSB's catchment and admitted one of the 3 for a total of 11 bed days. The program utilization for the month of February totaled 120 beds or 33%. Only 4 individuals were denied due to medical needs or behavioral concerns exceeding program limitations.





To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 3/6/24

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

During the month of February, the Caroline Clinic continued to offer in-person as well as telehealth appointments to individuals served. Clinic staff completed 33 intakes. Twenty-five took place on the same day the individual requested services and eight were scheduled. Parents of two children seen at the clinic recently expressed appreciation to the treatment team for assisting their children resolve a recent traumatic event that helped them to stabilize and return to baseline functioning. Clinicians participated in additional training opportunities last month on Cognitive Behavioral Therapy, Motivational Interviewing with Adolescents and Eye Movement Desensitization Therapy (EMDR) Intensives.

Fredericksburg and Children's Services Clinic - Megan Hartshorn, LCSW

During the month of February, the Fredericksburg Clinic completed 76 intake assessments for individuals requesting outpatient services. Forty-six of those assessments took place over ZOOM and 30 took place in person at the Fredericksburg Clinic. Out of the 76 intakes, 41 of those intakes were scheduled utilizing Same Day Access. The Children's Services Clinic completed 13 intakes with children and adolescents. Our new Child/Adolescent Therapist has started seeing clients at the Children's Services Clinic and we are working on building her caseload and training her on our electronic health record. Our new Intake Therapist at the Fredericksburg Clinic started on 2/17 and has already begun completing intakes on individuals seeking services. Our Mental Health Peer Recovery Specialist is now a Registered Peer Recovery Specialist and is on the Board of Directors of the Hearing Voices Network. We are currently in the process of identifying additional mental health groups for the Fredericksburg Clinic and hope to start them in the next few months!

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly substance abuse groups. During the month of February, group topics included The Effects of Alcohol, Ripple Effect of Addiction, Narcan 101, Addictions 101, Stages of Addiction. We had two group members graduate from group this month. Staff trained six individuals on Narcan this month. Two King George staff attended a virtual training on Ethics and Personal Values in the CSB. One staff member attended a training on Preventing, Identifying, and Responding to Abuse and Neglect, and Supporting People with an Intellectual Disability, Developmental Disability, or Mental Health

Condition. Another staff attended a virtual training on Motivation Interviewing for Adolescents with Substance Use. Two staff attended a virtual training on Cognitive Behavioral Therapy. During the month of February, the King George Clinic completed 13 Same Day Access intakes and three intakes that were not Same Day Access. The King George Clinic is excited to offer a new Beyond Trauma group starting in April for women with a history of trauma. This group will be offered for 12 weeks.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists continue to provide outpatient therapy to individuals ages five and up struggling with mental health and substance use concerns. Therapists completed 57 intakes during the month of February. Thirty four of those intakes were completed through Same Day Access. Twenty three assessments were scheduled with therapists. The clinic now offers two Substance Use groups each week, as an additional group began this month. One of the therapists passed her Licensed Clinical Social Work exam and is awaiting her license!

RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center. Services provided at Safe Harbor are free of charge to victims.

The School-Based Therapist continues to provide therapy in Fredericksburg City. This program is designed to eliminate barriers to children needing mental health supports, as therapy is now available at school. The therapist serves students at Hugh Mercer Elementary, Walker Grant Middle, James Monroe High School.

Stafford Clinic - Lindsay Steele, LCSW

During the month of February, the Stafford clinic met with clients in person, as well as virtually. The Stafford clinic is no longer on a waitlist and began same day access on 02/04/2025. Stafford clinicians completed 41 intakes for adults and children, 19 of these intakes were completed through same day access. There is currently a child/adolescent therapist position open and interviews are being completed. One clinician attended and completed training for cognitive behavioral therapy in February.

Medical Services - Jennifer Hitt, RN

In the month of February, Outpatient Medical provided 74 new patient assessments with the psychiatrist or psychiatric nurse practitioner. Transfers from prior psychiatric nurse practitioner are wrapping up, therefore, the Acute Care Clinic is slated to resume for two days each week starting in April 2025.

Case Management - Adult - Patricia Newman

The Adult Mental Health Case Management Team is quite diverse in the services that we provide to the community. Our team of case managers is also responsible for supporting and monitoring individuals in the

community who are Not Guilty by Reason of Insanity and are in the community on Conditional Release. These individuals have been acquitted of crimes based on their mental status at the time of the incident that resulted in charges. They are provided with treatment either in the community or in a state hospital while evaluations are being completed, and their Conditional Release Plan is being developed. Once residing in the community, they must abide by all of the conditions set forth in their plan which is then monitored by their case manager. The ultimate goal is for the individual to gain the knowledge and skills necessary to independently manage their treatment to maintain stability in order to be released on Unconditional Release by the court system. During the month of February, one gentleman was successfully released on Unconditional Release. At this time, the team is supporting 14 individuals in the community who are on Conditional Release.

Child and Adolescent Support Services - Donna Andrus, MS

The Child and Adolescent Case Management team and Family Support Peer attended the local 16th annual Youth First Conference at the Fredericksburg Convention Center. This is an opportunity to meet vendors, learn about new services and resources in the area, and collaborate with local child serving agencies. The Conference this year was Building a Stronger Community. Several staff also had the opportunity to attend the two day virtual conference Creating Trauma Sensitive Schools.

Substance Use Services - Eleni McNeil, LCSW

During the month of February, interviews continued for substance use treatment vacancies. Vacancies include a certified substance abuse counselor, nurse, and nurse practitioner for the mobile office-based opioid treatment (OBOT) clinic, a therapist for the clinic-based OBOT program and a SUD therapist for District 21 Probation and Parole.

We welcomed a new women's therapist and peer recovery specialist to the substance use services team and Project LINK began to bill Medicaid for their case management services to enhance sustainability.

Staff attended a training on the ethics around dual relationships. The SUD services coordinator, Project LINK program manager and Assistant SUD Services Coordinator visited Concerted Care Group's Stafford opioid treatment program to collect updates on their program. Department of Aging and Rehabilitative Services also presented to substance use case managers on their current offerings to support individuals in their vocational goals. Those served in the month of February in Fredericksburg SUD programs is as follows: Project LINK-51; OBOT-79; ARTS Case Management-57; SUD Outpatient (Fredericksburg)-58

Emergency Services - Natasha Randall, LCSW

For the month of February, Emergency Service was able to send three staff members to Youth First. Emergency Services received eight new referrals for Community Based Crisis Stabilization for children and adolescent within the community to prevent hospitalization.

Specialty Dockets - Nicole Bassing, LCSW

During the month of February Specialty Dockets continued to add new participants and celebrate graduations throughout all programs. Adult Recovery Court finished the month with 39 participants. Juvenile Recovery Court currently has four participants. Behavioral Health Docket welcomed two new participants this month for a total of twelve. Veterans Docket has a total of thirteen participants at this time. The application has been completed for the new Fredericksburg Therapeutic Docket and the team is awaiting approval by the Supreme Court to begin taking on clients in this program.

Our Specialty Dockets Coordinator and Veterans and Family Therapist were interviewed by the Free Lance Star this month for an article regarding suicide risk and resources for the Veterans population.

Jail and Detention Services - Portia Bennett

Please note the following updates at the jail and detention center. Detention has a census of 38 residents. Currently, there are two Central Admission and Placement (CAP) residents, seven Individual Bed Placement (IBP) residents, and seven residents in the Post Dispositional (Post D) program. We are happy to have our intern, Samantha Milinazzo, from Germanna's Behavioral Health Technician Program at the jail. There are currently two vacancies, the SA Therapist position and the part-time Detention based Therapist position.

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
Amy Jindra - Acting ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: March 18, 2025

Current Census:

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital					1		1
Eastern State Hospital					1		1
Northern Virginia Mental Health Institute		2	2			1	2
Piedmont Geriatric Hospital	1	2	3		2		5
Southern Virginia Mental Health Institute					1		1
Southwestern Virginia Mental Health Institute			1				1
Western State Hospital	3	3	2	9	13	1	24
Totals	4	7	9	9	18	2	36

Extraordinary Barriers List:

RACSB has two individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Northern Virginia Mental Health Institute (NVMHI) and 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.

Northern Virginia Mental Health Institute

Individual #1: Was placed on the EBL 2/11/2025. Barriers to discharge include identifying and being accepted to a group home funded by the Developmental Disability (DD) Waiver. This individual has a diagnosis of an intellectual disability as well as struggles with mental health symptoms. Group homes are being explored at this time and referrals and virtual tours are being completed to find the most appropriate residential setting for this individual. They will discharge once they are accepted to a group home and all paperwork is in place.

Western State Hospital

Individual #2: Was placed on the EBL 12/5/2024. Barriers to discharge include working through the process to qualify for and be awarded a Developmental Disability (DD) Waiver. This individual previously resided in the community with family. They are not able to return to their previous living arrangements and will benefit from a supervised setting such as a group home. At this time their treatment team is working to obtain a DD Waiver. A Virginia Individual Developmental Disability Eligibility Survey (VIDES) is scheduled for 3/5/2025. Public guardianship is also being pursued at this time and all paperwork has been submitted to begin this process. This individual will discharge to a group home once the waiver and guardianship is in place and they are accepted to a group home.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

Date: March 6, 2025

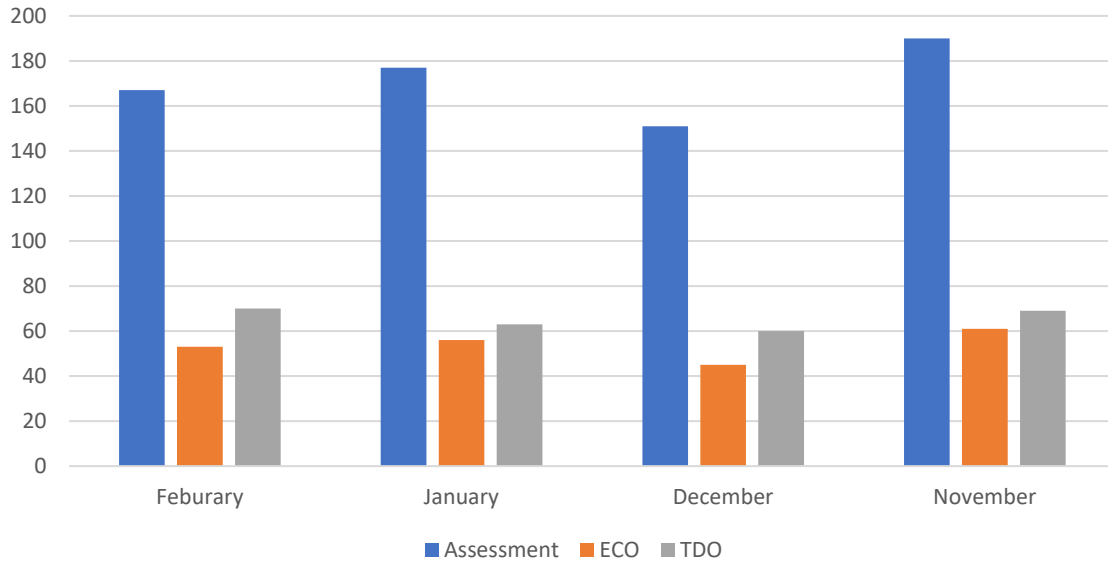
Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – February 2025

In February, Emergency Services staff completed 167 emergency evaluations. Fifty-three individuals were assessed under an emergency custody orders and seventy total temporary detention orders were served of the 167 evaluations. Staff facilitated one admission to Catawba State hospital and one admission to Commonwealth Center for Children and Adolescent

A total of nine individuals were involuntarily hospitalized outside of our catchment area in February. Nine individuals were able to utilize alternative transport.

Please see the attached data reports.

Emergency Services



FY25 CSB/BHA Form (Revised: 07/10/2024)

CSB/BHA	Rappahannock Area Community Services Board			Month	February 2025				
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	
167	27	26	53	70	5	1	64	70	1

FY '25 CSB/BHA Form (Revised: 07/10/2024)

CSB/BHA	Rappahannock Area Community Services			Reporting month	February 2025	No Exceptions this month	
Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)	
2/24/2025	117547	Older adult		Yes		Catawba	
2/25/2025	101879	Child		yes		CCCA	

MEMORANDUM

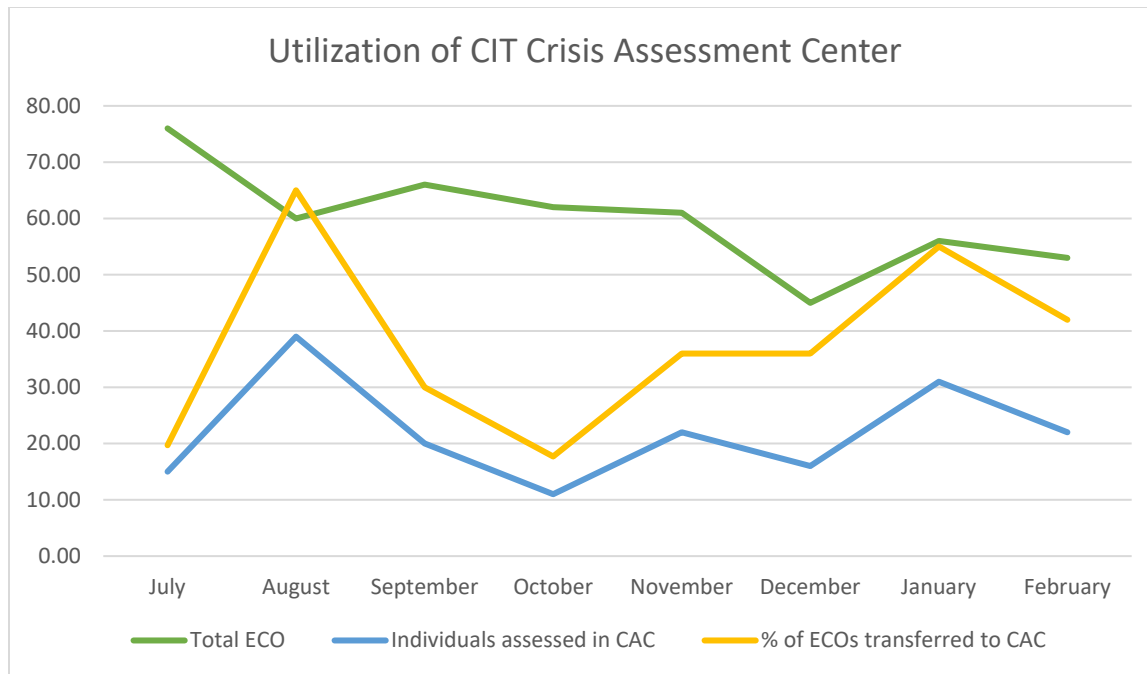
To: Joe Wickens, Executive Director
From: Ashlee Abney, Assistant Emergency Services Coordinator
Date: March 6, 2025
Re: CIT and Co-Response Report

The CIT Assessment Center served 22 individuals in the month of February 2025. The number of persons served by locality were the following: Fredericksburg 8; Caroline 1; King George 1; Spotsylvania 8; Stafford 4; and 0 from other jurisdictions.

The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity:

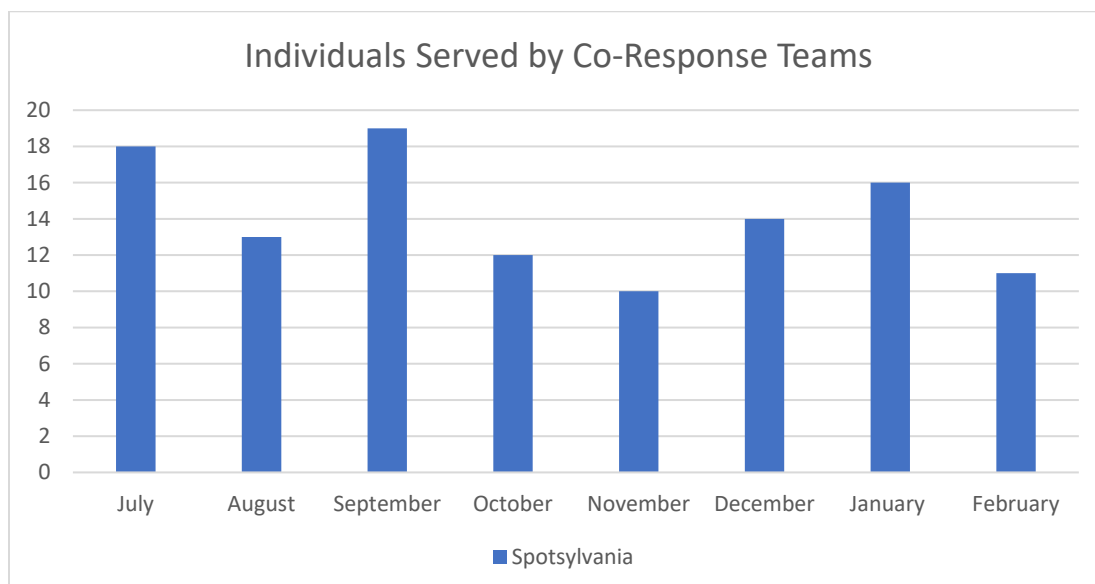
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer to CAC</u>	<u>Appropriate for CAC if Capacity</u>
Caroline	4	1	3
Fredericksburg	12	8	4
King George	2	1	1
Spotsylvania	17	8	9
Stafford	18	4	14
<u>Totals</u>	53	22	31

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



Co-Response

The Spotsylvania Co-Response Team served 11 individuals in February. The therapist for the Fredericksburg team remains vacant. Stafford therapist position has been filled.



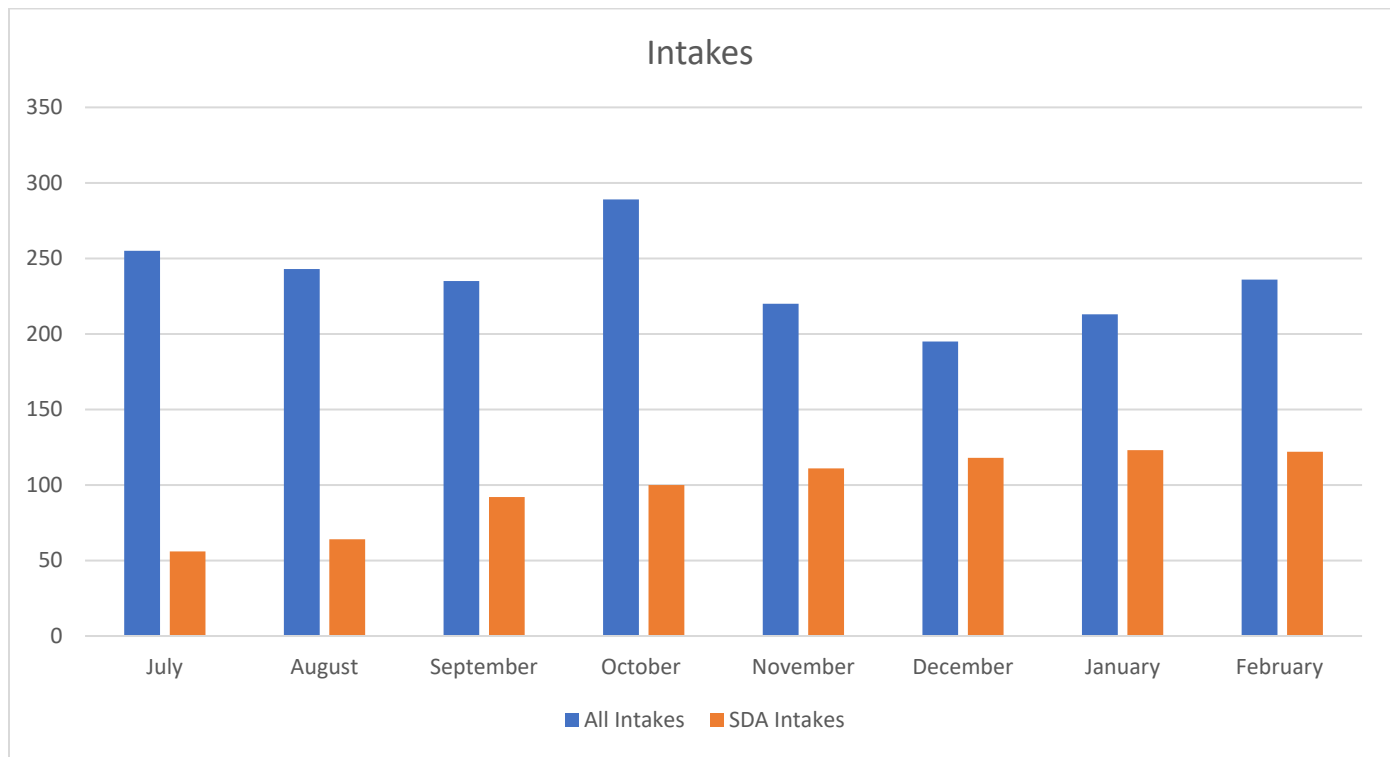
CIT Training

In February 2025, RACSB held a CIT 40-hour class and 22 attendees were newly trained in CIT; 4 Stafford County, 5 Spotsylvania County, 4 Rappahannock Regional Jail, 3 Fredericksburg PD, 2 Fredericksburg SD, 2 King George, 1 Fairfax County SD, and 1 Frederick County SD

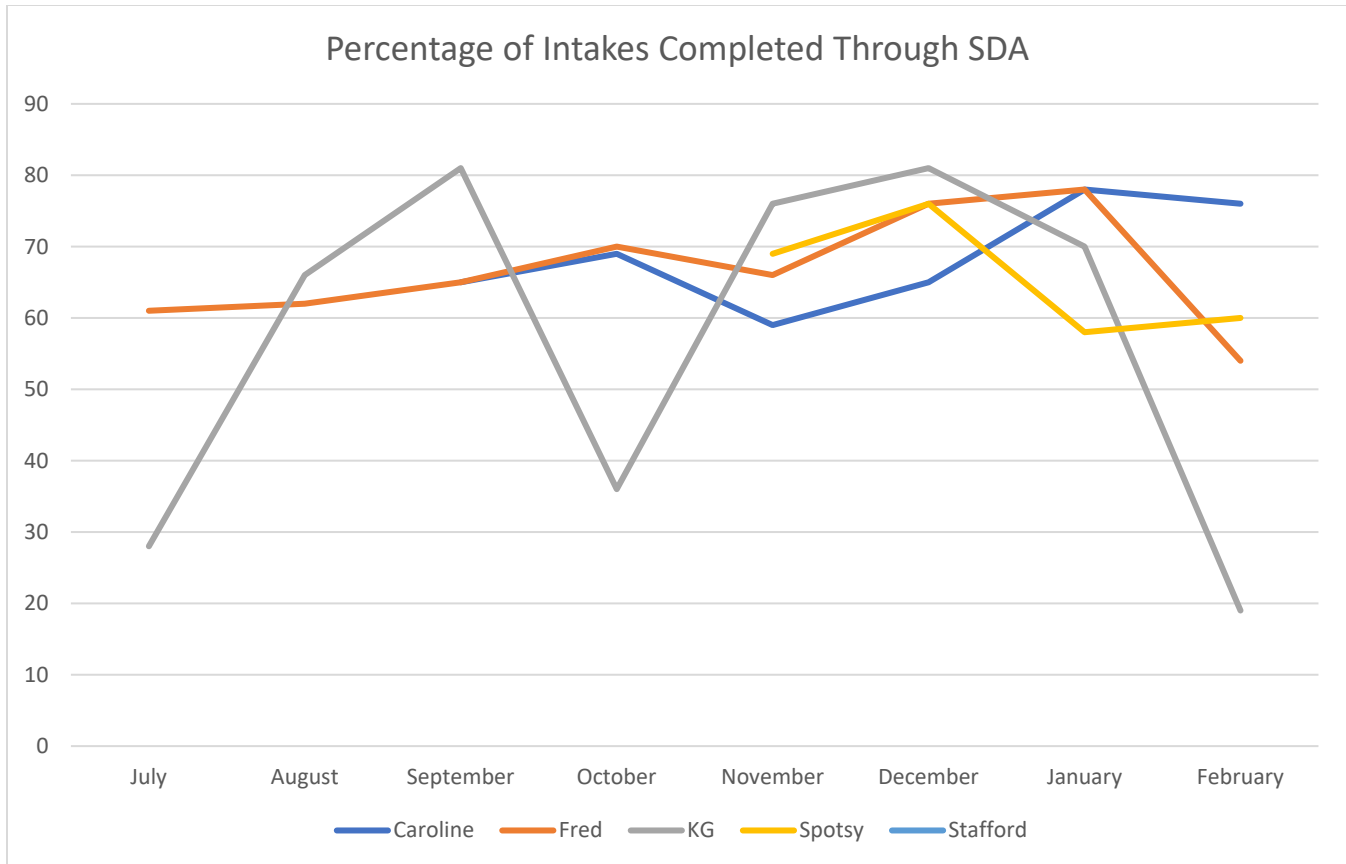
MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: March 6, 2025
Re: Outpatient Waitlist and Same Day Access

The outpatient clinics have a goal to eliminate all waitlists and increase intake assessments provided through Same Day Access during FY25. In early February, all waitlists were resolved and all clinics are providing intakes through Same Day Access. Below is data on the number of intakes completed by clinic, and how many of those are completed through Same Day Access.



RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD



RACSB
Program Update Report
Compliance
February 2025

Incident Reports

- There were 252 Incident Reports entered into the Electronic Incident Report Tracker during the month of February. This is a decrease of 46 from January and an increase of 41 from December. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (117 reports), Individual Served Injury (29 reports), and Individual Served Safety (28 reports).
- The compliance team entered 50 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) Electronic Incident reporting system (42-Level 2, 8-Level 3) during the month of February; an increase of 8 from the month of January (35-Level 2, 7-Level 3).
- There was one report elevated to a care concern by DBHDS on February 5, 2025 related to bowel obstruction incident report received from Rappahannock Adult Activities Incorporated (RAAI) Day Support-750 King's Highway on January 31, 2025. 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 completion 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. The compliance team requested specific programs, based on submitted incident report, to complete the required root cause analysis. A total of 29 root cause analyses were requested in the month of February; 35 were due for the month of February, and 35 were completed respectively for the month of February. Four (4) expanded root cause analyses were required in February.

Human Rights Investigations:

- The compliance team initiated one Human Rights investigation. One investigation was related to Dignity; subcategory, Services and was unsubstantiated for Dignity.

Internal Reviewers:

- Compliance team met with Mental Health (MH) Case Management on February 3, 2025 to discuss and review audits results.
- Compliance team provided guidance to MH Supervised Apartments Supervisor regarding incident reporting on February 3, 2025.
- Compliance team provided guidance to Developmental Disabilities (DD) Residential Coordinator regarding incident reporting on February 3, 2025.
- Compliance team provided guidance to MH Supervised Apartments Supervisor regarding incident reporting on February 6, 2025.
- Compliance team met with MH Outpatient Stafford to go over and review mental health and substance use charts on February 6, 2025.
- Compliance team provided guidance to Ross Intermediate Care Facility (ICF) Group Home Manager regarding extended RCAs on February 7, 2025.
- Compliance team provided guidance to Galveston Group Home Manager guidance on incident reporting on February 8, 2025.
- Compliance team provided guidance to DD Case Management regarding incident reporting on February 11, 2025.
- Compliance team completed a Special Audit requested by RAAI Coordinator on February 24, 2025.
- Compliance team provided guidance and answered questions pertaining to the completion of the Supervisor/Coordinator section and ID/DD Coordinator sections within the incident report tracker on February 24, 2025.
- Compliance team provided guidance to DD Residential Coordinator regarding the new communication process using a newly created email link to streamline the way workers submit their requests related to the Documentation Review Project on February 25, 2025.
- Compliance team assisted Human Resources (HR) with answering an ethical question brought up by clinical staff on February 24, 2025.
- Compliance team provided guidance to RAAI Lead Day Support ICF Specialist regarding the completion of RCA reports on February 26 and 27, 2025.

