

WESTERN TIDEWATER COMMUNITY SERVICES BOARD

BOARD MEETING

September 16, 2025

The regularly scheduled bi-monthly meeting of Western Tidewater Community Services Board was called to order September 16, 2025, at 9:41 a.m. Attendance is recorded below:

PRESENT

Cindy Edwards, Board Chair

Sarah Rexrode

Alysia Pack

Lula Holland, Vice Chair

Margaret Ann Smith

Dorothy Gamble

Belinda Pitts

Vicki Wiggins-Pittman (Emeritus)

ABSENT

Audrey Lee

LaRhonda Mabry

Renee Rountree

Angela Vick

STAFF

Brandon Rodgers, Executive Director

Jeff Wilson, Board Attorney

Amy Byrne

Debbie Dashiell

David Hopkins

Andrew Jurewicz

Latril Mariano

Lara Matthews

Sara Thuecks

Staci Young

Vonda Warren-Lilly

Brittany Johnson

Justina Lambert

Damara Beckett

Natalia Tague

GUESTS

Terry Cornwell

Donna Boykin

Ms. Edwards called the meeting to order at 9:41 a.m. She recognized the Board of Directors, Board Attorney Jeff Wilson, and Executive Director, Brandon Rodgers. She also welcomed newly appointed board members Melinda Pitts and Dorothy Gamble from Suffolk.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

Ms. Edwards then proceeded with Board recognition of the retirement of three WTCSB staff, Donna Boykin, Terry Cornwell, and Sarah Johnson.

Donna Boykin served WTCSB for 42 years and has done a little bit of everything for WTCSB and for the community that she's lived and worked in forever. Mr. Rodgers shared that he was a recipient of Donna's tutelage and worked for her for several years. He portrayed her as a great advocate for everything from our court system to case management and day support. Donna really has had a heart and passion for the work the agency does. Mr. Rodgers said, "Donna gave of your life and your time. WTCSB just can't thank you enough." Ms. Edwards presented Donna with a Certificate of Appreciation, recognizing 42 years of service.

Terry Cornwell was with WTCSB for 24 years and 10 months. Mr. Rodgers said Terry was the first person to ever get him straight on how to bill transportation. He noted that while he was working as a school counselor in the SCIP program, Terry helped him do things the right way. Terry has been a wonderful asset to finance for a long period. Ms. Edwards presented Terry with a Certificate of Appreciation for 24 years of service. Terry thanked everyone!

Sarah Johnson could not be present at the meeting, but Ms. Edwards showed her Certificate of Appreciation and will make sure she gets that and her watch.

MINUTES

Ms. Edwards asked the board for approval of the June 12, 2026, meeting minutes. As there were no corrections, upon a *motion* made by Alysia Pack and seconded by Vicki Wiggins-Pittman, the minutes were approved.

OLD BUSINESS

COLA Update

Mr. Rodgers shared an update about the budget and COLAs. He thanked the board for giving him leeway on how to approach these items. Right now, the agency is in a good financial

position. Mr. Rodgers intends to move forward in November with a COLA for all of the staff. As there has not been a significant shift in Medicaid, he feels it is safe to proceed.

Compensation Study

Mr. Rodgers updated the Board on the compensation study which is underway. The agency has completed a full upload of all necessary information. Evergreen Solutions is conducting the compensation and classification study. The agency has received some good data already. They are reviewing items such as turnover rate by position, average tenure by position, and market analysis outside of Western Tidewater. In October, Evergreen will coordinate focus groups with staff to discuss positions, duties, and ensure job descriptions align with duties they typically attend to. They will also meet with management staff for the same purpose and will collect survey information. Mr. Rodgers is hopeful that results will be determined by the end of December or the beginning of January and recommendations on how to proceed will be shared. The agency specifically requested a graduated pay system which will formally acknowledge tenure.

NEW BUSINESS

WTCSB Employment and Recruitment

There are currently 764 full-time, part-time, hourly temps, and interns. The agency has 138 vacant positions and has onboarded 80 new staff. Job abandonment and resignation were the top two categories with policy violation in third place. The 138 vacant positions are a result of a few new positions that were created, so some vacancies are new positions.

