

Catawba CMHC Board Meeting Minutes

August 19, 2026
Meeting held by Zoom

Attendees:

BOARD MEMBERS	CATAWBA CMHC STAFF	SCBHDD OMH STAFF	GUESTS	ABSENT
John Gregory III- Board Chair	Tamara Edrington- Executive Director	Deb Blalock	Charles Wimmer	Jessica Schmittle
Jeffrey Ellison- Board Vice-Chair	Michelle Mitcham- Administrator		Douglas Tiedt, MD.	Melanie Saxon
Virginia Bowman	Elizabeth Schrum- Administrative Assistant			Janel Stevens
Sandra Calhoun White	Elizabeth Seeger- Compliance/QA/CARF			
Georgette Fuhr				
Cherie Barton				
Dr. Troy Fitzpatrick				

Topic	Discussion	Follow-Up
Welcome and Introductions	John Gregory III, Board Chair, called the meeting to order at 6:33 PM and welcomed Board members and guests present. The Board then prepared themselves for the business at hand by holding a moment of meditation.	

Approval of the Minutes	The June meeting minutes were reviewed. There were no changes suggested. John Gregory made a motion to approve the minutes as written. Mr. Jeff Ellison seconded the motion. All were in favor and the June minutes were adopted as written.	
Deputy Director's Report	Ms. Deb Blalock gave the OMH Deputy Director's Report • The Budget finally passed. ○ Staff Compensation: Includes a 2% increase for staff. ▪ The specific date for the first payment is not yet set, as the budget needs to be loaded and changes made in SCEIS ○ Mobile Crisis Teams: Money was allocated to expand mobile crisis teams across the state, allowing for the hiring of 8 additional mobile crisis staff. ○ Rental Assistance Program: \$76,000 was allocated to increase the rental assistance program. ▪ Currently, \$2.2 million is put into rental assistance annually, shared across 16 mental health centers. ▪ There is a plan to ask for an additional \$200,000 in FY28 for this program. Staffing and Organizational Changes • Key Positions Filled in BHDD: ○ HR Director ○ Chief Financial Officer ○ Communications Director ○ Procurement Director ○ Controller (name not yet known) ○ CIO (Chief Information Officer) (name not yet known) • Reduction in Force (RIF): ○ 47 staff members were affected by the RIF. ○ 22 affected staff were in mental health centers. ○ Only two centers, Aiken and Lexington, had no staff affected. ○ Waccamaw (Horry County) had the most affected staff with 3. ○ Other centers had 1 or 2 staff affected. ○ Center directors were responsible for informing staff and being present during the notification by the Department of Administration.	

	○ Thanks were extended to Tamara and all center directors for handling this task with empathy and professionalism. • Key Leadership Positions - Hiring Status: ○ Office Director for Office of Mental Health (OMH): ▪ The role is changing; the new director will not oversee all OMH staff. ▪ The position was posted, closed, and interviews were held this week. ▪ The role, as designed, focuses on programming (e.g., Suicide prevention, mobile crisis housing, Assertive Community treatment teams). ○ Medical Chief for the Agency: ▪ The position was posted, closed, and interviews were held. ○ State Operations Director: ▪ This role oversees hospitals, a nursing home, 16 mental health centers, 5 Autism homes, 5 regional centers operated by OIDD, and community residential care facilities operated by OMH. ▪ The position was posted and closed. ▪ No information is available yet on the status of this hiring process. • Deb's Retirement • Deb announced her retirement on January 4th, after almost 34 years with the agency. • Succession Planning: A succession plan is in place, with identified individuals capable of stepping into the role. Agency leadership has been informed of these individuals. • Knowledge Transfer: Deb will continue to work diligently until departure in January and is creating a document explaining the history of certain programs and protocols. She will be available to transfer knowledge and can be contacted after retirement.	
Presentation to the Board: Annual Compliance Report	Liz Seeger, Compliance/QA/CARF reported the following: Compliance Program Overview and Requirements • Federal Compliance Mandate ○ Any program receiving a minimum of \$5 million in federal funding is required to have a compliance program.	

