

HRCSB Board Report – December 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

In the fall of 2025, the agency conducted a STAY Survey with 144 respondents, representing approximately 58% of our employees. Results indicate strong overall retention, with 77.8% of staff not actively seeking outside employment. Primary reasons for staying include positive relationships with supervisors, belief that HRCSB has a good work culture/environment, supportive teams, and flexible scheduling.

Among those exploring external opportunities, the most common factors cited were the desire for higher salaries, improved work culture, enhanced benefits, and greater career growth. Employees identified three initiatives they believe would have the most positive impact on retention: implementing yearly bonuses, offering a four-day work week, and establishing a pay-for-performance system.

Agency leadership's next step is to use the feedback to shape initiatives during FY26 and FY27, that support the agency's broader goals of delivering high-quality services to our clients and community; building and sustaining a workplace that values and supports its employees; and maintaining the financial stability needed to navigate both the predictable and unpredictable challenges of the public system.

Rebekah Brubaker, LPC

Administrative Services

Munis ERP (Enterprise Resource Program)

The learning curve continues with the new Time and Attendance system. Staff and supervisors alike are reminded every two weeks of what they learned before (and potentially forgot) – and then successfully navigate the system to a positive conclusion. The Payroll team is also learning the ins and outs of the program, with increased efficiency each pay cycle. We are continuing to work with the Tyler Munis team on financial and human resource functions of the software.

Staff Retreat

This month we hosted a Support Services Staff Retreat, including employees from Administrative Services, Finance and Human Resources. (The Clerical team will have a separate retreat in January, due to scheduling challenges.) An estimated 30-35 staff members focused on self-care and team building while working together on various challenges and puzzles. These teams all work closely together on some very tricky funding, regulation and administrative issues, so building camaraderie and goodwill was very welcome. The team from Behavioral Health and Wellness facilitated the retreat.

Compliance

The Compliance team managed an extensive Anthem insurance audit this month, including 24 client charts. They also enjoyed the staff retreat and hosted a Thanksgiving lunch the week of the holiday.

Information Technology (IT)

IT hired a Network Administrator from within the team and now are recruiting for an IT Support Specialist. However, we will be losing our Munis ERP Administrator in January to another opportunity. IT Manager Jeremy Wilson will continue to help a great deal with the Munis Implementation project as we recruit for a new administrator. They are looking forward to being full strength to face the various tasks facing them in 2026.

Clerical

The Clerical team had a busy month. Their biggest highlight is the implementation of a new text reminder system through Verizon. This system now more reliably texts clients regarding upcoming appointments. They are very happy with the upgrade and grateful to the IT Department for their hard work in getting a better solution.

Facilities

Now that December is upon us, the Facilities Department is focusing on preparing for inclement weather. This includes various contracts for snow removal at multiple locations and distributing salt and shovels throughout the organization.

Risk Management

The Risk Management Specialist is working with the IT Manager to create a day of Business Continuity planning. This effort is in response to our Cyber Risk Assessment earlier this year and will include all senior leadership and functional experts.

