



HRC SB Board Report – April 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

Our agency has a tradition of celebrating employees who have worked at the agency for 5 or more consecutive years of employment by hosting a luncheon. On March 12, 2026 we held our Old Timer’s lunch at Hotel Madison. The luncheon is one way we recognize and celebrate the years of service that many of our employees achieve during their careers with the agency. We had 97 employees eligible to attend the luncheon. This year we had 13 employees celebrating 5 years of service, 5 employees celebrating 10 years, 2 employees celebrating 15 years, 3 employees celebrating 20 years and 6 employees celebrating 25 years.

Rebekah Brubaker, LPC

Administrative Services

Compliance Agency

Our Training Coordinator Michelle Blumling was instrumental in launching our new online training program, Relias, on March 1. This is a significant upgrade for the mandatory trainings agency staff do and we are glad for the change. The Compliance team started eight chart reviews for ID/DD, thorough reviews that will take place between now and May. Finally, the team had an Employee Appreciation lunch at Macado’s in mid-March.

Information Technology

IT Manager Jeremy Wilson has installed a new firewall for the agency infrastructure. This is an integral part of his efforts toward a comprehensive business continuity plan. The team continues to roll out OneDrive for Business and are just over halfway finished transitioning agency staff. This project represents a significant upgrade in storage capacity and safety for the agency.

Clerical

With the departure of a staff member, the Clerical team is working to fill in gaps both in terms of coverage and in terms of ordering supplies. Keeping the agency current with office, kitchen and



facility supplies is always a bit of a challenge, but the Clerical team will handle it as they handle most things—smoothly.

Facilities

An enthusiastic team of volunteers and vendor support took on the task of organizing and cleaning out Summit House. This included food items to other agency programs, kitchen and office supplies to the Main building, furniture and equipment donations, and a few dump runs with a variety of items that were no longer serviceable. The team worked extremely hard and we are grateful to their collective efforts.

Risk Management

The Risk Management Specialist attended a regional training course on handling mass crises, including the need to house and feed many people for an extended period. Our agency's exact role in such a situation is unclear, but participating in planning efforts helps us to define that.

