

HRCSB Board Report – June 2025

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Barbara Brady (Administrative Services)
John Malone (Developmental Services)
Lisa Johnston (Chief Financial Officer)

George Nipe (Behavioral Health Services)
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Adam Yoder (Comm. Mental Health Services)

Message from the Executive Director

Several members of the leadership attended the Virginia Association of Community Services Board (VACSB) annual May Conference. The conference provides attendees the opportunity to network and learn with fellow CSB counterparts across the state on issues and concerns impacting the Community Services Boards. A few of the informational sessions during the two day conference, focused on pending changes in reporting requirements for CSBs, updated financial requirements for FY26 for CSBs and training sessions on leadership development, information crisis services, serving individuals with disabilities, as well as, promising practices in supervising and developing peer programs. I am proud to share that one of our own, Robyn Collins who is our Coordinator of Peer Services was a presenter at the conference, sharing her expertise on supervising peers and developing peer programs. The next conference will be in October with a focus on public policy.

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance Department has been busy this month with a significant audit of ID/DD services per the Department of Justice Settlement Agreement. Although the active phase of this settlement is now finished, the protocols and requirements put in place will remain—including regular extensive audits. The Compliance Manager and Risk Management Specialist spent a great deal of time working with the DD Management team to be responsive to numerous requests over the last month. In addition to this audit, there were 56 audits by Anthem to verify the care and charges associated with our services.

The Department also handled the new authorization process for the ACT program, where we are initiating billing for the first time. We are waiting to find out how successful our efforts have been. Finally, the team is assisting clinical Directors in interpreting and applying new Board of

Counseling training guidelines for Qualified MH Professionals (QMHPs)—those who make up a great part of our Crisis and Community Service programs. It has been confusing and we are still learning details and getting clarification for changes that were effective May 7, 2025.

Information Technology & Data

The biggest highlight of the IT/Data area is the extensive work in bringing on Board DBHDS's new Enterprise Data Warehouse (EDW). The EDW will replace our monthly reports submitted to DBHDS via the CCS3 system. Also referred to as the CCS Sunset project, this has taken a great deal of effort, time and technical expertise and we are very close to launching in mid-June. We are fortunate to have two such knowledgeable and tech savvy staff members handling the project.

Work continues diligently on the Munis software implementation for Payroll and HR. The combined efforts of the IT Manager, the Munis/ERP Administrator and representatives from Finance and HR is a massive undertaking that continues to move forward, although perhaps more slowly that we would like. June, July and August will be busy months for the project.

Clerical

Clerical is thankful to have its full team back! They worked through an upgrade to the phone system which has gone well. In June, they will be working on enhancing check-in processes and hopefully implementing new text reminder system through Verizon. The collaboration with the IT team helping with the phone system, getting them outfitted with scanners, and setting up new text reminder delivery system has been very helpful.

Facilities

A lot of effort this past month has been put into drafting a budget proposal for FY2026. Considering the multiple properties, some quite old, and a fleet of now 30 vehicles, this was no small task. Additionally, they are working closely with the remote sites on HVAC repairs or replacements, considering that some of the units are as much as 25-years old. And of course, with all of the rain, landscaping and care to the outside grounds in all locations is a growing (!) challenge.