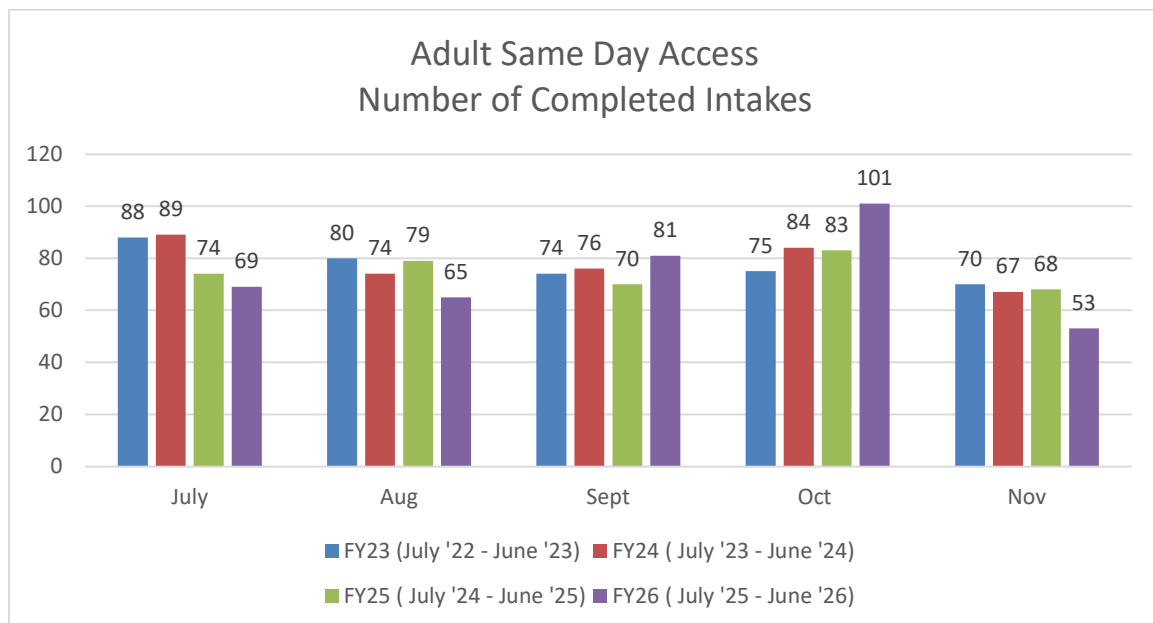
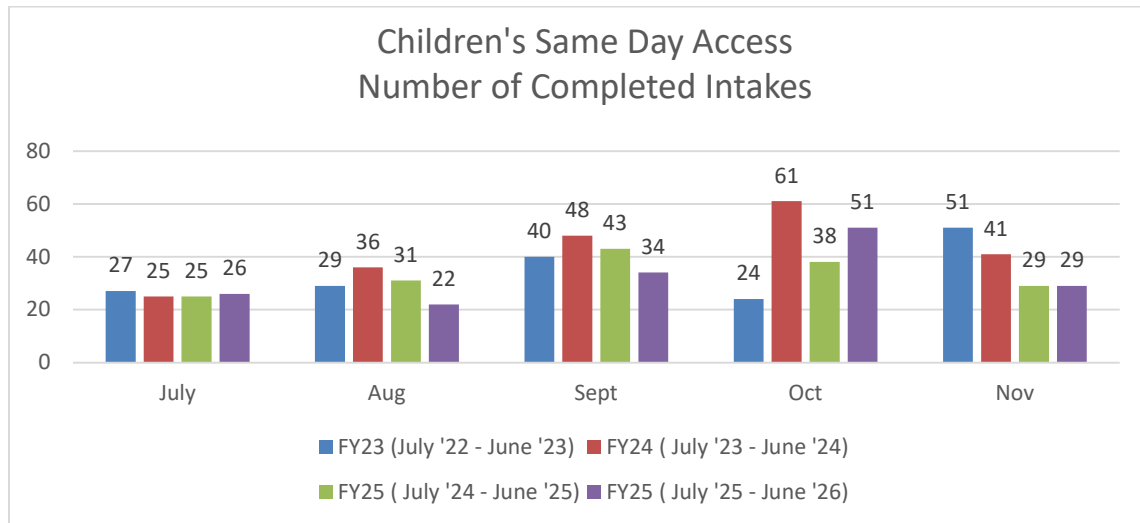
Data

Our data specialist continues to work with State colleagues on ensuring that our data is collected accurately and in a timely manner. After a few glitches in the system, this seems to be working. They also spend a good amount of time fixing data errors in collaboration with colleagues.

