HRCSB Board Report – July 2026

Rebekah Brubaker (Executive Director)
Barbara Brady (Administrative Services)
Lisa Johnston (Chief Financial Officer)
George Nipe (Behavioral Health & Developmental Services)
Andrea Skaflen (Crisis Services)
Adam Yoder (Comm. Mental Health Services)

Message from the Executive Director

In mid-June, we had the opportunity to host Commissioner Daryl Washington from the Department of Behavioral Health and Developmental Services (DBHDS). During his visit, the Senior Leadership Team met with the Commissioner to provide an overview of our community demographics, agency programs, and partnerships with local stakeholders, while highlighting several of the strengths and successes of our services.

Commissioner Washington shared his vision for Virginia's public behavioral health system and discussed several of the challenges the system will need to address over the coming years. He emphasized the continued focus on strengthening the crisis system and noted the General Assembly's interest in seeing measurable outcomes and a clear return on the significant investments made in Crisis Receiving Centers and Mobile Crisis services across the Commonwealth.

The Commissioner also discussed the ongoing challenges within Virginia's state hospital system and the need to identify strategies across the continuum of care to reduce pressure on inpatient capacity. This includes a closer examination of the forensic population served within state hospitals, including individuals receiving inpatient competency restoration services, individuals found not guilty by reason of insanity (NGRI), and individuals who have been subject to a Temporary Detention Order (TDO) while incarcerated and can no longer be safely managed within the local jail system.

During our discussion, we shared HRCSB's ongoing collaboration with Western State Hospital to increase the use of our Crisis Stabilization Unit, Arbor House, as a step-down option for individuals who no longer require state hospital-level care but continue to benefit from short-term stabilization services. The visit concluded with tours of our Main Street facility and the Arbor House program.

Rebekah Brubaker, LPC

Administrative Services

Munis Project

The Munis team spent a few days with a Munis system and Finance expert with the intent to help us maximize use of the system. We've received the report and will be meeting with her soon. We are also busy in the middle of finalizing year-end and new year changes in the system. The team has worked extremely hard to capture the many details of updating staff records and we are hoping for a smooth transition to FY2027.

Compliance Department

Our exit interview from our Aetna audit occurred. They reviewed Residential Crisis Stabilization Unit, ACT, Emergency Services, and SUD Intensive Outpatient. We had an average score of 99% across the four programs. 😳 We received a CAP for a Med Mgt medication discrepancy due to two clients having similar names. The error was substantiated but did not rise to the level of neglect. The CAP will include training for the nurses and a better way to distinguish between medications for clients who have the same last name. The team assisted in updating the Standard Operating Procedures manual and responded to one Sentara investigative audit. Finally, the staff were very appreciative of the raises.

Information Technology

The IT team expanded with a new IT Systems Technician who joined them last month. He is busy with training and helping with a new phone management system. Others in IT began work on a project with Credible to design and launch a Client Portal. The work is just beginning on this three-month project. The Leadership team received cybersecurity training from representatives of CISA (federal agency) and the VA Fusion Center. The 90 min presentation was very informative, especially regarding trends in cybersecurity breaches.

Clerical

It has been a busy but stable month in June. They are recruiting for two positions, having sent off a team member to be Program Assistant in the ACT program.

Facilities

Things are progressing well on the Children's Lobby renovations, and Dickson has put in a lot of time off helping with that. We look forward to our final "new look" in a couple of weeks. A four-month renovation of one of our Outback apartments has finished, at long last. Again, thanks to Dickson and the staff at Residential for their persistence and patience during the project.

Risk Management

Our Risk Manager spent some time with Arbor House staff in the follow up to the Medication Management issue. The training was well received and much appreciated.

