Minutes
Planning Commission
Isle of Wight County
July 28, 2026

1. Call to Order

Bobby Bowser, Chairman, called the Isle of Wight County Planning Commission meeting to order at 6:00 PM on July 28, 2026, in the Robert C. Claud, Sr. Board Room at 17130 Monument Circle, Isle of Wight County, Isle of Wight, Virginia.

Invocation

Matthew Smith delivered the invocation.

Pledge of Allegiance

Chairman Bowser invited everyone present to join in the Pledge of Allegiance.

2. Roll Call/Determination of a Quorum

Roll was called, and the following members were present: Bobby Bowser, Brian Carroll, James Ford, Raynard Gibbs, Matthew Smith, Brian Shotwell, George Rawls, Keith Johnson, Thomas Distefano.

The following members were absent: Jennifer Boykin.

A quorum was determined.

ALSO IN ATTENDANCE
William Webb, Assistant County Administrator
Amy Ring, Community Development Director
Mandy Rogers, Substitute Council to the Planning Commission
Caleb Kitchen, Planner II
Heather Crocker, Permit Tech I/Acting Secretary

3. Action on Requests to Withdraw or Table Pending Agenda Items

Chairman Bowser asked if there were any requests to table or withdrawal agenda items.

Amy Ring stated there were no requests.

4. Approval of Agenda

Chairman Bowser called for a vote to approve the agenda.

Commissioner Gibbs made the motion to approve the agenda.

Commissioner Smith seconded the motion.

Chairman Bowser asked for all in favor to signify by saying aye.

The motion passed unanimously.

5. Consent Agenda

Chairman Bowser called for a vote to approve the following consent agenda items:

July 9, 2026, Board of Supervisors Action List

Commissioner Ford made the motion to approve the consent agenda.

Commissioner Gibbs seconded the motion.

Chairman Bowser asked for all in favor to signify by saying aye.

The motion passed unanimously (9-0).

6. Citizens' Comments

Chairman Bowser opened the floor for any citizens' comments.

There being no comment, Chairman Bowser closed citizens' comments.

7. Public Hearings

Chairman Bowser called for consideration of the following public hearing item:

A. An Ordinance to amend the following sections of Appendix B. Zoning of the Isle of Wight County Code: Article I (General Provisions) for additions to general permit requirements and community impact statements, Article III (Use Types), for additions to residential and commercial use types, Article IV (Zoning Districts and Boundaries), to reduce certain required setbacks, lot size requirements, application requirements, permitted uses and conditions uses in certain zoning districts, Article V (Supplementary Use Regulations) to clarify requirements for certain accessory, agricultural, residential, and industrial uses, Article VI (Overlay districts) to clarify development criteria in certain overlay districts, Article VII (General Design Guidelines and Development Review Procedures) to reduce certain nonresidential application requirements, Article VIII (Landscaping and Screening Standards) to reduce certain nonresidential landscaping requirements, and Article X (Vehicle parking facilities) to reduce certain parking space requirements.

Amy Ring, Community Development Director, provided an overview of the proposed zoning ordinance revisions. She stated that the Planning Commission began discussions regarding the ordinance revisions at its April 28, 2026, meeting. Since that time, the Commission has held

additional discussions during regular meetings and a work session regarding the potential impacts and proposed changes. At the June 23, 2026, meeting, the Commission directed staff to proceed with advertising the revisions for public hearing. Ms. Ring noted that a redline version of the proposed ordinance was included with the staff report and was available for review. She offered to answer any questions following the public hearing.

Chairman Bowser opened the public hearing.

Johnathan Holoman 13310 Beacon Hill Way, Carrollton. Mr. Holman, who is a local business owner, expressed appreciation for the County's efforts to maintain zoning ordinances that are practical, current, and responsive to the needs of businesses and citizens. He stated his general support for the proposed ordinance updates, noting that aligning requirements with operational impacts, including traffic access, safety, and intended use, helps property owners and businesses better utilize existing commercial spaces while protecting the public interest. Mr. Holman thanked the Planning Commission for its consideration of the proposed ordinance changes.

There being no further public comments, Commissioner Bowser closed the public hearing and opened the floor for discussion among the commissioners.

Commissioner Distefano stated the extent of previous discussions on the proposed Ordinance revisions and made a motion to recommend approval to the Board of Supervisors.

The motion was seconded by Commissioner Ford.

The motion with Commissioner Bowser, Commissioner Carroll, Commissioner Ford, Commissioner Gibbs, Commissioner Smith, Commissioner Shotwell, Commissioner Rawls, Commissioner Johnson, Commissioner Distefano voting in favor of the motion and None voting against the motion (9-0).

The application will go to the August 20, 2026, Board of Supervisors meeting.

Chairman Bowser called for consideration of the following public hearing item:

B. Application REZN-25-11 of Jason Seas, applicant, and Western Tidewater Community Services Board, property owner, for a zoning district change from Rural Agricultural Conservation to Conditional Rural Residential for approximately thirty acres located on Yellow Hammer Road (Rte. 645) with tax map number 45-01-052A to remove the existing agricultural/silvicultural subdivision restriction for the construction of a crisis center.

Caleb Kitchen, Planner II gave the following presentation.

REZN-25-11 Yellow Hammer Road Crisis Center Rezoning Request

PLANNING COMMISSION REGULAR MEETING

JULY 28, 2026

ISLE OF WIGHT COUNTY 1

Site Description

Tax Map ID#:	45-01-052A
Location:	Yellow Hammer Road
Current Zoning:	Rural Agricultural Conservation (RAC)
Election District:	D5
Request:	To rezone 30 acres to Conditional Rural Residential (C-RR) for the purpose of constructing a crisis center.

ISLE OF WIGHT COUNTY 2

Background

- 30 acre agricultural/silvicultural parcel
- Western Tidewater Community Services Board (WTCSB) acquired in 2025
- Two Crisis Therapeutic Homes (CTH) facilities
  - Proffered conditions:
    - Building Elevations
    - No further subdivision, including family member transfers
    - No other buildings constructed except a storage shed for each home

ISLE OF WIGHT COUNTY 3

Background Cont.

- Two CTH residential facilities:
  - 6 individuals and staff per home
  - Ages 5-17 in one home, ages 18+ in second home
  - Short-term basis, Max. 30-days
  - Time-limited, clinically driven
  - 6-feet picket fence with security gate
- Projected to generate 104 trips per day

ISLE OF WIGHT COUNTY 4

REZN-25-11 Yellow Hammer Road Crisis Center Rezoning Request - Location Map

ISLE OF WIGHT COUNTY 5

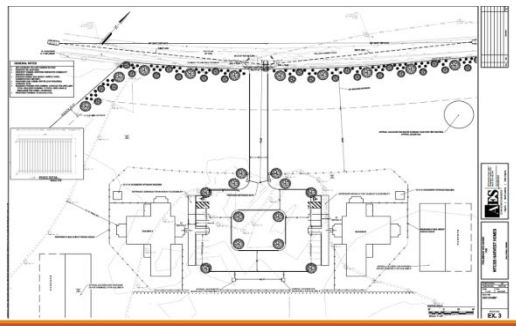
REZN-25-11 Yellow Hammer Road Crisis Center Rezoning Request - Zoning Map

ISLE OF WIGHT COUNTY 6

REZN-25-11 Yellow Hammer Road Crisis Center Rezoning Request - Land Use Map

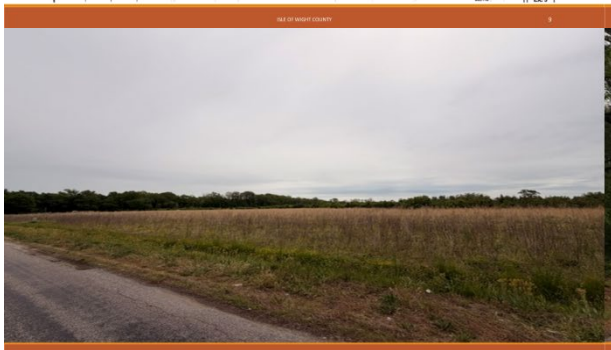
ISLE OF WIGHT COUNTY 7

ISLE OF WIGHT COUNTY 8



ISLE OF WIGHT COUNTY 9

ISLE OF WIGHT COUNTY 10



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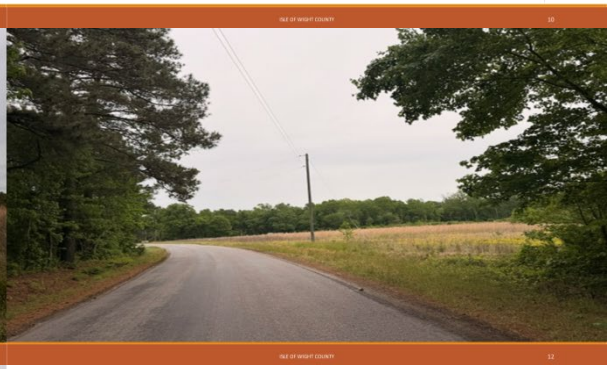
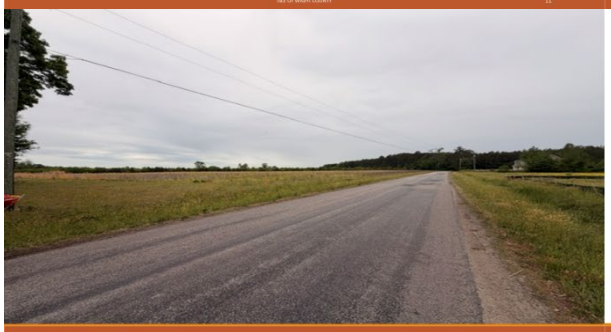


ISLE OF WIGHT COUNTY 12



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Comprehensive Plan Review

- Rural Agricultural Conservation (RAC)
- Appropriate uses for the RAC land use designation include small clusters of residential uses, agritourism, agriculture, forest product processing/distribution, resource extraction, etc.
- Environmental Conservation (EC)
- Not included in disturbed area

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Ordinance Review

- CTH facilities classified as Crisis Center civic use type
- Rezoning required due to agricultural/silvicultural restriction
  - No CUP needed
- Not located in Overlay Districts
- Flood zone X

- If rezoning is approved, a preliminary site plan will be submitted for review and approval in compliance with the Zoning Ordinance.

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Agency Review

The application was submitted to the following departments for their review:

- Sheriff's Department: No objections; property should have little to no impact on the neighborhood character due to the size and design listed for the property
- VDOT: Commercial entrance and culvert improvement required
- Health Department: No concerns
- Fire Rescue: No concerns; there should be little impact on calls for service

ISLE OF WIGHT COUNTY 16

Staff Analysis

Strengths:

1. The application is compatible with the existing land uses in the vicinity and within the guidelines of the Future Recommended Land Use Plan Designation.
2. No further subdivisions, to include family member transfers, are allowed from the parcel.
3. No further facility expansion in permitted.
4. There is adequate public safety and public health service capacity.

Weaknesses:

1. The rezoning creates an additional civic use not intended for the original agricultural/silvicultural subdivision of the parcel in 2022.

ISLE OF WIGHT COUNTY 17

Recommendation

Based on the strengths of the application, staff recommends approval of the rezoning application as proffered.

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Mr. Kitchen shared for the record that written correspondence was received from members of the public expressing opposition to and support of the application. Copies of the written comments were placed at each Commissioner's seat.

Attorney Rogers clarified that the Planning Commission bylaws do not include a provision to allow more speaking time for an individual who is speaking on behalf of a group. She stated that the bylaws for the Board of Supervisors does include a provision for this.

Chairman Bowser opened the public hearing and invited the applicant to speak.

Brandon Rogers, Executive Director at Western Tidewater Community Services Board, gave the following presentation on the Crisis Center project. He explained the purpose of the project is to help individuals with developmental disabilities requiring community-based prevention, step down, or stabilization stay.

