WESTERN TIDEWATER COMMUNITY SERVICES BOARD

M I N U T E S

November 19, 2024

The regularly scheduled bi-monthly meeting of Western Tidewater Community Services Board was called to order November 19, 2024, at 9:35 a.m. Attendance is recorded below:

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| PRESENT |
| Cindy Edwards, Board Chair |
| Lula Holland, Vice Chair |
| Randy Keaton |
| LaRhonda Mabry |
| William McCarty |
| Alysia Pack |
| Sarah Rexrode |
| Margaret Ann Smith |
| ABSENT |
| Steven Blunt |
| Audrey Lee |
| Rachel Lewis (Emeritus) |
| Angela Vick |
| Vicki Wiggins-Pittman (Emeritus) |
| Melvin Wofford |
| STAFF |
| Demetrios Peratsakis, Executive Director |
| Brandon Rodgers, Executive Director |
| Ross Greene, Board Attorney |
| Damara Beckett |
| Donna Boykin |
| Amy Byrne |
| Debbie Dashiell |
| David Hopkins |
| Brittany Johnson |
| Andrew Jurewicz |
| Justina Lambert |
| Latril Mariano |
| Lara Matthews |
| Michelle Moore |
| Sara Thuecks |
| Natalia Tague |
| Vonda Warren-Lilly |

GUESTS

Gloria and Jordan Peratsakis, Darlene Rawls

PUBLIC COMMENTS

There were no comments by the public.

MINUTES

The minutes of the September board meeting were reviewed for approval.

Upon a ***motion*** made by William McCarty and seconded by Sarah Rexrode, the September meeting's minutes were approved.

ANNOUNCEMENTS

Ms. Edwards then recognized past Executive Director Demetrios Peratsakis for his service and shared information regarding his time and accomplishments at Western Tidewater CSB.

Mr. Peratsakis was hired as Executive Director of Western Tidewater Community Services Board in August of 2000. She noted that at that time, the WTCSB operating budget was $8 million with approximately 100 employees. Currently, the budget is $75 million and there are 774 employees.

Ms. Edwards shared a few of his major career accomplishments:

* Supported the downsizing of Central State Hospital.
* Created the first PACT Team while with PD19 CSB.
* Developed the first emergency services preadmission screening requirements.
* Developed the first statewide clinical training cohorts on the Socratic method of clinical case supervision.
* Assisted in closing 2 geriatric units at Eastern State Hospital.

WTCSB-specific accomplishments:

* Began the First Episode Psychosis (FEP) program.
* First CSB traumatic brain injury program (TBI).
* First CSB Dementia/Neurocognitive program.
* First CSB-run assisted living facility, Tidewater Cove.
* First Crisis Receiving Center.

Throughout his career, Mr. Peratsakis chaired the following committees:

* VACSB ED Forum.
* VACSB Public Policy Committee.
* VACSB Quality and Outcomes Committee.
* VACSB Performance Contract Committee.
* Regional Leadership Team.

Ms. Peratsakis holds a master's in counseling, a master's in school district administration and is a certified school counselor. He is trained in several models of psychotherapy, including Adlerian, Structural, Brief Solution Focused, Strategic, Bowenian, and CBT. He is the author of several training sessions on advanced methods and outpatient counseling and psychotherapy.

Mr. Peratsakis recognized his wife Gloria, son Jordan, WTCSB senior leadership and the Board and thanked them for their support. He expressed support for Brandon’s ability to carry on the phenomenal work of WTCSB. He noted he receives inspiration from scripture, from philosophy, from counseling and from staff. Brandon thanked Mr. Peratsakis for his mentorship, trust, and ability to motivate him.

The Board presented Mr. Peratsakis with a painting by Victor Yalom with a message from the artist on the back, “Demetrios, congrats on your retirement. Here's to the next exciting chapter of your life.”

Mr. Rodgers announced that there is a correction to Ms. Edwards’ board term. She came on the board January 2016 and as she is eligible to serve three 3-year terms, she will continue to serve as Board Chair through 2025. He presented her with a plan for making this correction and thanked her for her service and for agreeing to continue as Board Chair.