Consumer Access to Services

The agency has seen an uptick in the number of days it is taking to onboard outpatient counseling and mental health case management. The agency has lost a couple of staff in the Franklin office and a couple of outpatient providers in the Suffolk office, resulting in existing staff covering caseloads which has driven wait times up. The goal continues to be ten days or less for a first appointment. Medication management numbers are primarily driven by children's psychiatric needs. An interview was held yesterday for a Medical Director. It will be a virtual position, but the candidate is dually certified in children and adults, and likely will be taking some child and adolescent cases. This is through Iris Telehealth, with whom the agency has an existing relationship. It was a very good interview. This person has experience in both inpatient and community psych and has a vested interest in leadership. She will begin as a part-time 20-hour Medical Director. There have been around 500 intakes, 582 individuals screened, and 436 intakes.

Summary of Variances

The agency is close to closing out the books on FY25. Mr. Rodgers noted that information is contained in Board packets. These are estimates as the books are not finalized but are reasonably accurate. For the year, net income was \$9,642,516. A large portion of that was one-time dollars DBHDS provided to the agency at the end of the fiscal year. An example would be \$2 million being held for training initiatives for behavioral health redesign for DBHDS which shows a positive net income, when in fact, the money is being held for a targeted, restricted purpose. WTCSB also received one-time dollars for crisis programs that the agency will be able to use over the next several budget cycles.

Mental health revenues were \$67 million. \$13,892,945 of those dollars were from fees for services. State funds were \$32,319,194. The “other” category includes restricted funds and some carryover dollars.

Intellectual Disabilities is at \$26 million for the year, \$7 million in state funds, almost \$15 million in fees, and \$3.9 million in others.

Substance abuse realized around \$5 million in fees. This is the lowest area of revenue generation. \$1.6 million comes from state funds, \$1.1 million from federal grants, and \$1.3 million in other.

Addressing the board's questions, Mr. Rodgers explained that the primary driver is case management. Mental health case management has a significantly higher rate than substance abuse case management. If a person has co-occurring disorders, typically mental health case management is billed, even though both disorders are treated. Most of these individuals have already been initially admitted to mental health outpatient so the revenue lands there. A similar ration is seen around expenditures. A higher level of expenditures is seen in mental health than in ID or substance use. As with almost every budget cycle, personnel expenses drive the main categories of the budget. This includes \$27 million in mental health, almost \$15 million in ID, and \$3 million in substance use.

Other notable expenses include consultant expenses, particularly mental health. This is driven primarily by psychiatry and nursing. Contact nursing services have been the predominance of consultant expenses. The facilities line item has continued to increase. There will be gains in that over this next year because of capital improvements. Overall, the agency is positive at \$9.6 million right now. As previously mentioned, a lot of that includes restricted dollars that will be spent for various purposes. Expenditures increased by 7% - \$65 million versus the previous year of \$60 million, and there was an increase in personnel and staff development costs of \$2.7 million which included a decrease in the retention incentives of \$97,000, and a decrease in overtime. The agency has been effectively addressing case management, which is driving that cost down. All of that was offset by the health insurance increase.

STATE BOARD VISIT

The State Board of the Department of Behavioral Health and Developmental Services meets regularly. Before their standard meeting day, they typically try to visit a community services board. Their upcoming September meeting will be at Southeastern Virginia Training Center. They requested that WTCSB host them the night before to provide an example of community-based services, followed by dinner and time together as they have a long policy week beginning the following day. This is their time to see actual work of policy development. This will take place on September 23rd. A tour of the new Isle of Wight Counseling Center will be provided.

The importance of CCBHC moving forward in the state of Virginia will be discussed. Mr. Rodgers will share WTCSB's perspective on this. There is a big initiative by the VACSB right now to front-load the application to the federal government for the CCBHC grant to create that process in Virginia. CCBHC is a Certified Community Behavioral Health Clinic. It is the national model for how a community-based mental health center should operate. There have been two failed attempts in Virginia to roll this out, both led by DBHDS and DMAS, or Medicaid, for the state of Virginia. This time, the collective 40 community services boards represented by the VACSB developed a proposal for the two gubernatorial candidates to use as their mental health policy as they come into office. No matter which candidate is elected, mental health tends to go across party lines. This is intended to be a follow-up to Governor Youngkin's "Right Help, Right Now." As he addressed a lot of crisis care, this lays out stabilization and ongoing community treatment to prevent crises from occurring. No matter who takes office in January, this will prepare the next governor. Everyone is hopeful the new governor will choose a good commissioner for DBHDS, and a good commissioner for DMAS.

