

HRCSB Board Report – March 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

At the state level, we continue to monitor the decisions and outcomes of the General Assembly as the members work their way through the budget process. We continue to monitor the impacts of several potential funding requests and/or changes, including the continued funding of the MARCUS Alert, additional funding for substance use prevention and treatment services, and several proposed language amendments that could impact how CSBs receive and utilize state restricted funds and general funds.

At the local level, we continue to be actively looking at ways to continue to utilize our services and resources to best serve our community. While there is much sadness in the closing of our psychosocial rehabilitation services program, Summit House; we also are celebrating the impact the program has had on countless lives over the last 41 years. Our leadership continues to be open to and are seeking new opportunities to serve individuals with serious mental illness and it is our desire to continue to evolve our services in the direction that can support our clients and their families.

Rebekah Brubaker, LPC

Administrative Services

Compliance

The Compliance team has had a month of “trying to figure things out.” There are multiple new initiatives coming up that require review and analysis of pending changes. These include: the DMAS Medicaid Redesign of various key services; I-SERV, a pilot program identifying and measuring services after first contact; WHODAS, a self-administered assessment that will be replacing the current DLA-20 in FY 2027, issues with the EDW data program and a new training program that HRCSB is launching March 2. It’s taken a great deal of reading, discussing and collecting information from a variety of sources to stay on top of each of these efforts.



Information Technology (IT)

The conversion to OneDrive has begun, with two agency IT Specialists visiting each staff member to update systems. They have updated some 30+ profiles in the first week. The IT Manager continues to work on security measures, including backup systems for continuing operations.

Clerical

The Clerical team had a relatively quiet month and is grateful for that. Also, they are now holding monthly staff meetings with coverage for the early morning phones and arrivals by Compliance Department, Medical and other volunteers. It's a good perspective for everyone to get HRCSB frontline experience.

Facilities

The Maintenance team has recently focused on HVAC preparation for the Spring and Summer months. We have had a particularly challenging unit on the roof that appears to have visitors both co-locating and chewing wires – which is never a good thing. Facilities has also worked with Residential managers on apartment repairs, which has not always been straightforward.

Risk Management

The Risk Management Specialist prepared and presented an annual report to the internal Quality Improvement Committee.

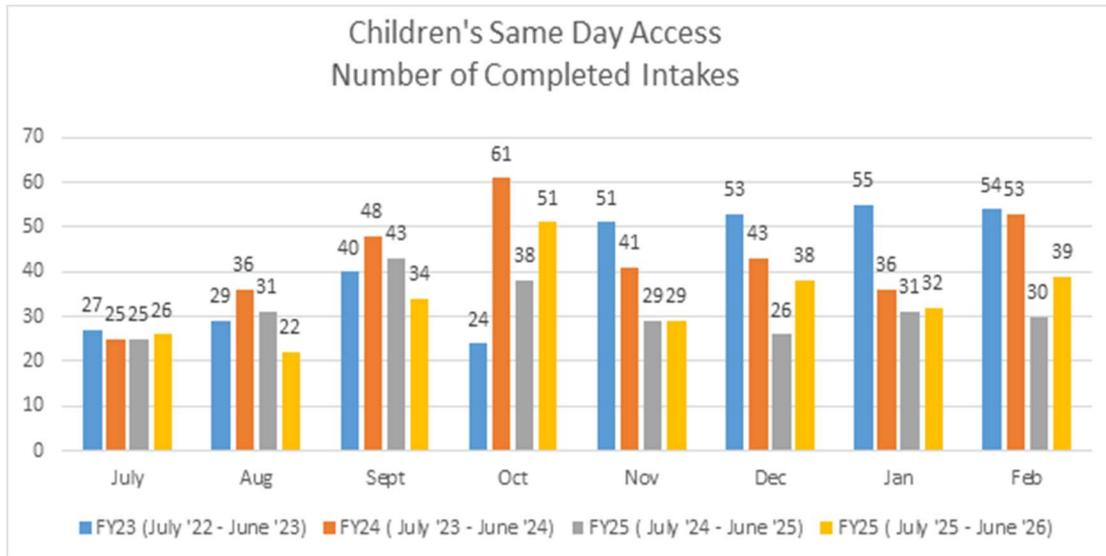
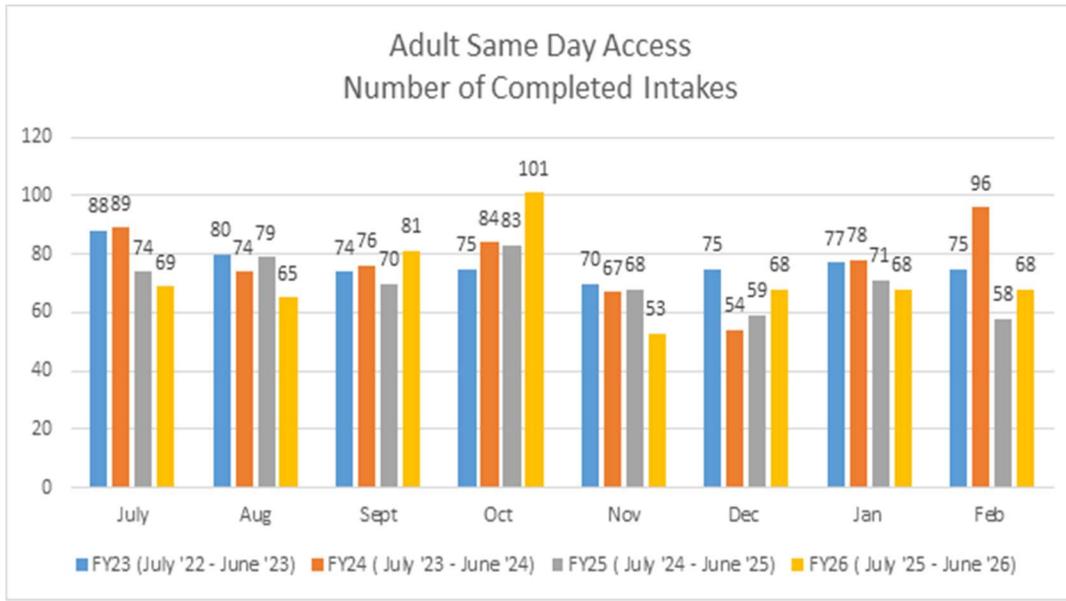
Data and Business Analyst

