

Catawba CMHC Board Meeting Minutes

February 18, 2026

Meeting held by Zoom

Attendees:

BOARD MEMBERS	CATAWBA CMHC STAFF	SCBHDD OMH STAFF	GUESTS	ABSENT
Dr. Troy Fitzpatrick- Board Chair	Tamara Edrington- Executive Director	Melanie Gambrell- OMH Deputy Director		
Jeffrey Ellison- Board Vice-Chair	Michelle Mitcham- Administrator			
Jessica Schmittle	Elizabeth Schrum- Administrative Assistant			
Sandra Calhoun White	Ashley O'Brien- Mobile Crisis Supervisor			
Georgette Fuhr				
Janell Stevens				
Marija Mack				
Virginia Bowman				
John Gregory III				
Melanie Saxon				
Cherie Barton				

Topic	Discussion	Follow-Up
Welcome and Introductions	Dr. Troy Fitzpatrick, Board Chair, called the meeting to order at 6:31 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 January minutes were reviewed. There were no changes suggested. Mr. Jeff Ellison made a motion to approve the minutes as written. Ms. Melanie Saxon seconded the motion. All were in favor and the January minutes were adopted as written.	
Presentation to the Board- Ashley O'Brien	Presentation • Presentation to the board by Ms. Ashley O'Brien. • Ashley is thanked for joining. • Ashley is the new mobile crisis supervisor and started in December. Goal of Mobile Crisis Program • Provide master's level clinicians for 24/7/365 community-based crisis responses anywhere in South Carolina. • Provide patients with immediate access to crisis services and the most appropriate level of care. • Clinicians work to address crisis situations and stabilize individuals experiencing a mental health crisis, deterring unnecessary emergency room admissions. • A mental health crisis is defined as a situation where a person's behavior, emotions, or thoughts are so extreme that they endanger themselves or others, prevent them from functioning or caring for themselves, and require immediate intervention. How the Program Works • Individuals, organizations, and the community can call the mobile crisis hotline anytime. • Call center staff screen calls 24/7, providing initial assessment, de-escalation, brief telephone therapy, and referrals to local services. • If a mobile crisis response is needed, local on-call clinicians are dispatched to the scene within 60 minutes. • Two mobile crisis team members and local law enforcement respond to all calls in person or via telehealth to assess the situation and provide mental health interventions. • After assessment, individuals may remain in the community with a next-day walk-in appointment at their local community mental health clinic and additional resources.	

	• Alternatively, they may be referred for further evaluation (voluntary or involuntary) at the local emergency department with transport from law enforcement if applicable. • If emergency involuntary commitment is required, the mobile crisis clinician coordinates with local after-hours probate judges and law enforcement for transport to the local emergency department. • The mobile crisis team follows up with the individual for up to 14 days to provide additional support and resources, encouraging engagement with local community supports, outpatient counseling, and medication services. Response Team • Response teams consist of two master's level clinicians. • They conduct in-person or virtual assessments at homes, schools, local clinics, or in the community. • The focus is on de-escalation and providing immediate psychiatric intervention to prevent hospitalizations or unnecessary emergency room visits. • They provide immediate support for emotional distress, psychiatric emergencies, and severe behavior changes. Data for Fiscal Year 2024 (York, Chester, and Lancaster Counties Combined) • Total calls: 953 • On-site responses: 135 • Diversions (stayed in home and did not go to the ED or jail): 37 • Average response time: 61 minutes • Law enforcement referrals: 41 Data for Fiscal Year 2025 • Total calls: 943 • On-site responses: 255 • Diversions: 116	
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	• Average response time: 48 minutes • Law enforcement referrals: 40 On Site Diversions • On-site diversions shot up significantly from one year to the next. • On-site navigation to meet people also increased. • Change in on-site responses was due to change in policy at the call center. ○ Changes in the mobile crisis manual indicated a new flow chart to what would be agreeable to an on-site response. ○ With those policy changes, the staff were able to respond on site more than before. ○ Not necessarily a change in acuity but change in policy and procedure and could be a combination of both. Response Time • Response time changed from 61 minutes to 48 minutes. • The response time change would have to do with where the calls were. ○ In the first year, the majority of the calls were within York County. ○ The next year, the majority of the calls did centralize in Lancaster, the most rural part of Lancaster. ○ The staff are coming from York County, Clover and or Charlotte, North Carolina, so the distance of our staff changed the response time.	
Deputy Director's Report	Melanie Gambrell reported the following: Deputy Director's Report • New organizational structure for the new agency was reviewed at the last board meeting. • Positions that have been advertised are HR Manager, Chief Information Officer, CFO, General Counsel and Director of Communications were advertised. ○ Positions not advertised: Medical Director for the agency and Facilities Director.	

