

HRCSB Board Report – May 2026

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

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Message from the Executive Director

CSBs, alongside community and state partners, continue to face persistent challenges related to limited availability and depth of community-based services for both children and adults, particularly during periods of crisis. At the same time, access to acute care remains constrained, making it difficult to ensure individuals receive the level of treatment needed to achieve long-term stability. This reflects a broader, ongoing system challenge: identifying the right combination of community-based and inpatient resources that allows for timely, appropriate care while also maintaining public safety, reducing reliance on state hospitals, and addressing workforce limitations across the continuum.

Within this context, the 2026 Virginia General Assembly session introduced several targeted legislative and budget actions that further shape expectations for CSBs and the public behavioral health system. Continued investments in school-based mental health and prevention services could expand CSB partnerships with local school divisions, particularly in early intervention, consultation, and threat assessment. At the same time, enhancements to Virginia’s crisis response system—including continued implementation of the Marcus Alert framework and expansion of co-responder models—reinforce the role of CSBs in delivering timely, community-based crisis services in coordination with law enforcement. Updates to commitment and Temporary Detention Order (TDO) processes further emphasize the importance of timely evaluations and coordination with hospitals and the courts.

Taken together, these actions reflect a continued shift toward a more coordinated, community-focused behavioral health system with heightened expectations for access, quality, and accountability. As these changes take hold, we will need to continue adapting to evolving service demands—particularly in crisis response and forensic



coordination—while navigating ongoing workforce challenges and maintaining a focus on delivering care in the least restrictive, most effective settings possible.

Rebekah Brubaker, LPC

Administrative Services

Munis Project

The new Enterprise Resource Planning (Munis ERP) system is almost fully implemented at this point. There are three components to finish in the coming months: a “deep dive” into the Finance modules to ensure we are using the system as efficiently as possible, plus finalizing and launching Human Resources Recruitment and Performance Management modules. A new Munis ERP Administrator, Ivory Jordan, has joined the effort. Her IT and system expertise is timely and very welcome. We are grateful for her arrival as we face future challenges with final implementation.

Compliance Department

The Compliance team has spent recent weeks handling approximately 20 audits, including 8 intensive ID/DD audits. State-level changes referred to in recent reports continue with the Compliance team in many meetings on state initiatives pending for July 1, plus submitting comments on other pending program regulation changes. The management team looks to the Compliance Department for perspective and expertise analyzing these changes and is appreciative of their efforts. The Compliance Manager also helped create movement within the state workgroup to investigate specific billing and credentialing problems with the insurance companies. A Human Rights issue was investigated and submitted to the State with no finding. Finally, the Credentialing specialist has been instrumental in assisting in several contracting issues and renewals recently and her expertise is greatly appreciated.

Information Technology

The IT department is almost finished with the OneDrive transition, which has involved a lot of work and coordination across the agency. Additionally, they are working on security upgrades to the web filter and other efforts to protect the agency infrastructure.

Clerical

The Clerical group is focused on cross training and covering staff outages. Additionally, the Interpreter program continues to be well run by our Interpreter coordinator, assisting staff throughout the agency on a daily basis.

Facilities

Tenant turnover in a few of our apartments has allowed for our Facilities Department to begin needed renovations in these spaces. Our plan is to continue HRCSB apartment renovations over the coming years as needed, and as funding allows.

Risk Management

Focus in the coming weeks will be on emergency preparation drills, including fire drills and sheltering in place. Our Risk Management Specialist is also working on cataloging and updating agency policies.