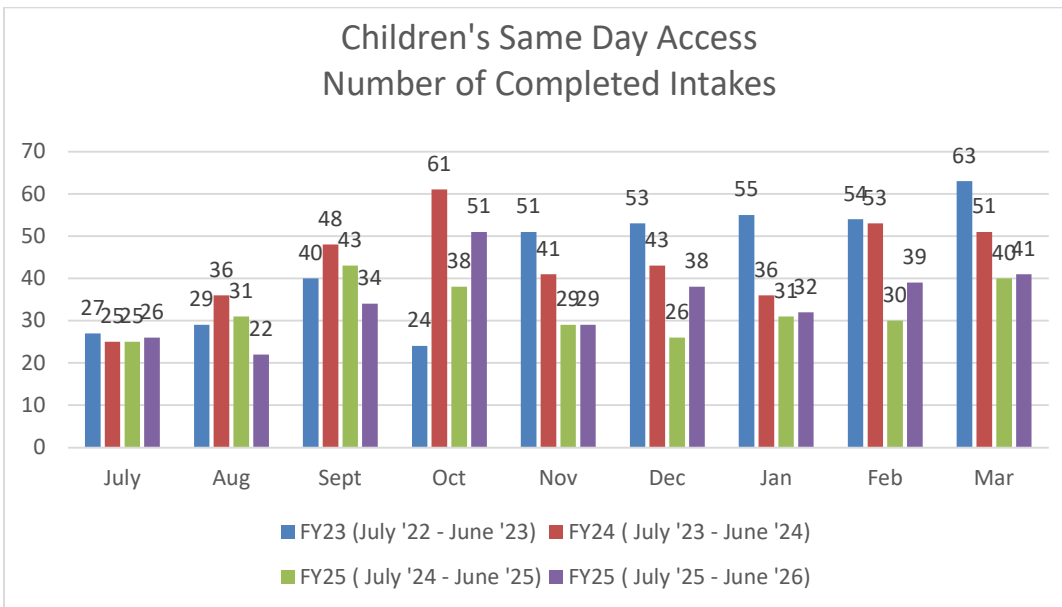
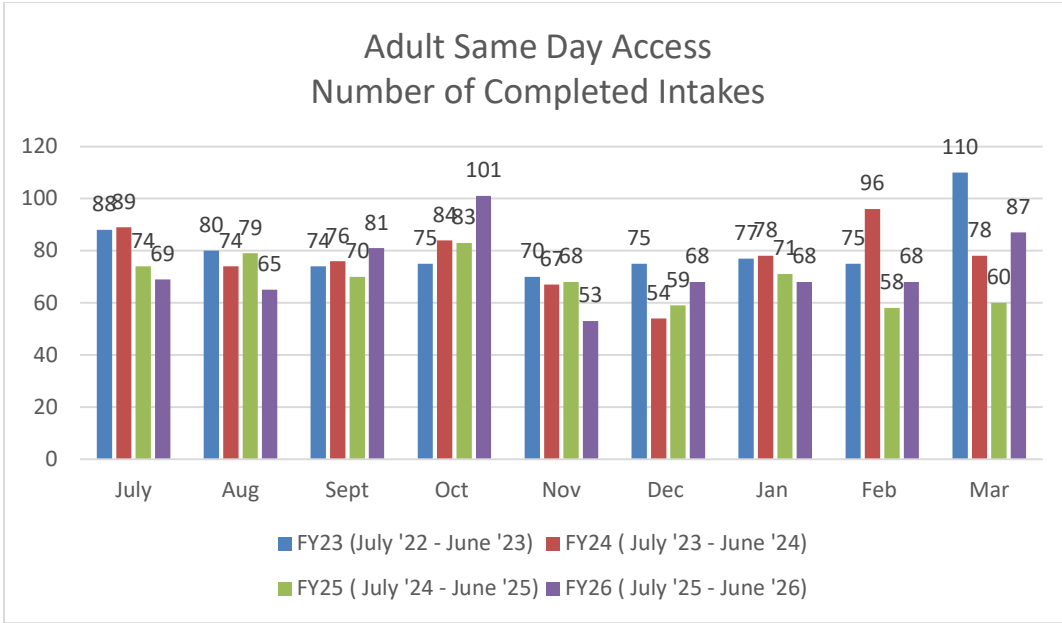
Data

This month, our data analyst focused on creating a draft dashboard for SUD outcomes. This is now being refined with assistance from our Credible administrator, which should help in future efforts. They are also running four new reports to make sure our data is sent properly to the state and to make sure the Finance Department has the data they need for their monthly close out. They worked on a project cleaning up a list of clients that had open support episodes with no overall services for more than 6 months. Finally, they have been helping Finance by correcting an 80 sheet excel document that finance uses monthly that was not formatted correctly or using efficient formulas.

