



HRCSB Board Report – May 2025

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Barbara Brady (Administrative Services)
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Lisa Johnston (Chief Financial Officer)

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Message from the Executive Director

As we move into the final quarter of fiscal year 2025, we find ourselves balancing what is known and unknown for the fiscal year planning for 2026. While this is often the case for every planning cycle, this year we are faced with additional unknowns with DMAS redesign of several long-term services for individuals with serious mental illness for adults and serious emotional disturbance for children and youth, which will have an unknown impact on rates for reimbursement and potential revenue. We have changing regulations for qualifying and registering employees/staff as Qualified Mental Health Professionals (QMHP) that we will need to implement already here in May, which could have an impact on hiring. There is also uncertainty about any potential impact on Medicaid funding as a result of decisions made at the Federal level. Our approach, continues to be focused on being grounded in what we know for certain, coupled with enough flexibility to adapt as needed – this is true for our financial planning, our staff development, our hiring practices and providing services to our clients. The one constant in this world is change, it is inevitable and I am proud to have a leadership team (Directors, Supervisors, Managers, Coordinators) who are equipped to handle both the known and unknown, who are agile and adaptable and who are passionate about the mission of our agency. I am confident that regardless of the outcomes that are beyond our control, the leadership of this agency will be able to adjust and make the most of the situation so that we can continue to provide services to some of the most vulnerable in our community.

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance team worked on three MCO audits this month. In addition, they have had two extensive ID/DD audits that have taken a great deal of time. They are working in close concert with the ID/DD management team to ensure the best results possible. The team is also hard at work on becoming credentialed with Humana, who has recently been selected as an MCO providing services in Virginia.

Information Technology

The team is busy with the DBHDS data project of launching the agency's Enterprise Data Warehouse (EDW). This will take the place of the monthly reports to DBHDS via the CCS system. The team has begun an extensive testing program, with the expectation of going live June 1. The IT team continues to provide significant support to the Munis implementation project.

Clerical

The Clerical team is facing two big changes in the coming month. One is a phone upgrade that will change visibility and processes, especially for the switchboard. With an estimated 400 calls per day, even small changes can be challenging. Additionally, the Clerical team is collaborating with the Finance team to improve collection of client insurance and identification information. The intent is to use this information to improve billing success, and decrease the number of insurance denials.

Facilities

With the change of seasons, the Facilities Specialist is now focusing on two major issues: HVAC and landscaping. While getting ready for summer, he is repairing and replacing a few different HVAC units. He is also assessing the highest priority landscaping projects.

Risk Management

The Risk Management specialist is assisting the Compliance Manager in ID/DD audit responses and working closely with the Data Specialist on Serious Incident Report summaries. Automating these reports in the Credible electronic health record has been efficient, and now preparing summaries out of Credible BI is a welcome improvement.

