

HRCSB Board Report – January 2026

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

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Adam Yoder (Comm. Mental Health Services)

Message from the Executive Director

Throughout 2025, our agency achieved substantial progress in administrative and operational areas, reflecting the professionalism, commitment, and hard work of our staff. A few accomplishments included the successful implementation of a new payroll system, the migration of employees to Microsoft 365, enhancements to our information technology infrastructure and security, process improvements in finance and reimbursement, and continued positive audit outcomes from licensure and third-party payers. Collectively, these efforts represent important investments in operational effectiveness and long-term sustainability. At the same time, we encountered administrative challenges related to staff recruitment and retention, limited personnel capacity to initiate and complete projects, and ongoing changes in regulatory and data collection requirements from external partners.

In 2025, our clinical programs continued to expand their reach and impact, demonstrating meaningful achievements alongside some ongoing challenges. We experienced increased utilization in our Assertive Community Treatment program, expanded the number of individuals housed through our Permanent Supportive Housing program, increased the number of individuals screened and placed on the DD Waiver waitlist, and served a greater number of families through our Infant & Toddler Program. In collaboration with community stakeholders, we also strengthened community crisis response efforts, partnered with area ITC programs to provide autism spectrum disorder assessments for children and families, increased the number of Early Intervention Clinicians in Harrisonburg City High Schools, and expanded our prevention initiatives.

Despite these areas of growth, overall service volume declined during the calendar year. In 2025, we provided services to an estimated 5,922 individuals and/or families—approximately 120 fewer than those served in calendar year 2024. This marks the second consecutive year in which we have seen a decline of roughly 100 individuals served by HRCSB. This trend is reflected in reduced utilization within certain service

areas and has prompted important and ongoing discussions regarding evolving community needs and how our clinical service array may need to adapt. These considerations will continue to inform our strategic planning as we look ahead to fiscal year 2027.

As we move into the new year, we carry forward the insights gained from both the challenges encountered and the accomplishments realized in 2025. While uncertainties remain regarding what 2026 may hold for our agency and our community, I remain confident and optimistic about our continued work in service to children, families, and individuals impacted by mental health, substance use, and developmental disorders.

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance team has had a variety of projects this month, including:

- Two audits, one Healthcare Effectiveness Data and Information Set (HEDIS) audit of 10 charts and one MCO audit.
- Reviewing and commenting on draft regulations regarding the July Community Mental Health Redesign.
- Researching the WHODAS assessment tool that will replace the DLA-20 in 2026.
- Helped with the ISERV demonstration, determining how to ensure compliance with the initiative.
- Began the transition from one Learning Management System to a new program, Relias. The kickoff meeting was held in December, and we hope to be fully rolled out by February.

Information Technology (IT)

The IT Manager, in conjunction with the Risk Manager, led the Management Team through a Business Continuity Tabletop Exercise this month. Lessons learned included some technical solutions to be implemented and some process changes to be made for better preparation. The IT team continues to assist with the Munis implementation and network upgrades.

Clerical

The Clerical team has had a busy but steady month. The department had a holiday gathering on site with breakfast from Cracker Barrel. They are looking forward to a team-building retreat at the end of January.

Facilities

With the Agency fleet growing to over 30 vehicles, the Facilities Manager spends a great deal of time shuttling cars for inspections, oil changes, repairs and other maintenance. Thankfully, he has assistance from a few volunteers.

Risk Management

The Risk Management Specialist's primary focus this month was preparation for the Business Continuity Exercise. Working closely with the IT Manager, they developed a great crisis scenario, helping management plan for continuing operations. One clear outcome will be an updated Continuity of Operations Plan.