Western Tidewater CSB
Harvest Homes Project

Temple Grandin, Ph.D., is a professor, best-selling author, animal behaviorist, and autism self-advocate in top demand as an international speaker. An extraordinary inspiration for autistic children and their parents, she is the subject of the Emmy and Golden Globe winning HBO film, Temple Grandin, starring Claire Danes and Julia Ormond, and she was also one of Time magazine's 100 most influential people in 2010.

Diagnosed with autism when she was three, Dr. Grandin's mother rejected her doctor's advice to institutionalize her, and provided her with intensive speech therapy, a structured home and a nurturing school environment. Later, with encouragement from her high school science teacher and an aunt who ran a ranch in Arizona, Dr. Grandin pursued a career in animal science. With unique abilities to think visually and recall small details she began to design humane live-stock handling equipment, eventually revolutionizing the industry. Today over half the cattle in North America are handled in a system she designed. Other professional activities include developing animal welfare guidelines for the meat industry and consulting with McDonalds, Wendy's International, Burger King, and other major companies.

"The world needs all kinds of minds."

"I am different, not less."

"Autism is an important part of who I am, and I wouldn't want to change it, because I LIKE the way I think."

"Social thinking skills must be directly taught to children and adults with ASD."

Western Tidewater Community Services Board

- Established in 1971 as the local public authority for mental health and developmental services for the counties of Isle of Wight and Southampton and the cities of Franklin and Suffolk.
- WTCSB serves nearly 6,000 unique individuals yearly through
  - Nine residential group homes
  - Three Primary Outpatient Clinics
  - Three existing Crisis Facilities
  - Three Day support Programs
  - 80-Bed Assisted Living Facility
  - School-based mental health staff embedded at every public school
- In IOW County WTCSB served nearly 800 distinct individuals (children and adults) last year. This included services at the IOW Counseling Center in Smithfield, Bridges Children's Crisis Stabilization Unit, The Neighbors Place ICF and multiple community-based services.

Definitions

<u>Crisis Therapeutic Home:</u> 6-bed licensed facility to serve individuals with developmental disabilities requiring community-based prevention, step-down, or stabilization stays not to exceed 30 days.

Crisis Stabilization Unit: 6-16 bed licensed facility to serve individuals with mental health and substance use disorders in need of community-based residential crisis stabilization services.

Crisis Receiving Center: 24 hour a day walk in center to receive individuals with a mental or behavioral crisis in need of immediate access to a comprehensive treatment team including licensed clinical and psychiatric providers.

Acute Psychiatric Unit: A hospital setting designed to provide for the health and safety of individuals that cannot adequately care for themselves or pose a safety risk to themselves or others as a result of their mental status.

Developmental Disability

The code of Virginia Defines Developmental Disability as:

"Developmental disability" or "DD" means a severe, chronic disability of an individual that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments, other than a sole diagnosis of mental illness;
2. Is manifested before the individual reaches 22 years of age;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, or (vii) economic self-sufficiency; and
5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Common Developmental Disability Diagnoses: Intellectual Disability (Mental Retardation), Downs Syndrome, Autism Spectrum Disorder, Cerebral Palsy, Brain Injury before the age of 22.

WTCSB Harvest Homes

- Construct two therapeutic treatment homes to serve individuals with Developmental Disabilities.
  - The design is based on standardized floor plans developed in operating homes throughout the state.
  - The adult home will replace an aging facility in Hampton, VA that was not purpose built .
- Each home will have a capacity of 6 beds.
- One home will serve children (5-17); the other will serve adults (18+).
- Length of stay is up typically 7-14 days, but can be extended up to 30 days.
- Each home has an independent and trained clinical staff and work on a ratio of no less than 1 staff to 2 clients.

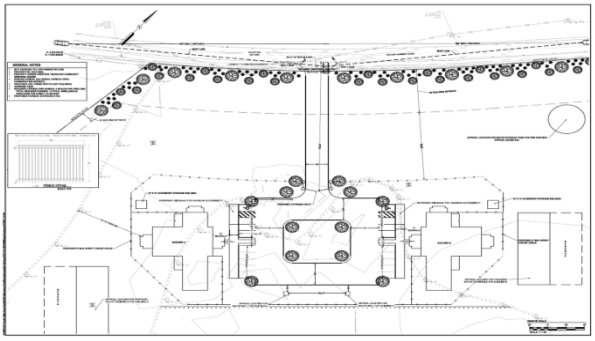
Staffing

Programmatic Oversight of both the child and adult home is provided by a Licensed Clinical Administrator, Licensed Nursing Administrator, Program Supervisor, and Medical Director.

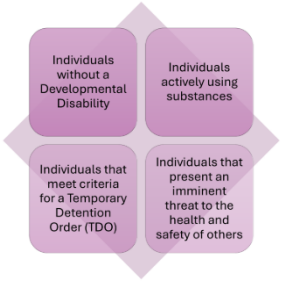
Each home operates on a 3-shift staffing pattern generally comprised as follows:

- Day Shift (7a-3p): 1 Licensed Therapist; 2 QMHP or QIDPs, 1 Nurse, 1 Team Lead, 1 Manager
- Mid Shift (3p-11p): 1 Licensed Therapist; 2 QMHP or QIDPs, 1 Nurse, 1 Team Lead, 1 Manager
- Overnight Shift (11p-7a): 1 Team Lead, 2 DSPs, 1 Nurse

*Note that additional staffing is arranged based on client need and census of individuals in the milieu.



Individuals WTCSB Harvest Homes **Cannot** Serve



Utilization of Law Enforcement

The Adult CTH has been in operation in Hampton, Virginia under the oversight of WTCSB since 2017. 29 total calls to law enforcement over the last calendar year are identified below:

- Assault: 2 calls
- Mental Health: 15 calls
- Suicidality: 3 calls
- ECO/TDO: 6 calls
- Suspicious Person: 1 call
- Public Assist Police: 1 call
- Phone Message for Officer: 1 call

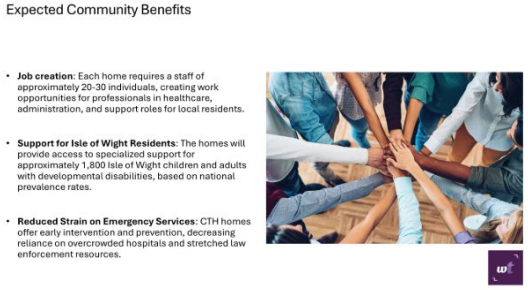
Note: Zuni Presbyterian Homes operated in Isle of Wight County up until 2017. This facility served the Developmentally Disabled population similar to the proposed project. Average number of calls for law enforcement from 2005-2017 was 22.

Client Profile #1; 18-Year-Old Male

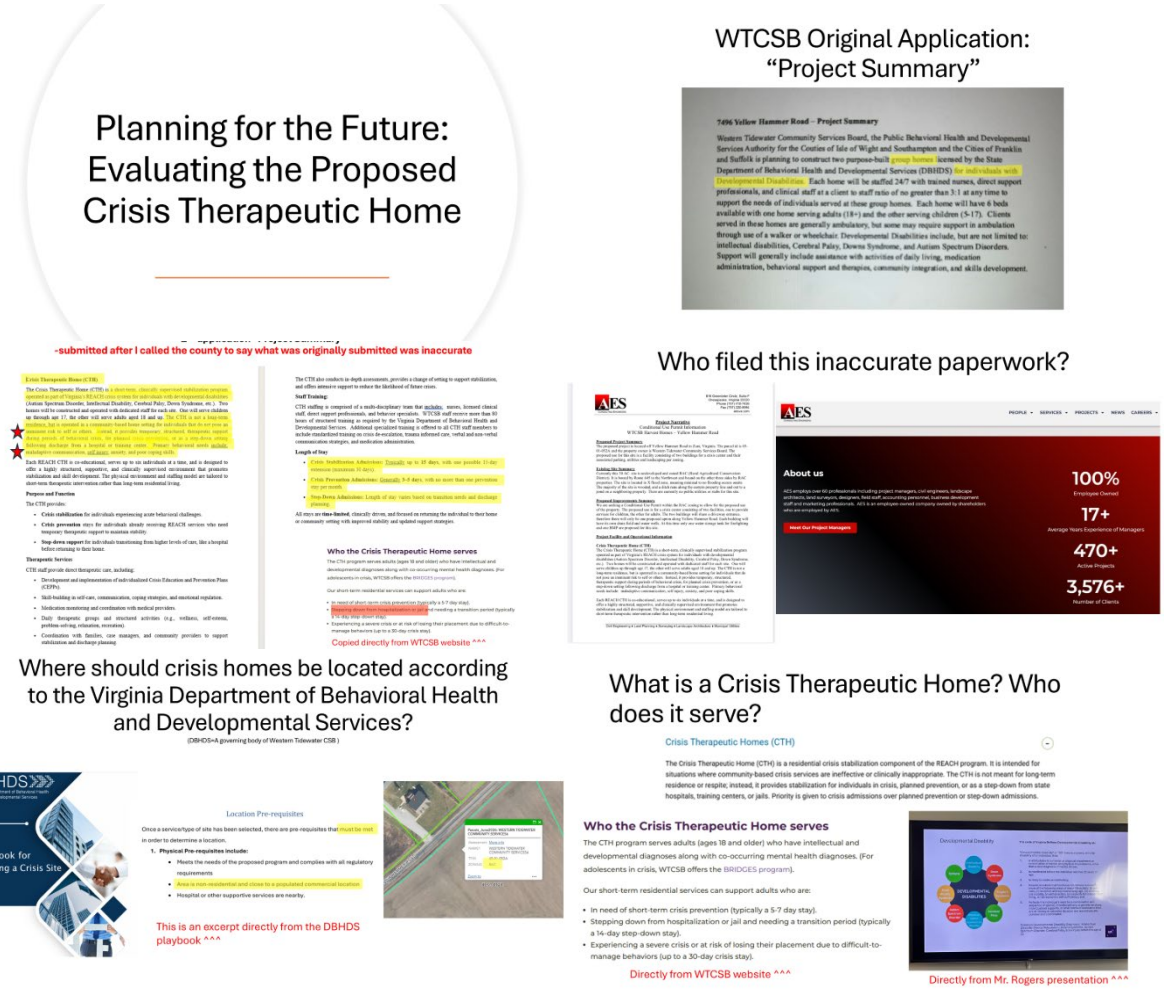
Developmental Disability: Autism Spectrum Disorder	**Treatment Goals:** Assist with adjustment to new setting (independent adult), evaluate medication needs, support client with medication education and coping skills for feelings of anxiety, support client with communication skills, gather medical and school history client could not access from parents due to estranged relationship.	**Outcomes:** Client participated in multiple community outings; was evaluated by a psychiatrist and began a medication regimen; provided assistance with getting clothing and other supplies; developed skills and ongoing plan to support impulse control & healthy communication skills; successfully transitioned to a group home placement

Client Profile #2; 19-Year-Old Female

Developmental Disability: Traumatic Brain Injury – Prior to Age 21	**Treatment Goals:** Assist with mood regulation and impulse control, medication evaluation and education, reduce suicidal ideation and self-harm, improve trauma response, increase communication with mother and other natural supports.	**Outcomes:** Psychiatric evaluation was completed and medication regimen was updated; developed communication skills including processing of trauma from past abuse; obtained a Medicaid Waiver and selected a group home placement; developed a crisis education and prevention plan to manage symptoms related to TBI.



Chairman Bowser opened the floor for any citizens' comments.
The following citizens shared the following presentation.



What is the basic definition of a "behavioral crisis?"

A behavioral crisis occurs when a person's emotions, thoughts, or behaviors become overwhelming, making them unable to cope and potentially putting themselves or others at risk.