External Reviewers:

- Compliance team received and responded to chart review an audit request from Datavant. A total of 40 individuals medical records/documents audits were requested.
- Compliance team submitted a Mortality Review Committee (MRC) review request to Pam Wright, DBHDS Region 1 Investigation Specialist on February 10th and 11th, 2025.
- Compliance team received 10 phone calls and emails from Brian Dempsey, Incident Management Specialist, DBHDS, requesting for updates and modifications of Serious Incident Reports.
- Compliance team received a medical records request from Molina Health Care in reference to a Critical Injury Report (CIR) on February 26, 2025.

Complaint Call Synopsis

- Compliance team received six complaints in the month of February. Compliance team responded to all six complaints. The complaints were categorized as 1- Psychosocial Rehabilitation (Kenmore Club); 2 MH Case Management; and 1 Emergency Services. Two of the complaints were not categorized as the complaints do not fall under the purview of the RACSB. Only one of those complaints resulted in a formal Human Rights investigation.

Special Projects

- Policy Pro
 - The Compliance Team facilitated four training sessions on composing policies and procedures.
 - The Compliance Team is assisting programs in reviewing, revising, and or developing policies and procedures.
 - Programs will begin uploading policies and procedures into the Policy Pro System by June 30, 2025.
- Pre-Program Audits
 - Compliance Specialist reviewed 30 quarterlies and 7 Individual Service Plans for ID/DD Residential Programs during the month of February. Feedback related to any discrepancies notes was provided to the group home supervisor and assistant coordinator.

Trainings/Meetings

- Compliance attended and participated in the Community Services and Supports (CSS) Coordinator Meeting on February 5, 2025.
- Compliance attended the DBHDS Overview of Human Rights Regulations training on February 6, 2025.
- Compliance attended and participated in the Training Committee meeting on February 6, 2025.
- Compliance team provided Policy Pro Overview Q-Tip training on February 19, 2025 to Supervisors.
- Compliance team attended and participated in DBHS Restrictions, Behavioral Treatment Plans training on February 20, 2025.
- Compliance team attended and participated in the February Region 3 Nurses Meeting regarding End of Life Planning for people with Intellectual Disabilities (ID) on February 21, 2025.
- Compliance team attended the Crisis Intervention: Supporting a Person with IDD (Intellectual and Developmental Disabilities) in Crisis hosted by Delaware Network for Excellence in Autism on February 26, 2025.

- Compliance team attended and participated in a Peer Meeting regarding training development for staff.
- Compliance team attended and participated in the Stonewall Estates Group Home staff meeting. Compliance team discussed Incident Report, Human Rights, body charting, and documentation on February 27, 2025
- Compliance team attended and participated in the DBHDS Fostering Healthy Relationships and Preventing Abuse of Adults with IDD training on February 27, 2025.

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: March 2025
Re: Quality Assurance Report

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

- Medication Assisted Treatment (MAT)
- Mental Health Case Management: Spotsylvania
- Mental Health Outpatient (MHOP): Stafford
- Substance Abuse Outpatient (SAOP): Stafford

Medication Assisted Treatment (MAT)

There were three staff members responsible for the selected charts.

Findings for the ten open and two closed charts reviewed for Medication Assisted Treatment were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - Seven charts contained assessments that were finalized late.
 - Seven charts contained Daily Living Activities- 20 (DLA-20) that were missing (not completed every six months).
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Six charts contained plans that were finalized late.
 - One chart did not contain a plan.
 - Two charts contained plans with no signatures.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - Two charts were missing Quarterly Reviews
 - Eight charts contained Quarterly Reviews that were late.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Ten charts contained notes completed more than 24hrs late.
 - Ten charts were reviewed for General Documentation compliance:
 - **Discrepancies noted with General Documentation:**
 - One chart contained an expired release.
 - Three charts contained expired Consumer Orientations.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Corrective Action Plan:

1. Implement Collaborative Notes while in session.
2. Check tracker sheet daily for upcoming quarterlies and annual assessments that are due.
3. Utilize white board in the office to assist with dates.
4. Corrections from discrepancies documented from the audits have been completed or scheduled.

Mental Health Case Management: Spotsylvania

There was three staff members responsible for the selected charts.

Findings for the ten open and two closed charts reviewed for Mental Health Case Management Spotsylvania services were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing the Daily Living Activities (DLA 20).
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - One chart had an Individual Service Plan that was not signed.
 - Four charts had Individual Service Plans that were finalized after the start of the plan year.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - Two charts had Quarterly Reviews that were completed late.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - One chart was missing a monthly Progress Notes.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Mental Health Case Management: Spotsylvania charts from the previous audits to the current audits, the average score increased from 76 to 85 on a 100-point scale.

Corrective Action Plan:

1. Any corrections have been made to charts as able and appropriate.
2. We will review the specific errors during our next staff meeting on 3/17/25. This will allow the entire team to have time to review the documentation requirements. Supervisor reviewed the chart reviews with each specific staff member when they were delivered so that they understood the errors and how to prevent in the future.
3. Staff meeting will be held on 3/17/25.
4. MHCM Supervisor will provide the education regarding documentation requirements in the 3/17/25 staff meeting.

Mental Health Outpatient (MHOP): Stafford

There was four staff members responsible for the selected charts.

Findings for the ten open and two closed charts reviewed for Mental Health Outpatient Stafford services were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing the Daily Living Activities (DLA 20).
 - Two Comprehensive Needs Assessments (CNA) were finalized late.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Two charts contained Individual Service Plans that was not signed.
 - Four charts contained Individual Service Plans that were finalized after the start of the plan year.
 - One chart contained goals that were not measurable.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - Two charts contained Quarterly Reviews that were completed late.
 - Two charts were missing all Quarterly Reviews.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - Four charts contained notes written more than one business day late.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Mental Health Abuse Outpatient: Stafford charts from the previous audits to the current audits, the average score decreased from 81 to 68 on a 100-point scale.

Corrective Action Plan:

Missing treatment plan will be completed and submitted at next session

Late quarterlies have been completed and are in the chart

Missing DLA has been completed and is in the chart

Missing ASAM will be completed at next session

1. Coordinator reviewed chart audits with each clinician and ensured understanding of areas of concern and discussed options for correcting. Completed
2. Coordinator reviewed documentation and expectations with each clinician on 2/20/24. Completed
3. Clinician's will develop a system to ensure documentation is up to date and utilize admission bundle for admission paperwork-Plan will be to supervisor by 3/15/25
4. Coordinator will complete 1 monthly chart audit per clinician. Ongoing/monthly

Substance Abuse Outpatient (SAOP): Stafford

There was one staff member responsible for the selected charts.

Findings for the four open charts and two closed charts reviewed for Substance Abuse Outpatient Stafford services were as follows:

- Four charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing the Daily Living Activities (DLA 20) and the American Society of Addiction Medicine Assessment (ASAM).
 - One chart was missing the Columbia Suicide Severity Rating Scale and ASAM.
- Four charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Two charts contained Individual Service Plans that were finalized late.
- Four charts were reviewed for Quarterly Review compliance:
 - **No discrepancies noted with Quarterly Reviews.**
- Four charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - One chart contained notes written more than one business day late.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Substance Abuse Outpatient: Stafford charts from the previous audits to the current audits, the average score decreased from 92 to 73 on a 100-point scale.

Corrective Action Plan:

Missing treatment plan will be completed and submitted at next session

Late quarterlies have been completed and are in the chart

Missing DLA has been completed and is in the chart

Missing ASAM will be completed at next session

1. Coordinator reviewed chart audits with each clinician and ensured understanding of areas of concern and discussed options for correcting. Completed
2. Coordinator reviewed documentation and expectations with each clinician on 2/20/24. Completed
3. Clinician's will develop a system to ensure documentation is up to date and utilize admission bundle for admission paperwork-Plan will be to supervisor by 3/15/25
4. Coordinator will complete 1 monthly chart audit per clinician. Ongoing/monthly

Communications Update

March 2025

Digital Content and Metrics

Why it matters:

Digital presence has grown in importance in the last decade. Before, it was seen as something extra but now it is essential to doing business.

Digital Engagement Snapshot:

Content Creation:

- Two blog posts
- 29 LinkedIn posts
- 54 Facebook posts
- 16 Tweets
- 35 Instagram posts
- 18 Threads posts
- One e-newsletter

Statistics

- Facebook has 30 new fans this month
- Facebook posts reached 16,512 users
- Top Facebook posts were about the Coldest Night of the Year walk, CSB prevention Valentine's Day, and ACE interface presenters
- Instagram has 13 new followers
- Instagram post engagement was 8.82%
- Most popular Instagram posts: Coldest Night of the Year, CSB prevention Valentine's Day and Deputy Director Brandie Williams presenting at Open Minds conference
- LinkedIn engagement rate is 7.757%
- Most popular LinkedIn posts were Coldest Night of the Year walk, cultivate hope, and Deputy Director Brandie Williams presenting at Open Minds conference
- Total audience growth for all social media platforms was 74 new fans and followers

Spark:

The most visited pages were the home page, kudos, and Frequently Asked Questions. The employee handbook was the most frequently accessed document.

Spark had 158 unique views and 2,418 site visits.

Website:

The most popular pages were: Home, Staff Portal, Contact Us,

Employment and Mental Health Services.

The site had 79,457 pageviews.

Competitive Analysis:

Facebook

- For Facebook, compared to industry averages for nonprofits: Audience growth rate is 1.35% while industry average is -2.17% Post engagement is 7.24% vs industry average of 2.11% Posting frequency is 1.93 posts per day vs. .42 posts per day.
- For Facebook compared with other CSBs: Fan growth 1.35% and Horizon Behavioral Health's is 1.3% and Region Ten CSB's is .16%. Our total number of fans is also higher than that of either CSB's Facebook page.
- For Instagram, compared to industry averages for nonprofit: Audience growth is 2.94% vs. .31% Post engagement rate is 9.27% vs 1.97% Post frequency is 1.28 per day compared to .74 per day
- For Instagram compared with Mary Washington Healthcare and Horizon Behavioral Health: Audience growth is 2.94% and MWHC's is .8% and Horizon's is .23%
- For LinkedIn, compared to industry averages for nonprofit: Audience growth rate is .57% vs .43% Post engagement is 6.8% vs. 2.47% Post frequency is 1.03 posts per day compared to .34 posts per day

Constant Contact

- 20 new subscribers to e-newsletter
- Subscriber growth is 9%
- Open rate is 57% compared to industry average of 21%
- Click rate is 13% compared to industry average of 13%



Internal Communications/Employee Engagement

ICEE Snapshot

Content Creation:

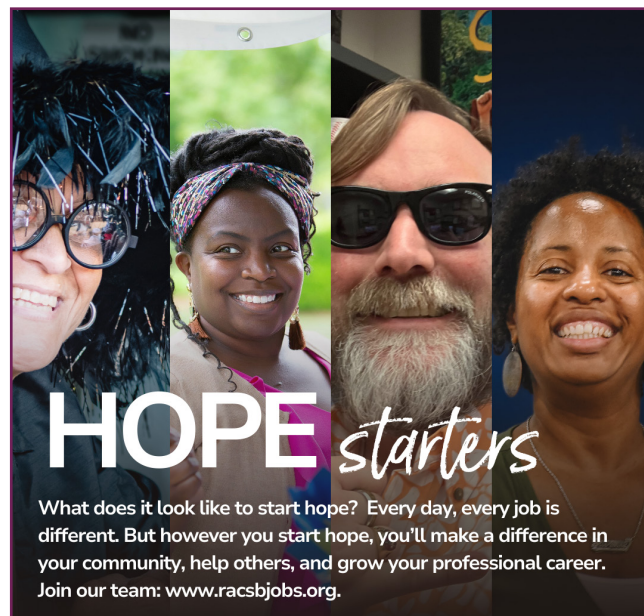
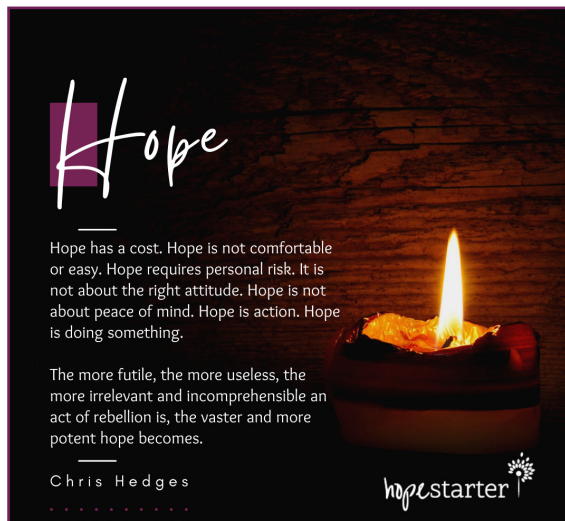
- Two news posts on Spark
- Four updated pages on Spark
- 7 Viva Engage posts
- One employee newsletter

Analytics:

- 158 unique Spark viewers
- 2,415 Spark visits

Employee Engagement

- The Internal Communications/Employee Engagement Committee met one time
- Engagement activities for this month were new round of secret pal, Coldest Night of the Year walk, Spirit Day



Blog Post:

Missing Milestones: What to Know About Developmental Delays

The baby and toddler years are filled with many important firsts: smiles, words, steps.

But what should you do if your infant or toddler misses milestones?

How to Recognize a Developmental Delay

It's important to remember that all children develop at their own pace, and most milestones have a wide range of normal timings. So, if your cousin's baby is walking at 8 months, but your child is 10 months and still crawling, it's not necessarily reason for concern.

So, it's important to know what normal development looks like. The CDC offers an app that tracks milestones—or a pretty comprehensive printable tracker.

Some milestones to look for include:

0-3 months: Coos and smiles, visually follows an object, can hold head erect

3-6 months: Responds to own name, strings vowels together when babbling, rolls over in both directions

6-12 months: Begins to speak first words, sits unsupported, looks to named objects

12-18 months: Follows simple commands, drinks from a cup, walks alone

18-24 months: Says sentences with 2-4 words, points to pictures in a book, kicks a ball

2-3 years: Follows instructions with 2-3 steps, uses pretend play, walks up and down steps

As a parent, you know your baby best. If you are concerned about their development, don't wait to seek support.

Early intervention can make a huge difference. Contact your pediatrician with any concerns. You can also turn to our Parent Education Infant Development program, which serves children birth to 3 years in the City of Fredericksburg or the counties of Caroline, King George, Spotsylvania, and Stafford. We provide a free assessment to see if your child is eligible for early intervention services.

How to Support Your Baby or Toddler

Babies develop naturally, but there are things you can do to support your little one and to help them thrive.

Talk and sing with your baby/toddler throughout the day

Place baby on their tummy for short periods

Play interactive games like peek-a-boo and hide-and-seek with objects

Provide a variety of textures for sensory input

Read to your baby

Provide toys that encourage development, such as rattles, dolls, toy cars, blocks (as age appropriate)

Respond when your baby smiles, laughs or makes faces

Sing simple songs and recite nursery rhymes

Roll a ball to your baby/toddler

Offer finger foods to develop fine motor skills

Limit the time your baby spends in infant seats, bouncers, swings so they have plenty of opportunities to move

Provide different environments to provide visual stimulation

Massage your baby (check out this video from the American Academy of Pediatrics to learn how to safely massage an infant)

What to Do When There is a Developmental Delay

Tell your child's healthcare provider if you notice any delays.

Contact our early intervention program for a free assessment, if you live in the City of Fredericksburg or the counties of Caroline, King George, Spotsylvania, or Stafford. Call 540-372-3561 or 877-268-4169.

If you live outside of our service area, go here to find your early intervention program.

Our early intervention services start with a free visit from a support coordinator, who will ask for a detailed account of your concerns. The support coordinator will then schedule a free developmental screening, where the little one will be assessed by a team of staff members from various fields, including early childhood special education, occupational therapy, speech/language therapy, and physical therapy.

If your child is found eligible for early intervention services, we will work with you to create a plan that combines your priorities with our expertise. These parent-led plans start with a simple question: What's important to you? Services can be covered by insurance or we provide a sliding-scale of fees. No one will be denied services because they can't pay.

Does a Developmental Delay Mean Disability?

Not necessarily. There are many reasons a baby or toddler could be late on reaching milestones. Some of these reasons might be short-term (such as a delay in speech due to ear infections). Sometimes, we don't know why a child is delayed, but they catch up after receiving early intervention services. About one-third of tiny tykes who receive early intervention services do not present with a disability or require special education services.

Sometimes, a developmental delay does signal a disability. It is important to note that whether your child has a developmental delay or a disability, early intervention is key.

More Resources

American Speech-Language-Hearing Association's activities to encourage speech and language development
CDC tipsheets:

How to Get Help for Your Child (English)

How to Get Help for Your Child (Spanish)

Milestone Tracker

Go Out and Play

American Academy of Pediatricians Motor Delay Tool

Help Me Grow National Center

CDC tipsheet on developmental monitoring and screening (available in English and Spanish)

Tummy Timer

Vroom

Zero to Three

Printable Sheet of Brain Building Activities

Positive Parenting Tips

30 Books for Early Intervention Speech Therapy

Healthy Habits to Manage in Your Baby's First Year

Blog Post

Ramadan and Mental Health: Navigating the Holy Month

The monthlong observance of Ramadan is an especially holy period for Muslims. People outside the Muslim faith often know Ramadan mainly for fasting, but the observance involves so much more than going without food or drink.

Ramadan is the ninth month of the Islamic calendar, and the dates of the observance change from year to year.

The month is supposed to be one of contemplation, with special attention given to fasting, charity, reading the Quran, and praying. During Ramadan, many Muslims abstain from food and water from dawn until sunset.

Group of muslim friends sharing a bowl of fruit dates on breakfasting timeSeveral studies have shown Ramadan to have positive impacts to mental health. It has been shown to reduce stress and anxiety and to increase emotional wellbeing. This could be from the increased focus on charity, prayer, mindfulness, and community. Additionally, fasting can cultivate self-discipline and boost self-esteem.

And, there are studies that show that fasting could have positive impacts on brain function and mood regulation.

Ramadan's challenges

However, it is important to note that there could be some behavioral health challenges associated with Ramadan. With awareness, compassion, and creativity, these challenges can often be overcome. Some challenges include:

Changes in blood sugar levels, which can increase mood swings and anxiety

Changes in sleep patterns—the pre-dawn and late-night meals are an important part of the observance and could impact sleep, leading to fatigue, irritability, difficulty concentrating, and an exacerbation of existing mental health conditions

The addition of religious obligations to an already-packed schedule of work, family, and community could cause additional stress.

A sense of loneliness, if you don't have your family to celebrate this communal holiday with you.

A sense of isolation, as it can make you feel different from your peers or coworkers if they are not Muslim. It could also lead you to decline invitations to go out to eat.

Changes in routine could impact neurodiverse individuals. Additionally, Iftar celebrations could provide a sensory overload if they are loud or feature foods that aren't usually eaten.

Withdrawal from nicotine could impact those who usually smoke, as abstinence is part of the fast.

Fasting could also be a trigger for people who have eating disorders.

Tips for a healthy Ramadan

Taking some steps to protect—or even boost—your mental health during Ramadan can help ensure that you get to experience the best parts of the holy month while minimizing challenges:

Prioritize sleep: a change in schedule doesn't necessarily mean you have less time to sleep (especially when Ramadan falls during the shorter days). Look at your schedule and find ways to fit in sleep while meeting your religious obligations and enjoying your pre-dawn and sunset meals.

Eat balanced meals: the timetables for eating have changed, but your nutritional requirements have not. Encourage balanced meals for Suhoor and Iftar that can sustain energy and boost mood regulation.

Choose slow-releasing energy foods like fruits, whole grains, nuts, and oats.

Drink plenty of water and avoid caffeine (which can dehydrate you)

Avoid excess sugar, fried foods, and salt.

Keep the tradition of breaking your fast with a glass of water and a couple of dates.

Incorporate mindfulness into your celebrations: Ramadan is a time of increased prayer, which can help with mindfulness and stress reduction.

Seek social support: Ramadan can be a time of connection, and while we often think about celebratory Iftars, this could also be a time to talk to loved ones and ask for help if you need it.

Plan for medications: If you take antidepressants, mood stabilizers, or antipsychotic medications, it is important to stay as close to your usual regimen as possible. Talk with your religious leaders and your doctors and work out a plan.

Meet sensory needs: If you are neurodivergent and need quieter celebrations or a more set schedule, work with your family and faith community to make arrangements.

Check for exemptions: If fasting takes too much of a toll on your mental health, you might be exempt. There are exemptions for people with health conditions, including behavioral health conditions.

Prevention Services Program Updates

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

Prevention Services Top 5 for March:

1. March is Problem Gambling Awareness Month.
2. RACSB hosted a new cohort of ACE Interface presenters the last week of February. There are 18 more trainers in Virginia!
3. Healthy Families is preparing awareness activities for April as Child Abuse Prevention Month.
4. Maryland is becoming the next state to sign on as a Lock and Talk Partner!
5. The final General Assembly budget did not include the House proposal to provide \$200,000 in state general funds to each CSB. Currently no state funds go directly to CSB Prevention Services aside from gambling prevention.

Substance Abuse Prevention

RACSB Prevention Services continues substance abuse prevention efforts specifically targeting youth. In response to the opioid epidemic and legalization of adult-use cannabis, our target demographics includes adults.

Youth Education/Evidence Based Curriculums – Jennifer Bateman, Prevention Specialist, continues this round of facilitation of the Second Step social emotional learning curriculum with St. Paul's and 4Seasons day care/preschool centers in King George County. Year 2 facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels within Caroline County Public Schools is nearing completion at Lewis and Clark Elementary School. The final sessions have continued to be delayed by weather closing and other school priorities.

Coalitions – The Community Collaborative for Youth and Families has set the quarterly meeting schedule for 2025: April 11; July 11; and October 10. To learn more: <https://www.thecommunitycollaborative.org/>

Youth First was held February 14, 2025. RACSB Prevention's "Spark Hope" vendor table finished second in the best vendor competition (photo, right).

Tobacco Control – The Prevention Services Team continues to wait for updated materials from DBHDS prior to resuming the merchant education. Additionally, the store audit has been updated. CounterTools has provided each CSB with a personalized report related to our prior cycle of store audits and merchant education.



Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, continues to schedule for the 2024-2025 academic year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes. She is scheduled for King George High School, Courtland High School, Chancellor High School, and Riverbend High School

Suicide Prevention Initiatives

RACSB Prevention Services takes an active role in suicide prevention initiatives including:

ASIST (Applied Suicide Intervention Skills Training) – This Living Works curriculum is a 2-day interactive workshop in suicide first aid. Participants learn how to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety. LivingWorks has updated their trainer portal and facilitation guidance.

The training will be held on the following dates in 2025: March 13-14; June 4-5; July 29-30; and October 24-24.

To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2025>

Mental Health First Aid – This 8-hour course teaches adults how to identify, understand, and respond to signs of mental health and substance use disorders. The training introduces common mental health challenges and gives participants the skills to reach out and provide initial support to someone who may be developing a mental health of substance use problem and connect them to the appropriate care.

Adult Mental Health First Aid trainings will be held on the remaining dates in 2025: April 29; June 10; September 4; and December 9 (from 8:30 a.m. to 5:00 p.m.).

Mental Health First Aid in Spanish trainings are scheduled for the remaining dates in 2025: March 18; May 8; August 19; and November 13. (As of right now, we have enough registered to host this course! Fingers crossed.)

Youth Mental Health First Aid training is scheduled for the remaining dates in 2025: March 3; May 22; June 17; October 7; and December 2 (from 8:30 a.m. to 5:00 p.m.).

To register for Adult Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-MHFA-Training2025>

To register for Adult Mental Health First Aid in Spanish Training:
<https://www.signupgenius.com/go/RACSB-MHFA-Spanish2025>

To register for Youth Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2025>

The Virginia General Assembly passed Senate Bill 1377 and House Bill 2637 which aims to increase participation in Mental Health First Aid by having the Virginia Department of Education work with the Department of Behavioral Health and Developmental Services to create and implement a plan to get public high school students and teachers involved with MHFA. RACSB has been providing Mental Health First Aid since

2014 and have partnered with local school divisions to offer the training to their staff. We are unsure at this time of the impact of this legislation and have asked DBHDS for guidance.

safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support.

safeTALK is scheduled for these remaining dates in 2025: April 24 (9:00 a.m. to noon); July 22 (9:00 a.m. to noon); September 23 (9:00 a.m. to noon); and November 17 (1:00 p.m. to 4:00 p.m.).

To register: <https://www.signupgenius.com/go/RACSB-safeTALK2025>

Lock and Talk Virginia – Preparation continues for May as Mental Health Month campaign. I'm excited to share that the state of Maryland is coming onboard as a formal Lock and Talk Partner! Their orientation is scheduled for March 24, 2025.

Coalitions – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and develop goals. The next coalition meeting will be held April 28, 2025 at 1:00 p.m. at River Club.

State Opioid Response (SOR)

RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery.

Coalitions – The Opioid Workgroup meets monthly and is an interdisciplinary professional group. Meetings continued to scheduled and held with local medical providers as we work to increase knowledge and understanding of prevention and harm reduction strategies. To learn more about the Save 1 Life harm reduction initiative: <https://www.save1lifefxbg.org/>

Save One Life Naloxone Training and Dispensing – RACSB continues to host virtual trainings twice a month. Additionally, we schedule and host trainings upon the request of community partners. We continue to experience an increase in training/dispensing requests from community organizations.

At the invitation of Rappahannock EMS Council we supported the North Stafford Biomed students over two dates in February and March. Approximately 80 students received the rapid REVIVE! Training as one of the health and safety scenarios.

We've been invited to return to the University of Mary Washington and train students as part of their annual ASPIRE Week in April.

Virtual training dates for 2025: <https://www.signupgenius.com/go/5080F48A5A629A5FF2-54093052-opioid>

Additional Initiatives

Responsible Gaming and Gambling – March is Problem Gambling Awareness Month. RACSB will post social media content throughout the month to raise awareness and encourage safer gaming and gambling. A guide to safer gambling rack card is being distributed to community partners and private providers.

RACSB is a member of the Virginia Council on Problem Gambling. To learn about this organization, please visit www.vcpbg.net.

ACEs Interface – RACSB Prevention Services offers in-person trainings for community members to learn more about the impact of adversity in childhood on brain development and how toxic stress can impact individual and community health.

The Understanding ACEs training will be held on the remaining dates in 2025: April 9 (1:00 p.m. to 4:00 p.m.); June 11 (2:00 p.m. to 5:00 p.m.); August 5 (9:00 a.m. to noon); September 9 (9:00 a.m. to noon); and October 28 (9:00 a.m. to noon).