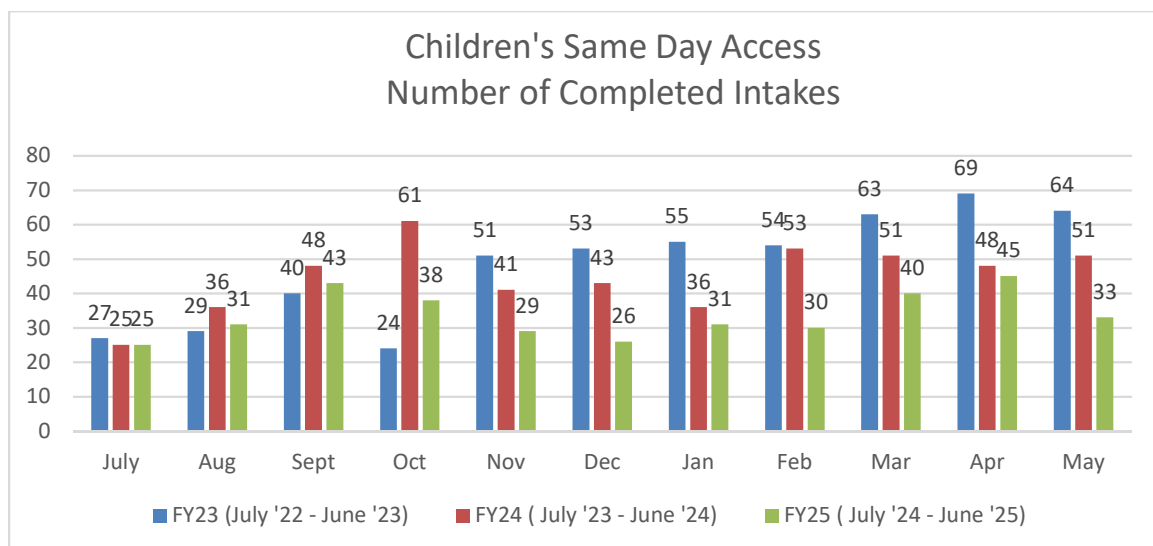
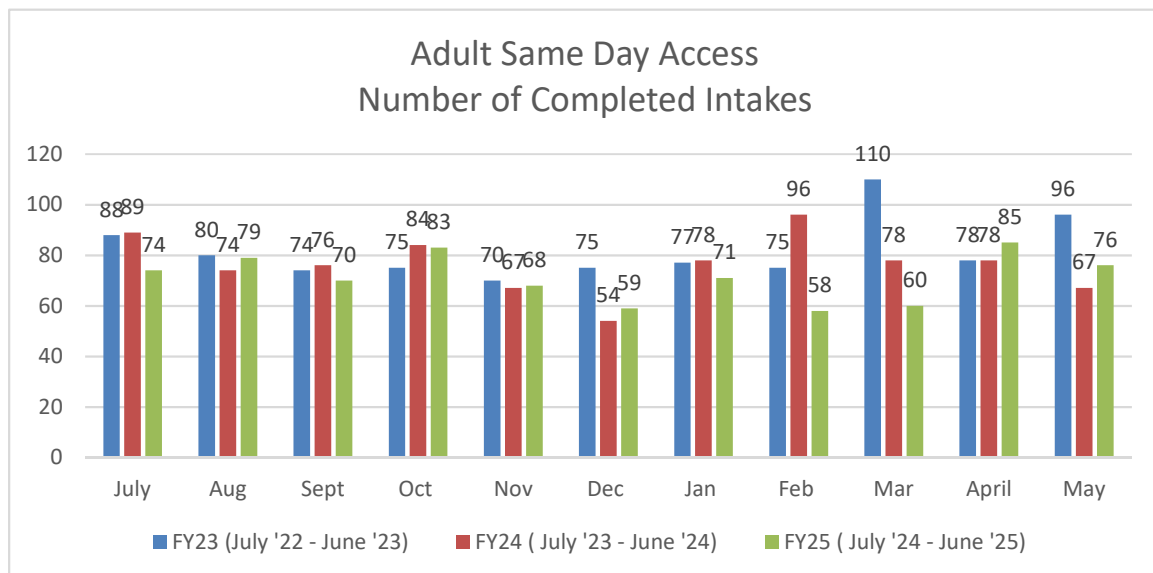
Risk Management

The Risk Management Specialist is presenting another of his Active Attacker trainings in early June. The curriculum uses a community friendly, informational approach, intended to be useful but non-triggering to individuals. All who have attended have found the approach to be very helpful. He provides 3-4 Active Attacker trainings per year, available to staff on an optional basis.