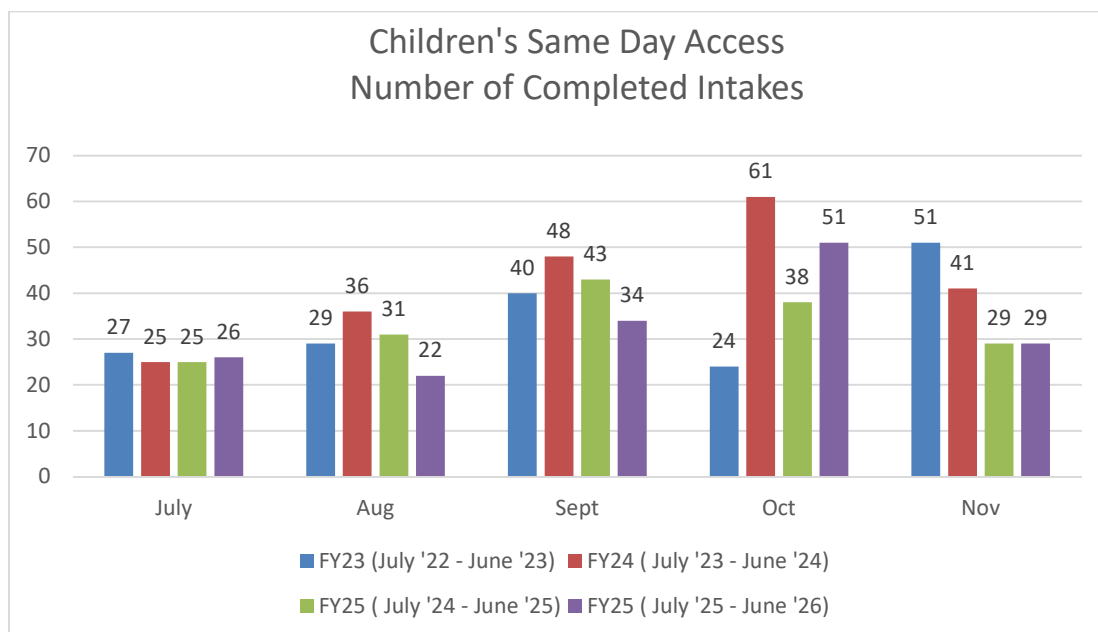
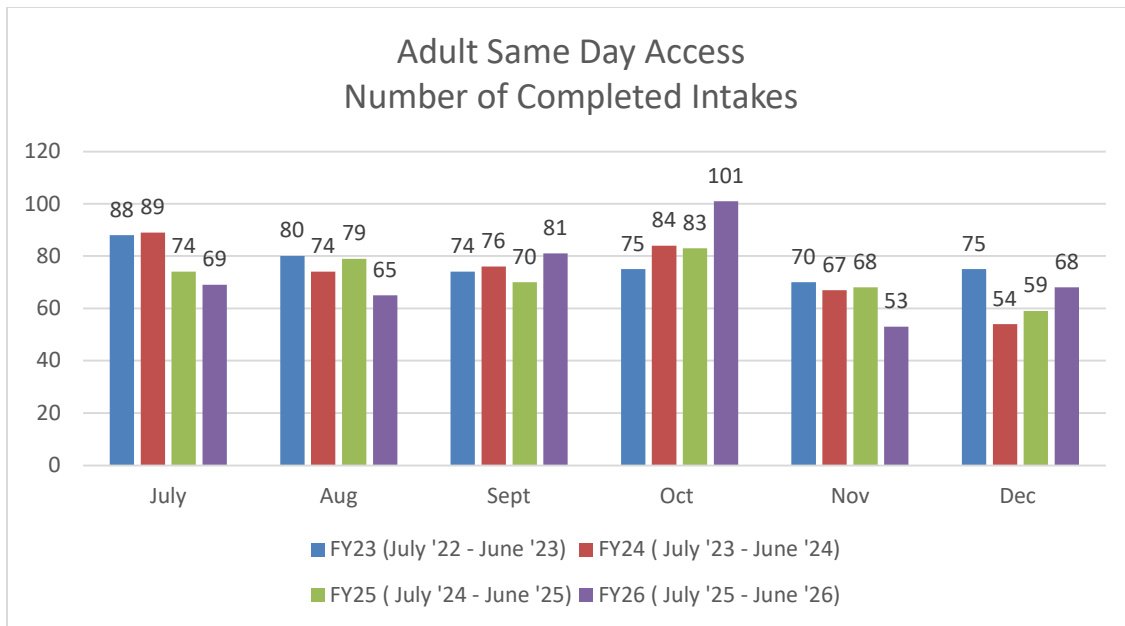
Data

The State's Enterprise Data Warehouse system (EDW) seems to have resolved all its initial issues. This is great progress. We have worked on finalizing the correction process and learning the whole system through all the changes and revisions and glitches. All HRCSB resolvable errors have been corrected up to this point, which is huge. Our staff is wonderful about correcting errors quickly and without hassle.