To register: <https://www.signupgenius.com/go/RACSB-ACEs-Training2025>

RACSB hosted our first of two planned train-the-trainer cohorts on February 26-28, 2025. Virginia now has 18 more ACE Interface presenters. Participants represented the following organizations: FailSafe-Era; Horizon Behavioral Health; Mental Health America of Fredericksburg Region; Middle Peninsula – Northern Neck CSB; Rappahannock Area Health District; Rappahannock Area YMCA; Rockbridge Area CSB; Southside CSB; Valley CSB; Trauma Awareness & Resilience Partners; and Western Tidewater CSB. 100% of participants indicated an increase of knowledge and increased preparedness to present the curriculum.

The next train-the-trainer will be held August 27-28-29, 2025. Keith Cartwright from DBHDS will co-train with RACSB Master Trainers Amy Jindra and Michelle Wagaman. The August cohort already has 11 individuals registered.

To register: <https://www.signupgenius.com/go/RACSB-ACE-Presenter2025>



RACSB Prevention is part of the Trauma Informed Care Workgroup under the Criminal Justice Reform Alliance. We are partnering with the Rappahannock YMCA to host a book club, “The Wellness Shelf” starting in May. The first book will be “What Happened to You? Conversation on Trauma, Resilience and Healing” by Dr. Bruce Perry and Oprah Winfrey. The club will meet on Thursday evenings at 5:00 p.m. beginning May 8, 2025. The deadline to register is April 21, 2025. Registration is being coordinated by the YMCA. RACSB Prevention is providing complimentary copies of the book to the first 20 that register.

Community Resilience Initiative –Course 1 Trauma Informed and Course 2 Trauma Supportive are each 6-hour courses that cover brain science, the individual experiences and ways to build individual and community resilience. (Course 1 is a pre-requisite for Course 2). The training is held from 9:00 a.m. to 4:00 p.m.

In 2025, we will host Course 1 on April 22; July 31; and September 25. Course 2 will be held May 13 and December 4.

To register: <https://www.signupgenius.com/go/RACSB-CRI-Training2025>

Activate Your Wellness – DBHDS initiative that is primarily a social norms campaign with social media, print materials, and short videos. RACSB continues utilizing this content for “Wellness Wednesday” posts.

Rappahannock Area Kids on the Block

Rappahannock Area Kids on the Block (RAKOB) is scheduling for spring performances and will be returning to the multicultural fair at the University of Mary Washington on April 5, 2025.

Healthy Families Rappahannock Area

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

February 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	1	3	1
CITY OF FREDERICKSBURG	2	3	33	6
KING GEORGE COUNTY	3	1	8	2
SPOTSYLVANIA COUNTY	8	6	65	33
STAFFORD COUNTY	6	6	38	14
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	20	17	147	56

- Pending Board approval, Healthy Families Rappahannock Area submitted a grant application to the Woman and Girls Fund through The Community Foundation of the Rappahannock River Region. The proposed initiative is titled “The Motherhood Bridge.”
- HFRA team attended the Youth First Conference and had a vendor table.
- Donations in support of families served were received from the following organizations: From the Heart; Mary Washington Lactation; Choices; RACSB Prevention Services, and the Cultural Roots Homeschool Cooperative.
- Family Support Specialist Rebekah Shumaker’s last day was February 21, 2025. The program has decided to pause refilling the position at this time. The decrease in the number of families receiving home visiting decreased by 10 compared to the prior month as some families on her caseload did not want to be transferred to another Family Support Specialist. The remaining families have been successfully transferred.



HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

MARCH EDITION

international
WOMEN'S DAY

As winter fades and spring emerges, March brings a season of renewal, growth, and celebration. From International Women's Day (March 8) to St. Patrick's Day (March 17), the month is filled with moments of reflection and festivity. It also marks the arrival of spring, a time for fresh beginnings and longer days. Whether you're embracing the change in seasons, honoring important causes, or simply enjoying the energy of the month, March is a time to celebrate new possibilities.

CELEBRATING THE HOPE THIS SEASON BRINGS!



Welcome to the Neighborhood
Fredericksburg VA Health Care
Center

Thank you Bry and Ivy for
representing HFRA on this day of
celebration.

- Mary Washington Lactation
- Choices
- From The Heart
- Cultural Roots Homeschool Cooperative in Richmond

DONATIONS HAVE THE
POWER TO CHANGE LIVES!!

www.healthyfamiliesrappahannock.org





HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

MARCH EDITION

Success Story

Frozan joined Healthy Families over two years ago when her daughter, Bahar, was a newborn. Frozan indicated when she first met her Family Support Specialist, Ivy, how unfamiliar she was with the community and the resources available. Ivy doing what she does best went on a mission to connect the family to valuable resources, including the Parent Education-Infant Development Program (PEID), an early intervention service for children with developmental delays.

After completing the Ages and Stages Questionnaire (ASQ), Ivy noticed Bahar scored low in communication skills. Though Frozan initially declined to enroll Bahar in PEID, feeling unprepared to commit, Ivy explained how the program would support Bahar's development and prepare her for preschool. Ivy also highlighted the additional help Frozan would receive, especially with the upcoming birth of twins. Convinced by Ivy's guidance, Frozan agreed to enroll Bahar in PEID. Nearly a year later, Bahar's development has greatly improved, and Frozan is thankful for the support she has received from being a part of Healthy Families. Ivy's persistence has made a lasting impact, and Frozan is confident that Bahar will be ready for preschool after graduating from Healthy Families.

**Frozan's story proves "It takes a Village" and
We are so PROUD of her success!**



www.healthyfamiliesrappahannock.org



HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

March Event Calendar

SUN	MON	TUE	WED	THU	FRI	SAT
30	31					1
2	3	4	5	6	7	8 <small>INTERNATIONAL</small> women's DAY
9 	10	11	12 	13	14	15
16	17 	18	19	20	21	22
23	24	25	26	27 HFRA Board Meeting	28	29

 COME JOIN US
HEALTHY FAMILIES TEAM

DATES TO REMEMBER:

- **March 12th** - Dr. Seuss theme Playgroup (Choices and Spotswood Baptist)
- **March 27th** - HFRA Board Meeting (Virtual)
- **April 9th** - Safety in Our Community Playgroup (Heritage Park Community Center)
- **April Prevent Child Abuse Zumba** - Date TBD
- **May 3rd** - Maternal Mental Health 5K (Old Mill Park)
- **May 17th** - Baby Shower sponsored by Delta Sigma Theta Sorority (Riverclub)

www.healthyfamiliesrappahannock.org



Rappahannock Area Community Services Board Tobacco Retailer Characteristics

Each Community Services Board in the Commonwealth of Virginia is tasked with providing merchant education to tobacco/vape retailers and conducting store audits. This happens on a two-year cycle. FY 2024 concluded one of those cycles. This is a requirement of SYNAR federal funding for substance abuse block grant funds.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS), Office Behavioral Health Wellness contracts with Counter Tools for the audit platform and analysis.

Attached, please find a recent presentation by Counter Tools specific to merchant education in Virginia and new CSB specific infographics.

Of interest to Planning District 16:

- 158 tobacco retailers were assessed during the last visit cycle. While there are 274 retailers in our area, not all were able to be assessed.
- We rank #30 out of 40 CSBs for tobacco retailer density with eight (8) retailers per 10,000 residents.
- 9% of tobacco retailers assessed are within 1,000 feet of K-12 public and private schools.
- Of the retailers accessed, 78% had exterior tobacco advertising.
- 66% of retailers accessed are convenience stores.
- The average price of a pack of cigarettes is \$7.30 and a pack of Newports averages \$10.44.
- 28% of retailers had advertisements within 3-feet of the floor, 12% had product near youth-oriented products, and 10% had e-cigarette self-service displays.

The store audit form was amended to include gaming and gambling. This was not completed consistently by our team this past cycle. It will be prioritized in the new cycle that began in FY 2025 once we receive the new materials from DBHDS.

Tobacco Merchant (and Beyond) Data: New CSB Specific Infographics

February 12, 2025 | Kyndra Minchew, MPH

Our mission is to empower communities to become healthier places for all.



What we do

Counter Tools is a 501(c)(3) public health consulting organization that aims to promote health equity and enact policy change in communities nationwide by providing:



Reliable technology



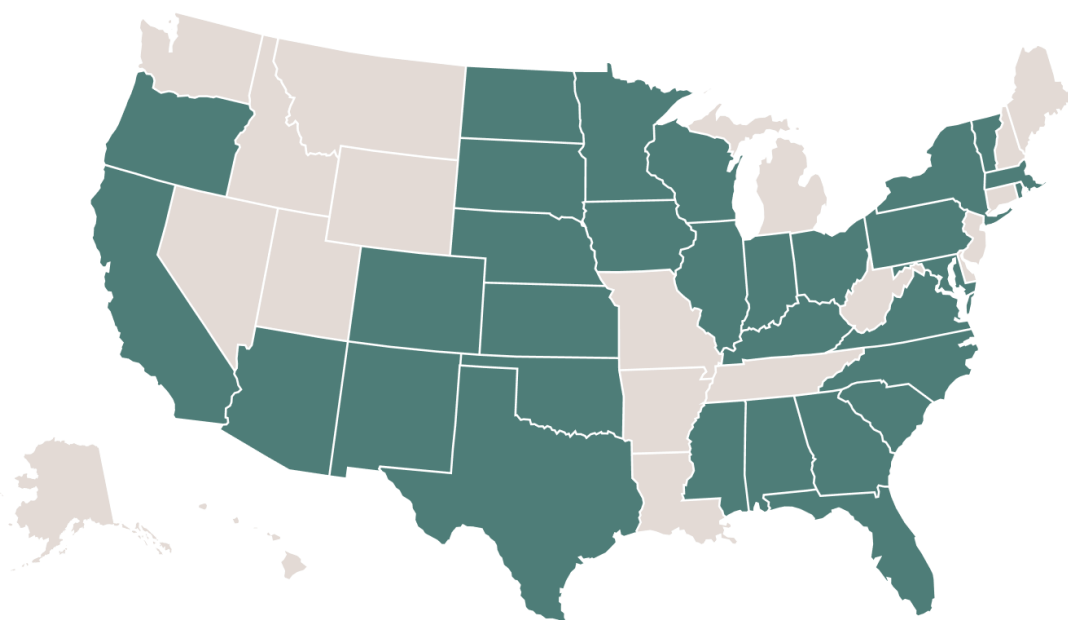
Accessible data analytics



Full-spectrum, tailored support



Our partners



Learning objectives

- Connect store assessment/POST data to policy and non-policy interventions
- Use data visualizations to inform stakeholders
- Describe tobacco at the point of sale and why it matters for tobacco control efforts
- Identify disparities in tobacco retailer density and marketing



What is the point of sale
and why does it matter?

What is the point of sale?



Counter Tools

Point-of-sale in a nutshell



Counter Tools

ChangeLab Solutions. [Point of Sale Policy Playbook](#). 2016

Reasons why the point of sale matters



Industry marketing
spending

1



Youth tobacco
use initiation

2



Quit attempts
more difficult

3



Density &
proximity

4

Tobacco retailer density as a driver of disparity

More tobacco retailers in a community

More tobacco marketing in that community

People who live in that community see more tobacco ads
and product displays behind counters

Exposure to that marketing makes it more likely that young
people in that community will find harmful tobacco
products attractive and makes it harder for people to quit

Reflection

What did you find most surprising, without analyzing your data?

Infographic review

Infographic pages

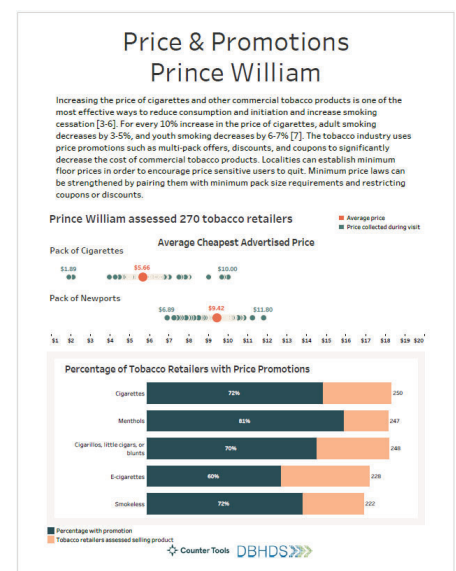
- Retail characteristics
- Price and Promotions
- Youth Appeal
- Health Equity
- Lottery
- Holistic Retail Landscape
- Accessibility pages with overall state comparison
- Methods and citations



Virginia CSB infographics

Unique infographics for 40 CSBs

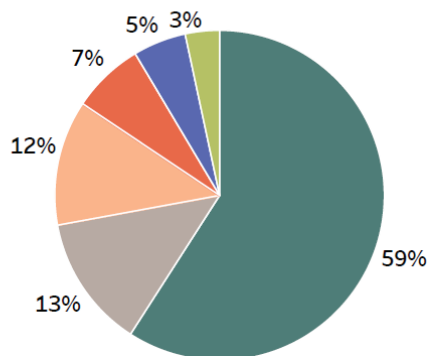
- Data collected between July 1, 2022 – June 30, 2024, within POST (Point-of-sale-toolkit)
- Assessments completed at tobacco retailers who may also sell other products (lottery and/or alcohol)
- Number of retailers assessed within each CSB stated on each page



Tobacco retail characteristics



Types of Tobacco Retailers Assessed



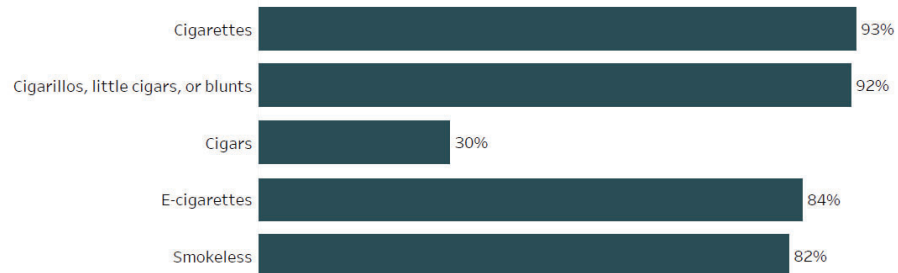
Store Types

- Convenience store
- Grocery store
- Tobacco shop
- E-cigarette/Vape shop
- Mass merchandiser
- Drug store or pharmacy

Tobacco retail characteristics



Percentage of Tobacco Retailers Selling Commercial Tobacco Products



Tobacco retail characteristics – product availability



Tobacco retail licensing

- Licensing is like the binder that holds other tobacco control policies inside
- All tobacco control laws can be enforced through your tobacco retail licensing ordinance



Sale bans in pharmacies

Notable tobacco sale bans in pharmacies

- San Francisco, CA passed the first tobacco-free pharmacy law in the US (2008)
- Massachusetts passed the first statewide tobacco-free pharmacy law in the US (2008)
- CVS eliminated tobacco products from all CVS pharmacy stores (2014)

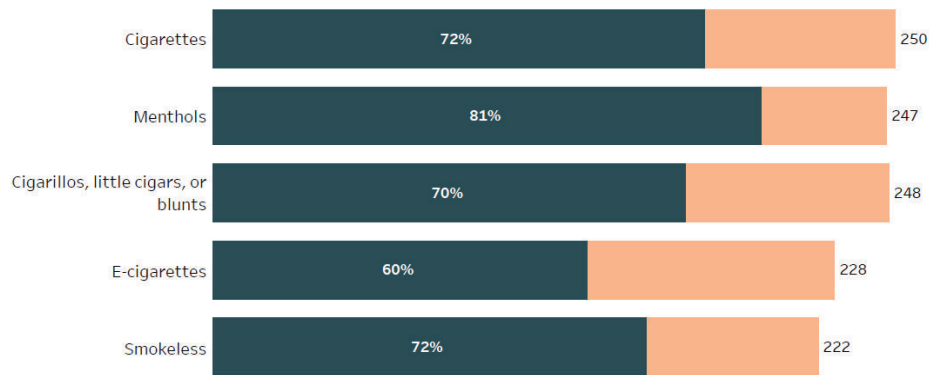
No doctor
would ever
prescribe
tobacco...
so why do
pharmacies
sell it?

52% of all pharmacies in New York State
still sell tobacco products.
It's time to end this practice.
Lend your support at BreatheFreely.org



Price and promotions

Percentage of Tobacco Retailers with Price Promotions



Percentage with promotion
Tobacco retailers assessed selling product

Tobacco retailers with price promotions

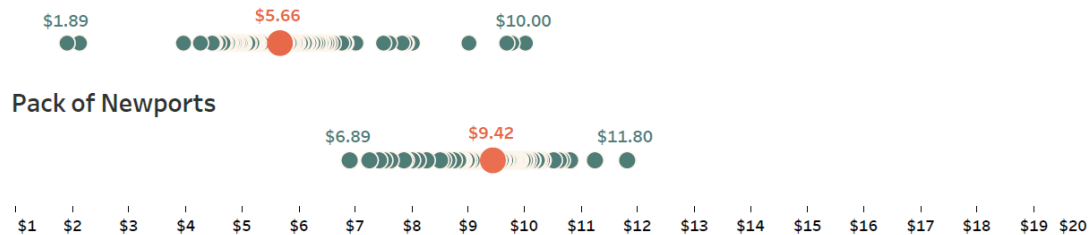


Prince William assessed 270 tobacco retailers

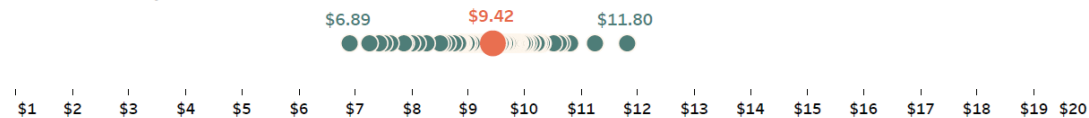
Average price
Price collected during visit

Pack of Cigarettes

Average Cheapest Advertised Price



Pack of Newports



Tobacco product pricing



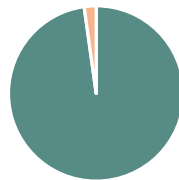
Tobacco industry marketing 2022 expenditures

\$8.3 Billion

Spent in 2022 on cigarettes
and smokeless tobacco
marketing at the point of sale

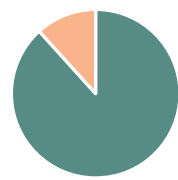
97.8%

Spent in 2022 on cigarette
marketing at the point of sale



88.3%

Spent in 2022 on smokeless
tobacco marketing at the
point of sale



Federal Trade Commission Smokeless Tobacco Report and Cigarette Report for 2022. Washington, D.C. 2023

Restricting coupon redemption & discounts

- Coupons and discounts often counteract excise tax increases
- Price discounts is the largest expenditure category for cigarettes and smokeless tobacco
- Can be included as part of a TRL agreement



Minimum floor pricing laws



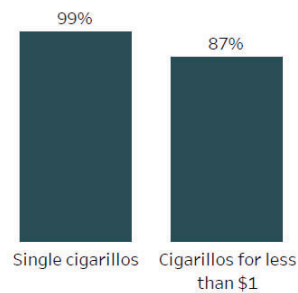
Outcomes	Tax	MFPL
Raises funds for government	✓	
May increase profit margins for retailers or tobacco companies		✓
Raises prices on all products	✓	
Focuses on cheapest products		✓
Prevents youth tobacco initiation	✓	✓
Guards against discounts		✓
May reduce disparities	✓	✓

Youth appeal

Percentage of Tobacco Retailers with Flavored Products



Percentage of Tobacco Retailers Selling



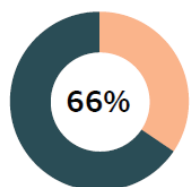
Percentage with flavored
Tobacco retailers assessed selling product

Youth appeal

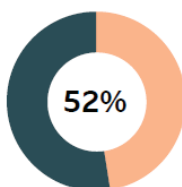
Counter Tools

Youth appeal

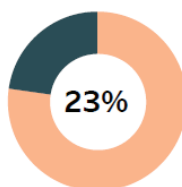
Percentage of Tobacco Retailers Appealing to Youth



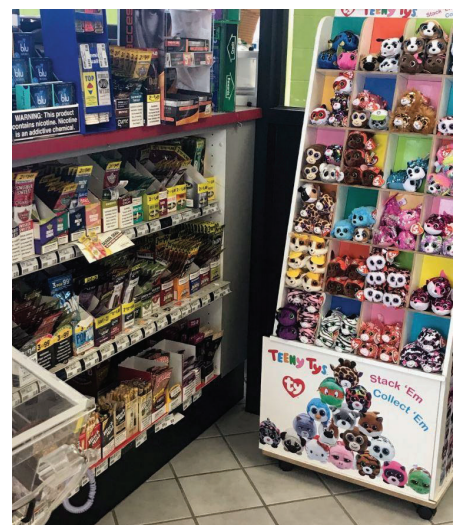
Ads within 3 ft of the floor



Near youth-oriented products



E-cigarette self-service displays



Counter Tools

Flavored tobacco sales bans

- Youth prefer flavored tobacco products over non-flavored
- NYC banning flavored tobacco products led to
 - 87% decline in sales
 - 37% lower odds of teens ever trying a tobacco product
 - 38% lower odds of teens using any tobacco product



Farley, S.M., Johns, M. (2016). New York City flavoured tobacco products sales ban evaluation. Tobacco Control - 2015

E-cigarette access

- 43% of 15- to 20-year-old current e-cigarette users obtained e-cigarettes at retailers
- Most purchased in vape shops (22%) and gas station/c-stores (15.9%)
- About 60% purchased flavored (candy, menthol etc.) e-cigarettes at retailers



Do EK, Aarvig K, Donovan EM, Schillo BA, Vallone DM, Hair EC. Underage Youth Continue to Obtain E-Cigarettes from Retail Sources in 2022: Evidence from the Truth Continuous Tracking Survey. 2023

Purchase, Use, and Possession (PUP) Laws

- Ineffective
- Tobacco industry supported
- Inequitable

ChangeLab Solutions [PUP in Smoke: Why Youth Tobacco Possession and Use Penalties are Ineffective and Inequitable](#)

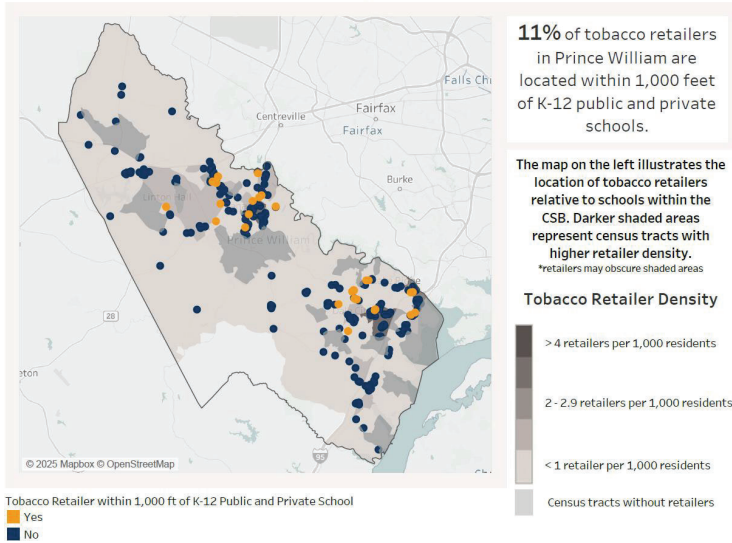
Campaign for Tobacco-Free Kids' [Youth Purchase, Use, or Possession Laws are Not Effective Tobacco Prevention](#)



Health equity



Tobacco Retailer Density and Proximity to Schools



Health equity



Density and proximity near youth activity spaces

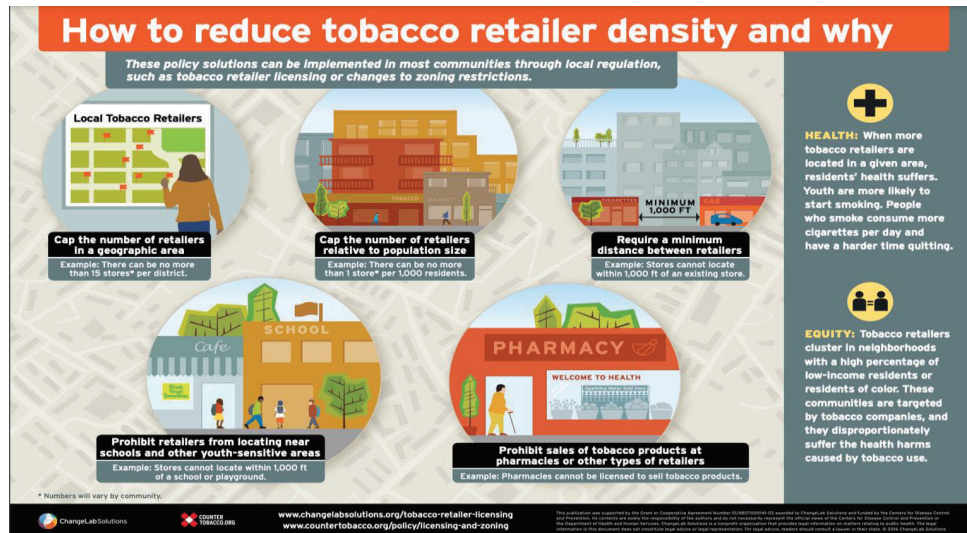


- Any space where youth spend time is a place where they may be influenced
- It may be beneficial to consider regulating retailers near other youth-oriented spaces and residential areas in addition to near school



Kowitt & Lipperman-Kreda (2020) Nicotine & Tobacco Research doi:10.1093/ntr/ntz088

Density and proximity restrictions



Why the POS is a health equity issue

- Targeting of specific tobacco products (e.g., menthol cigarettes, smokeless tobacco, e-cigarettes) to certain groups
- Greater density of tobacco retailers in marginalized communities
- Proximity of tobacco retailers to places youth people frequent like schools and parks
- Greater presence of tobacco-related advertisements in certain areas (e.g., those with high minority populations)
- Lower prices of tobacco products in certain communities (e.g., those living at a low-income)

Lottery



Visible Ads

163 or 87% of tobacco retailers assessed had gambling and/or gaming ads in the following locations:

At the countertop or surrounding area (not including items for sale)	79%
Next to candy displays	36%
Within 3 feet of the floor	19%
Ads are visible but not at the above locations	42%

The following number of tobacco merchants agreed to remove visible gambling and/or gaming ads*:

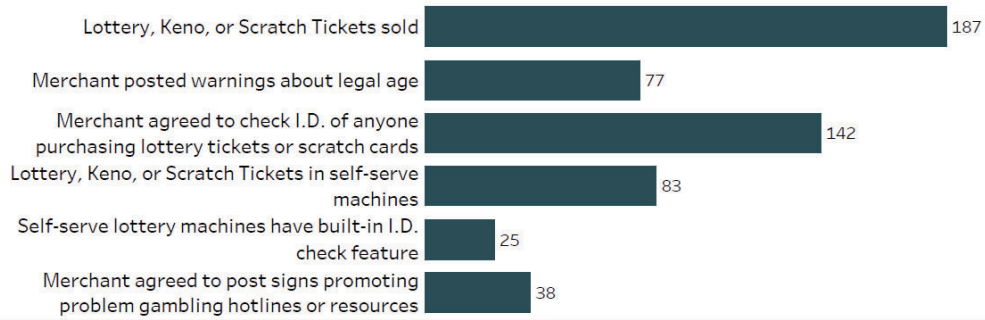
5	From countertops & surrounding areas (not including items for sale)
4	Close to candy displays
7	In places below 3 feet

*Due to time constraints, availability, and/or approachability, data collectors are not always able to speak with decision makers or store managers.
**The total on the left may exceed 100% since retailers can have advertisements in multiple locations.

