WESTERN TIDEWATER COMMUNITY SERVICES BOARD

MINUTES

March 18, 2026

The regularly scheduled bi-monthly meeting of Western Tidewater Community Services Board was called to order March 18, 2026, at 9:37 a.m. Attendance is recorded below:

PRESENT
Dr. Erin Pack, Board Chair
Lula Holland, Vice Chair
Cindy Edwards (Emeritus)
Dorothy Gamble
Belinda Pitts
Sarah Rexrode
Renee Rountree
Margaret Ann Smith
Bill Webb
Vicki Wiggins-Pittman (Emeritus)

ABSENT
LaRhonda Mabry
Angela Vick

STAFF
Brandon Rodgers, Executive Director
Ross Greene, Board Attorney
Damara Beckett
Amy Byrne
Ebony Canady
Katie Cook
Debbie Dashiell
David Hopkins
Brittany Johnson
Andrew Jurewicz
Samantha Leto
Latril Mariano
Lara Matthews
Michelle Moore
Jeffrey Scott
Sara Thuecks
Vonda Warren-Lilly

GUESTS

No guests were present.

PUBLIC COMMENTS

There were no public comments.

MINUTES

Dr. Pack moved for approval of the minutes. As there were no additions or amendments, Dr. Pack called for a motion to approve minutes of the November 18, 2025, meeting. Upon a ***motion*** made by Lula Holland and seconded by Margaret Smith, the minutes were approved as submitted.

ANNOUNCEMENTS

Dr. Pack called the bi-monthly meeting of the WTCSB Board of Directors to order and welcomed attendees. She recognized Executive Director Brandon Rodgers, Board members, Board Attorney Ross Green, and senior management staff, and thanked all for attending.

Dr. Pack reported that she participated in the March 4 groundbreaking ceremony for the expansion of the Crisis Intervention Center, The Haven in Suffolk. Attendees included the Deputy Commissioner of Health and Human Resources, the Commissioner of the Department of Behavioral Health and Developmental Services and his deputies, the Mayor, Vice Mayor, City Council members, and DBHDS crisis staff. Dr. Pack thanked Ms. Edwards and Ms. Pittman for attending and noted positive feedback from participants.

Dr. Pack announced the appointment of the Budget Committee. Ms. Rexrode was appointed to represent Franklin, Ms. Belinda Pitts to represent Suffolk, and Mr. Bill Webb to represent Isle of Wight County. All agreed to serve.

Dr.. Pack asked if there were any Board announcements; none were reported.

Dr. Pack noted that Ms. Cindy Edwards served on the Board for more than 12 years, including service as Board Chair. In recognition of her contributions and in accordance with the WTCSB Bylaws, Ms. Pack requested a motion to appoint Ms. Edwards as a Board Member Emeritus.

Upon a ***motion*** made by Belinda Pitts and seconded by Lula Holland, Ms. Edwards was appointed Board Member Emeritus.

Dr. Pack then asked Executive Director Brandon Rodgers to present his agenda. Mr. Rodgers stated he has a lot of information as there was no January meeting.

OLD BUSINESS

Compensation Study

Mr. Rodgers addressed the Compensation Study. Mr. Rodgers shared preliminary data and said if current recommendations from Evergreen were followed, the agency would be looking at an increase based on compensation rates of between $1 and $3 million heading into the next budget cycle. He anticipates taking a middle-of-the-road approach which will help address tenure, so the structure between grades is fairly consistent. On the horizontal spread, years of service have gotten compressed over time. As it has been necessary to increase starting rates so much, it has been hard to keep up with existing staff. Andrew is working on some of the preliminary numbers for this budget in addition to some of the benefit options that will be considered this year. Mr. Rodgers hopes all info will be completed by May when the Finance Committee meets. He will invite Evergreen to present to the Board on the final compensation and classification structure. Mr. Rodgers still has questions about a couple of positions and spoke with Erin about nurse practitioner salaries as he feels they are a little low for a specialty psychiatric nurse practitioner. These issues will be worked through before the presentation.