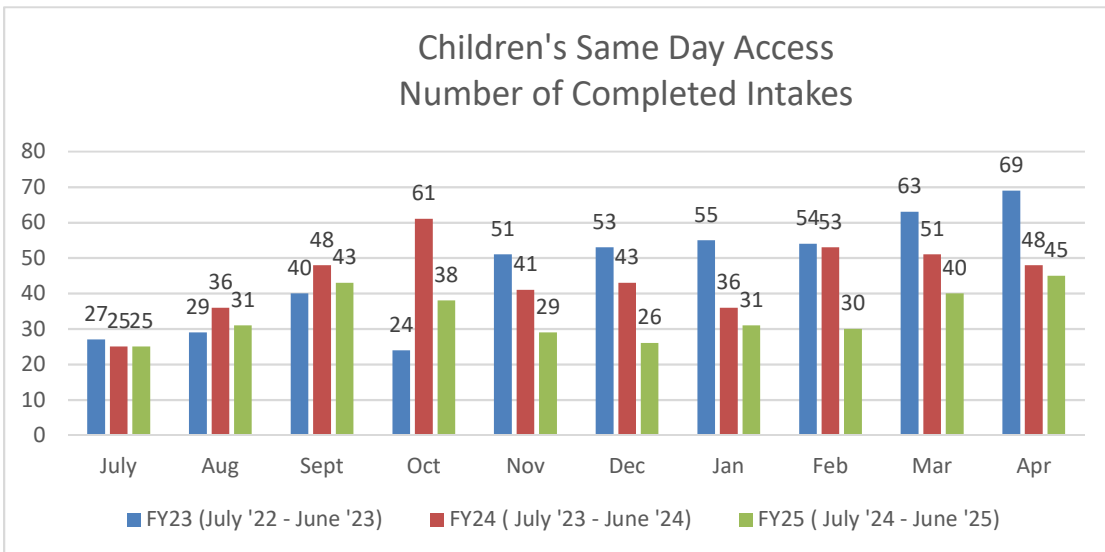
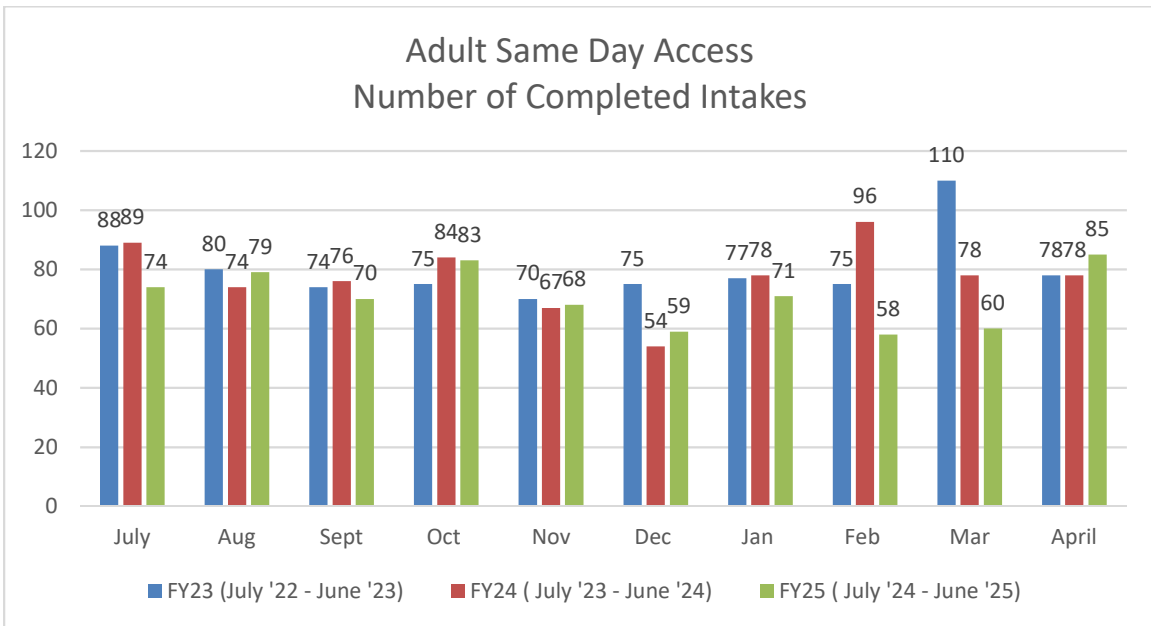
Data

The Data Specialist has been hard at work on a variety of projects, including summarizing data for a SAMHSA survey, collaborating extensively with Credible and other CSBs and beginning testing for the DBHDS EDW project, and providing data reports to various individuals as requested.