Behavioral Health Services

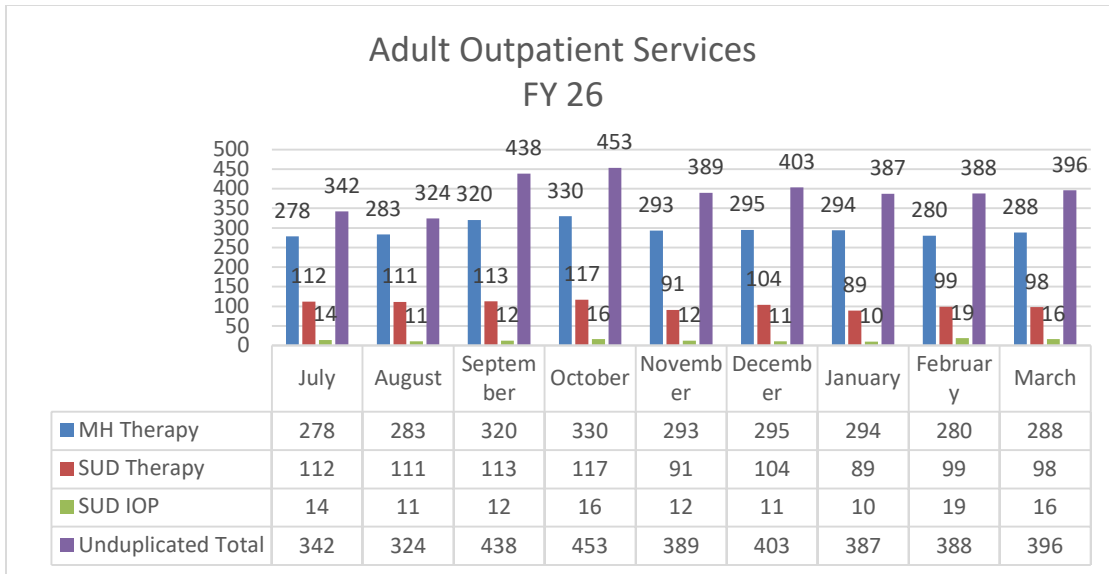
Same Day Access (SDA) – Adult & Child

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 March the Same Day Access team completed 41 intakes for children/adolescents and 87 for adults. Both numbers are improvements on the previous month and are above average for the fiscal year.



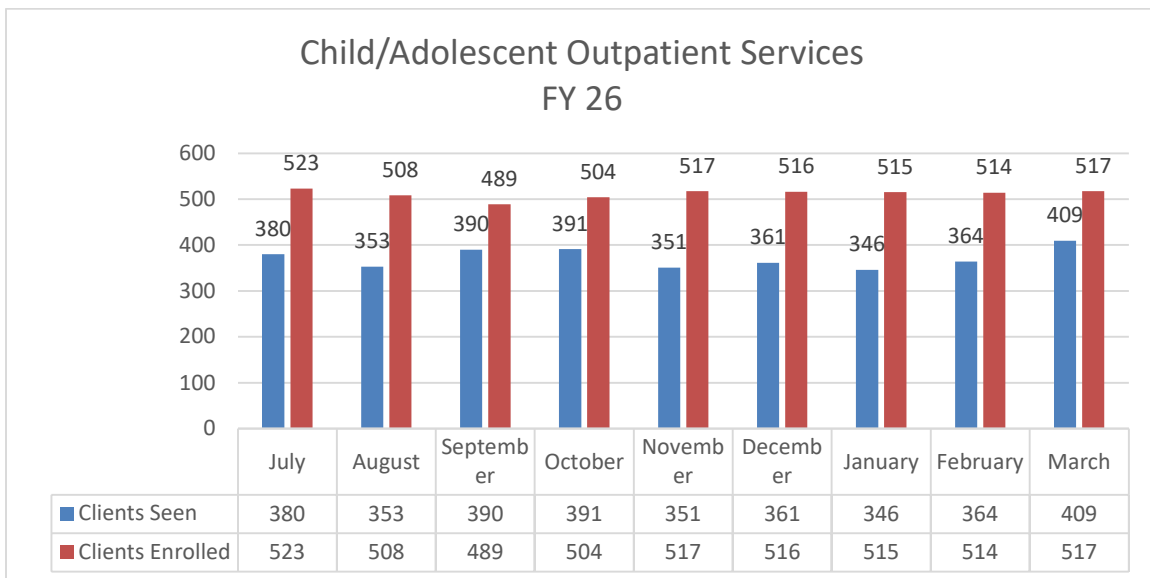
Adult Outpatient Services

In the month of March, the Adult Outpatient team provided mental health focused individual and group therapy to 288 individuals, as well as substance used focused treatment to 98 different individuals. We also served 16 individuals in our substance use focused Intensive Outpatient Program. These numbers for the team were right at, or a little below, average for the fiscal year. The Adult OP team remains one therapist position down, but we are very pleased to announce that a candidate has formally accepted the open position and will join the team in June!



