

# HRCBSB Board Report – August 2025

**Rebekah Brubaker** (Executive Director)  
**Barbara Brady** (Administrative Services)  
**John Malone** (Developmental Services)  
**Lisa Johnston** (Chief Financial Officer)

**George Nipe** (Behavioral Health Services)  
**Andrea Skaflen** (Crisis Services)  
**Adam Yoder** (Comm. Mental Health Services)

## Message from the Executive Director

During the month of July, I took time away from work for a much needed break. I traveled to Montana, where I spent time exploring some of our country's most breathtaking national parks. I had the opportunity to not only immerse myself in nature but to do that with some of my favorite people. During our time, I was reminded of the profound healing power of stillness, natural beauty, solitude and connection. The space allowed me to reconnect and recharge. As I returned to work, I felt a renewed energy for the mission and purpose of HRCBSB. This time away reinforced the importance of modeling what we encourage in others: slowing down, caring for ourselves, and investing in the activities and relationships that sustain us.

As we start the new fiscal year and continue to make decisions on priorities for the agency, for our programs/departments, staff, clients etc. a few themes that are on my mind include growth, connection, and healing. Over the next several months, I will be working to explore these themes with the leadership within the agency.

*Rebekah Brubaker, LPC*

## Administrative Services

### Munis ERP (Enterprise Resource Program)

We have successfully launched our new payroll system via the Munis enterprise platform. We had some rocky moments, however we have now had three payrolls, each with fewer and fewer issues. The Munis Project Team has been working extremely hard over recent months to make this happen. The next steps of the project, including online Time and Attendance and Human Resource functions will be implemented over the next six months. We are all grateful for the progress, even as we navigate the bumps along the way.

### Compliance

The Compliance team worked on three separate Managed Care Organization (MCO) audits over June and July, reviewing over 50 client charts for Affordable Care Act (ACA) compliance or

Medical Risk Adjustment (MRA) compliance. They also handled an extensive Service Coordinator Quality Review (SCQR) audit for our Developmental Disability program. The hard work of many paid off in that we have excellent results with no citations. Beyond responding to audits, the team has been addressing changes from the Board of Counseling to our Qualified Mental Health Professionals in Training (QMHP-T) credentialing and certification process. This has been frustrating to navigate.

### **Information Technology (IT)**

The IT team has worked hard in recent months to create schedules for regular maintenance and testing. Our Alertus emergency alert system helps the agency respond to medical emergencies, fire alarms and escalated or agitated clients. The IT team tests this system monthly to ensure it is in good working order anywhere the alert is activated. The team has also been busy with supporting the Munis implementation.

### **Clerical**

The Clerical team remains fully staffed, although on June 30 we said good-bye to our long-time, hourly receptionist Mildred Sealy, who retired. She was a part of the team for many years and we are grateful for her service to HRCSB. Clerical continues to be busy with updating client contact and insurance information, working in close partnership with the Finance Department.

### **Facilities**

The Facilities team has been working closely with folks at the McNulty building, Arbor House and Main Street on a number of leaks that have appeared as a result of the recent rains. It has unfortunately resembled the game “Wac-a-Mole” a bit. We are responding with door repairs and lots of caulk!

They also had a very interesting assignment in recent days: unloading and distributing foodstuffs, drinks, and paper products from the now closed Pot Belly restaurant in town. Through a series of calls, we ended up distributing boxes and bags of items to all of our client-facing programs and working with the Navigation Center to take anything of use to them.

### **Risk Management**

Our Risk Management Specialist conducted a Human Rights investigation last month, where we found the allegation to be unsubstantiated. We are waiting for response from the Office of Human Rights. He also has recently worked closely with our Training Coordinator this month on implementing the new Mandt program curriculum.