Our Data Analyst is working toward creating internal dashboards. This has included collaboration with IT and Compliance colleagues and gaining access to all data in our Credible system. The increase in their expertise in this area will be welcome. Also, they have worked on refining existing reports to ensure they align with workflows across departments. This will help with accuracy, consistency, and coordination when the reports are executed.

Behavioral Health Services

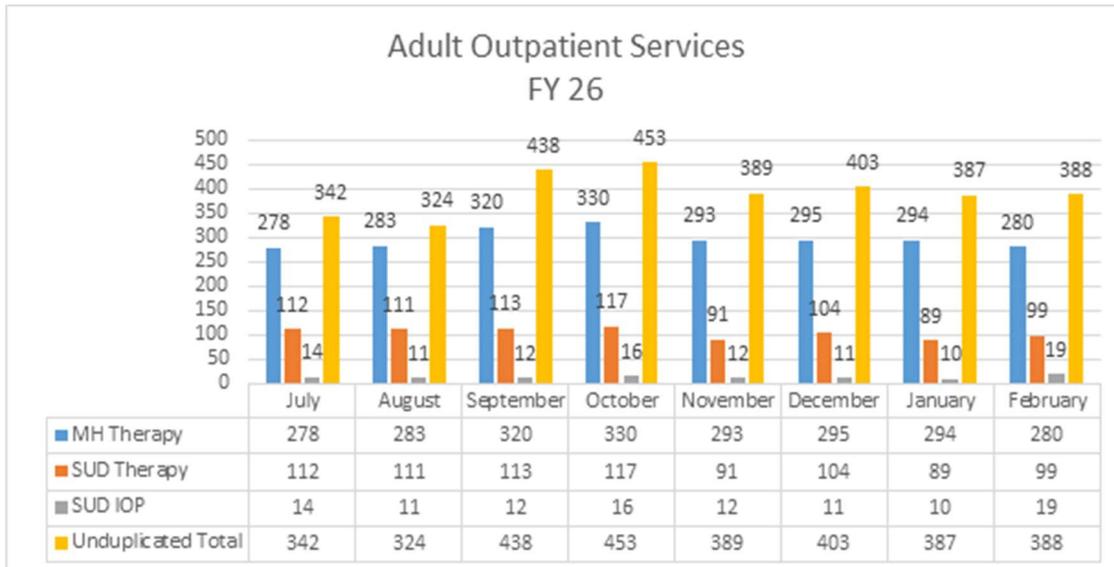
Same Day Access (SDA) – Adult & Child

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 February, the Same Day Access team completed 39 intakes for children/adolescents and 68 for adults. Both numbers are right around average for the fiscal year.



