HRCSB Board Report – November 2026

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Barbara Brady (Administrative Services)
Lisa Johnston (Chief Financial Officer)
George Nipe (Behavioral Health & Developmental Services)
Andrea Skaflen (Crisis Services)
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Message from the Executive Director

Early in October, several members of our leadership team had the opportunity to attend the annual Public Policy Conference hosted by the Virginia Association of Community Services Boards (VACSB). One of the highlights of the conference is hearing directly from state leaders, including the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), Daryl Washington; Deputy Director for Complex Care at the Department of Medical Assistance Services (DMAS), Tammy Whitlock; Senator R. Creigh Deeds; and Delegate Sam Rasoul. Each speaker shared their priorities and perspectives heading into the upcoming legislative and budget session.

Several themes emerged across these discussions. Continued attention is being directed toward addressing the state hospital census, which remains consistently above optimal capacity and creates challenges in maintaining the quality of care. There is also significant focus on understanding and responding to the impacts of H.R. 1 on Medicaid-eligible individuals, with an emphasis on preserving coverage and access to healthcare for as many Virginians as possible. Other priorities include continued investment in efforts to address youth mental health needs and the impact of social media, as well as an increasing expectation from the General Assembly that public systems demonstrate measurable outcomes and the positive impact of continued state funding.

The public system of care continues to face challenges in meaningfully demonstrating the value and impact of the services we provide. Success in our system is not necessarily defined by whether someone is "cured" or "healed." Rather, it is often reflected in an individual's ability to access the appropriate level of care and ongoing support needed to maintain independence, achieve stability, and live a meaningful life as they define it. Success is inherently individual and may look very different from one person to the next.

Through the collective work of CSBs across the state, we have continued to explore and identify meaningful measures that each organization can track to better demonstrate

our impact and tell our story to the General Assembly. While progress is being made, this remains an important growth opportunity for the CSB system. We need to be able to demonstrate not only the services we provide, but the difference those services make in the lives of individuals and families and the broader communities we serve. Strengthening our ability to clearly communicate these outcomes will be increasingly important as we advocate for the resources and continued investment necessary to sustain and strengthen the public system of care.

Rebekah Brubaker, LPC

Administrative Services

Munis Project

Munis training for Performance Management is underway, officially launching effective November 2. Managers received an overview briefing and demonstration earlier in the month and are now attending hands-on training sessions. Recruitment via Munis is moving forward and HR is steadily working toward complete process changeover later in November.

Compliance Department

The department handled an Anthem Medicare Risk Adjustment Audit including 27 client charts, and it seemed to go well. We investigated an elopement and verbal abuse claim (ANE) and sent findings to the Office of Human Rights and have received no response yet. Our Risk Manager is developing a proposal for new Emergency Simulation Regulations effective 12/1/2026. The team sent three staff to the VARO conference, discussing insurance and credentialing issues.
And finally, we hosted our Licensing Specialist for the DBHDS Annual Licensing Review for all programs (except ID/DD CM). Although we have received no formal response yet, we have been led to believe there were no findings. Huge congratulations to the various clinical teams and Human Resources for their efforts.

Information Technology

IT was instrumental in the launch of a client portal including: mplementation and rollout of the new HRCSB Client Portal and mobile applications. They coordinated extensively with Qualifacts to support electronic forms, signatures, appointment notifications, and client access to information. The team also worked with Quality Improvement and Clerical on staff training and client communications and addressed questions concerning guardian access and the protection of sensitive client information.

IT also launched VPN security and infrastructure improvements over the past few months. This effort updated our Sophos VPN configuration to use Microsoft Entra authentication and a trusted security certificate. They successfully tested the new VPN configuration, eliminating certificate warnings and improving the remote-access experience. Updated VPN connection

configurations for staff were developed, and they will now continue planning for improved VPN redundancy using our secondary internet connection.

Clerical

The Clerical Team had a busy but steady month, training the two new staff members in their duties. The team was also instrumental in helping clients adjust to the client portal and helped answer questions.

Facilities

The month was dominated by Fire and Ice. As noted last month, with October being Fire Prevention Month, the Facilities team once again hosted a demonstration on appropriate use of fire extinguishers. They provided extensive information on the types of extinguishers address which types or what size fires. In terms of ICE, the team was responsible for installing an industrial size ice machine (transferred from Summit House) in the Main Street Café, much to the delight of many staff members.