NEW BUSINESS

Agency Snapshots

The agency has 778 full-time, part-time, hourly, temporary, and interns right now. This will probably increase to around 900 FTEs by the end of next year because of the addition of another CTH and the MH Crisis Stabilization Unit will add employees. A lot of effort, dollars, and employee time continues to be put into recruitment and retention efforts. The agency has put a lot of money into marketing to make certain that positions are well advertised. There is probably no greater risk to the agency right now than finding qualified staff for work, particularly in 24-7 programs. The agency has 129 vacancies right now and has added 63 new employees over the last two months. The graph shows the agency started with 256 qualified candidates, interviewed 145, hired 63, had 61 no-shows, and 33 declined after interview. More staff were onboarded than separated. Job abandonment was the highest reason for separation from the agency followed by policy violations. The question was raised as to whether the agency knows the reasons why folks are declining. Mr. Rodgers noted that salary and schedule were the top two. As you move into your bachelor's, master's, degree, individuals, they're able to find work with similar compensation, but a better schedule. The agency offers a $10,000 differential in some programs, as an incentive to accept shiftwork.

Mr. Rodgers reviewed data on consumer access to services and noted that the numbers are directly correlated to staff vacancy numbers. The agency strives to meet a 10-day onboarding timeline for services. Right now, outpatient and case management services are above the 10-day limit. Outpatient is 18 days and Case Management is 14 days. Work is always being done to try to fill those positions. Keeping well-qualified, outpatient licensed staff has been a challenge. Case management has also been a bit of a challenge. Medication management is usually over 10 days.

A couple of nurse practitioners were hired but departed soon thereafter. The agency is also considering a full-time Medical Director, and an offer will be extended today for a full-time in-person medical director who lives in the local area.

The next graph shows the number of screenings and intakes completed over the last two months. The agency is on a similar pace for screenings and intakes as it has been before the start of this calendar year. A robust number of individuals continue to show up for screenings and intakes to ongoing services.

The question arose regarding the difference between CNA assessments and intake and who performs the intake. Mr. Rodgers explained that intakes are done by the same-day access team with some being completed by case management. Occasionally, an individual will come in for both a rehabilitation service or an outpatient service, and a case management service. This requires two assessments.

Summary of Variances – Revenue/Expense – Financial Review

The agency has an upgraded general ledger system with better reporting tools. It allows Andrew to grab information much quicker. The agency is at a net income thus far (as of December 31, 2025) of $5.5 million. Mr. Rodgers cautioned the board that this does not necessarily mean the agency is at exactly a $5.5 million net income. Retained earnings that were scheduled to be used this year as part of construction projects impact that number. Mr. Rodgers feels the agency is in a relatively strong fiscal position at this point. There are a couple of vacancies in the Developmental Disability program which accounts for being off the mark. A couple of consumers passed away recently, and staff are actively working to fill these vacancies.

Isle of Wight Counseling Center

A new Director has been hired for the Isle of Wight Counseling Center. Ebony Canady is a social work graduate from Norfolk State University and a licensed clinical social worker. She was hired in January to oversee this Center as well as Bridges and the Crisis Therapeutic Homes. Ebony has experience with CHKD and good connections with local hospital systems. She will work with the crisis programs to help increase enrollment, work through some of our referral issues and timelines.

Bridges

Mr. Rodgers reported that the agency closed Bridges from October through the middle of December as a result of a serious incident that occurred. Staff did not properly implement TOVA procedures regarding a medical response after a resident put something in his mouth. The agency took the opportunity to put things on pause. Mr. Rodgers had Latril take direct oversight of the program until things were in order. He asked Latril to speak on steps she took to get the facility back on track.