Behavioral Health Services

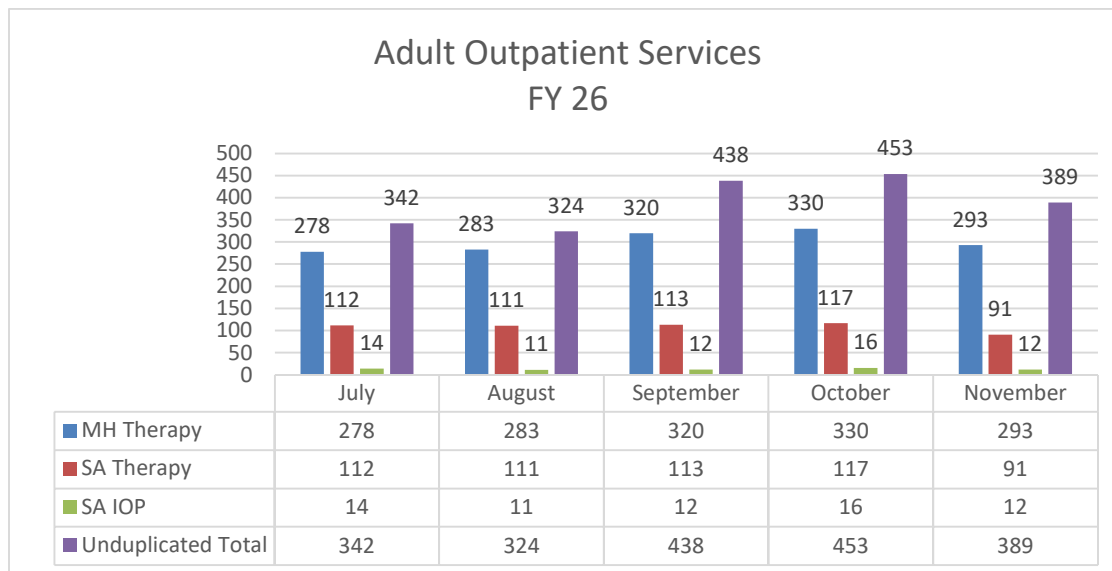
Same Day Access (SDA) – Adult & Child

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 November the Same Day Access team completed 29 intakes for children/adolescent and 53 for adults. Unfortunately both numbers present a significant drop from October's numbers and fall below average for this time of year when looking at the past 4 fiscal years.



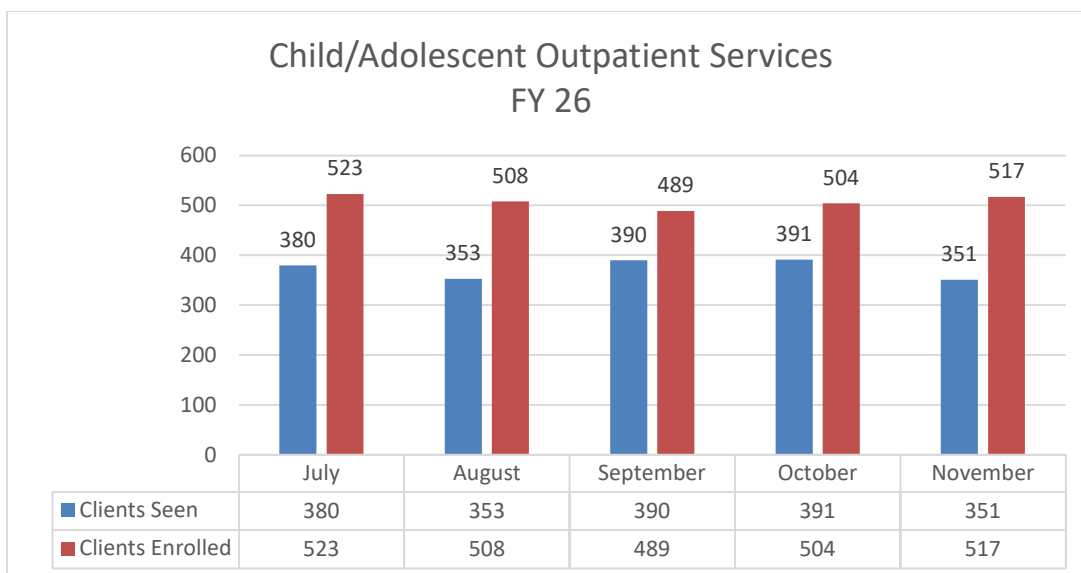
Adult Outpatient Services

In the month of November, the Adult Outpatient team provided mental health focused individual and group therapy to 293 individuals, as well as substance used focused treatment to 91 different individuals. Both numbers are just below 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 which is also just below our average for this year.