Behavioral Health Services

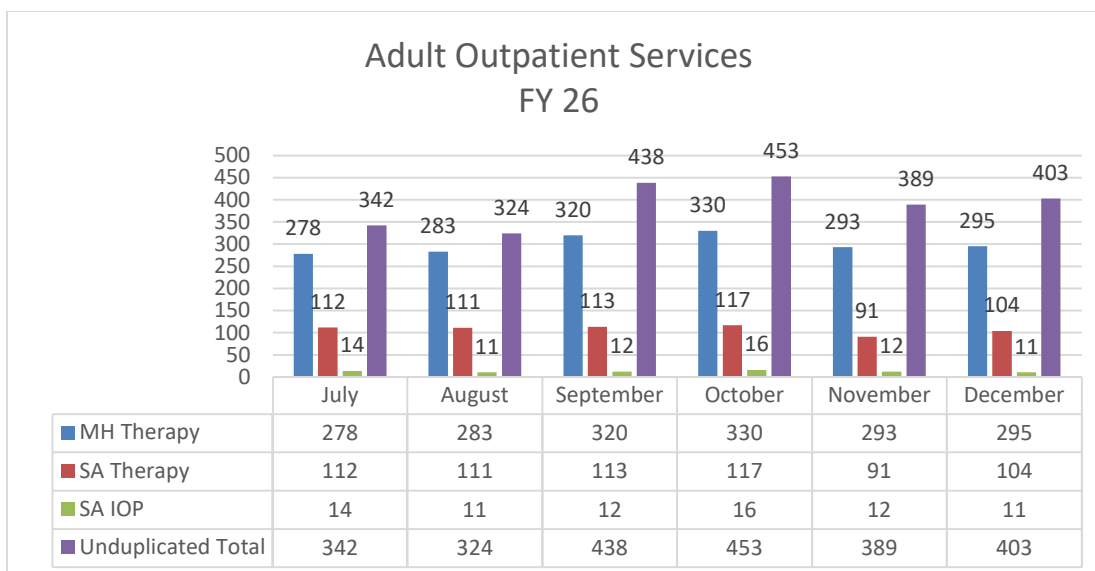
Same Day Access (SDA) – Adult & Child

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 December the Same Day Access team completed 38 intakes for children/adolescents and 68 for adults. Both numbers represent significantly increased numbers from November which is obviously encouraging to see.



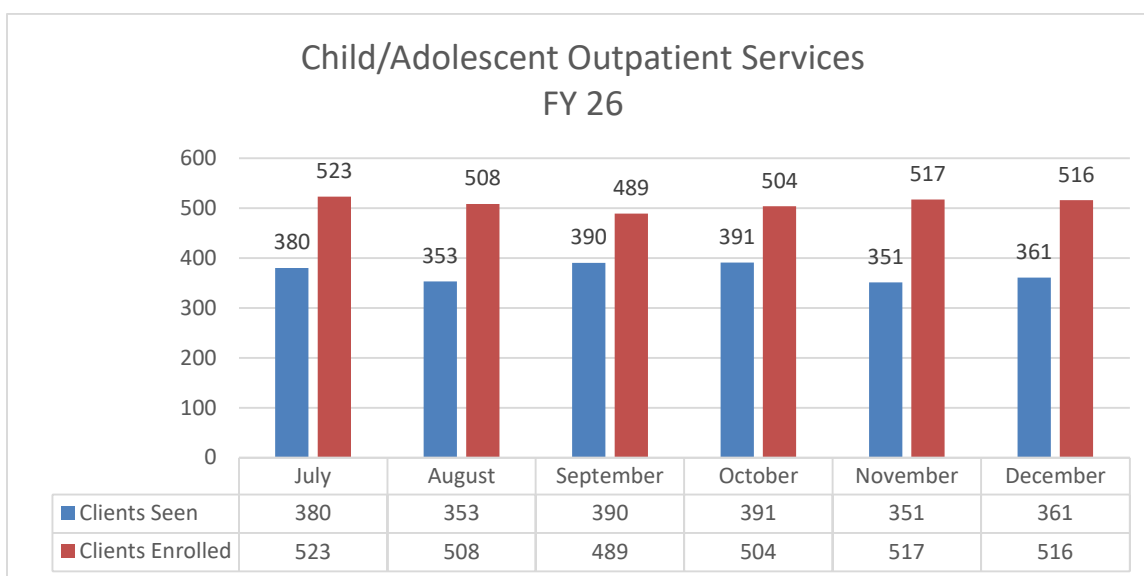
Adult Outpatient Services

In the month of December the Adult Outpatient team provided mental health focused individual and group therapy to 295 individuals, as well as substance use focused treatment to 104 different individuals. We also served 11 individuals in our substance use focused Intensive Outpatient Program. Cumulatively this is an increase in productivity from the previous month and all three numbers individually are right around the average so far for the fiscal year.