Lottery



of Retailers: Gambling and/or Gaming Product Availability and Practices



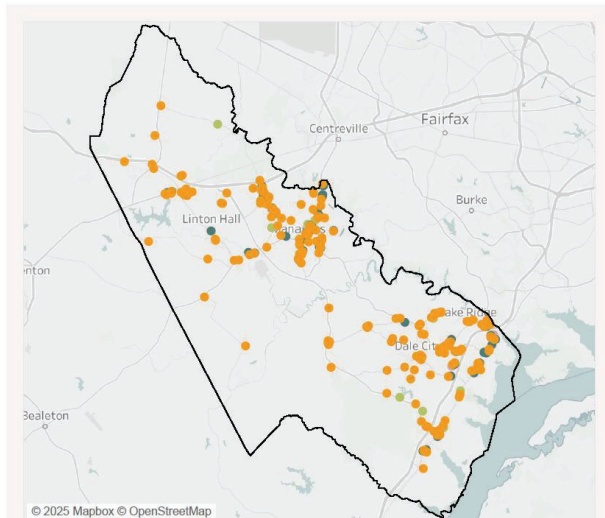
Lottery



Holistic retail landscape



Types of Products Sold at Assessed Tobacco Retailers



Products Sold

- Tobacco, alcohol, & lottery
- Tobacco only
- Tobacco & alcohol
- Tobacco & lottery

66% Tobacco, alcohol, & lottery

22% Tobacco only

8% Tobacco & alcohol

3% Tobacco & lottery

Holistic retail landscape



Non-regulatory solutions: healthy retail programs

Cross-sector collaboration: tobacco, alcohol, and nutrition



Content neutral sign ordinances



✦ Counter Tools

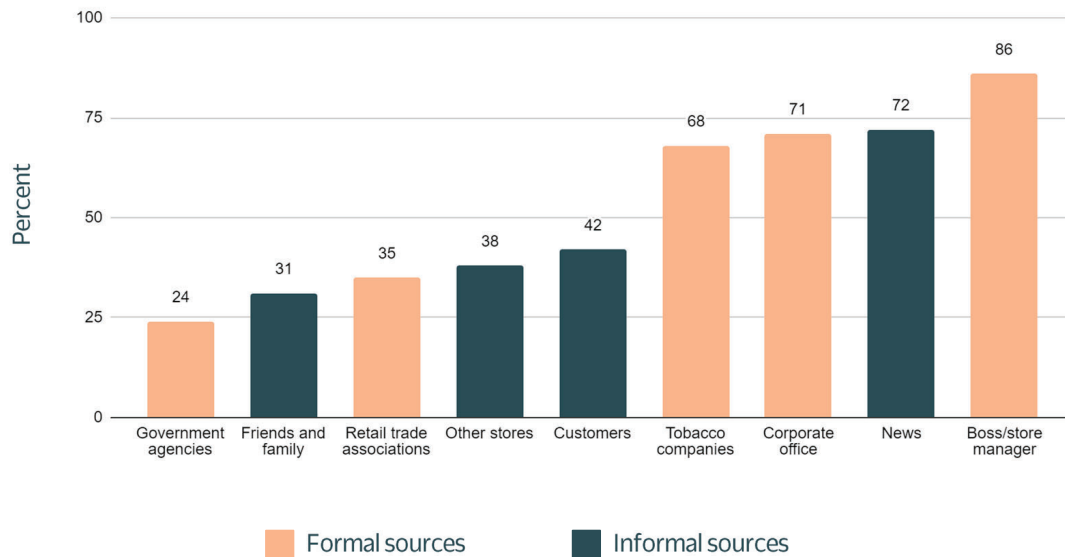
Components of effective merchant education

- Applicable laws & penalties
- Health effects of youth tobacco use
- Comprehensive descriptions of tobacco products covered by laws prohibiting the sale of tobacco products to youth
- Age verification techniques
- Tips for refusing sales
- Testing to ensure that employees have required knowledge



✦ Counter Tools

Where do retailers get information?



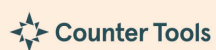
Reflection

What are you taking away from today's discussion?

What are your initial thoughts on how you might use your infographics/POS data?



Questions?



Thank You



Countertools.Org

Countertobacco.Org

kyndra@countertools.org

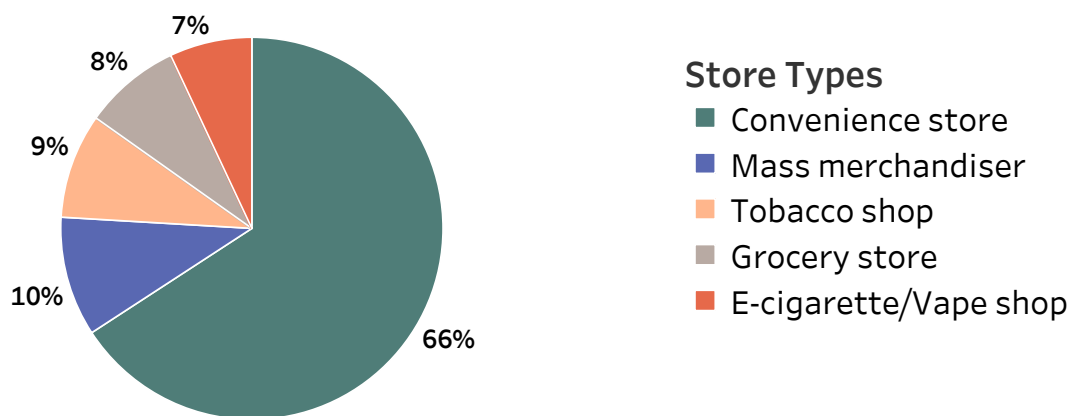


Retailer Characteristics Rappahannock Area

Many commercial tobacco retailers sell a variety of product types and display advertisements both inside and outside of their stores. Exposure to commercial tobacco advertising and marketing is associated with increased use, including youth initiation [1, 2]. Licensing and zoning are two of the most lasting strategies to impact the density, type and location of commercial tobacco retailers. Of the 158 retailers assessed, 78% had exterior tobacco advertising. Retailer density reduction strategies, such as capping the total number of retailers or requiring a minimum distance to schools, will have different impacts in different communities.

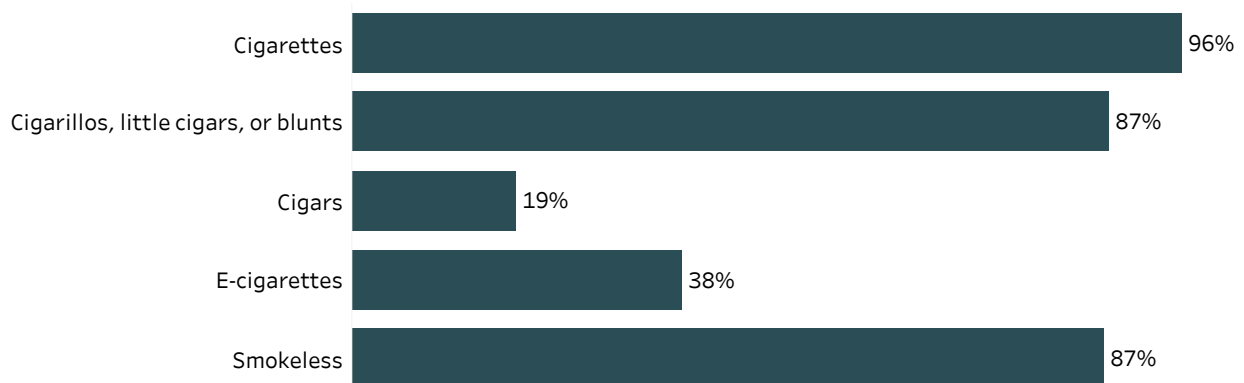
Rappahannock Area assessed 158 tobacco retailers

Types of Tobacco Retailers Assessed



*Totals of pie chart may not equal 100% due to rounding.

Percentage of Tobacco Retailers Selling Commercial Tobacco Products

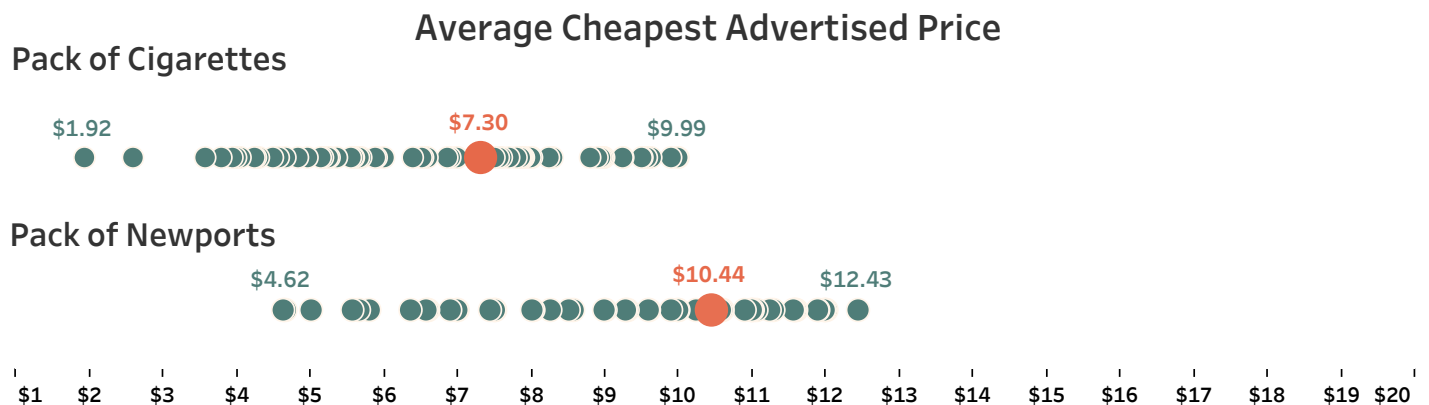


Price & Promotions Rappahannock Area

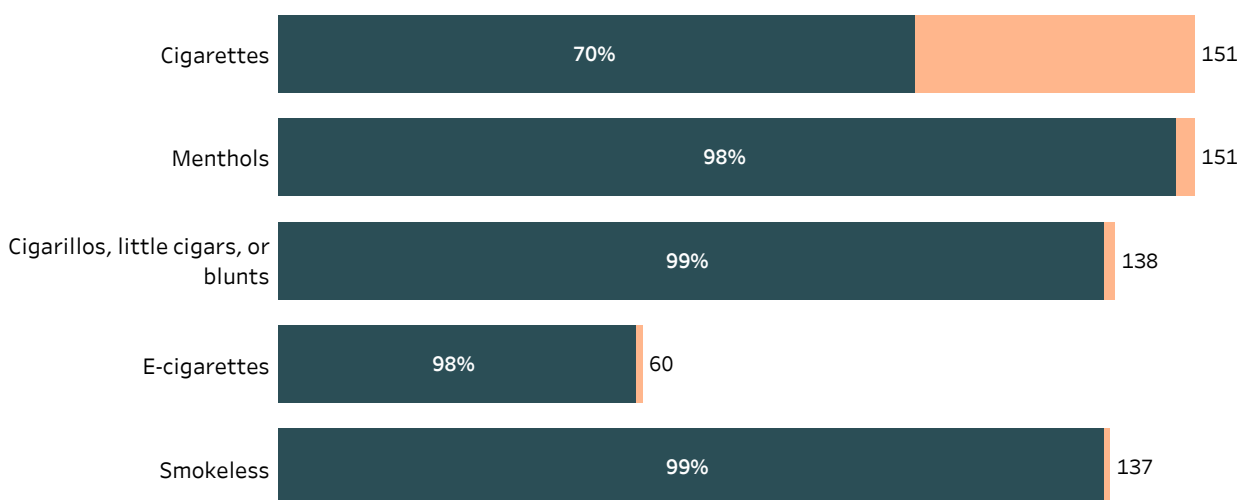
Increasing the price of cigarettes and other commercial tobacco products is one of the most effective ways to reduce consumption and initiation and increase smoking cessation [3-6]. For every 10% increase in the price of cigarettes, adult smoking decreases by 3-5%, and youth smoking decreases by 6-7% [7]. The tobacco industry uses price promotions such as multi-pack offers, discounts, and coupons to significantly decrease the cost of commercial tobacco products. Localities can establish minimum floor prices in order to encourage price sensitive users to quit. Minimum price laws can be strengthened by pairing them with minimum pack size requirements and restricting coupons or discounts.

Rappahannock Area assessed 158 tobacco retailers

■ Average price
■ Price collected during visit



Percentage of Tobacco Retailers with Price Promotions



■ Percentage with promotion
■ Tobacco retailers assessed selling product

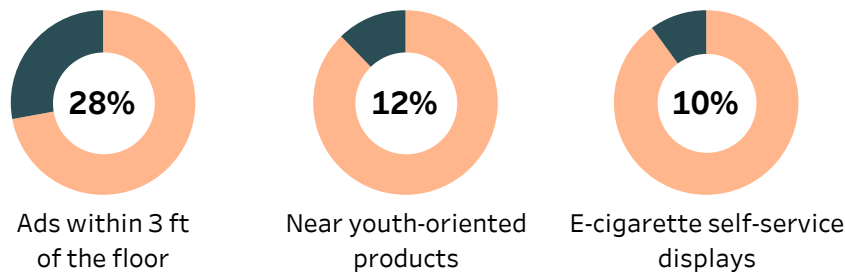
Youth Appeal

Rappahannock Area

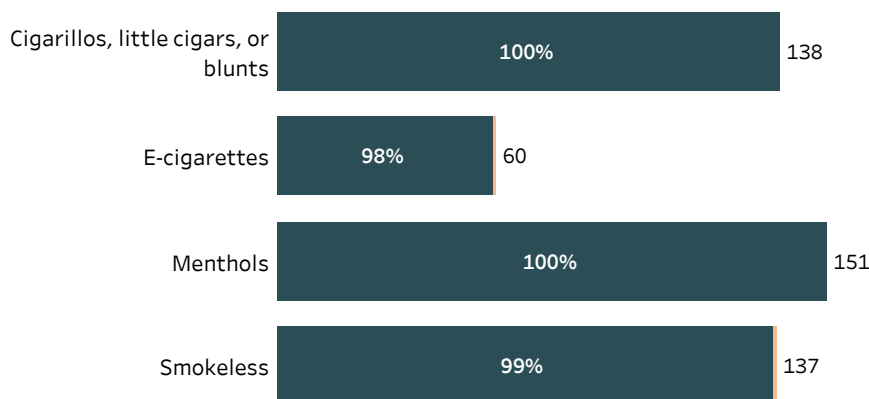
The commercial tobacco industry relies on recruiting youth to replace the 480,000 people in the US who die each year due to the use of their products [6, 7]. While the 1998 Master Settlement Agreement prohibits tobacco companies from directly targeting youth with mascots like Joe Camel [8], their products are still designed and marketed in ways that are appealing to kids. The tobacco industry sells products in sweet, candy-like flavors and at cheap prices; markets products in kids' direct line of sight; and places tobacco products where youth can easily reach. States and localities can implement regulations that restrict the sale of flavored products or prohibit the use of coupons or discounts. Licensing and zoning laws can also reduce availability of products that appeal to youth by restricting retailer locations.

Rappahannock Area assessed 158 tobacco retailers

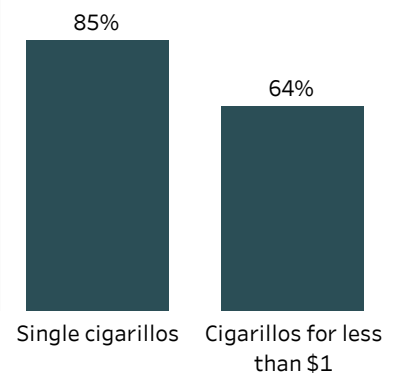
Percentage of Tobacco Retailers Appealing to Youth



Percentage of Tobacco Retailers with Flavored Products



Percentage of Tobacco Retailers Selling



■ Percentage with flavored
■ Tobacco retailers assessed selling product

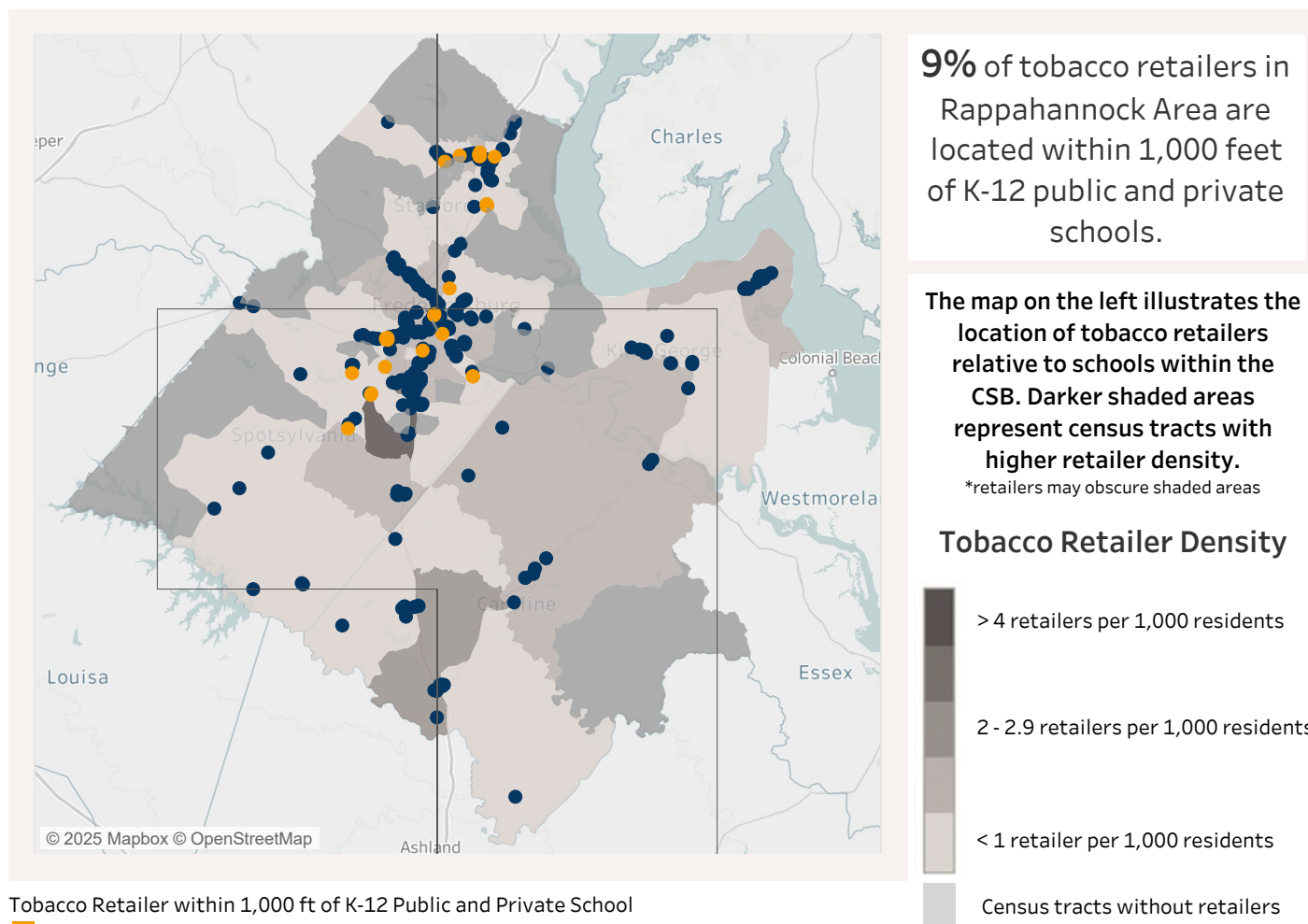
Health Equity Rappahannock Area

Health equity means providing people with fair and just opportunities to reach their full health potential. Disparities result when certain groups, such as people of color, experience worse health outcomes and greater health risks than more advantaged social groups. Reducing disparities helps achieve health equity. Tobacco retailer density is defined as the clustering or concentration of retailers in an area. Retailer density tends to be higher in census tracts with people living at a lower income and with more people of color. Higher tobacco retailer density is associated with increased smoking rates, lower life expectancy, and higher mortality [2, 9, 10].

Rappahannock Area has 274 tobacco retailers and 22% sell e-cigarettes.

Rappahannock Area ranks **#30 out of 40** CSBs for tobacco retailer density, with **8** tobacco retailers per 10,000 residents.

Tobacco Retailer Density and Proximity to Schools



*Tobacco retailers displayed and analyzed were exported from the Virginia POST account on 12/11/2024.

Lottery

Rappahannock Area

Problem gambling, gambling addiction, or gambling disorder, is a diagnosable mental health condition involving gambling behaviors that harm an individual or their family, often interfering with daily responsibilities, relationships, and careers [11]. Gambling carries risk for everyone, and the availability and density of gambling retailers can amplify these risks, with visible lottery advertisements placed strategically to target vulnerable populations. These environments contribute to addiction, disproportionately affecting economically and socially disadvantaged groups and are commonly associated with broader mental and physical health complications. Merchant education is a strategy that provides the opportunity to learn about and address any perceived barriers retailers have to compliance [12 - 14].

Rappahannock Area assessed 0 tobacco retailers with gambling and/or gaming.

Visable Ads

or of tobacco retailers assessed had gambling and/or gaming ads in the following locations:

At the countertop or surrounding area (not including items for sale)

Next to candy displays

Within 3 feet of the floor

Ads are visible but not at the above locations

The following number of tobacco merchants agreed to remove visible gambling and/or gaming ads*:

From countertops & surrounding areas (not including items for sale)

Close to candy displays

In places below 3 feet

*Due to time constraints, availability, and/or approachability, data collectors are not always able to speak with decision makers or store managers.

**The total on the left may exceed 100% since retailers can have advertisements in multiple locations.

of Retailers: Gambling and/or Gaming Product Availability and Practices

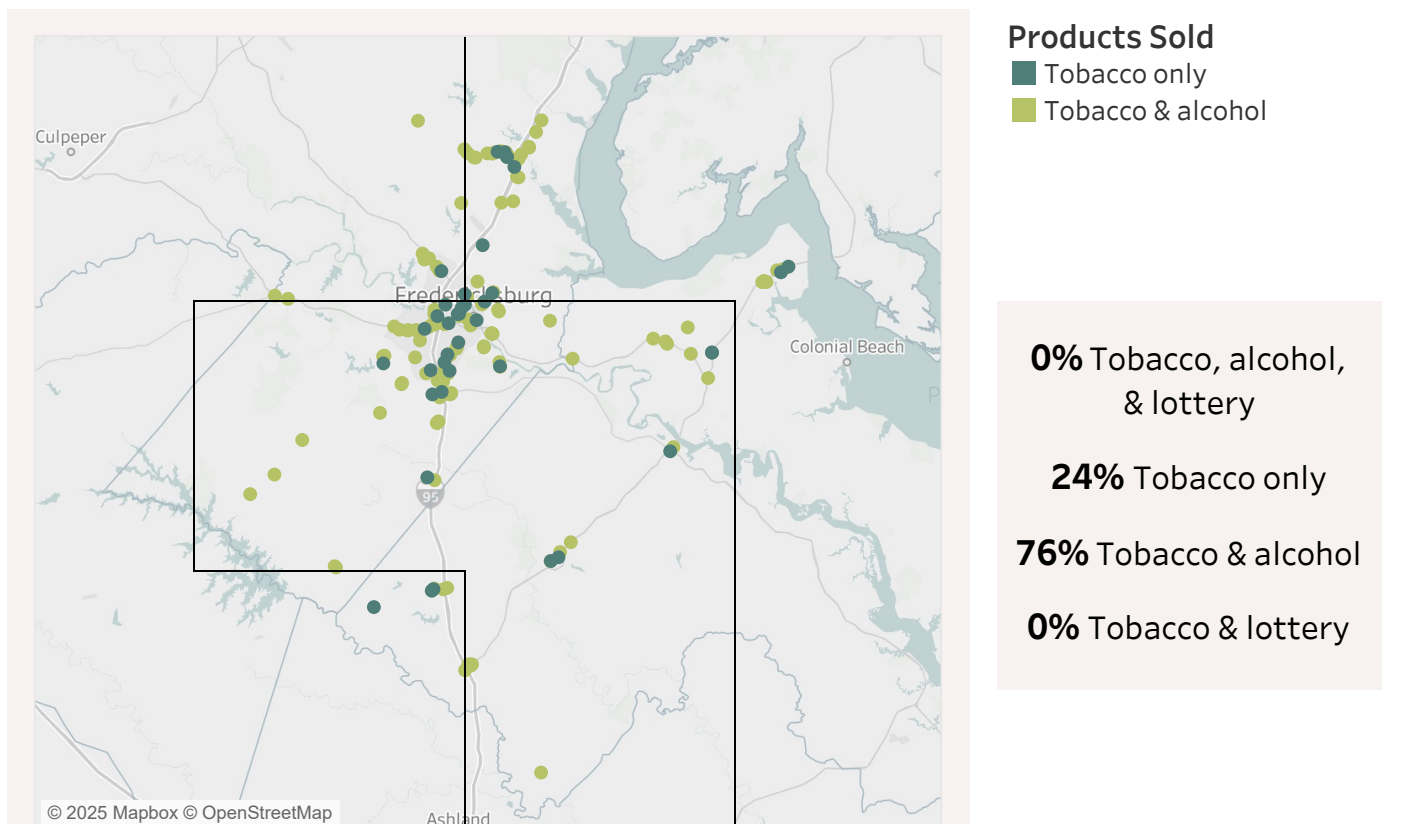
Lottery, Keno, or Scratch Tickets sold	
Merchant posted warnings about legal age	
Merchant agreed to check I.D. of anyone purchasing lottery tickets or scratch cards	
Lottery, Keno, or Scratch Tickets in self-serve machines	
Self-serve lottery machines have built-in I.D. check feature	
Merchant agreed to post signs promoting problem gambling hotlines or resources	

Holistic Retail Landscape Rappahannock Area

Neighborhood stores have a powerful opportunity to promote healthier communities. Unfortunately, the retail environment is often saturated with harmful products, such as tobacco, alcohol, and gambling. The availability of these products and how they are promoted, placed, and priced in stores affects health behaviors. Policies can address the retail environment holistically, tackling multiple issues at the point of sale in coordination instead of addressing each in isolation [15 - 17].

Rappahannock Area has 274 tobacco retailers and 22% sell e-cigarettes.

Types of Products Sold at Assessed Tobacco Retailers



Number of Store Types by Products Sold

	Tobacco, alcohol, & lottery	Tobacco only	Tobacco & alcohol	Tobacco & lottery
Convenience store		3	101	
E-cigarette/Vape shop		11		
Grocery store		1	12	
Mass merchandiser		9	7	
Tobacco shop		14		

*Not all tobacco retailers visited were assessed for selling lottery products during the two-year data collection period.

Retailer Characteristics

For Rappahannock Area, of the 158 tobacco retailers assessed, 78% had exterior tobacco advertising.
For Virginia, of the 6,131 tobacco retailers assessed, 60% had exterior tobacco advertising.

Types of Tobacco Retailers Assessed

Rappahannock Area assessed 158 tobacco retailers.

66% of the retailers assessed in Rappahannock Area were identified as convenience store with or without gas, compared to 64% for Virginia.

0% of the retailers assessed in Rappahannock Area were identified as drug store or pharmacy, compared to 3% for Virginia.

7% of the retailers assessed in Rappahannock Area were identified as e-cigarette/vape shop, compared to 5% for Virginia.

