HRCSB Board Report – September 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

Over the next several months, our community will work together to develop and submit a plan for implementing the Marcus Alert System. The Marcus Alert System is a statewide framework designed to improve responses to mental health, substance use, and developmental disability crises by diverting appropriate calls from 911 to behavioral health professionals through 988 and resolving calls at the lowest level of intervention possible. The system includes the ability to deploy co-response teams, consisting of law enforcement and a behavioral health clinician, as well as mobile crisis teams comprised solely of behavioral health professionals.

Virginia has been implementing the Marcus Alert System across the Commonwealth over the past four years, with the goal of having all communities meeting implementation criteria operational by July 1, 2028. In August, HRCSB began working with the Region 1 Consultant to initiate our local planning process. Our first community stakeholder meeting was held in late August, with a second meeting scheduled for the end of September. Our goal is to complete and submit our community-specific implementation plan by December 2026.

We will continue to keep the Board informed as the planning process progresses, including key decisions, community partnerships, and anticipated implementation timelines. Additional updates will be provided as we move toward submission of the community-specific plan in December.

Rebekah Brubaker, LPC

Administrative Services

Munis Project

The implementation of the project continues in both the financial and human resources areas. The most positive trend currently is the team's growing knowledge and familiarity with the various modules. This allows us to trouble shoot problems ourselves, and work as a team to improve the program's functions. ERP Administrator Ivory Jordan has been key to these improvements.

Compliance Department

The Compliance Department handled some 24 chart audits this month for United Healthcare and Anthem. One was Medicare related and the others were Medicaid Risk Adjustment audits. The department handled the Medicaid Revalidation for the PACE/ITC program, which is due every five years. The Compliance Manager handled two sensitive issues this month. One was an Office of Human Rights Complaint regarding ADA compliance. Regulation violations were founded and we received a Corrective Action Plan (CAP) that we are working on. The other was an internal investigation regarding a confidentiality breach that was resolved very quickly.

Information Technology

Much of the IT Department's work this month was a continuation of last month's projects: the client portal and apps are being designed and tested, the in-house training for responding to phishing attacks is finished, the mobile device management transition is three-quarters of the way done and the information systems technician continues to build confidence in his role. Verizon has made some changes in its business accounts, and this has resulted in approximately $1,500 per month of savings for the same features. Finally, the phishing campaigns for staff will begin in the coming month.

Clerical

The Clerical team has been busy handling vacancies, illnesses and vacations. In the meantime, recruitment continues for two staff members.

Facilities

We are doubling the size of our Facilities Maintenance staff with the hire of a Facilities Specialist. Caring for the properties, an extensive fleet and the numerous inspections – among other duties – is too much for just one person. Our new staff member is transferring from another part of the agency and will begin his facilities duties on September 8.

Risk Management

Our Risk Manager handled an Enhanced Risk Cause Analysis (Enhanced RCA). This is standard protocol for a client death, even if it was expected, natural causes or unrelated to HRCSB services.

