

# HRCBSB Board Report – February 2026

**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

January is the start of the 2026 General Assembly session in Richmond and this year the transition to Virginia’s new governor, Ms. Abigail Spanberger. During this month, CSBs spend time monitoring the legislative actions in Richmond with regards to bills or actions that will impact funding, our service delivery system and the individuals we serve in our communities. Our statewide organization, the Virginia Association of Community Services Board (VACSB) is diligently working for the benefit of the CSB system, meeting with legislators, educating and advocating on the needs of our system. This year several system wide priorities include the following: advocating for the state to apply for the national demonstration grant for Virginia to transform our behavioral health services under STEP-VA to a Certified Community Behavioral Health Clinic (CCBHC); requesting for the continued funding of workforce funds in the amount of \$8.7M to support the cost of support coordinators working with individuals receiving ID/DD CM and waiver services; requesting funds to address program deficits of FY26 in the amount of \$3.4M and \$3.5M for the 2026-2028 biennium to support a projected 5% annual increase in the number of children served through the Early Intervention Services (locally referred to as our Infant and Toddler Connection Program); requests funding of \$7.8M to support the remaining CSBs that need to implement MARCUS Alert programs; requests that the increase in funding (\$1.5M) during FY26 for Outpatient Competency Restoration services be made into ongoing funding; and requesting an increase of \$8M in general state funds dedicated to prevention services to replace the funding lost with the ending of ARPA. We look forward to the outcomes of this legislative session and hopeful for continued support of the public behavioral health and developmental services system.

*Rebekah Brubaker, LPC*

## Administrative Services

### **Compliance**

The Compliance team has handled a variety of audits this month from MCOs Sentara and Anthem. They successfully handled the Annual Review by the Office of Licensing of our ID/DD Services with No Citations. This is a testament to the work of the ID/DD team, the Office of Human Resources and the Compliance Department. We did have two late CHRIS reports this month in our ACT program, resulting in a Corrective Action Plan (CAP). Our CAP response was accepted by DBHDS and we will work closely with the ACT team to resolve any issues.

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

The IT Department continues to support agency initiatives of the Munis rollout and now a new Learning Management System, Relias. This program will be utilized for the 2026 required training agency wide. The Training Coordinator on the Compliance team is working closely with the IT Manager on the effort.

### **Clerical**

The Clerical team is playing a bit of musical chairs this month with a key front line staff member on maternity leave. The whole team is stepping up and helping out where needed.

### **Facilities**

All four snow removal vendors have been committed to getting properties cleared quickly, and we've been able to get back up and running! They did a great job in the most recent snow and ice, we were pleased with their efforts at our different locations.

### **Risk Management**

The Risk Management Specialist is helping with the audits in Compliance as well as regularly assisting the Facilities staff. He is also updating policies as the new year begins.