Behavioral Health Services

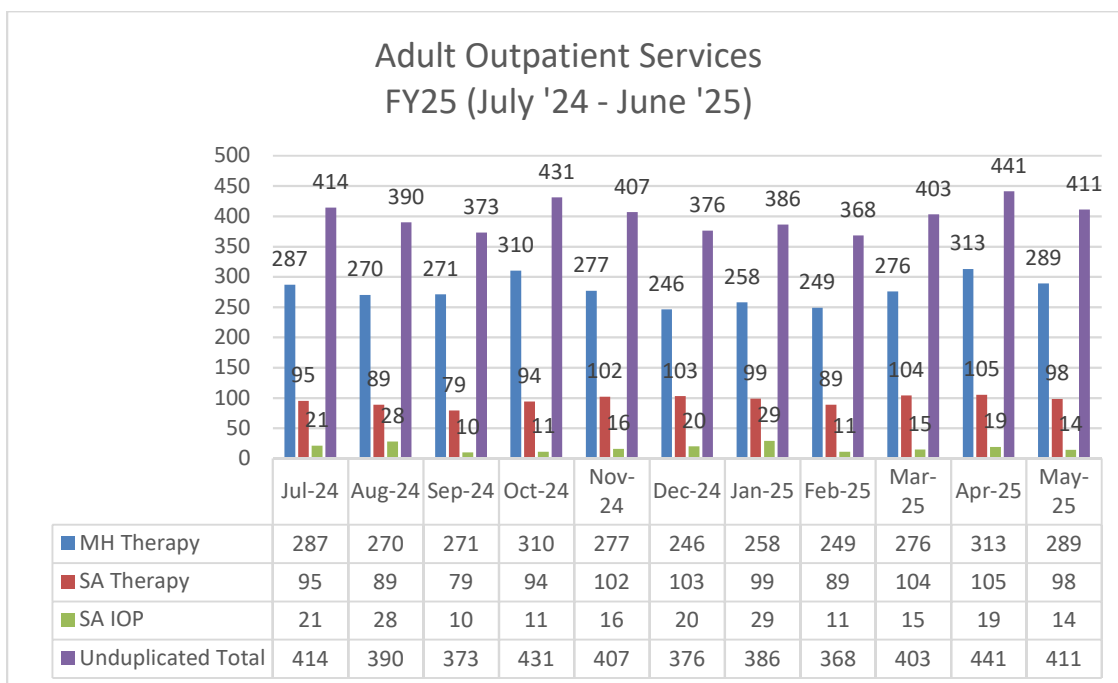
Same Day Access (SDA) – Adult & Child

We continue to provide walk-in intakes to adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of May the Same Day Access team completed 76 intakes for adults and 33 intakes for children/adolescent. Both numbers sit at right around the monthly average for intakes provided this fiscal year.



Adult Outpatient Services

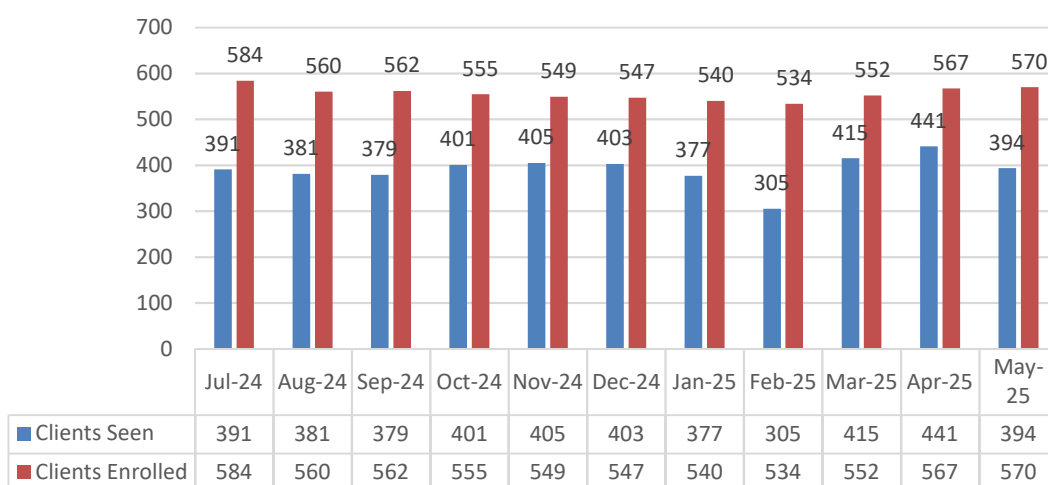
In the month of May the Adult Outpatient team provided individual and group therapy to 289 individuals in mental health focused treatment, as well as 98 individuals enrolled in treatment focused on substance use related struggles. Both numbers are above average for this fiscal year. We also served 14 individuals in our substance use focused Intensive Outpatient Program which is a bit lower than average for the year. Overall this was one of the more productive months of the year for the Adult Outpatient team.



Child/Adolescent Outpatient Services

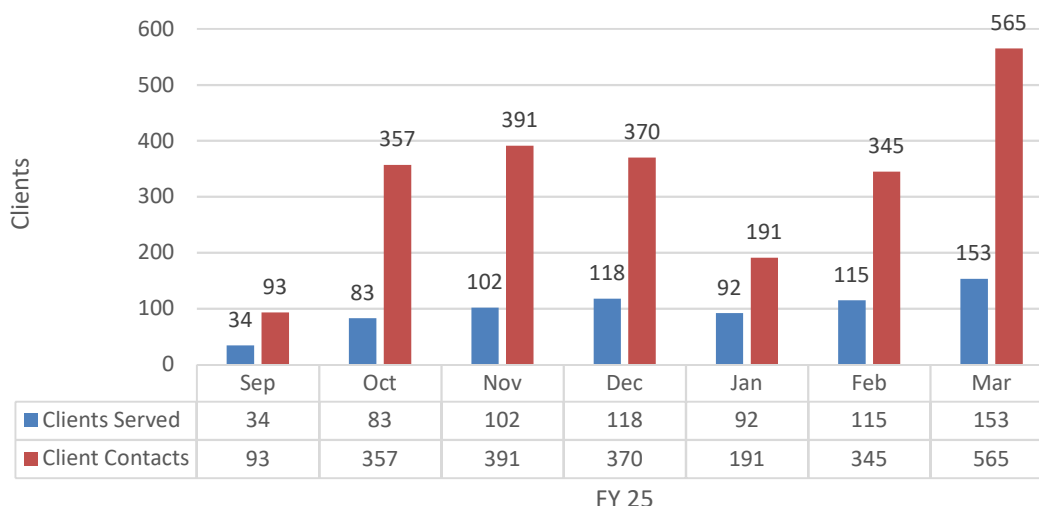
The Child/Adolescent Outpatient team has provided individual therapy to 394 clients, and at times their families, in the month of May. Currently we have 570 individuals enrolled in child/adolescent therapy services. This represents the most clients we've had enrolled in therapy with the team so far this year, and the number of sessions provided is above the monthly average for the year.

