

Catawba CMHC Board Meeting Minutes

January 21, 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	Deb Blalock- OMH Deputy Director	Lt. Jonathan Pannell	Cherie Barton
Jeffrey Ellison- Board Vice-Chair	Michelle Mitcham- Administrator			Melanie Saxon
Jessica Schmittle	Elizabeth Schrum- Administrative Assistant			
Sandra Calhoun White				
Georgette Fuhr				
Janell Stevens				
Marija Mack				
Virginia Bowman				
John Gregory III				

Topic	Discussion	Follow-Up
Welcome and Introductions	Mr. Jeff Ellison, Board Vice-Chair, called the meeting to order at 6:30 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 December minutes were reviewed. There were no changes suggested. Dr. Troy Fitzpatrick made a motion to approve the minutes as written. Ms. Jessica Schmittle seconded the motion. All were in favor and the December minutes were adopted as written.	
Deputy Director's Report	Deb Blalock reported the following: Budget Presentation • The budget was presented to the budget panel and the budget committee in the House. • The presentation seemed to go well. • Dr. Bank was present but didn't have to say anything. Department Restructuring • A version of the restructuring for the department is available. • It was shared with: ○ The three office directors of BHDD in a meeting at 10 o'clock on Friday. ○ All the leadership of each of the three offices at 11 o'clock. ○ All the Center Directors at one o'clock. • Jamie Schuster Godfrey from the Governor's office, and Marsha Adams (director of the Department of Administration) were present. Objectives for the New Department • No wrong door for people with co-occurring disorders. • Resources are used efficiently. ○ South Carolina spends a lot of money on healthcare but doesn't get great outcomes. Current Structure • Office of Mental Health: ○ Dr. Bank is the Director. ○ State-operated facilities: Harris Hospital, Bryan Hospital, Morris Village, Tucker, Roddey Pavilion (nursing home), 16 mental health centers (including Catawba), and eight community residential care facilities. • Contracted Services: ○ Bryan Forensic Hospital, Sexually Violent Predator Program, a new psychiatric residential treatment facility for children (24 beds in Columbia) opening mid-February. ○ Six community residential care facilities receive extra per diem for difficult-to-place patients. • Central Office Programs: ○ 988 Suicide Prevention, School Mental Health, Assertive Community Treatment, Individual Placement and Support, Housing, etc. • Office of Intellectual and Developmental Disabilities (OIDD)	