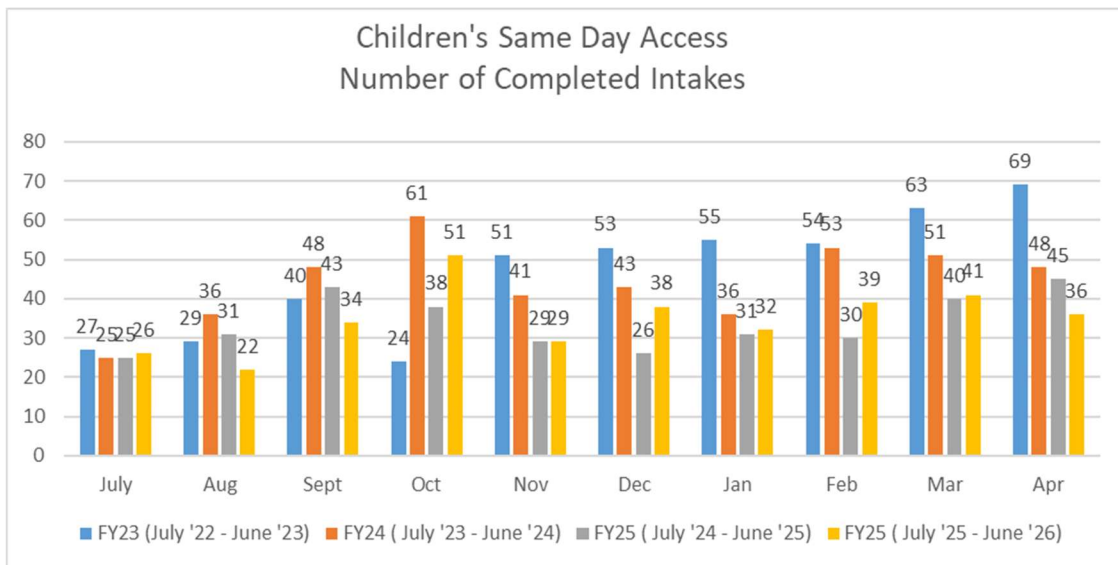
Data

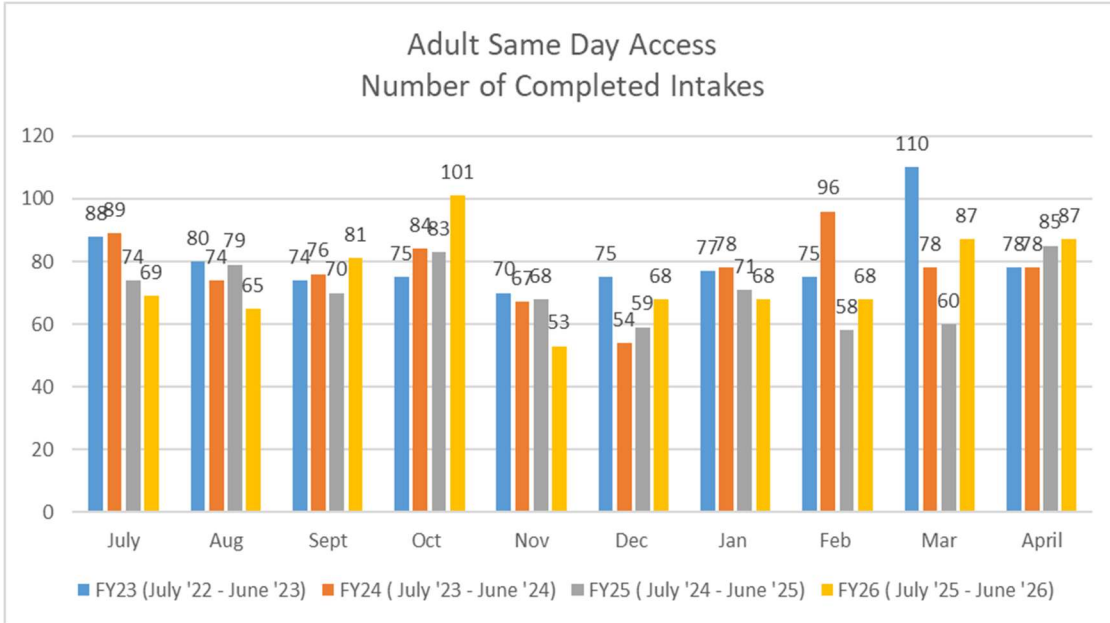
The Data team continues to work on the effort to ensure that all data is being sent to the state for the Enterprise Data Warehouse (EDW) project. We have recently had a quick overview of the State Dashboards where this data is presented, and it's clear that there are several problems they are still resolving. In addition, our data analyst was instrumental in creating a report for a required SAMHSA survey which is done annually. Because of the code written, the report will be easily pulled in future years.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