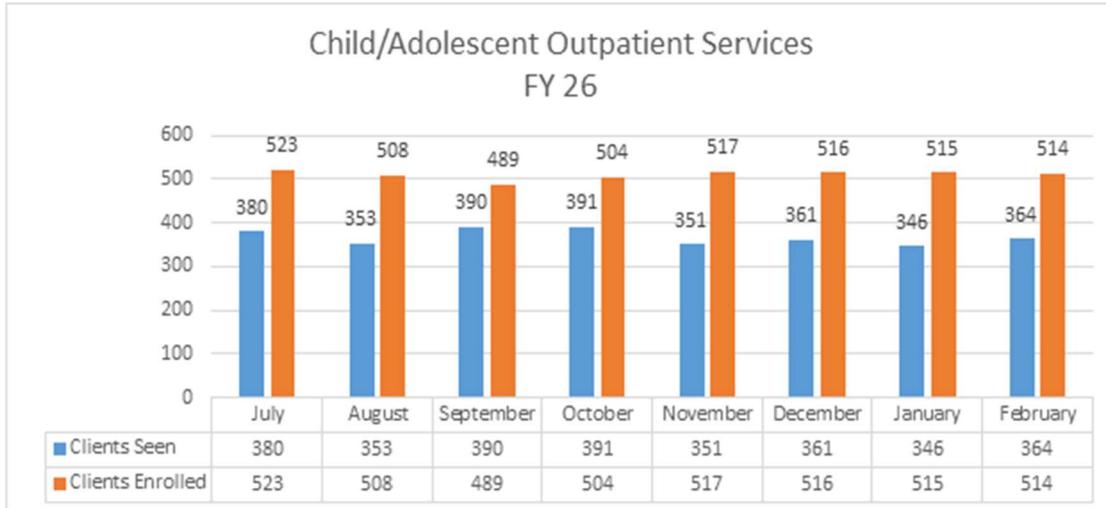
Adult Outpatient Services

In the month of February, the Adult Outpatient team provided mental health focused individual and group therapy to 280 individuals, as well as substance used focused treatment to 99 different individuals. We also served 19 individuals in our substance use focused Intensive Outpatient Program. For the most part all the numbers for the team were a little below average for the fiscal year, but it is encouraging to note that the client utilization of our IOP almost doubled. The Adult OP team remains one therapist position down but we are in the process of interviewing candidates and hope to have a new addition to the team very soon.



Child/Adolescent Outpatient Services

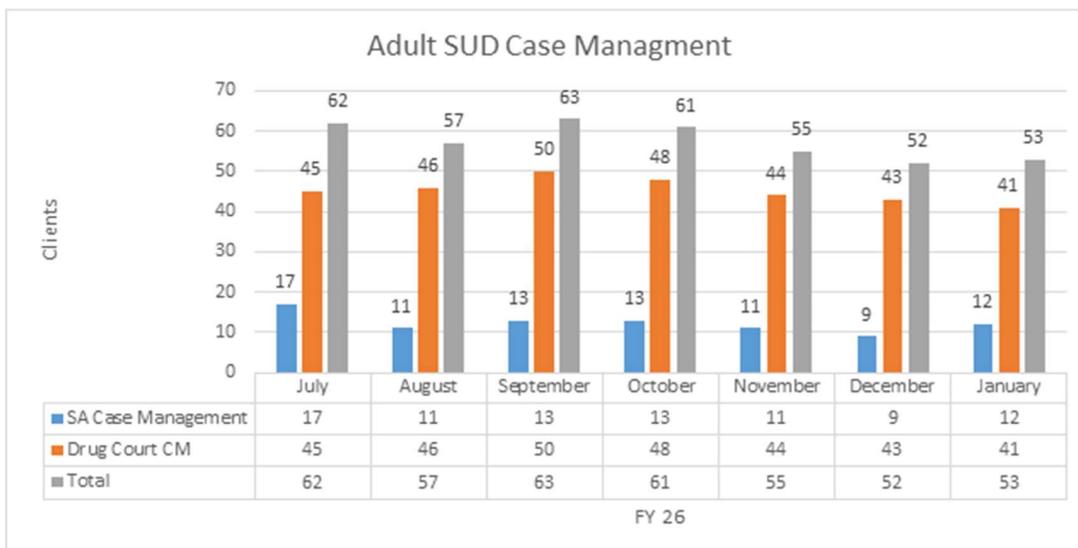
The Child/Adolescent Outpatient team has provided individual and/or family therapy to 364 clients in the month of February, which is right around average for the fiscal year. Currently we have 514 individuals enrolled in child/adolescent therapy services which is slightly above average for the year.