Ms. Edwards noted that Mr. Rodgers is currently serving on the Southampton County School Board and would like to continue to do so if the Board approves. He has stated that he feels he'll have sufficient time to donate to the School Board as well as do an outstanding job at WTCSB. As there were no concerns or objectives, upon a motion made by William McCarty and seconded by Lula Holland, the board approved his continued service.

Ms. Edwards announced that the nominating committee recently met and recommends the following slate of officers: Cindy Edwards, Board Chair; Lula Holland, Vice Chair; and Alysia Pack, Secretary. As there were no concerns or disagreements, upon a motion made by Margaret Ann Smith and seconded by William McCarty, the Board adopted the slate of officers as presented.

BUSINESS AGENDA

Mr. Rodgers thanked all of us for taking the time to meet. He directed the Board’s attention to the announcement regarding the Legislative Conference in January. He instructed any Board members wishing to attend to contact Sara Thuecks, Board Clerk, for assistance with registration and hotel accommodations. This will be the VACSB Legislative Conference highlighting new legislation coming out of the Public Policy Committee. There is usually an opportunity on the second day to speak with legislators.

Mr. Rodgers also pointed out the schedule of 2025 Board meetings.

EXECUTIVE DIRECTOR’S REPORT

Agency Snapshots

Mr. Rodgers started with agency snapshots. There are currently 776 full-time, part-time, and hourly employees and there are approximately 100 vacant positions. There were 33 new employees welcomed to the CSB. Mr. Rodgers presented a graph explaining categories of employment separation. There were some inactive PRN employees, seven individuals that received other employment, one relocation, and job abandonment. One individual left due to performance issues. There were six policy violations, one retirement, and two other involuntary non categorized issues. There were 358 screened and qualified applicants that applied to the board. That resulted in 217 interviews and 64 individuals that ultimately declined or accepted another position. Offers were made to 77 individuals, but as at the time of this report no responses were received. There were 59 candidates who did not show up for scheduled interviews. That is one of the problems that human resources struggles with.  Time and staff are dedicated for these interviews and this time is lost/wasted due to no-shows. There were 158 candidates interviewed, 19 declined due to salary or scheduling, and 39 employees were hired. Time is arranged for navigators to spend with new hires to improve retention.

A lot of work has been done to look at salaries over the last several years to make sure the agency keeps up with the pace of the profession. Mr. Rodgers addressed a question regarding the types of positions he was speaking about. This includes nurses, finance, administration, clinicians, high school level employees such as Director Support Professionals (DSPs), and a few QMHP staff. These positions are across the board and there is a balanced mix.  Some programs, such as those in crisis programs, tend to run a little higher vacancy rate because it's hard to get people to work 24/7 crisis shifts.

Consumer Access to Services

Mr. Rodgers addressed onboarding consumers seeking treatment into services. The most common time to onboard an individual into outpatient counseling is 7 days with the goal of always being within 10 days. Onboarding to case management services averages six days and medication management averages 13 days. Individuals are not directly onboarded to medication management.  They are initially enrolled in supportive services and then into medication management if needed. Staff provide care and support to the individual beyond just the medical appointment by ensuring access to doctor appointments by assisting with background information and a summary of the need to present to psychiatric providers.

Staff conducted 379 screenings, of which 19 were no shows. There were 181 intakes and 98 new assessments for individuals requiring additional services, and 11 new ID/DD waiver waitlist intakes. From January through the end of October, there have been 1,600 initial screenings or approximately 163 per month and 1,087 intakes or approximately 108 per month.

Summary of Variances – Revenue/Expense – Financial Review

Mr. Rodgers shared the first quarter data. The agency has a positive revenue variance of $746,105. The total adjusted revenue combined is $15,579,574 and total expenses are $14,612,000 through the first three months of fiscal year 2025. Mr. Jurewicz noted that the first month of the fiscal year is when the agency pays insurance and similar expenses for the year. The overall revenue and expense forecast looks to be in line with what is expected, and the agency is in good health thus far.

There are a couple of concerns around delinquent payers, Sentara, and Anthem, which are being addressed by the reimbursement team. That explains the relatively small projected increase right now of what our revenues are. Once those are reconciled, that number will increase. Staff are working through the claims and processing issues with them.