Child/Adolescent Outpatient Services FY25 (July '24 - June '25)



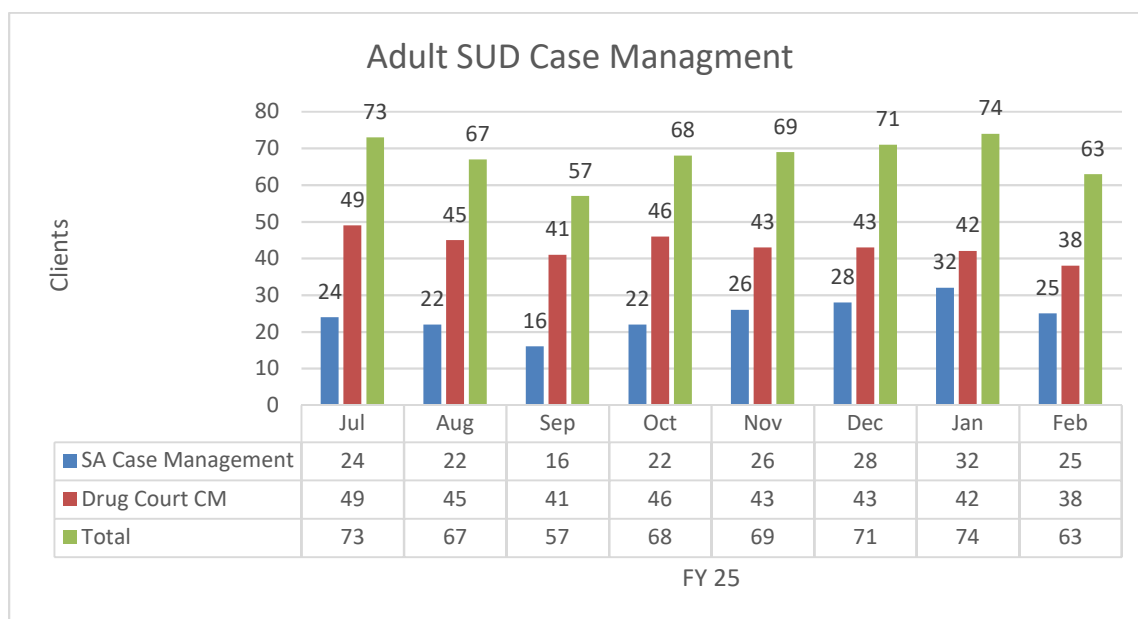
Our Early Intervention Clinicians continue to trend upwards both in terms of clients served as well as sessions provided. In May our EIC's provided 583 sessions to 172 clients which both represent highs for the year. Of course the program will start to wind down shortly as the school year comes to an end, but it's been great to see our schools utilizing this resource more and more throughout the year.