### **Data**

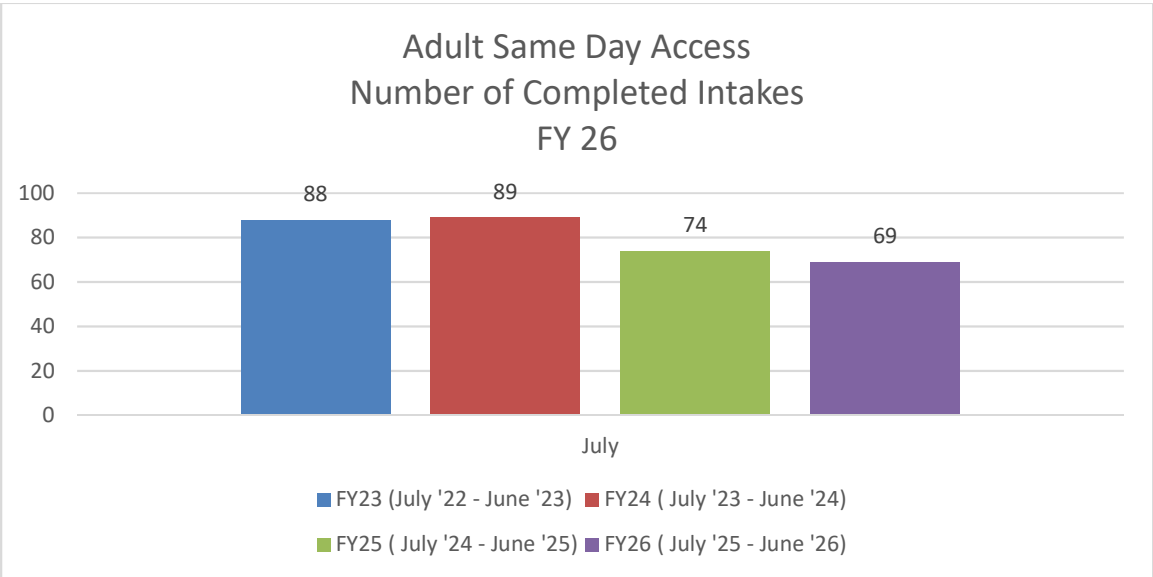
Our Data team is working very closely with DBHDS and Credible to continue refining the Enterprise Data Warehouse (EDW) project. This is a complex effort with lots of factors

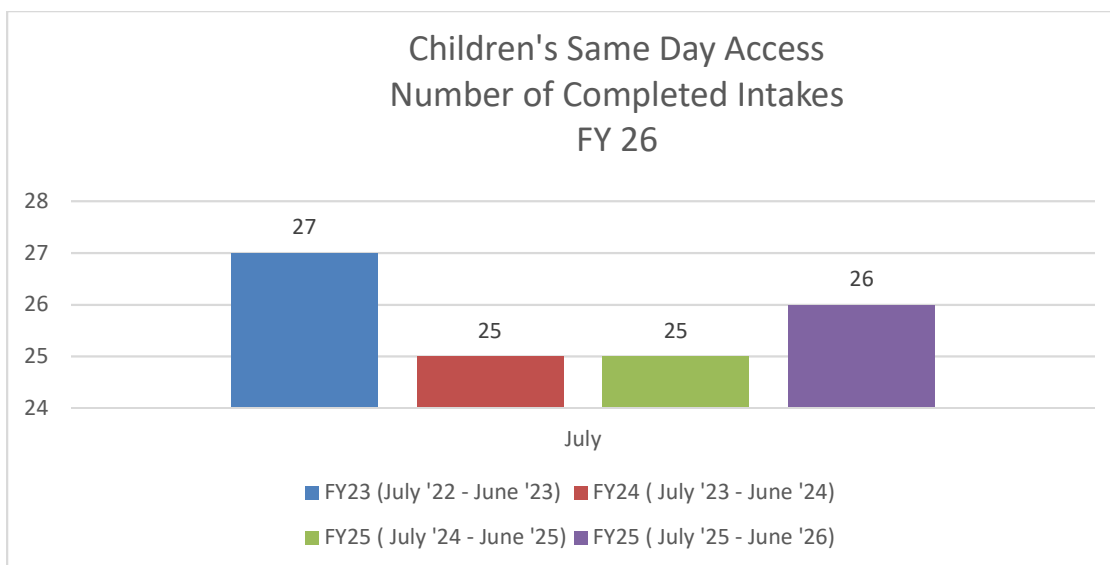
determining its success and we are fortunate to have two exports handling this significant transition.