As far as our in-school services go, our Early Intervention Clinicians provided 548 sessions to 175 clients this month. Both numbers sit nicely above average for the team for the fiscal year. We are still engaged in hiring process for the open EIC position but have interviewed several promising candidates and hope to fill the position soon.

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 February yet but in January the team served 41 clients enrolled in the local Recovery Court program as well as 12 other SUD CM clients.

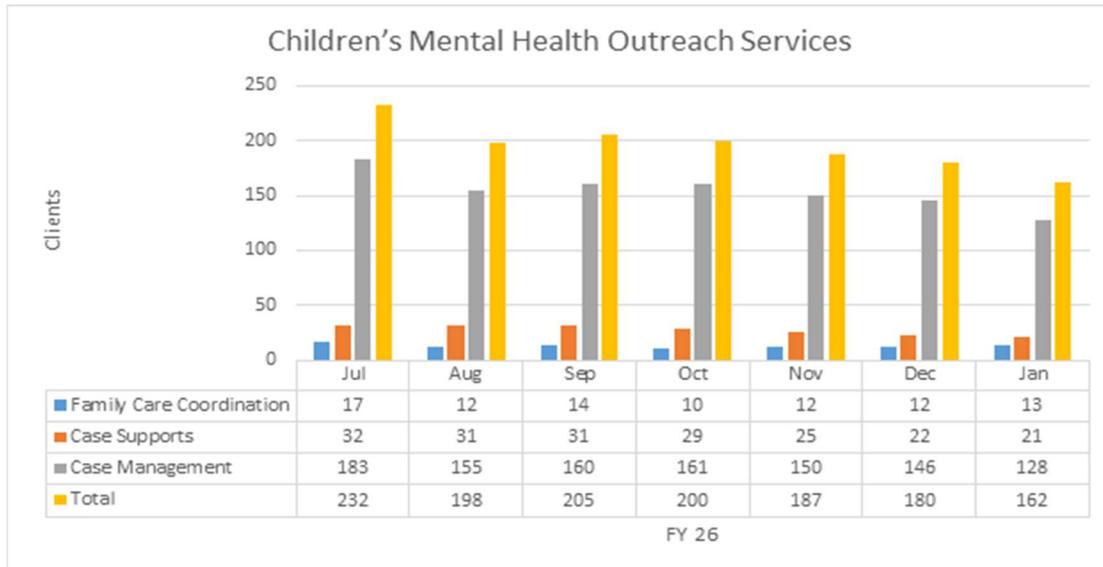


Care Coordination (Adult and Child)

The Care Coordination team continues to offer assistance for clients that either do not meet criteria for case management or, in some cases, are awaiting being opened to case management. Overall the team served 37 clients for the month of February, which is right around average for the fiscal year. The three primary needs that the team helped clients address continue to be 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 February are not in yet, but in looking at the full January numbers 162 clients and families were served showing a continued downward trend in demand for the services.



Behavioral Health Wellness

In the month of February, the BHW team offered 10 trainings and participated in 4 community events, reaching over 270 people in the process. The trainings offered included Mental Health First Aid, Applied Suicide Intervention Skills (ASIST), Trauma/ACES training, and of course training in REVIVE protocol for helping a person in the midst of an opioid overdose. The people reached by these trainings ranged from students at our local colleges to HRCSB staff, staff from other nearby CSB’s, and a number of Rockingham County Schools staff members. In terms of community events the highlights were a Problem Gambling event hosted at JMU (with a keynote speaker scheduled by our own program specialist Jennifer Johnson), and a Substance Use Prevention event hosted at EMU. Both events had at least 60 participants and saw great engagement from the students in attendance.

Community Mental Health Services

There are 391 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

The Adult MHCM team will be welcoming a new staff member to the team in March to fill a vacancy open since late summer. In addition, the team is currently recruiting a replacement for



a position vacated at the end of February. January and February saw a high number of referrals to Adult MHCM, almost 50% more than last year for the same period.

Peer Support Program

There are currently 13 participants enrolled in Mental Health Peer Services (MH PS) and 5 enrolled in Substance Use Disorder Peer Services (SUD PS), with outreach beginning for 8 referrals to SUD PS. The Peer team will also be providing strategic support for members of Summit House upon the program's closure in March.

