

# HRCBSB Board Report – October 2025

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

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

## Message from the Executive Director

During our June Leadership meeting, attended by agency directors, supervisors, coordinators, and managers, I shared that the first half of fiscal year 2026 would bring many significant changes for our agency. I acknowledged that we would each experience varying levels of readiness for these transitions and expressed my hope that we would continue to support one another throughout the process.

We now find ourselves in the midst of many of those system changes. The dedication and hard work of several team members are beginning to pay off as we implement our new Time and Attendance system, launch our new insurance clearinghouse platform, upgrade our computer operating systems to Office 365 and Windows 11, and navigate new regulations and service delivery requirements.

Our staff have embraced these changes with curiosity and commitment—actively learning, asking thoughtful questions, and remaining open as we move forward together.

Throughout this period of transition, our employees have continued to exemplify the agency’s core values of **respect, good humor, integrity, and hope**. These values have been evident in the way teams have collaborated across departments, supported one another through challenges, and maintained a positive and solutions-focused attitude. Their professionalism, compassion, and resilience remind us that while systems and processes may evolve, our shared commitment to the people we serve—and to one another—remains constant.

*Rebekah Brubaker, LPC*

## Administrative Services

### **Munis ERP (Enterprise Resource Program)**

We are currently launching our new electronic Time and Attendance system. For the first time, all agency staff will be adding their time online, which will feed directly into Payroll. It is a long-desired, time-saving development and we have been working hard over these weeks to ensure that the process goes smoothly. IT Manager Jeremy Wilson and Munis Administrator Kristina Winegard have been instrumental in moving this project forward and we are extremely grateful for their efforts.

### **Compliance**

The Compliance Training Coordinator has worked closely with the Compliance Manager and the Administrative Services Director to identify and evaluate various Learning Management Systems (LMS). This system would potentially replace our current training system, which is quickly degrading in quality and reliability. Her hard work has been greatly appreciated.

The Authorizations and Credentialing teams are working hard with the insurance companies on authorizing and paying services, plus accepting our staff credentials. The rules change frequently and their tenacity and expertise helps our clients receive the services they need.

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

The IT team is juggling many projects – upgrading to Windows 11, rolling out Office 365 and helping with the Project Management of the Munis project.

Network Administrator and former User Support staff Jacob Miska recently left the agency, after four years of being the welcoming face of the department. He will be missed.

### **Clerical**

This month, the Clerical team worked with Risk Management Specialist Josh Dyke on various aspects of the Alertus emergency response system. The clerical frontline is often in the middle of situations where assistance is needed and the discussion about who to call and when was beneficial. The team had some suggestions about how best to support them.

### **Facilities**

Our Facilities Manager, Dickson, is responsible for the improved look of the Main Street outdoor landscaping. Our vendor first handled mulching and weeding of all of the front facing areas of the building. The entire campus looks great and ready for the change of seasons.

October is Fire Prevention Month and Dickson will once again be hosting his fire safety briefing and fire extinguisher demonstration. This is a unique opportunity for individuals to get hands on experience with a fire extinguisher.

## Risk Management

The Risk Management Specialist works closely with the Compliance Manager on audits and incident reports. He is also instrumental in supporting our Facilities staff with a variety of tasks.