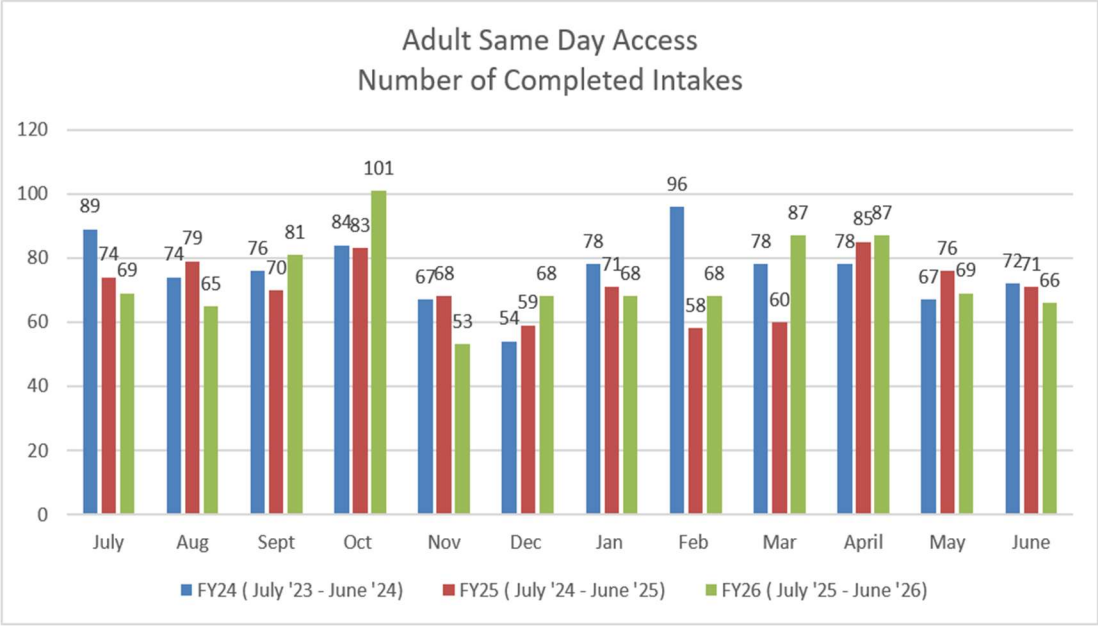
Data

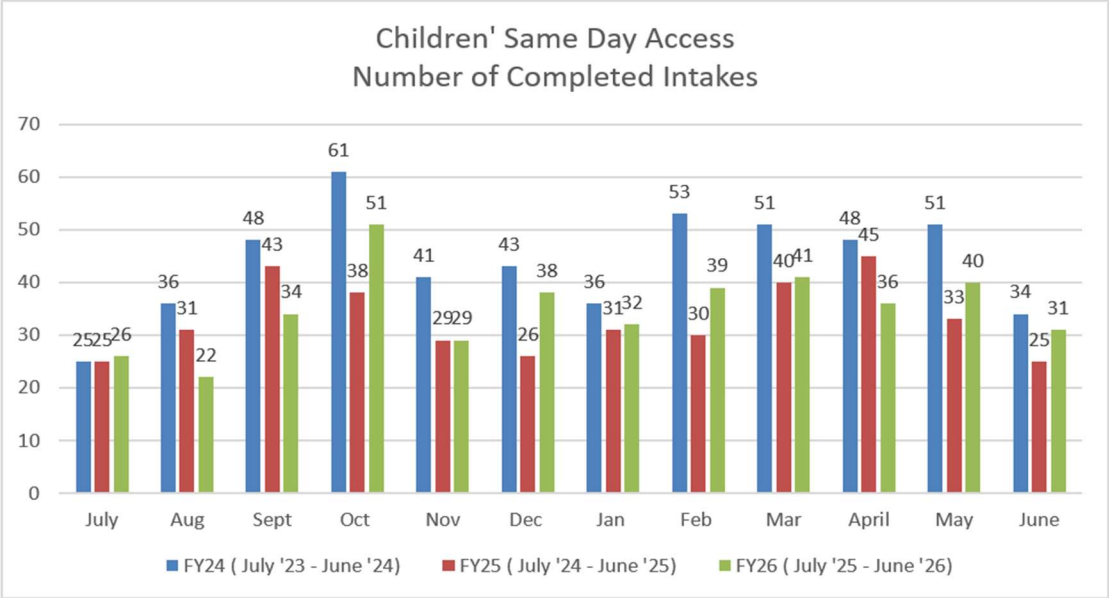
Our Data Specialist has spent much of June assisting and training a Data Intern, to the mutual benefit of both. She is learning Excel, VS code and Power BI and will use these skills to help with reports and presentation of data. The data team successfully tested changes to the Enterprise Data Warehouse program for FY2027. We are now preparing for the FY 2027 data reporting changes.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