Child/Adolescent Outpatient Services

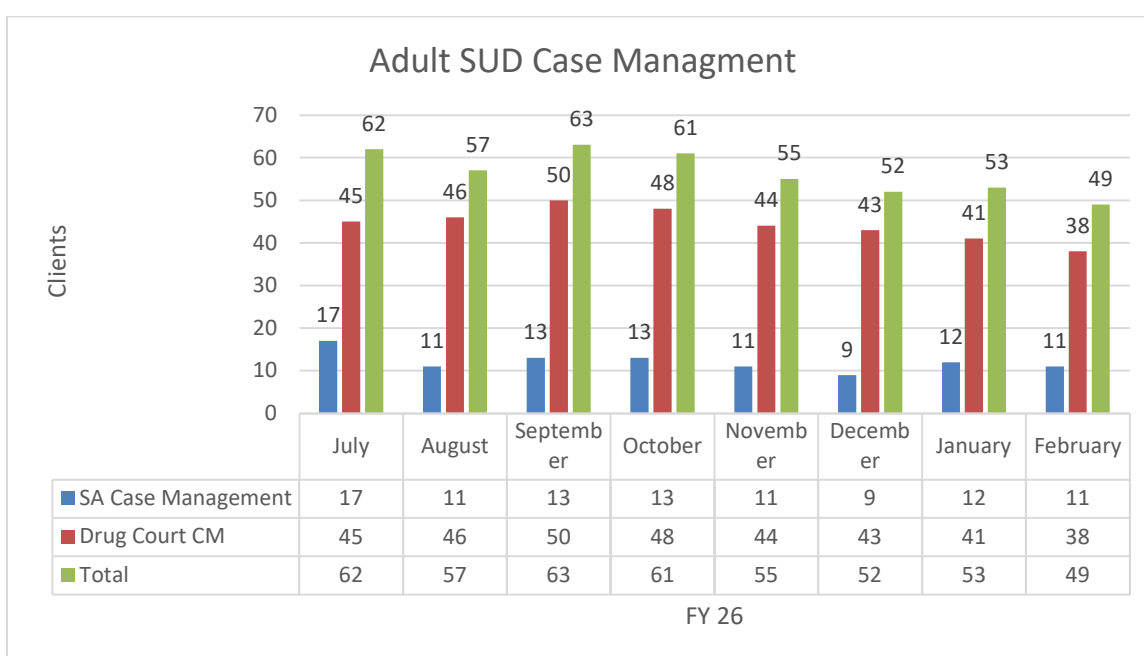
The Child/Adolescent Outpatient team has provided individual and/or family therapy to 409 clients in the month of March, which is well above average for the fiscal year. Currently we have 514 individuals enrolled in child/adolescent therapy services.



As far as our in school services go, our Early Intervention Clinicians provided 731 sessions to 191 clients this month. Both numbers are highs for not only this fiscal year, but the last three. We are also very pleased to announce that we have hired the final open EIC position! Ruth Dalrymple joined the team as of 3/23 and will officially begin seeing clients on 4/7.

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 March yet but in February the team served 38 clients enrolled in the local Recovery Court program as well as 11 other SUD CM clients. Both numbers are a little below average for the fiscal year.