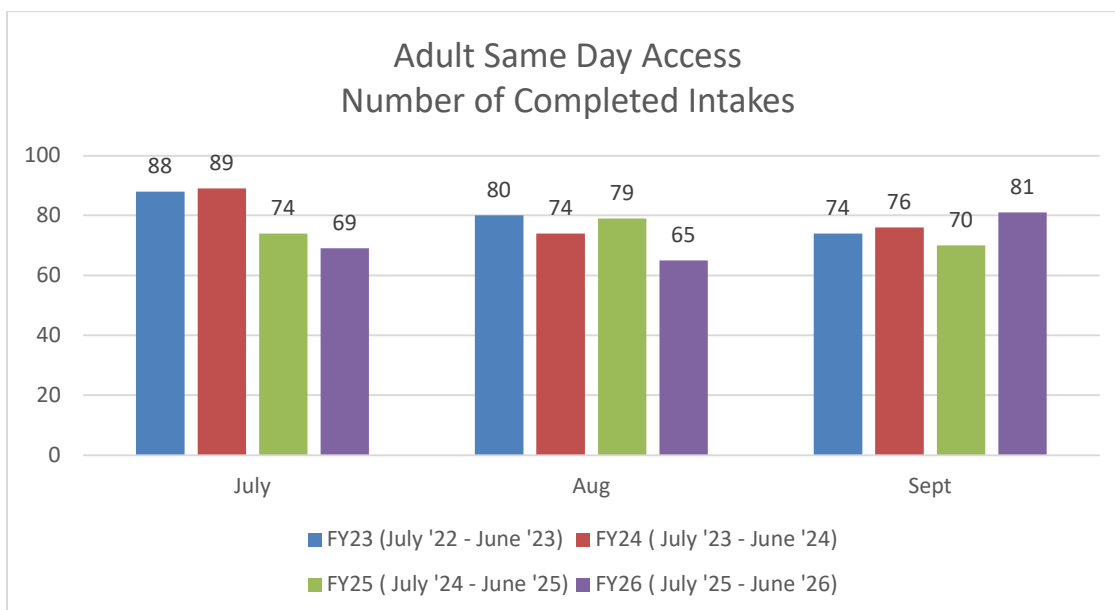
## Data and Business Analysis

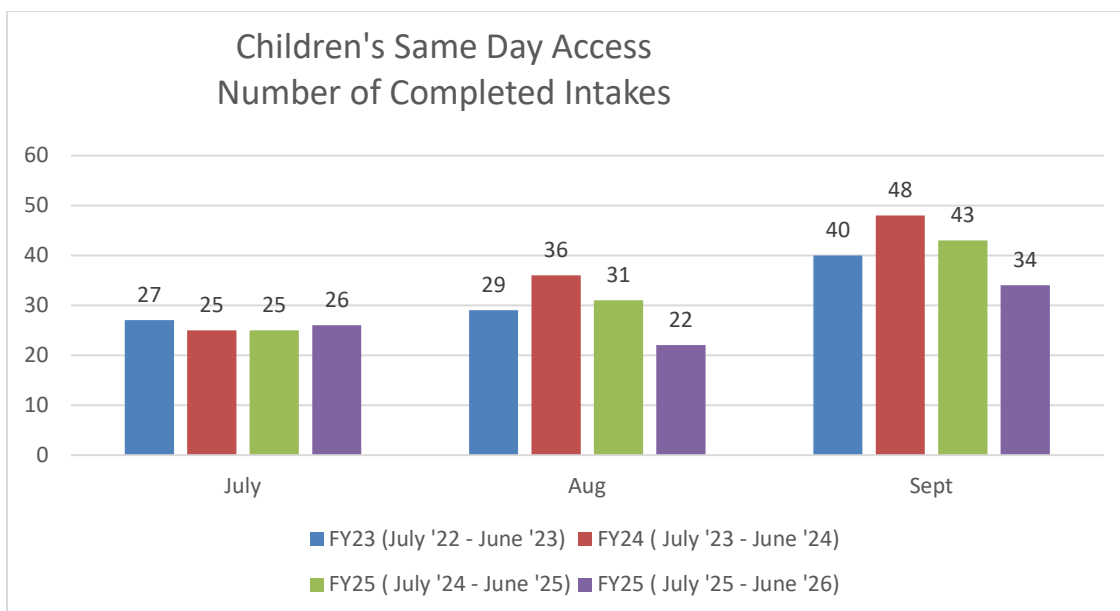
Our data team continues to be very busy with monthly and quarterly reports, even as they daily handle the changes and challenges of the State's EDW system. The electronic health record systems are supposed to feed data directly to the state and continued programming errors are making this very difficult.