There are plans to take DBHDS representatives through the same-day access process and will have them participate in the group – "Coffee with a Clinician." They will observe wellness activities and receive a tour of the community counseling center. WTCSB will arrange for transport. They are staying at the nearby Hilton. They will get to see several aspects of what WTCSB does. Mr. Rodgers will provide follow-up on this at the next meeting.

Crisis Contact Center Procurement

The agency has submitted a re-procurement for the contact center where 988 calls are answered for the region. HopeLink was the first company selected to do this work. They have been under contract for 4 years, so it was time to open an RFP. Four qualifying bids were received. Protocol was selected and negotiations are in process. The contract will be valued at somewhere around \$3 million. The first contract was around \$1 million. Four years ago, around 1,000 calls per month was the expectation and that is what the procurement was based on. The current average is 3,700 calls per month. Additionally overflow call volume from other regions continues to require support resources allocated by the vendor in Region 5 to help manage the in-state answer rate for Virginia. These factors have significantly increased the cost of contracting services. Retained earnings from prior years are projected to cover this increased cost across the biennium state budget and will delay any request for increase until FY 28. Private mobile crisis response providers have driven the call volume up with things that are not always mobile crisis-related

events. For instance, they may provide housing supports for individuals and may offer a couple of days in a hotel in exchange for letting them provide mobile crisis services. Those have been pain points for the state that have impacted a couple of things. DMAS is paying out a lot more for mobile crisis response. As the call volume to the contact centers increased rapidly, the in-state answer rate answer rate has been below the target level of 80% for most of the calendar year. 80% is a good target level of what the federal government expects us to do in Virginia. There are more individuals in Region 5 than in the Richmond area; yet Region 5 is at one-fourth of the number of calls that they receive. Handling the overflow call volume in our region could make the in-state answer rate go up. Mr. Rodgers is working with DBHDS to resolve some of their questions and concerns and make sure there is a shared understanding of the situation.

Contact Center and Community Crisis Network

Staci Young provided an update on the Crisis Contact Center. As National 988 Day has just been celebrated, this seemed an appropriate time. This year, Staci hopes to advertise this service. This is the federal hotline for mental health crisis, equivalent to 911 for medical emergencies. It is available 24 hours per day, 7 days per week, and 365 days per year. This was rolled out in Virginia in December of 2021, and Region 5 was the first region to go live in the state, along with mobile dispatch.

Staci gave credit to the WTCSB team. All have worked incredibly hard, and she is exceptionally proud of them. This started out with 696 calls in 2021, and through the end of July 2025, there have been 147,000 calls into the state of Virginia on just 988 alone. Calls increased when ancillary services that were part of “Right Help, Right Now” were implemented. To access a mobile team, an individual can either go through 988 or WTCSB’s community line. Mobile teams include behavioral health clinicians who respond to crises in the community in lieu of a police officer. Treatment is available in the community rather than having an individual in crisis come to the center. Teams available for dispatch went from 9 in 2021 to 4,488 as of July 2025. That does not include follow-up visits. Those are just initial calls and requests for services.

A major milestone occurred when REACH was added into the system. REACH is the mobile team for intellectual and developmental disabilities that was part of the DOJ settlement. They are the only team that can respond to an intellectually disabled individual who is identified as in crisis. There are publicly funded teams and private providers. When private providers came onboard in December 2023, numbers jumped even more. A combination of the federal hotline number, publicly funded teams and private provider teams added capacity to the system. As part of the Memorandum of Understanding (MOU), WTCSB monitors the capacity in Region 5 and monitors provider behavior. Quarterly meetings are held with private providers. WTCSB is responsible for handling calls. If an individual is deemed to need a mobile crisis response, it is WTCSB staff that handle the dispatch, the selection of the mobile crisis responders, and all follow-up and safety checks for those cases to make sure they get closed out safely and to ensure the person is able to settle back into the community.

Most dispatch staff are former 911 dispatchers. Many dispatchers are certified by the Association of Public Safety Communication Officials (APCO). Region 5 is believed to be the first worldwide to have APCO certified 988 dispatchers.