Latril brought a consultant, a former Supervisor for Western Tidewater, to help run the unit. A deep dive was initiated, and some very targeted interventions and trainings were provided to facility staff. Verbal Judo was implemented, which is a crisis technique focusing on utilizing words instead of hands-on techniques. The curriculum was beefed up to offer more in-depth clinical training. A new manager and additional nursing staff were hired. A number of staff were let go or reassigned, and additional staff were brought on. As a result, Bridges has a full staff who understand what to do and the proper way to do it. The question was raised as to what TOVA stands for. It is Therapeutic Options of Virginia. It is the evidence-based curriculum for crisis behavior management using both physical and non-physical interventions. TOVA doesn't work as well for small-statured adults and small children as it is very difficult to implement some of the techniques with them. The agency looked at other options to equip our staff with better verbal de-escalation skills. Mr. Rodgers noted that when we talk about recruitment issues, we bring in a lot of green staff who have gotten their degree, but don't have firsthand experience, especially in crisis work. Kids at Bridges have been in homes where they've been in physical altercations with their parents, for example, and that's the only way they know how to communicate. It can be a challenge for our staff, so we're trying to do a better job at equipping and training.

Damara and her team reviewed agency-wide training, including treatment planning and other core topics. Most training is currently computer-based through RELIAS and tracked with due dates; this approach will be reevaluated once fully implemented, as some required RELIAS trainings reduce time available for hands-on intervention training.

In response to a question, Mr. Rodgers reported a 40% turnover rate in crisis programs, which is tracked for DBHDS and is comparable to rates reported by other Virginia CSBs, with WTCSB performing slightly better.

Regarding onboarding at Bridges, Mr. Rodgers explained that a structured training schedule is now in place. Former Bridges staff and internal staff rotate monthly to ensure consistency in training, with some topics repeated as needed during the first three months of employment. Additional hands-on training and real-time coaching are emphasized to build staff confidence, with training reinforced during weekly staff meetings and ongoing supervisory support provided by Ebony, who actively monitors and assists staff as needed.

In response to a question, Mr. Rodgers confirmed that competencies are documented through a skills checkoff process. Training is designed to be ongoing, and staff are encouraged to revisit material and ask questions as needed. Refresher trainings on TOVA are requested through Quality Assurance for both new and experienced staff, with certain topics revisited every other month to maintain proficiency.

Utilization has increased by approximately 30% over the past one to two months, with programs now consistently serving more individuals at a time. A similar increase has been observed at Crisis Therapeutic Homes. Staff noted that spring is typically the busiest time of year.

SCIP/Prevention

Ebony introduced Isle of Wight SCIP staff. Samantha Leto is the Clinical Administrator. Samantha introduced two SCIP staff; Katie Cook, SCIP Case Management Team Lead, and Jeffrey Scott, SCIP outpatient clinician. These folks were invited as in December, our SCIP and Prevention teams working in Isle of Wight County Schools were recognized by the school system for their amazing work, and they were awarded an Isle Inspire Award, which is presented monthly to community partners, staff, and other deserving individuals. The award states, "Through its collaboration with IWCS, the Western Tidewater CSB plays a vital role in supporting both employee wellness and student mental and behavioral health. As a valued partner in the division's Isle Be Well initiative, Western Tidewater CSB provides wellness workshops for employees that promote mental health awareness, resilience, and overall well-being. These workshops support staff by offering practical strategies and resources that strengthen a healthy, supportive work environment across the division. In addition, Western Tidewater CSB supports students through the School Counseling Intervention Program, which serves at-risk children and teens by delivering services directly within the school setting. SCIP removes common barriers such as transportation and scheduling, ensuring students and families have timely access to care. Through its partnership, Western Tidewater Community Services Board helps IWCS strengthen wellness, remove barriers to support, and create healthier outcomes for both employees and students. Their commitment to accessibility, collaboration, and whole child well-being exemplifies the spirit of the Inspire Isle Award."

Vonda Lilly from the Prevention Department was introduced. Her team collaborates with Ebony's team to provide in-school services, including training on Adverse Childhood Experiences (ACEs) and Mental Health First Aid for staff and families. Clinic teams provide children's treatment, case management, and outpatient services. A substance use prevention program operates at the Isle of Wight alternative school for students placed there due to vaping or other substance-related behaviors. Staff work directly with students on site, and the program was recognized as successful due to the dedicated efforts of school-based staff.