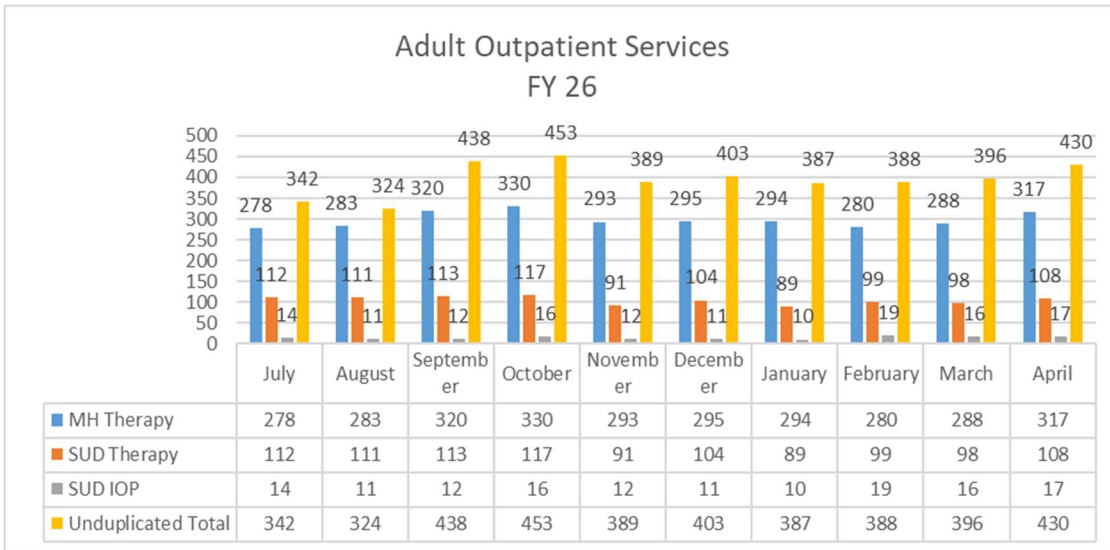
We continue to provide walk-in intakes to adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of April, the Same Day Access team completed 36 intakes for children/adolescents and 87 for adults. Both numbers are above average for the fiscal year so far.