	○ Quality Assurance (QA) and Compliance are highly integrated. Liz Siegner and Jason (QA) routinely review notes on a rotating basis to identify potential deficiencies and compliance violations. • Staff Credentialing and Standards ○ Every staff member must be credentialed for the specific services they provide, within their professional scope of practice. ○ The Office of Credentialing committee utilizes the Verge Health system to upload and vet candidate information before approval. ○ Provided services must demonstrate that they will benefit, help, or improve the patient's condition, rather than being provided solely for revenue. ○ Documentation reviews look for cloning, pasting, copying between charts, or minor repetitive indicators, such as using the same pronoun across different patient charts. ○ The vast majority of identified issues are deemed human error or oversight rather than intentional fraud and are addressed as training opportunities. • Training Requirements ○ New hires must complete face-to-face Compliance training with Liz Seeger within 30 days of hire, alongside online compliance training completed via the SCIES system. ○ All staff members are required to complete compliance training annually. Audit Results and Compliance Reports • State Audit Results ○ The state audit took place late last year, with the exit meeting occurring in February of this year. ○ The agency received a score of 98%, matching the score from the previous year. ○ The agency had one compliance report during the past fiscal year, compared to six compliance reports in the previous fiscal year. This report was related to documentation by a mental health clinician that did not meet the required criteria. • Specific Audit Findings and Disallowances ○ One compliance standard failure occurred in Q2 due to a therapist falsifying records, resulting in total disallowances of \$825. No other failures were reported in Q1, Q3, or Q4. ○ The state office compliance audit resulted in two findings, totaling \$31,162.23 in disallowances: ▪ Delayed documentation: Notes signed later than 10 days after the date of service resulted in \$28,969.79 in disallowances. This represents an increase of	
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	approximately \$11,000 from last year's total of about \$17,400. Liz noted this is going to become more problematic for a variety of reasons, especially when we do launch our patient portal. ▪ Unlicensed providers: Medicare services provided by unlicensed clinicians resulted in \$2,192.44 in disallowances. This is a decrease from last year's disallowances of approximately \$2,500, and a major decrease from three to four years ago when disallowances in this category were nearly \$20,000. Payer Alignment and EMR System Concerns • Payer Alignment Impact ○ Medicaid fee-for-service and Medicaid MCO standards have become more aligned over the past year. ○ Previously, different payers had different triggers for disallowances (e.g., Medicaid triggered disallowances for services after 90 days if a physician was not seen, whereas MCOs did not). ○ The alignment to the same standards has likely contributed to the overall increase in disallowances. • EMR System Limitations ○ The Avatar system lacks critical internal edits that were present in the previous EMR system. ○ The previous EMR prevented signing notes if required details were missing (e.g., an injection note required the injection name and dose). ○ Avatar does not currently have internal edits for DHHS-mandated note components. ○ DHHS requires a Medicaid ID number on clinical service notes and plans of care, but these are currently missing from Avatar. Additional disallowances are anticipated due to these system limitations. Upcoming DHHS Audit • DHHS notified the organization about a month ago that they will initiate a community mental health services audit, following their statewide mobile crisis audit. • DHHS will request patient records from all centers. • The deadline to submit these records is a strict three-day turnaround time. A request for additional processing time was denied.	
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Budget Presentation	Michelle Mitcham reported the following: Fiscal Year 2026 Financial Outcomes • The fiscal year concluded with a fully balanced budget. ○ A draw of approximately \$250,000 was made from the savings account to achieve this balance. ○ This draw was necessitated by revenue delays tied to the implementation of the new billing system, with expectations to realize these revenues in fiscal year 2027. Fiscal Year 2027 Budget and Organizational Planning • Budget updates and predictive changes for fiscal year 2027 are currently on hold due to ongoing revenue disruptions. ○ The primary disruption is that billing operations are not yet fully functional within the new Avatar system. ○ The fiscal year 2027 budget presentation has been completed in coordination with the Department of Admin and representatives from the Office of Mental Health. ○ Anticipated structural changes are expected in fiscal year 2027, though specific details on the new organizational framework have not yet been released. ○ A finalized version of the fiscal year 2027 budget and plan is slated for presentation next month to facilitate planning. Departmental Connections and Facilities Management • Integration efforts are underway with new divisions within the Department of Behavioral Health and Developmental Disabilities. ○ An initial meeting was conducted with the new facilities director, and future sessions are being scheduled to address needs assessments and strategic planning. ○ The funding request for a new roof at the Lancaster facility remains on the active approval list for the state and the review committee. ○ While not an urgent immediate need, it is anticipated to be required within the next three to five years, and the committee is currently moving the paperwork from last year through the process.	
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	Catawba Operations and Integration • Operations at the Catawba facility continue under standard procedures during this transitional period. ○ Staff are actively building relationships and coordinating with counterparts in the OIDD and OSUS divisions. ○ Addressing the ongoing transition, Michelle noted that we all have a vision for who we will be. We just don't have all the details for how we're going to get there. ○ Further updates concerning strategic planning and staffing at Catawba are anticipated next month.	
Executive Director's Report Presented by: Tamara Edrington	Tamara Edrington, Executive Director, reported the following: PCH Access, Collaborative Documentation, and Reporting • Issues with Avatar Reporting Mechanism ○ Deficiencies with the new Avatar system continue, meaning the reporting mechanism is not yet complete. ○ An accurate account of PCH (Productive Clinical Hours) access for collaborative documentation cannot be pulled at this time, so no faulty data was presented. ○ The PCH reporting mechanism is undergoing final tweaks and accuracy testing, with updated reporting expected by next month. • Manual Tracking and Billing Targets ○ Staff are currently manually tracking their daily PCH. ○ To reach the target of 854 for the fiscal year, staff would need to bill a minimum of 3.75 hours per working day. Staffing and Recruitment • Recent Staffing Losses and Vacancies ○ Typical and ongoing vacancies include an on-site MD, MDFT, and ACT positions. ○ Recent staff losses since June include a school mental health clinician, a mobile crisis clinician, an intake and triage MHP at the family center, a physician, and detention center staff (recently acquired around the time of the last meeting). ○ The center lost three front office staff positions, consisting of two at York Adult and one in Lancaster.	