### **Data and Business Analyst**

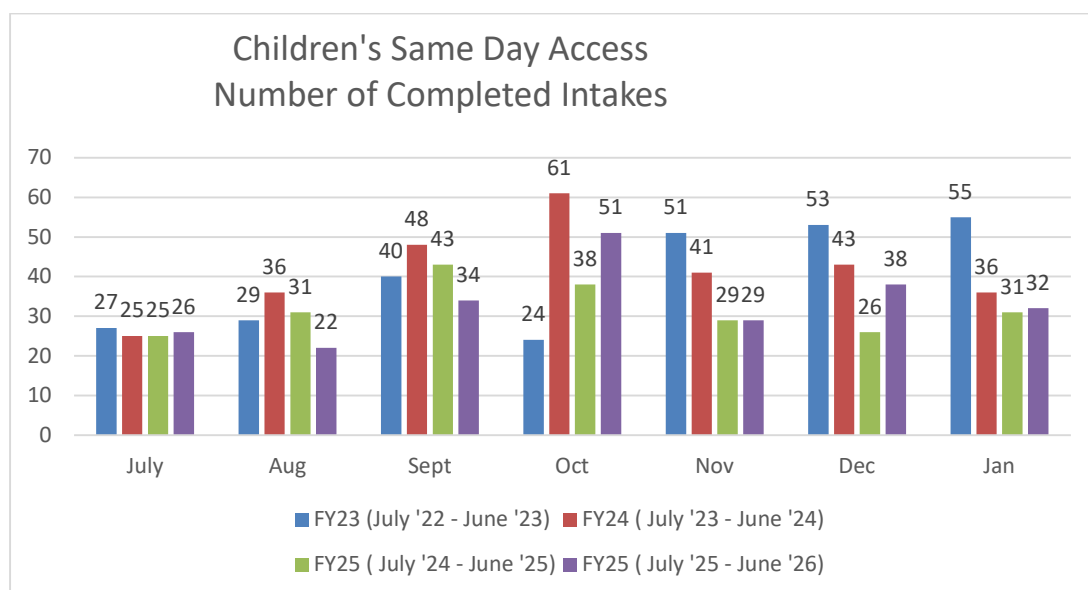
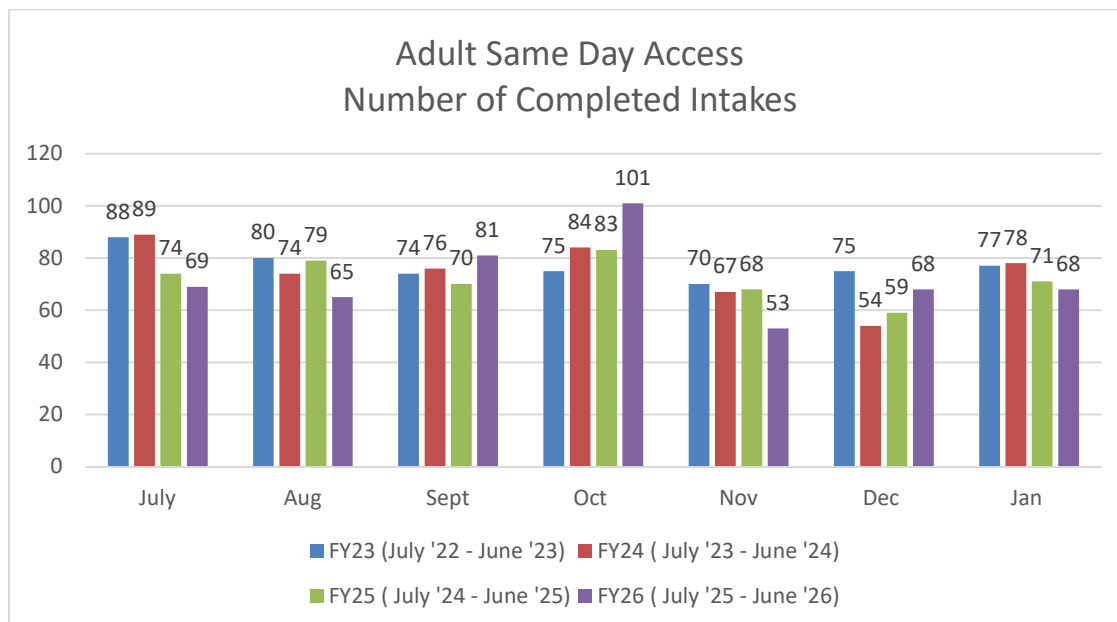
Our Data Analyst has been working hard on corrections feeding into the DBHDS Enterprise Data Warehouse (EDW) and is getting assistance as needed from staff on the corrections. She has also been working with the Risk Management Specialist to get a calendar year 2025 Serious Incident Report summary.