The call center is comprised of hybrid workers who either work from home or out of the Harbour View office. There are 16 staff. When a 988 call comes in, staff perform triage. Most situations can be handled on the call, but when dispatch is necessary, it will be sent through the data center, called Virginia Crisis Connect (VCC). When this alert comes through, a map comes up and shows all available individuals who are logged in and available to respond. The closest, most appropriate provider is selected, and that provider is sent a request to accept that dispatch. They either accept it or reject it. When accepted, a line of communication is established, and the safety of the responder is monitored. A safety call is sometimes made. Dispatchers also coordinate with law enforcement or public safety personnel.

The question was asked whether there is a prevalence of calls within a particular area or a decrease in calls in a particular area. Staci explained that within Region 5, the Eastern Shore to the Middle Peninsula/Northern Neck and the seven cities are included, which is about 1.8 million people. The cities have higher call volumes likely because of population density. Numbers come from an organization called Vibrant which oversees 988 national data. Norfolk has had one of the highest call volumes. Numbers do not account for repeat callers. Staci clarified that other categories such as children with autism or a neurological disorder fall under the REACH program. These individuals are served by that specific mobile team for an initial crisis response. Hampton/Newport News received the most mobile crisis responses in the month of July at 248 and Norfolk was second at 137. Virginia Beach had 82 and Chesapeake had 96. The bigger major cities are the ones that are the primary responses. Portsmouth had 51 and Western Tidewater had 40. Middle Peninsula, Colonial, and Eastern Shore were all very low. Data is broken out by localities, private providers versus public providers, whether law enforcement was involved, and by adults and children. Veterans and callers at high-risk for suicide are tracked. Currently, there is no way to track whether the caller is a loved one, a caregiver, or the person in crisis. There must be a consenting adult in the location in order to send out mobile crisis, otherwise, the team would be trespassing. Law enforcement is called less than 2% of the time.

A board member asked how the program is being advertised. Staci noted there are some national advertisements, and local advertisements are in the works. This wasn't advertised initially to give time for all the kinks to get worked out. There will be more national campaigns running at the end of television shows, and on billboards. Police cars in Suffolk have 988 on the back of their police cars as do WTCSB agency vehicles. It is advertised at some gas pumps, on trains/subways, and in some public restrooms.

There is a 757 community line that appears in most marketing material. When 988 first started, it was area code routed. If an individual resided in Suffolk but had a cell phone with a Vermont area code, the call would be routed to Vermont. Federal standards say you cannot transfer a

national suicide prevention lifeline call, so the call could not be transferred to a Virginia center. As our catchment area has a transient population with the military, colleges, vacationers, etc., the community line was established and is answered by the contact center provider. By calling this number, it is clear that the caller is in the Region 5 area. Key stakeholders are asked to use the community line for a faster response. On average, anywhere between 3,500 and 3,700 calls a month are handled on the community line and in the 988 system.

The number of dispatchers has doubled, and if increases continue, capacity will have to be reviewed again. There are contracts with 14 out of 28 public safety answering points. If 911 gets a phone call that is really a behavioral health call, they can transfer it to 988. The average call is about 20 minutes or so. If it starts going over 20 minutes, that is a benchmark that the person likely needs a mobile crisis response. The average response time for this very large geographic area is under an hour. The rest of the state is somewhere between 50 minutes and 3 hours. Northern Virginia has the highest response time, but they get some slack because of the traffic in that area. Outreach staff have been hired. Representation is important at LBGTQA Pride events, as that population is four times more likely to die from suicide and suicide is now the second leading cause of death among youth in general. Efforts will continue to get the word out on this wonderful program.

Capital Improvement Updates

David Hopkins, Information Technology Director, and Andrew Jurewicz, CFO, will present information on capital improvements. Andrew has traditionally held both procurement and facilities under him. These two departments were recently separated. Andrew has retained procurement which involves the selection of vendors and purchasing. David has proven to be a great project manager, so he will now handle facilities. All feel this will be better for the agency as it has grown from \$10 million to \$80 million.

David started with completed projects. It was determined that the Bridges location on Everetts Road had standing water under the house which resulted in a bad odor. A contractor determined there was water in the ductwork, and there were leaks in the copper piping. This was the cause of the standing water. The crawlspace problems have now been remediated, bad copper plumbing has been replaced with PEX, all HVAC ductwork has been replaced, and damaged drywall has been patched and painted. The cost of these repairs and updates totaled \$77,406.99. The decision was made not to file insurance claims as the agency is still within the window of significant claims (tornado damage at Saratoga and water damage to Tidewater Cove).