	○ York Adult, which is the largest clinic averaging 1,200 to 1,300 patients, currently lacks a Clinic Director and a Supervisor, resulting in caseloads upwards of 100 patients per staff member. ○ The OIDD position has been vacant for some time. • Action Items and Recruitment Progress ○ Management is consulting with a contract agency on the qualified provider list to secure filler MHPs, who will undergo credentialing, compliance, and QA. ○ The center received four MHP resumes and has interviews planned for next week. ○ An interview has been secured for the vacant OIDD position next week. ○ For the York Adult Clinic Director role, interviews are completed and an offer is in progress for an internal candidate (which will require backfilling if accepted). ○ For the York Adult Supervisor role, interviews are completed and an offer is in progress for an internal candidate (which will also require backfilling if accepted). School Mental Health and Outreach Partnerships • School Mental Health Program Status ○ Staff across three counties are back in their schools. ○ The Chester school mental health contract (originally submitted in April) was not ready for the August 3rd start date. An addendum was used to implement it, and the contract was officially received last week. ○ Referrals are currently peaking due to an early school start, children coming off ADHD medications over the summer, or dropping out of services. ○ The increase in referrals combined with a lack of staff could create problems if positions are not filled quickly. • Clinton College Outreach ○ Representatives met with external outreach partners at Clinton College, which currently has no mental health support on campus. ○ The parties are looking to enter into an MOU to embed a clinician on site, and the college is planning to write a grant to secure long-term funding. ○ In the interim, a referral process and flow system have been established for Tier 2 and Tier 3 students requiring extra support. ○ The center provided the college with mobile crisis cards, pamphlets, and information, as college officials were previously unfamiliar with the resource.	
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	Long-Acting Injectable (LAI) Contracts and Partnerships • Funding and Contract Status ○ Funding for the detention center LAI contracts ended about 1.5 years ago. ○ Deb secured \$10,000 in new funding. Funds have been loaded, and the center is waiting on final contract approval to disperse funds to the York County Detention Center. ○ York County Detention Center is the largest user of LAI funds, previously utilizing \$50,000. Inmate injections cost between \$1,500 and \$3,000 each, which the detention center's budget cannot sustain on its own. • Supplemental Medication Partnership ○ A connection made between a drug representative and Chief Hicks of the detention center has initiated communication to potentially secure up to six free additional medication injections per month, which will supplement the upcoming LAI contract. Sequential Intercept Mapping (SIM) Workshops • Workshop Execution and Attendance ○ The SIM event was held on August 11th and 12th (one full day and one half day), with 37 participants and stakeholders from York County in attendance. ○ Attendees included representatives from the Public Defender's office, Solicitor's office, Probate Court, Detention Center, York PD, Sheriff's office, local homeless shelters, and Keystone Substance Abuse. ○ Invited stakeholders who did not attend include Piedmont (local hospital), local 911 dispatch, EMS, and state legislators (who RSVP'd but were called back into session). City council and county council members were also invited. ○ This was the 12th of 13 sequential intercept mapping workshops conducted across the state, with the final workshop scheduled for Spartanburg in two weeks. • Key Outcomes and Gaps ○ For the Mental Health Court, dialogue with the solicitor's office and public defender's office indicated both sides are grouped to try to reinstate and organize a mental health court in York County. ○ Identified gaps include misinformation and a lack of information among law enforcement in outlying areas (York, Clover, and Fort Mill) regarding mobile crisis services. Outlying police departments expressed interest in CIT and mobile crisis training. • SIM Reporting and Next Steps	
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	○ The centers are charged with reporting back monthly on the continued work of the SIM and working toward the five priorities selected by the community. ○ Elizabeth, the note-taker, is compiling approximately 20 pages of notes to submit for the report. ○ A full map and report will be provided by PRA, the contracted organization for the SIM event, with completion and submission expected to take approximately six to eight weeks. Community Engagement and Incidents • Pathways Incident and Collaboration ○ During a meeting at Pathways (a community homeless shelter), an individual wandered into the middle of the meeting and refused to leave, causing the event to be briefly paused. ○ Multiple intercepts came together to address the situation, including Mobile Crisis, clinicians, and law enforcement. ○ The team used crisis de-escalation, offered the individual a meal, and gently persuaded her to leave (the individual stated she "was there for God's word"). ○ The incident demonstrated how different intercepts can collaborate to work through an issue that we see quite so often in community with the homeless population or the substance users and the mental health population. • Chester Stakeholder Meeting and Future Schedule ○ The second annual Chester stakeholder meeting took place on June 25th, functioning as a "mini STEM event" to discuss Chester County's needs, areas of improvement, and current successes. ○ Board members, Jessica and Melanie attended the meeting to represent and support the Center. ○ The stakeholder meeting schedule for the new fiscal year will proceed with York County next, followed by Lancaster County, and will return to Chester County by the end of the year.	
Public Announcements All Board Members	Deb Blalock announced that she is doing a “Farewell Tour” of all the Mental Health Centers. Her visit to Catawba is tomorrow to meet with the leadership team. This is her 5th Center visit on the tour. Her primary goals are to thank staff for their hard work and to acknowledge the challenges and stress of the last 16 months, specifically citing Avatar, the changes in administrative functions, the RIF, the merger and new processes and protocols that have changed. She also wishes to instill hope and express faith in	