## Behavioral Health Services

### Same Day Access (SDA) – Adult & Child

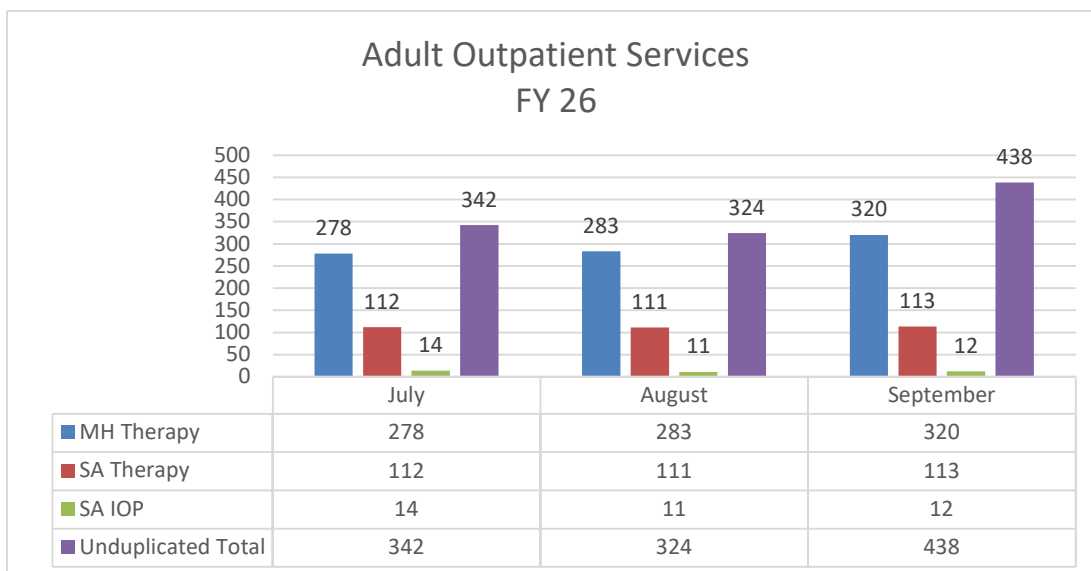
We continue to provide walk-in intakes to adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of September, the Same Day Access team completed 34 intakes for children/adolescent and 81 for adults. Both numbers are highs for the fiscal year!





### Adult Outpatient Services

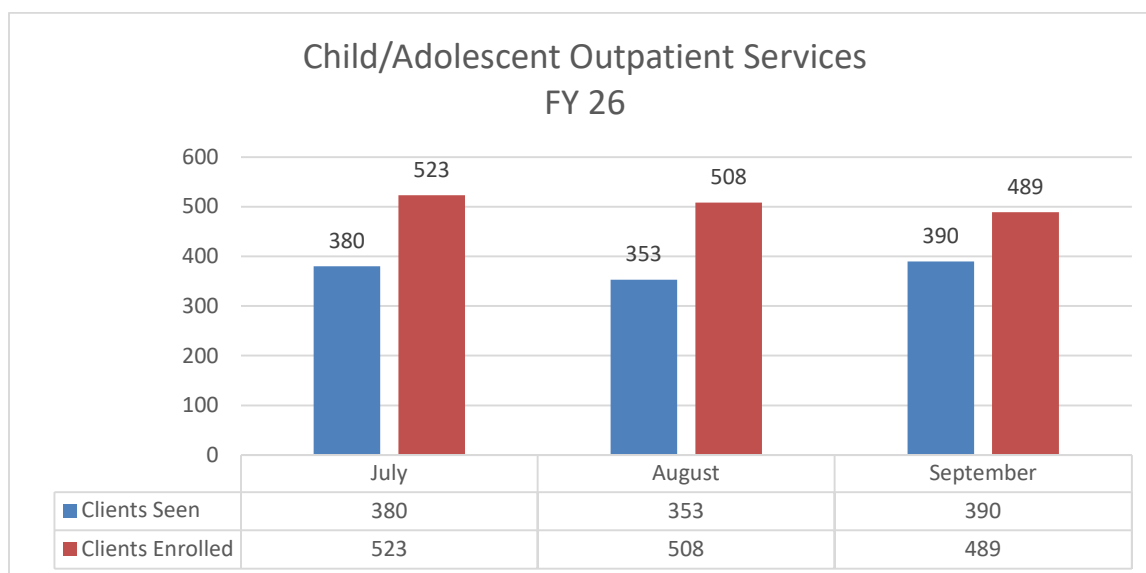
In the month of September, the Adult Outpatient team provided mental health focused individual and group therapy to 320 individuals, as well as substance used focused treatment to 113 different individuals. Both numbers are just above average in comparison to the overall numbers for the previous fiscal year. We also served 12 individuals in our substance use focused Intensive Outpatient Program. Overall Adult OP served almost a hundred more individuals than they did in the two previous months of this fiscal year!