The Peer Program Coordinator will be presenting a workshop on Peer Supervision at the Research to Recovery Conference at VCU in May. The PSH Peer is working with Augusta Health to bring their mobile unit to help bring health care to underserved clients in the community. The PSH peer is also proud of one of her participants who, with her support and guidance, has achieved six months of sobriety for the first time in her adult life. The SUD Peer recently helped one of his clients celebrate one year of sobriety. The SUD Peer is also working on coping mechanism flash cards for the participants he serves. The MH Peer is working diligently with her participants to create Wellness and Crisis Plans with each of them so that they may continue to live well, and independently, in the community.

Supervised Living Residential (Market Street House)

One of our longtime residents transitioned to an Assisted Living Facility in January. Residential staff, especially her assigned staff person, worked very hard to help prepare her for the transition and the client has reported to her case manager that she is happy with her new placement. Residents and staff miss her, but we are glad she is enjoying her new home.

The residential program is celebrating its 30th anniversary this year. The first residents moved into Market Street House on March 1, 1996!

State Hospital Discharge Coordination

Hospital discharge coordination is staying busy with a variety of cases at five different state hospitals. Our team successfully discharged a Western State Hospital patient that had been hospitalized since October 2024 and had been refusing to engage in any type of discharge planning. We were also able to discharge a Not Guilty by Reason of Insanity (NGRI) client who had been working through the process since June 2023. We made sure to do our best to meet her needs related to her preferred location to be as close as possible to family and support.

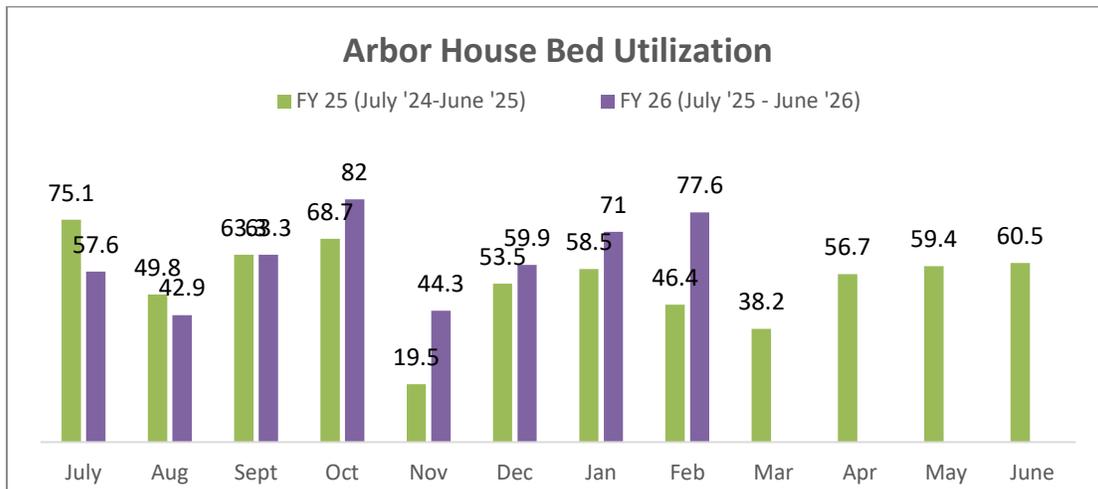
State Hospital Census

In the monthly State Hospital census report for January of 2026, HRCSB had an average daily census per 100,000 population of 20. 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 continued the 2026 trend of growth in the utilization rate as compared to both the previous year and previous month. The yearly comparison for the same month shows a 60% increase in utilization rate since February 2025 and is higher than any one month of 2025. Arbor House staff continue to prioritize a timely response to each referral, based on the DBHDS guideline of one hour from the receipt of all necessary information, which has been a contributing factor to the increase in acceptance and therefore utilization. This requires communication and collaboration both within the Arbor House staff as well as with all the community partners who make referrals. In the month of February there were 30 referrals from HRC SB and regional partners which resulted in 20 offers of admission and 17 admissions to the program.



Emergency Services

February has been a step in the right direction for the Emergency Services Team with the addition of three new hourly staff, including a returning staff member who joins the team with their prescreen certification. We continue to recruit for additional Full-Time day staff and we are using this opportunity to explore different ways of covering the schedule that can benefit both the agency and the community. The team continues to support one another and the community in ensuring sustainable coverage at all times. During January, Emergency Services completed 43 Prescreening evaluations that have resulted in 19 Temporary Detention Orders (TDO), 11 voluntary admissions to a private hospital, and 6 releases to community supports.