Projects have been completed at the Northgate location on Commercial Lane in Suffolk. The old main lobby was redone and turned into office space. This included painting, patching, installing new flooring, and new decorations. Landscaping was improved to promote better drainage. Space to meet with clients is always an issue, so there are more offices and meeting spaces resulting from this renovation. This location is primarily an outpatient clinic.

Renovations were also completed downstairs in the old emergency services pod to make room for more staff.

Solace Landing is a new purchase. Located in Carrsville, this 5-bed, 3 bath, 3850 square foot home on 5.37 acres will be a Peer Run Wellness/Respite Program. A winning bid was approved yesterday, so renovations will begin in October 2025 with an estimated opening date of December 2025. The cost is estimated to be around \$100,000 to bring the home up to standard. There is a basement that has water intrusion issues, so work will include drainage improvements. Chimney flashing also needs repair. The length of stay in this program will be less than 2 weeks, with most folks probably staying 5 to 7 days. This is a completely voluntary program, staffed by peers. Individuals staying must have a place to return to and cannot be homeless. They cannot be actively using substances or be in crisis. Privacy fencing will be installed. Staffing will depend on the number of individuals staying in the home. Individuals must be able to cook for themselves and be able to take care of their own laundry. Some may be actively employed. A good example of an individual who might utilize Solace Landing would be a military veteran mom who is caring for her husband who was diagnosed with cancer while taking care of a special needs child and an adolescent at home. She already deals with anxiety and has borderline personality disorder. She would benefit greatly from 4 or 5 days of respite and perhaps sleep to improve her overall mental health, and to be able to focus on herself for a few days. That is what this home is intended for. Get a reset and go back to your life without ending up in crisis. This will be for males and females.

Thirty acres of property off Yellowhammer Road in Zuni was recently purchased for Adult and Youth Crisis Therapeutic Homes. Two homes, which are mirror images of each other, will be built facing each other with a parking lot in the center. Drawings of the homes are pending approval by Isle of Wight County. The first review submittal is set for October, and groundbreaking will hopefully take place in May of 2026. The agency received \$3 million for each home from DBHDS to do this work. A single site was selected for a couple of reasons. One is for the capacity for some redundancy in staffing. Developing one property versus two construction sites allows for cost-sharing opportunities. Homes will be set back from the road at the distance of a football field. Landscaping will go across the front for privacy. Septic tanks can serve either home, which should help should something happen to one location. The driveway is gated to keep people from wandering on the property and to maintain the safety of the clients and deter elopements. Because these homes will have wells because of the rural location, there will be a tank added to allow for fire suppression systems at both homes. Landscaping will include a tree line of developed trees.

The City of Suffolk has finally approved renovations to the Godwin Crisis Receiving Center (CRC). Bids are out and groundbreaking should happen by the end of this year. The project includes refreshing the first floor and converting the upstairs to a 16-bed facility. An additional 4800 square feet will be added to the back of the building. This will expand the treatment area to benefit the PSR and will make extra treatment space available for those that are staying for crisis stabilization services. Brittany Johnson is the site Director. This location will now be

called The Haven. It will include the 23-hour urgent care walk-in, psychosocial rehabilitation, which is a day program for individuals with serious and persistent mental illness, and the SOAR team (the State Opioid Response Team). The Marcus Alert team is also operating out of this building. A two-stall garage will be added to include space for storage and eventually expand to a second co-response team and vehicle.

Community Connections:

As an FYI, Mr. Rodgers announced the second phase of town hall meetings. These meetings are called Community Connections. One will be held in each locality, and Mr. Rodgers encouraged the board to visit one. The first meeting will be held at the Booker T. Washington Parks and Recreation Center in Suffolk on the 7th. Meetings will conclude in Southampton County at the County Administration Building. This is a great time to talk to community members about mental health, provide education, and follow-up. Clinic Directors will conduct the meetings, and Mr. Rodgers will attend each one.

By-Laws Committee

Ms. Edwards noted that it has been a while since the board held a By-Laws Committee meeting. With the new year coming up, she feels it is a good time to set up a committee to work on this and hopefully come back and present something at the November meeting. Ms. Edwards appointed Ms. Holland, Ms. Pack, and Ms. Smith all agreed to serve on this committee.

Adjournment

As there was no further business, the meeting adjourned at 11:08 a.m.