**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 July the Same Day Access team completed 26 intakes for children/adolescent and 69 for adults. July is typically a slower time of year for children’s services in general, but 26 intakes is right around average for July over the past 3 fiscal years. However the adult intake number was much lower than the overall 3 year average for July. The team has also undergone some changes as of late with our client engagement specialist leaving to pursue other opportunities. We’ve filled that opening quite quickly though as Caroline Edwards, one of our client navigator with SDA since 2019, has accepted the position. We have already started advertising for the newly open client navigator position.





### Adult Outpatient Services

In the month of July the Adult Outpatient team provided mental health focused individual and group therapy to 278 individuals, as well as 112 individuals enrolled in treatment focused on substance use related struggles. Both numbers are right at, or just above, average in comparison to the overall numbers for the previous fiscal year. We also served 14 individuals in our substance use focused Intensive Outpatient Program which is a bit lower than average in comparison to FY 25. It should be noted that in the past couple months Natalie Realubit received her full licensure as an LPC and is now credentialed with essentially all the insurance providers that we work with.

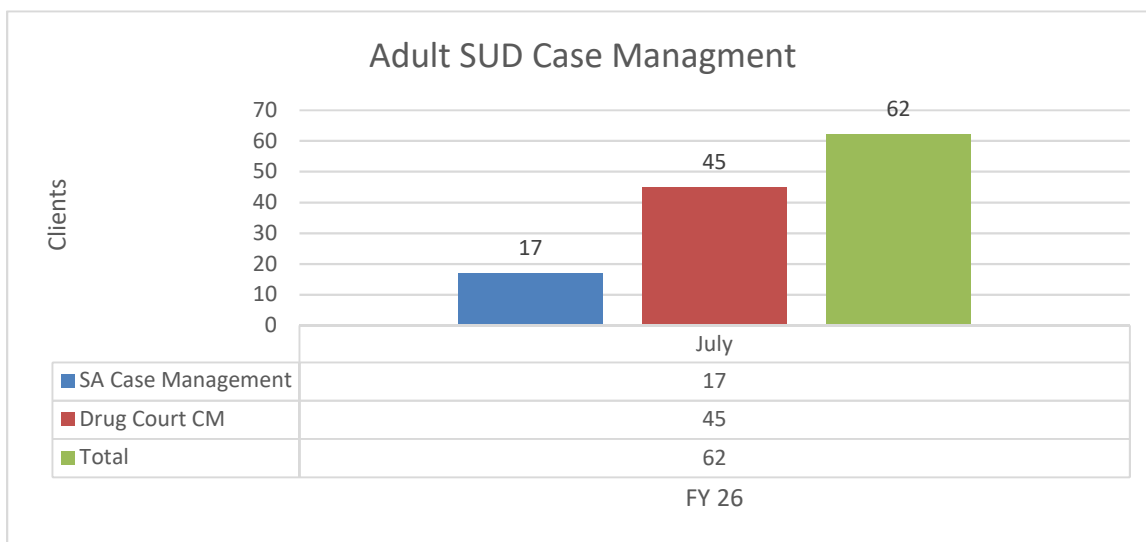
### Child/Adolescent Outpatient Services

The Child/Adolescent Outpatient team has provided individual therapy to 380 clients, and at times their families, in the month of July. Currently we have 523 individuals enrolled in child/adolescent therapy services. Both numbers are below average in comparison to the overall numbers for previous fiscal year. Generally speaking FY 25 saw a lower level of demand for most children's services in comparison to what we saw in the 3 previous fiscal years.

That cannot be said for our Early Intervention Clinicians though, as that team significantly increased their productivity in FY 25 in comparison to FY 24. There wasn't any activity in July with school being out, but it should be noted that throughout the course of FY 25 the team provided support to nearly 110 clients every month. All EIC's have two months off from the end of the school year, but they will start right back up on August 11<sup>th</sup> and this year for the first time in a long time we will have a fully staffed EIC team with Caroline Lindsay agreeing to join the team right before July came to a close.