## 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

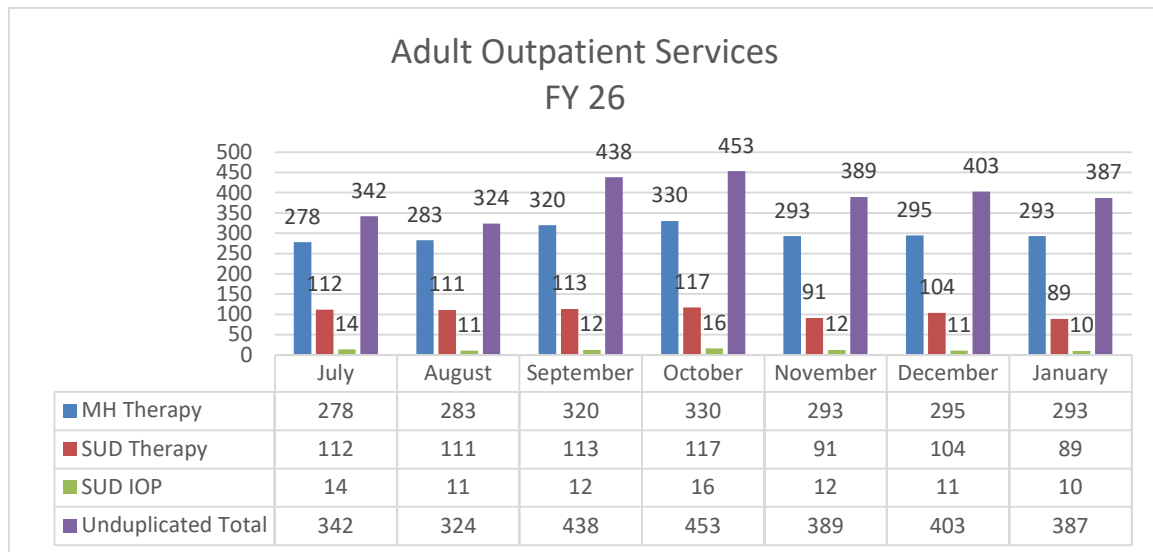
January the Same Day Access team completed 32 intakes for children/adolescents and 68 for adults. Both numbers are right around average for the fiscal year.



## Adult Outpatient Services

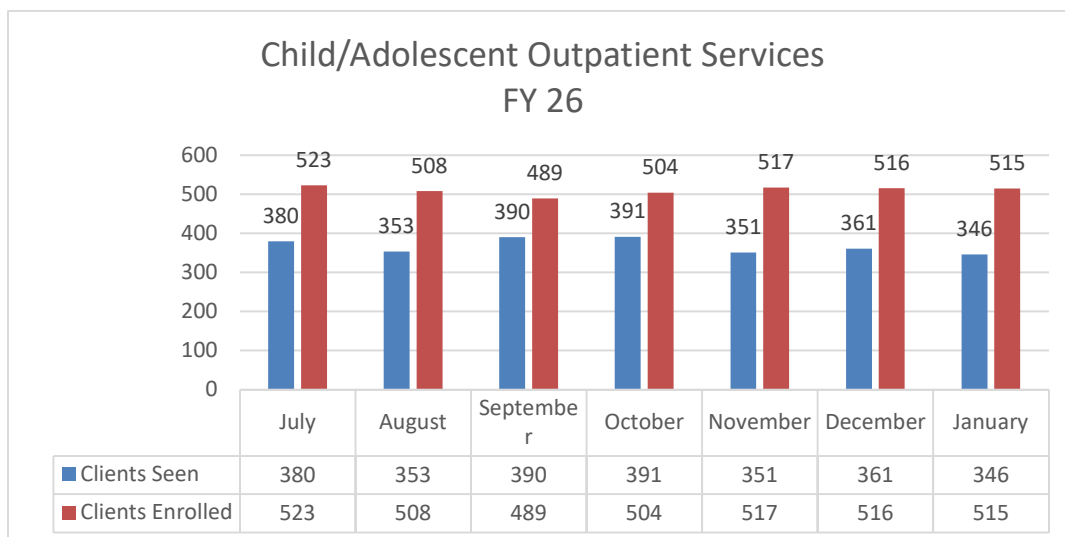
In the month of January, the Adult Outpatient team provided mental health focused individual and group therapy to 293 individuals, as well as substance used focused treatment to 89 different individuals. We also served 10 individuals in our substance use focused Intensive Outpatient Program. Our SUD therapy numbers are lower than average for this fiscal year thus

far, but our overall Adult OP numbers are right around average for the year. On a sad note, Pablo Ochoa, who has been with the Adult OP team for over 6 years now, has resigned in order to work at a more family/couples-oriented practice. We have already begun advertising for this position.