Early Intervention Clinicians



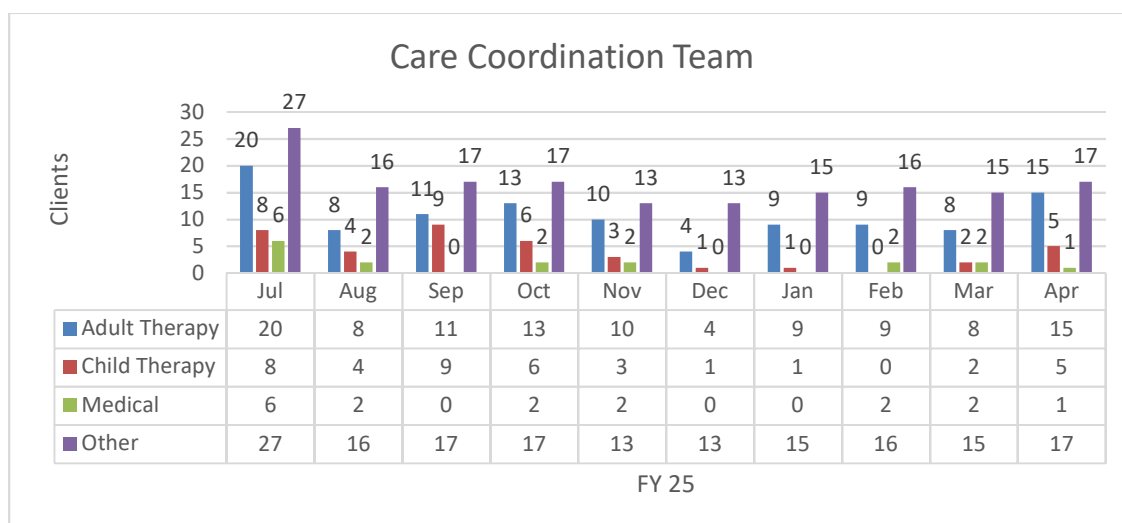
SUD Case Management - Adult

In the month of May our SUD case managers served 65 individuals, with 43 of those being clients of our local Recovery Court. Overall these numbers are right average for the fiscal year. It might also be noted that our entire SUD CM team, including their supervisor, are in Florida this week attending the Recovery Court National Conference.



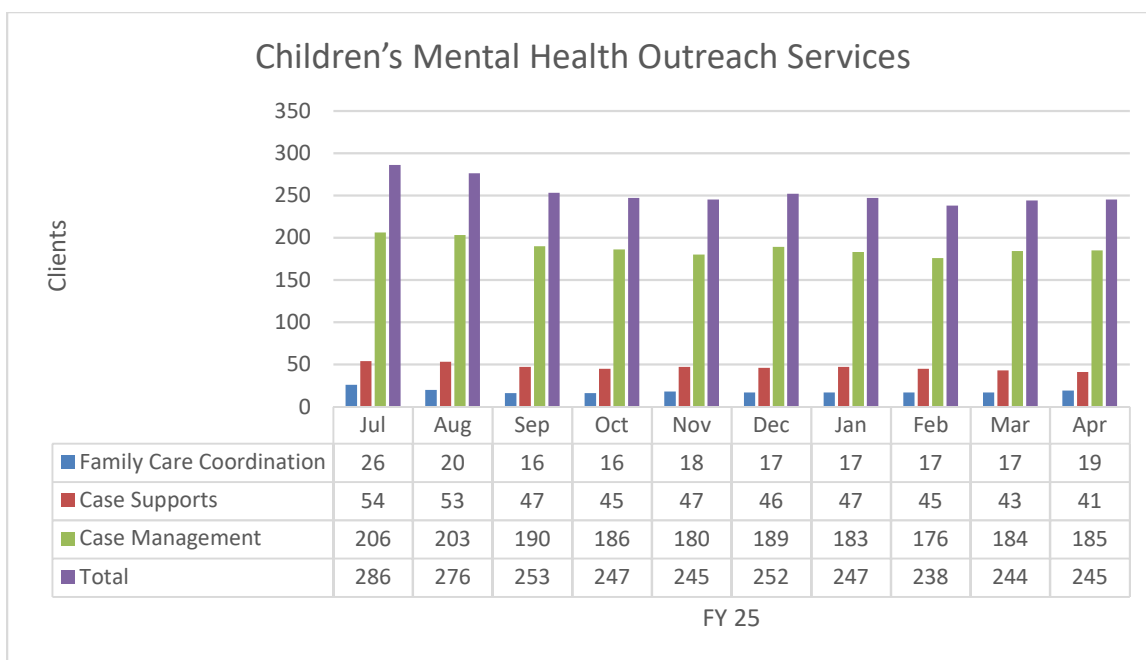
Care Coordination (Adult and Child)

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 43 clients for the month of May which is significantly above average for the fiscal year. The three primary needs that the team helped clients address were once again housing, 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 subset of clients served in our Case Support program which is funded by our local FAPT team. Services provided to Case Support clients are essentially identical to those provided through our typical case management program, however it might be noted these cases also involve additional paperwork required by FAPT. Clients referred to our FCC team tend to be the most complex and labor intensive as they have either already been removed from the home, or are in imminent danger of being removed. Final billing numbers for May are not in yet, but in looking at the full April numbers 245 clients and families were served, which is a little less than average so far for the fiscal year.



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 provided 3 full REVIVE trainings in the community including one provided to staff at Rocktown High School. Ten Rapid REVIVE trainings were also provided to community members at the Harrisonburg Farmer's Market. Other trainings provided this month include Compassion Fatigue to staff at the Open Doors Navigation Center, Suicide Prevention to law enforcement personnel participating in a local CIT training, Mental Health First Aid for Church World Service employees, and a two hour ACE's training provided to the general public at Massanutten Regional Library.