### Substance Use Disorder (SUD) Case Management - Adult

In the month of July our SUD case managers served 62 individuals, with 45 of those being clients of our local Recovery Court. For the team these numbers are slightly lower than average in comparison to the overall number in FY 25, but productivity with Recovery Court clients specifically was a little above average.



### 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 33 clients for the month of July which is right around the monthly average for FY 25. 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 July are not in yet, but in looking at the full June numbers 243 clients and families were served, which was less than average for FY 25. These teams saw three departures in July with one of our FCC's, and two of our case

manager's, pursuing new opportunities. However given the overall reduction in demand we saw for most children's focused services in FY 25 we will not yet be looking to replace those positions.


### **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 had a fairly light schedule of trainings due to a July conference and some vacation time. With that said the team did provide one full REVIVE training to community members at the Massanutten Regional Library as well as 6 Rapid REVIVE trainings while tabling at the Harrisonburg Farmer's Market.

This month the team traveled to Nashville, TN for the Community Anti-Drug Coalition of America's (CADCA) annual Training Institute. The team participated in 4 days of studying models for success in prevention, learning new skills in coalition building to strengthen our substance misuse prevention efforts, and observing innovative ways to implement our state-directed Strategic Prevention Framework. The overarching theme was that prevention work is vital to community wellness, and there is immense opportunity to adapt our mandates to our community's needs, challenges, and strengths.


While the BHW team was in Nashville, our Director of Behavioral Health participated in a panel hosted by one of the BHW's partner coalitions: the Harrisonburg Healthy Community Collaborative. The other participants on the panel represented Strength in Peers, Church World Services and Harrisonburg Community Health Center. The focus of the panel discussion was on the impact federal policy and budget decisions have had on community providers as well as potential strategies for ensuring the needed services are still provided.

Other July highlights include our program being awarded additional funding for problem gaming and gambling prevention which will utilize to expand the program in a number of ways, including a second specialist position. The annual Safe Medication Disposal Campaign, in English and Spanish, was started back up this month. This campaign highlights the importance of properly disposing of unused or expired medication in the home to prevent substance misuse and overdose. Finally this month also saw the BHW team running radio ads focused on problem gaming and gambling, with a high density on the various sports channels as well as top-100 pop music stations that are more likely to reach younger audiences.



An estimated 2 million US adults meet the criteria for a gambling disorder.

You can lose more than just money when you gamble.