#### Child/Adolescent Outpatient Services

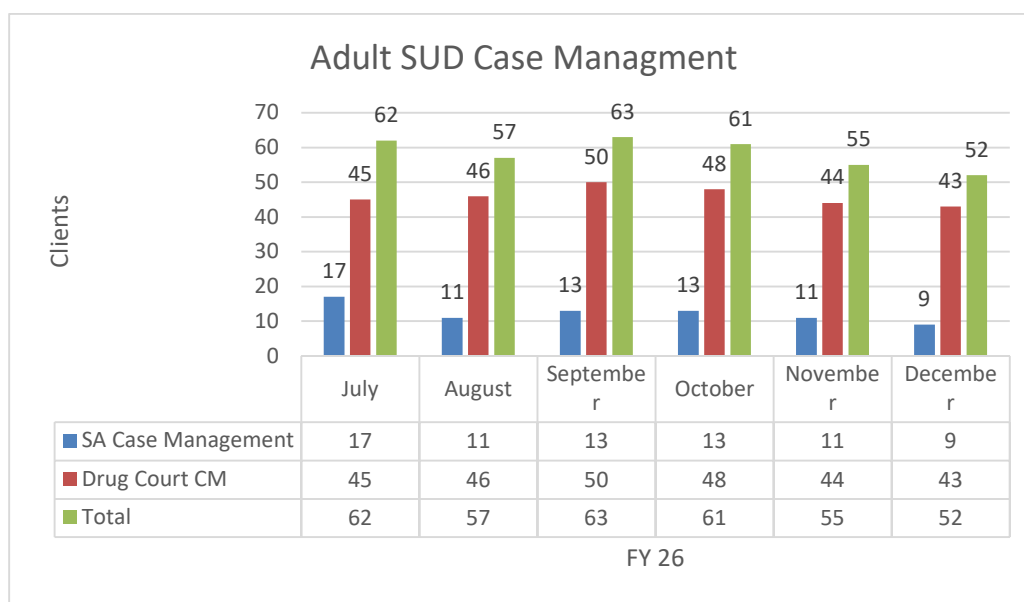
The Child/Adolescent Outpatient team has provided individual and/or family therapy to 346 clients in the month of January, which is less than average for the fiscal year. Currently we have 515 individuals enrolled in child/adolescent therapy services, which is slightly above average for the year. Also Cherie Ditmer, a member of the Children's OP therapy team since October of 2021 has resigned to pursue new opportunities. Given the somewhat reduced demand for children's treatment services as of late we will not be advertising to replace this position quite yet.



As far as our in-school services go, our Early Intervention Clinicians provided 470 sessions to 170 clients this month. The number of EIC sessions provided is below average, but the number of clients seen continues to be well above average for the fiscal year so far. We have started to advertise for the currently open EIC position and are already receiving applications.

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

Our SUD CMs provide support to our clients who are dealing with substance use related challenges that are negatively impacting their ability to maintain their housing, employment, benefits, interpersonal relationships, legal issues etc. Our SUD CMs, work with clients to refer them to appropriate treatment services and/or recovery services and assist clients in accessing other resources in our community to aid them in their journey of recovery. Our team works with individuals involved in our local Recovery Court and individuals who seek services voluntarily. We do not have final SUD CM numbers for the month of January yet but in December the team served 43 clients enrolled in the local Recovery Court program as well as 9 other SUD CM clients.