Community Crisis Services – Community Paramedicine Program

Community Case Manager and the CRU Officer are continuing to support one another and meet the needs of community members in crisis. This combined team has been able to work together and learn about the teams as well as working independently to provide low acuity services in the community.

While the teams are looking forward to the return of their counterparts it has been a valued opportunity to increase awareness and collaboration.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 358 units for the month of January. Case managers completed 594 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 221 face-to-face visits. They also completed 31 Individual Service Plans.

Currently we have 367 individuals receiving DD Case Management services, including 276 receiving DD Waiver services. Of the 276 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. We are looking forward to some expected changes from DBHDS which will reduce service coordinator's workload by making it easier to remove a client from Enhanced Case Management if certain conditions are met.

There are 268 individuals on the DD Waiver Waiting list awaiting services. There are 36 individuals on Priority one status, followed by 135 on Priority two, and 97 on priority three. We received 2 requests for services in February, completed 4 screenings, placed 3 people on the waiting list, and opened one new client. Statewide there are 14257 individuals on the DD wavier waiting list, including 2617 on Priority one.

Our Waiver Slot Allocation Committee meeting was rescheduled to early March due to scheduling conflicts. We have 8 Family and Individual Support slots available, and 18 individuals currently up for review. We also have 5 Community Living slots available regionally for anyone who requires immediate residential services. We are anticipating that most of the slots will go to clients currently on monitoring status, so we should be opening at least 5 new clients next month.



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 January the Infant at Toddler program completed 169 billable Developmental services, including 29 Developmental Assessments. We completed 64 Occupational Therapy services, including 9 evaluations, 25 Physical Therapy Services, including 3 evaluations, and 114 Speech Therapy services, including 5 evaluations. Support Coordinators added an additional 218 Medicaid billable services, including 129 face-to-face visits.

Over the past several weeks ITC staff have been volunteering for several different small ITC workgroups, each with specific goal, such as fostering interdepartmental collaboration, increasing opportunities for staff learning, and expanding community outreach opportunities. These workgroups will meet periodically over the next several months to work on goals for the year.

We were pleased to welcome MacKenzie Freeze to the team as our newest Service Coordinator. We are currently advertising 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	44
February	32	35	35	31	29	48	33	44	30
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	319

Child Count-Dec 1	162	173	195	201	193	225	259	249	285
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Finance Department

The Annual Finance Director’s meeting took place February 24th at Valley CSB. It was a welcome opportunity to make contacts with fellow finance directors across the state. DBHDS provided the group with training on WebGrants portal; they listened to concerns about reports and user access needs. The group was provided with information about new documents beginning July 1 that would provide clear guidance on administrative fee percentages allowed.

In meeting with colleagues, it was verified that other CSB’s with internal Representative Payee programs are using QuickBooks. We have not been satisfied with MUNIS for managing our Representative Payee accounts and have decided that we will need to transition to another platform. It is our intention to select and implement a new software for Representative Payee program before FY27 begins.

One of our Reimbursement teams goals and a performance contract requirement is to implement and maintain a set-off debt process for the agency. During the meeting, there was opportunity to make contacts with other CSBs, that we will follow up with to learn more about their set-off debt to ensure we obtain the training we need (new staff) and understand the processes to ensure we complete accurately and timely. This will further assist us in reducing our accounts receivable balances.

We are excited to report the Reimbursement team began using Waystar in February, ahead of the March 1 target date. This transition from our prior software will allow for more timely information, and faster processes for our reimbursement team.

Agency Initiatives

During the month of February, the agency held two agency wide activities for employees to participate in. The first was our annual agency “Snack A Thon” which is led by our employee engagement committee. The “Snack A Thon” is held on the Friday prior to the Superbowl weekend; where employees are invited to wear their favorite team attire, as well as each department is invited to bring in their favorite Superbowl snacks to share with their colleagues. During the lunch hour/early afternoon, individuals are invited to visit other departments. Below are a few pictures from different departments/locations throughout the agency.



The second event this month was our semi-annual blood drive. Typically twice a year the agency provides employees with the opportunity to donate blood through our on-site blood drive. The initiative was started by our Medical Practice Manager, Erica Martin who continues to coordinate the event on behalf of the agency. This was our 8th agency wide blood drive. During this event, the employees donated 30 units and we had three employees become official “gallon donors!”