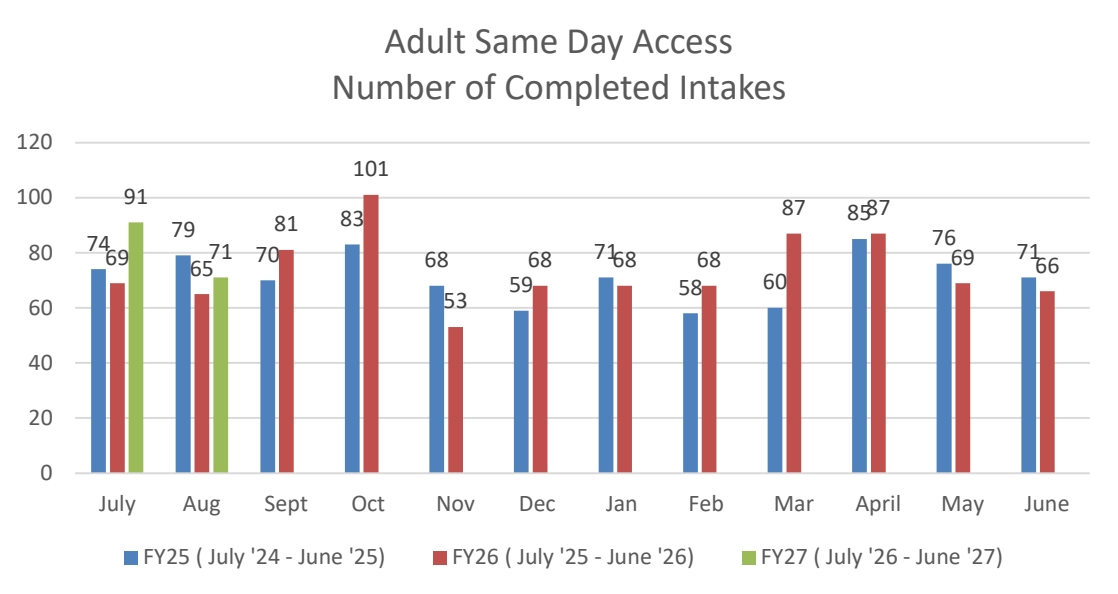
Data

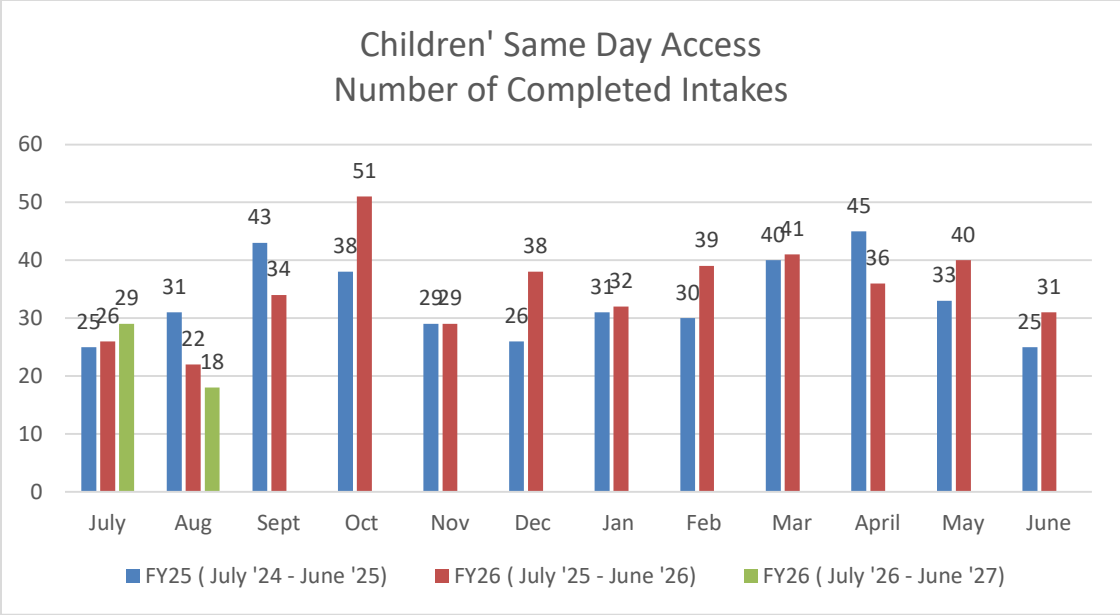
The data team is working on various reports for yearend plus updates to data gathering and state submissions as of July 1.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