8% of the retailers assessed in Rappahannock Area were identified as grocery store, compared to 10% for Virginia.

10% of the retailers assessed in Rappahannock Area were identified as mass merchandiser, compared to 11% for Virginia.

9% of the retailers assessed in Rappahannock Area were identified as tobacco shop, compared to 7% for Virginia.

0% of the retailers assessed in Rappahannock Area were identified as other store types, compared to 1% for Virginia.

Percentage of Tobacco Retailers Selling Commercial Tobacco Products

96% of retailers in Rappahannock Area sold cigarettes, compared to 95% for Virginia.

87% of retailers in Rappahannock Area sold cigarillos, little cigars or blunts, compared to 92% for Virginia.

19% of retailers in Rappahannock Area large cigars, compared to 26% for Virginia.

38% of retailers in Rappahannock Area sold e-cigarettes, compared to 64% for Virginia.

87% of retailers in Rappahannock Area sold smokeless tobacco, compared to 87% for Virginia.

Price & Promotions

Average Cheapest Advertised Price

The average cheapest advertised price for a single pack of cigarettes in Rappahannock Area was \$7.30, compared to \$5.19 for Virginia.

The average cheapest advertised price for a pack of Newport Menthols in Rappahannock Area was \$10.44, compared to \$8.93 for Virginia.

Percentage of Tobacco Retailers with Price Promotions

Among the 151 retailers selling cigarettes in Rappahannock Area, 70% had a price promotion.

Among the 5,827 retailers selling cigarettes in Virginia, 59% had a price promotion.

Among the 151 retailers selling menthol cigarettes in Rappahannock Area, 98% had a price promotion.

Among the 5,760 retailers selling menthol cigarettes in Virginia, 75% had a price promotion.

Among the 138 retailers selling cigarillos, little cigars or blunts in Rappahannock Area, 99% had a price promotion.

Among the 60 retailers selling e-cigarettes in Rappahannock Area, 98% had a price promotion.

Among the 3,935 retailers selling e-cigarettes in Virginia, 42% had a price promotion.

Among the 137 retailers selling smokeless tobacco in Rappahannock Area, 99% had a price promotion.

Among the 5,320 retailers selling smokeless tobacco in Virginia, 54% had a price promotion.

Youth Appeal

Percentage of Tobacco Retailers Appealing to Youth

28% of the retailers in Rappahannock Area had commercial tobacco advertisements within 3 feet of the floor, compared to 26% for Virginia.

12% of the retailers in Rappahannock Area had commercial tobacco products placed near youth-oriented products, compared to 15% for Virginia.

10% of the retailers in Rappahannock Area had any e-cigarette self-service displays, compared to 15% for Virginia.

Percentage of Tobacco Retailers with Flavored Products

Among the 138 retailers selling cigarillos, little cigars or blunts in Rappahannock Area, 100% sold a flavored version.

Among the 5,612 retailers selling cigarillos, little cigars or blunts in Virginia, 98% sold a flavored version.

Among the 60 retailers selling e-cigarettes in Rappahannock Area, 98% sold a flavored version.

Among the 3,935 retailers selling e-cigarettes in Virginia, 91% sold a flavored version.

Among the 151 retailers selling cigarettes in Rappahannock Area, 100% sold menthols.

Among the 5,827 retailers selling cigarettes in Virginia, 99% sold menthols.

Among the 137 retailers selling smokeless in Rappahannock Area, 99% sold a flavored version.

Among the 5,320 retailers selling smokeless in Virginia, 96% sold a flavored version.

Percentage of Tobacco Retailers Selling

Among the retailers selling cigarillos, little cigars or blunts in Rappahannock Area, 85% sold single cigarillos, compared to 94% for Virginia.

Among the retailers selling cigarillos, little cigars or blunts in Rappahannock Area, 64% sold cigarillos for less than \$1, compared to 75% for Virginia.

Health Equity

Rappahannock Area has 274 tobacco retailers (6,904 tobacco retailers throughout Virginia) and 22% sell e-cigarettes, compared to 55% for Virginia.

Rappahannock Area ranks 30 out of 40 CSBs for tobacco retailer density, with 8 tobacco retailers per 10,000 residents, compared to 8 tobacco retailers per 10,000 Virginia residents.

9% of tobacco retailers in Rappahannock Area are located within 1,000 feet of K-12 public and private schools, compared to 10% for Virginia.

Lottery

Rappahannock Area assessed 0 tobacco retailers with gambling and/or gaming (1,607 throughout Virginia).

or % of tobacco retailers had gambling and/or gaming ads in the following locations (818 (51%) for Virginia): *The total below may exceed 100% since retailers can have advertisements in multiple locations.

At the countertop or surrounding area (not including items for sale), compared to 61% for Virginia.

Next to candy displays, compared to 13% for Virginia.

Within 3 feet of the floor, compared to 26% for Virginia.

Ads are visible but not at the above locations, compared to 38% for Virginia.

Lottery continued

The following number of tobacco merchants agreed to remove visible gambling and/or gaming ads*: (*Due to time constraints, availability, and/or approachability, data collectors are not always able to speak with decision makers or store managers).

From countertops & surrounding areas (not including items for sale), compared to 42 for Virginia.

Close to candy displays, compared to 12 for Virginia.

In places below 3 feet, compared to 44 for Virginia.

of Retailers: Gambling and/or Gaming Product Availability and Practices

Tobacco retailers sold Lottery, Keno, or Scratch tickets (1,605 throughout Virginia).

Tobacco merchants posted warnings about legal age, compared to 68 for Virginia.

Tobacco merchants agreed to check I.D. of anyone purchasing lottery tickets or scratch cards, compared to 963 for Virginia.

Tobacco retailers had self-serve lottery machines with built-in I.D. check feature, compared to 141 for Virginia.

Tobacco retailers had Lottery, Keno, or Scratch tickets in self-serve machines, compared to 555 for Virginia.

Tobacco merchants agreed to post signs promoting problem gambling hotlines or resources, compared to 541 for Virginia.

Holistic Retail Landscape

Types of Products Sold at Assessed Tobacco Retailers

Rappahannock Area assessed 158 retailers, compared to 6,131 for Virginia.

0% Retailers sold tobacco, alcohol, and lottery, compared to 25% for Virginia.

24% Retailers sold tobacco only, compared to 17% for Virginia.

76% Retailers sold tobacco and alcohol, compared to 56% for Virginia.

0% Retailers sold tobacco and lottery, compared to 1% for Virginia.

Number of Store Types by Products Sold for Rappahannock Area

	Tobacco, alcohol, & lottery	Tobacco only	Tobacco & alcohol	Tobacco & lottery
Convenience store		3	101	
E-cigarette/Vape shop		11		
Grocery store		1	12	
Mass merchandiser		9	7	
Tobacco shop		14		

Number of Store Types by Products Sold for Virginia

	Tobacco, alcohol, & lottery	Tobacco only	Tobacco & alcohol	Tobacco & lottery
Convenience store	1,298	290	2,303	37
Drug store or pharmacy	14	9	165	2
E-cigarette/Vape shop	2	267	6	4
Grocery store	182	24	394	3
Mass merchandiser	38	78	545	
Tobacco shop	6	378	11	17
Other	3	18	36	1

Methods & Citations

Data presentation details

- Possible store types: Convenience store (with or without gas), drug store or pharmacy, e-cigarette/vape shop, grocery store, mass merchandiser (i.e., Walmart, Dollar General), tobacco shop, and other store types includes bar or restaurant, beer, wine, liquor store, hookah lounge, and other store type not listed.
- Average reported prices reflect those of retailers both selling and reporting the price of said product (price minimum was set to 0.99).
- The presence of tobacco products within 3 feet of the floor is operationalized as kid's eye-level.
- "Youth-oriented products" include products such as candy, gum, toys, stuffed animals, etc.
- Flavored products may include flavors such as peach, grape, cherry, mint, menthol, wintergreen, etc.
- Self-service displays refer to e-cigarette products that are openly displayed or stored in a manner that is physically accessible to the purchaser without needing the assistance of the store clerk/employee (e.g., open or unlocked racks, shelves, counter-top displays, vending machines).
- When 0% is indicated on a bar graph, the answer by the surveyor to the assessment question was "No". When blank, the question wasn't answered.

Data analysis details

Data was collected between July 1, 2022 - June 30, 2024. Counter Tools analyzed data and created data summaries in January 2025 using Tableau. Not all assessment visits collected were considered eligible. The eligibility criteria includes all assessment visits where "Can you visit the store?" and "Is tobacco sold here?" is "Yes". All **available** store data rather than only complete store data was utilized in the analysis; therefore, the total number of assessments summarized for each assessment variable may vary depending on the amount of data that was available (or missing) for the particular assessment variable.

Citations

- [1] Henriksen L, Feighery EC, Schleicher NC, Cowling DW, Kline RS, Fortmann SP. Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventive Medicine*. 2008;47(2):210-214. doi:<https://doi.org/10.1016/j.ypmed.2008.04.008>
- [2] Chuang YC, Cubbin C, Ahn D, Winkleby MA. Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking. *J Epidemiol Community Health*. 2005;59(7):568-573. doi:10.1136/jech.2004.029041
- [3] Brown-Johnson CG, England LJ, Glantz SA, Ling PM. Tobacco industry marketing to low socioeconomic status women in the U.S.A. *Tob Control*. 2014;23(e2):e139-e146. doi:10.1136/tobaccocontrol-2013-051224
- [4] Truth Tobacco Industry Documents. The importance of younger adults. RJ Reynolds Records. <https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/jzyl0056>
- [5] U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>
- [6] Public Health Law Center. The Master Settlement Agreement: An Overview. <http://www.publichealthlawcenter.org/sites/default/files/resources/tclcf-fs-msa-overview-2015.pdf>
- [7] Villanti AC, Richardson A, Vallone DM, Rath JM. Flavored tobacco product use among U.S. young adults. *Am J Prev Med*. 2013;44(4):388-391. doi:10.1016/j.amepre.2012.11.031
- [8] Ambrose BK, Day HR, Rostron B, et al. Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014. *JAMA*. 2015;314(17):1871-1873. doi:10.1001/jama.2015.13802
- [9] Reitzel, L. R., Cromley, E. K., Li, Y., Cao, Y., Dela Mater, R., Mazas, C. A., Cofta-Woerpel, L., Cinciripini, P. M., & Wetter, D. W. (2011). The effect of tobacco outlet density and proximity on smoking cessation. *American journal of public health*, 101 (2), 315-320. <https://doi.org/10.2105/AJPH.2010.191676>
- [10] Chaiton, M. O., McCreedy, G., & Cohen, J. (2018). Tobacco retail availability and risk of relapse among smokers who make a quit attempt: a population-based cohort study. *Tobacco control*, 27 (2), 163-169. <https://doi.org/10.1136/tobaccocontrol-2016-05349>
- [11] National Council on Problem Gambling. (n.d.). FAQs: What is problem gambling? Retrieved from <https://www.ncpgambling.org/help-treatment/faqs-what-is-problem-gambling/>
- [12] Wardle H, Reith G, Langham E, Rogers R D. Gambling and public health: we need policy action to prevent harm. *BMJ*, 365, l1807. <https://doi.org/10.1136/bmj.l1807>
- [13] Wardle, H., Degenhardt, L., Marianneau, V., Reith, Gerda., Livingston. C., Sparrow, M., et al. (2024). The Lancet Public Health on gambling. 9 (11), 950-994. [https://doi.org/10.1016/S2468-2667\(24\)00167-1](https://doi.org/10.1016/S2468-2667(24)00167-1)
- [14] <https://countertobacco.org/resources-tools/evidence-summaries/merchant-education/>
- [15] Palmedo, P. C., Dorfman, L., Garza, S., Murphy, E., & Freudenberg, N. (2017). Countermarketing Alcohol and Unhealthy Food: An Effective Strategy for Preventing Noncommunicable Diseases? Lessons from Tobacco. *Annual review of public health*, 38, 119-144. <https://doi.org/10.1146/annurev-publhealth-031816-044303>
- [16] Rabel, M., Laxy, M., Thorand, B., Peters, A., Schwettmann, L., & Mess, F. (2019). Clustering of Health-Related Behavior Patterns and Demographics. Results From the Population-Based KORA S4/F4 Cohort Study. *Frontiers in public health*, 6, 387. <https://doi.org/10.3389/fpubh.2018.00387>
- [17] Butler, N., Quigg, Z., Bates, R., Sayle, M., & Ewart, H. (2020). Gambling with Your Health: Associations Between Gambling Problem Severity and Health Risk Behaviours, Health and Wellbeing. *Journal of gambling studies*, 36 (2), 527-538. <https://doi.org/10.1007/s10899-019-09902-8>

Rappahannock Area Kids on the Block City Arts Commission Grant

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

The Fredericksburg Arts Commission will review all applications before submitting the selected grant applications to the Virginia Commission for the Arts in April. If included, RAKOB will receive the funds in fall 2026.

The program received notification on April 24, 2024 of an award in the amount of \$1,000 for the 202F grant cycle.

FY 2014	\$1,400
FY 2015	\$1,250
FY 2017	\$480
FY 2018	\$1,430
FY 2019	\$1,500
FY 2021	\$1,050
FY 2022	\$2,000
FY 2023	\$1,100
FY 2024	\$1,250
FY 2025	\$1,000
Total of Awards:	\$12,460

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



RAPPAHANNOCK AREA KIDS ON THE BLOCK

More than a puppet show!

RAKOB (Rappahannock Area Kids on the Block) is an arts program that has been dedicated to educating and exposing youth to cultural, health, and safety topics since its establishment in 1991. As a 501.c.3 education program, our focus is on raising awareness of disabilities, diversity, and the arts.

We are proud to have established partnerships with various esteemed organizations such as the Rappahannock Area Community Services Board, Children's Hospital Foundation Richmond, Juvenile Diabetes Foundation Fredericksburg, University Mary Washington's James Farmer Multicultural Center and Multicultural Fair, community Collaborative for Youth and Families, Healthy Families Rappahannock, Baron "Duce" Braswell Race Against Youth Violence, and Planning District 16 schools and daycare programs. These collaborations enable us to reach a wider audience and make a greater impact on our community.

For 33 years, RAKOB has been captivating audiences with performances that combine Bunraku stylized puppetry arts with educational content. Our scripts are meticulously crafted to address contemporary culture and societal issues that have a significant impact on today's youth. By using relevant youth languages and attitudes, we are able to immerse our audiences in the puppet scenarios, creating an engaging and memorable experience. Each puppet character is brought to life by a trained, volunteer puppeteer/actor, who skillfully portrays the character during the twenty-five minute production. Accompanied by upbeat music and a puppet sing-along, our performances are not only educational but also entertaining.

In addition to our public and private performances, we also offer educational workshops for both youth and adults who are interested in learning about puppetry arts. Our RAKOB Bunraku stylized puppetry training is open to anyone aged ten and older, providing aspiring puppeteers the opportunity to become volunteer puppeteers for RAKOB.

Annually, our performances engage more than 300 youth and adults through our free educational service, which is available to any non-profit, community-based youth organization. We strongly believe that by providing this program, we have the power to inspire young people's interest in arts education, while also imparting important life lessons to future generations.

Join us at RAKOB as we use the captivating artistry of puppetry to educate, inspire, and make a positive impact on our community. Together, we can shape a brighter and more informed future for our youth.

RAKOB
600 Jackson Street
Fredericksburg, Virginia 22401

facebook.com/RappahannockAreaKidsOnTheBlock/
rakob@rappahannockareacsb.org

600 Jackson Street
Fredericksburg, VA 22401
540-373-3223

RappahannockAreaCSB.org





Creative Communities Partnership

Grant FY25

City of Fredericksburg
Fredericksburg Arts Commission



The Fredericksburg Arts Commission administers an annual Creative Communities Partnership Grant to City non-profit arts organizations. The program is funded with City tax dollars and matching funds from the Virginia Commission for the Arts for the purpose of supporting the arts in our area. This is an **operational grant** for awardees; applications are not for specific projects or events. Any interested **501(c)(3) City arts organization** is **invited to apply** for this FY2025 VA Commission for the Arts Government Challenge Grant.

Application Deadline: Friday, March 1, 2024

Name of Organization: Rappahannock Area Kids on the Block, Inc. (RAKOB)

Address: 600 Jackson Street, Fredericksburg VA 22401

Email/Website: https://rappahannockareacsb.org/racsb_service/rappahannock-area-kids-on-the-block/

Contact Name: Sherry Norton-Williams

Address: 10825 Tidewater Trail, Fredericksburg VA 22408

Phone: 540-940-2325

Email: snorton@rappahannockareacsb.org

Please indicate below any past financial support your organization has received from the Fredericksburg Arts Commission – the amount and the year/s in which you received the support.

Amount: \$1500, \$1050, \$2000, \$1100, \$1200 & \$1000

Year/s: FY2019, FY2021, FY2022, FY2023, FY2024, & FY2025

Number of Artists or Participants in your organization: 5

Expected Number of Attendees or Visitors: 2500-3000

Performance/Event Schedule and Location for July 1st, 2025 – June 30th, 2026: RAKOB has events scheduled for

Multicultural Fair, Autism Awareness Month in Planning District 16 Public Schools and Preschool facilities throughout the year.

Rehearsal/Meeting Schedule and Location for July 1st, 2025 – June 30th, 2026: (an overview is acceptable): RAKOB is

100% volunteer based. Volunteer puppeteers meet prior to performance dates to rehearse as needed at RACSB

facilities or volunteers home. Three volunteers have more than 20 years puppeteer experience. Board members meet in person and virtually quarterly, RAKOB is fiscally managed by RACSB.

Board of Directors for July 1st, 2024 – June 30th, 2025: Michelle Wagaman, April Peterson, Stacie Hibner-Noakes

Annual Operating Budget for July 1st, 2025 – June 30th, 2026: \$5000

How did you hear about this grant application? FAC Website and previous applicant and recipient organization.

- 1) Please attach proof of 501(c)3 status
- 2) Please attach a one-page description of how your organization contributes culturally/artistically to life within the City of Fredericksburg. Please include your mission statement, information regarding educational programs, any scholarships or grants you award, and organizations with which you will partner during the upcoming fiscal year.

Please submit completed applications no later than close of business Friday, March 1, 2025

Submit to Attn: M.C. Morris

Email: info@fredarts.com

Mail or Drop Off: Fredericksburg Visitor Center, 706 Caroline Street, Fredericksburg, VA 22401

Questions? Call M.C. directly at 540-372-1216 ext. 7203

**Healthy Families Rappahannock Area
Women & Girls Fund Grant Application**

Healthy Families Rappahannock Area seeks approval to submit an application to the Women & Girls Fund through The Community Foundation of the Rappahannock River Region. The maximum award is \$50,000.

The program seeks support for their initiative titled “The Motherhood Bridge: Connecting Moms to Care & Community” as outlined on the following page.



540-374-3366

healthyfamiliesrappahannock.org
600 Jackson St. Fredericksburg VA 22401

FY 2025 WOMEN AND GIRLS FUND

The Motherhood Bridge: Connecting Moms to Care & Community

Healthy Families Rappahannock Area (HFRA) recognizes the need of supporting new mothers especially during their fourth trimester. FY2025 Women and Girls Fund is for \$50,000.

The Motherhood Bridge project is designed to provide essential support to new and expecting mothers in Fredericksburg and the surrounding counties of Spotsylvania, Stafford, King George, and Caroline.

Our community faces significant challenges, including **limited access to maternal healthcare, financial barriers, and rising rates of postpartum depression**. Many mothers, particularly those from underserved backgrounds, struggle to secure basic infant supplies, emotional support, and the resources needed to thrive during and after pregnancy.

The Motherhood Bridge aims to close these gaps by providing:

- **Essential baby supplies** such as diapers, infant carriers, etc.
- **Mental health support** through postpartum care packages, knowledge on the importance of their postpartum care visit and linking to services where needed
- **Community-building programs** that connect mothers with one another and with trusted local services.

The Motherhood Bridge: Connecting Moms to Care & Community is dedicated not only supporting mothers in need but also strengthening families, reducing healthcare costs, and creating a lasting **culture of support and empowerment** in our community. Our impact will be measured through participant surveys, behavioral assessments, and engagement tracking to ensure long-term success.

The Motherhood Bridge project recognizes the transformative journey of motherhood and aims to create a supportive community that empowers mothers to navigate the challenges of early parenthood with confidence and resilience.

The Motherhood Bridge project is a 10-month long project which will start once awarded funds. During that time, we will track the demographics of the items distributed to help ensure equity and inclusion amongst new mothers in our community. HFRA also will use postpartum depression screenings as well as surveys to identify areas of growth needed in the HFRA program. We are hoping that if awarded this grant, we will be able to collaborate with community partners like Mary Washington Hospital and Spotsylvania Regional Medical Center on the importance of fourth trimester care in hopes of creating further opportunities to support new mothers.

Finance Department February 2025 Program Updates

Staffing Changes and Opportunities:

There are currently two open positions in the Finance Department: Accounting Coordinator (currently posted) and Financial Analyst (currently on hold). We continue to appreciate our financial consultant, Kelly Young Marinoff, who has been working with Sara to help train her on our financial software and other items.

Reimbursement Department:

There was an erroneous increase in adjustments for non-Covered Services for clients receiving Crisis Stabilization services that were adjusted by mistake in December. These were corrected and are reflected in the January reports, resulting in a credit balance for the month in Non-Covered Services.

In the month of January, we also experienced an issue with Medicaid system that resulted in a delay of payment for waiver services. We were able to resolve the issue and expect to receive all payments in February and March.

We have started a project to review all client balances in Avatar. This will be an ongoing project and there will be an increase in write offs as we continue to review due to some balances being over 10 years old. We expect this project to identify valid balances, reduce client questions and reduce invoices being mailed in error.

Accounting Department:

The Accounting Department completed the agency's mid-year reporting to DBHDS.

The Accounting Department continues to work with our external auditors on the annual financial audits of the HUD group homes and to finalize the RACSB and RCS, Inc. audited financials. Preparation is underway to assist program staff in projecting FY25 Revenue and Expenses as well as beginning the budgeting process for FY26 Budget. Continued work is also being done to catch-up grant reimbursement requests through Web Grants.

Summary of Cash Investments

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 13,064,186	3.25%	
Investment Portfolio			
Cash Equivalents	3,999,778		
Fixed Income	5,002,825		
Total Investment	\$ 9,002,603		
Total Atlantic Union Bank	\$ 22,066,789		
Other			
Local Gov. Investment Pool	36,217	4.47%	Avg. Monthly Yield
Total Investments	\$ 22,103,005		

Health Insurance

FY 2025	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$3,029,016
July	\$611,895		\$261,724	\$1,355	\$3,380,542
August	\$171,712		\$322,228	\$1,382	\$3,231,408
September	\$419,303		\$209,940	\$1,341	\$3,442,111
October	\$205,620		\$311,924	\$1,443	\$3,337,250
November	\$595,278		\$216,548	\$1,391	\$3,717,371
December	\$215,650		\$330,102	\$1,537	\$3,604,456
January	\$555,814		\$261,380	\$1,586	\$3,900,475
February	\$382,424		\$380,808	\$1,494	\$3,903,585
YTD Total	\$3,157,694	\$0	\$2,294,654	\$11,528	\$3,903,585

Other Post-Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2024 Year-End Balance	\$ 2,131,014	\$ 1,176,394	\$ 4,489,220	\$ 3,534,600
Balance at 09/30/2024	\$ 2,132,565	\$ 1,177,945	\$ 4,358,454	\$ 3,403,834
Balance at 10/31/2024	\$ 2,131,983	\$ 1,177,363	\$ 4,270,641	\$ 3,316,021
Balance at 11/30/2024	\$ 2,131,983	\$ 1,177,363	\$ 4,403,710	\$ 3,449,090
Balance at 12/31/2024	\$ 2,131,983	\$ 1,177,363	\$ 4,334,837	\$ 3,380,217
Realized Gain/(Loss)	\$ 561		\$ 561	
Unrealized Gain/(Loss)			\$ 58,462	
Purchases/Sales				
Fees & Expenses	\$ (1,090)		\$ (1,090)	
Transfers/Contributions				
Balance at 1/31/2025	\$ 2,131,455	\$ 1,176,835	\$ 4,392,771	\$ 3,438,151

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2025	\$286,832	\$31,379	\$380,808
FY 2024	\$255,453	\$41,076	\$593,001
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

Summary of Investments

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Current Yield
Fidelity IMM Gov Class I Fund #57	\$ 191,317.40	\$ 191,317.40	\$ 191,317.40	\$ -	\$ 8,146.00	4.26%
US Treasury Bill (03/27/2025)	\$ 400,000.00	\$ 392,876.33	\$ 392,732.11	\$ 144.22	\$ 5,999.67	1.53%
US Treasury Bill (04/03/2025)*new	\$ 500,000.00	\$ 497,647.05	\$ 497,512.90	\$ 134.15	\$ 532.95	0.11%
US Treasury Bill (04/08/2025)*new	\$ 500,000.00	\$ 496,885.94	\$ 496,751.56	\$ 134.38	\$ 1,004.06	0.20%
US Treasury Bill (05/15/2025)	\$ 1,000,000.00	\$ 982,022.55	\$ 981,747.13	\$ 275.42	\$ 9,477.45	0.97%
US Treasury Bill (06/12/2025)	\$ 1,000,000.00	\$ 956,114.61	\$ 953,972.50	\$ 2,142.11	\$ 32,165.39	3.37%
US Treasury Bill (08/07/2025)	\$ 500,000.00	\$ 482,913.73	\$ 483,455.62	\$ (541.89)	\$ 8,031.27	1.66%
Total Cash Equivalents	\$ 4,091,317.40	\$ 3,999,777.61	\$ 3,997,489.22	\$ 2,288.39	\$ 65,356.79	1.63%
US Treasury Note (04/30/2025) (est in 2020)	\$ 1,000,000.00	\$ 993,740.00	\$ 948,906.25	\$ 44,833.75	\$ 3,750.00	0.38%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 1,000,110.00	\$ 1,005,781.25	\$ (5,671.25)	\$ 42,500.00	4.25%
US Treasury Note (09/30/2025)	\$ 500,000.00	\$ 502,090.00	\$ 504,570.31	\$ (2,480.31)	\$ 25,000.00	4.98%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 504,660.00	\$ 506,738.28	\$ (2,078.28)	\$ 23,125.00	4.58%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 502,560.00	\$ 496,308.59	\$ 6,251.41	\$ 21,250.00	4.23%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 504,360.00	\$ 499,023.44	\$ 5,336.56	\$ 24,375.00	4.83%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 497,395.00	\$ 495,292.97	\$ 2,102.03	\$ 18,750.00	3.77%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 497,910.00	\$ 495,195.31	\$ 2,714.69	\$ 18,750.00	3.77%
Total Fixed income	\$ 5,000,000.00	\$ 5,002,825.00	\$ 4,951,816.40	\$ 51,008.60	\$ 177,500.00	3.55%
2/28/2025		\$ 9,002,602.61	\$ 8,949,305.62	\$ 53,296.99	\$ 242,856.79	2.30%