Southampton County MOU

On March 9, WTCSB approved the final Memorandum of Understanding (MOU) with the Southampton County School Board. Mr. Rodgers recused himself from the discussion due to his role as a School Board Chair. This approval fulfills the agency's strategic goal of partnering with all local public-school systems to provide mental health and substance use services. Leadership credited Vonda Lilly for her role in successfully advancing the partnership. The Board noted the importance of continued on-site engagement within school systems, particularly in communities experiencing leadership transitions. Despite ongoing challenges in Franklin schools, staff will continue service efforts, with progress reported as improving.

Behavioral Health Redesign

Mr. Rodgers presented updates on the Behavioral Health Redesign. He noted the redesign was developed under tight, budget-neutral constraints and did not fully account for local community needs. Recent legislative action delayed implementation until at least mid-2027, providing additional time for revision.

Mr. Rodgers highlighted concerns regarding proposed changes to psychosocial rehabilitation services, including a shift to a Clubhouse International model requiring costly accreditation and reduced reimbursement rates. While the program currently operates at a break-even level, leadership expressed concern about long-term sustainability under the proposed model.

VACSB continues to communicate with DMAS and DBHDS, advocating for meaningful improvements during the delay period. Mr. Rodgers also reported that the redesign includes bundled reimbursement for first-episode psychosis services for individuals ages 16–25; however, implementation of that model is also delayed, with interim state funding supporting current services.

Retained Earnings

Mr. Rodgers advised the Board that additional legislative materials were included in the meeting packet, including a redlined revision of Policy 6005 related to retained earnings, as raised by the State Board for Behavioral Health and Developmental Services. He explained that community services boards (CSBs) are permitted to carry forward a portion of state funds under their performance contracts and that proposed revisions clarify this process.

Following feedback from VACSB, earlier proposals to eliminate the policy were tabled. Current revisions are expected to allow CSBs to retain up to a 25% carryover of state funds, helping maintain operating reserves amid delayed or uneven funding distribution. Negotiations regarding regional funds remain ongoing.

Mr. Rodgers noted that regional funds are separate from local funds and support critical hub-based services, including mobile crisis response, the Crisis Receiving Center, Bridges, and Crisis Therapeutic Homes. He reported that the agency is in a stable financial position and continues to monitor retained earnings to ensure compliance with state requirements and minimize the risk of recoupment.

Mr. Rodgers reported ongoing discussions with DBHDS regarding retained earnings related to WTCSB's 988 call center operations. He explained that call volume has increased significantly from approximately 1,000 calls per month to nearly 6,000, resulting in the annual contract cost rising from approximately $1 million to a minimum of $3 million. Approximately half of the

current call volume consists of overflow calls from Region 4 (Richmond), creating added financial pressure on Region 5 funds.

Mr. Rodgers noted that WTCSB is contractually required to serve as a backup call center for other regions, though limitations in the state's call-routing system result in a higher-than-intended volume of Region 4 calls being routed to WTCSB. Improved vendor tracking has confirmed geo-routing issues, which are currently a focus of contract negotiations.

He advised that DBHDS has restricted the use of certain retained 988 funds, despite rising operational costs. WTCSB continues to negotiate with DBHDS regarding allowable use of retained earnings, potential cost reallocation, or the need to seek additional General Assembly appropriations. Mr. Rodgers stated the agency is closely monitoring expenses, sharing data with DBHDS, and will notify the Board if formal support is needed.

In response to a question, Mr. Rodgers confirmed that leadership in Region 4 and DBHDS are aware of the 988 call center volume and associated challenges, and that data has been shared through multiple discussions. He reported strong support from Region 5 executive directors. The vendor continues to provide suicide prevention services in accordance with protocols. Calls originating from other regions are dispatched to the appropriate locality, while WTCSB staff provide phone-based support only for Region 5. Less than 20% of calls require dispatch, with the majority resolved through telephonic intervention.