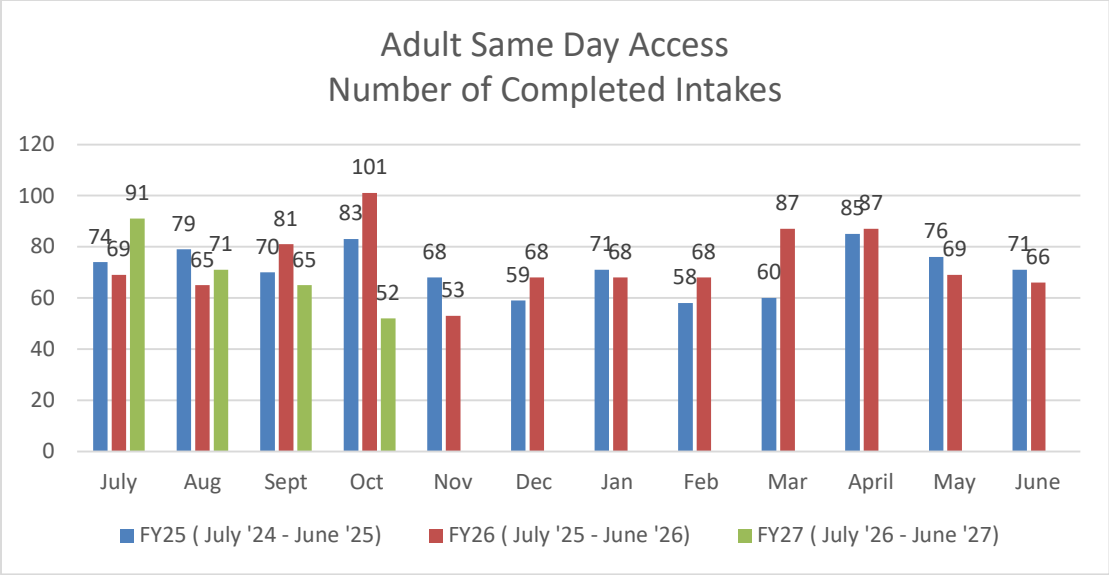
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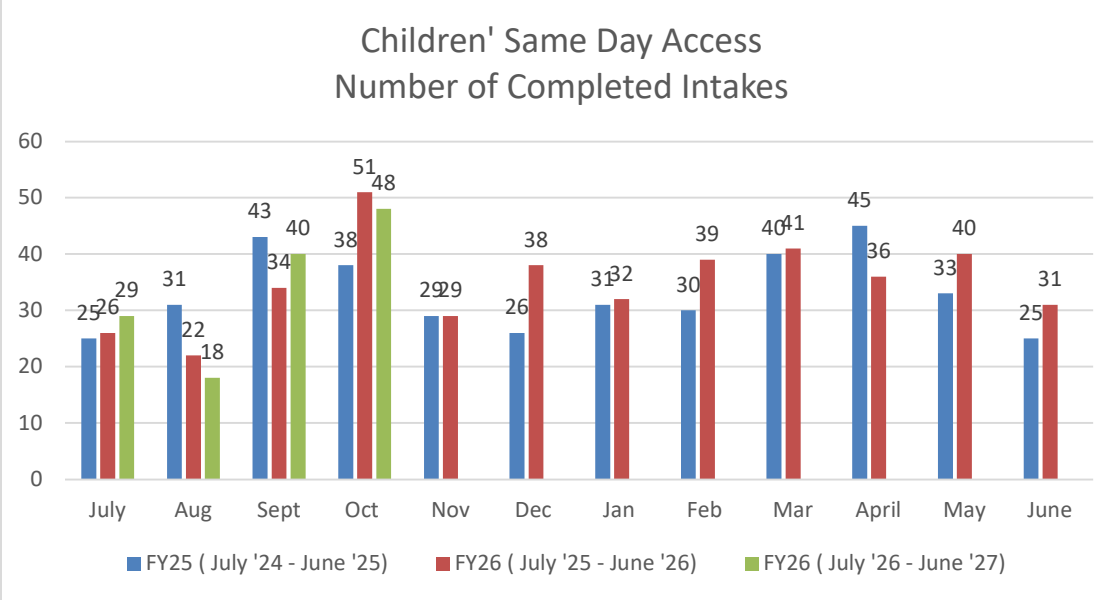
Our data team worked on the quarterly CITAC report successfully created code to download the information more easily. This effort will make the report significantly easier to submit in future months. All other regular reports were submitted on time.