Child/Adolescent Outpatient Services

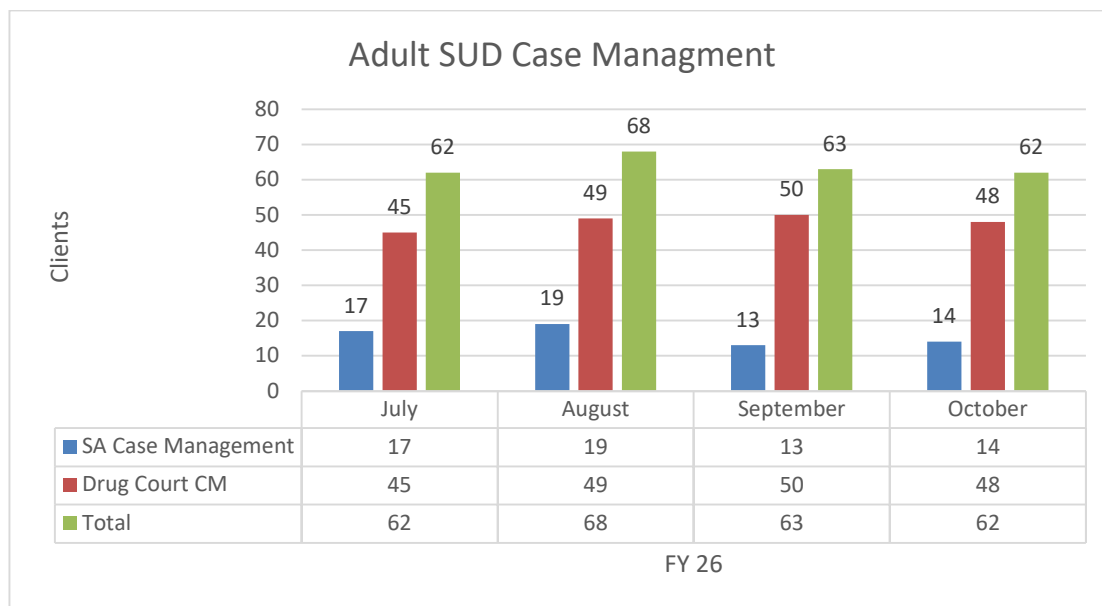
The Child/Adolescent Outpatient team has provided individual therapy to 351 clients, and at times their families, in the month of November. Currently we have 517 individuals enrolled in child/adolescent therapy services. The clients seen this month is a little below average for the fiscal year.



As far as our in school services go, our Early Intervention Clinicians provided 183 sessions to 157 clients this month. The number of EIC sessions provided is below average for the year, but the number of clients seen is above average for the fiscal year so far.

Substance Use Disorder (SUD) Case Management - Adult

We do not have final SUD CM numbers for the month of November yet but so far things are tracking to be just slightly below average for the year. The final numbers for October are all right around average for both of our SUD CM programs.

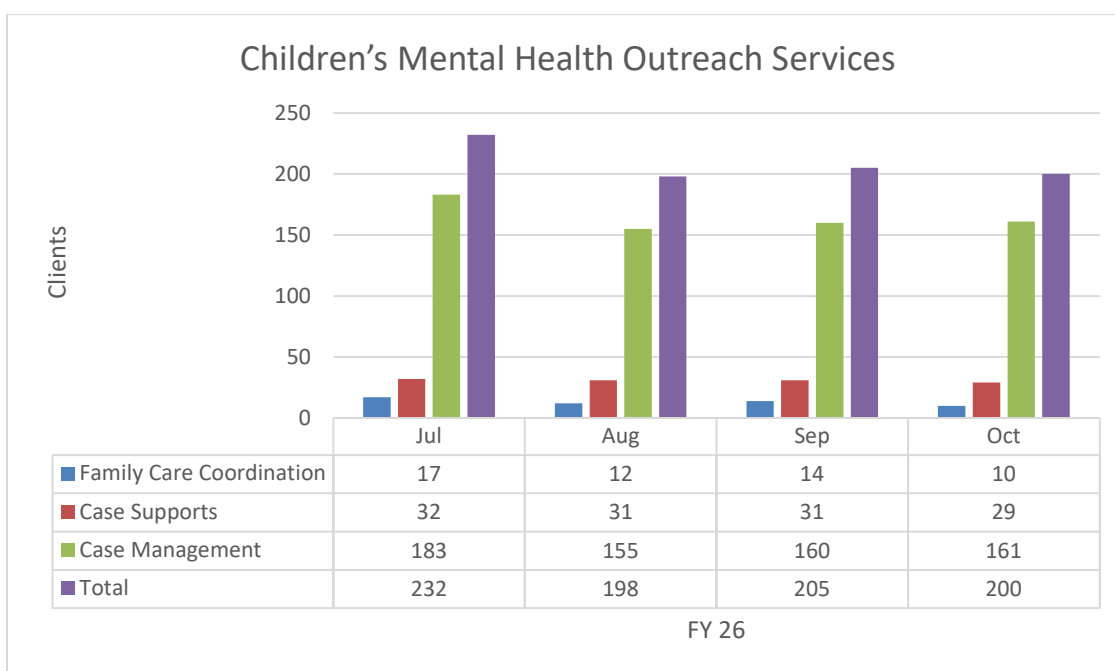


Care Coordination (Adult and Child)

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 22 clients for the month of November which is well below 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. On a positive note, we have filled the open spot in the specialist position with recent EMU graduate Sarah Moore!