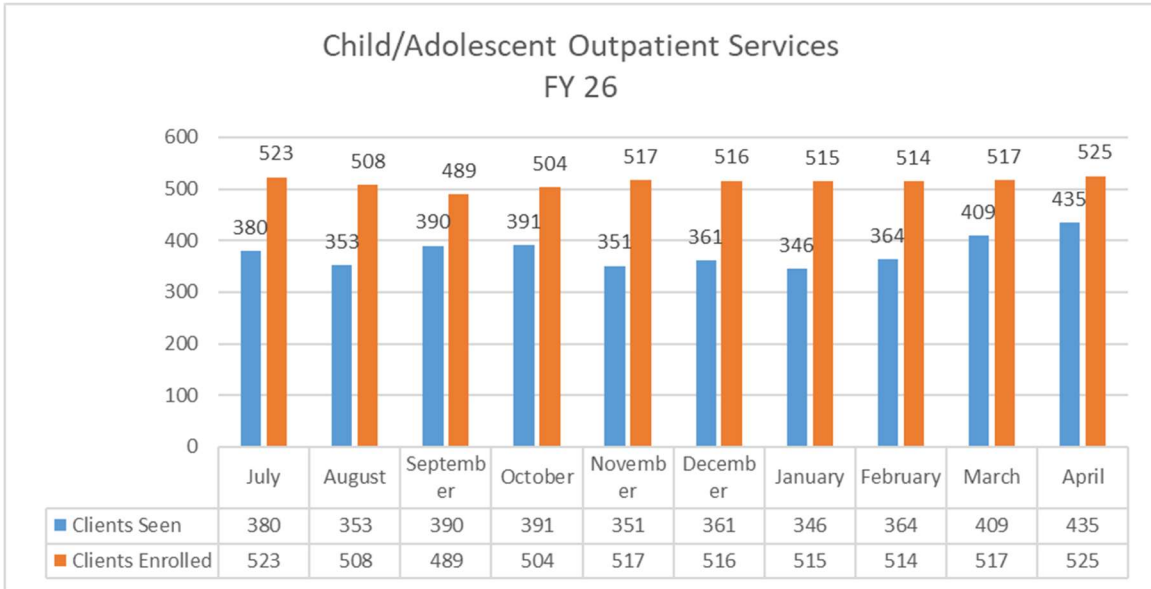
Adult Outpatient Services

In the month of April, the Adult Outpatient team provided mental health focused individual and group therapy to 317 individuals, as well as substance used focused treatment to 108 different individuals. We also served 17 individuals in our substance use focused Intensive Outpatient Program. All of these numbers were not only improvements from the previous month, but they are also above average for the fiscal year.



Child/Adolescent Outpatient Services

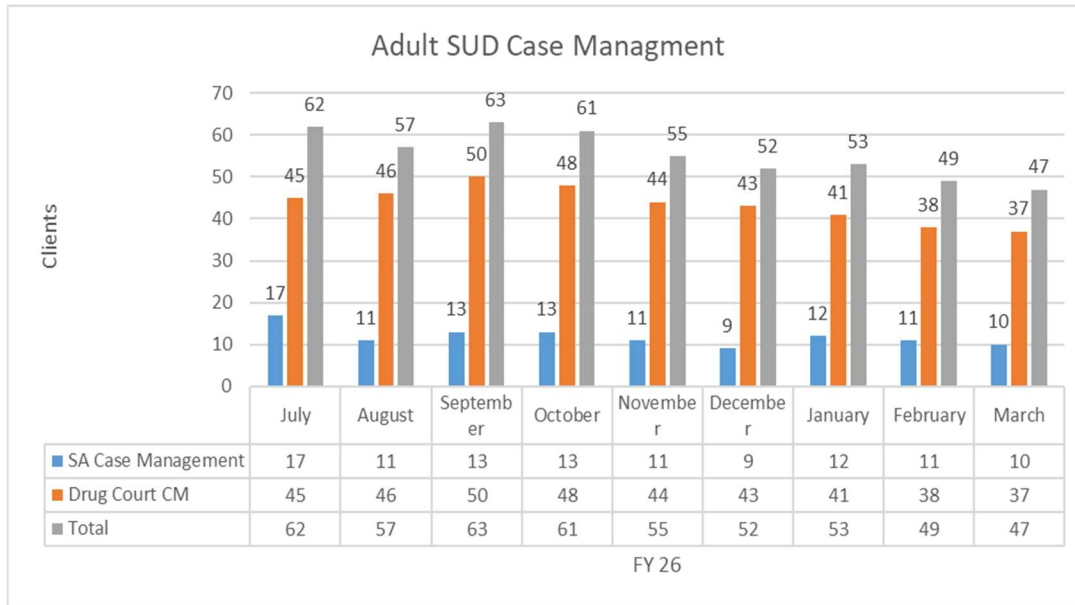
The Child/Adolescent Outpatient team has provided individual and/or family therapy to 435 clients in the month of April, which is the most clients served by the team in a month by far this fiscal year. Currently we have 525 individuals enrolled in child/adolescent therapy services which represents another high for Children’s Outpatient for FY 26.



As far as our in-school services go, our Early Intervention Clinicians provided 734 sessions to 238 clients this month. Both numbers have set new highs, for the second month in a row, for not only this fiscal year but the last three.

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 April yet but in March the team served 37 clients enrolled in the local Recovery Court program as well as 10 other SUD CM clients. Both numbers are a little below average for the fiscal year.