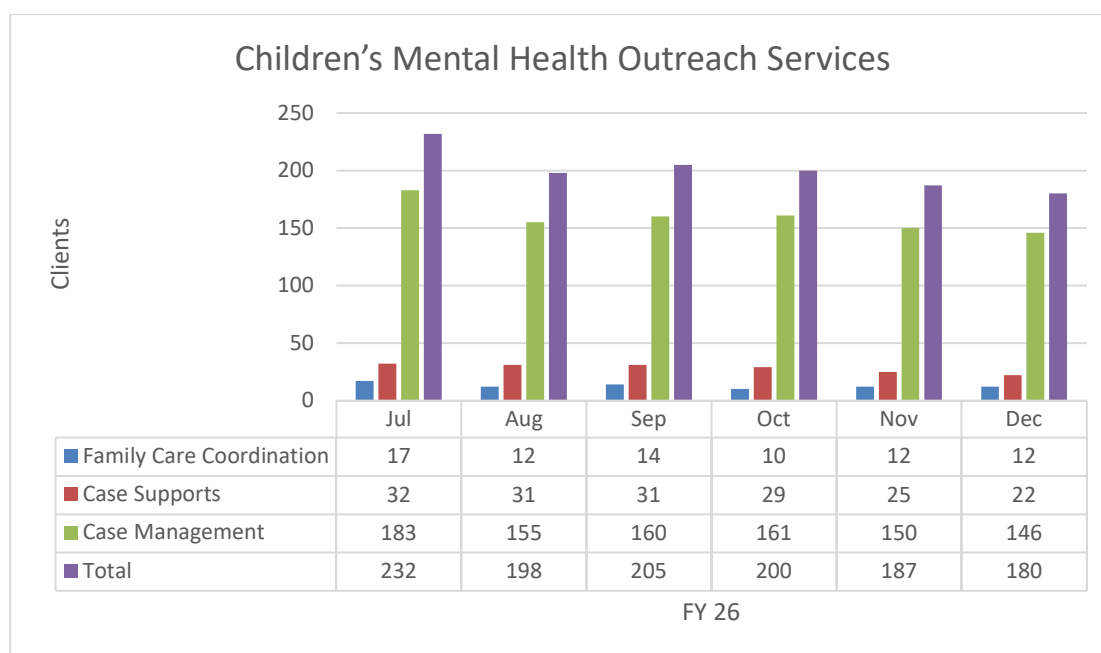
### Care Coordination (Adult and Child)

The Care Coordination team continues to offer assistance for clients that either do not meet criteria for case management or, in some cases, are waiting to be opened to case management. Overall, the team served 45 clients for the month of January, which is well above average for the fiscal year. The three primary needs that the team helped clients address were once again housing, medical care, and income security.

### Children's Mental Health Outreach Services

On our Children's Outreach Services team, we have a group of case managers as well as a small team of family care coordinators (FCC). Our child mental health case managers work with

children and their families to support them in navigating resources and services in our community related to their children’s mental health. This can include helping to advocate within the school system for the needs of their client/family, attending medical appointments to provide support to parents, assisting with applications for benefits, linking them to treatment services within the agency and in the larger community. Our FCC workers typically work with children and families who are at-risk of being placed in a residential facility due to their ongoing mental health concerns that are no longer able to be safely managed in the community. FCC workers work to provide wrap around services to the family and child to help provide stability, this can happen prior to, during and following the child’s placement in a residential facility. Our team focuses on providing client and family focused care/decision making, with the goal of the child being able to return home permanently. Final billing numbers for January are not in yet, but in looking at the full December numbers 180 clients and families were served, which is well below average for the fiscal year.