**FREE** medication safety tools are available in our community!

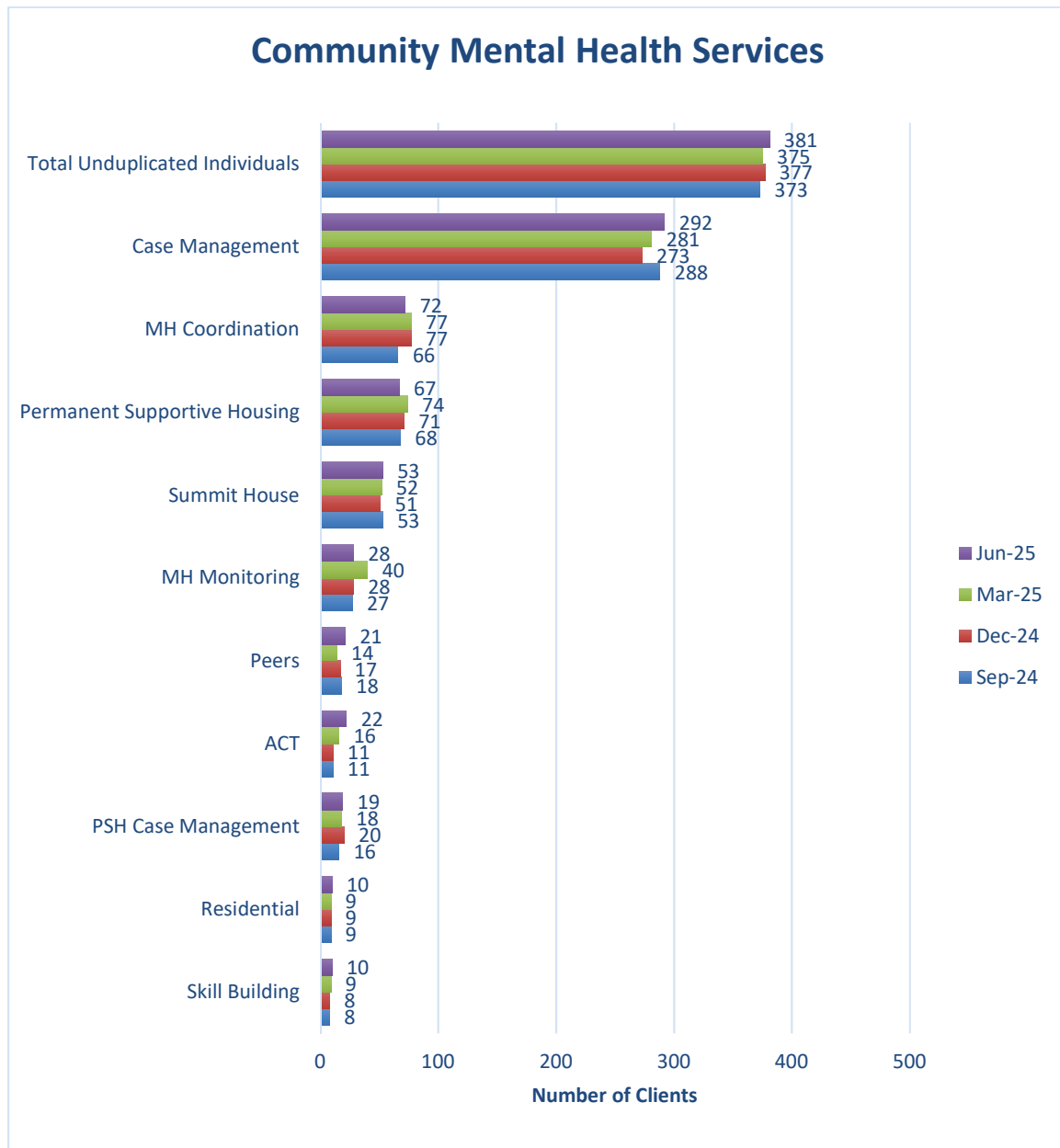
Locking up & disposing of medications can make your home safer.



## Community Mental Health Services

There are approximately 381 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 June 2025. Mental Health Monitoring caseload numbers returned to normal after an unexpected increase in state hospital admissions the previous quarter. We continued increasing client enrollment into the ACT program adding two clients each month, most being state hospital discharges. Peer numbers increased this past quarter due to the addition of a SUD Peer who is building their caseload.





## **State Hospital Discharge Coordination**

Our team worked through 22 admissions and 17 discharges during the last quarter. We are utilizing HRCSB PSH and ACT programs more often for discharge planning needs and greatly value their collaboration and support. Transportation continues to be a significant barrier to discharge, often times liaisons must provide transportation, which takes up a large portion of work time. We have been able to successfully navigate a new online Discharge Assistance Program (DAP) Platform created by DBHDS. There has been an increase in patient diversions from our area to other state hospitals, instead of Western State Hospital, and we are currently working with five different state psychiatric state hospitals on discharge planning needs. Our goal continues to be person centered discharge planning and advocacy for our clients, which has been challenging with hospitals being pressured to discharge individuals more quickly than in the past. Persistence, regular collaboration, patience, healthy relationships and directly communicating needs for successful discharges has helped ease these challenges.

## **Permanent Supportive Housing**

PSH has a full staff due to recently hiring 2 Case Managers and a Housing Specialist. Our PSH Team consists of a Supervisor, Program Assistant, 2 Case Managers, 3 Housing Specialist and a Peer Specialist.

The PSH Supervisor and a PSH Case Manager attended the National Conference on Ending Homelessness in Washington DC for 3 days in June.

A challenge the PSH team has faced over the last couple months are when state hospital discharges didn't have ID's, causing a delay with applying for housing. With this disadvantage client hotel stays have been extended to a couple of weeks. Another challenge our program faces are clients' backgrounds (no income or credit score) and criminal histories have been barriers to locating housing quickly.