Behavioral Health Services

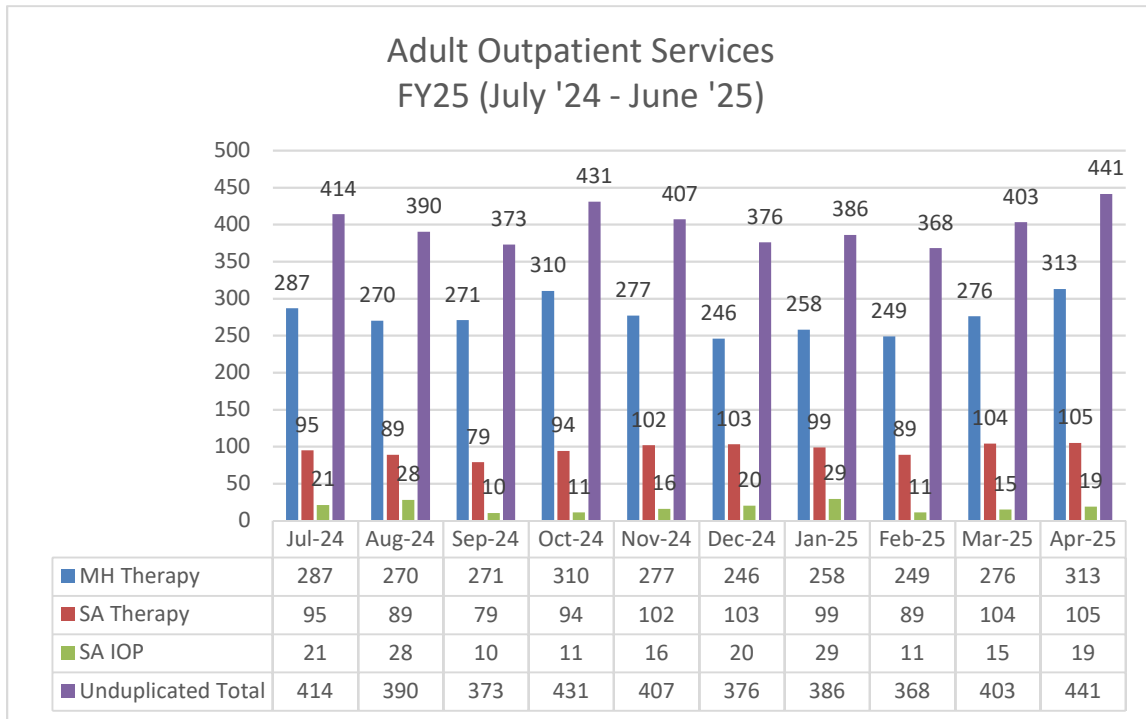
Same Day Access (SDA) – Adult & Child

We continue to provide walk-in intakes for adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of April, the Same Day Access team completed 85 intakes for adults and 45 intakes for child/adolescent clients. Both numbers sit close to, or above, the average number of intakes the team has provided over the past three years in April.



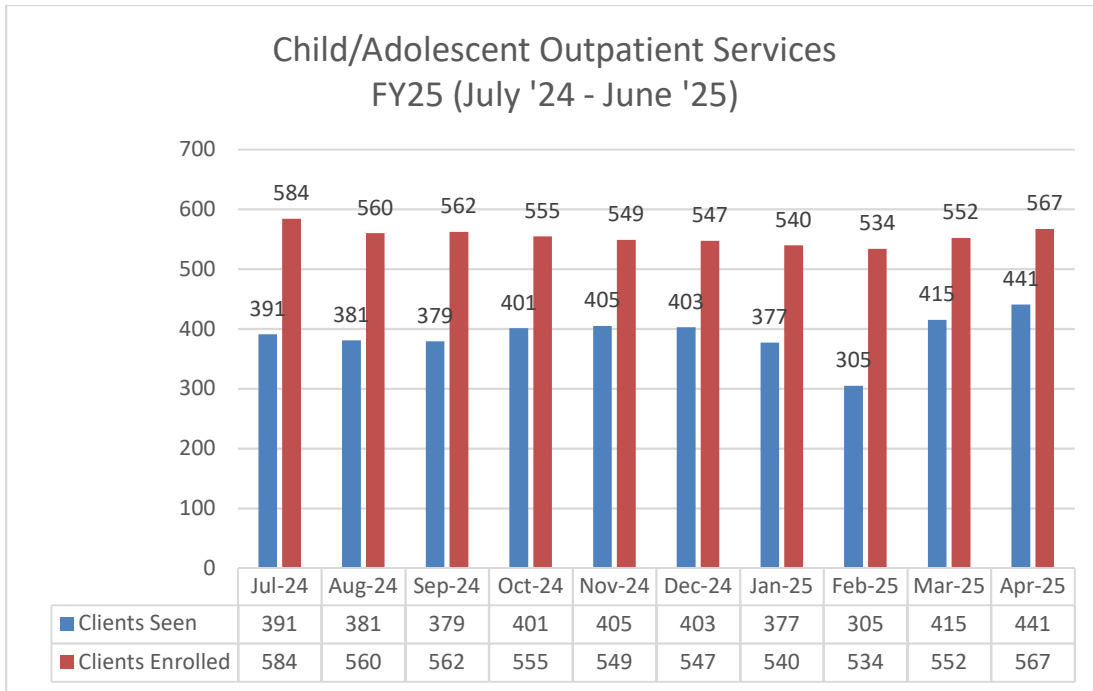
Adult Outpatient Services

In the month of April the Adult Outpatient Team provided individual and group therapy to 313 individuals in mental health focused treatment, and 105 individuals primarily working on substance use related issues. Both numbers represent highs for this fiscal year. We also served 19 individuals in our substance use focused Intensive Outpatient Program. Overall this was the most therapy clients served by the team so far this fiscal year.