### Behavioral Health Wellness

In the month of January BHW team offered 6 training courses, and 4 community events or campaigns, reaching a total of 185. They distributed at least 560 suicide prevention and substance misuse prevention resources this month to schools, CSB clients, local ALICE-identified families, immigration service organizations, and the general public. Trainings offered this month included providing REVIVE training for JMU Resident Advisors and two different trainings for Church World Services clients related to substance misuse. It might also be noted that the team is scheduled to provide two days of ASIST training to local DSS workers, and a full day of Mental Health First Aid training to 30+ members of the general community. Community events attended by the team in January include the United Way’s Family Engagement Night, a meeting

of the local Fatherhood Coalition, and an Advisory Committee meeting for the local Veteran's Peer-Based Support Coalition that was hosted on site at the HRCSB main building.

## Community Mental Health Services

There are 393 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.

### **Assertive Community Treatment (ACT)**

The ACT program provided intensive community-based services to a caseload of 23 individuals last month with a total of 172 contacts by the team of 5 full-time and one part-time staff. Needs of ACT clients range from psychiatric appointments, injections, filling medication pill boxes, along with trips to the DMV, social services and probation offices, food banks and grocery stores. Visits also involved therapy, vocational assessments and support, and substance use assessments. The team delivers medications to six ACT clients between the hours of 6-8 PM five nights each week.

Two of our ACT clients were enrolled this month after being discharged from Western State Hospital. Both are staying at local homeless shelters until apartments can be found for them by the PSH team.

### **Permanent Supportive Housing (PSH)**

We have 42 individuals enrolled in our Permanent Supportive Housing program, three of those individuals are unhoused currently searching for housing. We have 14 clients on our referral/waiting list.

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

Summit House accepted the resignations of two staff members last month. The remaining staff are working hard to ensure members' needs are being met and program routines are kept going. Members participated in several trips into the community for bowling, and exploring the town of Broadway, where several members live. The snow did close Summit House for several days last month. Members helped cooked lunch, one from a personal recipe for roasted pork loin and Spanish rice- delicious! Other members facilitated groups on co-occurring substance use and mental illness, music as a coping skill, and the value of joy.

### Supervised Living Residential (Market Street House)

The staff at Market Street stepped up to ensure the program was able to endure the January snow and ice. One staff member covered a 24-hour shift during the storm until it was safe for other staff to travel the roads safely. This month the program discharged a resident to a higher level of care after living independently through program supports since 2010.