Mr. McCarty inquired about a salary study and asked how long it had been since one had been conducted. No one could recall for certain but agreed it had been several years. WTCSB is required to submit a compensation study annually to DBHDS, which collects this information from all 40 boards. They do not provide input into each Board’s salary structure. Mr. Rodgers offered to explore options and bring back to the board for a decision. WTCSB has historically gathered information from other CSBs in our region. Mr. Rodgers agrees it is a good time to proceed and put together an RFP.

Mr. McCarty also observed that even though there are several vacancies, personnel expenses are up. Mr. Rodgers explained that several positions have been added through the years, so while vacancies are high, the number of positions continues to grow.

Ms. Pack requested a refresher on what WTCSB does to recognize people for their service. Mr. Rodgers highlighted several retention incentives for individuals, especially for the hard to recruit positions and lower-level salary level positions. Quarterly retention bonuses are offered to these employees. He also reminded the board that entry level salaries have been increased for a number of those positions. Case management is one that was significantly impacted. Licensed and license-eligible clinician salaries continue to rise as do nursing positions – some of which are contracted. That doesn’t show up in the personnel line item, but in contract expenses. Nursing positions are necessary for crisis programs. The agency has attempted to hire some of these individuals; however, they cannot compete with the salaries they are being paid.

Strategic Plan Update

Mr. Rodgers provided an update on the strategic plan. WTCSB launched a 2023 strategic plan in late 2022. The agency is very near completion of this 3-year Strategic Plan ahead of schedule. There is still some work to be done, particularly by the community counseling centers and clinics to finish out some of the priorities. There was some significant information and reforms put out by Governor Younkin related to “Right Help, Right Now.”  This has resulted in a huge investment in behavioral health, particularly around crisis services. WTCSB leveraged much of this through regional crisis program services and support in the community.

Best Practices

The strategic plan started with best practices, how to ensure they are implemented and the outcome and performance measures. The agency was looking to enhance performance accountability, customer service, and the agency's responsiveness to communities. Through the creation of the Clinical Best Practices committees, policies and procedures have been developed to help survey staff and work on some strategic communication plans.

988/Crisis Services

Mr. Rodgers spoke with the Virginia Health Plans Association last Friday to discuss the build-out of these services. Kurt Gleason, who is Assistant Commissioner for crisis services at DBHDS and Mr. Rodgers presented to the health plans and walked through what developments have occurred. It is very satisfying to be able to say that in Region 5, all three components have been built out. We continue to build on the crisis stabilization and residential side of that work.

CCBHC

Finally, CCBHC, and its interaction with STEP VA, is preparing Western Tidewater Community Services Board to launch all nine of the core services within CCBHC.  This led to the rebranding effort and the way WTCSB deals with staff internally along with marketing work with our communities. The agency has developed managers using training modules to bring them up to speed on the performance measures that will be expected. Staff understand why certain information is collected and ways to support staff in that work have been developed.

Staff reviewed capacity management protocols, particularly looking at the efficiencies around assigning individuals to staff. It was determined what reasonable number of individuals can be served in each program and ensuring the agency is close to capacity without exceeding it to provide the best level of care. The Clinical Best Practices committee is particularly pleased with feedback obtained through customer surveying as well as work done to engage individuals.  The agency enjoys a very high satisfaction rate. This is one of the objectives that will carry forward as the 16-bed adult crisis stabilization unit at Godwin is built out along with the new Crisis Therapeutic Home for adults and children.

CCBHC work will dominate the next several months. Several items have already been put into place. Same Day Access is available at all three counseling centers. Integration with school-based programming continues.

Targeted case management versus care coordination is being discussed related to billing as many of these (linking, monitoring, overseeing, etc.) are billable services. Care coordination is treating the entire person, understanding how to provide all the support and care individuals might need, and whether it is a primary or a behavioral health need. Also, peer support services have grown greatly over the last couple of years.

Building out this step in STEP VA, as well as the associated services for CCBHC has ensured that individuals with lived experience are available at each clinic site. The workforce was far behind in Virginia, so CSBs had to put a lot of work into growing the workforce. Individuals that had had no training were being recruited and brought on in an internship capacity as a peer. The agency would help with registration and certification. That has yielded a great response over the last several years. Now the workforce in Virginia is starting to catch up, and a registered peer can now be recruited into a position versus having to move them through the entire process.