Behavioral Health Services

Same Day Access (SDA) – Adult & Child

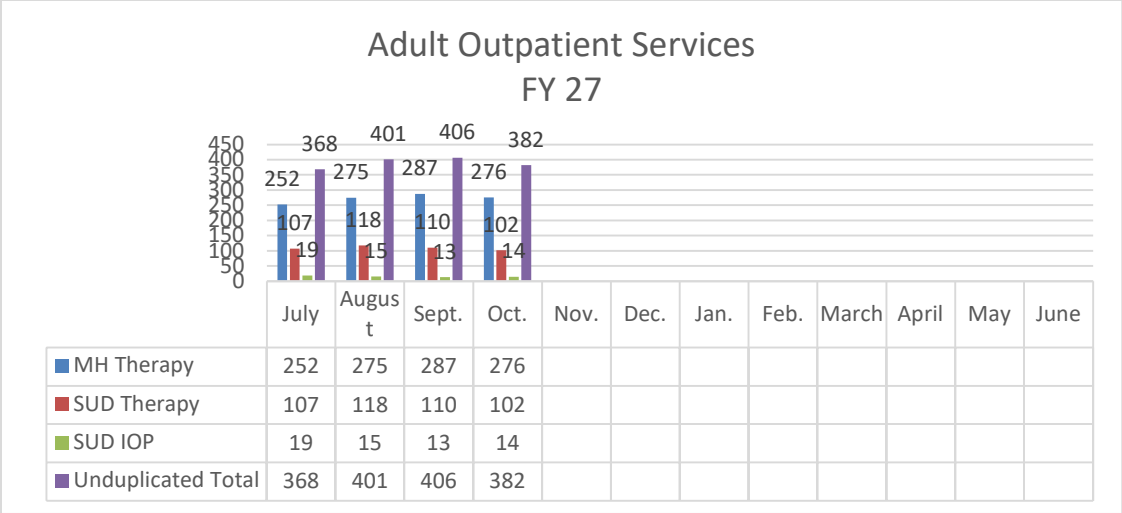
We continue to provide walk-in intakes for adults on Mondays, Wednesdays and Fridays as well as scheduled intakes for children and adolescents on Tuesdays and Thursdays. For the month of October, the Same Day Access team completed 52 intakes for adults, a good bit lower than average so far for this fiscal year, as well as this time of year in general. But we saw our children's intake numbers continue to improve, as we saw 48 child/adolescent clients for intake in the month of October which is significantly above average for the fiscal year thus far.





Adult Outpatient Services

In the month of October, the Adult Outpatient team provided individual and group therapy to 276 clients focused on mental health concerns, and 102 clients focused on addressing issues with substance use. We also served 14 individuals in our SUD focused Intensive Outpatient program. Overall, 382 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.

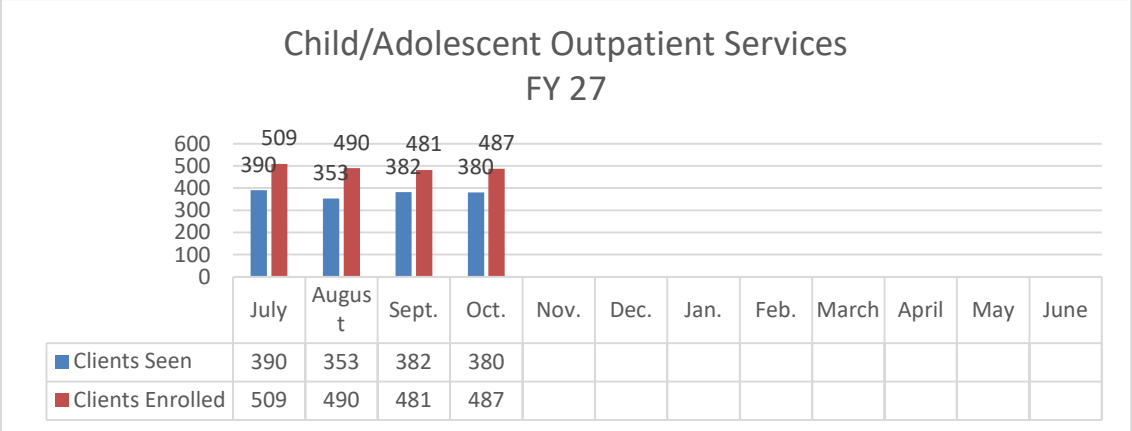


	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
MH Therapy	252	275	287	276								
SUD Therapy	107	118	110	102								
SUD IOP	19	15	13	14								
Unduplicated Total	368	401	406	382								

Child/Adolescent Outpatient Services

The Child/Adolescent Outpatient team provided individual and/or family therapy to 380 clients in the month of October. Enrollment with the team improved this month to 387, and the overall participation in therapy services was once again higher than average

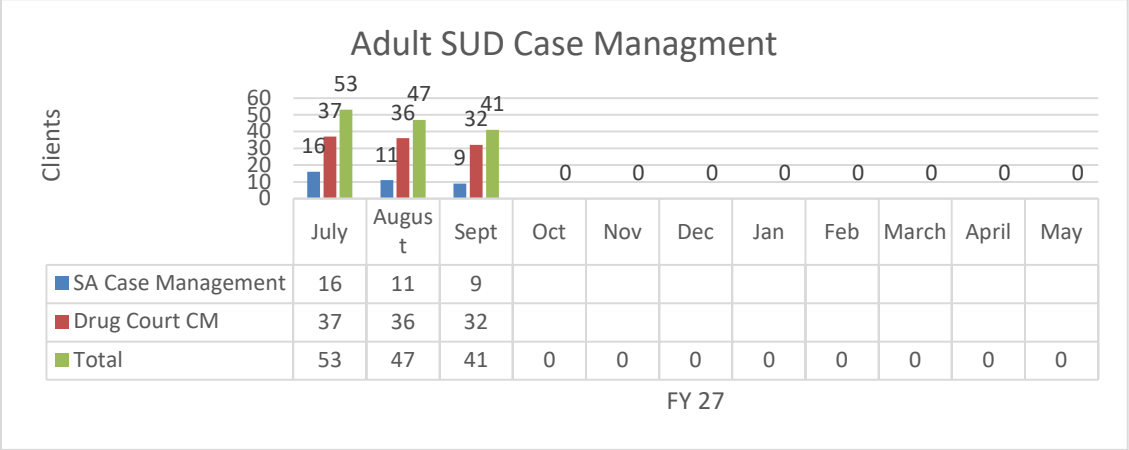
And in our second full month back providing EIC support in our local school systems, our team provided 742 clinical contacts to 176 students. Both numbers are improvements from the previous month.