Definition and Key Features

A behavioral crisis is an acute situation in which an individual's behavior becomes extreme or unmanageable, often due to mental health conditions, substance use, trauma, or a combination of these factors sciencеinsights.org +1. Unlike gradual symptom worsening, a crisis is sudden and

Even as a parent of an adult child who has needed these services I would not want this across from my house either. A group home is totally different than a crisis center.

When my son had to go to the crisis center in Hampton he had an episode and escaped by jumping a fence and ran. He did not go to any houses but he could have. When these people are having an episode all rational is gone.

The message above is from a mother of a past Western Tidewater patient. ^^^

Connie,
I got your note. I'm on the CSB Board as one of my regional committees. I've talked to Brandon Rogers, the Director there. From what I understand, the new group home is a replacement for the site in Hampton. It only has to be classified as crisis center because it's a short term site for Adults and Children with disabilities with an ALOS of 14 days or less, to prevent them from becoming in a state of crisis. These are not criminals or people in a mental crisis they are citizens with Cerebral Palsy etc. Further, Brandon tells me the new site will serve the same population that the Zuni Presbyterian home served before it closed. I asked the Sheriff to pull all calls from the Zuni home for adults with disabilities and the report shows minimal call volume. Happy to FW that to you if you'd like.
Please let me know if you have other concerns. Renee
Sent from my iPhone

The image below is again pulled directly from WTCSB website

Who the Crisis Therapeutic Home serves

The CTH program serves adults (ages 18 and older) who have intellectual and developmental diagnoses along with co-occurring mental health diagnoses. (For adolescents in crisis, WTCSB offers the BRIDGES program).

Our short-term residential services can support adults who are:

- In need of short-term crisis prevention (typically a 5-7 day stay).
- Stepping down from hospitalization or jail and needing a transition period (typically a 14-day step-down stay).
- Experiencing a severe crisis or at risk of losing their placement due to difficult-to-manage behaviors (up to a 30-day crisis stay).

This exert is directly from Mr. Rogers project summary

up through age 17, the other will serve adults aged 18 and up. The CTH is not a long-term residence, but is operated in a community-based home setting for individuals that do not pose an imminent risk to self or others. Instead, it provides temporary, structured, therapeutic support during periods of behavioral crisis, for planned crisis prevention, or as a step-down setting following discharge from a hospital or training center. Primary behavioral needs include: maladaptive communication, self injury, anxiety, and poor coping skills.

Bridges- Crisis Stabilization Unit
Juvenile Facility - 3 years
Location- Isle of Wight County

131 Total Calls

Calls by Category

Call Type	Number of Calls
Fire Alarm	50
Juvenile Issue	19
Runaway	10
Emergency Custody	7
Psychiatric Problem	6
Assist Other Juvenile	4
Smell of Gas	4
K-9 Deployment	3
Building Check	3
Business Assist	2
Abrasions/Bruises	2
Marcus Alert	2
Carbon Monoxide	2
Attempt Suicide	2
Citizen Assist	2
Destruction of Property	2
Assault (No Weapon)	1
Patrol Check	1
Police Investigation	1
Medical Call	1
Difficulty Breathing	1
Paper Service	1
Community Relations	1
Disorderly Individual	1
Civil Paper	1
Business Check	1
Fight in Progress	1

The Haven- "Crisis Receiving Center"
FOIA (through city of Suffolk)
Last 3 years

Nature	# Events
Irrelevant to Request	
911 HANG UP	12
ABDOMINAL PAIN/PROBLEMS	2
ALARM, FIRE COMMERCIAL	8
ASSAULT	2
ASSIST MEDIC UNIT	4
ASSIST PD PRTY 2	2
ASSIST PD PRTY 3	1
BREATHING PROBLEMS	2
BUSY	1
BUSY ON INVESTIGATION	4
CALL BY PHONE	3
CALL COMPLAINANT	11
CALL FOR SUPERVISOR	5
CHECKING BLDG. AREA, VEHICLE	11
CHEST PAIN	4
CHOKING	1
COMMUNITY PARA-MEDICINE	1
DIABETIC PROBLEMS	2
DISTURBANCE	12
ECO/TDO	101
ESCORT/TRANSPORT	3
FALLS	1
FIRE INVESTIGATION FOLLOW UP	1
GENERAL MESSAGE	1
HEADACHE	1
HEART PROBLEMS	1
MENTAL HEALTH CALL	16
PAPER SERVICE	3

Nature	# Events
PART TIME WORK	39
PERSON WITH A WEAPON	2
PSYCHIATRIC/SUICIDE ATTEMPT	2
PUBLIC ASSIST	2
SEE COMPLAINANT	11
SEIZURES/CONVULSIONS	3
SICK PERSON	9
SICK PERSON PRIORITY 3	5
SMELL OF GAS INSIDE	6
STROKE	1
STRUCTURE FIRE COMMERCIAL	6
SUICIDE ATTEMPT	1
SUSPICIOUS PERSON/PROWLER	2
SUSPICIOUS VEHICLE	1
TRESPASSING	1
UNCONSCIOUS/FAINTING	4
UNKNOWN PROBLEM	1
VEHICLE MAINTENANCE	1
WELFARE CHECK	1
Total	319

Tidewater Cove- Assisted living Facility- Suffolk VA- Est 2018

Tidewater Cove ("The Cove"), an assisted living facility in Suffolk run by the Western Tidewater Community Services Board (WTCSB), opened in **late 2017/early 2018**. The 65-bed facility was established to serve seriously and persistently mentally ill adults by providing a "step down" residential environment from hospital care. Western Tidewater Community Service... +2

Tidewater Cove (Assisted Living Facility)

Tidewater Cove is a 65 Licensed Assisted Living Facility in the City of Suffolk with specialized behavioral supports for seriously and persistently mentally ill adults.

More Information

Supports include:

- Medical
- Psychiatric
- Social
- Individual and Group Therapy

Tidewater Cove- FOIA for 911 calls – last 3 years

CITY OF SUFFOLK
Number of Events by Nature

Nature	# Events
Irrelevant to Request	
911 HANG UP	273
ABDOMINAL PAIN/PROBLEMS	17
ALARM, FIRE COMMERCIAL	34
ALLERGIC REACTIONS	4
ANIMAL CONTROL CALL	2
ASSAULT	40
ASSAULT/SEXUAL ASSAULT	2
ASSIST MEDIC UNIT	16
ASSIST PD PRTY 1	2
ASSIST PD PRTY 2	7
ASSIST PD PRTY 3	6
ASSIST PD1	2
AUTO ACCIDENT HIT AND RUN	1
AUTO ACCIDENT NO INJURIES	2
BACK PAIN	17
BREATHING PROBLEMS	56
BUSY	1
BUSY ON INVESTIGATION	12
CALL BY PHONE	4
CALL COMPLAINANT	106
CALL FOR SUPERVISOR	1
CARDIAC ARREST	1
CARDIAC/RESPIRATORY ARREST	2
CHECKING BLDG. AREA, VEHICLE	9
CHEST PAIN	63
CHOKING	2
COMMUNITY PARA-MEDICINE	6
COMMUNITY POLICING	1

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Nature	# Events
DEATH NOTIFICATION	1
DIABETIC PROBLEMS	12
DISTURBANCE	44
DRUNK DRIVER	1
ECO/TDO	84
FALLS	80
FIGHT IN PROGRESS	1
FIRE INSPECTION	5
FRAUD	1
GENERAL MESSAGE	2
GUNSHOTS FIRED	1
HEADACHE	8
HEART PROBLEMS	20
HEAT/COLD EXPOSURE	2
HEMORRHAGE/LACERATIONS	23
INJURED PERSON	1
LARCENY	6
MENTAL HEALTH CALL	128
MISSING PERSON	32
MOTORIST NEEDS ASSISTANCE	1
OVERDOSE/POISONING	3
PAPER SERVICE	14
PERSON WITH A WEAPON	2
PREGNANCY/CHILDBIRTH	4
PROJECT LIFESAVER	1
PSYCHIATRIC / MENTAL HEALTH	7
PSYCHIATRIC/SUICIDE ATTEMPT	4
PUBLIC ASSIST	5
RAPE	3
SEE COMPLAINANT	138
SEIZURES/CONVULSIONS	14
SERVICE CALL	1

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Nature	# Events
SEXUAL ASSAULT	1
SICK PERSON	187
SICK PERSON PRIORITY 3	36
SMELL OF GAS INSIDE	2
SMELL OF GAS OUTSIDE	2
STROKE	4
STRUCTURE FIRE COMMERCIAL	2
SUSPICIOUS PERSON/PROWLER	5
SUSPICIOUS VEHICLE	1
TAMPERING WITH VEHICLE	1
TRAFFIC STOP	4
TRAUMATIC INJURIES	6
TRESPASSING	1
UNCONSCIOUS/FAINTING	15
UNKNOWN PROBLEM	1
VANDALISM	1
VEHICLE STOP	1
WARRANT SERVICE	7
WELFARE CHECK	8
Total	1665

VA Department of Social Services
Tidewater Cove Assisted Living

2536 East Washington Street
SUFFOLK, VA 23434

Violations

Standard: 22VAC40-73-(3)-110-1

Description: Based on record review and interview, the facility failed to ensure staff be considerate and respectful of the rights, dignity, and sensitivities of persons who are aged, infirm, or disabled. Evidence: 1. On 04/12/2024, Staff #2 made inappropriate comments to Resident #2. The comments were also made in the presence of other staff and possibly other residents.

Standard: 22VAC40-73-(5)-350-B

Description: Based on record review, the facility failed to ascertain, prior to admission, whether a potential resident was a registered sex offender and failed to document that this was ascertained and the date the information was obtained. Evidence: 1. Resident #3 (admitted 04/20/2023) did not have a completed sex offender screening in their record.

Standard: 22VAC40-90-(BC3)-40-B

Description: Based on record review, the facility failed to obtain a criminal history record report on or prior to the 30th day of employment for each employee. Evidence: 1. The criminal history record report for Staff #2 (hired 04/30/2024) was completed on 06/13/2024.

Standard: 22VAC40-73-(6)-450-C

Description: Based on record review, the facility failed to ensure the comprehensive individualized service plan be completed within 30 days after admission. Evidence: 1. Resident #4 admitted to the facility on 05/16/2023; however, there was not a comprehensive individualized service plan within Resident #4's record.

Standard: 22VAC40-73-(6)-450-A

Description: Based on record review, the facility failed to ensure on or within seven days prior to the day of admission, a preliminary plan of care be developed to address the basic needs of the resident that adequately protects their health, safety, and welfare. Evidence: 1. Resident #4 admitted to the facility on 05/16/2023; however, there was no preliminary plan of care on or within seven days prior to the day of admission in Resident #4's record.

Continued

Standard: 22VAC40-73-(10)-1140-B

Description: Based on record review, the facility failed to ensure within four months of the starting date of employment in the safe, secure environment, direct care staff attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section. Evidence: 1. Staff #2 (hired 11/28/2022) and Staff #3 (hired 6/27/2022) work in the safe, secure environment; however, there was not documentation that Staff #2 and Staff #3 have completed at least 10 hours of training in cognitive impairment within four months of their hire date.

Standard: 22VAC40-90-(BC3)-50-A

Description: Based on record review, the facility failed to ensure when the facility utilizes temporary agencies for the provision of substitute staff to maintain a letter from the agency contain information listed in the standard. Evidence: 1. The record of Staff #4 indicates their background check is not completed by the Virginia State Police.

Standard: 22VAC40-73-(9)-950-F

Description: Based on interview, the facility failed to review the emergency preparedness plan annually or more often as needed, documenting the review by signing and dating the plan, and making necessary plan revisions. Evidence: 1. Staff #1 could not provide documentation of an annual review of the emergency preparedness and response plan.

Standard: 22VAC40-73-(9)-990-C

Description: Based on interview, the facility failed to document staff participation in practice exercises for resident emergencies at least once every six months. Evidence: 1. The facility could not provide documentation that staff had participated in an exercise in which the procedures for resident emergencies were practiced at least every six months.