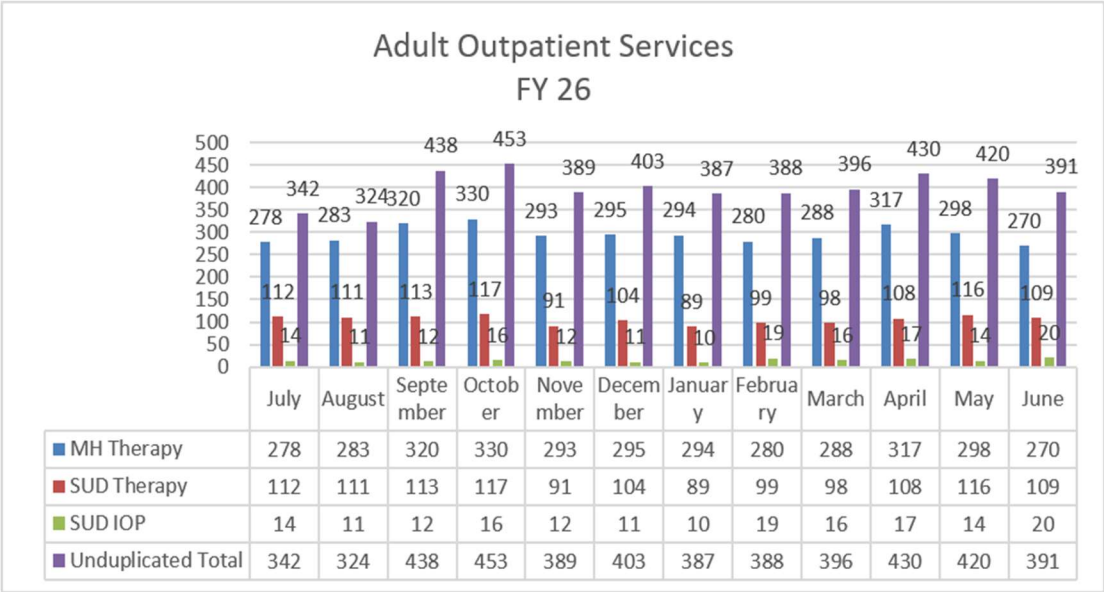
We continue to provide walk-in intakes to adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of June, the Same Day Access team completed 31 intakes for children/adolescents and 66 for adults. Both numbers are below average for the fiscal year, but this is typically one of the slower times of the year when it comes to intakes.