	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Clients Seen	390	353	382	380								
Clients Enrolled	509	490	481	487								

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 October yet but in September the team served 32 clients enrolled in the local Recovery Court program as well as 9 other SUD CM clients. The number of 41 total clients served is at the low end of average but is still not far off from what we saw from most of last fiscal year.

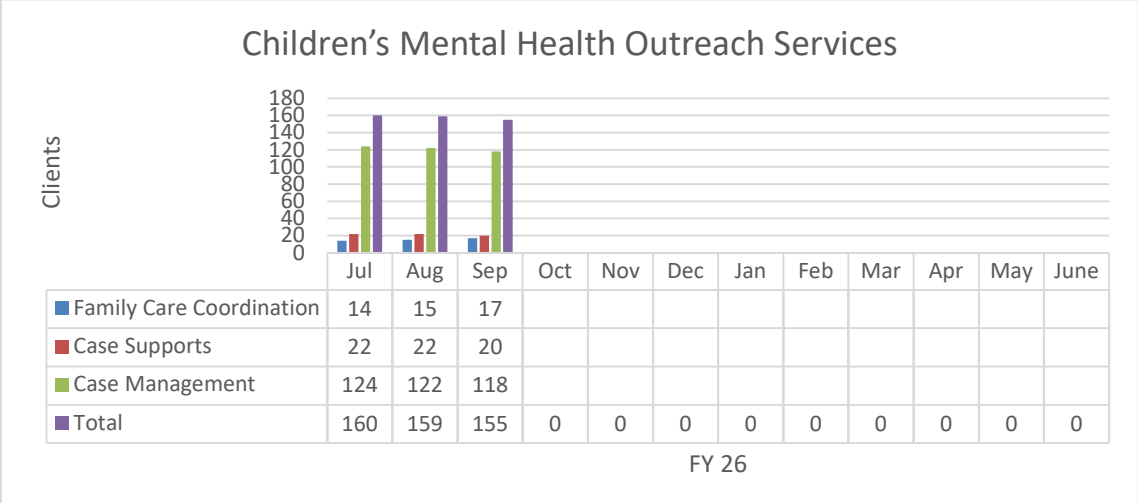


Care Coordination - Adult & Child

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. The most consistent area of need the team helps clients address are housing, income insecurity, and medical care. Overall, the team served 36 clients for the month of October, which is just slightly below average for this 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 October are not in yet, but looking at the full September numbers, 155 clients and families were served this month. This is right around the average number of clients served in this fiscal year.



Behavioral Health Wellness Program

In October, the Behavioral Health Wellness (BHW) Program continued to deliver a wide array of trainings including providing REVIVE trainings to 65 people, hosting a problem gaming and gambling panel in partnership with JMU that saw 120 attendees, and 12 community health workers were given trainings on overdose prevention, substance use prevention and ACES. In terms of community events, nearly 500 people were reached by the BHW program through tabling at the local farmer's market, a staff benefits fair at Massanutten, and Drug Takeback Day. As great as the month of October was for the program, it's also been a month of transition. Our newest specialist, Jennifer Johnson, has gone on to pursue new opportunities, and our coordinator, Amelia Morrison, will be moving to part-time starting in November, before transitioning out of her role entirely in early 2027 as she moves out of state to be closer to family. We'll miss everything they brought to the program, but of course we wish them the best!

Community Mental Health Services

There are 417 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.

Assertive Community Treatment (ACT)

The team has enrolled 4 new clients over the past 6 weeks, bringing the total number of clients served to 25. The enrollments were state hospital discharges who are also in PSH. All 4 are residing in motels temporarily while the team searches for apartments. During the initial enrollment period, ACT staff engage the client to assess needs, complete assessments and begin delivering medications to create a routine. Most clients need to apply for insurance and income benefits, with a first step often being getting an ID.

The ACT team is still recruiting for a supervisor, peer and a housing specialist position. Our small team is licensed to serve up to 50 clients or no more than 1 to 8 staff to client ratio. Clients are seen 1-3 times each week depending on their level of need.