The team also attended a number of tabling events at our local schools in May. These events had themes ranging from providing parents with education and resources to suicide prevention and general mental health awareness. At one of these events the BHW team distributed resources to 350 students. The team has also resumed tabling monthly at the Harrisonburg Farmer's Market and outside of the previously mentioned Rapid REVIVE trainings, 65 other community members were provided a variety of prevention focused resources. In terms of media based activities the team is finalizing details on the annual Safe Medication Disposal campaign, and in recognition of Mental Health Awareness Month the team made a number of mental health focused posts on social media (see one example below).

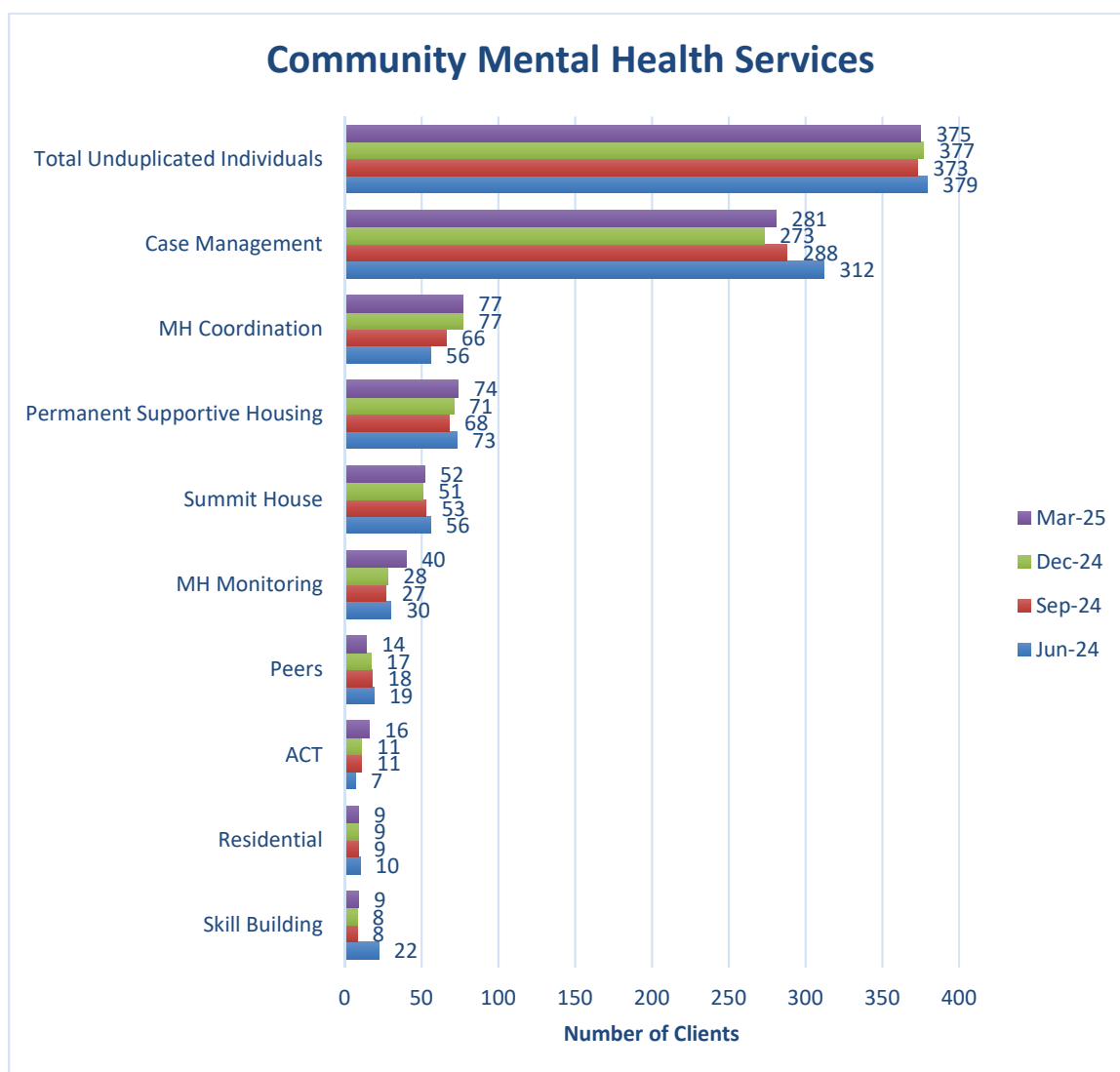


Community Mental Health Services

There are approximately 388 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.