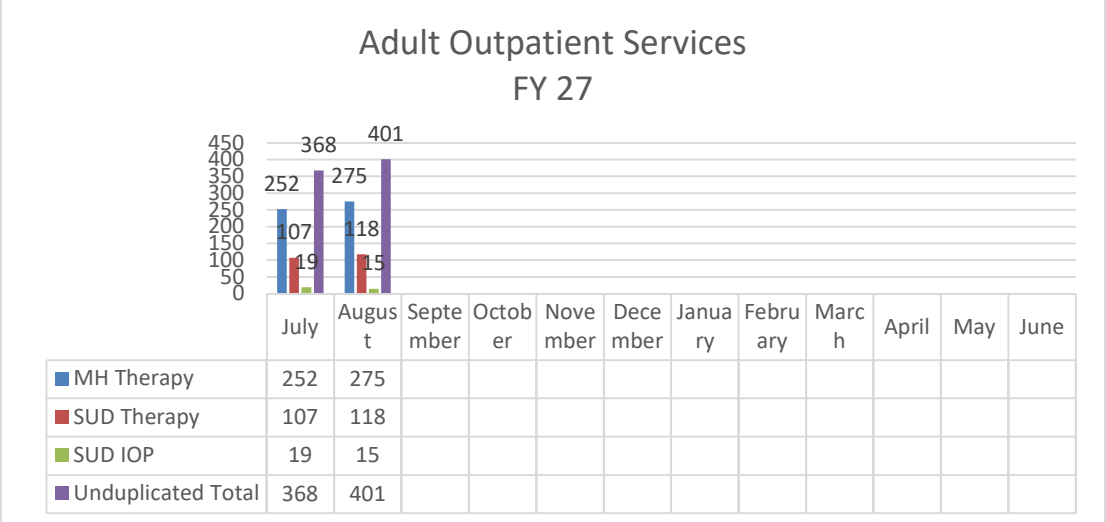
We continue to provide walk-in intakes for adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of August, the Same Day Access team completed 71 intakes for adults which is right around average for this time of year. Only 18 children were seen for intake this month, which is certainly a low number, but demand for our children intakes slots tend to go up quite a bit in September and October.





Adult Outpatient Services

In the month of August, the Adult Outpatient team provided individual and group therapy to 273 clients focused on mental health concerns, and 118 clients focused on addressing issues with substance use. We also served 15 individuals in our SUD focused Intensive Outpatient program. Overall, 401 individuals received some form of therapeutic support from the Adult OP Team which is right in line with the average from the previous fiscal year.

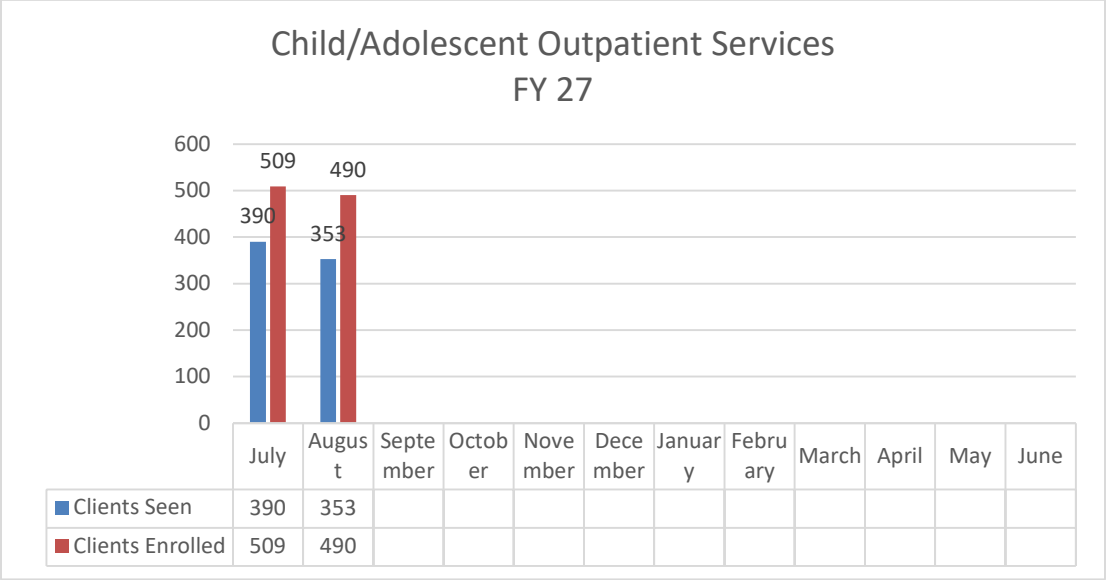


	July	August	September	October	November	December	January	February	March	April	May	June
MH Therapy	252	275										
SUD Therapy	107	118										
SUD IOP	19	15										
Unduplicated Total	368	401										