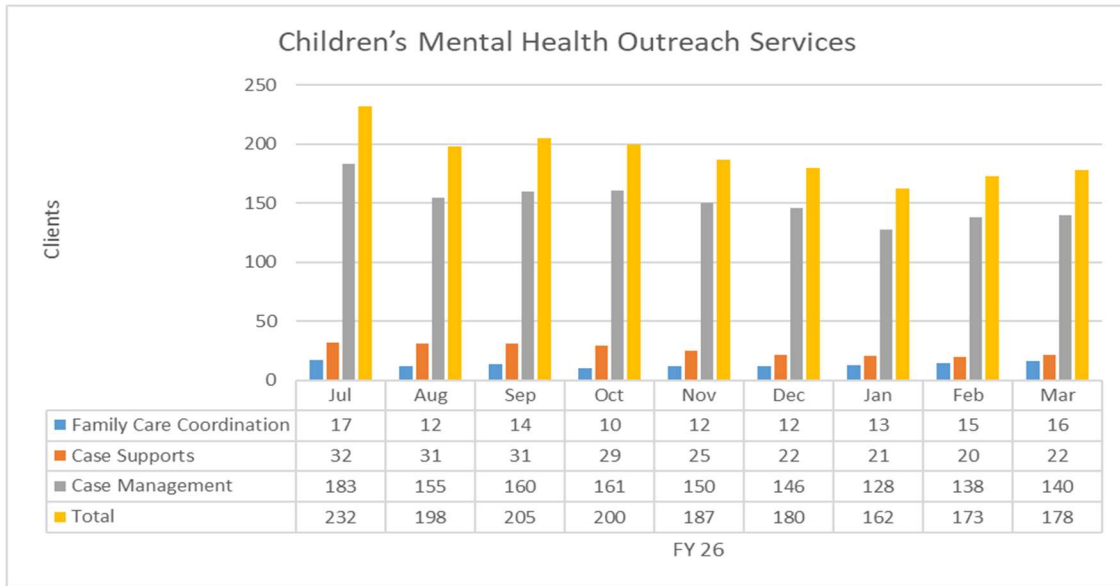


Care Coordination (Adult and Child)

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 April, which is slightly less than 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 April are not in yet, but in looking at the full March numbers 178 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 which marks an upward trend for the second month in a row.



Behavioral Health Wellness Program

In April, the Behavioral Health Wellness (BHW) Program delivered a wide range of trainings, including both English and Spanish versions of a Community Health Worker Training Program. Substance Use focused trainings were provided for students at both JMU as well EMU, and overall, 56 people received trainings on REVIVE overdose prevention. It should also be noted that both Trauma “Basics” and Trauma “Phase Oriented” trainings were provided to HRCSB staff this month.

Beyond training, the BHW Program actively engaged the community through events, partnerships, and resource distribution. Highlights include participation in Drug Takeback Day, school-based health fairs, and community resource events. The program also advanced several key initiatives, such as the Countertools project which is meant to assess retail environments for the purpose of reducing youth access to harmful substances. Moreover, the team actively collected data for the statewide Young Adult Survey which aims to better understand regional trends related to mental health, substance use, and problem gaming & gambling.

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

Adult Mental Health Case Management

Over the last months, we have celebrated clients being awarded disability benefits, which allows much needed financial security and stability. Case managers have assisted a client who was facing homelessness and uncertainty about how to care for himself by transitioning the client to an assisted living facility where his daily needs are being met. Case managers have helped advocate for a medication change and greater independence within a family system, and witnessed the re-emergence of hope, a beautiful personality, and pride in being able to more independently meet daily needs.

Peer Support

There are currently 14 participants enrolled in Mental Health (MH) Peer Support and 11 enrolled in Substance Use Disorder (SUD) Peer Support, with outreach underway for an additional two MH referrals and 5 SUD referrals. The Permanent Supportive Housing (PSH) Peer continues to provide vital peer support services to the 40 residents at Commerce Village apartments.