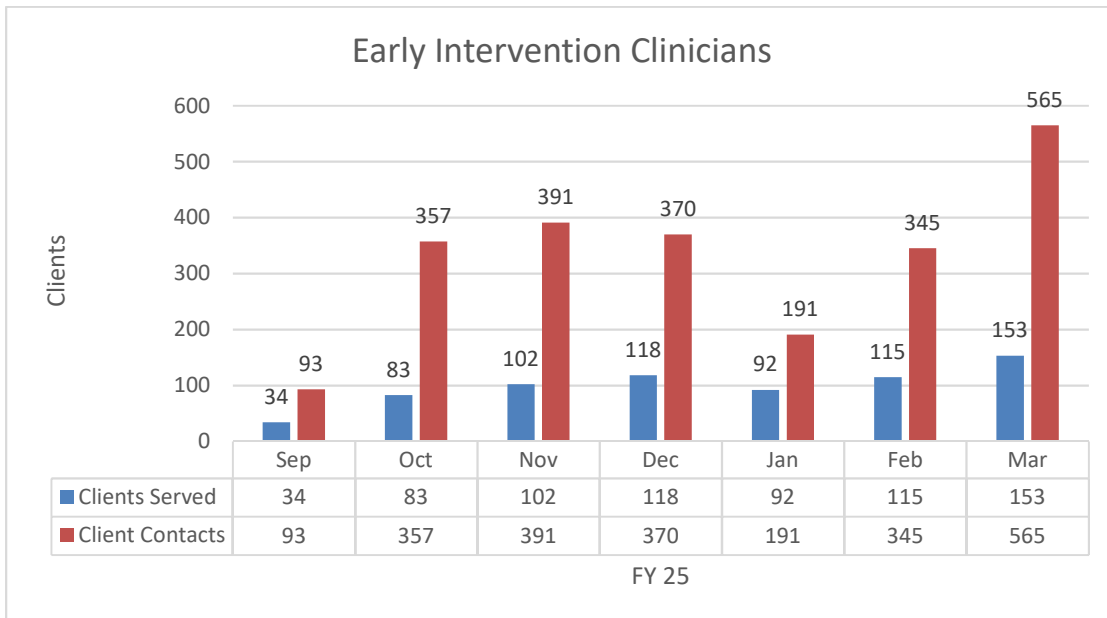


Child/Adolescent Outpatient Services

The Child/Adolescent Outpatient team has provided individual therapy services to 441 clients, and at times their families, in the month of April. Currently we have 567 individuals enrolled in child/adolescent therapy services. This represents the second highest amount of clients enrolled in the program, as well as the highest number of sessions provided, so far this fiscal year.

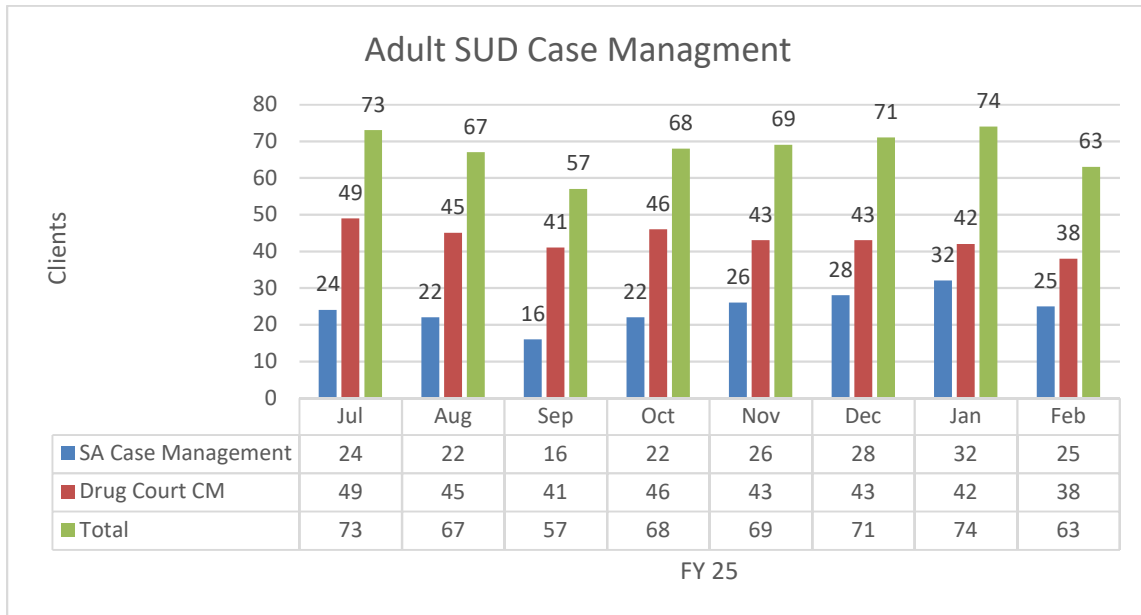


Our Early Intervention Clinicians also saw a jump in terms of output, providing 484 contacts to a fiscal year high of 165 individuals this month. We expect to show even more services provided in May as our newest EIC, Anthony VanMeter, completed his orientation and training earlier this month and started seeing clients at Spotswood High School.