Child/Adolescent Outpatient Services

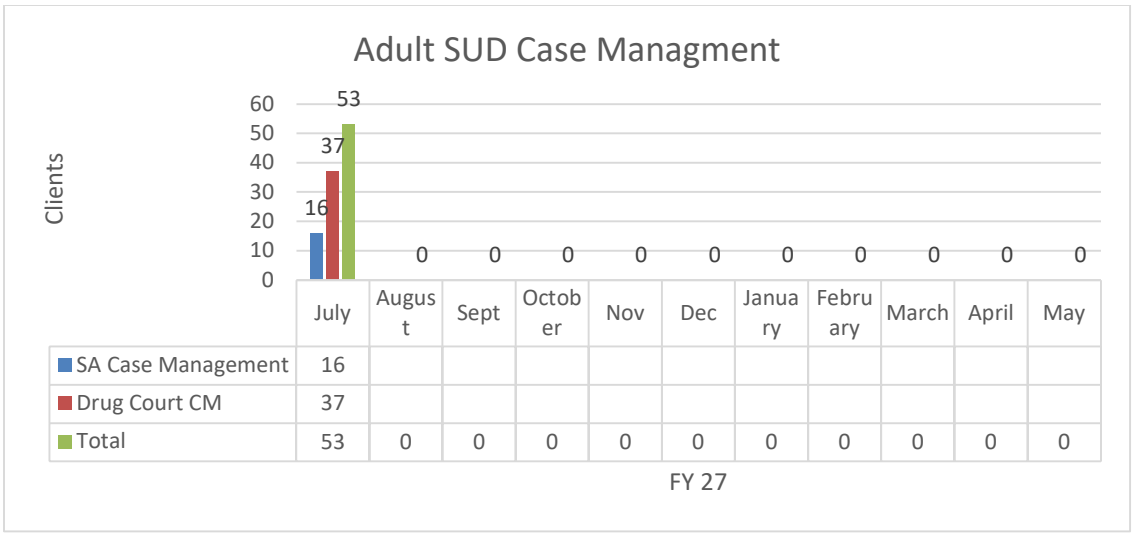
The Child/Adolescent Outpatient team provided individual and/or family therapy to 353 clients in the month of August. This is the exact same number we saw this time last year, though the number of clients enrolled in children's therapy has dipped somewhat: 508 in August 2025 to 490 this August.

As far as our in-school services go, our Early Intervention Clinicians returned to the schools earlier this month and are well on their way to being great supports in the new school year!



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. We do not have final SUD CM numbers for the month of August yet but in July the team served 37 clients enrolled in the local Recovery Court program as well as 16 other SUD CM clients. The number of 53 total clients served is right in line with the average for the previous fiscal year.