The table below displays participant totals for the last four quarters ending in March. Numbers are holding steady in each program from the last several quarters. The exception is in Mental Health Monitoring, which is a service to our hospitalized clients, where we have seen an increase in hospitalizations over the past quarter. We are also increasing client enrollment into the ACT program adding one or two clients each month.



Adult Mental Health Case Management

The case management team had a staff who was recently able to prevent a client's eviction from their assisted living facility placement by working with the client to understand their barriers to engaging in regular hygiene. It took patience, curiosity, determination, and some minor financial assistance, but the case manager was able to build rapport and trust to ensure the client's stability, safety, and continued placement.

Supervised Living Residential (Market Street)

Residential has moved in a new resident who had been struggling with taking their medication as prescribed while living in the community. Since moving in, they have had a lot of success settling into the residential structure. Since being in our program, this person has successfully taken their medication and completed skill building with our staff and reports enjoying the time they have spent at residential so far.

We have been celebrating our staff and residents' milestones: interns graduating their programs, a staff receiving their Qualified Mental Health Professional – Trainee (QMHP-T) certification, holidays, and multiple birthdays. We are so excited that our staff got their QMHP-T certification who had been working with the Virginia Board of Counselors for the last ten months to get their coursework approved and it is a very exciting professional milestone, and also very helpful for our program.

Permanent Supportive Housing

We have 39 clients enrolled in our Permanent Supportive Housing program with three of those being unhoused and currently searching for housing. We have 40 clients on our referral list.

Psychosocial Rehabilitation (Summit House)

Summit House is a psychosocial rehabilitation program (PSR) informed by the Fountain House/Clubhouse Model of psychiatric rehabilitation. The Work-ordered Day, a primary factor of the Clubhouse Model, "helps members to reinstall hope in their ability to feel that they are worthwhile and have many skills, talents and abilities to offer. With the confidence, self-worth and purpose that members develop in the Work-ordered Day they will be better equipped to move onto additional achievements such as work or study". Recently, 2 Summit House staff along with 3 others in the agency completed a course on supported employment through VCU. We will be working together to slowly move toward supporting those in our programs who are working, seeking work or interested in learning more about work as a possibility in their lives.

Summit House currently has about 45 active members and a list of 16 referrals. Summit House is actively recruiting to fill 2 positions. Summit House continues with 4 work units. However, staff leading the work units have changed around. The kitchen unit is currently without a lead advocate. We continue to volunteer at Habitat for Humanity's ReStore. However, volunteering at the Rockingham Harrisonburg Society for the Prevention of Cruelty to Animals (SPCA) is currently on hold due to low staffing and scheduling challenges. Current groups at Summit House include card making, guided painting, mental health toolkit, mindfulness & self-

compassion, co-occurring disorders, basketball, DBT, bingo, and budgeting. Members also continue to lead groups during the month.

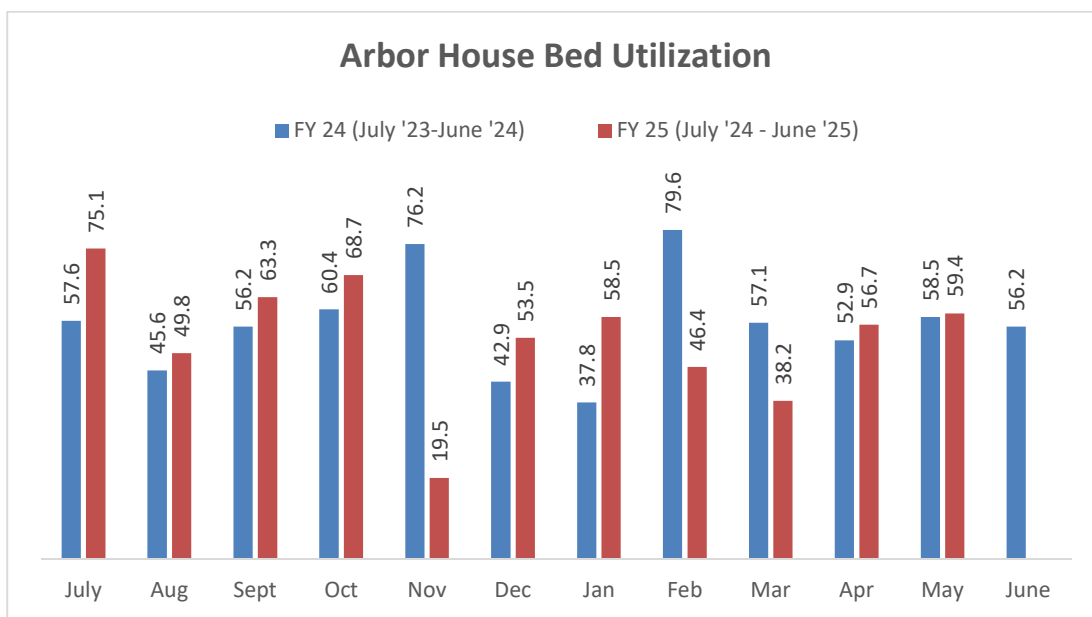
State Hospital Census

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)