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). Final billing numbers for November are not in yet, but in looking at the full October numbers 200 clients and families were served, which is just slightly less than average for the fiscal year.

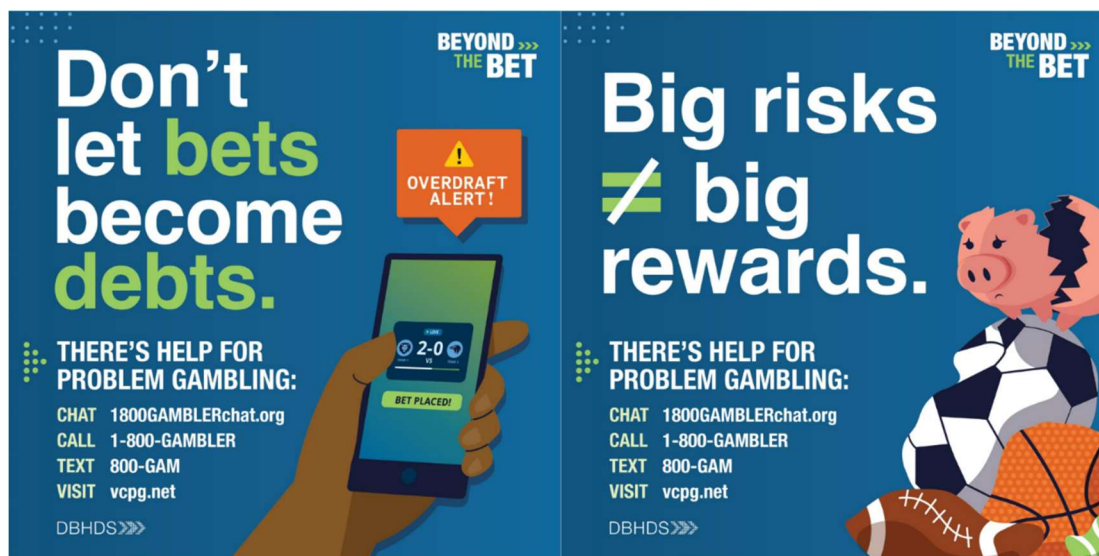


Behavioral Health Wellness

In the month of November, the BHW team offered 8 different trainings in a variety of settings. This included providing Stress First Aid training to 29 RCPS behavioral health focused staff, REVIVE training for 24 DSS staff members, and even leading a team building and development training for the finance, HR, IT, and compliance departments of this agency. As always, the team tabled at the local farmer's market, but they also attended events at both JMU and EMU as well as a meeting of the local Fatherhood Coalition. Through these various events the BHW team reached over 400 people this month!

Other highlights for the month include securing additional funds to help facilitate an event at JMU in February focused on problem gaming and gambling education. These funds helped with

bringing on Dan Trolaro, a prominent voice in the problem gaming/gambling prevention world, as the keynote speaker. The intended audience for this event is students from JMU, EMU and Bridgewater College. Also, in partnership with EMU, our program has secured plans to host interactive wellness activities programming for EMU students using the evidence-based program Connecting Humans and Telling Stories (CHATS). This is a brand-new program offering brought to our team by our new prevention specialist Jennifer Johnson, who came to us already certified in the trainings through the Campus Suicide Prevention Center-a statewide network with offices at JMU.



Community Mental Health Services

There are 400 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.

Several of our programs celebrated the Thanksgiving holiday with clients in November. The ACT team took clients to a local restaurant for socialization, including Thanksgiving themed ice breakers and games. Our Market Street residential program hosted a Thanksgiving meal for residents and staff, with residents helping with preparation, serving and cleanup. Summit House

also hosted a Thanksgiving feast, inviting members to bring friends and family to the meal. Over 40 meals were served for lunch that day to members, staff and guests.