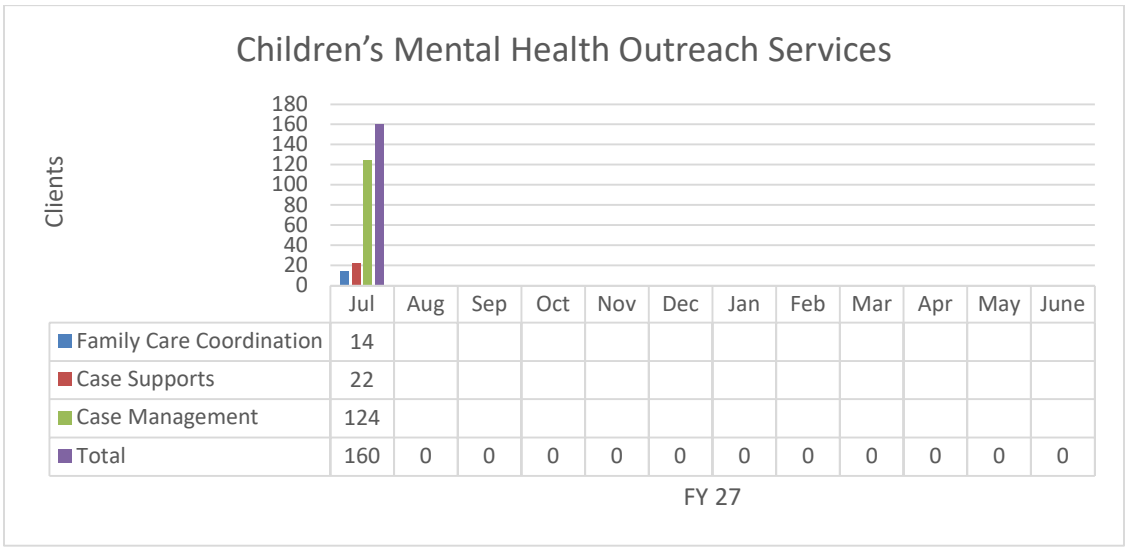


Care Coordination (Adult and Child)

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 services. The most consistent areas of need the team helps clients address are housing, income insecurity, and medical care. Overall, the team served 36 clients for the month of August, which is slightly less than average for this new fiscal year.

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 August are not in yet, but in looking at the full July numbers 160 clients and families were served this month. This is right around the average number of clients served in this calendar year.



Behavioral Health Wellness Program

In July, the Behavioral Health Wellness (BHW) Program continued to deliver a wide array of trainings both for HRCSB staff as well as members of the community. In terms of the latter, our BHW team resumed providing "Mental Health 101" trainings for refugee clients of Church World Services (CWS). These trainings were something our team had been providing monthly for two years until federal funding cuts for CWS in 2025, so we are very happy to resume that partnership! It should also be highlighted that the BHW team provided training/support to HRCSB staff through MANDT training as well as a Team Building workshop provided to our medical team.

Community Mental Health Services

There are 401 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 Adult Mental Health 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

In Adult Mental Health Case Management, we often get questions about what a "typical day" looks like. Our response is usually "there are no typical days", but in an attempt to better answer that question, here are some experiences from the Adult Mental Health Case management team from the last few weeks:

- Starting a workday at 6:00am to take a client to an appointment at UVA Health in Charlottesville by 8:00am.
- After receiving over 25 "no's" on referrals for a client to skilled nursing facilities, celebrating the "yes" in finally finding placement.
- Walking the woods and homeless encampments of Harrisonburg, trying to locate a client who doesn't have a phone, and who has been missing.
- Helping a client sign his first ever apartment lease, after they successfully completed six months in Market Street's residential program.

Peer Recovery Services

The Mental Health (MH) Peer Program currently serves 14 participants and has 4 active referrals. The Substance Use Disorder (SUD) Peer Program currently serves 12 participants and has 2 active referrals.

We are excited to announce that the MH and SUD Peer Programs are now operating as a standalone service. The month our SUD CPRS-R attended two Recovery Court graduations for participants he supported during their time in the program. Both graduates have chosen to remain in Peer Services after being discharged from other programs, highlighting the positive impact peer support has had on their recovery journeys.

Permanent Supportive Housing (PSH)

The Permanent Supportive Housing program currently serves 41 enrolled clients. Of these, two individuals remain unhoused, and staff are actively working to secure appropriate housing. In addition, there are 20 individuals on the program's referral list.

Supervised Living Residential (Market Street)

One of our residents has successfully completed his time in the program and is moving into an apartment in the community in early September. He has never lived on his own before and while at residential, he has been completing grocery, budgeting, and cooking modules and has expressed being ready and eager to start his new journey. Another resident has procured a full-time job and is in the process of looking for independent housing.

We are onboarding a new Overnight Relief Staff who is a resident in counseling, so we're very excited for him to join our staff and be a great resource for our residents. Another one of our staff got his Qualified Mental Health Professional - Trainee certification after completing 40 hours of didactic training and he's now able to do skill building modules with clients.