Standard: 22VAC40-73-(6)-460-H

Description: Based on record review, the facility failed to ensure that personal assistance and care are provided to each resident as necessary so that the needs of the resident are met. Evidence: 1. The following are the documented completion or attempts of bathing on the records reviewed: Resident #1 – 6/7/23, 6/11/23, 6/14/23, 6/21/23, and 6/28/23 and Resident #2 – 6/2/23, 6/7/23, 6/14/23, 6/21/23, and 6/28/23. The documentation for Resident #1 and Resident #2 does not indicate the residents are receiving bathing at least twice a week.

Continued

Standard: 22VAC40-73-(6)-450-A

Description: Based on record review, the facility failed to ensure an or within seven days prior to the day of admission, a preliminary plan of care be developed to address the basic needs of the resident that adequately protects his health, safety, and welfare. Evidence: 1. Resident #4 admitted to the facility on 10/06/2021; however, there was not an ISP in their resident record.

Standard: 22VAC40-73-(3)-260-C

Description: Based on observation, the facility failed to ensure a listing of all staff who have current certification in first aid or CPR is be posted in the facility. Evidence: 1. During a tour of the facility on 08/09/2022, a listing of all staff who have certification in first aid or CPR was posted in the multipurpose room and dated 08/27/2021. There were 14 staff members listed with expired CPR/first aid certification per the posting.

Standard: 22VAC40-73-(3)-260-A

Description: Based on record review, the facility failed to ensure each direct care staff member maintain current certification in first aid from the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute, community college, hospital, volunteer rescue squad, or fire department. Evidence: 1. Staff #1 and Staff #4 work as direct care staff and do not have a current certification in first aid.

Standard: 22VAC40-73-(3)-210-B

Description: Based on record review, the facility failed to ensure all direct care staff attend at least 16 hours of training annually with the exception of direct care staff who are licensed health care professionals or certified nurse aides attend at least 12 hours of annual training. Training also should include at least two of the required hours on infection control and prevention and when adults with mental impairments reside in the facility, at least four of the required hours on topics related to residents' impairments. Evidence: 1. Staff #3 (hire date 6/18/2018) works as a RMH; however, in 2021, Staff #3 completed 7.5 hours with 1.25 hours in infection control and 2.5 hours in residents' impairments. There is also not evidence to support Staff #3 has received continuing education required by the Virginia Board of Nursing for medication aides. 2. Staff #4 (hire date 7/5/2018) works as a CNA; however, in 2021, Staff #4 completed 7.25 hours with 1 hour in infection control and 3 hours in residents' impairments.

Standard: 22VAC40-73-(3)-270-1

Description: Based on record review, the facility failed to ensure direct care staff be trained in methods of dealing with residents who have a history of aggressive behavior or of dangerously agitated states prior to being involved in the care of such residents. Evidence: 1. The facility indicated upon start of inspection there are aggressive residents residing in the facility. There was no evidence that staff have receiving training on methods of dealing with residents who have a history of aggressive behavior or of dangerously agitated states prior to being involved in the care of such residents.

Continued

Standard: 22VAC40-90-(BC3)-40-B

Description: Based on record review, the facility failed to obtain a criminal history record report on or prior to the 30th day of employment for each employee. Evidence: 1. Staff #16 was hired on 12/31/21; however, the completed criminal history record report through the Virginia State Police was not received by the facility until 2/15/22.

Standard: 22VAC40-73-(5)-350-B

Description: Based on record review, the facility failed to ascertain, prior to admission, whether a potential resident was a registered sex offender and failed to document that this was ascertained and the date the information was obtained. Evidence: 1. Resident #5 admitted into the facility on 06/24/2022; however, the sex offender screening was completed on 08/09/2022.

Standard: 22VAC40-73-(4)-290-B

Description: Based on observation, the facility failed to develop and implement a procedure for posting the name of the current on-site person in charge in a place in the facility that is conspicuous to the residents and the public. Evidence: 1. Upon entering the facility, the current on-site person in charge was not posted in the facility. Staff could not identify who was the designated on site person in charge at the time of the inspection.

Standard: 22VAC40-73-(10)-1150-A

Description: Based on observation and interview, the facility failed to ensure doors that lead to unprotected areas be monitored or secured through devices that conform to applicable building and fire codes, including door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, pressure pads at doorways, delayed egress mechanisms, locking devices, or perimeter fence gates for residents residing in a safe, secure environment. Evidence: 1. On 3/31/21, while touring the safe, secure environment, the two doors were not secured from the inside of the unit. The two doors are enter and exit points from inside the safe, secure environment on both ends of the hallway. Both doors were secured upon entry into the safe, secure environment via badge access; however, from inside the unit, one would be able to exit the unit without a locking or monitoring device/mechanism. 2. Staff #1, Staff #2 and Staff #3 acknowledged the two exits of the safe, secure environment were not secured.

Standard: 22VAC40-73-(2)-70-A

Description: Based on observation and documentation, the facility failed to ensure any major incident that has negatively affected or that threatens the life, health, safety, or welfare of any resident to the regional licensing office within 24 hours. Evidence: 1. On 11-18-2021, prior to entering the facility, a window was observed boarded closed. During a tour of the facility, Staff #1 indicated that Resident #5 physically went through the closed window at approximately 2:00 a.m. a few weeks ago. 2. A review of the requested incident report states staff were alarmed by another resident that "someone was trying to come through" their window on 10-23-2021. Staff then observed Resident 5's window was broken out and the resident standing outside the facility. Resident #5 went to the ER with an abrasion to their hand. 3. Staff #5 acknowledged the incident was not sent to the regional licensing office.

Continued

Standard: 22VAC40-73-(3)-210-F

Description: Based on documentation review, the facility failed to ensure at least two of the required hours of annual training for direct care staff focus on infection control and prevention and at least four on topics related to residents' mental impairments. Evidence: 1. Staff #2 (hired on 05-22-2018) from 5/22/20-5/22/2021 participated in .5 hours in infection control and 0 in topics related to mental impairments. Additionally, Staff #3 (hired on 03-26-2018) from 3/26/20-3/26/21 participated in 1 hour of training related to residents' mental impairments. 2. Staff #5 submitted all the training records for Staff #2 and Staff #3 which did not include the required hours aforementioned.

Standard: 22VAC40-90-(BC3)-40-B

Description: Based on staff record review and interview, the facility failed to obtain a criminal history record report on or prior to the 30th day of employment for each employee. Evidence: 1. Staff #5 provided a list of newly hired staff and dates of hire, to include Staff #7 (date of hire on 07-16-2021). 2. Staff #5 acknowledged Staff #7's criminal history record report was dated 06-17-2021; however, it was not documented as received by the facility until 12-01-2021.

IOW County Deputy Coverage

- According to the Isle of Wight Sherrifs office they have 69 sworn deputies w/ 6 current vacant positions. (We have heard we were down as many as 14 in recent months)
- Day shift: 4 patrol deputies w/ one being a supervisor
- Midnights: 3 deputies w/ one being the supervisor
- Smithfield PD covers their 9 square miles
- Windsor PD covers their 3 square miles
- County covers the rest- Approx. 363 square miles
- If two officers are out of the field on an ECO/TDO- there are two officers to cover from Rushmere, to Ivor, to Franklin, to Suffolk.
- There is also a new hospital in Isle of Wight County that is taking up manpower- Smithfield Riverside

ECO/TDO-What is it? Why do we care?

In law enforcement, ECO commonly stands for Emergency Custody Order, a legal order allowing temporary custody of an individual for mental health or medical evaluation.

Key Takeaways

- Emergency Custody Orders (ECOs) in Virginia allow for up to 8 hours of assessment, while Temporary Detention Orders (TDOs) extend to 72 hours for psychiatric treatment.
- Medical ECOs differ from mental health ECOs, requiring physician certification and focusing on immediate medical crises with a 4-hour duration.
- For a TDO to be issued, a certified prescreener must determine the individual meets all three criteria: mental illness, danger to self/others, and unwillingness/inability to seek voluntary treatment.
- The ECO-to-TDO pathway is not automatic; approximately 70% of ECOs result in TDOs following Community Services Board evaluation.

IOW County Deputy involvement / ECO/TDO data

- According to the Isle of Wight County Sherrif's office:
- "ECOs involve officers sitting at the hospital, maybe Obici, maybe Riverside, waiting for the evaluation and issuance of a potential TDO.
- The TDO wait is sometimes several days of 24/7 coverage, then a two-person drive across the state in many instances.
- Here are the numbers for ECO/TDOs in Isle of Wight County for the last 5 years
- 2021- 79/ 756 hours---- 756hrs/52 weeks=14.5 hours a week, an officer or officers were out of the field
- 2022- 105/ 1,336 hours----1336/52 weeks=25.6 hours a week, an officer or officers were out of the field
- 2023- 101/ 1547 hours-----1547/52 weeks= 29.75 hours a week, an officer or officers were out of the field
- 2024- 101/ 1708 hours------1708/52 weeks= 32.8 hours a week, an officer or officers were out of the field
- 2025- 71/845 hours ---- 16.3 hours a week, an officers was out of the field
- This is a mixture of ECO/TDOs. Some ECOs don't make it to TDO status
- Of these, 333 were TDOs. Many TDOs stay at Obici, some are transported to various facilities in Virginia Beach, Chesapeake, Norfolk, Williamsburg and Newport News and even further to Richmond or Western Virginia

IOW County EMS & Fire
These facilities take resources. Do we have them?

- 35 full time EMS/Fire employees
- That number includes administrative employees (billing, pharmacy, logistics, training and a chief)
- 6 full time vacancies for operational employees responding to calls
- Juvenile patients are transported to CHKD which takes them out of the district for several hours. They can try to go to Obici or Riverside, but they have the right to divert to CHKD.
- Windsor has 2 full time paid medics
- Carrsville has 2 full time paid medics
- Rushmere has 2 full time paid medics
- Carrolton has 4 full time paid medics
- Smithfield has 4 full time paid medics
- There is no paid fire personnel in Windsor or Zuni.
- There are volunteers actively enrolled, but there are no real volunteers for EMS- only fire.
- It is my understanding that the call volume has been so high that it is often that every ambulance in the county is on a call.
- It is also my understanding that sometimes there is not enough staffing to cover an ambulance, so one will be taken out of service for 12-24 hours.
- EMS cannot do anything with suicide, violence, disputes, elopments, missing persons, etc. without law enforcement. Their first qualification is "Scene Safety."
- I have a reliable source with Carrsville Fire dept who states, Windsor has not been able to respond to some of their own calls, and they have been diverting to Carrsville.

Western Tidewater Community Services Board "Vacancy Rates" Q4 2025

Below is a direct quote from Mr. Rogers project summary on who will support this building.

CTH staffing is comprised of a multi-disciplinary team that includes nurses, licensed clinical staff, direct support professionals, and behavior specialists. WTCSB staff receive more than 80 hours of structured training as required by the Virginia Department of Behavioral Health and Developmental Services. Additional specialized training is offered to all CTH staff members to include standardized training on crisis de-escalation, trauma informed care, verbal and non-verbal communication strategies, and medication administration.