Child/Adolescent Outpatient Services

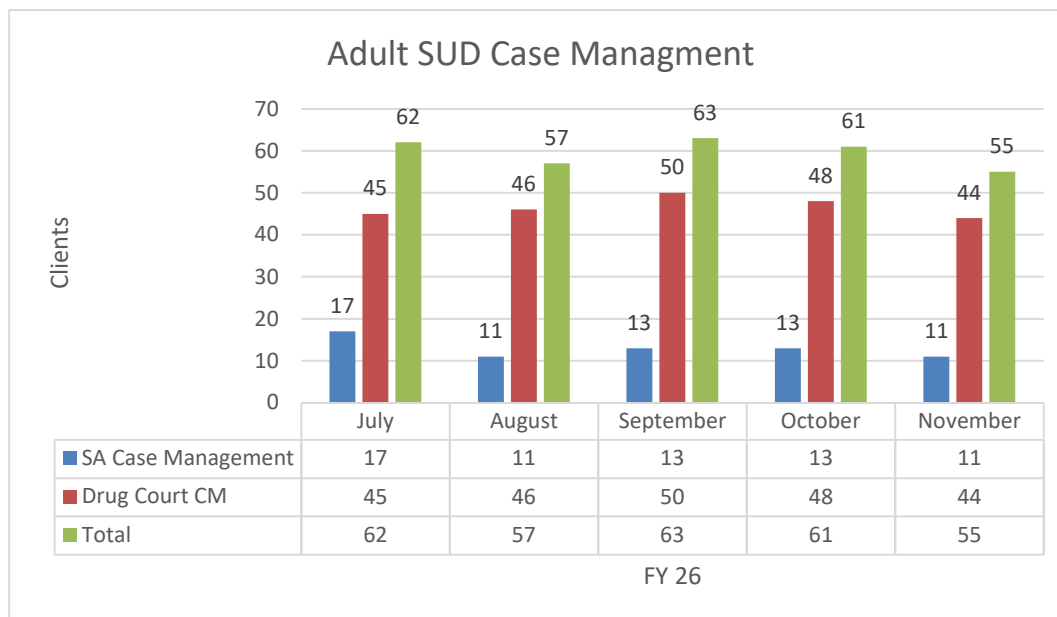
The Child/Adolescent Outpatient team has provided individual and/or family therapy to 361 clients in the month of December. Currently we have 516 individuals enrolled in child/adolescent therapy services. The clients seen this month is still a little below average for the fiscal year but is an increase from November.



As far as our in school services go, our Early Intervention Clinicians provided 426 sessions to 171 clients this month. The number of EIC sessions provided is below average, but the number of clients seen is well above average for the fiscal year so far. It's not surprising that the number of sessions provided is a lower number given the amount of days the school was out for weather and holidays this month.

Substance Use Disorder (SUD) Case Management - Adult

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

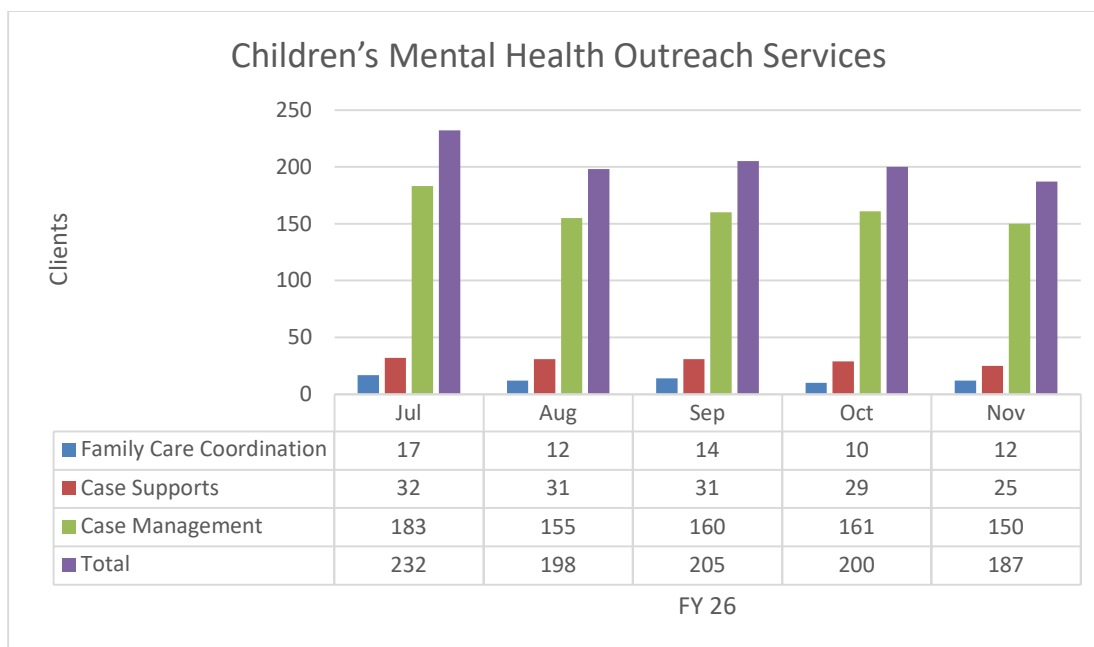


Care Coordination (Adult and Child)