	the incoming staff. She is also there to listen to staff, to hear their pain points and resolve outstanding issues before exiting.	
Old Business Status of Applications	Elizabeth Schrum, Board Secretary, discussed the following: Board Seats and Vacancies There are 15 board seats in total with five vacancies. ○ York County currently has three vacancies on the Board: ▪ The seat was previously held by Ms. Maria Mack, whose term expired on August 14th and who chose not to reapply. ▪ The seat previously held by Mr. Ryan Stevens. ▪ The seat previously held by Ms. Victoria Nolph. • Lancaster County and Long-Term Vacancies ○ One vacancy was left by Mr. Ben Dunlap and has remained vacant for several years. ○ Another Lancaster County vacancy was left by Pam Giardello, who resigned several years ago. • We still need a medical doctor to serve on the board to fulfill the state statute. ○ Dr. Tiedt was referred by MUSC Lancaster Hospital and fulfills a state statute requiring an MD to serve on the board. Legislative Authority and Nomination Delegation Disputes Legal Authority and County Power Reclaim The center has never had official legal control over making board recommendations. By statute, appointment authority belongs directly to the legislative delegation of each county. Legislative delegations have the power to delegate this authority to their respective county councils. As county delegations and county council memberships change, counties are actively reclaiming the appointment authority that belongs to them. New elected officials are seeking to follow the statute directly rather than giving authority to the center. While giving authority to the center was historical practice for Catawba, the board will likely have to relinquish recommendation rights to Lancaster County. This shift is viewed as "a power play of how the statute reads" to follow the law rather than an issue directed at a specific person. Lancaster County has requested that the board turn over the delegation of recommendations to them. Board members expressed concern that Lancaster County may not recommend the board's preferred candidates, including Dr. Troy Fitzpatrick and Dr. Tiedt, if control is relinquished.	