Western Tidewater Community Services Board "Turnover Rates" Q4 2025

Appendix A: Background and description of position types

In 2024, DBHDS collaborated with the VACSB HR Council to guide CSBs to categorize their positions across the following categories:

- **Admin Support:** includes staff that are essential to the proper functioning of the organization except for Executive Leadership. Subcategories include Front-Line, Middle Management, and Upper Management.
- **Case Managers:** includes QMHPs, QIDP, and other bachelor's level positions such as TDT, hospital liaison, jail liaison, PSR staff, ACT generalists, MH Skill Building, Discharge Planning Coordinators, PSH Specialists. Subcategories include Front-Line, Middle Management, and Upper Management.
- **Clinicians:** includes licensed/license-eligible/master's level staff in clinical roles. Subcategories include Front-Line, Middle Management, and Upper Management.
- **Direct Service Provider:** includes DSAs, Direct Service Professionals, Residential Techs and Aides, ICF Specialists, CNAs and other hands on, direct care staff providing support for residential consumers related to ADLs. This does not typically include positions like van drivers, dietary aides, or janitorial staff unless they are delivering direct hands-on service to clients, which should be reported as "Other" (see definition below). This category does not have subcategorization.
- **Executive Leadership:** includes CEOs, Executive Directors, and positions that report to the ED/CEO. This category does not have subcategorization.
- **Nursing:** includes licensed practical nurses of any level or experience and registered nurses of any level or experience. Subcategories include LPN and RN.
- **Other:** includes positions that CSBs could not otherwise categorize but nonetheless felt compelled to report as part of their submission (e.g., drivers, janitorial staff, security, etc.). These positions are optional for reporting to DBHDS and will not be included in reporting to the General Assembly or other entities. Subcategories include Front-Line, Middle Management, and Upper Management.
- **Peers:** includes all peer services staff including both registered (Registered Peer Recovery Specialists with Virginia Department of Health Professions) and non-registered peers. Subcategories include Registered and Non-Registered.
- **Prescribers:** includes Nurse Practitioners, Psychiatric Nurse Practitioners, Physician Assistants, and Psychiatrists. Subcategories include Nurse Practitioner, Physician Assistant, and Psychiatrist.

These categories are used to report vacancy and turnover. The subcategories noted are used in compensation reporting as compensation can vary widely within the broader categories. For example, "prescribers" is an appropriate category for reporting vacancy and turnover but distinguishing between Nurse Practitioner, Physician Assistant, and Medical Doctor is important for compensation reporting.

Below is a direct quote from Mr. Rogers project summary on who will support this building.

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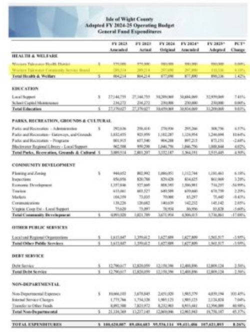


Can & should IOW taxpayers fund patients from all over VA?
Do we get revenue from these new buildings?

According to the WTCSB website, REACH serves:

- Chesapeake
- Williamsburg
- Eastern Shore
- Hampton-Newport News
- Middle Peninsula-Northern Neck
- Norfolk
- Portsmouth
- Virginia Beach
- Western Tidewater

Is Western Tidewater Community Services a Nonprofit?

Yes — **Western Tidewater Community Services Board (WTCSB)** is a **nonprofit organization**. It is designated as a **501(c)(3) charitable entity** under the Internal Revenue Code, meaning it is tax-exempt and donations to it are tax-deductible projects.propublica.org .

Tanner Horner pleaded guilty to the 2022 killing of 7-year-old Athena Strand, and the trial has moved to the sentencing phase where he faces the possibility of the death penalty.

Case Overview

Athena Strand, a 7-year-old girl from Paradise, Texas, was killed on November 30, 2022. Tanner Lynn Horner, a former FedEx delivery driver, was delivering a Christmas package to her home when he allegedly struck her with his delivery van. Although she initially survived the impact, Horner panicked and kidnapped her, later strangling her to prevent her from telling her father what had happened. Athena's body was discovered two days later near Boyd, Texas, approximately 9–15 miles from her home CBS News +2 .

Trial Details

During the trial, prosecutors presented evidence including video and audio from Horner's delivery van, showing the abduction and struggle. They emphasized the premeditated nature of the crime, noting Horner's repeated use of the same FedEx truck and his actions to cover up the incident. The defense highlighted Horner's autism spectrum disorder, mental illness, and difficult upbringing, arguing these factors reduce his moral blameworthiness and requesting a life sentence without parole CBS News +2 .

Grandmother testifies about Horner's cognitive, social difficulties in childhood

The defense continued questioning Jackie, Tanner Horner's grandmother, asking about his social and emotional history in childhood. She stated that in early childhood, she needed to be very deliberate with planning because Horner "couldn't handle spur of the moment stuff."

Jackie stated that Horner's social difficulties continued as he grew. She described a moment when picking him up from daycare, stating she observed him playing alone, and when another child tried to join, Horner turned away and stopped responding.

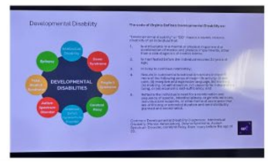
The child then called Horner weird.

"There was always a comment about that; he was weird, awkward, different," Jackie explained, saying there were many instances like that.

Jackie later stated Horner was tested and diagnosed with ADHD and Asperger's syndrome, eventually receiving Social Security Disability benefits at around 14 years old.

Adam Peter Lanza (April 22, 1992 – December 14, 2012) was an American mass murderer who perpetrated the Sandy Hook Elementary School shooting, one of the deadliest mass shootings in U.S. history. On December 14, 2012, he fatally shot his mother, Nancy Lanza, at their home in Newtown, Connecticut, before driving to Sandy Hook Elementary School, where he killed 20 children aged six and seven, and six adult staff members. He then killed himself as law enforcement arrived at the school.

Lanza was born in Exeter, New Hampshire, and grew up in Newtown, Connecticut, where he was raised primarily by his mother following his parents' divorce in 2008. From an early age, he was diagnosed with a number of neurodevelopmental conditions, including Asperger syndrome, sensory processing disorder, and obsessive–compulsive disorder (OCD). He was described by those who knew him as highly intelligent but profoundly withdrawn. He struggled throughout his childhood and adolescence with social interaction and emotional regulation, and hated to be touched.



What Happened to Abby Zwerner

Abby Zwerner, a 25-year-old first-grade teacher at Richneck Elementary School in Newport News, Virginia, was **shot in her classroom on January 6, 2023** by a 6-year-old student she taught People +1 . The boy had brought a 9-mm semi-automatic pistol from his mother's home, which he hid in his backpack Wikipedia . Zwerner raised her hand to shield herself, but the bullet passed through her left hand and into her chest, where it remains abcnews.com .

6-year-old who shot teacher has 'acute disability', lawyer says

Regarding the disability, the family said the boy "was under a care plan at the school that included his mother or father attending school with him and accompanying him to class every day."

RELATED: Gun used by 6-year-old who shot teacher was 'secured:' Lawyer

The family said the week of the shooting "was the first week when we were not in class with him. We will regret our absence on this day for the rest of our lives."

It was unclear what the family meant by accompanying him to class everyday and whether that included staying with him during instruction. The statement did not define the boy's disability. And it did not explain what his "care plan" was and whether it was similar to other plans that serve children with disabilities.

Ellenson said the plan was what is known as an "individualized education program" or IEP, which is provided to students with disabilities under federal law. When asked if the disability was intellectual or behavioral, Ellenson said it was "all of the above."

What does this facility become in the future?
What if they run out of funding?
What if requirements change like Zuni Presbyterian home and they no longer use this home as a CTH?

Zuni Campus Overview

The Zuni campus, located at **5279 Homegrown Lane, Zuni, VA 23898**, was a **116–119 acre** property with about **50,000 square feet** of building space Woltz & Associates, Inc +1 . It included:

- **Seven brick buildings** and one vinyl-sided apartment building
- **Cafeteria, recreational hall, and administrative building**
- **Swimming pool and pond** for recreation
- **Agricultural facilities** (metal shop, barn, warehouse)
- **Group housing** for adults with intellectual disabilities and supervised independent living apartments
- At its peak, it housed **48 residents** Woltz & Associates, Inc +1

The campus also served as a **processing and distribution site** for *Zuni Gourmet Peanuts*, a local product Woltz & Associates, Inc +1 .

Current Status

The facility closed in 2017, and the campus has been on the market since then. It was auctioned in 2018 by Woltz & Associates, with potential uses including rehab/healthcare, substance abuse treatment, halfway houses, schools, camps, or retreats Woltz & Associates, Inc +1 . The property is zoned for rural agricultural conservation and is adjacent to a State Natural Area Preserve Woltz & Associates, Inc .

What is elopement?

"Elopement," as it is known to the disabilities community, affects almost half of children and adults diagnosed with autism spectrum disorder, according to a 2016 study. A National Autism Association review of more than 800 elopement cases between 2011 and 2016, found nearly a third were either fatal or required medical attention, while another 38% involved a close call with water, traffic, or another life-threatening situation.

8 girls escape Virginia psychiatric facility in pajamas after assaulting guard, Crime Insider says

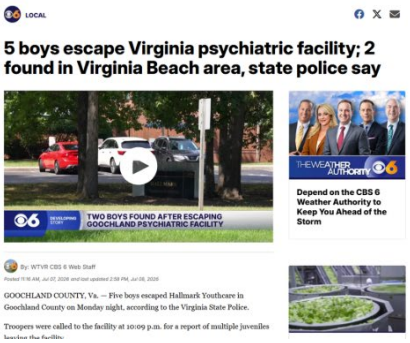
The girls have been located and returned to the facility, according to troopers

8 girls escape Virginia psychiatric facility in pajamas after assaulting guard, Crime Insider says

By: WTVR CBS 6 Web Staff

Posted 1:54 PM, Jul 05, 2026 and last updated 7:05 AM, Jul 06, 2026

GOOCHLAND COUNTY, Va. — Eight girls escaped from Hallmark Youthcare, a



LOCAL

5 boys escape Virginia psychiatric facility; 2 found in Virginia Beach area, state police say

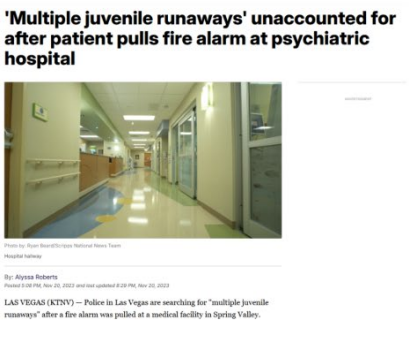
TWO BOYS FOUND AFTER ESCAPING GOOCHLAND PSYCHIATRIC FACILITY

Depend on the CBS 6 Weather Authority to Keep You Ahead of the Storm

By: WTVR CBS 6 Web Staff

GOOCHLAND COUNTY, Va. — Five boys escaped Hallmark Youthcare in Goochland County on Monday night, according to the Virginia State Police.

Troopers were called to the facility at 10:09 p.m. for a report of multiple juveniles



'Multiple juvenile runaways' unaccounted for after patient pulls fire alarm at psychiatric hospital

By: Alyssa Roberts

LAS VEGAS (KTNV) — Police in Las Vegas are searching for "multiple juvenile runaways" after a fire alarm was pulled at a medical facility in Spring Valley.

Kalamazoo Psychiatric Hospital patient runs away from hospital

by Katie Sergent | News Channel 3 | Thu, February 9, 2023 at 1:28 PM
Updated Thu, February 9, 2023 at 1:34 PM

Michigan State Police and Kalamazoo Department of Public Safety searched for a Kalamazoo Psychiatric Hospital patient who ran away Feb. 8, 2023. (File/WWMT)

In closing:
TOO MANY UNKNOWNS FOR THIS LOCATION

- At minimum, 12 or up to atleast 24 patients a month will be rotating through this facility. That is a possibility of approximately 288 patients a year. Is it safe to have new patients in a mental health crisis, every 14-30 days in our small rural residential area of Zuni?
- Where is the staff to support this building coming from when the other Western Tidewater facilities are already lacking staff?
- Can the taxpaying citizens of IOW afford to support this?
- Can our deputies support this building and are our deputies adequately trained?
- Can our EMS support this building?
- What will this do to surrounding property/home values?
- Would you feel comfortable w/ 12 people who are in an active mental health crisis directly in front of your home, beside your home or your children's home?
- Would you feel comfortable if your child was a patient in this home in a rural area, in a home that is understaffed, 17 miles from the closest hospital, 35 miles from the Childrens Hospital with no guaranteed local presence of police or EMS?