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 39 clients for the month of December which is just below the monthly average for FY 25, but is a significant increase from last month. 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). Final billing numbers for December are not in yet, but in looking at the full November numbers 187 clients and families were served, which is well below average for the fiscal year. At this point, due to lack of new clients, we have not advertised any new MHCM Children's positions, despite several team members leaving to pursue new opportunities over the past year.



Behavioral Health Wellness

In the month of December, the BHW team offered 3 trainings and 3 community events or campaigns, reaching a total of 149 (+ 1180 via media) people. The team also distributed 249 suicide prevention and substance misuse prevention resources this month to schools, CSB clients, immigration services staff, and the general public. The trainings for this month were a full REVIVE training held at the Harrisonburg General District Court for security staff, a “Ten Tenants of Wellness” training held for Church World Services staff, and a SafeTALK suicide awareness training held for the general community hosted at the HRCSB main building. Other December highlights for the month include a “History of Sports Betting” webinar offered by our newest specialist Jennifer Johnson, a “Connecting Humans and Telling Stories (CHATS) event held at EMU for students, and a “Gift Responsibly” problem gambling awareness media campaign that reached nearly 1200 individuals in the community. Finally, the team put on a superb offering of the holiday spirit in decorating their cubby area for the annual HRCSB Holiday Decoration contest. A particularly special visitor seemed to like it quite a bit...



Community Mental Health Services

There are 397 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.

Peer Recovery Services

The Peer Program continues to see steady growth in the number of individuals we serve. The program serves 14 clients in Mental Health (MH) Peer Services and 7 clients in Substance Use Disorder (SUD) Peer Services, with four additional referrals currently in progress.

Our Mental Health Services Peer is actively fostering recovery-oriented support networks for her participants. By facilitating weekly group outings to community events, she is helping her clients build meaningful relationships to aid them in staying well.

Our SUD Services Peer is expanding his participant roster. In addition to providing individual services, he also participates in SUD-focused groups at the agency in an effort to increase program visibility and solicit new referrals.

We are proud to highlight a participant in the SUD Peer Program who has been enrolled for nearly two years. Following co-occurring inpatient treatment, she has achieved 11 months of continuous, abstinence-based sobriety. Over the past year she has maintained stability without requiring a higher level of care. She remains dedicated to reaching her goals of building a routine, learning how to manage the symptoms of her mental health, and increasing her community engagement.

The Peer Program was prominently featured in the 2025 VACSB Board Report. The publication highlights our SUD Peer's personal recovery journey. The report also recognizes Peer Program Supervisor and her contributions to the Peer workforce through several workshops she has presented in 2025, which include specialized training focused on the effective supervision of Peer Recovery Specialists.

Supervised Living Residential (Market Street)

Our small size fosters community, a wonderful aspect of the program. This year, two of our residents have gotten close enough to call each other Sis and Bubba, and when Bubba got baptized last month, Sis and another resident went with him to celebrate him. At the time of writing this update, a resident is cooking a meal to share with her peers and other residents are watching a Christmas movie together.

We have also onboarded a staff member to work the weekend overnight shifts and she is settling into the role well. We are currently onboarding a residential relief staff who is enthusiastically completing her training and will be ready for solo shifts after the Christmas holiday.

Permanent Supportive Housing (PSH)

We have 41 individuals enrolled in our Permanent Supportive Housing program, two of those individuals are unhoused currently searching for housing. We have 15 clients on our referral/waiting list.

We have had some client and staff success stories over the last months. A client had a smooth hospital discharge (great collaboration between hospital liaisons, ACT and PSH), then was housed within 2 weeks of being discharged. Another client had received a notice of non-renewal of their lease at the end of October and needed to be out by January 31, 2026, and PSH housing specialist had her approved for a new apartment within a week of this notice and was able to move the client within a month. PSH Staff prevented a client from being evicted, even though client did significant damage to the unit, through our good relationship with the landlord.

Our Housing Peer Specialist had 3 successful move ins with Commerce Village 2 in a week's time. Clients were all from the CSB: 2 Adult Mental Case Manager clients and 1 PSH/ACT client. She has done a remarkable job coordinating between HRCSB PSH and Harrisonburg Redevelopment and Housing Authority (HRHA) to ensure connecting clients to housing there.