### Child/Adolescent Outpatient Services

The Child/Adolescent Outpatient team has provided individual therapy to 390 clients, and at times their families, in the month of September. Currently we have 489 individuals enrolled in

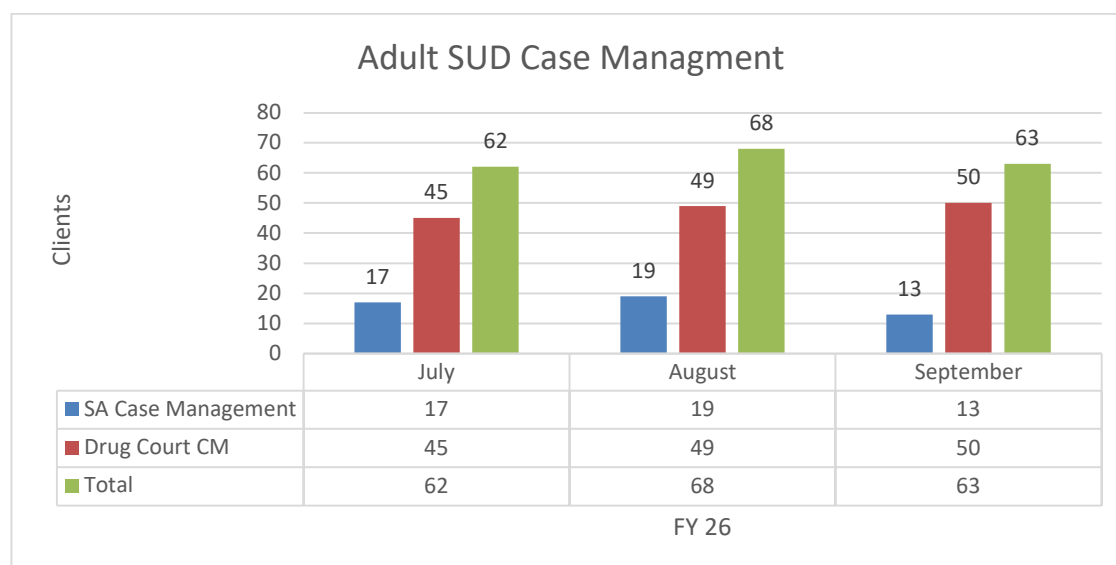
child/adolescent therapy services. The clients seen represents the highest output for the children's therapy team so far this fiscal year!



Our EIC clinicians have all returned to their school settings, and with the exception of our newest EIC who is awaiting certification of her residency, our EIC's have already gotten back to seeing clients. In the month of September our EIC's provided 541 sessions to 129 clients.

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

In the month of September our SUD case managers served 63 individuals, with 50 of those being clients of our local Recovery Court. The number of non-recovery client clients served is slightly lower than average in comparison to the overall averages in FY 25, but productivity with Recovery Court clients was solidly 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 30 clients for the month of September which is slightly less than 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 September are not in yet, but in looking at the full August numbers 198 clients and families were served, which is less than average comparison with FY 25 but the demand for our children's outreach services have simply been lower as of late.

## **Community Mental Health Services**

There are 379 unduplicated individuals currently 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 Targeted 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.

### **Adult Mental Health Case Management**

One of our case managers initiated a hygiene products drive for the month of September, after seeing the need for her own clients, and hearing about the client needs from other case managers. While community resources and benefits often exist for food through programs like Supplemental Nutrition Assistance Program (SNAP) and food pantries, obtaining sufficient hygiene products is often a challenge for our clients.

She communicated to the larger agency the common hygiene needs of case management clients and received generous donations. She's created a small hygiene products cubicle and is tracking the most needed items to focus future requests. Her initiative and vision are appreciated!

### **Supervised Living Residential (Market Street)**

Our residential site coordinator attended the 16-hour training now required by the Virginia Board of Counseling in order to be a Qualified Mental Health Practitioner (QMHP) who can provide supervision to QMHP, QMHP-Trainee, Behavioral Health Tech (BHT), and BHT-Assistant staff. One of our excellent hourly staff transitioned to a full-time position and has hit the ground running. She has been contributing heavily to the community meals and residents have raved about her pumpkin chocolate chip cookies! We have also onboarded a new hourly staff and will be onboarding a new hourly overnight staff in early October.