Additional Information

July 9th 2025/2026 meeting: Q&A w/ WTCSB & Brandon Rogers

- **Q:What happens if someone becomes violent?**
- **A: one of the WTCSB employees held up her arm to look like a muscle & and said, "do you see these guns?"**
- **A: At the second community meeting w/ Mr. Rogers on July 9th, 2026, Mr. Rogers said their employees go through TOVA training and they are looking into a different training because they are no longer liking TOVA.**
- **Q: What happens if someone climbs the fence?**
- **A: WTCSB representative: "Some of these people can't walk"**
- **Q: Will there be background checks on patients? Will you know if they are on the sex offender registry?**
- **A: No.**
- **Q: Are there registered nurses 24/7**
- **A: No. Per Brandon Rogers, there are LPNs and CNAs.**

What was Humankind/Zuni Presbyterian home?

The Zuni Presbyterian Home (later operated under the nonprofit name **HumanKind**) in Zuni, Virginia, was **a residential and vocational facility for adults with intellectual and developmental disabilities.**

The rural, 315-acre campus functioned as a supportive community designed to help residents live semi-independently while learning valuable life and work skills.

Core Services and Features

- **Group Homes:** The campus featured group homes and supervised independent living apartments where residents received daily care and support.
- **Vocational Training:** Residents participated in agricultural and commercial work, which gave them employment and a sense of purpose.
- **Zuni Gourmet Peanuts:** The campus famously housed a processing and distribution site for this local business. Residents worked year-round cooking, packaging, and shipping homemade peanuts via mail order.
- **Greenhouse and Agriculture:** The site included a wood barn, maintenance shops, and a massive greenhouse. Residents raised and sold bedding and hanging plants to the local community every spring.

Why Did It Close?

The residential portion of the Zuni campus officially closed in **2016.** HumanKind phased out the group homes to shift toward a community-based care model, moving residents into smaller integrated homes in nearby cities to better align with evolving federal and state healthcare guidelines. The property, located at 5279 Homegrown Lane, was later sold at auction in 2023.

The Haven-Crisis Receiving Center (CRC)

The Haven

5268 Godwin Boulevard
Suffolk, Virginia 23434

(757) 758-5106

In many well-designed behavioral health crisis systems, **patients can move from a crisis receiving center to a crisis therapeutic home,** but this is not automatic — it depends on the individual's needs, acuity, and the structure of the local continuum of care.

Crisis receiving centers (also called crisis receiving and stabilization facilities) are designed to provide a safe, therapeutic alternative to hospital emergency departments or jails. They often accept first-responder drop-offs, offer short-term stabilization (typically under 24 hours), and may include medical, psychiatric, and social services . These facilities are part of the "safe place for help" in the SAMHSA vision of crisis care .

Following the applicant's presentation, Chairman Bowser invited the public to speak.

Katie Whisenant, 7471 Yellow Hammer Road, Zuni, expressed concerns regarding the crisis center's proximity to nearby residences, the accuracy of the application, the proposed use and population to be served, and the suitability of the location. She referenced Virginia Department of Behavioral Health and Developmental Services (DBHDS) guidance regarding the citing of crisis facilities and requested that the Planning Commission consider these concerns during its review of the rezoning

application.

Angela Stepp, 7223 Fire Tower Road, Windsor, expressed her belief that the property was an inappropriate location for the facility. She raised questions regarding the intended population to be served, including the proposed juvenile component, and requested clarification on how the facility would differ from existing crisis stabilization services in the County. Ms. Stepp also expressed concerns regarding conflicting information about the proposal. She referenced public safety concerns based on emergency call data from an existing crisis stabilization facility and compared it to another local facility, expressing concerns about reported incidents, including runaways, suicide attempts, and an assault, as evidence of potential public safety impacts associated with the proposed facility.

Nancy Banta, 5086 Duck Town Road, Windsor, expressed concerns regarding public safety, facility operations, and oversight. She referenced another Western Tidewater-operated facility, Tidewater Cove, and cited reported incidents, emergency calls, and regulatory violations as reasons for concern regarding the applicant's ability to safely operate the proposed facility. Ms. Banta questioned the need for fencing at the proposed site and expressed concerns regarding potential elopements, staffing, training, emergency procedures, and compliance with state regulations.

Travis Peirce, 6458 Fire Tower Road, Windsor, expressed concerns regarding the potential impact on County public safety resources, including law enforcement, fire, and emergency medical services. He raised concerns regarding current staffing levels for emergency medical services, response times, and the capacity of local fire and rescue resources to respond to incidents at the proposed facility. He acknowledged the need for crisis services but questioned whether the proposed location was appropriate given the County's existing public safety resources.

Robert Powell, 6286 Fire Tower Road, Windsor, who is a lifelong Isle of Wight County resident, shared concerns regarding staffing capacity, facility oversight, and potential impacts on County resources. Mr. Powell questioned how the proposed facility would be adequately staffed given reported vacancy and turnover rates within Western Tidewater Community Services Board positions, and requested clarification regarding medical oversight, prescribing authority, and on-site staffing. He also expressed concerns regarding the financial impact on County resources, including public safety services, and questioned the long-term implications of locating the facility in the community. He spoke regarding the range of individuals who may be served by the facility, potential future use of the property, and the need for additional consideration of the uncertainties associated with the proposed use.

Stephen Morton, 20423 Shady Pond Lane, Zuni, identified concerns with potential resident elopements, emergency response capabilities, and impacts on surrounding rural properties. Mr. Morton questioned whether the facility, neighboring residents, and available resources would be adequately prepared to respond to an elopement or emergency situation, citing concerns regarding communication, staffing, and community preparedness. He referenced previous community efforts regarding a similar proposed facility and stated that additional time and information were needed to fully evaluate potential impacts.

Debbie Joyner, 7346 Yellow Hammer Road, Zuni. expressed concerns regarding the location of the facility, the proposed patient population, security measures, staffing, and emergency response capabilities. She questioned statements made during prior community discussions regarding the

project timeline, safety, and facility operations. She commented on the length of patient stays, individuals potentially being admitted from hospitals or correctional facilities, the availability of medical resources, and the inadequacy of staffing and training to manage behavioral crises. She questioned whether the proposed rural location was appropriate given the distance from hospitals and other support services and referenced emergency calls associated with an existing facility as a concern. She requested that the Planning Commission deny the application or table the matter to allow additional review and consideration of the information presented.

Debra Dashiell, 10471 Berry Hill Farm Lane, Smithfield. highlighted her 35 years of experience working with Tidewater Community Services and the importance of these facilities and the care they provide for disabled individuals. However, based on her personal and professional experience, she acknowledged her shared concerns along with the neighboring property owners regarding changes in land use and the proposed facility's location. She stated that communities face a variety of social and behavioral challenges and assistance is needed, but the location should be considered elsewhere.

Pamela Barton, 24702 Sugar Hill Road, Carrollton, is the former Director of the Isle of Wight County Department of Social Services and emphasized the statewide need for additional crisis services for children and adults with intellectual and developmental disabilities, citing limited resources and the closure of state facilities. She acknowledged the concerns of nearby residents but stated that community-based crisis services are needed to support individuals and families who lack appropriate care options. She encouraged the Planning Commission to consider the broader public need for the proposed facility when evaluating the application.

Randall Arrington, 7346 Yellow Hammer Road, Zuni, expressed opposition to the proposed crisis therapeutic home and questioned the proposed location and stated that alternative sites were available. He also expressed concerns regarding statements made during prior public meetings about the approval process and the suitability of the property for the proposed use. He further cited concerns regarding the additional impact on already limited emergency medical services resources, the adequacy of local emergency response resources, and the site's environmental conditions. He questioned whether existing EMS coverage would be sufficient to support the facility without negatively affecting emergency response throughout the region. He requested that the Planning Commission table the application to allow additional review and consideration before making a decision.

Marcie Morton, 20423 Shady Pond Lane, Zuni, requested that the Commission postpone its decision for 30 days to allow additional time for the community and the Commission to review the proposal. She expressed concerns regarding the proposed location on Yellowhammer Road, citing its distance from hospitals and emergency services, proximity to U.S. Route 460, and the availability of law enforcement resources. She stated that while residents recognized the need for such a facility, they believed a location closer to medical and public safety services would be more appropriate.

Brittany McDaniel, 321 Saint Andrews, Smithfield, spoke in opposition to the proposed facility based on her familiarity with the surrounding community, having grown up near the project site on 7090 Fire Tower Road. While expressing support for mental health treatment as a medical professional herself, she raised concerns regarding the suitability of the proposed rural location, citing emergency response capabilities, limited law enforcement resources, and potential impacts on nearby families. She questioned comparisons between the proposed facility and the Presbyterian Home, stating that they served different populations. She emphasized that the concerns expressed

by residents were focused on public safety, quality of life, and whether the proposed use was compatible with the surrounding community. She urged the Commission to carefully consider the long-term impacts of the proposal before making a decision.

Belinda Daugherty 20527 Shady Pond Lane, Zuni, expressed her concerns were not related to the need for services or the individuals served, but rather the suitability of the proposed location. She questioned the zoning classification, compatibility of a 24-hour crisis facility with the rural character of the area, and whether sufficient safety, emergency response, and operational protocols had been addressed. Ms. Dougherty also expressed concerns regarding impacts on surrounding families, public services, and the change in use of the property. She requested that the Commission carefully consider these issues and respectfully asked for denial of REZN-25-11.

Brandon Rogers provided a rebuttal addressing concerns raised during the public hearing. The applicant highlighted the services provided by Western Tidewater Community Services Board and stated that County funding results in a significant return on services provided to Isle of Wight residents. He noted the proposed facility would help address the need for local treatment options and reduce costs associated with out-of-state placements. He addressed concerns regarding safety protocols, stating that staff receive extensive training in behavioral crisis management and that procedures are in place for individuals who leave the property, including staff supervision and law enforcement notification when necessary. He also explained that the thirty-acre site was selected to provide adequate space and buffering for safety. He clarified previous discussions regarding the property and stated that the organization has worked to better understand zoning requirements and address county requests. Mr. Rogers emphasized Western Tidewater's community outreach, prevention, and mental health services and requested that the Commission approve the application.

There being no further public comments, Commissioner Bowser closed the public hearing and opened the floor for discussion among the commissioners.

Commissioner Gibbs asked the applicant to clarify the proposed staffing structure for the facility, their credentials, and the availability of medical personnel.

Mr. Rogers explained that a psychiatrist is available to serve the facility but would not be located on-site or included as part of the direct support staffing plan. He also stated that the psychiatrist assists with medication management and psychiatric needs but would not be expected to respond directly to on-site incidents. He further clarified that nursing staff would consist of a combination of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), with an RN/BSN serving as the nursing administrator overseeing nursing services.

Commissioner Ford asked if the proposed staffing structure was consistent with the typical staffing model used at other crisis therapeutic homes. He asked whether the applicant had experienced any decline in services related to the current staffing model, whether there had been a documented need to increase staffing levels, and if staffing requirements were connected to facility accreditation. He also requested clarification regarding the frequency of accreditation renewal and refresher training requirements.

Mr. Rogers stated that the proposed staffing model is consistent with other crisis therapeutic homes and follows Department of Behavioral Health licensing guidelines and Medicaid service requirements. He explained staffing levels are adjusted based on each resident's needs, with

additional behavioral health technicians or direct support professionals added for individuals requiring one-to-one support. He stated that the facility undergoes a tri-annual licensing review, and that operations are reviewed quarterly through the Reach standards process and how staff receive initial TOVA certification, annual recertification, and ongoing refresher training during staff meetings, including reviews of any incidents involving behavioral interventions.

Commissioner Rawls asked for clarification regarding the basis for the facility's tri-annual review designation.