State Hospital Discharge Coordination

We were able to successfully discharge an individual that had been hospitalized at Western State Hospital (WSH) since April to an out of catchment Assisted Living Facility (ALF), and he seems to be doing well. He had exhausted all HRCSB services along with community support which could not meet his level of care. We also had another difficult geriatric discharge for an individual that had been living independently and finally agreed to transition to a more appropriate level of care (ALF). We continue to see an increase in forensic cases (competency restoration and NGRI).

In calendar year 2025 our liaisons worked with 84 individuals in a total of 96 cases. They completed 76 new admissions and 70 hospital discharges. Of the 96 cases, 68 were at WSH with the remainder at six other state hospitals. Their average monthly caseload was 31 individuals.

State Hospital Census

In the monthly State Hospital census report for November 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)

Progress can be subjective and is often a reflection of the perspective that is taken by the evaluator. There is acknowledgment that Arbor House continues to fall short of the utilization goals while also acknowledging progress. There is also a perspective that sees the treatment of each individual served and the progress that captures. These are some of the comments that have been included in the Arbor House Resident Satisfaction Survey:

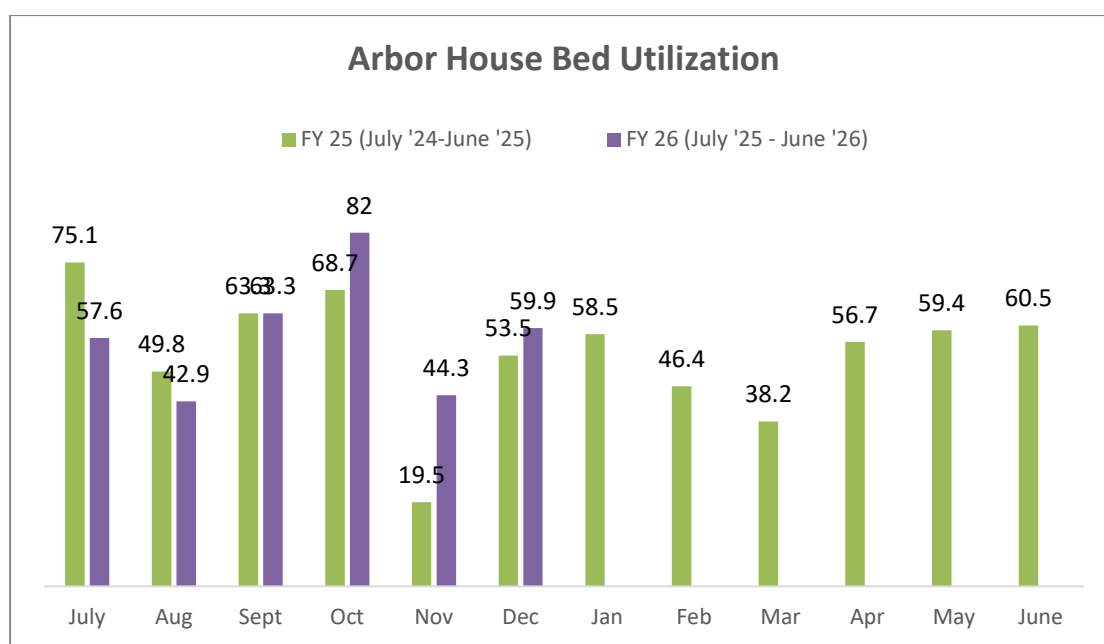
- "The amount of groups we have; it's good to stay busy and occupy ourselves. Staff does regular check ups to see if we would like one on ones."
- "All staff members were exceptional. No judgement, respectful, and very knowledgeable. Jessica Moore was amazing! Her approach, knowledge, and experience was most helpful. Rebecca was professional but real and presented the information very well."
- "I don't think there's a lot of space for improvement. My time here was really great and helpful and I think AH is the best it can be with the resources available."

There will always be efforts toward utilization and being good stewards of the resources entrusted to the program by the agency and the community, and we will always strive to

remember the progress of each individual who walks into Arbor House with the vulnerability necessary for crisis stabilization.

In December staff reviewed 22 referrals from within the HRCSB catchment area and throughout the region and offered admission to 17 individuals in crisis. There is significant progress related to the acceptance rate with almost 80% of referrals being offered admission and only one of those denied was related to medical acuity.

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



Emergency Services

December in Emergency Services provided a slight reprieve from the pace of the previous months. Throughout this holiday month the ES team completed 46 prescreens; 8 were released to community supports, 13 voluntary admissions, 3 recommitment screens, and 21 Temporary Detention Orders (TDO). The afterhours staff covered all three of the agency holidays during this month while still continuing to provide essential coverage for the nights and weekends, but also during the day shift.