The Peer team has had several successes worth celebrating over the past few months. The PSH Peer supported a client in securing a new apartment, and through advocacy efforts, the PSH team is now collaborating with a new property management company. The MH Peer adjusted her schedule to maximize billable units and launched both a men's group and a women's group during the week. The SUD Peer continues to steadily grow his caseload and supported two Recovery Court participants in celebrating phasing up in the program. Lastly, the Peer Program Coordinator will be presenting two workshops at the national UNITY Conference in October, with one presentation being recorded and added to the conference's training and technical assistance center.

Permanent Supportive Housing (PSH)

Our Permanent Supportive Housing (PSH) program currently has 42 clients enrolled, with two individuals who remain unhoused and are actively searching for housing. Additionally, there are 18 clients on our referral and waiting list, highlighting the ongoing demand for PSH services.

We have seen several encouraging client and staff successes. A client who has maintained sobriety for four years has been offered a full-time position with the City of Harrisonburg as a Transit Bus Operator. The client is also working toward obtaining their CDL and may be eligible to graduate from the PSH program following a 90-day transition period.

Despite staffing challenges, the PSH team has continued to demonstrate commitment and resilience. Since the end of March, the program has operated with only three staff members. During this time, staff successfully re-housed two clients whose leases were ending, preventing potential housing instability. We are extremely proud of our team for coming together, supporting one another, and continuing to work collaboratively to meet the needs of all our clients.

Supervised Living Residential – Market Street

We are pleased that three of our Qualified Mental Health Professional Trainees (QMHP-T) finished their traineeship and are now fully certified QMHP staff. We also onboarded a new hourly staff member who has been a perfect addition to our team and is fully trained and working shifts.

Market Street has added two new programs: Mindful Mondays and Thursday Art & Craft Group. The feedback from the residents has been overwhelmingly positive for both programs. Mindful Monday has included mindful journaling and meditation for emotional regulation. Art & Craft Group has completed several projects, including a collaborative artwork where residents and staff colored individual squares and combined them to make a complete artwork:



State Hospital Discharge Coordination

Hospital discharge has been productive during the last quarter with 21 admissions and 26 discharges total (January - March). Our team was able to discharge a patient that had been hospitalized since October 2024 and refused to work through the discharge planning process initially. We were able to successfully discharge another patient who refused to talk with our

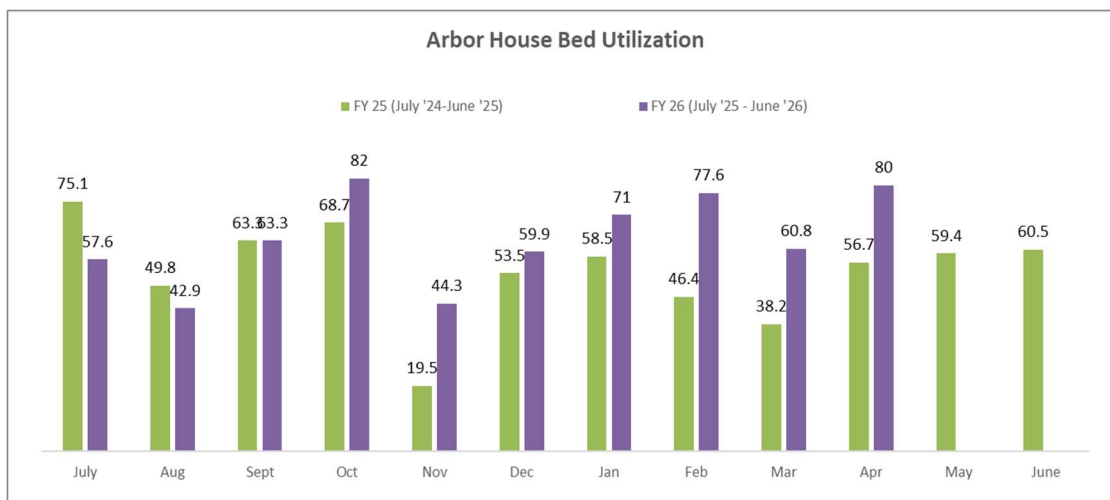
team and hospital discharge supports for most of their hospitalization which began in August 2025 to an ALF. The individual had been in and out of state hospitals and local jails and unhoused whenever he was in the community, which he seemed to prefer.