Mr. Rogers explained tri-annual review is based on an evaluation of the overall services provided within the home.

Chairmen Bowser asked Mr. Rogers to clarify the previously mentioned facility in Hampton that was closing and whether the applicant's organization would be taking over that facility.

Mr. Roger explained that Western Tidewater assumed operation of the Hampton-Newport News Reach Crisis Therapeutic Home in 2017 at the request of the Department of Behavioral Health and Developmental Services. He stated that the existing facility is leased, not owned, and was not purpose-built for the program, creating operational challenges. The proposed new facility is funded through the State, including construction and operations, with no local funding dedicated to the project.

Commissioner Rawls asked about the reasoning for choosing this location.

Mr. Rogers responded that multiple locations were considered, including more populated areas, but the proposed site was selected due to its available acreage, lack of significant wetland constraints, and compatibility with the organization's existing rural facilities. He noted that the quieter rural setting may provide a less disruptive environment for residents.

Commissioner Johnson questioned why the applicant selected a rural residential area when guidelines recommend avoiding residential locations and asked why a site closer to existing healthcare services and support resources was not pursued.

Mr. Rogers stated that multiple properties were considered, and the proposed site was selected, because it met the necessary criteria and was available for acquisition. He clarified that the selection was not based on financial limitations, noting that other more expensive properties were considered but were not suitable for development.

Commissioner Rawls asked what residents would be served at this location.

Mr. Rogers stated that the proposed facility would serve individuals from across southeastern Virginia and clarified that operating costs would be funded through state funding and service reimbursements, with no additional local funding required.

Commissioner Shotwell asked whether the proposed capacity of six juveniles and six adults reflected the anticipated resident population or was intended to maintain an equal distribution between the two groups.

Mr. Rogers stated the proposed capacity of six juvenile and six adult beds is based on state-established standards and funding for the facility.

Commissioner Carroll noted for the record that four letters had been received regarding the application, with three expressing opposition and one expressing support.

Copies of the correspondence were provided to each Planning Commissioner for review and consideration regarding the application.

The following citizens submitted written correspondence in opposition or in support to the application:

Adrian and Amy Manning, 20221 Shady Pond Lane Zuni, VA 23898
Mandy Johnson, resident of Zuni
Nick and Connie Rathbun, 7320 Yellow Hammer Road
Heidi Swartz, Windsor

Adrian and Amy Manning
20221 Shady Pond Lane
Zuni, VA 23898
amy.manning19@outlook.com
757-870-2421
7/3/26

Planning Commission
Isle of Wight County
17140 Monument Circle, Suite 101
Isle of Wight VA 23397

Re: Opposition to Proposed WTCSB Crisis Therapeutic Home on Yellow Hammer Road in Zuni, VA

Dear Chair and Members of the Planning Commission:

I am writing as a resident of the Shady Pond Neighborhood to respectfully urge the Planning Commission to deny, defer, or significantly modify the proposal by the Western Tidewater Community Services Board for a Crisis Therapeutic Home in or near our residential neighborhood. According to WTCSB's public description, the Crisis Therapeutic Home is a regional six-bed, short-term, 24/7 residential crisis stabilization program serving adults ages 18 and older with intellectual and developmental disabilities and co-occurring mental health diagnoses. While I recognize the importance of compassionate behavioral health services, this proposed location is surrounded by homes, families with small children, and working farms. Those conditions create serious concerns about land-use compatibility, police and EMS response impacts, traffic safety, transparency, and the ability to protect both residents and individuals in crisis before any approval is granted.

The WTCSB description states that the program provides a highly supportive residential setting for stabilization and may serve individuals in short-term crisis prevention, individuals stepping down from hospitalization or jail, and individuals experiencing a severe crisis or at risk of losing placement due to difficult-to-manage behaviors. That is a much more intensive use than an ordinary residence or outpatient office. If this program operates around the clock, nearby residents could experience police vehicles, ambulances, emergency drop-offs, staff changes, service vehicles, and late-night activity on roads that are also used by children, school buses, farm equipment, livestock operations, and local residents. These impacts must be studied and addressed before the Commission determines that this site is appropriate.

My concerns include the following:

1. **Compatibility with a residential and agricultural neighborhood.** The Commission should determine whether a 24/7 residential crisis stabilization program is appropriate next to homes, families with small children, and working farms. Residents deserve to know how the facility will affect the character, quiet enjoyment, farm operations, and long-term stability of the area.
2. **Police and EMS response impacts.** Because the program may serve individuals in severe crisis, individuals stepping down from hospitalization or jail, and people with difficult-to-manage behaviors, the applicant should disclose the expected number and type of law-enforcement and EMS calls, whether individuals may be brought to the home by police or ambulance, how emergency arrivals and departures will be managed, and whether local agencies have adequate staffing and resources to support the facility without reducing response times for surrounding residents.
3. **Public safety and security planning.** The applicant should be required to provide a detailed security plan, staffing plan, law-enforcement coordination plan, intake and discharge procedures, medication management protocols, and procedures for individuals who leave the facility before stabilization or without transportation.
4. **Traffic, parking, and emergency access.** The Commission should require a full traffic and parking analysis, including expected trips from staff, clinical providers, visitors, ambulances, law enforcement, ride services, deliveries, and service providers at all hours of the day and night. The analysis should also address narrow rural roads, farm equipment, school bus routes, pedestrian safety, and the ability of emergency vehicles to enter and exit safely.
5. **Operational impacts on nearby residents.** The applicant should disclose how many individuals may be served at one time, whether stays may last up to 30 days, how noise will be controlled, how outdoor areas will be monitored, how the facility will prevent unsupervised movement onto neighboring residential or agricultural properties, and how it will respond if a resident leaves the property in crisis.
6. **Potential loss of nearby property values.** A 24/7 crisis stabilization facility with possible police, EMS, ambulance, and emergency activity could create a stigma and perceived safety concern for nearby homes and farms. The Commission should require an objective analysis of how this proposed use may affect surrounding property values, marketability, insurance considerations, and residents' ability to sell or refinance their homes.
7. **Insufficient community engagement.** Residents should have meaningful notice, clear information, and an opportunity to review the proposal, operational plan, public safety plan, traffic study, staffing model, property-value impact information, and site impacts before the Commission takes action.

I respectfully ask the Planning Commission not to approve this proposal unless and until the applicant demonstrates that the facility will not negatively affect surrounding residents, property values, neighborhood safety, police and EMS response times, traffic flow, emergency access, farm operations, and quality of life. At a minimum, the Commission should require binding conditions addressing 24/7 operations, maximum capacity, length of stay, staffing levels, on-site security, law-enforcement and EMS drop-offs, lighting, fencing, buffering, parking, transportation after discharge, medication storage and management, neighborhood notification, incident reporting, ongoing community oversight, and a property-value impact review for nearby homes and farms.

Again, I support access to appropriate services for people in crisis, including adults with intellectual and developmental disabilities and co-occurring mental health needs. But location matters. A residential crisis program must be placed and operated in a manner that protects those receiving care, the staff providing that care, and the families, children, farms, and residents who live nearby. The current proposal has not yet provided enough assurance that this location is appropriate or that the impacts on our neighborhood will be adequately managed.

For these reasons, I respectfully request that the Planning Commission vote to deny the proposal.

Thank you for your time, consideration, and service to our community.

Respectfully,

Adrian and Amy Manning

Reference

Crisis Therapeutic Home provides crisis stabilization in a residential setting for community member ins Suffolk, Franklin, the counties of the Isle of Wright and Southampton.

Heather W. Crocker

From: Mandy Johnson <mjohnson_23455@yahoo.com>
Sent: Thursday, July 23, 2026 2:43 PM
To: PlanReview; Planning Commission; Amy Ring; Raynard Gibbs; Matthew Smith; Brian Shotwell; services@isleofwightus.net; David Garner; Joel C. Acree; Rudolph Jefferson; Renee Rountree; Robert Eley III; Thomas J.. Distefano; Bobby A. Bowser; James Ford; George Rawls; Keith Johnson; Brian Carroll; Jennifer Boykin
Cc: Leo Johnson
Subject: Opposition to Harvest Homes Crisis Center/Yellow Hammer Road Rezoning and Conditional Use Permit (Tax Map #45-01-052A)

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Isle of Wight County Planning, Zoning Department, Planning Commission Members, and Board of Supervisors,

My name is Mandy Johnson, and I am a resident of Zuni. My husband and I moved to this area last year specifically for its quiet, rural character and country appeal. We are writing to respectfully express our strong opposition to the proposed rezoning from rural agricultural conservation to rural residential and the association Conditional Use Permit for the Western Tidewater Community Services Board's Harvest Homes crisis stabilization facility on Yellow Hammer Road (Rte 645).

While we appreciate the need for supportive services for individuals with developmental disabilities, we believe this institutional-style use is not appropriate for this rural residential and agricultural serring. Our primary concerns include:

Preservation of Rural Character: This location is in a traditionally agricultural and low-density area. Introducing two group hones (even short-term), along with associated fencing (up to 7 feet), lighting, parking, a water tower, and increased traffic, would fundamentally alter the rural nature of the neighborhood that attracted us and many other longtime residents.

Impacts of Neighbors and Community: Short-term stays for individuals experiencing behavioral crises could raise legitimate safety and quality-of-life concerns for nearby families, children, and properties. The rural road infrastructure on and around Yellow Hammer Road is not designed for additional institutional traffic or emergency responses.

Consistency with Comprehensive Plan: The recent Envisioning the Isle Comprehensive Plan (reviewed March 2026) emphasizes protecting agricultural lands and rural character outside designated development service districts. This proposal appears inconsistent with those goals, especially given the prior agricultural conservation zoning.

Property Values and Long-Term Effects: Such a facility could negatively affect neighboring property values and the desirability of Zuni as a peaceful rural community.

We respectfully request that the Planning Commission deny the rezoning application and Conditional Use Permit for this project. We urge the County to explore alternative locations that are better suited for this type of use - perhaps closer to more urbanized or designated service areas with appropriate infrastructure.

Thank you for your time and for considering resident input on this important matter. I would appreciate confirmation that this email has been received and added to the public record for the July 28, 2026, public hearing.

Respectfully,
Mandy Johnson
757-515-4931

1

Nick & Connie Rathbun
7320 Yellow Hammer Rd
Zuni, Va. 23898-2504
July 25, 2026

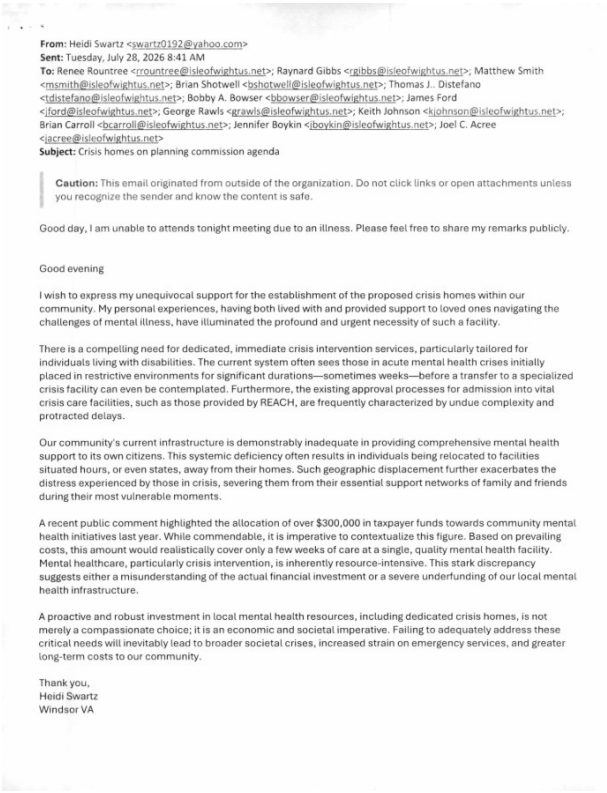
Isle of Wight County Planning Commission,

This is in reference to re-zoning application REZN-25-11 of Jason Seas and Western Tidewater Community Services Board. We are opposed to this application. We would like to keep our rural community rural and as is. We do not want the added traffic that this facility would bring to our quiet community. We do not like that it is also an unsecured facility. It would also severely detract from the appeal of the area for future sales of surrounding properties. Please vote no concerning this application.