ES is working to onboard several new after-hours staff in order to provide relief to current staff and build the capacity of the team.

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

Community Crisis Services – Community Paramedicine Program

The Crisis Response Unit will be minimally available for the next several months due to staff being on leave. Our Community Case Manager will be covering the Crisis Response Clinician in circumstances where a response could be critical.

December reflected a sustained, high demand period for the Community Paramedicine Program, with a strong emphasis on repeat-client stabilization, safety access solutions, and winter driven service coordination. The Community Social Worker (CSW) continued to support Harrisonburg Fire Department's Community Paramedicine Program through coordinated home visits, structured case management, rapid Durable Medical Equipment (DME) acquisition, and interagency planning to address both urgent needs and recurring system overuse. This month's work underscored a common seasonal pattern: increased vulnerability during colder weather, more frequent requests for assistance from previously supported residents, and higher coordination needs with community partners to prevent avoidable emergency utilization.

December maintained steady community contact and follow-up activity, with a notable concentration of repeat calls from known individuals experiencing chronic medical instability, mobility decline, and behavioral health related support needs. Several cases required structured re-engagement plans due to recurring needs and repeated requests that, at times, overextended community resources.

Key trends included:

- Increased follow-ups tied to repeat 911 use among familiar clients.
- Multiple welfare-check related concerns involving residents with limited mobility and difficulty maintaining self-care during winter conditions.
- Greater need for boundary-setting and coordinated care planning when individuals repeatedly cycle through the same support requests without sustained follow-through.
- This reinforced the importance of coordinated, consistent interventions that reduce system strain while still maintaining client safety.

December continued to show high volume, repetitive DME needs, especially among previously supported clients whose conditions remain fragile or decline over time. Several individuals required replacement equipment, upgraded mobility supports, or renewed requests for the same DME categories due to wear, changing health status, or repeated loss of functional independence.

This month included:

- Numerous repeat DME submissions and renewals (mobility supports, in-home safety items, and basic medical supports).
- Continued rapid processing and delivery coordination to reduce fall risk and prevent avoidable emergency transport.

- Follow-up troubleshooting for equipment usage and safety compliance during home visits.

DME remains one of the program's most effective prevention tools supporting safe home retention and reducing unnecessary calls tied to mobility barriers.

A major operational success this month continued to be lock box installations across the city, expanding safe-entry capacity for Fire/EMS responders. These installations have consistently improved response efficiency and reduced risk during urgent calls especially for residents who cannot reliably answer doors, have mobility limitations, or have a history of frequent 911 contact.

Notable impacts observed:

- Faster access during urgent welfare checks and medical calls.
- Reduced need for forced entry, lowering property damage risk and scene escalation.
- Improved responder confidence and consistency when serving repeat-call addresses.
- Better structure for situations involving misinformation, repeated non-emergent calls, or access barriers that previously created unnecessary system strain.

This initiative continues to be one of the most practical, measurable safety interventions benefiting both residents and first responders.

December involved numerous interagency meetings and coordination touchpoints, particularly focused on residents already supported by the program who continue to present with recurring high needs. These meetings emphasized strengthening communication pathways, reducing duplication of effort, and aligning strategies among community partners when the same individuals repeatedly access services across multiple systems.

Coordination included ongoing collaboration with:

- Primary care offices and specialty follow up pathways
- Adult Protective Services (APS) and community service partners
- Local shelters and resource networks
- Hospital discharge and transition planning contacts

The program's goal remains consistent: provide compassionate support while implementing structured accountability and coordinated plans to reduce repeated strain on emergency and community systems.

A key highlight this month was a collaborative meeting with Open Doors Director Shilpah, focused on strengthening how we work together during the fall and winter seasons. Discussion centered on winter-specific challenges that increase urgency and case volume (cold-weather

risk, housing stressors, mobility decline, access to supplies, and rapid escalation of medical vulnerability).

Key outcomes and priorities included:

- Identifying how Open Doors can serve as a rapid coordination point for quick-fire cases that require fast linkage to resources.
- Exploring use of Open Doors' office space as a support hub to expedite short-turnaround needs and streamline response efforts.
- Strengthening real-time communication pathways to reduce delays and improve coordinated service delivery during high-volume winter periods.
- This partnership enhancement supports faster stabilization, improved service efficiency, and better outcomes for residents who require rapid, coordinated interventions.

Case management remained focused on both acute stabilization and long-term follow through, with particular effort placed on repeat client structure and safety planning.