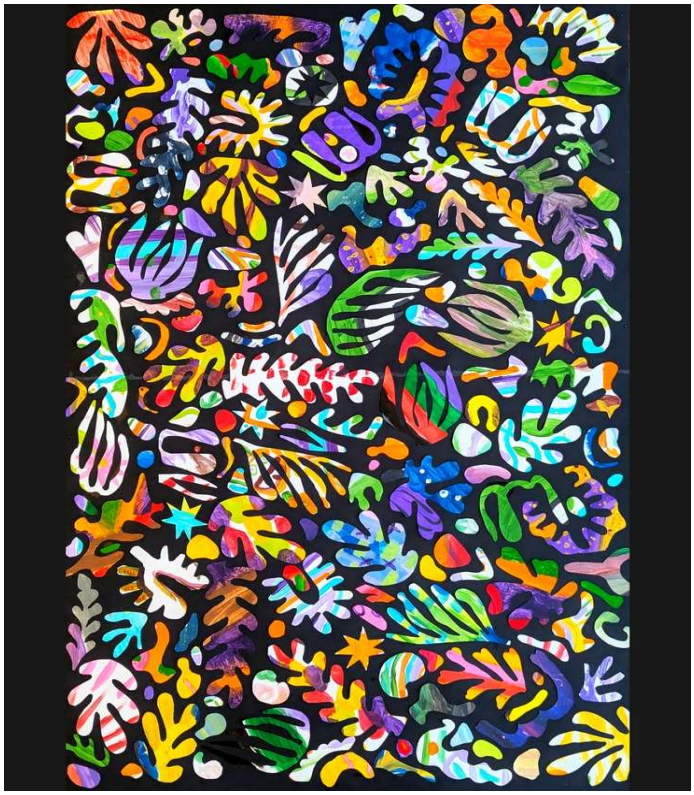
Permanent Supportive Housing (PSH)

The Permanent Supportive Housing program currently serves 46 enrolled clients. Of these, 5 individuals remain unhoused, and staff are actively working to secure appropriate housing. In addition, there are 10 individuals on the program's referral list.

One of our clients moved into a trailer in the county last week. This is the second of this type of placement. While distance from resources can be a challenge, the distance also creates a buffer chosen by the client who prefers not to live in town.

Supervised Living Residential (Market Street)

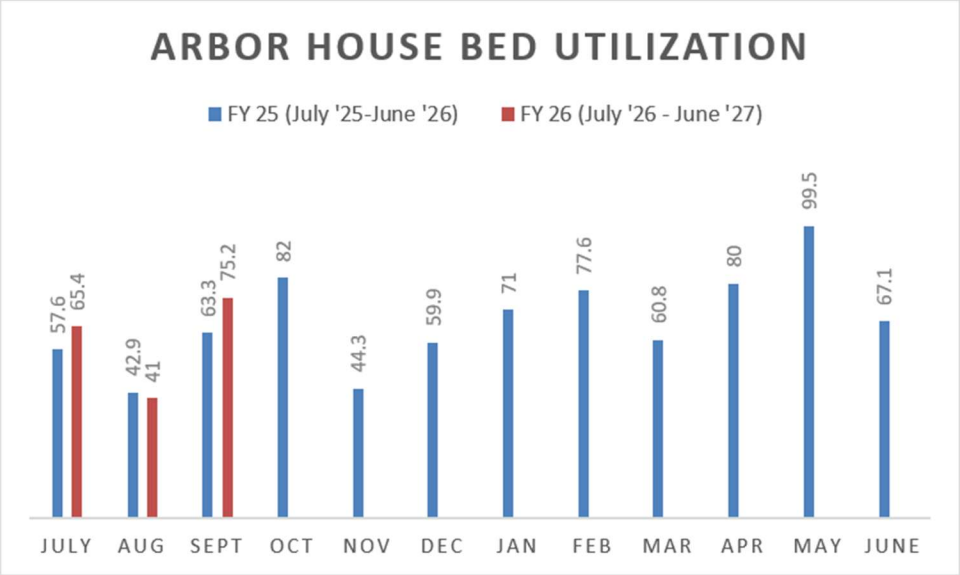
Recently in art and craft group, residents were asked to create abstract or non-representational art on 3-5 pieces of paper, any color, any design, just to feel the materials and enjoy the process. Once complete and dry, the art was cut into shapes inspired by Matisse's paper cut-outs and assembled on a 24x36" poster board to create one cohesive art piece representing 8 clients and 5 staff's artwork. The response to the artwork has been wonderful, many residents expressing that they can't believe what they painted translated into a beautiful work of art. The intention of the project was to give the residents 'permission' to play and paint without worrying about a final product, learn a bit about art history, and to look at art in a new way. The pieces they created transformed and blended with the pieces of their peers to create a vibrant, surprising, and unified design.