The Board has expressed a desire to ensure that WTCSB counseling centers are better integrated into all localities to provide support to all citizens. The agency will be implementing moves to give autonomy to those clinics so they can have a more meaningful impact in their community. WTCSB will be opening a new Isle of Wight Counseling Center very soon. The Board will receive an invitation to attend the grand opening around December 11th. There will be a special ribbon cutting ceremony as well as a walkthrough for the community members. It has been exciting to hear people say, “I didn't know that you guys were there.”

WTCSB’s New Vision

WTCSB’s local counseling centers provide interactions with each community. The goal is to provide same day access at each center. That's the best way to ensure that an individual can walk in and get care immediately. The number of days and locations where this is available continues to expand. For others, virtual intakes are still available to make it easier and to be able to meet individuals where they are.

Primary care screenings are also available where same day access is available. Each individual’s height, weight, BMI, and blood pressure are checked, and if they're outside the normal range. Individuals with numbers outside of the normal range are referred through a warm handoff to a primary care physician in the community whether they are already established with one or not. Individuals with mental illness usually have a life span 20 years shorter than those with no mental illness.

Outpatient services have been expanded and use evidence-based practices (EBPs). Latril, Damara and Mr. Peratsakis have worked tirelessly to ensure staff are trained in EBPs to enable them to successfully provide those cutting-edge services.

As Hampton Roads has one of the highest military-connected populations in the nation, WTCSB has services available specifically for military veterans, active-duty members and families that meet the needs of individuals through mental health and substance use counseling and peer support. Suicide prevention services are provided through the Fox grant.

WTCSB’s “The Haven” will provide crisis stabilization, Day Support/Treatment, Social Detox, Vocational Readiness, Peer Recovery Supports and Medical treatment. Behavioral health redesign will allow funding for a home for individuals to receive all those services and supports. That is going to be a major change. The focus will be on the services an individual with serious mental illness needs and how those services can be provided, and a rate will be determined for each. It's a lot closer to the CCBHC payment structure than the current fee-for-service. Assertive Community Treatment Teams will provide wraparound care via an interdisciplinary approach which provides services to the person in the community. This is helpful for individuals that haven't been successful in treatment within a clinic setting.

Case management has always been a core service. VACSB has been able to continue to solidify our role as targeted case management providers and not opening that up to the private community. There was a stakeholder meeting on the behavioral health redesign plan a couple of weeks ago, and the plan is to tier some care coordination into private providers to improve the capacity for agencies to bill for the work that they do with each other to improve care. It looks like SMI and SED case management will be untouched at this point for community services boards. This is a Federal Medicaid change and Virginia adapting to those plans.

Currently WTCSB has 76 units of permanent supportive housing. Debbie Dashiell was responsible for the initial grant and she and Latril have led initiatives in that area. They continue to work hard to build WTCSB’s permanent supportive housing. Half of those units are already filled, which is consistent with the state. The last report showed 59% of the funded units were in use. Most are used as a step down from State hospital placements, as well as for stabilizing individuals coming out of services like Tidewater Cove and into a more permanent site.

Finally, Mr. Rodgers spoke about school-based services. CCBHC does require the provision of in-school services. This will be a major portion of WTCSB’s strategic plan with the goal of engaging every school system the catchment area – both public and private. Ms. Edwards questioned the inclusion of homeschooled individuals. Mr. Rodgers will ensure the agency reaches out to these individuals as well.

Ms. Smith asked for further clarification on the psychiatric rehabilitation homes. Mr. Rodgers noted this will be more of an umbrella of services provided rather than a place to live. He did point out that it is often easier to get individuals to sign up for services when they are offered a place to stay. Regarding oversight, Mr. Rodgers said the same question has been asked of DMAS as there was one situation where two competing providers arrived at a crisis situation and were essentially fighting over serving the individual. It’s a very competitive market; however, this is not the way to leverage services. This did not occur in WTCSB’s region; however, it has occurred in other areas of the state. Mr. Rodgers is hopeful this will help to monitor service provision. He admitted not having a solid answer on right now, but it is being addressed. Curt Gleeson from DBHDS reminded DMAS and MCOs that they have responsibility in this as well.