Legislative Updates

Mr. Rodgers included legislative updates in the Board packet and highlighted two bills—House Bill 1292 and Senate Bill 735, which VACSB is actively opposing. The legislation would extend the temporary detention and certified evaluator sunset related to hospital-based pre-admission screening programs. Concerns were noted regarding potential conflicts of interest when certified evaluators are affiliated with health systems that may benefit financially from involuntary commitments. Mr. Rodgers reported that VACSB is monitoring the issue and has requested review of pilot study findings before any extension is finalized.

Mr. Rodgers also reported that VACSB is monitoring proposed minimum wage increases, as well as Virginia's paid sick leave program under FMLA, which would require employer and employee taxes beginning in 2027 and take effect in 2028. He expressed concern about potential workforce impacts and implementation challenges. Additionally, medical malpractice reform was noted as an issue being closely monitored, with anticipated implications for CSBs and possible action in a future legislative session.

Commission on Accreditation of Rehabilitation Facilities (CARF)

Mr. Rodgers provided an update on the Commission on Accreditation of Rehabilitation Facilities (CARF), noting increased emphasis on accreditation as part of the Behavioral Health Redesign

and emerging Medicaid requirements. He reported that the agency is pursuing CARF accreditation for outpatient services as a preparatory step. Amy Byrne and Latril Mariano are leading this effort and recently attended CARF training. Mr. Rodgers stated that the agency will be prepared should CARF accreditation become a requirement for billing services.

CCBHCs

Mr. Rodgers reported that the Certified Community Behavioral Health Clinic (CCBHC) state application, initially anticipated for 2026, has been tabled until 2027 due to lack of commitment from the Department of Medical Assistance Services (DMAS). He noted that significant preparatory work has already been completed in coordination with VACSB, DBHDS, and DMAS. While timelines were constrained due to recent leadership changes at DMAS, Mr. Rodgers expressed optimism based on support from the new DBHDS Commissioner. Andrew will attend cost-reporting training to ensure readiness, as accurate cost reporting is critical to establishing sustainable reimbursement rates should the initiative move forward.

CRC Groundbreaking

Mr. Rodgers presented an update on the Crisis Receiving Center (CRC) project, including a brief video from the recent groundbreaking. Construction began March 2, with the groundbreaking held March 3rd and 4th. The project, previously an industrial warehouse, is being renovated into a treatment facility and will open in phases, with crisis stabilization services anticipated to begin prior to full completion.

The project has been awarded to GC Commercial, with design services provided by Hudson & Associates Architects. The projected construction cost is $5,066,285, significantly lower than the original estimate of $8.6 million, providing capacity for potential cost overruns and additional interior upgrades. Phase 2 construction begins in December 2026 and will include kitchen renovations, warehouse space upgrades, and exterior work, with completion expected by May 2027. Phase 3 includes construction of new treatment space and a garage for the City of Suffolk's Marcus Alert co-response vehicle. The facility is expected to be operational by early next calendar year, with total project completion anticipated by the end of the next fiscal year. Approximately $1.4 to $1.5 million is expected to be expended in the current fiscal year, with remaining costs incurred next year.

Solace Landing

Mr. Rodgers provided an update on Solace Landing, noting that the grand opening and neighborhood open house were held in early March and were well received, with positive community feedback. Several individuals have already utilized the program, and services are operating smoothly. Additional marketing efforts are planned. Solace Landing serves as a peer-run respite program, staffed by individuals with lived experience who support recovery.

Renovations totaled approximately $160,000 and included painting, masonry waterproofing, chimney and roof repairs, basement refurbishment, window replacement, new furniture, installation of a stove safety switch, privacy fencing, and addition of a rear patio. An optional chimney sealing project was deferred due to the absence of basement programming and pending DBHDS direction.

Youth and Adult CTH

Mr. Rodgers provided an update on the adult and youth Crisis Therapeutic Homes (CTH) project. The agency is subdividing the 30-acre site into two plots to construct two homes in compliance with county requirements. Isle of Wight County and the Planning Commission have reviewed the proposal and provided feedback, and the project is awaiting a required public hearing.