Adult Outpatient Services

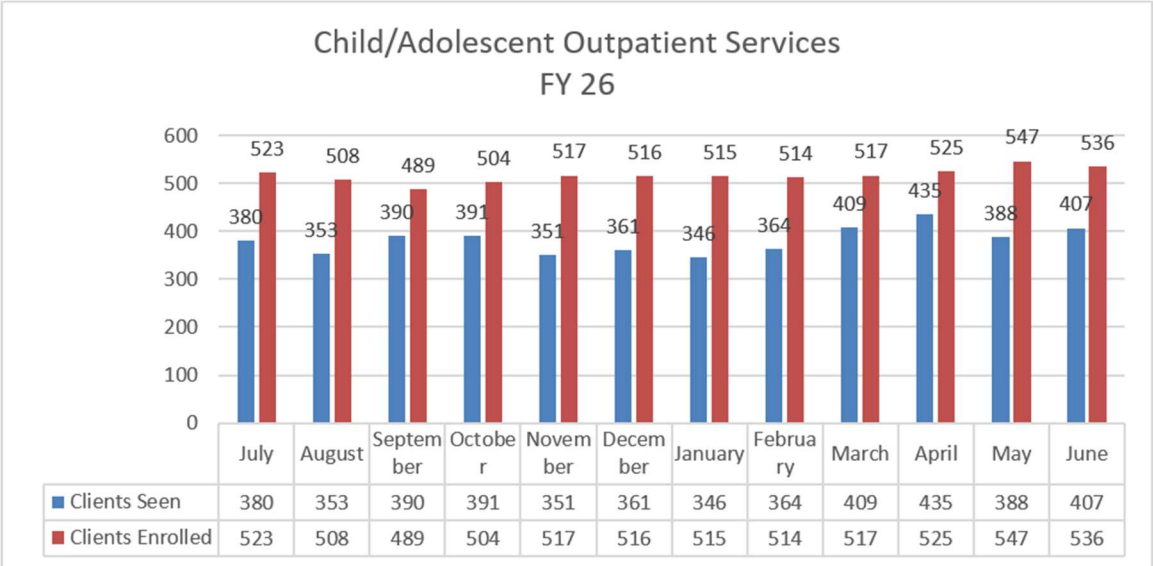
In the month of June, the Adult Outpatient team provided mental health focused individual and group therapy to 270 individuals, as well as substance used focused treatment to 109 different individuals. We also served 20 individuals in our substance use focused Intensive Outpatient Program. While the MH focused therapy number is below average for the fiscal year, both SUD treatment metrics are above, with the IOP number being particularly robust. On another positive note our newest Adult OP team member, Annie Eick, officially came on board!



	July	August	September	October	November	December	January	February	March	April	May	June
MH Therapy	278	283	320	330	293	295	294	280	288	317	298	270
SUD Therapy	112	111	113	117	91	104	89	99	98	108	116	109
SUD IOP	14	11	12	16	12	11	10	19	16	17	14	20
Unduplicated Total	342	324	438	453	389	403	387	388	396	430	420	391

Child/Adolescent Outpatient Services

The Child/Adolescent Outpatient team has provided individual and/or family therapy to 407 clients in the month of June, which is well above average this fiscal year. Currently we have 536 individuals enrolled in child/adolescent therapy services which represents the second highest enrollment number for Children's Outpatient in FY 26.