	EHR Go Live • Region A centers (Columbia area, Lexington, Aiken-Barnwell, and Orangeburg) are now live. There were some bumps in the road. • Melanie is meeting weekly with Matt Dugan (chief informatics officer), Leanne Hermura (IT for the Office of Mental Health), and the four center directors weekly to address issues with the new E.H.R. • Region A center staff will support other centers going live in April. Sequential Interceptor Mapping (SIM) Model Events • Focuses on individuals who interact with mental health, alcohol and drug services, disabilities and special needs, and the justice system (jails and defense attorneys). • They look at resources in the community and gaps in resources/services in the community. • Policy Research Associates facilitates these events for us and develops individual community support plans for individuals who may touch all these systems. • An event is scheduled for Rock Hill in August. There will be 12 events around the states. • Four events will focus specifically on homelessness. The one in Rock Hill will be a regular SIM event. Collaboration with Governor's Office • Debbie and Melanie meet weekly with Dr. Bank and Jamie Schuster Godfrey (liaison from the Governor's office). • Goal: share collaborative efforts across the three offices. • There was a SIM event in Aiken and there was representation from the local Alcohol and Drug Office and Disabilities and Special Needs Board. The Centers are working on some positions that can serve individuals with disabilities and special needs.	
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	Center Funding - Centers may not be allowed to keep surplus funds at the end of the fiscal year. "We all are one entity now. So, we have to all support each other." Michelle and Tamara are already aware of this, but Deb wanted this shared with the Board as well.	
Budget Presentation	Michelle Mitcham reported the following: Incentives and Surplus - Centers have never been allowed to keep their entire surplus, only about 5% of the previous fiscal year's expenditures. - The goal is to break even, grow programs, improve facilities, and better support staff. - The long-term plan for Catawba was to end each fiscal year with \$50,000 for projects like a new roof for the Lancaster facility, estimated to cost around a million dollars. State Allocations and Funding - Catawba has the lowest per capita award of the 16 centers, receiving \$14 per capita, while some centers receive as much as \$40 per capita. - There's a likelihood that we won't be allowed to keep this year's surplus, which would impact long-term deferred maintenance plans. - Catawba presents a plan for their savings account during annual budget presentations to show they are good stewards of the money. Capital Improvement Projects (CIPs) - The Lancaster exterior project, involving windows and a roof, is estimated to cost close to a million dollars. - Cameras and badge readers for facilities have been on hold, costing about \$100,000, due to hoping for installation in a building we own instead of lease.	

- Furniture replacement is part of a five-year plan that was paused during the merger.

Budget and Revenue

- The budget is largely set by performance, cooperation from insurance partners, and the amount of licensed staff.
- Quarter three is typically the highest patient care hour months for Catawba, making revenue prediction conservative until then.
- Catawba has a healthy block grant budget of about \$200,000 that we have not had to use, intending to carry the balance into the next fiscal year to free up money for other projects.

Access to Funds and Priorities

- Catawba has 1.2 million in carry-forward funds, but access requires approval from BHDD, who may prioritize technology like Wi-Fi for all centers.
- Catawba only owns one of its state buildings, so large maintenance projects are limited, except for the roof project, for which \$350,000 is already dedicated.
- As of now, Catawba is looking at landing at about \$40,000, but this will change depending on how the rest of the fiscal year goes.

Current Projects and Challenges

- Hoping to finish the Family Center with artwork and acoustic panels, and waiting on a furniture quote for Chester.
- Seeking interior paint for the Chester building, a leased facility, and making pitches for flooring improvements.
- Weather delays and closures have impacted patient care hours, requiring manual calculations for the PCH report.

EHR Implementation

- The EHR implementation is causing some disruption with billing, particularly with loading various insurance plans into the system.

	• Catawba is in the second round of implementation of E.H.R. in April and is preparing for a potentially rough month financially. • Despite the challenges, services will be provided as planned.	
Executive Director's Report Presented by: Tamara Edrington	Tamara Edrington, Executive Director, reported the following: Director's Report • Goal is to never end in a surplus, always to break even. • No PCH report this month, but it will be available soon. • Weather closures in January varied across counties: ○ York: closed one day, delayed one day. ○ Lancaster: closed two days. ○ Chester: delayed one day, opened the second day. • Closures and available hours will be hand calculated for production, factoring in staff on FMLA. • February also had weather delays, including one day where no staff or patients came due to safety concerns; Michelle and Tamara ran a clinic by themselves that day. Access Report • Access report looks good in all counties and categories for January. • C20s slightly below average in January due to closures, holidays, and patients canceling due to feeling unsafe. • Expect a noticeable increase in C20s for February; one clinic had 16 C20s of hospital discharges in one day. • February is historically the highest billing month. Collaborative Documentation • Slight decrease at the Family center, increase at York, Adult increase at Chester and Lancaster. • Percentage points increased from 79% in December to 81% in January, above the state standard of 80%. • Goal is to get documentation up to 90-95%. EHR Launch • EHR launch is in April. • Expect decreases with same-day documentation due to new EHR requirements, such as completed and physician-signed plans of care.	