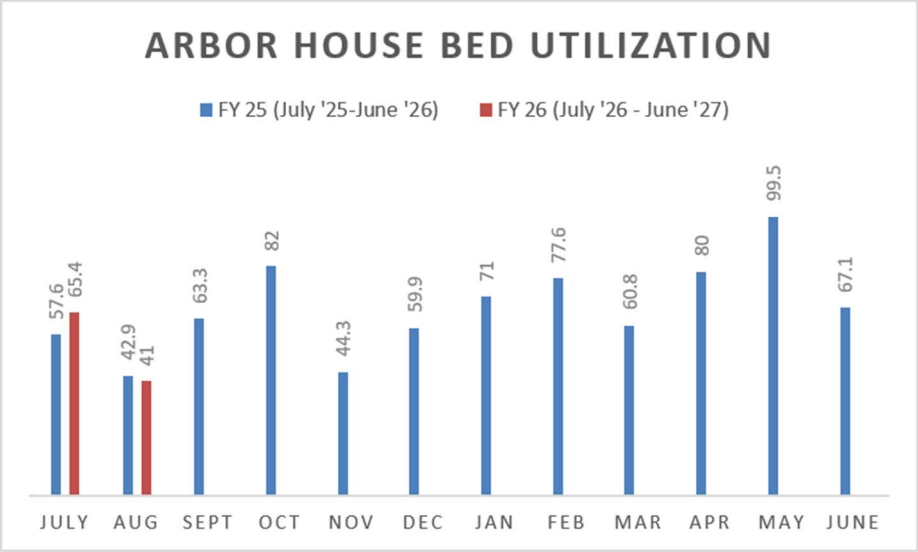
State Hospital Discharge Coordination

Hospital discharge team has been working hard focusing mostly on forensic cases. We were able to discharge an NGRI client that had been working through the process gradually since January 2023. We had a successful discharge from Western State Hospital (WSH) to PSH/ACT programs which provided the individual with empowerment to remain independent and continue working towards personal goals. We were also able to connect an individual from the jail with the PSH/ACT team to attempt successful reintegration. We continue to work well with our PSH/ACT teams.

State Hospital Census

In the monthly State Hospital census report for July of 2026, HRCSB had an average daily census per 100,000 population of 13, up one from last month. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 13, down one from last month. The adult population of Harrisonburg and Rockingham makes up 8.25% of the region's adult population, while our total State Hospital bed days for the month came in at 7.96% 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)

Arbor House provides a training opportunity for many students, graduate and undergraduate. This is a valued opportunity to provide developing clinicians with an understanding and client services, crisis, and the complex needs of individuals being served. August utilization typically trends lower which aligns with the staffing challenges that can come with semester changes. We continue to be grateful for the staff who are willing to be flexible with their time and energy to ensure coverage during these times. During August, staff reviewed 73 referrals from across the state with an increasing number from outside the region. Arbor House staff admitted 15 individuals from around the region.

Emergency Services

The Emergency Services team exemplifies flexibility in work and schedule coverage. Due to the timing in August the data represents ¾ of the month (through 8/20) , the ES team completed 43 prescreens; 4 were released to community support, 11 voluntary admissions, 3 Arbor House referral, and 17 Temporary Detention Orders (TDO).

Department of Behavioral Health and Developmental Services (DBHDS), with support of the state legislature, has partnered with Steadfast Security to provide ATP (Alternate Transport) for both post TDO custody and transportation to an identified accepting hospital. For this community, the program started mid-August, and we are continuing to work toward

understanding and increased utilization. This program is directed by an order from the magistrate that allows Steadfast to take custody and/or transport the individual. For the client in crisis, this is a less restrictive option for transport and can avoid forensic restraints when not necessary for safety. This also allows law enforcement to utilize their resources, the officers, in the community and not the hospital.

Community Crisis Services – Community Paramedicine Program

During August Crisis Response Unit (CRU), provided 76 follow-up services, which can include individuals who had recent calls for service from a first responder or who were recently discharged from an inpatient psychiatric hospitalization. CRU was able to provide crisis support to 6 individuals who reported the need for hospitalization and transport each of them to the Emergency Department. CRU initiated 4 ECO's in order get individuals the immediate evaluation needed to ensure safety. CRU was dispatched and responded to 8 active calls for service during the month.