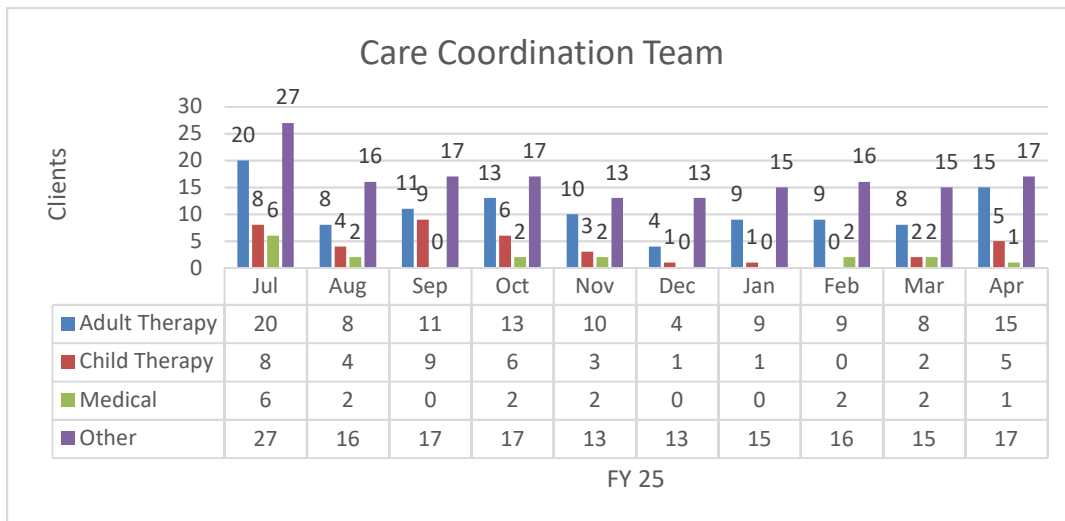
SUD Case Management - Adult

In the month of April our SUD case managers served 71 individuals, with 46 of those being clients of our local Recovery Court (formerly Drug Court) program. Overall these numbers are slightly above average for the fiscal year.



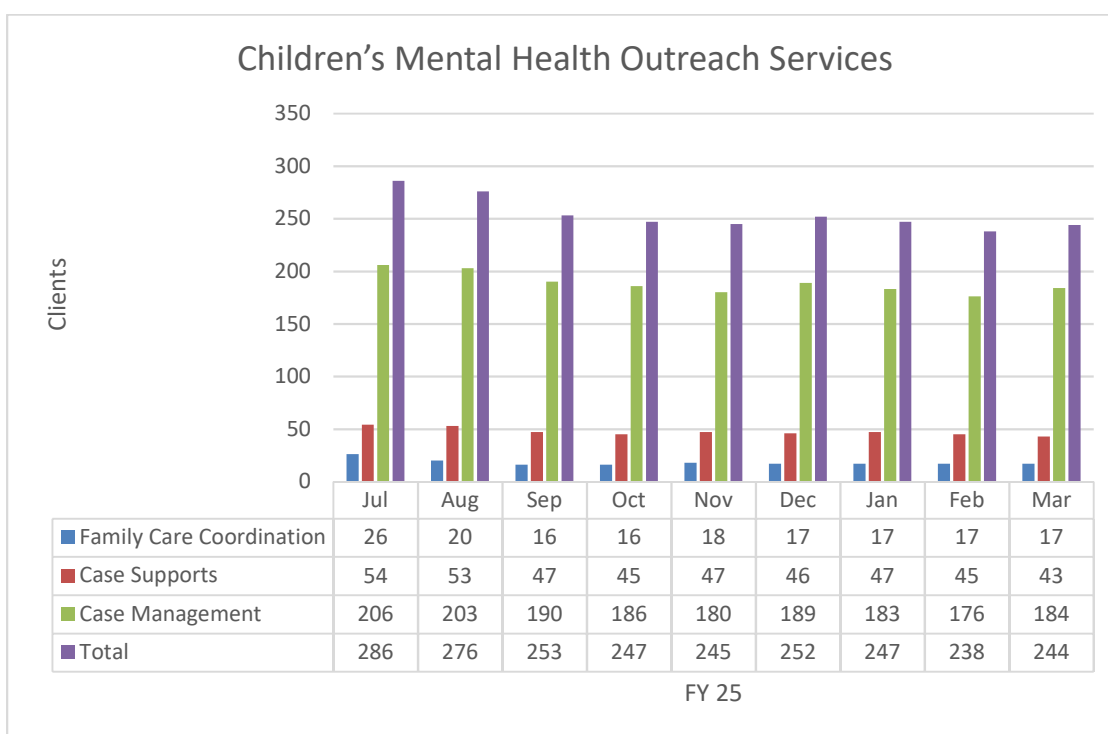
Care Coordination (Adult and Child)

The Care Coordination team continues to offer assistance for clients that either do not meet criteria for case management or, in some cases, are awaiting being opened to case management. Overall the team served 38 clients for the month of April which is a significant increase from March and well above average for the fiscal year. The primary needs that the team helped clients address were housing, finding medical care, and income security.