Our residents have been having wins as well! One of our residents graduated the residential program and moved to her own independent apartment in the community. One of our house residents transitioned into one of the residential apartments and is doing a great job maintaining his space. Another resident was able to get his car up and running and has been enjoying his increased independence. Newer residents have already started asking about the holidays at residential and have been brainstorming ideas side dishes for our big Thanksgiving meal.

### **Psychosocial Rehabilitation (Summit House)**

Related to Virginia's behavioral healthcare redesign for legacy services, Summit House continues to move toward the Clubhouse Model as an evidenced based practice for individuals with severe and persistent mental health challenges. As part of the model, Summit House has begun outreach to members who have not been in contact for a while or who are experiencing life challenges such as hospitalizations or deaths in the family. Our Summit House Supervisor met with Jack Yatso, Chief Operating Officer of Clubhouse International, to discuss first steps toward accreditation from Clubhouse International. Jack encouraged some members and staff to visit an accredited clubhouse. Summit House is looking into visiting an accredited clubhouse in North Carolina or Baltimore.

Summit House continues with about 45 active members and 5 staff. There are 6 potential members on the referral list whom Summit House is currently outreaching to engage. One member was successfully discharged due to gaining employment in the community. Summit House continues to volunteer at Habitat for Humanity's ReStore. We have again begun to volunteer at the Rockingham Harrisonburg Society for the Prevention of Cruelty to Animals (SPCA). Recent activities have included Showalter's Orchard, Broadway Autumn Festival and game nights. Recent groups have included arts and crafts, peer led chair exercises, peer led bingo, peer led group on joy, peer led group on sleep hygiene, Dialectical Behavioral Therapy skills, job club, co-occurring disorders and walking club.

## State Hospital Census

In the monthly State Hospital census report for July of 2025, HRCSB had an average daily census per 100,000 population of 14. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 12. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area, and Valley.

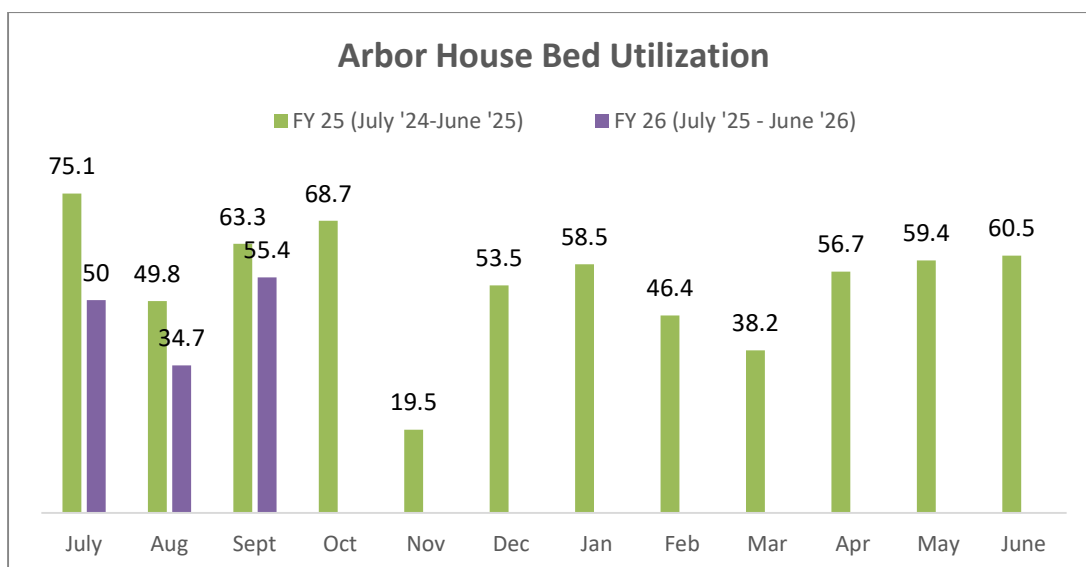
## Crisis Services

### Arbor House (Crisis Stabilization Unit)

Arbor House utilization was significantly improved for September, almost 20% higher than August. While it continues to be below the goal of 75%, staff are encouraged by the increased utilization.