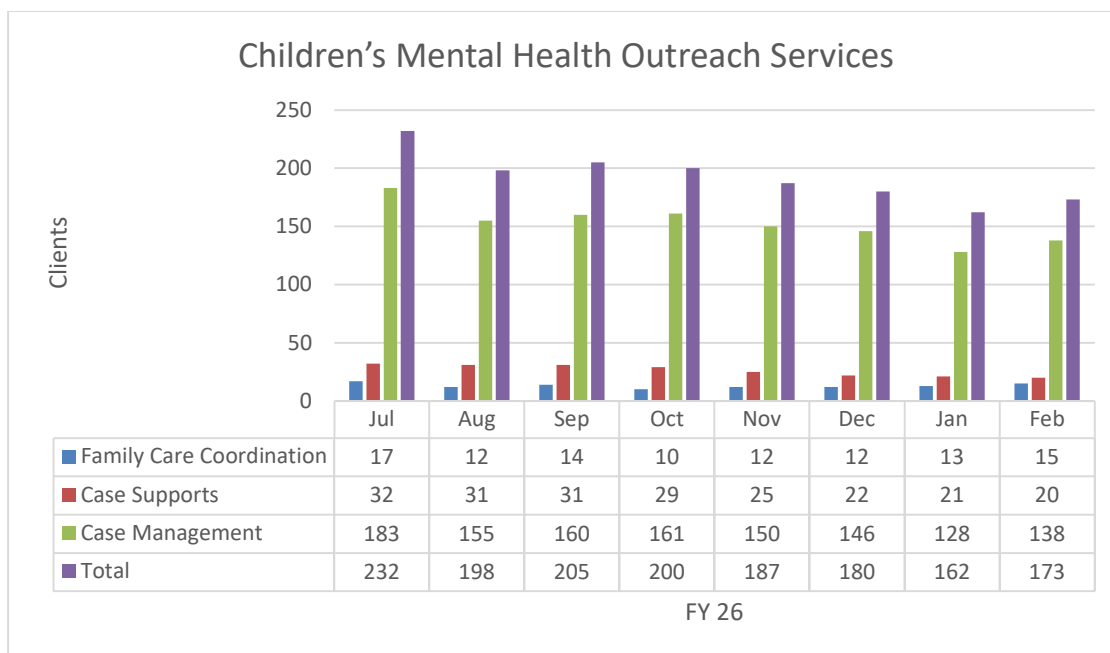


Care Coordination (Adult and Child)

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 39 clients for the month of March which is right around average for the fiscal year. The three primary needs that the team helped clients address continue to be 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 March are not in yet, but in looking at the full February numbers 173 clients and families were served this month. While this number is below average for the fiscal year, it is an improvement over the previous month.



Community Mental Health Services

There are 386 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, Psychiatric Rehabilitation, Assertive Community Treatment and State Hospital Discharge Coordination.

Assertive Community Treatment (ACT)

The ACT team has a caseload of 25 clients with weekly contacts ranging from once a week to daily. Six clients are receiving daily medication deliveries. A success last month was the discharge of a client to a lower level of service. The client had been discharged to PSH and ACT from the state hospital about 9 months ago. ACT worked with the client to find housing, attend probation appointments and secure disability and insurance benefits. The client has progressed over the past year from receiving daily medication deliveries to being able to take his medication independently. The client learned to ride public transportation to attend probation and medical appointments on his own.

Another team success is the creation of a co-occurring group for ACT clients. The ACT co-occurring specialist and the team lead have begun meeting with a handful of ACT clients weekly to focus on substance use co-occurring with their mental illness. The group uses Motivational



Interviewing and wellness practices to create coping skills and identify positive values to aid in recovery. We are excited to have added this component to our ACT services.

Psychiatric Rehabilitation

Following the closing of Summit House, one of our former staff has continued their psychiatric rehabilitation role as a member of the Community Mental Health Services team. The position has been funded by STEP-VA funding from DBHDS for the past 3 years and was incorporated into the Summit House team. The goal of the position is to increase community integration for clients through socialization, education and vocational activities such as volunteering and employment.

With the closure of Summit House, the staff have moved their office to the main building and are working with former Summit House clients in the community. Activities have included continuing the regular walking club at the mall and gathering for socialization at local restaurants. The staff connects with clients individually and in groups to socialize and to assess for vocational readiness.

Permanent Supportive Housing (PSH)

Number of clients housed: 40

Number of clients enrolled seeking housing: 3

Number of total referrals: 19

State Hospital Census

In the monthly State Hospital census report for February of 2026, HRCSB had an average daily census per 100,000 population of 17. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 13. HPR 1 consists of nine CSB's: Alleghany Highlands, Encompass, Harrisonburg Rockingham, Horizon, Northwestern, Rappahannock Area, Region Ten, Rockbridge Area, and Valley.