Ms. Pack asked to be brought up to speed on all the things WTCSB does for staff who work so diligently and are often overwhelmed and burned out. Mr. Rodgers provided an overview of current initiatives and activities. The Employee Assistance Program (EAP) is always available for staff in need of counseling. Four sessions are provided for each episode of care and there is no limit on episodes. The Human Resources Department sponsors Wellness Wednesdays, which is offered twice daily – once in the morning and once in the afternoon to accommodate schedules. The agency provides annual leave and sick leave to allow staff to step away from work when needed. Annual leave cannot be used within the first six months of employment, but sick leave is available with no questions asked. Personal Time Off (PTO) options have also been considered as an option rather than defining sick or annual leave. A good amount of the budget has also been set aside for staff development, team-building activities, and similar opportunities. One of the more successful endeavors we've had around capacity has been we've created hybrid case management teams and hybrid outpatient, and peer supports. Those teams will take case overages from other departments when staff leave or are out for extended periods of time for sick leave/maternity leave, etc. Hybrid case management staff are trained across disabilities and there is a process in place to transfer cases and move them back to the program once that position has been filled.

Community Counseling Centers

Mr. Rodgers previously spoke about the ongoing efforts to ensure each community’s counseling center is fully integrated in the community. Efforts to be more welcoming, to educate the community on the support available to all citizens and to recognize each center as a place to go to receive expert help are ongoing. Much work has gone into integrating prevention, education, and community events. WTCSB continues to make systemic changes in small steps and to align each counseling center with specific community needs. Even though internally, certified behavioral health clinics are being discussed, the public doesn’t care about that. The public simply needs to know they can walk in, and somebody can help them. Additionally, a Western Tidewater employee is a Western Tidewater employee, and it doesn't matter if they're a psychiatric provider, or if they're a direct support, professional the public still sees each of us as Western Tidewater employees and we all need to be well informed on what we do and provide information to others.

There are multiple services happening out of the Godwin location. The CIT assessment center is there, as well as the crisis receiving center and the day program. ACT programs have operated out of that location as have other support teams and transportation. These programs were operating under various leadership. To arrange the work in a synchronous way these services will all fall under the leadership of one person.

It is understood how important a good first impression is. Much of the reorganization work and changes at community counseling centers on the first impression. Mr. Rodgers announced that Natalia Tague has agreed to come back to handle continuity in business development and contract management.

Isle of Wight includes WTCSB’s Bridges Crisis Stabilization Unit, the Smithfield/Isle of Wight Counseling Center, and likely the Crisis Therapeutic Home (CTH). The Haven will include day treatment, crisis, stabilization, social detox, vocational readiness, and peer recovery supports will be organized under one new senior administrator.  Instead of having multiple division directors working and operating different service lines, we've made a treatment campus. All those areas will focus under Latril and Britney's leadership. ACT and community services are also available. Some programs have been moved around, but in general they are aligned with the agency is headed in terms of service structure.

Marketing for the 24/7 Crisis Receiving Center needs to be figured out. Mr. Rodgers presented the new agency Organizational Chart.  Latril Mariano will serve as the Deputy Director. She has been a dedicated employee for the last 20 years and has been responsible for an array of initiatives including everything from criminal justice to children’s services and prevention. Most recently, she has overseen reorganizing and redeveloping all community counseling centers as well as redesigning The Haven. She will assist Mr. Rodgers with day-to-day management as the agency has grown to the point of the Executive Director needing assistance to ensure day-to-day operations flow.

It was recognized that staff overseeing Counseling Centers should be Director level staff. Lara and Demetrios helped recreate those positions as they have absorbed an immense amount of programming oversight. They need to have autonomy to be able to work with city and county partners, and to be able to make decisions on behalf of the agency. Vonda Warren-Lilly, Justina Lambert, and Damara Beckett will be overseeing the counseling centers. Damara has served as one of the agency’s training leads and has responsibility for all Region 5 and local training. She has assisted Demetrios with the Socratic group supervision model for clinical case supervision and continues to do great work there. She will absorb responsibility for the largest counseling center, which is the Suffolk counseling center. That has a lot of medical supports tied to it.

The Franklin/Southampton Counseling Center will be overseen by Vonda who is looking for additional space in that area as the agency has been in the same space for a while and has been through two floods. Vonda has done great things with the prevention team including most of the community integration and community events that promote awareness of mental health. A recent visit from DBHDS to follow-up on how prevention was doing garnered great praise. They were very impressed with how much the program had grown and commented that WTCSB has a great vision for the future.