	It is anticipated, however, that the Lancaster County Council will endorse Dr. Fitzpatrick and Dr. Tiedt due to the general difficulty of filling board positions. Specific Board Applications and Candidate Status Dr. Troy Fitzpatrick's Status and Concerns The county did not formally deny Dr. Fitzpatrick's reappointment but refused to forward it to the governor's office because they wanted the center to grant them the recommendation authority first. Dr. Fitzpatrick's reappointment process has been ongoing for one year and one month. Dr. Fitzpatrick expressed concern about the legitimacy of her participation. Deb Blalock replied that under the statute, board members are board members until someone has been reappointed into their seat. Thus, Dr. Fitzpatrick remains a legitimate board member until officially replaced. The board highly values Dr. Fitzpatrick, describing her as "incredibly helpful and dedicated and valuable to the board and valuable to the Center." Dr. Tiedts' Nomination Status A letter of recommendation was submitted on June 23rd for Dr. Tiedt to fill the vacancy left by Mr. Ben Dunlap. The governor's office initially overlooked the email but responded stating that, by state statute, the nomination letter must come from Lancaster County. Mr. Charles Wimmer's Recommendation Mr. Charles Wimmer was approved by the York County Council last month to fill the seat vacated by Mr. Ryan Stevens. Elizabeth wrote a letter of recommendation for Mr. Wimmer and sent it to Karen Brogden but has not received a response. Her out of office reply indicated she will be back this Friday. Action Items and Next Steps • Elizabeth to compile and send a summary of what has occurred with the applications of Dr. Fitzpatrick and Dr. Tiedt to Deb tomorrow • Deb to take the application summaries to the legislative liaison, Robin Crawford. • Robin (legislative liaison) to escalate and resolve the issues directly with the governor's office behind the scenes to get the applications sorted out.	
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	The board's goals for the upcoming week are to make headway, obtain answers, secure cooperation, and move forward.	
New Business	Subcommittee Reports: <u>Strategic Planning Committee-</u> no new report <u>Employee Incentives Committee-</u> no new report <u>Community Events Committee-</u> no new report <u>Write Off Report:</u> The Write Off Report for July was \$386, 393.95 and the Write Off Report for August was \$24,083.17. These accounts are uncollectible due to non-payment for a time greater than 24 months, inability to debt-set, bad addresses/patient homeless, or patient incarcerated. All possible efforts have been pursued to collect.	
Adjournment	The meeting adjourned at 7:46 PM	