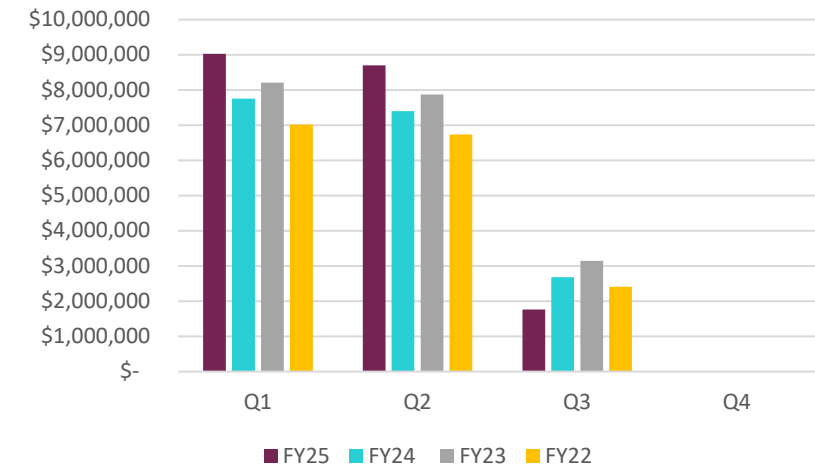
Fee Revenue Reimbursement- January 31, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS OF Jan 31, 2025

AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$7,645,881	100%	\$6,594,831	100%	\$6,840,902
	Consumers	50%	\$3,812,173	56%	\$3,722,809	53%	\$3,633,370
	3rd Party	50%	\$3,833,708	44%	\$2,872,022	47%	\$3,207,531
Claims Aged 0-29 Days	Total	45%	\$3,461,985	40%	\$2,666,658	45%	\$3,089,874
	Consumers	1%	\$67,311	1%	\$56,678	2%	\$119,991
	3rd Party	44%	\$3,394,674	40%	\$2,609,980	43%	\$2,969,883
Claims Aged 30-59 Days	Total	3%	\$256,050	1%	\$95,068	2%	\$160,267
	Consumers	1%	\$84,050	0%	\$5,785	0%	\$25,830
	3rd Party	2%	\$172,000	1%	\$89,283	2%	\$134,437
Claims Aged 60-89 Days	Total	1%	\$104,441	4%	\$231,594	1%	\$76,152
	Consumers	0%	\$4,992	3%	\$184,040	0%	\$27,981
	3rd Party	1%	\$99,449	1%	\$47,554	1%	\$48,171
Claims Aged 90-119 Days	Total	3%	\$247,766	1%	\$92,579	1%	\$56,294
	Consumers	3%	\$193,704	1%	\$42,017	0%	\$28,336
	3rd Party	1%	\$54,062	1%	\$50,563	0%	\$27,958
Claims Aged 120+ Days	Total	47%	\$3,576,639	53%	\$3,508,933	51%	\$3,458,315
	Consumers	45%	\$3,462,116	52%	\$3,434,290	50%	\$3,431,233
	3rd Party	1%	\$114,523	1%	\$74,643	0%	\$27,082

CLAIM COLLECTIONS	
Current Year To Date Collections	\$19,477,889
Prior Year To Date Collections	\$17,834,954
\$ Change from Prior Year	\$1,642,935
% Change from Prior Year	9%

Quarterly Fee Collections



Write-off Report

Month: Jan 2025		
Write Off Code	Current MTD	Prior MTD
BAD ADDRESS	\$ 550	\$ -
BANKRUPTCY	\$ -	\$ 246
DECEASED	\$ -	\$ 153
NO FINANCIAL AGREEMENT	\$ 35,410	\$ 1,102
SMALL BALANCE	\$ 33	\$ 119
UNCOLLECTABLE	\$ 367	\$ 93
FINANCIAL ASSISTANCE	\$ 119,188	\$ 147,517
NO SHOW	\$ 160	\$ 220
MAX UNITS/BENEFITS	\$ 10,894	\$ 27,697
PROVIDER NOT CREDENTIALLED	\$ 910	\$ 2,599
DIAGNOSIS NOT COVERED	\$ -	\$ 160
NON-COVERED SERVICE	\$ (38,206)	\$ 3,155
SERVICES NOT AUTHORIZED	\$ 2,558	\$ 12,116
PAST BILLING DEADLINE	\$ 1,262	\$ -
MCO DENIED AUTH	\$ -	\$ 1,102
INCORRECT PAYER	\$ 1,597	\$ 2,209
INVALID POS/CPT/MODIFIER	\$ 100	\$ -
NO PRIMARY EOB	\$ 367	\$ 65
SPENDDOWN NOT MET	\$ 54,523	\$ -
TOTAL	\$ 189,713	\$ 198,552

Year to Date: July - Jan 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 48,118	\$ 70
BANKRUPTCY	\$ -	\$ 685
DECEASED	\$ 1,530	\$ 508
NO FINANCIAL AGREEMENT	\$ 57,594	\$ 23,026
SMALL BALANCE	\$ 404	\$ 891
UNCOLLECTABLE	\$ 2,467	\$ 2,197
FINANCIAL ASSISTANCE	\$ 1,203,737	\$ 977,611
NO SHOW	\$ 3,372	\$ 4,558
MAX UNITS/BENEFITS	\$ 269,722	\$ 106,946
PROVIDER NOT CREDENTIALLED	\$ 10,380	\$ 55,298
ROLL UP BILLING	\$ -	\$ 56,821
DIAGNOSIS NOT COVERED	\$ 4,988	\$ 1,195
NON-COVERED SERVICE	\$ 49,141	\$ 24,161
SERVICES NOT AUTHORIZED	\$ 93,110	\$ 87,310
PAST BILLING DEADLINE	\$ 3,405	\$ 17,309
MCO DENIED AUTH	\$ 9,033	\$ 1,102
INCORRECT PAYER	\$ 20,253	\$ 13,388
INVALID POS/CPT/MODIFIER	\$ 100	\$ -
NO PRIMARY EOB	\$ 2,885	\$ 2,269
SPENDDOWN NOT MET	\$ 250,528	\$ 12,321
TOTAL	\$ 2,030,769	\$ 1,387,665

Payroll Statistics

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour- Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/12/2024	399.5	\$16,004.36	\$40.06	153.33	\$5,252.26	\$34.25	552.83	\$21,256.62
7/26/2024	377	\$15,298.75	\$40.58	164.25	\$5,893.46	\$35.88	541.25	\$21,192.21
8/9/2024	475.01	\$19,669.66	\$41.41	124.5	\$4,445.08	\$35.70	599.51	\$24,114.74
8/23/2024	333.67	\$13,727.68	\$41.14	210	\$6,984.26	\$33.26	543.67	\$20,711.94
9/6/2024	568	\$23,632.36	\$41.61	89.5	\$3,949.93	\$44.13	657.5	\$27,582.29
9/20/2024	501.7	\$20,914.43	\$41.69	112	\$3,835.53	\$34.25	613.7	\$24,749.96
10/4/2024	323.5	\$13,263.41	\$41.00	130	\$4,755.90	\$36.58	453.5	\$18,019.31
10/18/2024	266.25	\$10,848.84	\$40.75	131.5	\$4,480.69	\$34.07	397.75	\$15,329.53
11/1/2024	334.25	\$14,201.24	\$42.49	118	\$4,086.40	\$34.63	452.25	\$18,287.64
11/15/2024	382.5	\$14,954.05	\$39.10	87.75	\$3,095.69	\$35.28	470.25	\$18,049.74
11/29/2024	369.25	\$14,188.19	\$38.42	105.75	\$3,868.96	\$36.59	475	\$18,057.15
12/13/2024	227.75	\$8,892.61	\$39.05	116.5	\$4,171.76	\$35.81	344.25	\$13,064.37
12/27/2024	275.25	\$10,882.21	\$39.54	136	\$4,381.10	\$32.21	411.25	\$15,263.31
1/10/2025	331.75	\$12,638.27	\$38.10	115.5	\$3,929.20	\$34.02	447.25	\$16,567.47
1/24/2025	306.25	\$13,068.75	\$42.67	93.85	\$3,515.85	\$37.46	400.1	\$16,584.60
2/7/2025	130.75	\$5,275.67	\$40.35	103.25	\$3,602.89	\$34.89	234	\$8,878.56
2/21/2025	210.75	\$8,522.45	\$40.44	91.07	\$3,470.15	\$38.10	301.82	\$11,992.60
3/7/2025	168	\$6,667.80	\$39.69	86.25	\$3,149.33	\$36.51	254.25	\$9,817.13
Grand Total	5981.13	\$242,650.73	\$40.57	2169	\$76,868.44	\$35.44	8150.13	\$319,519.17

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through January 31, 2025

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INPATIENT	0	12,026	0.00%	0	148,550	0.00%	(136,524)	-1135%
OUTPATIENT (FED)	3,194,943	2,338,883	73.21%	3,194,943	2,363,401	73.97%	(24,518)	-1%
MEDICAL OUTPATIENT (R) (FED)	4,910,714	2,292,016	46.67%	4,910,714	2,722,111	55.43%	(430,096)	-19%
ACT NORTH (R)	1,009,186	528,110	52.33%	1,009,186	658,856	65.29%	(130,745)	-25%
ACT SOUTH (R)	969,616	661,334	68.21%	969,616	644,722	66.49%	16,611	3%
CASE MANAGEMENT ADULT (FED)	1,196,606	703,737	58.81%	1,196,606	837,897	70.02%	(134,160)	-19%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	929,321	615,830	66.27%	929,321	689,055	74.15%	(73,225)	-12%
PSY REHAB & KENMORE EMP SER (R) (FED)	776,442	509,114	65.57%	776,442	553,178	71.25%	(44,064)	-9%
PERMANENT SUPPORTIVE HOUSING (R)	3,265,491	4,520,876	138.44%	3,265,491	1,543,400	47.26%	2,977,476	66%
CRISIS STABILIZATION (R)	2,789,414	1,926,477	69.06%	2,789,414	1,635,428	58.63%	291,050	15%
SUPERVISED RESIDENTIAL	622,585	408,047	65.54%	622,585	400,002	64.25%	8,045	2%
SUPPORTED RESIDENTIAL	869,009	562,261	64.70%	869,009	723,304	83.23%	(161,043)	-29%
JAIL DIVERSION GRANT (R)	94,043	68,506	72.85%	94,043	52,140	55.44%	16,366	24%
JAIL & DETENTION SERVICES	675,354	393,583	58.28%	675,354	451,682	66.88%	(58,098)	-15%
SUB-TOTAL	21,302,725	15,540,800	73%	21,302,725	13,423,725	63%	2,117,075	14%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
CASE MANAGEMENT	4,204,751	2,248,507	53.48%	4,204,751	2,922,410	69.50%	(673,903)	-30%
DAY HEALTH & REHAB *	5,313,080	2,895,334	54.49%	5,313,080	3,733,961	70.28%	(838,627)	-29%
GROUP HOMES	6,851,462	3,815,122	55.68%	6,851,462	4,267,963	62.29%	(452,841)	-12%
RESPIRE GROUP HOME	653,469	169,884	26.00%	653,469	435,528	66.65%	(265,645)	-156%
INTERMEDIATE CARE FACILITIES	4,788,336	3,114,451	65.04%	4,788,336	3,338,181	69.71%	(223,730)	-7%
SUPERVISED APARTMENTS	1,932,464	1,619,569	83.81%	1,932,464	1,176,098	60.86%	443,470	27%
SPONSORED PLACEMENTS	1,943,190	1,306,662	67.24%	1,943,190	1,343,004	69.11%	(36,342)	-3%
SUB-TOTAL	25,686,752	15,169,527	59.06%	25,686,752	17,217,146	67.03%	(2,047,618)	-13%

(R) Restricted Funding within program
(FED) Federal Reimbursement process within program

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through January 31, 2025
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL VARIANCE	
SA OUTPATIENT (R) (FED)	1,544,604	753,860	48.81%	1,544,604	829,964	53.73%	(76,104)	-10%
MAT PROGRAM (R) (FED)	814,953	997,534	122.40%	814,953	805,059	98.79%	192,475	19%
CASE MANAGEMENT (R) (FED)	239,631	160,452	66.96%	239,631	93,790	39.14%	66,662	42%
RESIDENTIAL (R)	69,049	18,620	26.97%	69,049	71,719	103.87%	(53,099)	-285%
PREVENTION (R) (FED)	634,155	433,965	68.43%	634,155	399,744	63.04%	34,222	8%
LINK (R) (FED)	274,980	156,226	56.81%	274,980	183,505	66.73%	(27,279)	-17%
SUB-TOTAL	3,577,371	2,520,658	70%	2,032,767	2,383,781	117%	212,981	8%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
EMERGENCY SERVICES (R)	2,012,744	1,485,554	73.81%	2,012,744	1,146,076	56.94%	339,478	23%
CHILD MOBILE CRISIS (R)	376,212	8,522	2.27%	376,212	169,599	45.08%	(161,077)	-1890%
CIT ASSESSMENT SITE (R)	391,306	268,574	68.64%	391,306	238,179	60.87%	30,395	11%
CONSUMER MONITORING (R) (FED)	133,656	50,420	37.72%	133,656	264,101	197.60%	(213,680)	-424%
ASSESSMENT AND EVALUATION (R)	448,026	284,315	63.46%	448,026	258,446	57.69%	25,868	9%
SUB-TOTAL	3,361,944	2,097,385	62.39%	3,361,944	2,076,401	61.76%	20,984	1%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	
ADMINISTRATION (FED)	470,080	695,917	148.04%	470,080	695,917	148.04%	0
PROGRAM SUPPORT	27,600	16,100	58.33%	27,600	16,100	58.33%	0
SUB-TOTAL	497,680	712,017	143.07%	497,680	712,017	143.07%	0
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

(R) Restricted Funding within program
(FED) Federal Reimbursement process within program

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through January 31, 2025
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,882,348	1,304,884	69.32%	1,882,348	975,445	51.82%	329,439	25%
INFANT CASE MANAGEMENT (R)	998,791	446,847	44.74%	998,791	658,647	65.94%	(211,799)	-47%
EARLY INTERVENTION (R)	2,567,207	1,226,810	47.79%	2,567,207	1,856,641	72.32%	(629,831)	-51%
TOTAL PART C	5,448,346	2,978,541	54.67%	5,448,346	3,490,733	64.07%	(512,192)	-17%
HEALTHY FAMILIES (R)	141,386	126,005	89.12%	141,386	29,582	20.92%	96,423	77%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	340,846	307,613	90.25%	340,846	273,937	80.37%	33,676	11%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	528,690	323,503	61.19%	528,690	425,883	80.55%	(102,379)	-32%
TOTAL HEALTHY FAMILY	1,010,921	757,122	74.89%	1,010,921	729,402	72.15%	27,719	4%

(R) Restricted Funding within program
(FED) Federal Reimbursement process within program

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through January 31, 2025

RECAP FY 2025 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	15,540,800	13,474,329	2,066,471	13%
DEVELOPMENTAL SERVICES	15,169,527	17,217,146	(2,047,618)	-13%
SUBSTANCE ABUSE	2,520,658	2,383,781	136,877	5%
SERVICES OUTSIDE PROGRAM AREA	2,097,385	2,076,401	20,984	1%
ADMINISTRATION	712,017	712,017	0	0%
FISCAL AGENT PROGRAMS	3,735,663	4,220,135	(484,473)	-13%
TOTAL	39,776,051	40,083,810	(307,759)	-1%

RECAP FY 2024 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	11,282,032	9,828,586	1,453,446	13%
DEVELOPMENTAL SERVICES	13,875,887	12,661,529	1,214,359	9%
SUBSTANCE ABUSE	1,705,314	2,073,099	(367,785)	-22%
SERVICES OUTSIDE PROGRAM AREA	1,872,078	1,367,062	505,016	27%
ADMINISTRATION	369,872	369,872	0	0%
FISCAL AGENT PROGRAMS	3,368,717	3,168,673	200,043	6%
TOTAL	32,473,899	29,468,821	3,005,079	9%

	\$ Change	% Change
Change in Revenue from Prior Year	\$ 7,302,151	22.49%
Change in Expense from Prior Year	\$ 10,614,990	36.02%
Change in Net Income from Prior Year	\$ (3,312,838)	-110.24%

*Unaudited Report

HUMAN RESOURCES PROGRAM UPDATE- February 2025

Payroll (in addition to completing successful payroll runs)

- Payroll Management Training was created to train our Supervisors, Managers, Coordinators, and Directors. This will be rolled out next month.
- We continue to work with our vendors to ensure efficient data management processes. This month, we improved the process with our FSA vendor.
- We utilized Inclement Weather pay this month and ensured all employees were paid according to the guidelines of the newly updated policy.

Benefits

- Submitted an RFP for Voluntary Benefits in preparation for the upcoming plan year.

Recruitment

- Continued system cleanup, reviewed, and archived old applications.
- Created a new Status selection system and launched it to staff.
- Created test workflow for automation of new hire process.
- Onboarded 11 new Hopestarters.

Training & Compliance

- Facilitated in-person training to 114 staff, course breakdown:
- Initiated 42 employee file audits, with an average compliance rating of 89% at the initial audit. We currently have audited 30% of our workforce's employee files.
- Facilitated the 2025 Annual TB screening for all employees.
- Rolled out a new way to digitally house DSP Competencies in Relias and provided in-person training to DSP supervisors on the new process.
- Rolled out a new way to run Central Registry Results through DSS' online portal. This has resulted in a smoother, more efficient process, and results are received significantly sooner than previously.



Office of Human Resources

600 Jackson Street ▪ Fredericksburg, VA 22401 ▪ 540-373-3223

RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: March 6, 2025

Re: Summary – February 2025 Applicant and Recruitment Update

For February 2025, RACSB received 629 applications.

Of the applications received, 79 applicants listed the RACSB applicant portal as their recruitment source, 31 stated employee referrals as their recruitment source, and 519 listed job boards as their recruitment source.

At the end of February, there are currently 35 open positions, 27 full-time and 8 part-time.

A summary is attached indicating external applicants hired, internal applicants moved, and actual number of applicants applying for positions in the month of February 2025.

APPLICANT DATA REPORT
RACSB FY 2025

<u>APPLICANT DATA</u>	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>	<u>Nov-24</u>	<u>Dec-24</u>	<u>Jan-25</u>	<u>Feb-25</u>	<u>Mar-25</u>	<u>Apr-25</u>	<u>May-25</u>	<u>Jun-25</u>
Female	727	338	373	402	340	150	331	341				
Male	128	93	128	154	106	37	78	99				
Not Supplied	372	294	299	313	258	119	153	189				
Total	1227	725	800	869	704	306	562	629				
<u>ETHNICITY</u>												
Caucasian	254	140	155	172	128	40	149	177				
African American	405	193	227	256	226	111	173	180				
Hispanic	67	26	32	34	25	6	3	0				
Asian	20	15	16	18	16	6	5	2				
American Indian	2	2	0	0	4	1	3	1				
Native Hawaiian	2	1	1	0	1	0	2	0				
Two or More Races	63	44	51	49	27	16	1	32				
<u>RECRUITMENT SOURCE</u>												
Newspaper Ads												
RACSB Website	192	138	171	130	143	53	79	79				
RACSB Intranet												
Employee Referrals	99	72	91	68	57	39	30	31				
Radio Ads												
Job Boards												
Indeed.com	861	437	428	567	428	162	412	455				
VA Employment Commission												
Monster.com												
Other -	48	53	75	72	57	47	25	55				
VA Peer Recovery Specialist Site												
Colleges/Handshake												
Facebook												
Multi Site Search												
NHSC												
Linked In												
Goodwill referral												
Zip Recruiter	27	25	35	32	19	5	16	9				
Job Fair												
Total # of Applicants	1227	725	800	869	704	306	562	629				

2/28/2025							
Original Date Listed	Days Open	Original Job #	Job Title	Division	Location (was Department)	FT	PT
12/20/2024	70	1383380	Accounting Coordinator (Accounting Manager in ads)	Admin	Fredericksburg City Administrative - Accounting	1	
1/22/2025	37	1409685	Property Maintenance Technician	Admin	Fredericksburg City Administrative - Property Management	1	
					2		
2/24/2025	4	4/7/5830	Special Educator, Infant and Child - PE-ID	CSS	Fredericksburg City CSS - Early Intervention Services	1	
2/24/2025	4	1435729	Developmental Services Support Coordinator	CSS	Stafford County CSS - ID/DD Support Coordination Svcs	1	
2/27/2025	1	1438987	Client Employment Specialist	CSS	Fredericksburg City CSS - Phsyscosocial Rehabilitation Svcs	1	
1/10/2025	49	1397320	Permanent Supportive Housing Case Manager	CSS	Fredericksburg City CSS - MH Residential Services	1	
10/15/2024	136	1329539	Vocational Specialist - ACT South	CSS	Fredericksburg City CSS - Assertive Community Treatment	1	
10/24/2024	127	1337708	MH Residential Counselor	CSS	Fredericksburg City CSS - MH Residential Services	1	
10/4/2024	147	1321621	Peer Recovery Specialist - Crisis Stabilization	CSS	Fredericksburg City CSS - MH Crisis Stabilization Program		1
12/20/2024	70	1381440	MH Residential Specialist Crisis Stabilization	CSS	Fredericksburg City CSS - MH Crisis Stabilization Program	1	
12/20/2024	70	1381456	MH Residential Specialist Crisis Stabilization	CSS	Fredericksburg City CSS - MH Crisis Stabilization Program	1	
11/21/2024	99	1360866	Developmental Services Support Coordinator - River Club	CSS	Fredericksburg City CSS - ID/DD Support Coordination Services	1	
					10		
2/26/2025	2	1437975	Nurse, Mobile OBOT	Clinical	Fredericksburg City Clinical Services - SA Services	1	
2/26/2025	2	1437967	Psychiatric Nurse Practitioner, OBOT	Clinical	Fredericksburg City Clinical Services - SA Services	1	
2/11/2025	17	1424977	Family Support Specialist	Clinical	Fredericksburg City Clinical Services - Prevention		1
2/23/2024	371	1116531	Therapist, Emergency Services Mobile Co-Response	Cinical	Fredericksburg City Clinical Services - Emergency Services	1	
10/21/2024	130	1334410	Therapist, Emergency Services	Clinical	Fredericksburg City Clinical Services - ES Coordinator	1	
1/13/2025	46	1400706	Therapist, Child and Adolescent	Clinical	Stafford County Clinical Services - Outpatient Services	1	
12/12/2024	78	1376325	Therapist, Jail Based	Clinical	Stafford County Clinical Services - Jail Based/Diversion Services	1	
12/7/2023	449	1053679	Therapist, SA - Probation and Parole	Clinical	Fredericksburg City Clinical Services - SA Services	1	
3/6/2024	359	1126620	Clinic Psychiatrist	Clinical	Fredericksburg City Clinical Services - Outpatient Services	1	
8/30/2024	182	1291460	CSAC Mobile OBOT	Clinical	Fredericksburg City Clinical Services - SA Services	1	
					10		
2/18/2025	10	1430672	Assistant Site Leader - Day Support ICF	CSS	Stafford County CSS - Day Health & Rehabilitation Services	1	
1/9/2025	50	1440839	Direct Support Professional - Day Support - Kings Highway	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
12/3/2024	87	1368719	Direct Support Professional - Day Support - Kings Highway	CSS	Stafford County CSS - Day Health & Rehabilitation Services	1	
10/31/2024	120	1343986	Direct Support Professional - Day Support - Stafford	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
7/17/2024	226	1252834	Direct Support Professional - Day Support - Spotsylvania	CSS	Spotsylvania County CSS - Day Health & Rehabilitation Services		1
					5		
12/7/2023	449	1053891	Nurse, LPN Wolfe Street	CSS	Fredericksburg City - ID/DD Residential Services	1	
2/13/2025	15	1427597	Direct Support Professional - Residential - Igo	CSS	King George CSS - ID/DD Residential Services	1	
2/18/2025	10	1430663	Direct Support Professional - Residential	CSS	King George CSS - ID/DD Residential Services	1	
1/24/2025	35	1411850	Direct support Professional - Residential ICF - Lucas	CSS	Spotsylvania County CSS - ID/DD Residential Services	1	
12/17/2024	73	1380169	Direct Support Professional - Residential - Galveston	CSS	Stafford County - ID/DD Residential Services		1
1/13/2025	46	1400721	DD Residential Specialist (Sponsored Placement Program)	CSS	Spotsylvania County CSS - ID/DD Residential Services	1	
1/7/2024	418	1075218	Direct Support Professional - Residential - Devon	CSS	Caroline County CSS - ID/DD Residential Services		1
6/26/2024	247	1236419	Direct Support Professional - Residential - Belmont	CSS	Fredericksburg City CSS - ID/DD Residential Services		1
Avg days open	121.03				8	27	8
					Total Open Positions:	35	

RECRUITMENT REPORT FY 2025

<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
Part-time	3	8	9	2	1	3	8	2					36
Full-time	8	14	13	10	6	9	16	10					86
Sub Total External Applicants Hired	11	22	22	12	7	12	24	12					110
Internal Applicants Moved:													
Part-time to Full-time					3	2	2	2					9
PRN As Needed to Full-Time													0
Sub Total Internal Applicant Moves	0	0	0	0	3	2	2	2					7
Total Positions Filled:	11	22	22	12	10	14	26	14					117
Total Applications Received:													
Actual Total of Applicants:	1227	725	800	869	704	196	562	629					5712
Total External Offers Made:	11	22	22	12	7	12	24	12					110
Total Internal Offers Made:	0	0	0	0	3	2	2	2					7



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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

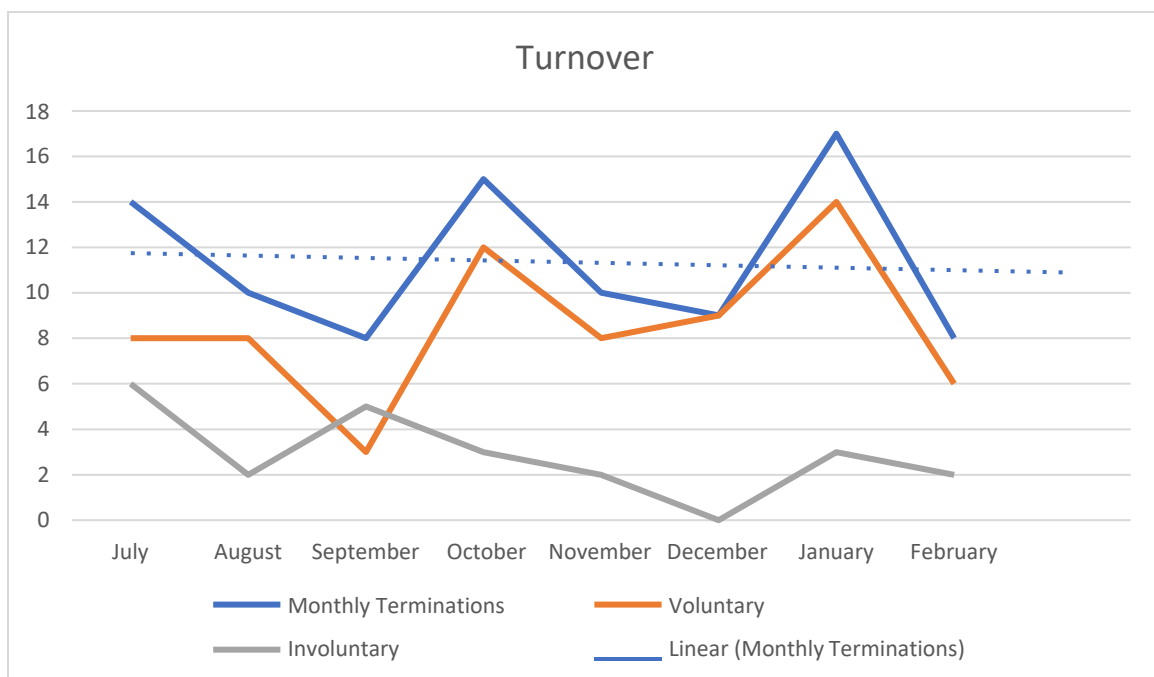
Date: March 6, 2025

Re: Summary – Turnover Report – February 2025

Human Resources processed eight (8) employee separations for February 2025. Of the eight, six (6) separations were voluntary, and two (2) were involuntary.