State Hospital Census

In the monthly State Hospital census report for September of 2026, HRCSB had an average daily census per 100,000 population of 12, unchanged from last month. Our region, Health Planning Region 1, had an average daily census per 100,000 population of 13, also unchanged 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 7.93% 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 is a small and mighty program that offers a unique experience of intentional therapeutic programming and medication management. Throughout the state there are conversations happening that attempt to define the role and scope of a CSU. The conversations are centered around resources and bed utilization, an important aspect of what needs to be considered, but not the whole picture. When someone is in crisis, the ability to be somewhere they feel safe matters, the ability to be close to their community matters, the treatment provided, the staff, the programming, the environment, it all matters. As I move forward, taking

part in as many conversations as I can, I will continue to be an advocate to maintain the small be mighty program we have created at Arbor House.
During September, staff reviewed 95 referrals from across the state with an increasing number from outside the region. Arbor House staff admitted 16 individuals from around the region.

Emergency Services
The high-quality work of the Emergency Services team was noted during a DBHDS audit when the approximately 34 FY26 prescreens reviewed were described as nearly perfect. This was also an opportunity for the HR Department and Compliance to be praised for record keeping within the personnel files and documentation of certifications. Each prescreen certification requires 16 yearly CEU's as well as 12 hours of documented supervision. During September the team completed 51 prescreens; 11 were released to community support, 8 voluntary admissions, 2 Medical Admissions, 4 Arbor House referrals, and 22 Temporary Detention Orders (TDO).

Community Crisis Services – Community Paramedicine Program
During September Crisis Response Unit (CRU), participated in both Marcus Alert planning and CIT training. This team is an integral part of the community crisis response planning, education, and continuum of care. CRU provided 75 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 3 individuals who reported the need for hospitalization and transport each of them to the Emergency Department. When an individual is in crisis, voluntary treatment which can occur at their direction is optimal. However, there are times when an Emergency Custody Order (ECO) is necessary for the safety of the client and others; CRU was able to initiate 4 ECOs. CRU was dispatched and responded to 5 active calls for service during the month.

The Youth Crisis Response program is off to a great start, filling the much-needed gap in available community-based crisis services for children and adolescents. During the month of September, Youth Crisis Response Services provided a total of 34 services to individuals in need. Of the 34 services; 23 services were provided over the phone as check-in and follow-up services, 3 were provided in the client's home, 7 services occurred at the HRCSB to assess and safety plan, and 1 service occurred in the community. Referrals for Children's Crisis Response Services were obtained by HCPS and RCPS (7), outside providers (1), HRCSB providers (10), and HPD or RCSO (3). The team will continue to outreach and build referral connections to serve the community.

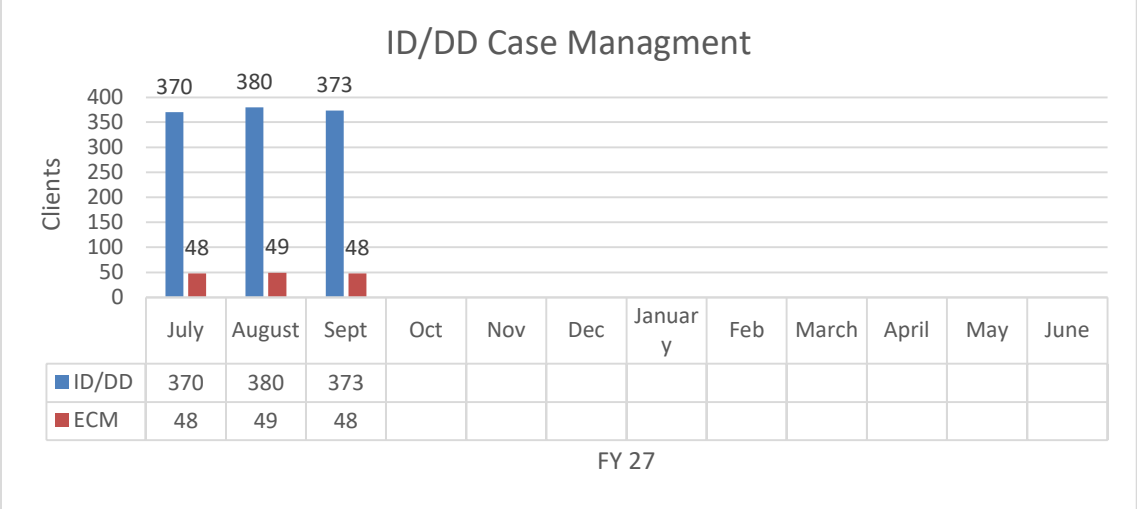
Community Paramedicine Program is back! For the first time in over a year, we have both fulltime positions filled and the team is actively responding to calls, following up on referrals, and engaging in prevention in the community. This team will continue to focus on high utilizers of first responder resources by meeting with them and assessing underlying needs with the plan

to connect with community resources in order to fill the need. Co-response is a core aspect of Marcus alert and this team is participating in all the planning for the FY27 implementation.