Sincerely,

Nick Rathbun Connie Rathbun

x x



From: Heidi Swartz <swartz0192@yahoo.com>
Sent: Tuesday, July 28, 2026 8:41 AM
To: Renee Rountree <rrountree@isleofwightus.net>; Raynard Gibbs <rgibbs@isleofwightus.net>; Matthew Smith <msmith@isleofwightus.net>; Brian Shotwell <bshotwell@isleofwightus.net>; Thomas J.. Distefano <tdistefano@isleofwightus.net>; Bobby A. Bowser <bbowser@isleofwightus.net>; James Ford <jford@isleofwightus.net>; George Rawls <grawls@isleofwightus.net>; Keith Johnson <kjohnson@isleofwightus.net>; Brian Carroll <bcarroll@isleofwightus.net>; Jennifer Boykin <jboykin@isleofwightus.net>; Joel C. Acree <jacree@isleofwightus.net>
Subject: Crisis homes on planning commission agenda

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good day, I am unable to attends tonight meeting due to an illness. Please feel free to share my remarks publicly.

Good evening

I wish to express my unequivocal support for the establishment of the proposed crisis homes within our community. My personal experiences, having both lived with and provided support to loved ones navigating the challenges of mental illness, have illuminated the profound and urgent necessity of such a facility.

There is a compelling need for dedicated, immediate crisis intervention services, particularly tailored for individuals living with disabilities. The current system often sees those in acute mental health crises initially placed in restrictive environments for significant durations—sometimes weeks—before a transfer to a specialized crisis facility can even be contemplated. Furthermore, the existing approval processes for admission into vital crisis care facilities, such as those provided by REACH, are frequently characterized by undue complexity and protracted delays.

Our community's current infrastructure is demonstrably inadequate in providing comprehensive mental health support to its own citizens. This systemic deficiency often results in individuals being relocated to facilities situated hours, or even states, away from their homes. Such geographic displacement further exacerbates the distress experienced by those in crisis, severing them from their essential support networks of family and friends during their most vulnerable moments.

A recent public comment highlighted the allocation of over $300,000 in taxpayer funds towards community mental health initiatives last year. While commendable, it is imperative to contextualize this figure. Based on prevailing costs, this amount would realistically cover only a few weeks of care at a single, quality mental health facility. Mental healthcare, particularly crisis intervention, is inherently resource-intensive. This stark discrepancy suggests either a misunderstanding of the actual financial investment or a severe underfunding of our local mental health infrastructure.

A proactive and robust investment in local mental health resources, including dedicated crisis homes, is not merely a compassionate choice; it is an economic and societal imperative. Failing to adequately address these critical needs will inevitably lead to broader societal crises, increased strain on emergency services, and greater long-term costs to our community.

Thank you,
Heidi Swartz
Windsor VA

Commissioner Johnson asked Mr. Rogers to provide additional information regarding the types of individuals who would transition to the proposed facility from hospitals and correctional facilities.

Mr. Rogers explained that the term "hospital referrals" typically involve individuals who have completed stabilization and no longer require hospital-level care but need short-term support while an appropriate placement is identified. He stated that "jail referrals" are uncommon and generally involve individuals needing temporary placement after release when they cannot return to their previous residence and noted that they could not definitively state that no violent incidents had ever occurred at similar facilities. He acknowledged that there have been instances involving aggressive behaviors, self-injury, and incidents involving injury to caregivers, particularly in situations where families are unable to safely support individuals with increasing needs.

Commissioner Smith asked the applicant to explain the selection of a site located near residential properties and how the location aligns with Department of Behavioral Health and Developmental Services guidelines regarding facility placement. He also asked whether the facility would house individuals with violent felony or sexual offense histories and whether short-term facilities differ from long-term facilities in considering residents' backgrounds and histories.

Mr. Rogers stated that although nearby residences exist, the property provides adequate separation and is not located within a traditional neighborhood setting. The applicant explained that the Department of Behavioral Health and Developmental Services is aware of the location and has determined it to be an appropriate site for the facility. He also explained that criminal background checks are not conducted on residents, similar to hospitals and other treatment settings; however, referral information and treatment records are reviewed as part of the admission process. He stated that individuals with known violent sexual offense histories would not be admitted and that extensive records are reviewed prior to placement.

Commissioner Ford asked about how the facility's vacancy rates compare to overall vacancy rates within the nursing profession.

Mr. Rogers stated the nursing vacancy rates are comparable to other behavioral health settings, noting that healthcare systems typically have lower vacancy rates due to higher wages and greater recruitment opportunities. He explained that vacancies are supplemented through temporary or contract nursing staff to maintain required coverage.Regarding hospital proximity, the applicant stated that transportation times from the proposed site would be comparable to current travel times experienced at existing facilities and estimated travel to nearby hospitals would not be significantly longer than transportation within more populated areas.

Chairman Bowser asked whether the facility administration has the authority to approve or deny individuals admission to the facility.

Mr. Rogers confirmed the organization has authority to approve or deny admissions and stated that individuals may be declined when their needs cannot be safely or appropriately served by the facility.

Commissioner Ford discussed the possibility of tabling the application and asked what additional information or follow-up items would be requested from the applicant and members of the public if the matter were postponed.

Commissioners noted a need for clarification regarding the definition of "crisis" and whether the County's zoning ordinance definition aligns with the applicant's use of the term.

Chairman Bowser requested further clarification from staff.

Caleb Kitchen explained that the County's zoning ordinance contains various use classifications but is not intended to address every potential use. He stated that when a proposed use does not clearly fit an existing category, a special use permit process may be required. He clarified that the ordinance definition of a crisis center is broad and includes examples that are not all-inclusive, allowing the proposed facility to be considered under that classification. Mr. Kitchen noted that the State's definition of a crisis facility is established separately by the Department of Behavioral Health and Developmental Services.

Commissioner Carroll stated that additional time was needed for the Commission to review and consider the information presented. He noted that the responsibility for further evaluation rests primarily with the Commission rather than requiring additional information solely from the applicant or public. He clarified that the public hearing portion had concluded and that, if the matter were tabled, future discussion would focus on Commission review and questions for the applicant rather than additional public comment.

Commissioner Gibbs asked Mr. Rogers asked what, if anything, would he change or add to the presentation if the matter were postponed.

Mr. Rogers stated that the presentation provided an overview of the proposed concept and services and indicated that additional responses could be provided to specific questions if needed but did not believe further presentation changes would be necessary.

Commissioner Smith stated how the citizens had provided thorough information, and that additional time was needed for the Commission to review and evaluate the data presented.

Commissioner Ford stated that additional review was needed to ensure the information and data presented by both the applicant and the public were accurate and could be properly considered. He expressed support for tabling the matter if additional time would allow for a more informed decision.

Commissioner Carroll moved to recommend to table the item until the next regular Planning Commission meeting.

The motion was seconded by Commissioner Ford.

The motion passed with Commissioner Bowser, Commissioner Carroll, Commissioner Ford, Commissioner Gibbs, Commissioner Smith, Commissioner Shotwell, Commissioner Rawls, Commissioner Johnson, Commissioner Distefano voting in favor of the motion and none voting against the motion (9-0).

The application will be tabled until the next Planning Commission meeting on August 25, 2026.

Mr. Kitchen clarified that since the item is tabled, it will return on the following month's agenda as an old business item. He noted that no additional public comment will be taken at that meeting, and that another opportunity for public comment will occur when the item is presented to the Board of Supervisors.

Chairmen Bowser thanked attendees for their participation and acknowledged the significance of the decision before the Commission. He expressed appreciation for the information and comments provided during the meeting and recessed the meeting for a brief break before reconvening.

8. Old Business

Chairman Bowser confirmed there were no old business items.

9. New Business

A. County Attorney's Report

Mandy Rogers confirmed there were no items for the County Attorney Report.

B. Planning Director's Report

1. 2026 Planning Commission Annual Retreat Date Selection

Amy Ring discussed planning for the Commission's annual fall retreat and presented potential dates for consideration. The Commissioners discussed dates and decided on November 6, 2026.

2. Proposed Data Center Zoning Ordinance Requirements Discussion

Amy Ring introduced the last item on the agenda, Proposed Data Center Zoning Ordinance Requirements Discussion.

Ms. Ring presented a draft "straw man" data center ordinance as a starting point for Commission discussion. The draft was developed using examples from other localities, including Chesapeake, York County, Fairfax County, and Suffolk, and includes proposed definitions, application requirements, and development standards related to topics such as noise, emergency response plans, water usage, setbacks, landscaping, and design. Ms. Ring noted that a more conservative approach was used when reviewing standards from other jurisdictions and requested that Commissioners review the draft.

Commissioner Shotwell asked if there was a specific locality she preferred.

Ms. Ring commented that Chesapeake's ordinance was well-developed, noting that the locality conducted research with Northern Virginia jurisdictions and incorporated lessons learned into its standards.

The Commissioners highlighted that the ordinance addressed noise impacts through multiple measurements, including decibel levels, DBC ratings, and steady tonal noise.

Commissioner Ford noted the importance of understanding the terminology and definitions associated with data center standards to ensure clear discussion and accurate interpretation of the proposed ordinance.

Commissioner Rawls highlighted the importance of addressing water usage for cooling systems and electrical impacts within the data center ordinance and noted public concerns regarding potential increases in electric costs associated with data centers.

Ms. Ring noted that any increased infrastructure costs incurred by electric utility providers are typically distributed among their ratepayers.

Commissioner Distefano asked if we currently have any applications for a data center.

Ms. Ring confirmed noted that the County has received inquiries and interest regarding potential data center development, but no formal applications or proposals have been submitted at this time.

Commissioners discussed how the topic of data centers are on the horizon for the future.

Ms. Ring suggested potential work session dates for further review and discussion of the ordinance. Commissioners discussed and decided to have a work session on September 8, 2026.

Commissioner Bowser asked staff about the status of Gwaltney Farms.

Ms. Ring stated the applicant asked for another deferral to the August 25, 2026, meeting.

Commissioner Ford asked staff if the County-owned properties mentioned during public comments were considered for the proposed crisis center and referenced the availability of two parcels currently leased to the Hunt Club.

Staff recommended notifying the Economic Development Director of the public comment

regarding County-owned properties to ensure the information is known and that potential options can be reviewed if appropriate.

Commissioner Johnson asked staff about how school proffers are determined.

Ms. Ring explained that school-related costs in the fiscal analysis are calculated based on the proportional impact of additional students on school capacity. She explained that the fiscal analysis reviews the County's budget to estimate how the proposed development may impact various areas of County expenditures and revenues.

Discussion among the commissioners noted that potential revenues or offsets could not be included in the analysis unless they could be reliably projected. It was noted that operational costs are typically supported through available funding sources, including real estate and personal property taxes, to cover portions of costs not funded by the state.

Caleb Kitchen noted that the discussion highlighted concerns regarding the effectiveness of Virginia's proffer system compared to impact fee models used in other states. Staff stated that the topic has been discussed during recent legislative sessions and that the Virginia chapter of the American Planning Association is developing a policy brief regarding potential improvements to the current system.

10. Closed Meeting
There were no items for closed session.

11. Adjournment
There being no further information to discuss, Chairman Bowser adjourned the meeting at 8:32PM.

Adopted this 25th day of August 2026.

Bobby Bowser, Chairman
Isle of Wight County Planning Commission

Attest:
Acting Secretary