Interventions included:

- Multi-contact follow-up with clients experiencing recurring instability.
- Coordination of medical re-engagement (appointments, medication access concerns, and discharge follow-up).
- Safety-focused home visits addressing fall risk, self-neglect concerns, and limitations in caregiver support.
- Continued emphasis on service navigation that reduces avoidable emergency activation.

December highlighted the need for ongoing prevention work, especially with individuals at risk of repeat crises without sustained support structures.

Program Transition & Leadership Coverage

The end of December includes a key program transition with the departure of Dustin Wampler as a partner to the Community Paramedicine Program. This change marks an operational shift as responsibilities are redistributed to ensure continuity of daily program functions.

At this time, current Chief De-Heaven will assume responsibility for daily operational oversight based on the understanding brought forward to CM leadership. The Community Case Manager will continue coordinating closely with Fire/EMS leadership and community partners to maintain response efficiency, follow through, and client safety during this transition.

December reaffirmed the value of a unified Community Paramedicine and Social Work response model particularly during winter months when vulnerability, service demand, and system strain increase. The ongoing expansion of lock box installations continues to produce direct operational benefits for Fire/EMS response, while repetitive DME needs and recurring high-use cases demonstrate the importance of coordinated, structured follow-up across partners.

With strong interagency collaboration and strategic partner engagement especially the meeting with Open Doors Director Shilpah the program is further strengthening its ability to respond quickly, reduce system overuse, and stabilize residents before emergencies escalate. The CSW will continue building on these efforts into January, with continued focus on winter prevention, rapid response coordination, and long-term stabilization strategies for high-utilizer and medically fragile residents.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 349 units for the month of November. Case managers completed 603 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 202 face-to-face visits. They also completed 16 Individual Service Plans.

Currently we have 369 individuals receiving DD Case Management services, including 268 receiving DD Waiver services. Of the 268 individuals receiving ID waiver services, 37 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 a face to face contact 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. Looking back at 2025, despite closing 20 clients, we ended the year with a net positive of 27 clients added.

There are 261 individuals on the DD Waiver Waiting list awaiting services. There are 36 individuals on Priority one status, followed by 129 on Priority two, and 96 on priority three. The 36 individuals on priority one marks the lowest that has been since August of 2022. This is due largely to the state devoting significant resources in the past year towards reducing the Priority one waiting list statewide.

We received 6 requests for services in December, completed 2 screenings, and placed 4 people on the waiting list. We opened 4 new clients in December. Statewide there are 14231 individuals on the DD wavier waiting list, including on priority 2636. In 2025 we added 84 individuals to the DD Waiver Waiting list, marking a new high for the second year in a row.

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 November the Infant at Toddler program completed 134 billable Developmental services, including 41 Developmental Assessments. We completed 80 Occupational Therapy services, including 13 evaluations, 42 Physical Therapy Services, including 6 evaluations, and 83 Speech Therapy services, including 17 evaluations. Support Coordinators added an additional 209 Medicaid billable services, including 209 face-to-face visits. We currently have a small waitlist for Occupational Therapy services.

Our child count in December of 2024 was 249, and we ambitiously targeted 280 for this year. We were very pleased to surpass our goal and to reach a new high of 285 for this year's 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.

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 | 32 |
| December | 28 | 35 | 34 | 24 | 39 | 25 | 32 | 44 | 45 |
| 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 | 248 |
| Child Count- Dec 1 | 162 | 173 | 195 | 201 | 193 | 225 | 259 | 249 | 285 |

Our Infant and Toddler program got into the spirit of the holiday by collecting new and gently used toys to be given to some of our families in need.



Finance Department

The Finance Department has a busy month in January 2026. We have auditors on-site the week of January 13th to audit FY25. There has been constant clean-up, training of new staff, in addition to maintaining FY26 items timely. I am proud of the team and all their hard work.

The deadline for having all W-2's available to staff in Munis self-service portal is January 31, 2026. We will be receiving training January 13-14th with Munis staff on-site for the W-2's.

The deadline for mailing all 1099's to our vendors is January 31, 2026. There is some clean-up for our vendors due to process issues that were discovered in the last quarter. We will be receiving training on January 22nd from Munis and then working diligently correcting amounts to ensure they are mailed timely.

We have recently learned this quarter of a glitch in the project strings module of Munis that we use for processing rep payee items. We are working with the internal IT department and Munis to ensure our balances are correct. Due to this issue, we are researching another module in Munis and also outside software. We hope to have this completed by the end of March, to begin using April 1. This will enable us to streamline the processes and produce more accurate reports for our clients and Case Managers.