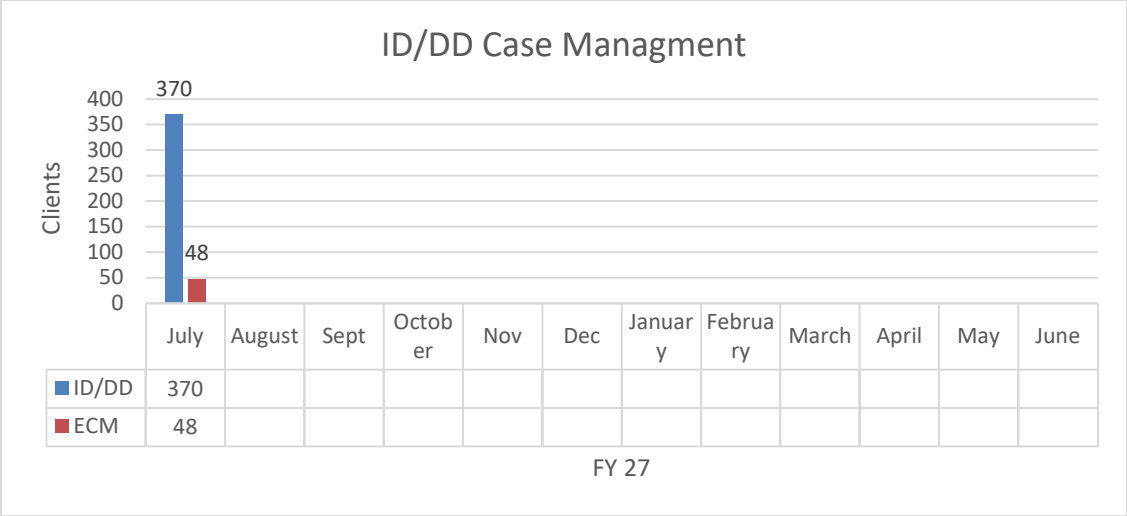
August brought the return of a much-needed Children's Crisis Clinician. Courtney Whetzel, who has been a Children's Case Manager and a member of the Emergency Services team, joined community crisis to fill this role. We are working to determine how this position can best fill the needs of the community. She has had a solid start with 5 referrals and follow-ups in the first month.

Look forward to a September update regarding the Community Paramedicine Program!

Developmental Services

ID/DD Case Management

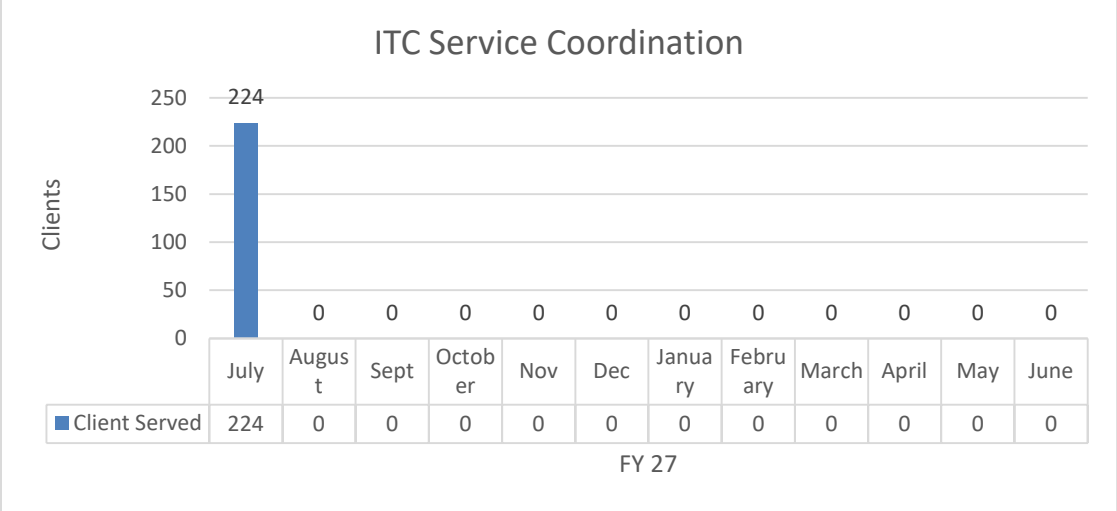
Housed in the McNulty Center are a team of ID/DD Case Managers that serve clients with developmental and/or intellectual disabilities. Final August billing numbers are not in yet, but for the month of July the team served 370 clients, with 48 of those being enrolled in a more intensive form of case management through our ECM program. We are also excited to announce that our two open positions have been filled with one new case manager starting this month and the second scheduled to start first thing next week after the holiday!