We are thankful for our collaboration and support from our PSH/ACT teams which has allowed us to complete two other more challenging discharges due to incarceration and significant history of lack of engagement. We continue to face significant challenges with an increase in complex forensic cases in addition to an increase in substance induced psychosis with no history of Serious Mental Illness which makes discharge planning difficult as these individuals do not qualify for typical discharge planning programs and services.

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)

The work of the Arbor House Case Coordinator, Kris Kuhne, is paying off! Kris is a longstanding member of the team; starting as an hourly employee in 2021 and transitioning first to a full-time CSU specialist then to the Coordinator. She helps to create a warm environment for both staff and clients who enter Arbor House. Kris has built positive community relationships that benefit both referrals and discharge planning. She often gets mentioned in our client satisfaction



surveys with one person saying, “Kris was very helpful with everything treatment plan as well as discharge information and getting me all the help and services that I needed. Arbor house has helped me in ways I never imagined, helping me learn new coping skills, teaching me about mindfulness and positive focus. Radical acceptance was very helpful. DBT tools were also very helpful. I am able to leave here at Arbor House better than the person I was mentally and physically when I first got here at Arbor House. This has changed my life. Thanks to Kris and all the staff that are here and showed me what my family never has.” We are very grateful for dedicated and professional team members like Kris!

During April, staff reviewed 44 referrals from within the HRCSB catchment area and throughout the region and offered admission to 27 individuals in crisis. Of the referrals that were declined, there was a notable increase in referrals that included physical aggression with almost half of the denials being related to this aspect of acuity.

Emergency Services

The Emergency Services team had the opportunity to meet and have a meal together as part of the agency, Department Spotlight. While not everyone was able to be present, every member of this team is greatly appreciated! During April, the ES team completed 59 prescreens; 8 were released to community support, 12 voluntary admissions, 2 medical admissions, 3 Arbor House referrals, and 28 Temporary Detention Orders (TDO). Congratulations to Tara Pollnitz who worked diligently to complete the certification process and was officially added to the Certified Preadmission Screening list.

Great things to come in May!

Community Crisis Services – Community Paramedicine Program

The Crisis Response Unit has been very busy. While compiling data related to the last five and a half years of CRU, it was noted that the team has provided over 5,000 mental health follow-ups, 708 courtesy rides to the hospital or CSB to help get individuals connected with services, and 179 officer initiated ECO’s. This is a significant amount of time that first responder resources are able to stay in the community. CRU also allows community members in crisis, and their families, to receive critical support and resources.

During the month of April, Crisis Response Unit (CRU), provided follow-up services to 82 individuals in the city and county. There were ten instances where the team was able to provide transport to the hospital or the CSB with the goal that the individual could engage in voluntarily in treatment. There were also five 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 continues to collaborate with CRU regarding post-discharge follow-up and community referrals. This service is accomplished through home-based

outreach, ensuring continuity of care and reducing the risk of readmission.

HFD continues their recruitment process for the Community Paramedic and the Community Case Manager confers with the HFD leadership to provide services to the community when needed.

Developmental Services

DD Case Management

Developmental Disabilities (DD) Case Managers billed 359 units for the month of March. Case managers completed 636 separate contacts to assist with linking clients to services, or monitoring their satisfaction, including 214 face-to-face visits. They also completed 31 Individual Service Plans.

Currently we have 375 individuals receiving DD Case Management services, including 275 receiving DD Waiver services. Of the 275 individuals receiving ID waiver services, 42 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 34 individuals on Priority one status, followed by 134 on Priority two, and 100 on priority three. We received 7 requests for services in April, completed 7 screenings, placed 7 people on the waiting list, and opened 6 new clients. Statewide there are 14381 individuals on the DD wavier waiting list, including 2667 on Priority one.