Developmental Services

ID/DD Case Management

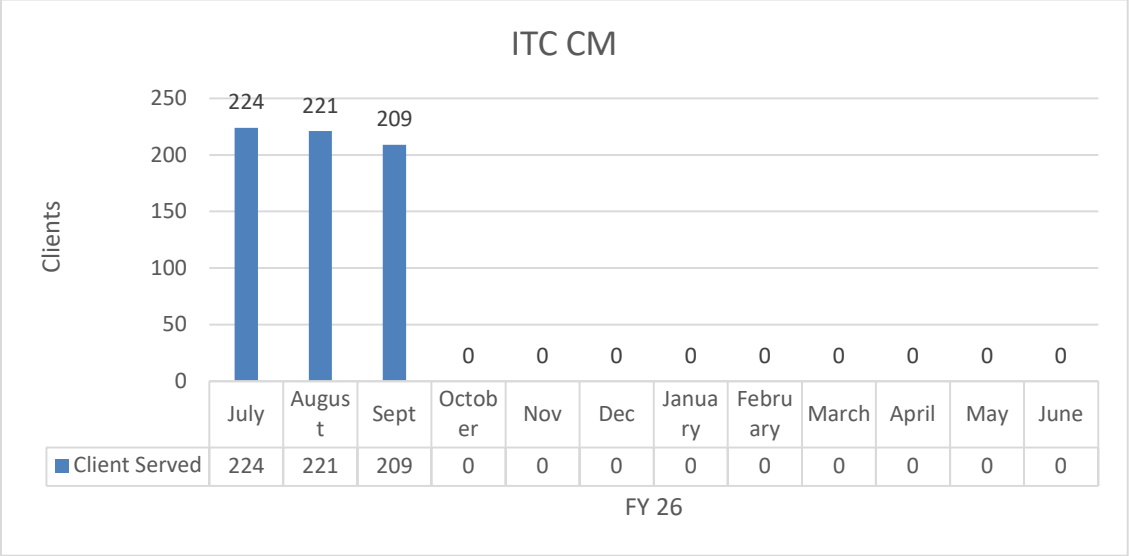
Housed in the McNulty Center are a team of ID/DD Case Managers that serve clients with developmental and/or intellectual disabilities. Final October billing numbers are not in yet, but for the month of September the team served 373 clients, with 48 of those being enrolled in a more intensive form of case management through our ECM program. Both numbers are right at the average for the team so far this fiscal year.

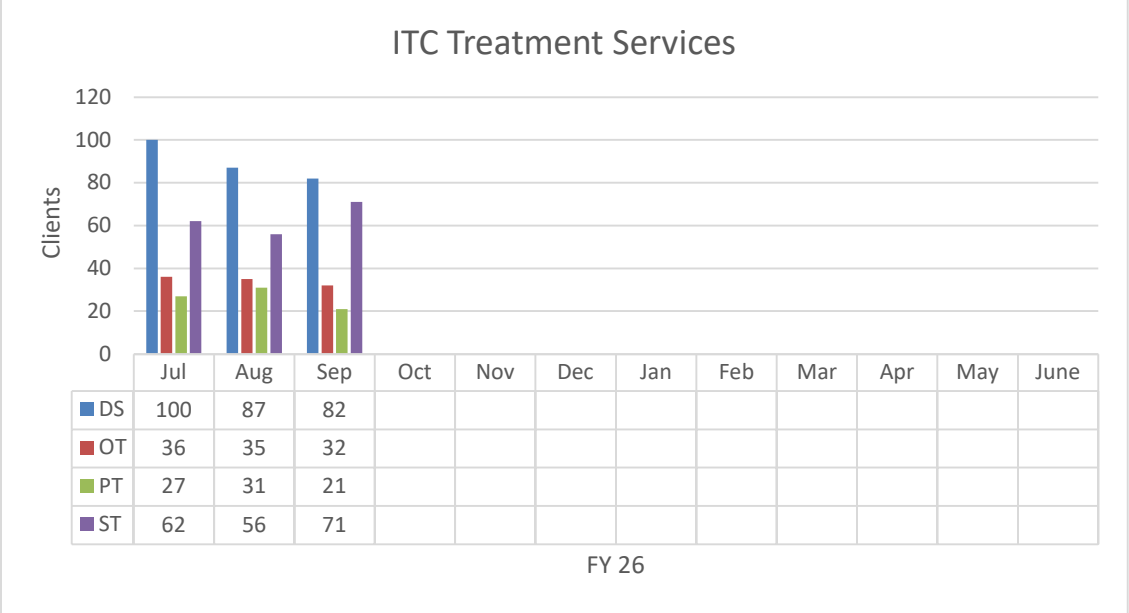


Infant and Toddler Connection (ITC)

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 October numbers are not fully in yet, in September the ITC Service Coordination team served 209 clients, which is somewhat below average for the 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 October numbers are not yet in, but in September this part of the ITC program served 169 individuals with some kind of treatment intervention, which is a little below average, but also an improvement from last month.