Over the course of the month, the Arbor House Coordinator met with numerous local mental health providers and provided information and promotional brochures regarding the program. During August, staff reviewed 29 referrals from within the HRCSB catchment area and throughout the region and offered admission to 17 individuals in crisis. Of the referrals that were declined, approximately 50% was related to medical acuity. The Arbor House staff participated in the agency picnic volleyball tournament with the team name, De-escalation Nation. While the work in crisis stabilization is rewarding it can also be emotionally taxing and the picnic and activities were a wonderful opportunity for joy and community building.

Arbor House continues to recruit for a supervisor and a Lead Nurse.





### **Emergency Services**

The Emergency Services team is small but mighty! Staff continue to train and onboard new staff in order to grow the team and sustain the support of the community. In the month of August, the ES team completed 51 prescreens; 11 were released to community supports, 14 voluntary admissions, and 17 Temporary Detention Orders (TDO). The team has transitioned to utilizing the Behavioral Health Link platform provided by DBHDS to facilitate transfers of individuals under TDO to private and state hospitals. This resource allows for timely and secure transfer of information related to client mental health and medical presentation, including the hospital documentation and prescreen.

ES continues to recruit for a full-time Day Staff Clinician and ES Manager

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

The Crisis Response Unit has continued to build capacity in the community. During the month of September CRU has had a guest appearance, Dylan Dofflemeyer has been covering the officer position in the co-responding team. It has been a great opportunity for new perspectives and new relationships. The team has provided follow-up services to 20 individuals in the city and county. There have been three instances where the team was able to provide transport to the hospital with the goal that the individual could engage in voluntary treatment and maintain autonomy. One occasion where the team facilitated an ECO so that local law enforcement was able to maintain roles in the community while the client was connected with the treatment needed to maintain safety.

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

September marked an important stage in the ongoing development of the Community Paramedicine Program. The focus this month expanded from recovery follow-ups to integration, leadership, and senior care navigation. With the appointment of Chief Drew DeHaven to oversee the program, the team has entered a new phase of collaboration, working directly alongside fire professionals during visits to ensure both clinical quality and operational alignment.

Referrals remained steady from partners such as HPD, HFD, CSB, Sentara RMH, APS, and local shelters. However, September saw a notable increase in cases involving the elderly population—particularly referrals tied to assisted living facilities. This shift required greater coordination across long-term care networks, highlighting the program’s ability to adapt to emerging community needs.

### **Key Outcomes in September**

#### **1. Assisted Living Navigation**

- Multiple referrals involved residents transitioning into or out of assisted living facilities.
- The team worked closely with Blue Ridge Rehabilitation and other care homes to coordinate care, ensure medication adherence, and streamline communication with families and providers.

## 2. Leadership Integration

- With Chief Drew DeHaven now engaged, the program strengthened operational structure.
- His involvement has already enhanced field coordination, improved visit scheduling, and brought added visibility to the program within the Fire Department.

## 3. Emergency Credentialing & Documentation

- The Community Case Manager began formal integration into fire service referral systems, including documentation protocols and credentialing for emergency response collaboration.
- This ensures smoother information-sharing and positions the program as a recognized part of HFD's operational framework.

## 4. Chronic Illness & Elderly Care

- Visits emphasized fall prevention, safe mobility, and chronic disease management in older adults.
- Staff supported residents and families in navigating benefits, securing equipment, and coordinating follow-ups after hospital discharges.

## **Community Engagement & Interagency Work**

- Collaborated with Sentara RMH and primary care offices to tighten hospital-to-home transitions.
- Partnered with Open Doors and shelters to stabilize housing for elderly and high-risk clients while also providing diabetes education.
- Maintained connections with OCP (our community place) for ongoing repeated cases and issues within clients already in the helping process.
- Expanded outreach into assisted living and rehabilitation settings, reflecting the community's changing demographics and referral patterns.

## **911 Call Integration**

Building on trends from prior months, the program advanced its work with high-frequency 911 utilizers. September introduced more structured care planning that integrates medical follow-ups, case management oversight, and fire/EMS collaboration. This not only reduces avoidable calls but also builds stronger trust between vulnerable residents and emergency responders.

## **Conclusion**

September underscored the program's ability to adapt, expand, and strengthen its model:

- A new leadership partnership with Chief Drew DeHaven, ensuring deeper integration with fire operations.
- Expanded assisted living and rehabilitation engagement, with significant collaboration alongside Blue Ridge Rehabilitation.
- Progress in credentialing the Community Case Manager within fire emergency systems for seamless referrals and documentation.
- Continued commitment to elderly care, chronic disease support, and culturally responsive

outreach.