Our CMHS programs gathered in November to eat and play games together to get to know new staff, strengthen connections between programs and to have fun! We enjoyed snacks including fall themed smores.

Adult Mental Health Case Management

The Adult MHCM team in October bid farewell to a case manager. He started work as a mental health skill builder with HRCSB in 2022 after graduating from Eastern Mennonite University and transitioned to working as a MH case manager the following 2.5 years. The program is actively recruiting to fill the vacancy.

The MHCM team supported many clients during the government shut down in October and November, with concern about Supplemental Nutrition Assistance Program (SNAP) benefits being the largest uncertainty. While ultimately most beneficiaries of SNAP benefits received their full benefits later in November, CM staff provided additional reassurance, support, and access to food pantries.

Permanent Supportive Housing (PSH)

We have 41 enrolled in our Permanent Supportive Housing program, with three of those enrolled being unhoused currently searching for housing. We have 17 clients on our referral list.

State Hospital Census

In the monthly State Hospital census report for October of 2025, HRCSB had an average daily census per 100,000 population of 15. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 14. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area, and Valley.

Crisis Services

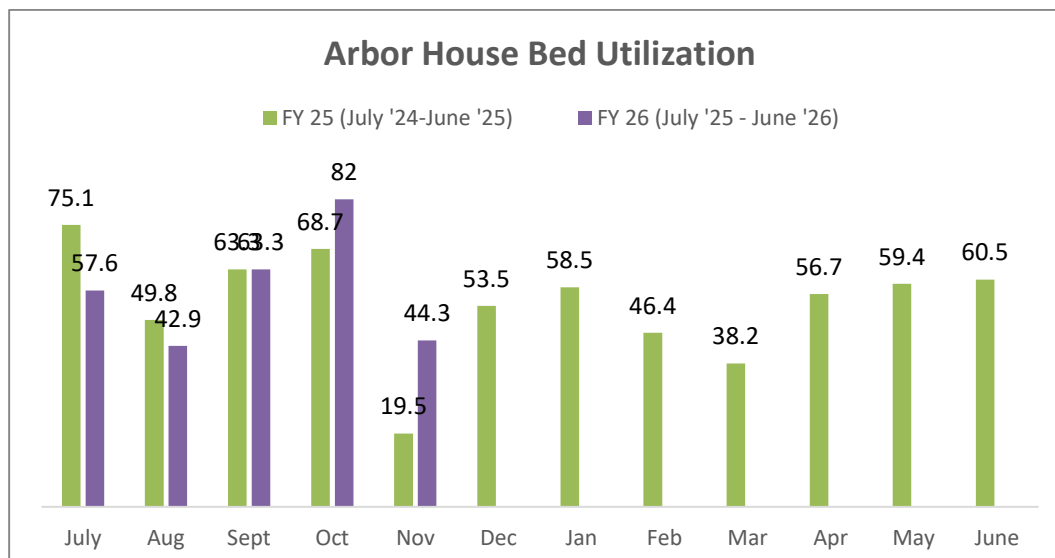
Arbor House (Crisis Stabilization Unit)

Arbor House utilization is calculated using a spreadsheet that is provided by DBHDS; during the development of the November utilization rate it was noted that the capacity had been incorrectly noted as 8 instead of 7. When the corrections were made to the spreadsheet there was an overall positive shift in the utilization rate recorded for FY26.

During November the staff reviewed 14 referrals from within the HRCSB catchment area and throughout the region and offered admission to 7 individuals in crisis. This is a significant decline in referrals from previous months. Of the referrals that were declined in the month of November, 86% were related to medical acuity. The DBHDS Behavioral Healthlink Platform for

bed placements has been expanded to allow CSB's to refer to CSU's. Arbor House has been able to start reviewing and accepting clients through this referral source. November also saw the quarterly meeting which included team building exercises of Bingo, holiday wear contest, and a building contest with graham crackers, candies, and icing. This was also an opportunity for compliance to provide a required training related to Serious Incident Reports.

Arbor House continues to recruit for a supervisor (Licensed or License Eligible Required) and a Lead Nurse (RN required).