May continued to show improved utilization rates with the ongoing target goal of 75% bed utilization for the year. The Arbor House coordinator has been diligent in outreaching referral sources and coordinating admissions and discharges to maximize efficiency of this resource. During the month, staff reviewed 28 referrals from within the HRCSB catchment area and throughout the region and offered admission to 17 individuals in crisis. Arbor House has added several new nurses to the medical team for approximately 75% coverage and almost total coverage for daytime hours. This improvement in staffing allows for more flexibility in admission and discharge times as well as the possibility of accepting clients who have increased medical needs. Arbor House continues to recruit for a supervisor; this position has been open for approximately two years.



Emergency Services

While Emergency continues to experience staffing shortages, Danilo Salli joined the fulltime day staff team in May. The afterhours team continues to provide coverage during the day in order to cover the necessary tasks of assessing individuals who walk-in with crisis, responding to various calls, facilitating and attending commitment hearings, completing recommitment screens, coordinating with state hospitals, managing the Mandatory Outpatient Therapy (MOT) caseload, and tracking necessary data. In the month of May the ES team averaged approximately 14 prescreens a week.

Community Crisis Services

The Crisis Response Team is continuing to increase their presence in the community and the provision of services to individuals. During the month of May, the team has provided follow-up services to 70 individuals in the city and county. They have added 22 new adults to their services. There have been four instances where the team assisted individuals in connecting with services at HRCSB and 5 instances where they were able to provide transport to the hospital so that the individual can maintain autonomy over their treatment and engage voluntarily. On 4 occasions the team facilitated ECO's so that local law enforcement were able to maintain their roles in the community and the clients were able to be connected with the treatment needed to maintain safety. I want to highlight a significant accomplishment of the team; they were able to support law enforcement and the community during 15 active 911 calls. During these incidents, the team was able to relieve law enforcement, once the scene was cleared, and provide mental health interventions. This was 15 times that law enforcement were able to return to the community and an individual in crisis was able to get the needed support.

The Community Case Manager and Co-responding Community Paramedic continues to work to build the program and support the community. The Community Case Manager has been diligent in creating relationships with both community members and the Community Paramedic who has supported this program since inception.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 338 units for the month of April. For the second month in a row, this represents a new high. Case managers completed 669 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 226 face-to-face visits. They also completed 33 annual ISPs.

Currently we have 351 individuals receiving DD Case Management services, including 254 receiving DD Waiver services. Of those, 48 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 254 individuals on the DD Waiver Waiting list awaiting services. There are 48 individuals on Priority one status, followed by 121 on Priority two, and 85 on priority three. We received 5 requests for services, completed 7 screenings, opened 3 new clients, and placed 8 people on the waiting list.

We are excited to have hired Christen Eller to the Community Outreach/Intake position.

We are continuing to work with the Health Services Advisory Group as they conduct a Quality Services Review of DD Services. HSAG staff are reviewing documents in our electronic health record, as well as interviewing clients and case managers in order to monitor that services are being delivered in accordance with regulations.

We worked with the Waiver Slot Advisory Group to allocate 6 new DD Waiver Slots. These slots are in addition to the 8 Waiver Slots which were assigned in March. As a reminder of the process, when waiver slots become available, case managers assign a Critical Needs Score to each individual on Priority 1 of our waiting list. Those individuals with the highest Critical Needs Scores will then have their information submitted to a volunteer regional committee, the WSAG, who then determines which individuals will receive Waiver Slots.

Infant and Toddler Connection

In April the Infant at Toddler program completed 457 billable services related to the delivery of Speech Therapy, Occupational Therapy, or Developmental Services. We also completed 31 Developmental Assessments. Support Coordinators added an additional 167 services, including 116 face to face visits.

Our referrals continue to be high, averaging around 44 a month. We were happy to fill our Full Time Speech Language Pathologist position.

We are gearing up to ensure we are prepared to participate in the State Systemic Improvement Plan (SSIP), a two year effort by the Part C office which this year will focus on Social and Emotional development.

We were very pleased to learn that total amount of federal Part C funds available for July 1, 2025 - June 30, 2026 was frozen at the previous year's level, and that there was no cuts to funding.

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