Reasons for Separations

Resigned- Vol.	6
Involuntary	2



RACSB MONTHLY TURNOVER REPORT
Feb-25

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative			1	Reduction in force
<i>Unit Totals</i>	1	0	1	
Clinical Services		2		Resignation
<i>Unit Totals</i>	2	2	0	
Community Support Services		2		Resignation
		1		Job Abandonment
			1	For cause
<i>Unit Totals</i>	4	3	1	
Prevention		1		Resignation
<i>Unit Totals</i>	1	1	0	
Grand Totals for the Month	8	6	2	

Total Average Number of Employees	585
Retention Rate	98.63%
Turnover Rate	1.37%

Total Separations	8
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RACSB Turnover FY '25

<u>Employees</u>	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>	<u>Nov-24</u>	<u>Dec-24</u>	<u>Jan-25</u>	<u>Feb-25</u>	<u>Mar-25</u>	<u>Apr-25</u>	<u>May-25</u>	<u>Jun-25</u>
Average Headcount	572	573	587	586	570	571	579	629				
Monthly Terminations*	14	10	8	15	10	9	17	8				
Turnover by Month	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%	1.27%				
Cumulative Turnover YTD	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%	15.60%				
Average % Turnover per Month YTD	2.45%	2.10%	1.85%	2.03%	1.97%	1.91%	2.06%	1.95%				

***Monthly Terminations, FT, PT, PRN, Do Not Include Interns/Volunteers**

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

February Monthly Updates

Opportunities for Partnership/Input:

- Presented at the Open Minds Performance Management Institute in Clearwater Beach, Florida
- Presented to LEARN group, a statewide network of nurses and clinical partners.
- Participated in the DBHDS Incident Management System Replacement committee leading the replacement of the CHRIS and CONNECT data systems. Worked with the CSB Subject Matter Expert group alongside the DBHDS Project Team to provide input on key functionality and features for the new system.
- Met minimum of three times a week regarding transition to new statewide data exchange. RACSB and Netsmart began testing the last week of January. Please see detailed information below on the status of this project.
- The Administrative Policy Committee which works to negotiate changes to the DBHDS Performance Contract has met every two weeks to discuss upcoming changes. We have started approving sections to send for review by VACSB Executive Directors. We continue to work through revisions suggested by different program departments within DBHDS.
- Continued participation in a select workgroup designed to respond effectively to the DBHDS report to General Assembly on the Cost Report for STEP-VA.
- Started participating on the VACSB CCBHC Steering Committee and selected as chair for the Data and Outcomes sub-work group for this project.
- Attended grand opening of Concerted Care Group in Stafford.
- Scheduled and met with 9 out of 10 General Assembly members to discuss services and our priorities.
- Attended the VACSB Clearinghouse meetings throughout session.
- Supported continued on-boarding and training of RACSB's new Finance Director, assisted with the completion of DBHDS Mid-Year Financial report, and provision of required financial information and data to support the Opioid Abatement Authority Cooperative Partnership renewal application process.

Community Consumer Submission 3

DBHDS staff and CSB staff continue to meet weekly about the CCS 3 replacement project. Rappahannock Area Community Services Board continues to be the lead Netsmart Community Services Board, for those that use MyAvatar. We started testing the last week in January in preparation for a go-live in March 2025. However, Netsmart failed to deliver a solution which contained all the required elements required to go-live as planned. They have not executed the required Design Exceptions Document with DBHDS and RACSB which will provide the documentation of any exceptions to the standard specifications which have been approved by all parties. Further, no go-live date has been provided. This represents a high risk for our successful transition to the required data exchange for state reporting by June 30, 2025. If not fully transitioned by that date, RACSB will be out of compliance with our DBHDS Performance Contract.

Information Technology Department Data		
Number of IT Tickets Completed	Zoom Meetings	Total Zoom Participants
February 2025-1,017	2,175	5,175

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Department of Behavioral Health and Developmental Services Audit Reports

Date: March 6, 2025

The Department of Behavioral Health and Developmental Services conducts operational reviews and audits of CSBs to evaluate the fiscal accountability and transparency in managing funds awarded to the organization by DBHDS, compliance with the DBHDS performance contract, existence and functioning of internal controls, and the efficiency and economy of processes. DBHDS has conducted four such audits within the past two months. The official reports and findings of three of these audits are attached.

- DBHDS Substance Use Block Grant and Mental Health Block Grant Review
- DBHDS System Transformation Excellence and Performance (STEP-VA) Review
- DBHDS Federal Grants Management Finance Review



Virginia Department of Behavioral Health
and Developmental Services

**Rappahannock Area
Community Services Board
Substance Use Block Grant (SUBG) and
Mental Health Block Grant (MHBG) Review**

Site Visit Date: Thursday, January 23, 2025

A Life of Possibilities for All Virginians

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Virginia Department of Behavioral Health and Developmental Services SUBG and MHBG Review

Federal Fiscal Year: 2024

Agency: Rappahannock Area Community Services Board

Reviewer: Deborah L. Davenport, Adult Behavioral Health Coordinator, DBHDS

CSB Participants/Titles: Brandie Williams, Deputy Executive Director; Sara Keeler, Director of Finance and Administration; Jacqueline Kobuchi, Director of Clinical Services; Eleni McNeil, SUD Services Coordinator; Joe Wickens, Executive Director (present for initial introductions); Amy Jindra, Director of Community Support Services (present for tours)

GENERAL SUMMARY

Rappahannock Area Community Services Board (RACSB) is an operating CSB providing behavioral health services to individuals residing in the counties of Caroline, King George, Spotsylvania, and Stafford Counties, and the City of Fredericksburg, Virginia. RACSB is an urban (more than 200 people/sq mile) CSB with a large budget, serving a population of approximately 372,000 in the four-county and one city area.

RACSB participated in a site visit and overview of the programs funded wholly or partially by the Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG) on January 23, 2025. The Adult Behavioral Health Coordinator discussed SUBG and MHBG block grant indicator measures with ECS leadership, as well as areas of strengths and challenges. Prior to this, on January 3, 2025, RACSB provided documents for the desk review including the completed block grant questionnaire, Training Policy 124, RACSB Organizational Chart, Clinical Services Policy, and FY24 Block Grant Budget allocation. RACSB indicates that the leadership and program managers, as well as case managers are aware of block grant indicators. Since the last Block Grant Review on February 7, 2023, RACSB has a new Finance Director.

RACSB clinics are open and available extended hours Monday through Thursday 8 am to 7 pm and Friday 8 am to 5 pm to best meet the needs of the community. Same Day Access is available within those hours at all clinics as well. The CSB accepts most insurances, utilizes grant funds, and also offers a sliding scale fee. RACSB uses Netsmart for their Electronic Health Record.

RACSB staff provided tours of Sunshine Lady House (crisis stabilization), Kenmore Club (psychosocial rehab) and the recently renovated building on Kenmore Avenue where Mental Health Case Management and Emergency Services are housed. RACSB also shared the nearby “field of dreams” where they have a plan to build a Crisis Receiving Center (CRC) as they continue to grow the number of services they are able to provide to the community.

MHBG

RACSB utilized MHBG funding in FY24 for the provision of services and to support staffing for mental health services provided. RACSB partially funded staff positions to provide MH services in MH programs.

Adults 18 and older and have been diagnosed with a serious mental illness (SMI): RACSB offers Evidence-based practices (EBPs) for adults including Acceptance & Commitment Therapy, Assertive Community Treatment (ACT), Cognitive Behavioral Therapy (CBT), Collaborative Assessment & Management of Suicidality, Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing, Family Psychoeducation, Integrated Treatment of Co-occurring Disorders, Motivational Interviewing (MI), Peer Support Services (PSS), Permanent Supportive Housing (PSH), Psychosocial Rehabilitation (PSR), Solution Focused Brief Therapy (SFBT), and Supported Employment (SE).

RACSB's Permanent Supportive Housing program has developed a positive relationship with over 20 different landlords and leasing agents in the catchment area. The MH residential program works with hospital liaisons, ACT, MH Case Management, Crisis Stabilization and other supports to ensure placement in residential programs or PSH services. RACSB reports it is a challenge to support those who do not meet criteria for PSH or no longer meet the need for skill building, or to locate affordable housing with access to public transportation.

Kenmore Club is RACSB's psychosocial rehabilitation program. The program operates five days per week providing a variety of activities including vocational, social, physical, and community engagement, among others. Recovery Support is offered within Kenmore Club. The program has an enrollment of over 80 individuals and approximately 30 individuals attend daily. It was reported that several members are currently taking community college classes. During FY24, RACSB utilized MHBG funding to support this community program.

RACSB has an innovative acute care clinic to help individuals who may be about to run out of medications due to missed appointments gain access to medications and avoid hospitalization. This is a same day or next day access clinic and has proven successful.

- **Adult Mental Health:** Adult MH Engagement-Percent of adults admitted to the mental health services program area during the previous 12 months with serious mental illness who received one hour of outpatient services within 30 days of admission (denominator) who received at least two additional hours of outpatient services within 60 days of admission (numerator).
 - State Goal: 61%
 - State Actual: 60.7%
 - CSB Actual: 39%

Children up to age 18 that have been diagnosed with serious emotional disturbance (SED): Children within the catchment area may be served with the following EBPs: CBT, Collaborative Assessment & Management of Suicidality, EMDR, Family Psychoeducation, Integrated Treatment for Co-occurring Disorders, MI, SFBT, and TF-CBT. RACSB utilized MHBG funding during FY24 to support outpatient therapy and case management services.

RACSB utilized MHBG funding in FY24 to support children with SED in outpatient programming. RACSB provided child psychiatry and outpatient counseling.

- **Child Mental Health:** Child MH Engagement-Percent of children admitted to the mental health services program area during the previous 12 months who received one hour of

outpatient services within 30 days of admission (denominator) who received at least two additional hours of outpatient services within 60 days of admission (numerator).

- State Goal: 72%
- State Actual: 70.6%
- CSB Actual: 60%

MHBG SUMMARY: While RACSB did not meet the state goal for either Adult or Child MH Engagement, both continue to show improvement over time. Child MH Engagement at 60% is a 12.6% increase from FY23, while Adult MH Engagement at 39% is a 10% increase from FY22. RACSB engaged in a productive discussion regarding these indicators and report that they continue to work with a consultant and feel that workforce issues have been a concern which has impacted the waitlist, subsequently impacting these indicators. However, RACSB reports the recent hire of two full time child and adolescent therapists will likely help with the Child MH Engagement indicator.

SUBG

RACSB offers SUD services to adults and adolescents including outpatient (1.0), SUD Case Management, Detox (3.7), and Recovery Supports. Additional services including residential can be accessed through emergency services. RACSB reports they maintain blocks on clinician schedules to ensure services can be provided to priority populations so waiting lists are not used. If unable to schedule within 48 hours, however, they will provide interim support with a Peer Recovery Support (PRS). Withdrawal Management can be provided within the crisis stabilization program (Sunshine Lady House) if an individual meets the criteria.

SUD EBPs include the following: CBT, Collaborative Assessment & Management of Suicidality, DBT, EMDR, Family Psychoeducation, Illness Self-Management & Recovery, Integrated Treatment of Co-occurring Disorders, Interactive Journaling Curriculum, Moral Reconnection Therapy (MRT), MI, PSS, Seeking Safety, SFBT, SMART Recovery, Nurturing Parents, and Healing Trauma.

RACSB has been part of the local Drug Court Team since 1995 in the city of Fredericksburg. This has proven to be a very effective program in the area and serves around 80 individuals through various stages of treatment. There has also been recent success with MOUD. There is also a juvenile drug court, which is currently limited to 5 individuals and is not state funded. RACSB also ensures that individuals who do not successfully complete the program know how to access treatment when they are able, potentially after completing a sentence.

Medication Assisted Treatment: RACSB operates an OBAT program and is currently working toward a mobile OBAT program as well. The CSB provides Medication for Opioid Use Disorders (MOUD) including Naloxone, Disulfiram, Acamprosate, Naltrexone, and Buprenorphine; Buprenorphine/Naloxone. RACSB also maintains a list of private MOUD prescribers in the community. RACSB provides medications for Alcohol Use Disorder (MAUD) and for smoking cessation. The CSB maintains written MOUs with community providers to provide services for pregnant individuals if this is needed outside the CSB but is able to serve this population within the CSB as well.

Tuberculosis/HIV/Hepatitis C/Syringe Services: RACSB provides information to individuals on the risk of exposure and transmission, while individuals in need of testing are offered support in connecting to a provider that offers testing. Case Managers are aware of providers that offer Hepatitis C testing and treatment and also provide support in connecting those in need with a provider. RACSB reports there is not a local Syringe Services Program in the area at this time.

Co-occurring: Clients diagnosed with SUD primary would receive services from an LMHP in order to receive simultaneous co-occurring treatment and their treatment plan would reflect their needs. They would also be assigned to a psychiatrist who is trained in co-occurring disorders for medication management. Clients diagnosed with MH primary can be referred to SUD treatment, including MAT, and program staff can determine the best fit for treatment and provide individualized options if their MH symptoms prevent successful participation in standard group modalities.

- **SUD Initiation:** Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder (SUD) services as a result of a new SUD diagnosis (denominator) who initiated any SUD services within 14 days of the new SUD diagnosis (numerator).
 - State Goal: 72%
 - State Actual: 80%
 - CSB Actual: 73%
- **SUD Engagement:** Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder (SUD) services as a result of a new SUD diagnosis (a new Diagnosis record for the SUD diagnosis) (denominator) who initiated any SUD services within 14 days of the new SUD diagnosis and who received two or more additional SUD services within 30 days of the first service (numerator).
 - State Goal: 55%
 - State Actual: 61%
 - CSB Actual: 66%

Specialized Services for Pregnant Women with Dependent Children: RACSB has a clear, written policy regarding priority admission for pregnant injecting drug users and pregnant substance users. RACSB is utilizing Block Grant funding for their Project LINK program and an outpatient SUD therapist to provide gender specific services for women. Gender specific services include EMDR, Healing Trauma, Seeking Safety, and Nurturing Parents.

RACSB also supports women in connecting with community supports such as Empowerhouse for domestic violence and RCASA for survivors of sexual assault. Transportation services include local free public transportation, grant-funded if enrolled in OUD or OBAT programs, insurance supported, and Project LINK. During FY24, RACSB provided services to 417 women including 14 pregnant and parenting individuals, 18 pregnant individuals, and 191 parenting individuals, many of whom were served through Project LINK.

The SUD Services Coordinator and Project LINK Program Manager regularly engage in community outreach through presentations to emphasize the priority given to those who are pregnant.

- **PPW1:** Percent of pregnant women and women with dependent children with a new episode of SUD services as a results of a new SUD diagnosis (denominator) who initiated any SUD services with 14 days of the new SUD diagnosis (numerator).
 - State Goal: 77%
 - State Actual: 80%
 - CSB Actual: 83%
- **PPW2:** Percent of pregnant women and women with dependent children with a new episode of SUD services as a results of a new SUD diagnosis (denominator) who initiated any SUD services within 14 days of the new SUD diagnosis and who received two or more additional SUD services within 30 days of the first service (numerator).
 - State Goal: 67%
 - State Actual: 67%
 - CSB Actual: 78%
- **PPW3:** In last 12 months, percent of pregnant women seen within 48 hours of their request for a valid SUD service.
 - State Goal: 76%
 - State Actual: 79.4%
 - CSB Actual: 86%

SUBG SUMMARY: RACSB met and/or exceeded *all 5* of the indicators related to SUD services, marking a significant improvement from their last review in FY2022 (met 1/5 SUD indicators) and a check in regarding indicators in April 2024 (met 0/5 SUD indicators in FY2023).

CONCLUSION

RACSB has made significant improvements related to their indicators over the past 2 years. During a TA check in April 2024, RACSB indicated they had been working with a consultant who made some suggestions regarding staffing and had been working with them on a “gap analysis.” RACSB had also been working to inform clinicians of the BG indicators in an effort to improve awareness across the agency. Based on the indicator outcomes meeting state expectations in SUD measures, and improving in MH categories, these efforts have made a difference in their overall service provision.

In addition to the previously mentioned Drug Court, RACSB also has a Veteran’s Docket for veteran’s who are charged with an offence related to a MH diagnosis. They can work with a provider who is knowledgeable about military service and mentors from the community who are also passionate about assisting this population.

1. Strengths

- a. Rappahannock CSB leadership report that they like working at RACSB for the following reasons: the work is important and valuable, they have an amazing team in the clinical division and they believe in the mission of CSB work, RACSB offers pathways to grow, the community involvement, team and mission stands out, the passion for CSB work, and “we have the best employees.”

- b. Rappahannock CSB worked with a consultant, followed recommendations, and worked together as a strong team and that contributed to RACSB meeting all SUD and PPW indicators in FY24.
- c. Rappahannock CSB worked together with Germanna Community College to start a Behavioral Health Technician program to help support bringing professionals into the CSB system. RACSB provides paid 15-week internships and reports success with this program.
- d. Rappahannock CSB has made strong community relations related to the Project LINK program, including community engagement, presentations, and MOU's with community providers. Should RACSB have any concerns related to the PPW population, they should feel comfortable reaching out to DBHDS: Glenda Knight, who may be reached at glenda.knight@dbhds.virginia.gov .

2. Growth Opportunities/Recommendations

- a. Rappahannock CSB should continue to work with the consultant to continue making gains in their MH and SUD indicator progress. It is clear that they are providing exemplary service to their community, and it is important that the indicator numbers reflect this high standard of care.
- b. If RACSB has any questions or concerns regarding SUD residential services, they should feel comfortable in reaching out to DBHDS: Tiffani Wells, who may be reached at tiffani.wells@dbhds.virginia.gov .
- c. Should RACSB need any technical assistance regarding MH indicators, they should feel comfortable reaching out to their Region 1 Adult Behavioral Health Coordinator: Deborah Davenport, who may be reached at deborah.davenport@dbhds.virginia.gov .
- d. If RACSB has data concerns or needs additional technical assistance directly related to the behavioral health indicator dashboards, or access to these dashboards, RACSB can utilize the BH Performance Measures TA Request form, located through the following link: <https://forms.office.com/g/7rgNwLrn8A> .

3. Performance Evaluation

- a. RACSB has improved indicator numbers significantly over the past 2 years. They currently meet the requirements for low risk and should expect to have their next site review for Block Grant indicators in 2 years, on or before January 2027.


 Deborah L Davenport, Adult BH Coordinator, 2/3/2025


Meredith Nusbaum, Director Office of Adult Community Behavioral Health, 2/3/2025

Performance Level	Conditions
Low	Full review every two years (in-person, full questionnaire, required documents)
Medium	Full review every two years Annual virtual review
High	Full annual review (in-person, full questionnaire, documents) Virtual TA every 3-6 months (as data becomes available)



Virginia Department of Behavioral Health
and Developmental Services

Rappahannock Area Community Services Board

Site Visit Date: January 23, 2025

A Life of Possibilities for All Virginians

Virginia Department of Behavioral Health and Developmental Services System Transformation Excellence and Performance (STEP-VA) Review

Agency: Rappahannock Area CSB, 600 Jackson St, Fredericksburg, VA 22401

Reviewer: Christina Vargas, MS, NCC, SHRM-CP, DBHDS Office of Adult Community Behavioral Health Services

CSB Participants/Titles: Brandie Williams – Deputy Executive Director, Eleni McNeil – SUD Services Coordinator, Jacqueline Kubuchi – Director of Clinical Services, Sara Keller – Director of Finance & Administration, Joe Wickens – Executive Director (present for introductions only)

GENERAL SUMMARY

System Transformation Excellence and Performance (STEP-VA) initiative seeks to improve Virginia's public mental health system by building a set of core services, referred to as STEPS, that will be consistent across all 40 Community Services Boards (CSBs) throughout the Commonwealth. Based on the Certified Community Behavioral Health Clinic (CCBHC) model, a national best-practices model for behavioral health services, STEP-VA creates a roadmap to consistent, comprehensive, high-quality community-based services for those facing mental health and substance use issues. CSBs serve as the primary point of entry into Virginia's public mental health system and are the primary provider of services and supports to individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED). Written into the Code of Virginia in 2018, STEP-VA increased the number of services mandated services from two to nine, with an overall goal of building out a more comprehensive system of community based behavioral health services with improved access, quality, consistency, and accountability. Since its inception in 2018, STEP-VA has undergone a phased implementation of all nine STEPS.

The nine core services in STEP-VA are:

- **Same Day Access** – creates a way for Virginians to engage in an initial assessment for intake and treatment services the same day they contact their local CSB.
- **Primary Care Screening** – collecting key data to identify health risks and coordinate with medical care providers for individuals with SMI and SED.
- **Outpatient Services** – considered the core of behavioral health services, this includes both mental health and substance use therapy for adults and children, as well as psychiatry services.
- **Crisis Services** – builds out a comprehensive crisis system situated to provide the right service at the right time to individuals nearing crisis, experiencing crisis, or stabilizing after a crisis.
- **Peer and Family Services** – incorporates certified professionals with lived experience into the full array of behavioral health services.

- **Service Members, Veterans, and their Families (SMVF)** – requires that all clinical staff of CSBs have SMFV training, in addition to identifying Virginians with a connection to military service, at entry to public mental health services, and offers referrals to appropriate services and resources.
- **Psychiatric Rehabilitation** – services that build or rebuild the skills and supports necessary for successful life in the community for individuals with SMI and SED.
- **Targeted Case Management** – a comprehensive service that coordinates and links key resources and care planning for individuals with SMI and SED.
- **Care Coordination** – person-centered, holistic care planning that connects resources and services across the continuum of care for all individuals served by the CSBs.

Rappahannock Area CSB (RACSB) participated in a site visit and overview of the programs funded wholly or partially by the STEP-VA Program. The STEP-VA Project Coordinator discussed the status of each STEP with RACSB leadership as well as areas of strengths and challenges, and a tour of the program areas was provided. Electronic Health Record used is Netsmart.

STEP-VA Review

Same Day Access (SDA)

- a. Hours posted on website: Yes
- b. Walk in hours at each clinic include:
 1. Fredericksburg Clinic: M-Th: 8:30am-2:30pm
 2. Stafford Clinic: Tue, Thurs: 9:00am-12:00pm
 3. Spotsylvania Clinic: T, W, Th: 9:00am-2:00pm
 4. King George Clinic: Tue- 1:30-5pm, Thurs- 8:30am-12pm
 5. Caroline Clinic: Tue- Thurs: 8:00am-11:30am
- c. In FY2024, RACSB offered an appointment within 10 days to 90.1% of the 2453 individuals seen through SDA which is above the target of 85%. RACSB had no individuals denied an appointment in FY24 and 84.2% of individuals completed the appointment in 30 days or less surpassing the target of 70% at this metric. Of those individuals, 71.01% completed an appointment within 10 days. While 13.2% of individuals did not attend a scheduled appointment in FY2024, this was reported to be attributed to the mandated referral source of the Justice System as well as some individuals declining services once assessed and scheduled. RACSB reported they make efforts to reengage with individuals who do not show up to appointment with phone calls, mailing letters, and finally discharging with instructions to get reassessed after all attempts are exhausted.

Conclusion (SDA):

RACSB is offering SDA successfully to all individuals served by this CSB. The success is evident in the metrics around SDA to get individuals assessed right away and scheduled in less than 10 days for services. Ongoing data and process improvement efforts are made in order to best serve

individuals seeking services. RACSB continues to consult with MTM and is considering adding a Central Scheduling to reduce burden on Clinicians. RACSB is able to use their variety of clinics and staff to quickly pivot resources to meet the needs of the community and individuals served which has eliminated lengthy waitlists for services.

Primary Care Screening

RACSB has a robust prescribing team of twelve prescribers and several nursing staff to support this team. RACSB has a process in place to ensure all individuals who attend a medication appointment are seen by a nurse who completes a Primary Care Screening to include height, weight, and blood pressure. Individuals who do not receive medication but have another primary service are referred to their primary care physician or another service provider who ensures the Primary Care screening is completed each year which could be a Case Manager, Clinician, or other provider. The Metabolic screening is completed at each medication appointment with a prompt in place in the EHR for the prescriber to ensure it is completed.

Conclusion

RACSB reports a good understanding of the Primary Care Screening requirements and describes their process for ensuring these are met. Since the data around Primary Care Screening is not yet available in a dashboard, RACSB is unable to review regularly. While there is a dashboard being established, RACSB continues to follow their process and ensures the Primary Care Screening is being completed as required. Primary Care Screening completed in FY24 were 7% with the numerator being 27 and denominator 362. Metabolic Screenings completed in FY24 are reported as 0%. Both of these data points are reported as incorrect and access to a dashboard for Primary Care Screening data has been requested by the CSB.

Outpatient Treatment Services

RACSB offers a wide array of services in outpatient services to include 20 EBPs such as Acceptance & Commitment Therapy, Assertive Community Treatment, CBT, CPT, Collaborative Assessment & Management of Suicidality, DBT, EMDR, Illness Self-Management and recovery, Integrated Treatment for Co-occurring Disorder (MH/SA), Military Cultural Competency, Motivational Interviewing, Parent-Child Interaction Therapy, Prolonged Exposure, Screening, Brief Intervention, and Referral to Treatment, Supported Employment, Supported housing, Trauma and Grief Component Therapy, and Trauma-Focused CBT for Youth. Additional services for psychiatry include Injectable Psychotropic Medication Administration with Monitoring and Education, Medication Assisted Treatment. Regional training funding has been very helpful to offer training in EBPs to staff and incentivize hiring and retention.

RACSB found there was an issue with data collection regarding the Columbia and has since corrected the issues and it is now being completed with 99% of individuals, per the CSB's report. RACSB is meeting or surpassing the requirements for the DLA-20 in both youth and adults. The annual survey utilized to report number of clinical staff and training was changed this year and

posed a challenge to complete which reportedly led to the low report on trauma training completion.

The requirement for trauma training is mandated for all clinical staff at RACSB. In FY22, RACSB reported 30% of clinical staff completed the minimum 8 hours of trauma training and 36% had completed the required 40 hours in three years. In FY24, RACSB reported 48% had the minimum trauma training of 8 hours and 58% completed the full 40 hours of trauma training in 40 hours. While there has been an improvement toward the target of 100% clinical staff reaching these standards of trauma training, RACSB has fallen short of meeting this requirement. RACSB reports the ability to adjust staff schedules has improved getting individuals scheduled and therefore has improved clinical outcomes; for example, having time blocked out to see new clients within a week also ensures capturing the window of motivation. Caseload sizes are down from over 70 to a more manageable less than 50.

Conclusion

RACSB offers outpatient services and has significantly grown the outpatient program through improved hiring and retention, offering many evidence-based practices, and doing an excellent job at data collection while making corrections as needed to ensure meeting the intention of STEP-VA as envisioned by the General Assembly and DBHDS. It is recommended that RACSB develop a trauma training tracking and reporting system that will better reflect the required trauma training to include the minimum 8-hour training as well as the complete 40-hours within three years. This was discussed and reported by RACSB to have started in FY25 which should be better reflected moving forward.