Emergency Services

November in Emergency Services is on track to continue the trends from last month. In the month of November, the ES team completed 63 prescreens; 11 were released to community supports, 14 voluntary admissions, 4 recommitment screens, and 17 Temporary Detention Orders (TDO). The after hours staff continue to provide essential coverage, nights and weekends, but also during the day shift. This allows daytime staff to cover our recommitment screens, see clients and community members at the CSB, and complete the requirements for the TDO hearings and the clients under MOT (Mandatory Outpatient Treatment).

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

Community Crisis Services – Community Paramedicine Program

The Crisis Response Unit has continued to build capacity in the community. The team has provided follow-up services to 40 individuals in the city and county as well as crisis services to three children and adolescents. There have been 18 new clients added to the team's services. There has been one instance where the team was able to provide transport to the hospital for voluntary treatment; this provides continuity of care while allowing other first responder to

continue to be available in the community. There were four occurrences where the team facilitated ECO's allowing local law enforcement to maintain roles in the community and the client to be connected with the necessary treatment.

November was a high-acuity month marked by increased crisis response needs, significant equipment deployments, and deeper interagency collaboration. The Community Social Worker (CSW) continued to support Harrisonburg Fire Department's Community Paramedicine Program through coordinated home visits, case management, rapid DME acquisition, and safety interventions for medically and socially vulnerable residents. The month also included two community member deaths connected to ongoing cases, highlighting both the complexity of client conditions and the need for continued upstream prevention.

Call Volume & Case Complexity

This month saw a continuation of steady call activity with a noticeable rise in high-risk welfare checks, behavioral-health-driven 911 usage, and follow-up visits related to chronic medical conditions. Several clients required intensive case coordination across APS, hospitals, primary care teams, and behavioral health providers.

Two deaths occurred, one among individuals previously served by the program. While unrelated to any service gap, these losses reflect the fragility of many of the residents we support and reinforce the importance of ongoing, preventative check-ins.

Durable Medical Equipment (DME) & Safety Devices

November marked a surge in approved and delivered DME orders. More than 10 DME applications were processed, approved, and fulfilled this month, ranging from walkers and hospital beds to in-home safety supports. This rapid turnaround continues to reduce unnecessary hospital readmissions and enables clients to remain safely at home.

Additionally, there were two fall-alert pendants successfully obtained through Sentara's Free of Charge program. These devices are now in place for high-fall-risk individuals, adding a crucial layer of emergency notification and improved response times.

Key Lock Box Installation Surge

A significant development this month was a sharp increase in key lock box installations across multiple residences. These lock boxes have become one of the most effective tools for safe, timely access during emergency responses especially with individuals who frequently call 911 or struggle with mobility and cannot reach their door quickly.

This month's installations also helped mitigate issues surrounding system misuse. Several individuals with recurring, non-emergent call patterns now have structured access systems in place, reducing forced entry risks, repeat welfare checks based on misinformation, and unnecessary 911 usage.

Community Safety Training & Fire Department Collaboration

The CSW had the unique opportunity to observe and participate in segments of the November Firefighter Physical Testing. This provided first-hand insight into the physical readiness standards firefighters must meet as part of their annual eligibility processes.

Participation included observing endurance drills, strength tasks, equipment carry simulations, and overall workflow. This experience expanded understanding of:

- The physical demands placed on Fire & Rescue personnel.
- How operational readiness intersects with community risk reduction.
- The level of coordination required during real-time emergency scenes.

This learning opportunity strengthens interdisciplinary teamwork and reinforces mutual respect between behavioral health response and fire/EMS operations.

Case Management & Follow-Up Support

Case management this month remained focused on stabilizing long-term clients and addressing ongoing gaps in care coordination. Key efforts included:

- Re-establishing medical appointments and specialist follow-up for clients with lapses in care.
- Coordinating in-home services, home health consults, and APS reporting where appropriate.
- Conducting multiple multi-hour home visits to address medication issues, wound care follow-up, self-neglect, and social isolation.
- Supporting transitions from hospital to home for individuals with limited caregiver support.

Systems Navigation & Agency Collaboration

Partnerships strengthened further with VMRC and The Navigation Center who have been pivotal and multiple primary care offices. The program strives to maintain fast response times and ensures that vulnerable residents receive the services and medical equipment needed without delay.