DBHDS-approved standard plans are being used, resulting in cost savings, with minor design modifications based on regional feedback, including converting porch space to interior program and staff areas. Parking was reduced to nine spaces per home, and additional fencing and landscaping are planned to minimize neighborhood impact. Groundbreaking is anticipated in late 2026 or early 2027, with projected occupancy by the end of 2027. A construction project manager has been engaged to coordinate planning and development efforts.

Employee Benefit Adjustments

Mr. Rodgers presented proposed employee benefit adjustments aimed at improving recruitment and retention. He noted that current family and employee-plus-one health insurance plans are largely unaffordable for staff, with only six employees enrolled in family coverage. The agency currently covers 82% of employee-only premiums and 20% of dependent coverage; he proposed increasing dependent coverage to 50%, effective with the new plan year beginning in July. The proposal was brought forward at this time due to the current open enrollment period.

Mr. Rodgers also proposed introducing an “à la carte” benefit option, offering a $1,000 annual employer contribution per employee toward one selected benefit, including dependent care accounts, HSAs/FSAs, retirement options, 529 plans, or tuition reimbursement, with applicable documentation requirements. He reviewed recent insurance cost increases (11%–15%) and noted that higher employer contributions would reduce employee dependent coverage costs by approximately $200-$400 per month, while employee-only coverage costs would increase due to rate changes. Approximately 50% of employees (about 300 staff) currently participate in the agency’s insurance plans.

If approved, the estimated cost to the agency would be approximately $670,000 for à la carte benefits and $890,000 for increased insurance contributions, both of which were reported as affordable based on current and projected budget analysis. Mr. Rodgers requested Board action on the proposed changes through a motion and vote.

Dr. Pack called for a motion to approve the A la Carte benefits and increased cost of coverage proposed. On a ***motion*** made by Cindy Edwards and seconded by Belinda Pitts, the Board approved increased agency cost for Employee + one insurance and $1000 contribution toward "a la carte" benefits.

Mr. Rodgers informed the Board of upcoming events.

Forward Awards

Mr. Rodgers announced the launch of the Forward Awards, a new semi-annual recognition program honoring employees for years of service and demonstration of the agency's core values. Seven core value awards and multiple service recognition awards will be presented each cycle,

Mr. Rodgers recognized Debbie Dashiell for her 35 years of service to Western Tidewater, including extensive leadership in residential programs and oversight of Tidewater Cove. The Board acknowledged and commended her longstanding dedication and contributions to the agency.

Ms. Dashiell expressed appreciation for her colleagues and emphasized the importance of teamwork at Western Tidewater. She reflected on her career growth within the agency and highlighted recent accomplishments, including the launch of the Gero Respite Program providing GAP services to individuals with dementia who are not eligible for Medicaid or hospice. She also noted progress toward opening the TBI/BIRST house and thanked staff for their dedication and collaborative efforts.

5K Run

Mr. Rodgers reported that staff are planning the agency's first annual 5K Color Run to increase community visibility and promote mental health awareness. The event, envisioned by Latril Mariano, is tentatively planned for May in coordination with the City of Suffolk, with potential locations under consideration. The run is intended to reduce stigma through community engagement, featuring mental health messaging, vendors, music, and a color-themed course. Participants may walk or run, and additional details will be finalized as planning continues.

Community Connections Conversations

Mr. Rodgers reported that Community Connections conversations will be held in May across all localities. Dates will be shared with Board members who wish to participate. Clinic directors and administrators are coordinating planning and outreach efforts.

Mr. Rodgers thanked the board for their attention and concluded his presentation.

Dr. Pack asked Board members to confirm their attendance for upcoming meetings to ensure a quorum. She requested that members respond “yes” or “no” once the meeting announcement is sent by Sara. Sara will include a “please respond to this email” reminder in the notice.

As there was no further business, Dr. Pack adjourned the meeting at 11:29 a.m.