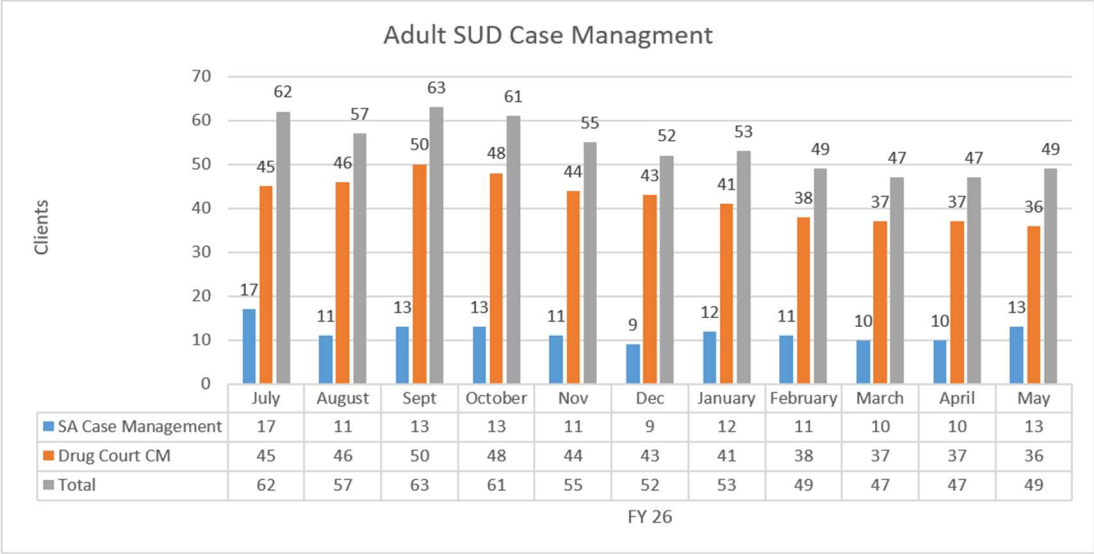


	July	August	September	October	November	December	January	February	March	April	May	June
Clients Seen	380	353	390	391	351	361	346	364	409	435	388	407
Clients Enrolled	523	508	489	504	517	516	515	514	517	525	547	536

As far as our in-school services go, our Early Intervention Clinicians did not have much time in June to provide services but overall FY 26 was the most productive for the program by far over the course of the past 3 fiscal years!

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 June yet but in May the team served 36 clients enrolled in the local Recovery Court program as well as 13 other SUD CM clients. Overall for the SUD CM program these numbers are lower than average for the fiscal year, but typical considering the past four months.



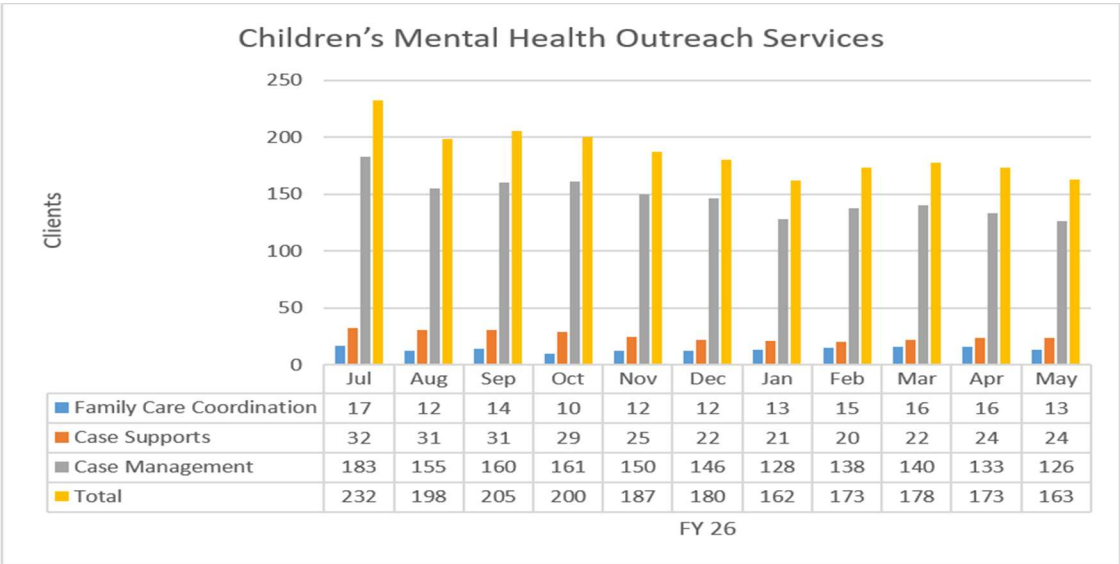
	July	August	Sept	October	Nov	Dec	January	February	March	April	May
SA Case Management	17	11	13	13	11	9	12	11	10	10	13
Drug Court CM	45	46	50	48	44	43	41	38	37	37	36
Total	62	57	63	61	55	52	53	49	47	47	49