The program remains a cornerstone of community-based, proactive healthcare, demonstrating its value not only to residents but also to the broader emergency and health systems it helps support.

## Developmental Services

### **DD Case Management**

Developmental Disabilities (DD) Case Managers billed 339 units for the month of August. Case managers completed 657 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 231 face-to-face visits. They also completed 39 Individual Service Plans.

Currently we have 362 individuals receiving DD Case Management services, including 268 receiving DD Waiver services. The 268 Waiver clients represents the highest number of active waiver clients our department has managed. It's important to note that Waiver clients require significantly more ongoing documentation and monitoring than non-waiver clients. In response to this, and to assist in alleviating a growing backlog of individuals requesting ID case management, we are looking to add another DD case management position.

Of the 268 individuals receiving ID waiver services, 39 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 them face-to-face at least once 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 44 individuals on Priority one status, followed by 122 on Priority two, and 88 on Priority three. We did not receive any requests for services in September, completed 2 screenings, and placed 4 people on the waiting list. We have opened 7 new clients in September.

We submitted the Quality Enhancement Plan, which is required as part of the Health Services Advisory Group (HSAG) review. The QEP includes several responses and planned actions to address areas of needed improvement as determined by HSAG reviewers. The QEP was accepted. Over the next several months, we are expecting HSAG to begin to follow up on our previous reviews and QEP submissions, in order to monitor that corrective action plans have been implemented successfully.

### Infant and Toddler Connection

In August the Infant at Toddler program completed 406 billable services related to the delivery of Speech Therapy, Occupational Therapy, or Developmental Services. We also completed 24 Developmental Assessments. Support Coordinators added an additional 159 Medicaid billable services, including 98 face-to-face visits.

Referrals ticked up 50 in September. As part of our outreach efforts, we completed preliminary screenings at Agape Daycare, Connections Early Learning, and have several more scheduled. We are gearing up for our December child count, which plays a significant role in determining local funding levels. Our current count is 268, our last December child count was 249.

We filled one of our vacant service coordinator positions, and with recent Speech Therapy hires we hope to have our waiting list for ST services cleared by the end of October.

We are proud that our Local Systems Lead, Muff Perry has been asked to serve on the Early Intervention Consortium state group. The goal of the group is to aid in growing the Early Intervention job force by directly interacting with universities to add curriculum for Early Childhood, specifically Early Intervention/birth to three. Additionally, the group looks to expand possibilities for internships and practicum students in the early intervention field.

### 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	45
August	40	38	36	35	42	44	45	40	41
September	36	33	38	33	29	30	45	44	50
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	136
Child Count- Dec 1	162	173	195	201	193	225	259	249	

## Finance Department

The Finance Department is excited to announce the addition of two staff accountants that will begin working with HRCSB on October 6th. They will focus on processing Payroll, Accounts Payable, various general ledger duties, and serve as Representative Payee support. Due to the streamlining of payroll processing in Munis beginning in October 2025, and the impending retirement of the A/P Specialist in January 2026, it allowed us the opportunity to restructure the department and fully utilize Munis software.

### Representative Payee program

The Representative Payee employee works closely with the Case Management (C.M.) staff of various departments to take care of around eighty (80) clients. We import the monthly SSA/SSI incomes files for the clients at the beginning of each month. A new budget is created monthly, in collaboration with C.M. We pay 100% of the client's bills and provide weekly allowances for spending. We process around 585 invoices per month (7,020 per year) and 350 checks per month (4,200 per year) for our clients. The client balances are monitored monthly to ensure we adhere to various regulations.

## Agency Annual Picnic

We held our annual agency picnic on one of the few sunny days at the end of September. Each year, we have a group of staff who volunteer to help organize and make the day happen for the agency. We are deeply appreciative of the work that the committee does to make the afternoon enjoyable! Staff look forward to this event each year, because it creates space for them to be in relationship with their coworkers in a fun and hopefully stress-free environment. Staff enjoy spending the afternoon eating good food, playing games, and socializing. This year's highlights included a return of our agency volleyball tournament, an ice cream sundae bar, a tile decorating and painting craft area, and even a line dancing class.