Children’s Mental Health Outreach Services

On our Children’s Outreach Services team we have a group of case managers as well as a small team of family care coordinators (FCC). Within our case management team we also have a subsection of clients whose services are funded by our local FAPT team. These are our Case Support clients, and while they come with some extra paperwork the service provided is virtually identical to our other case management clients. FCC clients tend to be the most complex and labor intensive as those client have either already been removed from the home, or are in danger of being removed. Final billing numbers for April are not in yet, but in looking at the full March numbers 244 clients and families were served, which is a little less than average so far for the fiscal year but is an increase from February.



Behavioral Health Wellness

The Behavioral Health Wellness (BHW) team continues to offer trainings and promote education and awareness of mental health and substance use related issues in our community. This month the team offered 2 sessions of a custom developed training for youth clients of Church World Services focused on topics like wellness, stress, and substance misuse prevention. A total of 35 students were trained and given resources like journals, and guides on mental health and other community resources including hotlines. The team also offered 6 trainings, each with 13 participants, to Sentara Community Health Workers on topics like adverse childhood experiences, stress, substance use, opioid overdose and general mental health skills. A single REVIVE training was also put on this month for 27 students at JMU.

Other April BHW highlights include helping with the planning and execution of a second Healthy Community Collaborative networking event for case managers and social workers providing services to children and adolescents. Organizations represented at the event included Brain Injury Connections of the Shenandoah Valley, First Step, Sentara, The Collins Center, and of course HRC SB. With our other community coalition, Faces 4 Change, as well as the Rockingham County Sheriff Department, the BHW participated in the local National DEA Drug Takeback Day event. The goal of this event is to reduce the supply of prescription medications in the community that have a risk for misuse or harm. Finally, with the change back to some warmer weather, the team resumed hosting a table at the local Farmer’s Market and provided 5 rapid revive trainings to community members alongside sharing materials related to suicide prevention, medication management, and parental support/education.

In terms of Media activities in April the BHW team used posts to promote the Valley Program for Aging Services, fentanyl awareness, stress management, National Drug Takeback Day, and the dangers of alcohol use.



Community Mental Health Services

There are approximately 378 unduplicated individuals in our Community Mental Health Services (CMHS) programs. The CMHS department consists of services to adults age 18 and older with a diagnosis of serious mental illness such as schizophrenia, bipolar, major depressive disorder, or schizoaffective disorder. CMHS programs include Case Management, Supervised Living Residential, Mental Health Skillbuilding Service, Peer Recovery Services, Permanent Supportive Housing, Psychosocial Rehabilitation, Assertive Community Treatment and State Hospital Discharge Coordination.

Assertive Community Treatment

Our ACT team has been in operation for one year now and we are proud of the results. There are 20 clients receiving ACT services after 9 enrollments in the last 3 months. Several members of our team attended the regional online ACT 101 training. They were taught all aspects of ACT services, the different roles of the team and how the team should function.

The team has most recently supported a client to gain employment through assessing his strengths and skills, assisting him in creating a resume, practicing interviewing and filling out applications.

Peer Recovery Services

Our two newly hired peers are looking forward to completing the DBHDS 72-Hour Certified Peer Recovery Specialist Training in May so they may work towards becoming a Certified Peer Recovery Specialists (CPRS). The ACT peer will work with clients to build Wellness Plans, while the Substance Use Peer will work with clients from Adult Outpatient department to show them the multiple pathways of recovery in order to help them find and sustain sobriety.

Our Mental Health PRS is excelling at aiding her clients in forming a support network by taking them out in groups to engage in the community. She also continues to lead peer focused groups at Arbor House residential crisis stabilization unit twice a week where she teaches them about peer support, helps them create crisis plans, and educates them about community supports.

Our Permanent Supportive Housing peer and our Peer Program Coordinator, became certified in Integrated Forensics Peer Support (IFPRS) in January. IFPRS training helped equip them with the tools necessary to effectively support clients involved in the criminal justice system, specifically as they are re-entering the community. They have also been handing out Harm Reduction Kits to clients in the PSH and ACT Programs. Our Harm Reduction Kits are designed to “meet people where they are at” with the goal of minimizing harm and educating clients on support services.

Our Peer Supervisor has continued her duties as the Chair of the VACSB Peer Services Subcommittee. She will be presenting twice at the May VACSB Conference helping to educate



the attendees on how to be a Recovery Ally at a Community Services Board and best practices for supervising Peer Recovery Specialists.

Permanent Supportive Housing

PSH has an executed Memorandum of Understanding (MOU) to provide tenant support with Valley Housing Trust for Market Commons units on Erikson Avenue in Harrisonburg. This project consists of two 20-unit buildings of approximately 14,448 sq. ft. total conditioned floor space. The space includes forty total efficiency housing units for permanent supportive housing with onsite case manager workspace, communal laundry and outdoor spaces. Our PSH Supervisor is working on securing another MOU to provide tenant support with the Beverly J. Searless Foundation which consists of ten 1-bedroom units on Pear Street in Harrisonburg.