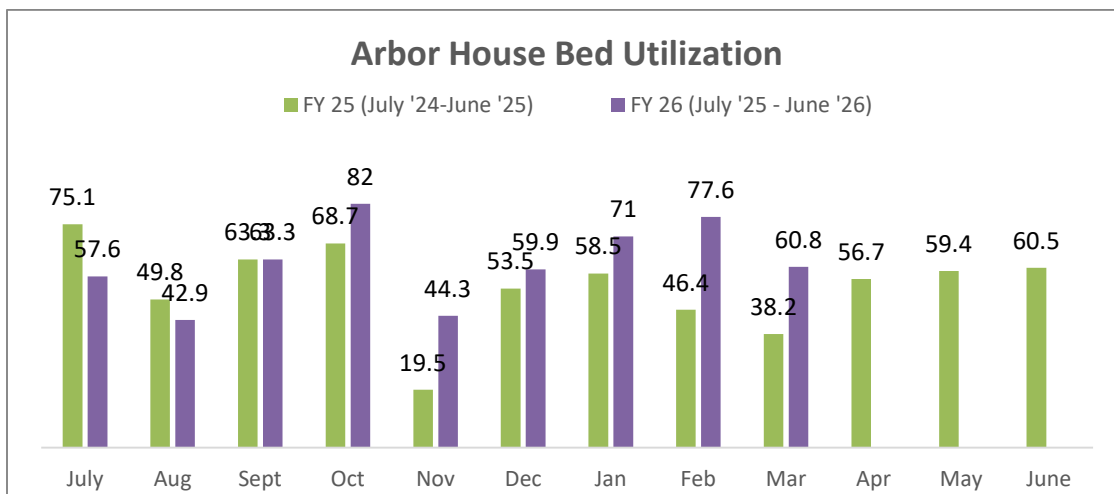
Crisis Services

Arbor House (Crisis Stabilization Unit)

Arbor House utilization continues to trend upward from the previous year. There is ongoing room for improvement in the review and admission process and the team strives to maintain high utilization. One of the tenets of Dialectical Behavioral Therapy (DBT), which is the foundation for the therapeutic content at Arbor House, is the ability to hold two opposing truths at the same time. This is modeled in every aspect of the programming and staff interactions. The need to focus on utilization is a truth as is the individual client and their experience during a vulnerable crisis. Each client is offered the opportunity to complete a satisfaction survey at the end of treatment so that we can better understand what is working and what is not working. It is also a truth that we create a safe space for individuals to work through their crisis and

establish a foundation for treatment and stability moving forward. One of the comments from a March survey, “The staff was AMAZING!!!! Everyone of the staff member are so good at their job. I felt warmth and welcomeness a soon as I walked in the door. I really can’t say it enough.... The staff is absolutely AWSOME!!!!”

During March, staff reviewed 38 referrals from within the HRCSB catchment area and throughout the region and offered admission to 21 individuals in crisis. Of the referrals that were declined, approximately 2/3 was related to medical acuity.



Emergency Services

The Emergency Services team continues to show up for one another and for the community. Staff continue to train and onboard new staff in order to grow the team and sustain the support of the community. In the month of March, the ES team completed 53 prescreens; 9 were released to community support, 8 voluntary admissions, and 20 Temporary Detention Orders (TDO). There has been a significant number of individuals with co-occurring diagnosis and a substance use component to the crisis. When this is combined with a person being unhoused or underhoused as well as a limited to nonexistent support system, it becomes increasingly challenging to develop less restrictive options. Crisis is the apex of many contributing factors and real progress requires change at the foundation.

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

Community Crisis Services – Community Paramedicine Program

The Crisis Response Unit is back to full capacity. During the month of March Crisis Response Unit (CRU), provided follow-up services to 72 individuals in the city and county, 27 were HRCSB clients and 20 were active calls in progress. There have been five instances where the team was able to provide transport to the hospital with the goal that the individual could engage in voluntary treatment and maintain autonomy. Seven occasions where the team facilitated an



ECO so that local law enforcement was able to maintain roles in the community while the client was connected with the treatment needed to maintain safety.

The Community Paramedicine Program maintained consistent service delivery throughout March, with a strong emphasis on post discharge follow up and community collaboration. The team received nearly 24 hospital discharge referrals from the Crisis Response Unit (CRU), all of which were successfully serviced through home-based outreach, ensuring continuity of care and reducing the risk of readmission.

In addition to direct service delivery, the team actively participated in a joint community collaboration meeting hosted at the Navigation Center, engaging with local partners to strengthen coordination, resource sharing, and systemwide response efforts.