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 43 clients for the month of June, which is above 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 June are not in yet, but in looking at the full May numbers 163 clients and families were served this month. This is well below average for the fiscal year but since January appears to be representative of the "new normal" when it comes to the demand for these services.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Family Care Coordination	17	12	14	10	12	12	13	15	16	16	13
Case Supports	32	31	31	29	25	22	21	20	22	24	24
Case Management	183	155	160	161	150	146	128	138	140	133	126
Total	232	198	205	200	187	180	162	173	178	173	163

Behavioral Health Wellness Program

In June, the Behavioral Health Wellness (BHW) Program continued to deliver a wide array of trainings including providing Mental Health First Aid training to members of the First Step Shelter staff and REVIVE training to members of the HRCSB Adult OP department, members of the community, and again to First Step staff. Other highlights for the month included tabling at the Harrisonburg Farmer's market, work with Church World Service related to Mental Health 101 trainings for families, and technical assistance and support provided to the W.O.W. Initiative (connecting veterans so resources) as well as the Harrisonburg-Rockingham Fatherhood Initiative Coalition.

Community Mental Health Services

There are 390 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.

Targeted Case Management

The Adult Mental Health Case Management team has seen the departure of two Case Managers in the last months and will have replaced both by mid-July. One of our new hires is bi-lingual in Spanish which will be extremely beneficial to our Spanish speaking clients.
In May, the team had a half day team retreat to connect, learn, and grow as a team. We participated in some team building exercises, and both welcomed some new staff and bid some farewell.

Peer Recovery Services

The Mental Health Peer Program is currently serving 14 enrolled participants, with three pending referrals. The Substance Use Disorder Peer Program is similarly active, with 13 participants enrolled and six new referrals in progress. Notably, the Permanent Supportive Housing Peer continues to provide ongoing support to more than 30 clients at Commerce Village in addition to her billable participant caseload.

We are pleased to announce that, effective July 1, 2026, the Peer Program will become a standalone service at HRCSB, meaning clients may be enrolled in a Peer service without also needing to be open to another CSB service. Training has been completed for Peers to administer

the WHODAS (daily living assessment) and the Columbia Assessment (crisis assessment) to accomplish this change.

The PSH Peer and the Peer Program Coordinator also partnered to host the Augusta Health Mobile Health Clinic in May and June in the parking lot of an apartment complex in the county. These clinics were well attended and helped several HRCSB clients establish primary care providers and access necessary medical services. This effort also resulted in several new intakes for MH and SUD services at HRCSB.

Supervised Living Residential (Market Street House)

The new groups at residential continue to be a success. At one of the recent Mindful Monday groups, the topic was acts of kindness and three residents expressed that they don't always feel like they deserve kindness and their peers were quick to respond that they are kind people and that they do deserve kindness. Likewise, they are always quick to offer praise and support to their peers in Art group when someone is disparaging their own abilities.

The program accepted a community referral last month as a jail discharge. The intention is to provide a 6-month transition period towards community reintegration.

Permanent Supportive Housing (PSH)

The Permanent Supportive Housing program currently serves 43 enrolled clients. Of these, one individual remains unhoused, and staff are actively working to secure appropriate housing. In addition, there are 19 individuals on the program's waiting list, underscoring the continued and growing demand for PSH services within the community.

In May, the PSH program expanded its team by adding a Service Coordination Specialist. This role integrates both case management and housing specialist functions, allowing for more comprehensive support to clients and increased efficiency in housing coordination and service delivery.