Our Support Coordinator Quality Reviews (SCQR) were completed and submitted in April. Thanks to our QI staff for all of their work on this. We will be working with DBHDS staff in May to complete the inter-rater reliability process before reviewing our results in June. The SCQR process was initiated as part of the DOJ settlement agreement. Similarly, the Health Service Advisory Group reviews, also initiated with the Settlement Agreement, are ongoing and should be culminating with interviews with Case Managers over the next several weeks.

Case Managers are gathering information in advance of the final DD Waiver Slot Allocation for FY26. The 4th quarter slot allocation represents the final allocation for the 3400 statewide slots funded for the 2024-26 biennium.

We are continuing to interview for vacant DD Case Manager and Intake positions.

Infant and Toddler Connection

In March the Infant at Toddler program completed 187 billable Developmental services, including 37 Developmental Assessments. We completed 59 Occupational Therapy services, including 10 evaluations, 49 Physical Therapy Services, including 5 evaluations, and 137 Speech Therapy services, including 10 evaluations. Support Coordinators added an additional 211 Medicaid billable services, including 59 face-to-face visits.

We received notice that we have been included in the next Periodic Oversight of Systems and Methods (POSM) monitoring cycle, set for FY27. Our review should begin sometime in February 27. The review will be lead by the Parc C monitoring team and should last a total of 4 months.

May is Early Intervention Month! Throughout the month we will be focusing on various community awareness activities, including daycare screenings, participating in resource fairs, updating referrals sources with flyers and brochures, and increasing our social media presence.

We are currently interviewing for vacant Occupational Therapist and Early Interventionist positions.

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	57
April	43	34	32	38	53	50	34	56	50
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	436
Child Count-Dec 1	162	173	195	201	193	225	259	249	285

Finance Department

Finance

Staffing changes

We announced the retirement of our Payee Program Specialist, Charlie Bowman, who has worked with HRCSB since March 2000. We appreciate everything Charlie has accomplished during his tenure. His commitment to HRCSB and the clients has been invaluable.

We are excited to announce the promotion of our Staff Accountant II, Jeanetta Waitier, to Accounting Manager. With these changes, we will be adding to our Finance Staff in the role of an Accounting Specialist and are currently interviewing.

Third Quarter Accounts Receivable report

We reported third quarter A/R balances by payor (not including client self-pay balances), to DBHDS. The goal is to have our A/R balance > 120 days equal to 15% or less of our total balance. Please see below the last two quarters for comparison. The reimbursement staff continue to work diligently and reduced our A/R >120 days by 0.45%, quarter over quarter.

Harrisonburg Rockingham Community Services Board						
3/31/2026						
		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	\$ 58,850.94	19,551.68	7,127.99	10,838.64	17,755.68	3,576.95
Medicaid	\$ 248,178.59	58,165.71	84,168.93	44,950.00	9,115.52	51,778.43
Medicaid MCO's	\$ 1,024,326.76	419,085.34	124,720.14	237,009.80	67,759.77	175,751.71
Medicaid Waiver	\$ 9,973.79	-	-	5,367.31	116.48	4,490.00
Medicaid QMB	\$ 29,730.65	8,426.61	4,132.99	2,035.48	5,264.62	9,870.95
DNP's	\$ 13,164.50	7,035.92	1,743.23	901.61	1,277.88	2,205.86
Medicare Advantage	\$ 18,133.22	5,940.00	2,651.38	2,213.19	1,842.76	5,485.89
Commercial	\$ 171,144.63	47,240.34	28,979.76	24,292.58	20,511.89	50,120.06
TOTAL	\$ 1,573,503.08	\$ 565,445.60	\$ 253,524.42	\$ 327,608.61	\$ 123,644.60	\$ 303,279.85
Percentage of Account Balance		35.94%	16.11%	20.82%	7.86%	19.27%
Percentage of Account Balance Greater than 120 Days						19.27%

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	9,054.25	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	3,839.06	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
TOTAL	\$ 1,642,970.78	\$ 614,016.04	\$ 328,890.89	\$ 202,172.79	\$ 148,828.85	\$ 317,823.26
Percentage of Account Balance		38.10%	20.41%	12.54%	9.23%	19.72%
Percentage of Account Balance Greater than 120 Days						19.72%