	- Existing patients with active plans of care will need new plans completed in the new system, as information will not automatically transfer. - Appointment times may be extended to accommodate new processes; patients may need to arrive earlier to complete financial forms. - Workflow plans are being put in place, and clinic directors are informing staff. - Caseloads should be tidied up by discharging patients who are on 60- and 90-day lists of not being seen. - Go-live is April 14th-17th. - Refresher training, workshops, super user training, and end user training are planned. - A superuser went to Region A in Lexington and brought back suggestions. Catawba Vacancies - Detention center position is still available; RFP was approved, but previous applicants did not meet criteria. - Several ACT positions are available; will re-advertise. - MDFT position is also available. - Two front office staff positions are available. - Anticipate a retirement at the Family Center in March and are proactively looking to backfill. - There is a vacant front office position in Chester. Lancaster County Stakeholder Meeting - Second annual meeting is tomorrow. 32 RSVPs, the largest number to date. - Panel discussion with partners from probation, pardon and parole, the court system, and the school system. - Goal is to identify areas of improvement and gaps in services. - Feedback from stakeholder surveys is implemented into business operations. Patient Advisory Board Meeting - Held yesterday with active patients and caregivers. - Goal is to hear from the patient's perspective on what is being done well and what needs to change. - Feedback is used to improve services, such as office hours, communication, and materials. - The meeting was conducted by peer support staff (patients in recovery). - Next meeting is May 19th.	
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	Patient Advisory Report (APR) Themes • Positive feedback regarding staff, specifically Michelle Ernandi (APRN at York Adult). ◦ Michelle Hernandez calls her patients back, which patients appreciate. • Negative feedback regarding inability to get refills, based on misinformation about controlled substances. ◦ Patients don't understand why they can't get refills early. ◦ The process was explained to them. • Positive feedback on facilities, specifically the change in facility, atmosphere, and furniture. ◦ Chester did not receive the same positive feedback due to pending renovations. EHR Launch (April 14th-17th) • Anticipating staff stress and exhaustion due to working on two systems simultaneously. ◦ Goal is to boost morale during that week. ◦ Ideas include drug rep lunches, snacks from the board. • Region A did a special spirit week during their launch. ◦ Ideas for Catawba include: ▪ Jeans' week. ▪ Food trucks. ▪ Coffee truck.	
Public Announcements All Board Members	Melanie Saxon reported the following: • SC Share (formerly part of DAODAS and BHDD) is developing a new certification for family peer support. ◦ Classes have been written. ◦ Trainers of trainers are being trained. • There is a forensic peer support certification available. ◦ Jeff Gage (Office of Mental Health, Patient affairs coordinator) and Millie Sweeney were also involved in development of the Peer Support training. ◦	
Old Business Status of Applications	Elizabeth Schrum, Board Secretary, discussed the following: Status of Applications • Chief John Gregory and Ms. Janell Stevens were reappointed by the governor's office. ◦ Chief Gregory was sworn in for his second term, which will expire August 14, 2029. ◦ Ms. Janell Stevens' term will also expire August 14, 2029.	

	• Lieutenant Jonathan Pinell's application was not approved by the governor's office. ◦ The South Carolina Attorney General stated that a law enforcement officer would be considered an office holder for dual office holding purposes. ◦ York County decided not to move forward, and the county attorney agreed with that decision. • Virginia Bowman was reappointed for her second term, which will expire February 1, 2030. • Elizabeth is still working on Dr. Tori Fitzpatrick's reappointment for her second term with Lancaster County. Board Seats and Vacancies • There are 15 board seats total with four vacancies. ◦ Two vacancies are in York County. ◦ Two vacancies are in Lancaster County. • We still need a medical doctor to serve on the board to fulfill the state statute.	
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 Board Committee Updates - EHR Transition Support • Question regarding snacks for employees during the EHR transition. • Tamara states the soft launch is Monday, April 13th, with the official kickoff from the 14th through the 17th (the week after Easter). • Tamara will consult with Clinic directors to determine the best way for the board to support staff during that week and will send a follow-up memo to the Board.	

	Board Support Discussion • The board will discuss how to best support the team via email, focusing on the April 14th-17th timeline. • The goal is to "really show up as they prepare for this new transition." Lancaster County Budget Meeting • Catawba is preparing for the Lancaster County budget meeting. • We will submit our presentation by March 2nd. • We will request \$50,000 from Lancaster County, specifically for transportation for Lancaster County residents. ○ We hope to partner with LARS (Lancaster's transportation service) to pay for patient transportation. ○ "For those that don't have Medicaid or Medicare, there is a charge for them. And for some of our patients, even \$2 is too much for to spare once a week for their appointment." • Traditionally, they have not received funding from Lancaster County. York County Budget Request • Catawba will prepare the York County budget request after the Lancaster County one. • Last year they asked for \$150,000 and received \$125,000. • This year they will request \$150,000 or \$175,000. • The York County budget request typically happens in May and June. ○ Tamara will attend these budget workshops and presentations in person. <u>Write Off Report:</u> The write-off report for February was \$45,928.55	
Adjournment	The meeting adjourned at 7:41 PM	