Landlord outreach has been a big staff success recently. In February we were able to secure two new landlords (Old Dominion and Priority Property) and in March and April we secured two new landlords (Friendly City Estate and a private landlord). Our strategy has been persistence, and attaching a reasonable accommodation letter to combat denials due to criminal history and credit scores.

PSH Supervisor, PSH Program Assistant and PSH Lead Housing Specialist attended the Continuum of Care (CoC) meeting in April. CoC shared results of the Point in Time Count (PIT) held on January 23rd. PIT count is a snapshot of homeless individuals on one night each year, including both sheltered and unsheltered people. Housing and Urban Development (HUD) requires each CoC nationwide to conduct the PIT count in the last ten days of January each year. The results revealed that Harrisonburg City and Rockingham County had 462 homeless individuals, not counting the individuals unstably housed residing with friends and family.

We have 39 clients enrolled in our Permanent Supportive Housing program with only one of those being unhoused and currently searching for housing. We have 41 clients on our referral list.

State Hospital Discharge Coordination

HRCSB state hospital census remains at the same number of individuals as previous months. We continue to see an increase in forensic cases (jail transfers and Not Guilty by Reason of Insanity (NGRI) cases). Our team was able to successfully discharge a challenging jail release last week (the case began in January 2024) into a supported residential setting. We have started facing new challenges regarding patient discharge medication procedures and also a lack of discharge transportation. We continue to build strong and collaborative relationships with hospitals, jails and community connections to ensure effective discharge plans, which prevent future hospitalizations.

Limited discharge placements and a lack of discharge funding continue to create barriers; many placements are full, have wait lists or are not able to meet patients' psychiatric needs. Nursing

level of care is limited in our area and the surrounding area. We are thankful for collaboration and support from other local CSBs who are also experiencing these challenges, together we are able to problem solve, share and continue to explore new or unknown resources.

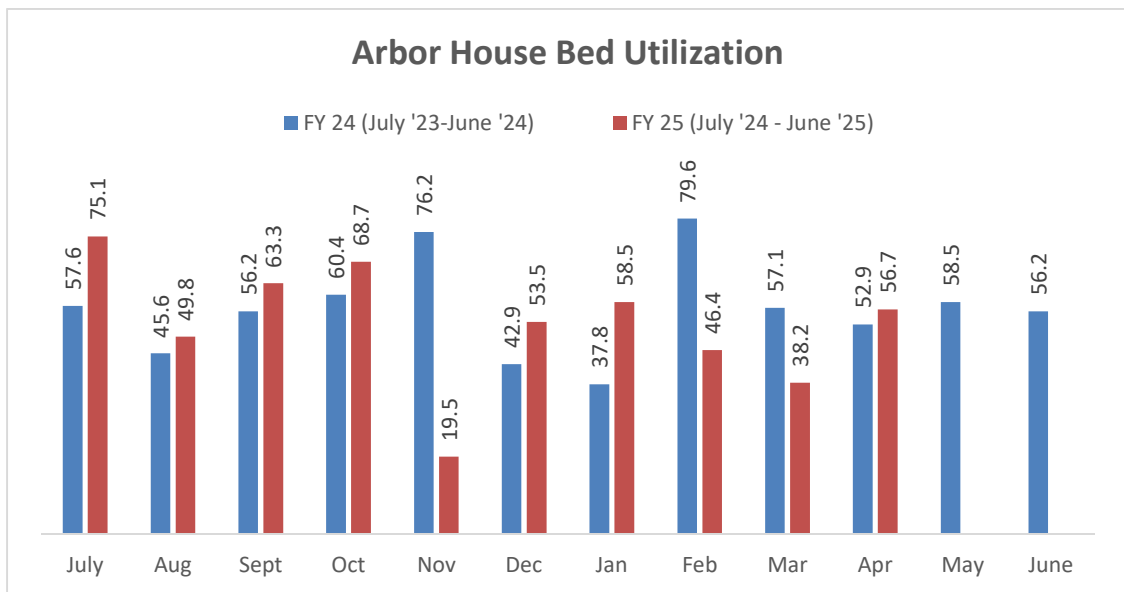
State Hospital Census

In the monthly State Hospital census report for March of 2025, HRCSB had an average daily census per 100,000 population of 8. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 13. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area, and Valley.

Crisis Services

Arbor House (Crisis Stabilization Unit)

April's utilization is trending in the right direction. We continue to work toward the target goal of 75% bed utilization for the year and recognize that this goal is only a metric of the larger goal related to ensuring the members of our community have access to the best possible treatments options during their time of crisis. During the month, staff reviewed 28 referrals from within the HRCSB catchment area and throughout the region and offered admission to 18 individuals in crisis. The staff at Arbor House work diligently to review and respond within an hour of getting all the necessary information to each referral received. The ultimate goal is to ensure that Crisis Stabilization, specifically Arbor House, is the right level of care for each person and that each individual can be safely served. Each referral is carefully reviewed for both medical and mental health acuity to ensure the individual's needs can be met; when a referral is declined, it is based on the assessment that the program cannot meet the needs of that individual.