Crisis

Crisis Services was not reviewed during this site visit.

Peer Support Services

RACSB has 11.0 FTE Peer staff with 1.5 being funded through STEP-VA. Peers are imbedded throughout many services lines and programs to include Emergency Services, Substance Use Disorders, Crisis Stabilization Unit, Outpatient, Mental Health Residential, CIT, Co-Response Teams (3), Mobile OBOT, Project Link, and SUD OP. RACSB is not currently billing for Peer Support Services as a stand-alone service.

Conclusion

RACSB has a strong peer support program built out across several lines of service with 11 FTE peers. While RACSB is not currently billing for peer support services as a stand-alone service, there is an effort toward doing so in the future and plans to work with the Peer and Family Support Services team toward this. Strong connection between CSB peer staff and Peer and Family Support Services at DBHDS.

Service Members, Veterans, and their Families (SMVF)

RACSB is meeting the requirement military competence training with 100% of staff completing training while also surpassing the target of 90% to collect military status of individuals at 92%. RACSB is proactive to ensure improvement in working with the SMVF population. DBHDS provided on-site technical support regarding the referral (currently at 1% with target of 70%) and Columbia screening (at 63% with target of 86%) metrics and RACSB noted recommendations. RACSB has been making adjustments to their process to ensure all SMVF populations are receiving necessary care through fully training staff, and providing appropriate supports, information, and education. RACSB reports updated processes will be reflected in FY2025 to include providing all SMVF individuals with appropriate referrals, accurate documentation, and alignment of Columbia administration at same rate that non-SMVF individuals are screened.

Conclusion

RACSB serves the SMVF community with a proactive approach to identification, training, screening, referrals, and treatment. RACSB recently revamped their SMVF program to ensure referrals are being captured and this is being reflected in recent data. Technical assistance was provided during the site visit regarding metrics on referrals and Columbia administration for SMVF populations. DBHDS recommended the CSB create a standardized process of providing appropriate referrals for all SMVF.

Psychiatric Rehabilitation Services

RACSB offers Mental Health Support Services at residences, ACT (2), Club House, Wrap, MHSS, and Employment supports (not SE but does fund an Employment Specialist with any client who has a vocational goal). RACSB enjoys a partnership with Anthem which allows for more clinical contact. Transportation services are being reduced while more emphasis is being placed on Uber and this is having a generally negative impact on Medicaid billing due to the inconsistent transportation services.

Conclusion

RACSB is offering a wide range of Psychiatric Rehab services that includes a Clubhouse, ACT, an Employment Specialist for anyone who identifies a vocational goal, WRAP, Mental Health Skill Building, and Mental Health support services at residencies. The STEP-VA funds are funding the Employment Specialist at the Clubhouse. While transportation concerns are an underlying issue for individuals participating in PRS services, RACSB has been working to find creative and innovative ways to ensure clients who want to be connected and involved in services are able to do so.

Targeted Case Management

RACSB provides Case Management services to Adult Mental Health, Adolescent Mental Health, and substance use disorder populations. RACSB has made robust efforts to ensure reimbursement for all Case Management services and have seen an increase in the amount of billing of more than \$6 million this year as compared to the previous year. In FY2024, RACSB billed

\$964,375.60 (374 clients) in Adult Mental Health Case Management, \$498,972.05 (138 clients) in Adolescent Mental Health Case Management, and \$90,852.42 (91 clients) in Substance Use Case Management. In the first half of FY2025, RACSB has billed \$448,500.25 (314 clients) in Adult Mental Health Case Management, \$273,874.88 (115 clients) in Adolescent Mental Health Case Management, and \$50,403.08 (64 clients) in Substance Use Case Management.

Conclusion

RACSB has been successful in providing Case Management services to 374 adults, 138 adolescents, and 91 with substance use disorders. The billing that occurs has also been successful despite approximately one third of Case Management clients not being Medicaid clients. RACSB has displayed evidence that efforts are taken to ensure reimbursement through billing for services and offset the STEP-VA funding. RACSB has consistently displayed a successful approach to Case Management.

Care Coordination

At RACSB, Care Coordination is built into all care provided throughout the CSB as a matter of providing the best possible level of seamless care. As part of their collaborative approach, RACSB invites community partners into client care planning meetings. Care Coordination funding from STEP-VA funds a Care Coordination position which focuses on discharges from hospitals, crisis receiving units, and collecting emergency department notifications for following up with those clients who were in the emergency department for mental health reasons. RACSB is working toward contracting an additional FTE to build off the successful pilot.

Conclusion

RACSB ensures all clients receive proper care coordination through employing staff whose specific role is Care Coordination, particularly for those who are not involved with Case Management services. Care coordination is reportedly taking place at all stages and levels of care as appropriate to each individual clients based on individual needs. RACSB has created innovative ways to promote best care practices which include a behavioral health residence for individual with high physical health needs along with SMI as well as pharmacy collaboration that increased adherence to medication in the residence or at home. Care coordination includes coordinating care with outside providers, completing referrals, scheduling and coordinating appointments and requests between providers at the minimum at RACSB. RACSB is successful in executing Care Coordination across many lines of service. No concerns were noted in this area.

Additional Successes

RACSB is involved with the Veterans Docket in Spotsylvania through the courts system which has been very successful over the last 6 years in serving veterans who received criminal charges related to their mental health or service connection. This program has a long history of compassion and offers mentorship opportunities. The Commonwealth Attorney's Office initiated a Behavioral Health Court Docket which is very passionate about providing assistance to

behavioral health clients. RACSB also participates in a long-standing, successful drug court. There is a lot of advocacy for opioid use disorders in the community and medication assistance is now a treatment option as well as continued aftercare if clients relapse or need to get reconnected after incarceration.

RACSB offers YMCA memberships to clients, a CARF accredited employment support program, and has partnered with the local community college to foster continuing education. RACSB has built truly great partnerships throughout the community to include a robust CIT program built on fantastic relationships with law enforcement. RACSB reports a low utilization of state hospitals. RACSB boasts having a highly supportive Board who are tolerant and open to considering options that aren't traditionally in line with how things were historically done particularly around workforce issues. This has led to a historic low number of open positions, offering a living wage, paid internships, and partnering with Germania Community College to create a Behavioral Tech program.

Christina Vargas

2/14/2025

Christina Vargas / Date

STEP-VA Project Coordinator/Reviewer

Katie Powers

2/25/25

Katie Powers / Date

Adult Behavioral Health Initiatives Manager

Rappahannock Area CSB Site Visit Report

January 29, 2025

Summary: DBHDS staff met with the Rappahannock Area CSB Deputy Executive Director and other associated staff on January 29, 2025 and spent the working day going over a variety of transactions and aspects of Rappahannock Area CSB's operations. Rappahannock Area CSB was helpful in these efforts and provided documentation/answered questions. During our review, DBHDS found 4 areas of concern that will require a Corrective Action Plan from Rappahannock Area CSB by no later than March 14, 2025. The 4 areas of concern are listed in the Concerns Requiring Corrective Action section of this report. A summary of our observations and requests for future action are included below.

Observations:

SAM Registration – Rappahannock Area CSB currently has a valid UEI number and active registration in the Sam.gov system.

Reporting Review – DBHDS staff reviewed the most recent audit that was publicly available (the Rappahannock Area Community Services Board Financial Report Year Ended June 30, 2023) and compared it to the FY 2023 CARS End of Year Report. The expenditure amounts that were reported in the FY 2023 Financial Report did not match those reported in the 2023 CARS End of Year Report. Specifically, the amounts for the Mental Health Block Grant (\$195,492 CARS vs \$182,411 Audit), State Opioid Response Grant (\$710,206 CARS vs \$650,991 Audit), Substance Abuse Block Grant (\$1,408,380 CARS vs \$1,273,054 Audit), PATH Grant (\$123,624 CARS vs \$123,264 Audit), and State and Local Fiscal Recovery Fund Grant (\$429,051 CARS vs \$398,500 Audit) did not match in either report.

Single Audit Requirements – According to the FY 2023 Financial Report, Rappahannock Area CSB expended \$3,614,797 in federal funds in FY 2023 which is more than the \$750,000 Single Audit threshold. Rappahannock Area CSB has submitted a Single Audit report to DBHDS for FY 2023 as a result of this requirement and indicated that they will soon be submitting their FY 2024 report.

Record Management – Rappahannock Area CSB has a record retention policy that is compliant with the terms of 2 CFR 200.334 and the Library of Virginia record retention standards in that it explicitly requires Rappahannock Area CSB to retain all financial records for at least 3 years following the completion of services. Rappahannock Area CSB stores some documents electronically and others in paper form in files that are kept in a secured group home. Invoices are electronically tracked through the PaperSave system which is stored in the cloud and timesheets and payroll records are processed electronically in the Dominion Human Resources

system. The requisition process is still conducted in a paper format, but Rappahannock Area CSB scans the documents into a hard drive which is then linked to invoices in their accounting system, Great Plains.

Indirect Cost Rate – Rappahannock CSB does not have a negotiated indirect cost rate with the federal government and, as a result, was eligible to use the 10% of Modified Total Direct Costs (MTDC) rate as outlined in 2 CFR 200.332 and 45 CFR 75.352. While Rappahannock Area CSB was eligible for the 10% of MTDC outlined in federal regulation, Rappahannock Area CSB utilized a different methodology for calculating indirect costs which resulted in some claims requesting a higher amount than should have been allowable. From the information provided, it was not clear how indirect costs were being derived.

Subaward Agreements – Rappahannock Area CSB indicated that they do not currently have any federally funded subrecipient awards. Rappahannock Area CSB does not have a process in place to allow for the review of federally funded agreements to determine whether they are subrecipient or contractual relationships pursuant to 2 CFR 200.331 and 45 CFR 75.351. Currently, all proposed agreements are sent to their procurement office for processing and review.

Contracts – Rappahannock Area CSB does have federally-funded contracts for Locum Tenen services. The contract that they utilize is a state contract which they leverage to procure services. As a result, the state administers the drafting of the provisions that are required by 2 CFR 200 Appendix II and Rappahannock Area CSB is not responsible for adding these provisions. We conveyed to Rappahannock Area CSB staff that they would be responsible for adding these provisions if they were to enter into a federally funded contract on their own.

Personal Services/Fringe Expenditures – Rappahannock Area CSB has an approval process for new positions that allows for administrative review prior to approval. When a program manager identifies the need for a new position, the requisition is entered into the Dominion Human Resources platform along with the job description and job announcement. The job description outlines the duties and responsibilities of the new position and allows for internal and external observers to understand the nature of the work and its allowability to a federal grant. The requisition then flows through a series of approvals before being posted. The program manager is the budgetary approver as they directly manage their own funds. Further, the coding for the position is not entered into the Human Resources system, but rather is entered into the Great Plains accounting system once the position is hired.

Rappahannock Area CSB tracks both exempt and non-exempt employees within their Dominion Human Resources system. Non-exempt staff time tracking approvals route to supervisors to review and approve in advance of payment.

Regarding the Level II Executive pay cap, Rappahannock Area CSB indicated that they do pay the salary/fringe for one individual who has an annual salary that exceeded the \$221,900 per year

cap in FY2024. However, the amount of salary that is federally-funded does not exceed the \$221,900 threshold and is thus allowable.

Rappahannock Area CSB seemed to be largely in compliance with the other terms of federal regulation regarding personnel and fringe costs outlined in 2 CFR 200.

Expenditure Guidelines/Review – Of the 31 reimbursement claims that were reviewed, DBHDS found that the claims submitted matched Rappahannock Area CSB’s files in terms of the total amounts and the amounts by expenditure category. Further DBHDS found the supporting documentation to be sufficient for all claims reviewed. The claims reviewed appeared to be for transactions that fell within the period of performance and did not appear to have any issues with supplanting or being used for unallowable purposes. However, DBHDS did note that 14 of the claims reviewed included too much indirect costs given the amount of direct costs that were claimed.

Rappahannock Area CSB utilizes the GSA rates for lodging, meals, and mileage when reimbursing travel. For the travel expenses that are charged to federal funds, Rappahannock Area CSB policy is in-line with federal requirements.

Accounting Systems/Fund Tracking – Rappahannock Area CSB uses the Great Plains accounting system which integrates their chart of accounts that tracks budgets, revenues, and expenses by program, fund, and object level. Based on the materials provided, while the Rappahannock Area CSB chart of accounts does allow for the separation of transactions by overall federal award (i.e. Mental Health Block Grant), it does not allow for the separation of federal transactions by award year (i.e. Mental Health Block Grant 2024). Rappahannock Area CSB indicated that they do track some of the grant identifying information outlined in 2 CFR 200.302 in a separate excel spreadsheet, but the accounting system does not currently include this information.

Equipment Tracking – In FY 2024, Rappahannock Area CSB received written approval from DBHDS to purchase a Chrysler Pacifica to be used in the provision of substance use disorder services. In March 2024, Rappahannock CSB purchased the vehicle using SABG ARPA funding and provided DBHDS with supporting documentation. The vehicle is stored at the River Club location of Rappahannock Area CSB and is cared for/managed by the full-time fleet supervisor.

Program Income – Rappahannock Area CSB indicated that income is generated from federally funded programs/initiatives and that the money is applied back to those programs from which they were derived. This is done through coding program revenues with the same coding associated with the program from which the income was derived.

Lobbying Restriction – Rappahannock Area CSB attested that they do not utilize federal funds to lobby for or against laws, regulations, or policies proposed at the federal, state, or local level.

Mandatory Disclosures – Rappahannock Area CSB indicated that no illegal activity involving federal grant funds or associated staff had occurred in FY 2024. Additionally, they indicated that they understood that all such activities should be reported to DBHDS.

Conflict of Interest Policy – Rappahannock Area CSB does have a Conflict-of-Interest Policy for all staff; DBHDS staff was provided a copy. The policy outlines conditions under which a violation occurs, the expectation to avoid activities that may violate the policy or to obtain prior permission from a supervisor, and the penalties that will be implemented if a violation occurs.

Concerns Requiring a Corrective Action Plan: After reviewing the aforementioned items, DBHDS is requesting that the following actions be undertaken by Rappahannock Area CSB to address compliance concerns. Along with each requested action/change, is included a justification and an explanation of the specific actions to be undertaken. DBHDS is requesting that Rappahannock Area CSB submit a Corrective Action Plan for these 4 items by no later than March 14, 2025. The details are included below:

1. Ensure that reported figures are consistent across reports. The expenditure figures that are reported in CARS are utilized for various reports to the General Assembly and Governor. As a result, it is important that these figures be accurate across all reported lines. DBHDS requests that Rappahannock Area CSB provide the correct expenditure figures for the MHBG, SABG, PATH, SLFRF, and SOR lines for FY 2023 and outline the process that they intend to follow to ensure consistency across reports going forward.
2. Ensure that claims to DBHDS utilize the appropriate indirect cost allocation methodology. As a result of our review, DBHDS has determined that Rappahannock Area CSB was not properly utilizing the 10% of Modified Total Direct Costs method of calculating indirect costs that was allowed. DBHDS requests that Rappahannock Area CSB immediately begin using the new 15% of MTDC as outlined in 2 CFR 200.414 and 2 CFR 200.332 and defined in 2 CFR 200.1 and provide an outline of how Rappahannock Area CSB will ensure it is properly applied going forward. Additionally, DBHDS requests that Rappahannock Area CSB provide a summary report showing total amounts claimed by object line (i.e. personnel, subaward/contract, misc., etc) for each of the exhibit Ds including federal funds that Rappahannock Area CSB has requested reimbursement for since July 1, 2022. The report will also provide the amount that Rappahannock Area CSB believes was billed to DBHDS for indirect costs in error. This report will be due back to DBHDS by no later than April 18, 2025. Once the report is received, DBHDS will review to ensure accuracy and will reach out to Rappahannock Area CSB on next steps.
3. Develop a process to ensure that federally-funded agreements are entered into through the appropriate contractual or subrecipient pathway. 2 CFR 200.331 and 45 CFR 75.351 require that entities receiving federal funds have a process in place to ensure that procurement relationships are handled through contracts and subrecipient relationships are handled through subawards. Not having a process for vetting the nature of federal

agreements prohibits Rappahannock Area CSB from providing subrecipient monitoring where appropriate. DBHDS requests that Rappahannock Area CSB create and implement a process for reviewing and determining the subrecipient or contractual nature of federally-funded initiatives.

4. Ensure that federal funds are tracked with the appropriate identifying information. 2 CFR 200.302 requires that all federal funding be tracked with certain identifying information to include the Assistance Listing Title and Number (CFDA number and title), the federal award number and year of the grant, and the name of the granting agency and pass-through entity. Rappahannock Area CSB indicated that some of this information in a separate excel spreadsheet. DBHDS requests that, to the extent possible, Rappahannock Area CSB incorporate this information in their accounting system and, if that is not possible based on the limitations of the software, create a crosswalk between the accounting codes and the information required by 2 CFR 200.302.

Other Suggestions: During the Site Visit DBHDS identified an item that, while not requiring corrective action, does need to be addressed in this report. It was noted during the Site Visit that Rappahannock Area CSB does not track federal funds by grant award year. Pursuant to 2 CFR 200.302, all recipients of federal funding are required to individually track revenues, expenses, and balances by federal award identification number and year. In order to comply with this provision, Rappahannock Area CSB would need to set up coding within their accounting system that is specific to the federal award by year and grant. While DBHDS is not requesting action at this time, we will be reviewing this item during our next site visit in 4 years which, if not addressed, could result in a corrective action request at that time.

Conclusion: DBHDS appreciates the time and effort that Rappahannock Area CSB's staff took to answer questions and provide support for expenditures and procedures. We also appreciate the efforts that Rappahannock Area CSB took to prepare their materials ahead of time to allow for an efficient and expeditious review. Overall, Rappahannock Area CSB has a compliant process for handling federal funds. Going forward, DBHDS will work with Rappahannock Area CSB to ensure that the items outlined in the Concerns Requiring a Corrective Action section are rectified. If there are any questions or issues that arise regarding this report or the requested Corrective Actions, please reach out to the DBHDS Office of Grants Management.

To: Eric Billings, Director of Grants Management, DBHDS

From: Brandie Williams, Deputy Executive Director, RACSB

Re: Corrective Action Plan for the Rappahannock Area Community Services Board

Date: February 21, 2025

The Department of Behavioral Health and Developmental Services completed a site visit on January 29, 2025 to review finance policies, procedures, and practices related to the use of federal grant funds. DBHDS staff found four areas in need of correction. Please find RACSB's corrective action plan below. RACSB staff appreciate the time and guidance provided by the DBHDS Finance department throughout the completion of this visit.

DBHDS Findings	RACSB Corrective Action Plan
Ensure that reported figures are consistent across reports. The expenditure figures that are reported in CARS are utilized for various reports to the General Assembly and Governor. As a result, it is important that these figures be accurate across all reported lines. DBHDS requests that Rappahannock Area CSB provide the correct expenditure figures for the MHBG, SABG, PATH, SLFRF, and SOR lines for FY 2023 and outline the process that they intend to follow to ensure consistency across reports going forward.	The staff involved in both the FY23 and FY24 audits and reporting are no longer available at the agency. Deputy Executive Director and new Finance Director will research and work to provide you with updated accurate numbers by April 18, 2025. Moving forward, RACSB will not finalize annual audit until the numbers reported are consistent and will address any inconsistencies within 14 business days of discovery.
Ensure that claims to DBHDS utilize the appropriate indirect cost allocation methodology. As a result of our review, DBHDS has determined that Rappahannock Area CSB was not properly utilizing the 10% of Modified Total Direct Costs method of calculating indirect costs that was allowed. DBHDS requests that Rappahannock Area CSB immediately begin using the new 15% of MTDC as outlined in 2 CFR 200.414 and 2 CFR 200.332 and defined in 2 CFR 200.1 and provide an outline of how Rappahannock Area CSB will ensure it is properly applied going forward. Additionally, DBHDS requests that Rappahannock Area CSB provide a summary report showing total amounts claimed by object line (i.e. personnel, subaward/contract, misc., etc) for each of the exhibit Ds including federal funds that Rappahannock Area CSB has requested reimbursement for since July 1, 2022. The report will also provide the amount that Rappahannock Area CSB believes was billed to DBHDS for indirect costs in error. This report will be due back	RACSB requests DBHDS provide a list of all Exhibit Ds and corresponding funding descriptions and numbers needed for inclusion in the required report. Please provide that no later than March 15th in order for us to be able to complete the report as directed by April 18th, 2025. RACSB will use this report to update our procedures for utilizing the 15% of MTDC as appropriate. Any DBHDS guidance on appropriate application and methodology available would be greatly appreciated.

<p>to DBHDS by no later than April 18, 2025. Once the report is received, DBHDS will review to ensure accuracy and will reach out to Rappahannock Area CSB on next steps.</p>	
<p>Develop a process to ensure that federally-funded agreements are entered into through the appropriate contractual or subrecipient pathway. 2 CFR 200.331 and 45 CFR 75.351 require that entities receiving federal funds have a process in place to ensure that procurement relationships are handled through contracts and subrecipient relationships are handled through subawards. Not having a process for vetting the nature of federal agreements prohibits Rappahannock Area CSB from providing subrecipient monitoring where appropriate. DBHDS requests that Rappahannock Area CSB create and implement a process for reviewing and determining the subrecipient or contractual nature of federally-funded initiatives.</p>	<p>After receiving verbal feedback during the visit, RACSB updated its financial policies and procedures to incorporate the new process to ensure that federally-funded agreements are entered into through the appropriate contractual or subrecipient pathway. These changes were approved by the RACSB Board of Directors on February 19, 2025. RACSB will re-purpose the sample checklist provided by DBHDS Finance staff for this purpose. All contracts involving federal funding moving forward will include the completion of the checklist.</p>
<p>Ensure that federal funds are tracked with the appropriate identifying information. 2 CFR 200.302 requires that all federal funding be tracked with certain identifying information to include the Assistance Listing Title and Number (CFDA number and title), the federal award number and year of the grant, and the name of the granting agency and pass-through entity. Rappahannock Area CSB indicated that some of this information in a separate excel spreadsheet. DBHDS requests that, to the extent possible, Rappahannock Area CSB incorporate this information in their accounting system and, if that is not possible based on the limitations of the software, create a crosswalk between the accounting codes and the information required by 2 CFR 200.302.</p>	<p>By May 2025, RACSB will reach out to other CSBs using Microsoft Dynamics and our financial consultant to develop a plan to track the federal funds as required. By June 30, 2025, RACSB will adjust its financial systems to ensure funds are appropriately tracked as noted beginning with July 1, 2025 for FY26 awards. The change will be implemented with the start of the new fiscal year to avoid confusion and inaccurate reporting during transition of processes.</p>

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS Funding Application

Date: February 7, 2025

The Office of Crisis Services at the Virginia Department of Behavioral Health and Developmental Services published a funding opportunity to accept applications for grants to Community Services Boards to purchase or lease automated medication dispensing devices for crisis receiving centers and crisis stabilization units. This technology is designed to increase access, enhance patient care, save valuable nursing time, provide significant cost savings, and improve the overall efficiency of medication management in the care facility. DBHDS previously offered the opportunity to ride a sole-source contract with APS for this type of device, however, we did not pursue due to concerns with the contract as well as pricing commitment (\$5,301-\$9,277 per month with a 60-month contract term). DBHDS has indicated that this funding opportunity can be used to cover other providers of the automated dispensing devices up to the maximum funding request of \$111,324 based on the APS pricing.

Through working with our on-site pharmacy provider, RACSB has received multiple quotes for automated dispensing devices at significantly reduced cost for similar equipment and support. We submitted the following application in response to the open DBHDS funding opportunity to cover a BD Pyxis MedBank Tower and support from Altruix.



Virginia Department of Behavioral Health & Developmental Services

FO-19947

Appendix A: Project Narrative & Budget

Please complete this Appendix, save as a Word document and upload in WebGrants with your application. *If the device is already installed and operational in the facility, upload the purchase order and agreement for the device.*

Project Narrative

The Rappahannock Area Community Services Board is requesting funding to secure a BD Pyxis MedBank Tower from Sequon LLC Altruix via either purchase or rental for installation and use in our Adult Residential Crisis Services Unit located at 615 Wolfe Street, Fredericksburg, VA 22401. The decision to purchase or lease is contingent upon approval of funding through this application and the recommendation of DBHDS. Both options would require different levels of monthly support but would be contracted for a 60-month term. The ARCSU is currently in operation at this time but does not have any automated pharmacy device installed or operational at this time. Both the machine and pharmacy services will be provided by Altruix (Sequon LLC) through an addendum to the Master Services Agreement Contract currently in place for the provision of on-site and program pharmacy services already in place between RACSB and provider. No pharmacy costs to include cost of medications are included in the quote or this application for funding. The costs included are limited to cost of machine, implementation, shipping, software, integration, and smart cube system medication packaging. No challenges or need for technical assistance is anticipated at this time.

The BD Pyxis MedBank Tower device was selected as it most closely aligns with the operational needs, physical space, and cost needs of our program. It features Bio-ID fingerprint identification, color touch-screen user interface, and configurable drawer options to help with our security and organizational needs. This device provides safeguards to include single medication access when using their fully customizable, within drawer, electronic storage components "Cubie", fingerprint ID, countback and witness features. The Electronic Logbook supports inventory tracking and reporting. Further, automatic discrepancy reports, visual messaging, and audible alert options ensure that discrepancies are addressed timely and efficiently. The device operates on a fully cloud-enabled platform which allows for bi-directional integration with pharmacy information systems, enterprise reporting and program management. This particular system and implementation support provided through the same provider as our on-site pharmacy provider will allow for stronger coordination of care for the individuals served.

Budget

Provide the information for each facility where funding is requested in the table.

*Please review "Funding Amount" for the maximum amount available by device model. If an agreement has been executed, and is less than the pricing shown, please provide actual pricing of your device. The one-time training fee per person, per installment of \$2,500, should be entered for each facility. Administrative costs are not allowable.

CSB: Rappahannock Area Community Services Board				
Facility - Name, Address, Type		Enter device model selected	*Cost per Month	\$ Requested
1 (If rented)	Sunshine Lady House Adult Residential Crisis Stabilization Unit 615 Wolfe Street, Fredericksburg, VA 22401	BD Pyxis MedBank Tower	\$772	\$9,264 total for 12-month period
2 (If purchased)	Sunshine Lady House Adult Residential Crisis Stabilization Unit 615 Wolfe Street, Fredericksburg, VA 22401	BD Pyxis MedBank Tower	\$215 per month One-time purchase price for machine: \$33,990	\$36,570 total for 12-month and purchase of device
3				
4		Training Fee noted in Sole Source Contract	\$2,500/ installment	N/A
Total Requested				If rent- \$9,264 If purchase- \$36,570

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Strategic Planning Process and Project Timeline

Date: March 6, 2025

The Rappahannock Area Community Services Board will develop a strategic plan to guide agency direction, initiatives, and decision-making to ensure responsiveness to the services and support needs of persons with mental health or substance use disorders or developmental disabilities in Planning District 16. At the direction of the Board of Directors, RACSB has engaged a consultant, Danielle Ross, to support the strategic plan process. Danielle conducted separate in-person work sessions with Board members and Executive Leadership Team members on February 27, 2025. These work sessions served to understand some models, best practices, and examples of strategic planning in the behavioral health space. These sessions also offered Ms. Ross the opportunity to learn the priorities, expectations, and deliverables expected from both the Board and Executive Leadership as part of this strategic planning process.

A draft project plan and timeline will be presented and discussed with the Board during the meeting.