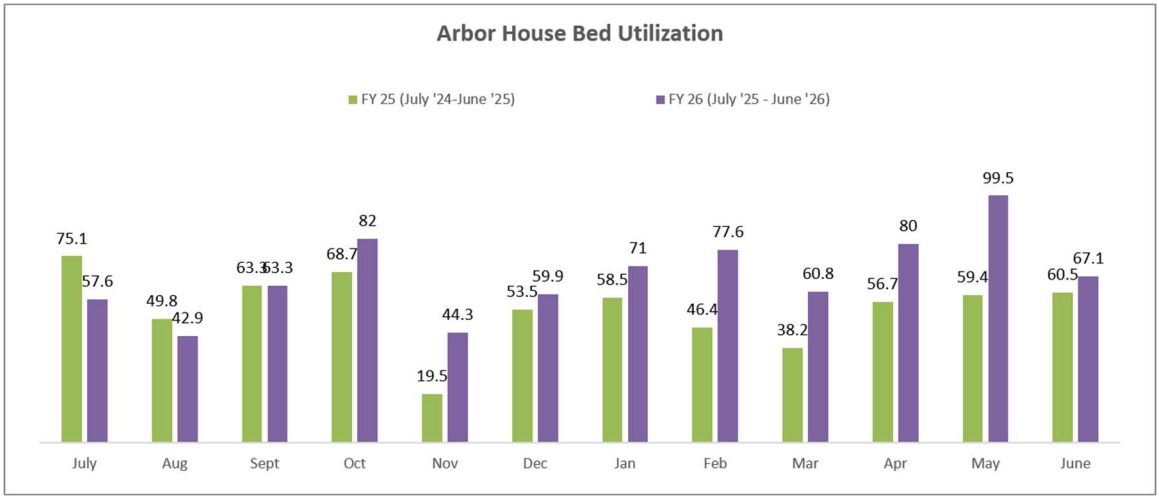
The team has also experienced several notable professional advancements. Our Program Assistant recently achieved SOAR (SSI/SSDI Outreach, Access, and Recovery) certification. This certification equips staff to more effectively assist individuals experiencing or at risk of homelessness in navigating the SSI/SSDI application process, addressing common barriers to accessing critical income supports. Additionally, the Service Coordination Specialist obtained Housing Quality Standards (HQS) certification, ensuring that all housing placements meet required safety, habitability, and sanitation standards for program participants.

Overall, the team continues to demonstrate a high level of collaboration, mutual support, and commitment to client-centered care. We are extremely proud of the team's dedication and their ongoing efforts to work together effectively to meet the diverse needs of all clients.

State Hospital Census

In the monthly State Hospital census report for May of 2026, HRCSB had an average daily census per 100,000 population of 13. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 14. The adult population of Harrisonburg and Rockingham makes up 8.26% of the region's adult population, while our total State Hospital bed days for the month of May came in at 7.45% of the regional census. 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)

We are closing out the fiscal year with Arbor House utilization consistently trending higher than the previous year. The change to receiving referrals through the Behavioral Health Link platform has significantly impacted our referrals however, has minimally impacted our acceptance due to the acuity of the individuals. There has also been a shift from CSU's being a regional program to a statewide resource. During June, staff reviewed 68 referrals from across the state, including 12 from the Richmond area and 5 from Danville. While decreasing barriers and making available resources open to more individuals, there are significant challenges to coordination of care and discharge planning for individuals in other parts of the state. Acceptance was offered to 24 of the referrals and 42 were declined; most often the declines were related to acuity (medical and behavioral).

Emergency Services

The Emergency Services team embodies what a team should; each person shows up, pulls together to manage difficult presentations and changes, and celebrates one another . During June, the ES team completed 52 prescreens; 1 was released to community support, 17 voluntary admissions, 2 Arbor House referrals, and 25 Temporary Detention Orders (TDO).

Each of these numbers represents a person in crisis; a person who has been unable to get the treatment they needed, a person who has likely tried to not be in this crisis. For this team, each person matters. There are hours of meeting with the client and the family/friends and the hospital staff, the law enforcement, and various other involved entities and individuals. The documentation includes an 11 page legal document and the collection of all necessary supporting documents. The work of this team is hard work, it happens at all times of the day and night, and it requires making decisions that impact people's lives in the most meaningful ways. Starting in FY27 the team will adjust billing practices in an attempt to represent the time and expertise required for each intervention.