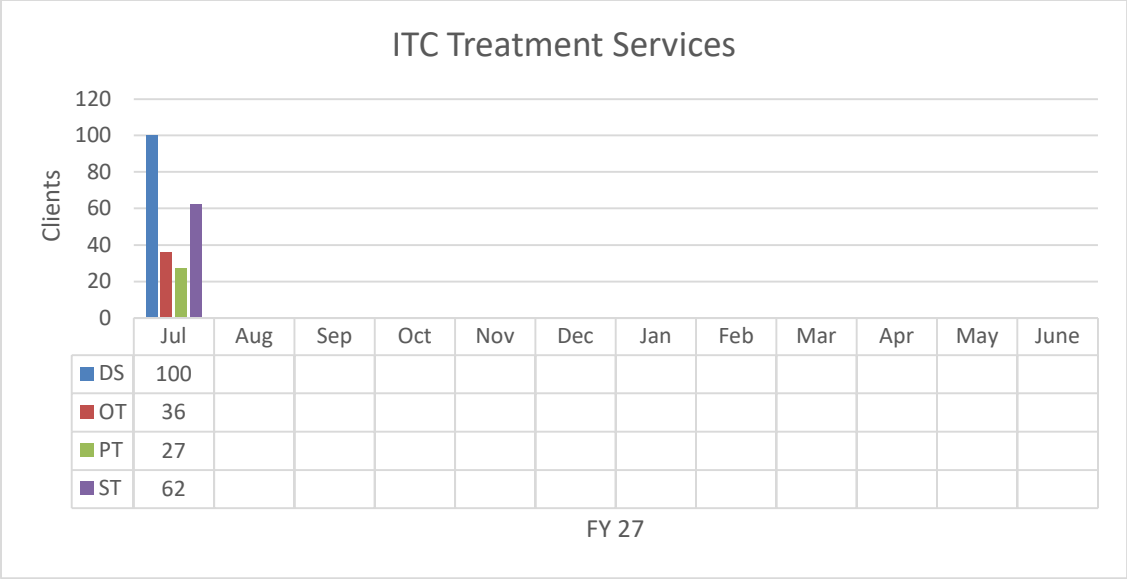


Infant and Toddler Connection (ITC)

Also housed in the McNulty Center, one part of our ITC program is a team of service coordinators (similar to case managers) that serve infants/toddlers assessed as having a developmental delay of some sort. While August numbers are not fully in yet, in July the ITC Service Coordination team served 224 clients, which is right in line with where they left off last fiscal year.

Another part of the ITC program is a team that provides developmental services alongside occupational, physical and speech therapy to our ITC clients. As with their SC teammates the August numbers are not yet in, but in July this part of the ITC program served 184 individuals with some kind of treatment intervention.





Finance Department

Reimbursement

Write-offs have normalized beginning FY27 in July, as we concluded our clean-up in FY26.
We wrote off $10,700 for July, which is a great decrease from June 2026 of $198,699.
We are working with self-pay clients offering payment plans before submitting our annual set-off debt report to the state in October 2026.

Accounting

We have made an offer, which was accepted, for a new Staff Accountant. They will begin November 2026, after working their notice at their current position.

The accounting intern has decreased their hours, due to classes beginning at JMU, from 20 hours to five hours per week.

Audits

We continue analyzing data and gathering documents for our upcoming FY26 audit occurring later this year.

Unclaimed Property:

The annual unclaimed property report is due to the state in October 2026. We have begun mailing letters and gathering information in order to submit funds timely.