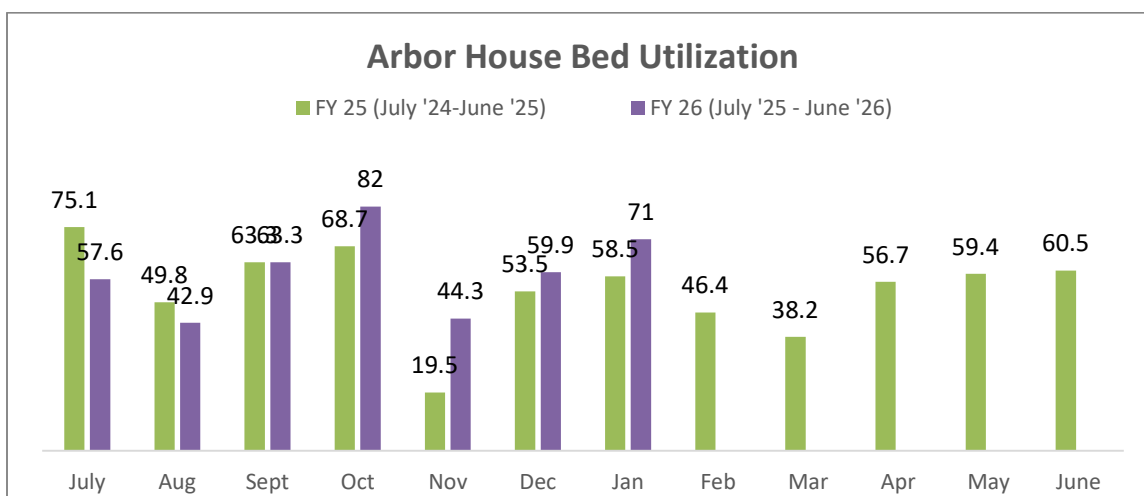
### State Hospital Census

In the monthly State Hospital census report for November of 2025, HRC SB 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 has started 2026 with continued growth in the utilization rate as compared to both the previous year and previous month. January also brought challenging weather and immense teamwork from the staff. Unpredictable weather conditions, with potentials like unpassable roads and power outages, present unique challenges to 24/7 programs. In these times that the dedication and sacrifice of the staff is highlighted through the willingness to stay overnight at the program and take extra time and care in challenging commutes. Winter weather has also created a challenging landscape for our most vulnerable clients who may be unhoused or insecurely housed. Our Case Coordinator, with the support of the team, has worked tirelessly to ensure that the clients are discharged with the resources necessary for safe shelter.





### **Emergency Services**

The staffing challenges in Emergency Services has continued into 2026. We currently have a single full-time daytime clinician, one of the previous full-time staff members has transitioned to an hourly position while pursuing a different full-time career path. We have had amazing support from our hourly staff to fill in and provide additional support during business hours. We continue to recruit both full-time and hourly positions and have added several new hourly staff to the team. During January, Emergency Services completed 44 Prescreening evaluations that have resulted in 20 Temporary Detention Orders (TDO), 11 voluntary admissions to a private hospital, and 6 releases to community supports.

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

This year has started with staffing challenges in both our community crisis programs and a unique opportunity.

Currently our Co-responding clinician for the Crisis Response Unit (CRU) is out on an extended leave and Harrisonburg Fire Department is actively recruiting for a Community Paramedic after the departure of the previous part time employee.

We are using this opportunity to cross train our Community Case Manager with the CRU officer in order to continue providing the community with the critical community-based crisis services. This promotes the additional understanding of the teams regarding the work and services that they each provide and lays the foundation for collaboration and the most efficient use of resources when the teams are fully staffed.

## **Developmental Services**

### **DD Case Management**

Developmental Disabilities (DD) Case Managers billed 355 units for the month of December. Case managers completed 617 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 208 face-to-face visits. They also completed 18 Individual Service Plans.

Currently we have 368 individuals receiving DD Case Management services, including 268 receiving DD Waiver services. Of the 268 individuals receiving ID waiver services, 38 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.

In 2016, as part of the DD Waiver redesign, case management services for individuals with autism were moved from private providers to Community Services Boards. In previous months we've highlighted how individuals with autism, particularly children, were now the prominent population accounting for the growth of our DD Waiver Waiting list. Further illustrating how services are changing, we can point out that in July of 2017, case management for individuals with autism accounted for roughly 6% of our total caseload. In December of 2025 that percentage is close to 19%. As we continue to allocate slots from a waiting list with a high number of individuals with autism, we expect those percentages to rise.

There are 265 individuals on the DD Waiver Waiting list awaiting services. There are 36 individuals on Priority one status, followed by 134 on Priority two, and 95 on priority three. We received 6 requests for services in January, completed 3 screenings, and placed 4 people on the waiting list. Statewide there are 14269 individuals on the DD wavier waiting list, including 2638 on Priority one.

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

Congratulations to DD Case Management Supervisor Rob Slaubaugh and his team for a DBHDS licensing review which resulted in no violations. Great work!

### Infant and Toddler Connection

In December the Infant at Toddler program completed 169 billable Developmental services, including 23 Developmental Assessments. We completed 58 Occupational Therapy services, including 5 evaluations, 40 Physical Therapy Services, including 3 evaluations, and 98 Speech Therapy services, including 8 evaluations. Support Coordinators added an additional 225 Medicaid billable services, including 151 face-to-face visits.

We hope to have all open service coordinator positions filled by the end of February. We are currently recruiting for an hourly OT position.