Community Crisis Services – Community Paramedicine Program

During the month of June, Crisis Response Unit (CRU), provided critical community based services to HRCSB clients on 17 occasions. While the team is available to the whole community and responds to individuals referred from ECC, private community members, law enforcement, and probation; the role they serve to the vulnerable population who receive services at HRCSB is invaluable. Across the agency staff who are concerned about a client can reach out to Crisis Response for community-based services. At times this may be a small intervention, to remind someone of an appointment, and at time it is a significant intervention that can help a client maintain safety. This team forms relationships in the community which sets the stage for conversations instead of escalations.

The Community Paramedicine Program is on pause while staff is on leave.
Exciting news! HFD has hired a Community Paramedic! This individual will be onboarded, and the team will be back in the community soon!

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 370 units for the month of May, the highest monthly total we have achieved. Case managers completed 635 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 250 face-to-face visits. They also completed 27 Individual Service Plans.

Currently we have 378 individuals receiving DD Case Management services, including 280 receiving DD Waiver services. Of the 280 individuals receiving ID waiver services, 48 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 268 individuals on the DD Waiver Waiting list awaiting services. There are 31 individuals on Priority one status, followed by 133 on Priority two, and 104 on priority three. We received 8 requests for services in June. We did not complete any screenings for the month of June, as we worked to implement a new scheduling system that includes all DD Case Managers in the process. We opened 4 new clients in June. Statewide there are14367 individuals on the DD wavier waiting list, including 2511 on Priority one.

The final Waiver Slot Allocation Committed (WSAC) meeting of the FY was completed early in June. Seven Family and Individual Supports (FIS) slots were assigned, along with three Community Living (CL) Slots. As a reminder, the FIS slots can fund a variety of services, including day support, sponsored residential, and supported living. CL slots provide funding for those services as well, however they also include funding for congregate residential services, for individuals who require significant supports to live in the community. For this FY, we allocated 37 slots through the WSAC process.

We are pleased to announce that Rob Slaubaugh has accepted the position of Senior Manager for Developmental Disabilities Case Management Services.

Infant and Toddler Connection

In May the Infant at Toddler program completed 151 billable Developmental services. We completed 65 Occupational Therapy services, 53 Physical Therapy Services, and 99 Speech Therapy services. Support Coordinators added an additional 312 services for the month. We currently have a waiting list for both OT and PT.

Referrals comparison year to year:

Month	Referrals July 2024-June 2025	Referrals July 2025 to June 2026
July	34	45
August	40	41
September	44	51
October	52	34
November	33	32

December	44	42
January	35	44
February	44	40
March	58	57
April	57	49
May	45	51
June	32	35

We finished the FY26 with 521 referrals for the year, the highest yearly total we've recorded. This was a result of a concerted effort to increase community awareness through increased social media presence, as well as stepping up efforts to network with pediatricians, day care centers, and with the department of social services. We completed a significant number of developmental screenings at local day care centers throughout the year, which lead to a substantial amount of referrals. Particular thanks to Local Systems Manager Muff Perry for leading these efforts.

Finance Department

Representative Payee

We successfully implemented the new software, Quickbooks – and have already issued and mailed checks for clients from the July budgets. Due to the timing of mail, we key a week in advance and mail the checks a minimum of three days ahead to ensure the client's needs are met.

Reimbursement

For the month of June, we wrote off almost $200,000 for prior years' items we were unable to invoice or collect.

We also reviewed internal processes for recovery courts (Federal and local) and met with the external teams to ensure we were complying. We like to touch base annually to ensure we are aware of any changes happening in their areas. Since most of our staff is fairly new, this was our first annual meeting.

Staff openings

We are currently interviewing for a new reimbursement team member and are finalizing Staff Accounting interviews. We also added an Accounting Intern position and received multiple applications which we are also excited about.

Software

We met on July 1 and received feedback from the Tyler Munis Finance Expert that was onsite in May. We will now review the information internally to see what additional training would benefit our staff to utilize the software productively and efficiently.