Finance Department

Reimbursement

The reimbursement team continues to be consistent in weekly billing and continually works on clearing older items. The evidence of these consistent practices is shown below. The balances greater than 121 days old compared to total owed, have decreased quarter over quarter by 8.75%. Fourth quarter FY26, we reported 36.77%, and first quarter FY27 is 28.02%.

The State goal is 15% for all balances 121 days and greater. The largest balance belongs to Medicaid MCO's. Forty-four percent (44%) of total balance owed belongs to MCD MCO's due to the majority of our clients carrying this coverage. Also, the following MCD MCO's have experienced processing issues within their own systems and are currently still trying to resolve: Humana, Sentara, and Anthem.

CSB Name:	Harrisonburg Rockingham Community Services Board						
Month/Year:	9/30/2026						
		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 Type (Please select)	Payer/Guarantor	Current/Not Past Due	31-60	61-90	91-120	121+	VERIFY TOTALS
Medicare	Medicare Part B	11,560.86	606.29	1,777.87	859.37	34,766.37	$ 49,570.76
Medicaid FFS	Medicaid	250,519.67	156,939.01	6,996.94	4,070.83	82,953.60	$ 501,480.05
Medicaid MCO	Medicaid MCO's	386,983.19	19,865.65	20,362.85	10,749.18	190,874.13	$ 628,835.00
Other	Medicaid Waiver	2,067.31	-	-	1,700.00	367.31	$ 4,134.62
Other	Medicaid QMB	9,277.28	2,570.82	1,733.27	2,444.71	12,940.18	$ 28,966.26
Other	DNP's	9,428.29	1,144.00	231.00	466.00	5,138.29	$ 16,407.58
Other	Medicare Advantage	10,171.78	1,666.50	1,544.57	1,085.06	5,090.73	$ 19,558.64
Commercial	Commercial	72,719.05	26,139.07	16,319.02	6,285.89	72,129.07	$ 193,592.10
	TOTAL	$ 752,727.43	$ 208,931.34	$ 48,965.52	$ 27,661.04	$ 404,259.68	$ 1,442,545.01
	Percentage of Account Balance	52.18%	14.48%	3.39%	1.92%	28.02%	
	Percentage of Account Balance G	28.02%					

CSB Name:	Harrisonburg Rockingham Community Services Board						
Month/Year:	6/30/2026						
		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 Type (Please select)	Payer/Guarantor	Current/Not Past Due	31-60	61-90	91-120	121+	VERIFY TOTALS
Medicare	Medicare Part B	13,428.90	2,764.82	3,798.00	3,423.76	48,329.48	$ 71,744.96
Medicaid FFS	Medicaid	153,660.23	102,740.85	73,807.48	53,210.43	227,963.94	$ 611,382.93
Medicaid MCO	Medicaid MCO's	358,078.16	96,464.37	22,099.95	61,241.55	273,579.39	$ 811,463.42
Other	Medicaid Waiver			367.31		367.31	$ 734.62
Other	Medicaid QMB	10,218.82	16,171.66	4,131.95	764.49	14,711.19	$ 45,998.11
Other	DNP's	6,789.30	960.00	903.00	908.00	8,439.98	$ 18,000.28
Other	Medicare Advantage	7,472.80	873.19	3,040.57	537.19	8,458.44	$ 20,382.19
Commercial	Commercial	62,685.48	21,807.77	21,178.05	9,593.42	65,335.86	$ 180,600.58
	TOTAL	$ 612,333.69	$ 241,782.66	$ 129,326.31	$ 129,678.84	$ 647,185.59	$ 1,760,307.09
	Percentage of Account Balance	34.79%	13.74%	7.35%	7.37%	36.77%	
	Percentage of Account Balance G	36.77%					

Annual Unclaimed Property Report

Virginia's Unclaimed Property Program is designed to return lost or forgotten assets to their rightful owners. Property is reported to the state after a five-year dormancy period, ensuring that unclaimed assets are safeguarded until claimed by the owner or their heirs. This report is due annually in October. In the event of a deceased client or unknown address, we are allowed to report the items before the five (5) year dormancy period.

We submitted the Unclaimed Property report to the state of Virginia. The report contained refund checks issued to our clients that had not been cashed since 2021 through the current date. All checks greater than $100 had certified letters mailed to the client, according to state

program. This year we also reported one (1) Rep payee checks for a client that was deceased, and we did not have any family contact information, and neither did SSA. We submitted fifty-four (54) checks that equaled $6,981.46.

The submission of these funds allows clients and family members to find their money easily. The vaMoneySearch.gov website can be accessed by everyone.