### 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	42
January	31	44	37	41	22	49	28	35	40
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	285
Child Count- Dec 1	162	173	195	201	193	225	259	249	285

## Finance Department

We celebrated the one-year work anniversary of our Reimbursement Manager on December 30th. During her first year she has built a strong team, processes claims weekly, the team works denials daily, and they have worked diligently on following up on prior denials greater than 365 days.

The first quarter of FY26, we were required by the DBHDS to begin reporting our A/R balances by payor (not including client self-pay balances), and age of the claim. The goal is to have our A/R balance that is greater than 120 days equal to 15% or less of our total balance. Please see below both reports, and the decrease of 41% of our A/R balance greater than 120 days.

Harrisonburg Rockingham Community Services Board						
9/30/2025						
		Claim age 0-30 days	Claim age 31-60 days	Claim age 61-90 days	Claim age 91-120 days	Claim age 121-150 days
Payer/Guarantor	Account Balance	Current/Not Past Due	31-60	61-90	91-120	121+
Medicare Part B	\$ 38,213.41	22,841.15	10,504.36	810.54	1,170.56	2,886.80
Medicaid	\$ 414,057.17	119,088.00	110,018.92	19,491.40	8,251.78	157,207.07
Medicaid MCO's	\$ 845,256.51	410,729.51	82097.15	89,627.62	73,081.72	189,720.51
Medicaid Waiver	\$ 9,973.79	-	-	5,367.31	116.48	4,490.00
Medicaid QMB	\$ 29,730.65	8,426.61	4132.99	2,035.48	5,264.62	9,870.95
DNP's	\$ 20,182.97	10,529.05	1464.54	1,054.76	1,799.76	5,334.86
Medicare Advantage	\$ 19,113.09	5,940.00	2651.38	2,213.19	1,842.76	6,465.76
Commercial	\$ 305,545.96	70,200.44	17745.25	20,196.65	12,226.70	185,176.92
<b>TOTAL</b>	<b>\$ 1,682,073.55</b>	<b>\$ 647,754.76</b>	<b>\$ 228,614.59</b>	<b>\$ 140,796.95</b>	<b>\$ 103,754.38</b>	<b>\$ 561,152.87</b>
Percentage of Account Balance		38.51%	13.59%	8.37%	6.17%	33.36%
Percentage of Account Balance Greater than 120 Days		33.36%				



Harrisonburg Rockingham Community Services Board						
12/31/2025						
		Claim age 0-30 days	Claim age 31-60 days	Claim age 61-90 days	Claim age 91-120 days	Claim age 121-150 days
Payer/Guarantor	Account Balance	Current/Not Past Due	31-60	61-90	91-120	121+
Medicare Part B	\$ 51,186.09	32,754.20	2,462.85	2,928.00	11,090.26	9,861.23
Medicaid	\$ 360,025.87	41,567.98	27,073.42	55,431.61	22,234.99	122,775.45
Medicaid MCO's	\$ 832,269.18	455,854.18	243,113.68	115,297.53	82,238.63	141,504.84
Medicaid Waiver	\$ 9,973.79	-	-			5,367.31
Medicaid QMB	\$ 24,905.57	7,553.30	9054.25	2,154.20	956.00	2,897.10
DNP's	\$ 13,844.58	10,323.65	2,336.12	2,233.19	1,596.71	1,551.79
Medicare Advantage	\$ 22,569.43	7,161.48	3839.06	3,277.31	2,017.33	4,366.38
Commercial	\$ 328,196.27	58,801.25	41,011.51	20,850.95	28,694.93	29,499.16
<b>TOTAL</b>	<b>\$ 1,642,970.78</b>	<b>\$ 614,016.04</b>	<b>\$ 328,890.89</b>	<b>\$ 202,172.79</b>	<b>\$ 148,828.85</b>	<b>\$ 317,823.26</b>
Percentage of Account Balance		38.10%	20.41%	12.54%	9.23%	19.72%
Percentage of Account Balance Greater than 120 Days		<b>19.72%</b>				