The community coalition now has over 100 active stakeholders bringing together private providers, community members, and individuals with lived experience together to share information. Vonda educated the Board on the Western Tidewater Coalition. This coalition started a little less than a year ago. It is open to the public. Membership sometimes connects weekly and always at least monthly with updates. The coalition is working on establishing action plans and forming groups around certain topics. Members report actions taken and make announcements that reach the community at large. Members meet quarterly on the 4th Friday of the month from 11 a.m. to 2 p.m.

Mr. Rodgers noted that Brittany and Michelle will continue to report to Latril who will provide their day-to-day oversight. They will be active members of the leadership team which will bring additional input and diversity to the work that we do in our leadership team. They are licensed clinicians and senior clinical staff who have accomplished many things at WTCSB including clinical best practices and leading other initiatives around CCBHC.

The rest of the leadership structure remains relatively the same. They will continue to report to Mr. Rodgers. Donna accepted the ACT Cove Team. Debbie has inherited work around TBI and geriatric services, as well as our Waverly nursing home. Staci has worked on growing crisis service programming. Mr. Rodgers commented that he has inherited a wonderful team whom he is excited to work with. All have great ideas and vision for how WTCSB can continue to serve the communities.

Mr. Keaton asked for a list of WTCSB acronyms. Mr. Rodgers commented Darlene shared a list with him which will be updated and distributed to each Board member.

Mr. Rodgers noted that he plans to come back in January with a more detailed framework on important work ahead. He will continue to update the Board on behavioral health clinics. WTCSB is also participating in a group with all the CSBs to have a certification model ready to hand to the next governor. Instead of waiting for DBHDS to do that work, CSBs have elected as an association to put the plan together to assist the next Governor with how, following Right Help, Right Now, new initiatives can be put into place. There are two representatives from each region. Mr. Rodgers and David Coe will represent Region 5. This group will pollinate a lot of the discussion that happens in STEP VA, Phase 3 which will start in 2025. The plan is to conduct community feedback loops and listening sessions. Mr. Rodgers has tasked Latril with organizing these in each locality to obtain feedback from community members and begin discussions on what additional needs they might have.

Mr. Rodgers reiterated the huge role crisis services will have over the next three years. These involve huge construction projects. WTCSB has hired a Construction Project Manager to deal with cities, counties and vendors associated with the construction.

He also reiterated that WTCSB will seek to partner with every public and private school.  He feels this is a big initiative as, if WTCSB is going to be a family treatment organization, the best way to do that is to be involved with each school system and be able to offer support not only to the families, but also to the teachers. One evidence-based model, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), treats the child but also helps to inform teachers and other individuals that are in trusted relationships with children.

WTCSB will also look at expanding opportunities for partnership around behavioral health technicians and psychiatric nursing workforce. Partnerships have been established with Camp Community College to design a Behavioral Health Technician program modeled from a similar program in the Rappahannock area which will allow an individual to move from high school and begin work on an associate’s degree and even on to baccalaureate work. This will also allow actual workplace experience which will count toward college credits. Individuals will be able to make a living while attending school, which will remove barriers and bring people into the behavioral health workforce where more people are retiring than joining.

Mr. McCarty asked if new partnerships were on the horizon with Western Tidewater Regional Jail as they have a huge mental health population. Mr. Rodgers is meeting with Mr. McCarty and Chris next week. There will be discussion on how better partnerships can be formed. Historically, there was a partnership; however, Western Tidewater Regional Jail made the decision to outsource behavioral health services to another provider. The agency does provide information to Chris every month regarding how the CRC is used by law enforcement and trying to keep track of diversion happens before an individual is incarcerated.

Ms. Rexrode asked if anyone had looked at the Rite Aid building or if it would be possible to partner with another organization to find space in Franklin/Southampton County. Mr. Rodgers noted he began his career at WTCSB as a Behavior Specialist at S.P. Morton School in Franklin, so he is very familiar with the population. He said even though it's a small city, making sure that the space chosen is convenient for people to access will be an important consideration.

Mr. Rodgers let the board know he is available by phone or email anytime if members want to reach out to him or share ideas.

ADJOURNMENT

As there was no further business, Ms. Edwards thanked everyone for their attendance and adjourned the meeting at 10:24 a.m.

Respectfully submitted,