A positive outcome recently was having a good relationship with a previous landlord who accepts the barriers our clients have and welcomes them without judgement to their open rentals.

We have 40 enrolled in our Permanent Supportive Housing program with 4 of the enrolled being unhoused currently searching for housing. We have 37 individuals on our referral list.

## **Peer Recovery Supports**

The Mental Health (MH) and Substance Use Disorder (SUD) Peer Programs, comprised of 5 full-time Peers, are serving clients across multiple programs including MH Case Management, PSH, SUD Case Management and Recovery Court. The Assertive Community Treatment (ACT) PRS is working with the 22 clients enrolled in the ACT program and the PSH CPRS-R is also serving 20 clients at Commerce Village, a HRHA property that houses chronically homeless individuals and chronically homeless veterans.

Recently, a resident of Commerce Village, who is also enrolled in several services at HRCSB, obtained supportive, part-time employment. The PSH Peer assisted this resident in accessing supportive services in the community and helped build his self-esteem so that he could work. A participant, who enrolled in SUD Peer Services recently, celebrated 6 months of sobriety after the Peer Program Coordinator supported her and helped her enter SUD focused inpatient treatment after the holidays.

The Peer Program Coordinator, who serves as the Chair of the VACSB Peer Services Subcommittee, has been selected, along with the Co-Chair of the Subcommittee, to present at two upcoming Conferences. In August, she will be presenting at DBHDS's Recovery Conference about how to hire, and retain Peers. In October, she has been chosen to present at the commUNITY Conference, an annual event focused on innovative and impactful peer designed programs, to lead a workshop on the Supervision of Peer Recovery Specialists.

Lastly, our two newest Peers have completed their 72-hour DBHDS Certification class and are looking forward to taking their certification exams.

### **State Hospital Census**

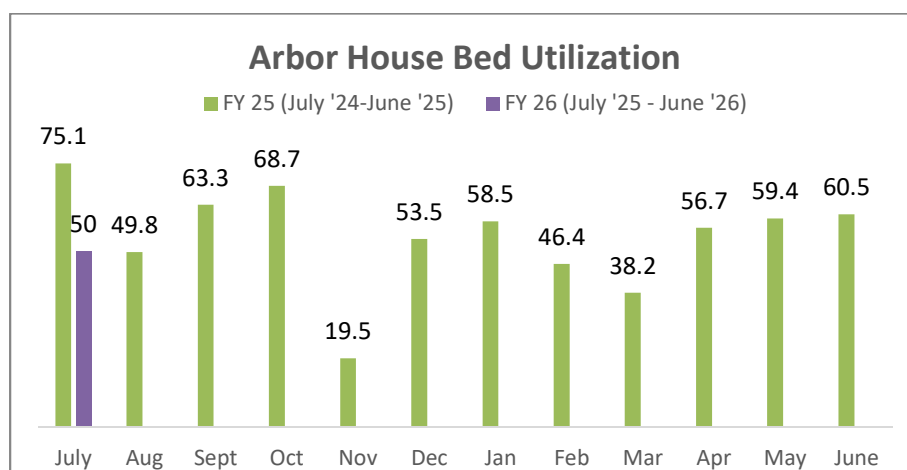
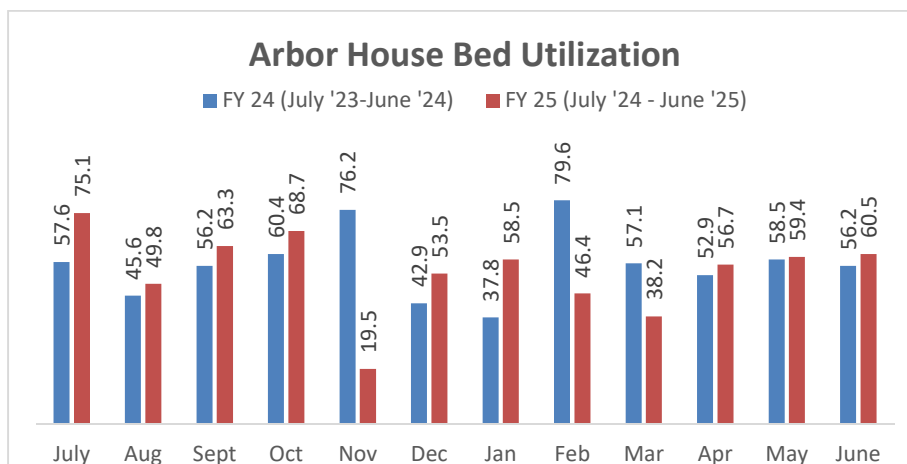
In the monthly State Hospital census report for March of 2025, HRCSB had an average daily census per 100,000 population of 8. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 13. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham,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