November demonstrated the ongoing necessity of a unified Community Paramedicine and Social Work response model. With rising safety risks, increased equipment needs, and higher-acuity calls, the collaboration between behavioral health, EMS, APS, and medical providers remains essential.

This month's work reinforced the importance of rapid intervention, strong follow-up, and accessible emergency entry solutions for clients who are medically fragile or prone to system overuse.

CSW will continue building on these efforts as we transition into December, focusing on stability, prevention, and coordinated community safety.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 351 units for the month of October. Case managers completed 723 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 264 face-to-face visits. They also completed 37 Individual Service Plans.

Currently we have 366 individuals receiving DD Case Management services, including 268 receiving DD Waiver services. Of the 268 individuals receiving ID waiver services, 35 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 265 individuals on the DD Waiver Waiting list awaiting services. There are 45 individuals on Priority one status, followed by 124 on Priority two, and 96 on priority three. We received 5 requests for services in November, completed 9 screenings, and placed 10 people on the waiting list. We opened 1 new client in November. Statewide there are 14,258 individuals on the DD wavier waiting list, including 2,727 on priority 1.

Of the 265 Individual on the DD Waiver waiting list, 205 are under 20 years of age, including 42 of the 45 individuals in priority 1 status. This shift towards more young people being on the waiting list is consistent with statewide trends. One area affected by this demographic shift is that a significant majority of new slots we allocate are used for consumer directed personal assistance and respite, and not for residential, day support, or vocational services. The slot allocation committee met in November and assigned 8 new Waiver slots. All the slots which were assigned were Family and Individual Support (FIS) slots. We had no one currently on our waiting list in need of a Community Living (CL) slot for the purpose of moving into congregate living services.

We continue to interview for a vacant Case Manager position. We are also advertising for a Community Outreach/Intake position.

Infant and Toddler Connection

In October the Infant at Toddler program completed 164 billable Developmental services, including 43 Developmental Assessments. We completed 59 Occupational Therapy services, including 10 evaluations, 40 Physical Therapy Services, including 4 evaluations, and 83 Speech

Therapy services, including 10 evaluations. Support Coordinators added an additional 247 Medicaid billable services, including 186 face-to-face visits. We currently have a small waitlist for Occupational Therapy services, with a possible waiting list for Physical Therapy in the upcoming months.

We are once again gearing up for our annual child count. As a reminder, the child count is a once a year “snapshot” of our current enrollment. The number of clients enrolled on the date of the child count has a significant effect on our Federal funding. It is likely that we will have our highest December child count to date, with a goal of 280.

We continue to participate in the regional REACT program, with another assessment day in late November. The REACT program provides a way for parents to screen their young children for autism. Providing an early diagnosis can open up new intervention services, such as applied behavioral analysis, which can provide a positive benefit for long-term outcomes.

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	51
October	35	30	36	34	26	38	38	52	34
November	30	27	28	30	29	41	31	33	30
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	201
Child Count- Dec 1	162	173	195	201	193	225	259	249	

Finance Department

The Finance Department has been steadily working since March 2025 to bring items current for FY25 in Munis. We are not at the finish line yet but are very close. Due to staff turnover, there was quite a bit of information missing in Munis. While an extension has been requested for reporting purposes to ensure we are ready for the auditors, and to give the auditors the time they need to complete their report - we will still report the annual figures much earlier than FY24. While we are updating information for FY25, we are still obtaining training from Munis. During this time, we are also keeping FY26 current, to the best of our abilities, while we still provide timely customer service to other departments and our clients. We are looking forward to the New Year having established employees, knowledge of Munis, and documented processes.

New Reporting Requirement

For FY26, we have a new reporting requirement to DBHDS. This report reflects the A/R balances for payors (excluding self-pay), and the timeframe they fall within: 0-30, and so on until it shows balances greater than 120 days. The goal is to ensure we are researching our balances as needed, writing off items timely, reflections of our write-offs to see if we can improve processes or if it is insurance issues, and the percentage of these balances tied to Total Revenue. The goal is to be fifteen percent overall. Medicaid has 365 days to reimburse us after billing, and when we remove Medicaid from our percentage calculation, we ended up being at 12% for the first quarter FY26. When we first began looking at these numbers in March 2025, we wrote off \$150K in old items. Each month this clean-up process has decreased the total write-offs and in October 2025 we wrote off less than two thousand dollars. Our team has made great strides.