Emergency Services

Emergency Services is currently experiencing the most significant staffing challenges known to the agency. There is currently one fulltime day staff and a supervisor; the afterhours staff and Crisis Response team members have been working to provide additional coverage for calls and individuals who walk in for crisis services. The afterhours team was able to onboard an additional staff person who has previous Emergency Services experience and has been proactive in training for quick certification. The process to onboard and train a staff person who has not been previously certified can take 3-5 months. During April, ES staff completed 72 Prescreening evaluations which is an almost 25% increase in prescreen services over the previous month.

Community Crisis Services

The Crisis Response Team has worked to increase their presence in the community. The team has been busy this month with 38 new adult clients and 4 new juveniles. They provided 81 follow-up services to individuals, the CRU officer took custody of individuals for 8 ECO's, supported 5 individuals in accessing voluntary treatment at the hospital, and supported 2 individuals in getting to the CSB for services. This team is also critical in providing information to the Emergency Services staff who evaluate individuals with whom the team has been involved. This month also gave the team the opportunity to support a community member in obtaining an ECO for an individual in their family. Crisis Response was also called in to support a community member during a death notification. These crisis moments for community members are some of the most vulnerable times in their lives and CRU was able to provide critical support.

The Community Case Manager and Co-responding Community Paramedic are working to reestablish the program and grow the available services. The goal of the team is to link clients to community resources, peer support, and treatment options in order to reduce the need for vulnerable community members to rely on first responders. They build partnerships within the community to connect individuals with the necessary supports in a way that is accessible.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 334 units for the month of March, which represents a new high. A huge thank you to the ID/DD team for all their hard work. Case managers completed 634 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 198 face-to-face visits. They also completed 23 annual ISPs.

Currently we have 351 individuals receiving DD Case Management services, including 253 receiving DD Waiver services. Of those, 44 require Enhanced Case Management, meaning they



have recently received crisis services, emergency medical services, or are at significant risk as determined by the Support Intensity Scale. For those receiving Enhanced Case Management, support coordinators must complete face to face at least one time per calendar month, with no more than 40 days between visits, with 2 out of every 3 visits occurring in the client's home.

There are 257 individuals on the DD Waiver Waiting list awaiting services. There are 54 individuals on Priority one status, followed by 118 on Priority two, and 85 on priority three. We received 3 requests for services, completed 7 screenings, opened 10 new clients, and placed 3 people on the waiting list. DD case management staff are working to complete slot allocation review forms to submit to the Waiver Slot Advisory Committee, for the allocations of several new DD Wavier slots at the end of May.

We are continuing to recruit for our full time Intake/Outreach staff.

We are working with the Health Services Advisory Group to complete a Quality Services Review of our DD department. These reviews are mandated by DBHDS as part of the DOJ settlement agreement, and are continuing under the permanent injunction. This will be our 7th review by HSAG since 2020. Thank you to our Compliance Department for all of their assistance.

Infant and Toddler Connection

In March the Infant at Toddler program completed 393 billable services related to the delivery of Speech Therapy, Occupational Therapy, or Developmental Services. We also completed 17 Developmental Assessments. Support Coordinators added an additional 131 services, including 105 face to face visits.

Our referrals continue to be high, averaging around 44 a month. At the current referral rate, it's likely that we will hit a new yearly referral benchmark, surpassing the 515 total from FY 23. April was Occupational Therapy month. We are so pleased to have some wonderful Occupational Therapists on our team who bring a passion for helping others to everything they do! Our OT's use a coaching model to teach parents and families specific strategies and techniques to better help their children learn and improve skills they will need for everyday living.

We continue to recruit for a full time Speech Therapist and Service Coordinator and two Early Interventionist positions.

Referrals per month

Month	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
July	17	20	31	30	30	35	42	40	34
August	30	40	38	36	35	42	44	45	40
September	31	36	33	38	33	29	30	45	44
October	18	35	30	36	34	26	38	38	52
November	31	30	27	28	30	29	41	31	33
December	22	28	35	34	24	39	25	32	44
January	38	31	44	37	41	22	49	28	35
February	24	32	35	35	31	29	48	33	45
March	31	30	32	40	34	55	58	53	58
April	30	43	34	32	38	53	50	34	55
May	48	20	33	25	26	45	55	45	
June	34	32	25	35	45	38	35	29	
Total Referrals	353	377	397	406	401	442	515	453	440
Child Count- Dec 1	127	162	173	195	201	193	225	259	249