## **Crisis Services**

### **Arbor House (Crisis Stabilization Unit)**

Arbor House was able to close out FY25 with an overall utilization rate of 57%. While this falls significantly short of the goal for utilization, it is notable that throughout the year over 200 admissions were completed. This is a significant number of occurrences that CSU was able to alleviate the strain on private hospital beds so they were available for individuals who require that higher level of care to maintain their safety. When there are additional private beds available there is less demand on the state hospitals to fill in the gaps. The goal for a CSU is to be an option for the community to serve individuals in crisis, who can be safely maintained at that level of care, and stand in the gap between outpatient and acute hospitalization. During July, staff reviewed 32 referrals from within the HRCSB catchment area and throughout the region and offered admission to 18 individuals in crisis.

Arbor House continues to recruit for a supervisor; this position has been open for just over two years.



## Emergency Services

The Emergency Services team is experiencing a lot of change. Denise Janocka has announced her retirement at the end of August. She has been a part of the ES team for over two decades and while everyone wishes her all the best in retirement, she will be greatly missed. The afterhours team is growing! There have been several new staff added who are in the process of onboarding and completing the prescreen certification. The team is excited to welcome the new staff. In FY25 ES completed over 1100 services including over 700 prescreens. Each of these services indicate hours of work that represent a staff person engaging with a community member in crisis. This work is a critical safety net to the community and requires staff who are available at all times, ready to meet an individual with patience and empathy, ready to work with various law enforcement and hospital staff to make decisions that can be life changing for

the person in crisis. In the month of July the ES team prescreened 66 individuals resulting in 29 Temporary Detention Orders, 9 releases to community supports, and 20 voluntary admissions.

### **Community Crisis Services – Crisis Response**

The Crisis Response Unit continues to increase their presence in the community and the provision of services. June started with CRU attending the National Co Responder Conference in Atlanta GA. The team was able to connect with different CRU's throughout the country and bring back many new ideas that they hope to be able to apply and implement in the community. During the month of July, the team has provided follow-up services to 87 individuals in the city and county. They have added 24 new adults to their services. There have been four instances where the team assisted individuals in connecting with services at HRCSB and three 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 eight 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. The team was able to continue the community support of law enforcement and during 15 active 911 calls; allowing the team to relieve law enforcement, once the scene was cleared, and provide mental health interventions.

### **Community Crisis Services – Community Paramedicine Program**

HRCSB provides a Community Case Manager that partners with a Paramedic from the Harrisonburg Fire Department to form the Community Paramedicine program. The team continues to provide essential, high-impact support to some of the most vulnerable residents in Harrisonburg. As it stands, the team responded to numerous referrals, some new and others recurring, bringing the cumulative total to 77 individuals served since program launch. Referrals continue to originate from a diverse mix of sources including HPD, Harrisonburg Fire Department (HFD), the Community Services Board (CSB), Sentara RMH, local shelters, APS, and street outreach staff. Of the 25 referrals this month:

- 13 clients were connected to new or previously unassessed medical treatment
- 15 clients received social service navigation and benefit coordination
- 8 clients were assisted with transportation to and from medical appointments
- 4 clients received Durable Medical Equipment (DME) to support independent mobility
- 7 clients were supported through wellness or medication check-ins at their homes
- 3 clients received in-person appointment navigation support including interpretation and post-visit planning

The team has continued to build out an efficient process for identifying, prioritizing, and responding to complex community needs. Interventions included:

- **Home-based visits** for clients who lacked access to transportation or were experiencing cognitive decline, where the team assisted with medical follow-up, medication adherence, and scheduling primary care appointments.
- **Transportation and appointment accompaniment**, including escorting clients to critical neurology, urology, and primary care visits. In several cases, clients were supported from pickup to drop-off, including interpretation, assistance with intake paperwork, and help understanding care instructions.
- **Equipment acquisition and distribution**, including a coordinated effort to obtain and deliver mobility supports such as a rollator walker to a client with balance and fall risks, and triaging a separate case involving injuries where wound care and DME needs were anticipated pending in-person evaluation.
- **Transitional housing and Medicaid coordination**, including multi-agency support for individuals experiencing homelessness who required APS engagement, Medicaid transfers, and veterinary coordination for service animals to facilitate stability.
- **Mental health and environmental crisis referrals**, where individuals experiencing psychological distress or housing instability due to unsafe environmental conditions were supported through formal complaint reporting, faith-based coordination, and health system engagement.

The Community Case Management and Paramedic Team continues to prove the value of integrated, field-based services. By closing gaps between medical care, social services, and behavioral health, the team is making significant strides in reducing avoidable ED utilization, improving client functioning, and enhancing quality of life for high-risk populations. The incorporation of fire safety outreach and culturally responsive care further broadens the program's holistic impact.

We anticipate even greater reach in the coming months as word of the team's responsiveness and effectiveness continue to spread among first responders, community agencies, and residents alike.

## Developmental Services

### DD Case Management

Developmental Disabilities (DD) Case Managers billed 338 units for the month of June. Case managers completed 615 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 208 face-to-face visits. They also completed annual 40 Individual Service Plans.

Currently we have 356 individuals receiving DD Case Management services, including 257 receiving DD Waiver services. Of those, 47 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 55 individuals on Priority one status, followed by 121 on Priority two, and 81 on priority three. We received 5 requests for services, completed 9 screenings, opened 2 new clients, and placed 8 people on the waiting list. We wrapped up FY25 with 101 individuals added to the DD waiver Waiting list.

We are finishing up our review completed by the Health Services Advisory group, and are awaiting the results. We also completed an onsite review by DBHDS, where they conducted Support Coordinator Quality Reviews (SCQR) and compared their results to our self-reported results, completed by our QI department. We have consistently done very well with our SCQR reporting, with both our compliance with Department benchmarks and our inter-rater reliability with DBHDS reviewers. Thanks to our service coordinators and our QI department for their efforts.

DD Case Management staff are again gearing up for a Waiver Slot Allocation Committee meeting, set to take place in August. Staff are reaching out to clients and their families to complete Slot Allocation Review Forms to submit to the committee in advance of the next meeting. We will be allocating 1 Community Living slot, and 11 Family and Individual slots.

### **Infant and Toddler Connection**

In June the Infant at Toddler program completed 426 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 156 billable services, including 90 face-to-face visits.

We ended FY25 with 32 referrals in June, which pushed our total for the year to 517, surpassing the previous high of 515 in FY23. This year is off to a strong start, with 48 referrals. Due to our high volume, we are continuing to keep a waiting list for those needing Occupational, Speech, or Physical Therapy. In many cases, we are able to provide Developmental Services as an alternative. We are eagerly awaiting our new full time SLP who comes on board in August, and we are currently recruiting for an hourly SLP as well.

## Referrals per month

Month	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
July	20	31	30	30	35	42	40	34	48
August	40	38	36	35	42	44	45	40	
September	36	33	38	33	29	30	45	44	
October	35	30	36	34	26	38	38	52	
November	30	27	28	30	29	41	31	33	
December	28	35	34	24	39	25	32	44	
January	31	44	37	41	22	49	28	35	
February	32	35	35	31	29	48	33	44	
March	30	32	40	34	55	58	53	58	
April	43	34	32	38	53	50	34	56	
May	20	33	25	26	45	55	45	45	
June	32	25	35	45	38	35	29	32	
Total Referrals	377	397	406	401	442	515	453	517	48
Child Count-Dec 1	162	173	195	201	193	225	259	249	