Durable Medical Equipment (DME) support remained steady, with 4 equipment provisions delivered into the community representing a temporary decrease compared to prior months, largely due to a strategic focus on inventory replenishment and stabilization of current supplies.

Overall, March reflects a balanced operational period centered on post-discharge support, interagency collaboration, and internal capacity building to sustain quality service delivery moving forward.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 358 units for the month of February. Case managers completed 676 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 233 face-to-face visits. They also completed 36 Individual Service Plans.

Currently we have 367 individuals receiving DD Case Management services, including 275 receiving DD Waiver services. Of the 275 individuals receiving ID waiver services, 39 require Enhanced Case Management, meaning they have recently received crisis services, emergency medical services, or are at significant risk as determined by the Support Intensity Scale. For those receiving Enhanced Case Management, support coordinators must complete 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.

There are 263 individuals on the DD Waiver Waiting list awaiting services. There are 28 individuals on Priority one status, followed by 138 on Priority two, and 97 on priority three. Over the next several months, DBHDS will be reviewing statewide data on priority status to

ensure that CSB’s are consistent in applying waiting list status criteria. We received 7 requests for services in March, completed screening, placed 2 people on the waiting list, and opened 2 new clients. Statewide there are 14250 individuals on the DD wavier waiting list, including 2567 on Priority one. Although the state budget has not been finalized, early indications are that it is likely we will not receive new waiver slots in this budget. This follows the over 3400 new waiver slots allocated for the 2024-2026 biennium. Across the commonwealth there still many slots that have been allocated, but are not being utilized. The state has ongoing efforts to have all allocated slots utilized before new slots are allocated.

The Waiver Slot Allocation which was postponed in February occurred early in March. Eight individuals from our Priority 1 waiting list received Family and Individual Support (FIS) slots. We also allocated two Community Living slots to individuals looking to move to a home with greater supports.

We are kicking off the 8th round of Health Service Advisory Group reviews in March. These quality reviews were implemented as part of the Department of Justice Settlement agreement, and are continuing in the current permanent injunction. The reviewers will access our electronic health records over the next several weeks, after which they will provide to us a list of recommendations.

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

We were pleased to join other community partners at the Disability Awareness Rally and Walk in Court Square, in recognition of Disabilities Awareness Month.



Infant and Toddler Connection

In February the Infant at Toddler program completed 204 billable Developmental services, including 30 Developmental Assessments. We completed 61 Occupational Therapy services, including 9 evaluations, 28 Physical Therapy Services, including 1 evaluation, and 116 Speech



Therapy services, including 6 evaluations. Support Coordinators added an additional 215 Medicaid billable services, including 165 face-to-face visits.

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	40
March	30	32	40	34	55	58	53	58	45
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	374
Child Count- Dec 1	162	173	195	201	193	225	259	249	285

Finance Department

We are excited to celebrate with all our new staff successfully completing their probation period of employment. We have created a teamwork environment for collaboration, cross-training and documentation of procedures. We are continually learning how to use our software to streamline our processes. We are grateful for the leadership and example of our Executive Director who sets the standard and leads the way.

We continue to work aggressively on our Accounts Receivable balances and are proud to report that year over year we have decreased write-offs of uncollected balances (not contract related) by \$150,000 a month to \$5,000 in March of 2026.

Representative Payee:

With the addition of new staff over the last year, we have recently developed a successful working relationship with the local SSA office Manager. This has been mutually beneficial as we

learned how to best communicate different items with their team to ensure faster results for our clients.

We will be implementing new software for our Representative Payee program, as we recently purchased Intuit QuickBooks. This will allow us to improve service for our clients and enhance information to our Case Managers who are client-facing.

Agency Initiatives

Staff Training Day

Our agency held our annual “Training Day and Strategic Vision Lunch” at Eastern Mennonite School on Friday March 20, 2026. The event has been held each year (except for Covid) since 2018. At our Training Day, staff can choose from a variety of concurrently running trainings on a variety of topics, such as Ethics, Conflict Resolution, Customer Service, etc. The day also included a Qdoba lunch, raffles, some icebreaker games, and an address from our Executive Director.