	○ Five regional centers, five operated homes for individuals with autism. ○ Contracts out disability and special needs boards in all counties and 100+ non-state-operated residential and autism homes. ○ Manages a waiver through the Department of Health and Human Services. • Office of Substance Use Services (OSUS): ○ No state-operated services; contracts out everything through 301 agencies (32 or 33 covering all 46 counties). ○ Education and awareness outreach programs ○ NARCAN outreach and training. Size of Offices • OMH is the largest with around 4,500 employees. • OIDD has about 2,300 employees. • OSUS has about 26 employees. Central Administration • Administrative staff were pulled from central office and now report to the Department of Administration (DOA). • DOA will determine the future structure of administrative support across all three offices. • A person will be hired to run all administrative functions after DOA backs out. • There is currently no Executive Director for BHDD. Future Structure • BHDD Director: ○ Gubernatorial appointment, likely after the new governor is elected. ○ The Chief of Staff will support the Executive Director, overseeing strategic planning, governmental relations, and communications. • Office Directors: ○ Their jobs are changing dramatically; direct services will not report to them. ○ Sarah Goldsbees job (OSUS) remains the same as she didn't have state-operated facilities. ○ Dr. Bank (Mental Health) will oversee programs like 988, suicide prevention, school mental health, and non-state-operated facilities. ○ Constance Holloway (OIDD) will handle policy and program development and oversee the DSM boards in the counties and non-state-operated homes. • Director of State Facilities: ○ A new position to be posted in 7-10 days. ○ Oversees 5,500 employees across inpatient hospitals, regional centers, state-operated autism homes, and 16 mental health centers.	
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	• Chief Medical Officer: ◦ A psychiatrist responsible for quality management, performance improvement, and directing clinical and complex cases. • Centralized Administrative Functions: ◦ HR, IT, billing, finance, budgeting, physical plant services. ◦ The structure of this column will be determined by mid-March. • Positions to be Posted: ◦ State Facility Director, Chief Medical Officer, Chief of Staff (maybe), Communications Director, General Counsel, HR Director, and Chief Financial Officer. Transition • The previous structure remains until the new positions are filled. • DOA is meeting with every mental health Center Director and Administrator to assess their administrative structure. • Ms. Godfrey will visit the centers to answer questions about the new structure. • The new structure will not affect frontline staff. Impact on the Ground • Question about how these changes impact the functioning of groups on the ground on a day-to-day basis. • Center Directors had concerns about IT and HR support they need. • Clinically, the centers will not miss a beat. • Mental health centers are the only doors that citizens can walk into and immediately get care. Hiring Physicians • Centers will be hiring physicians to treat individuals who live with intellectual and developmental disabilities. • Money was put into every center's budget to hire one individual who will provide treatment. No Wrong Door System • The substance of the bill was to create a "no wrong door" system across South Carolina. • Wherever a person pops up, they can get the care he or she needs. • This will be a good shift, though there will be bumps and challenges along the way. Concerns and Angst • Concerns and angst about what the infrastructure will look like once this goes into play. • Concerns about having enough IT and HR and keeping billing staff. • Centers are the one place where there is an open door.	
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Budget Presentation	Michelle Mitcham reported the following: Budget Discussion • A large amount of energy has been spent discussing and planning for the org chart development. • There hasn't been much discussion about what this means for the budget in fiscal year 27. • Fiscal year 26 budget is set and in a good position. ○ It's a tight budget every year on purpose. ○ The goal is to spend the most to ensure programs are healthy, facilities are in good order, and employees have what they need. • Long-term planning is uncertain, especially regarding current planning sources. ○ Catawba doesn't have any 100% grant-funded employees. ○ All grants were paused and then rescinded shortly after. Agency Changes • Catawba is now part of a larger agency, like a small business becoming part of a corporation. ○ The mindset for planning and spending will need to be more corporate. ○ Funds that have been saved may now be used by the agency to meet its mission, potentially dictating how those funds are used. ○ Cosmetic improvement projects may be paused due to difficulty accessing carry-forward funds. • Conversations will be around next year's budget. ○ Watching to see what the legislative branches do with the budget proposal submitted on behalf of BHTB. ○ Hoping for support for IT infrastructure needs and software improvements for collaboration with sister agencies under BHDD. • Staff is willing to learn and pivot, but there's been a lot of "hurry up and wait." Department of Administration Meeting • Meeting with the Department of Administration is on Friday. • There are positions with the same state title but different job functions. ○ Example: accounts payable technician and billing technician. • Advocating for Chester, Lancaster, and York county jobs. ○ No job loss is being discussed at this point.	
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	• Permission has been granted to fill the developmental disabilities position. Storm Prep and Patient Care • Beginning Storm Prep 2026. ○ Preparing staff with equipment. ○ Pivoted from desktops to laptops. ○ Reviewing prep numbers and patient schedules. • Heading into the busiest season (January, February, March) with an expected increase in patient care hours. ○ Attributed to the "great insurance reset." • Addressing front office vacancies. ○ Billing technicians are helping in front office roles in Lancaster and Chester clinics. ○ Actively seeking to fill vacancies in the next few weeks.	
Executive Director's Report Presented by: Tamara Edrington	Tamara Edrington, Executive Director, reported the following: Executive Director's Report • Met with center directors and staff from the Bureau of Health and Human Development (BHD) last Friday. • Held an emergency meeting with senior leadership to discuss the new structure and address concerns about job security. ○ Senior management, primarily in infrastructure roles, expressed valid concerns. • An all-agency forum will be held tomorrow at noon to discuss the bigger picture with all staff, aiming for transparency before job postings. • After the forum, meetings with infrastructure leadership will occur to discuss duties beyond position descriptions, preparing for Friday's meeting with the Department of Administration. ○ The goal is to emphasize the critical and essential nature of these positions to Catawba, advocating for their retention. Storm Preparation • Reached out to patients receiving injections later this week and early next week to reschedule appointments if possible.	

	• Updated phone systems to advise patients to call before coming to the clinic, especially given potential closures in counties like Lancaster. • Laptops and VPNs are in place to enable remote work if needed. Clarification on job descriptions and additional responsibilities. • All job descriptions include a "5 to 10% other duties as specified" clause. ○ This allows for the assignment of additional tasks, such as absorbing responsibilities from unfilled positions. • Lancaster is planning CIT trainings for Monday and Tuesday of next week. ○ The organizer is unsure about what will happen with the trainings. ○ Lancaster County will decide about closures by Friday at 4 PM. ○ The trainings may need to be rescheduled. ○ Safety of staff is the most important thing. ○ Law enforcement in Lancaster is okay with rescheduling the training if needed. • Access data looks good for all counties and clinics. ○ There are still some instances of human error. ○ Clinic directors will do another training at their next all-staff meeting. ○ There seems to be a learning curve for offered versus accepted appointments. ○ AHCCCs collaborative documentation for December was slightly decreased to 79%, below the state average of 80%. ○ The calendar year total was 81%. ○ The speaker drills down to see where the outliers are and reaches out to supervisors. ○ The report doesn't differentiate between one day late and ten days late notes. • PCH report for December was received. ○ January, February, and March are the busiest months. ○ December is the least busy month. ○ Children are out of school for holidays and many take vacations ○ There was an increase in the no-show rate in December.	
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	○ Staff took elongated vacations during the Christmas holiday. ○ PCH was about 330 hours below the benchmark. ● Catawba Vacancies ○ Actively recruiting for the IDD position. ○ Justification sent to state HR today. ○ Two resignations will occur on January 23rd. ○ Actively seeking to backfill an LPN position. ○ Front office staff in Chester will be backfilled. ○ Front office position in Lancaster has been filled, and the new employee will start February 17th. ○ Actively seeking a physician in Chester, hoping for a March 2 start date. ○ One physician's (contract employee) contract will be extended for another six months. ○ York County Council approved the York Detention Center contract. ○ The position for the detention center has been posted. ○ The previous contract was \$65,000, and the new one is close to \$200,000. ○ Still actively recruiting for the ACT team. ○ Have the MHP, peer support, and administrative person. ○ A physician has been identified for ACT. ○ There are applications for the substance abuse position for ACT. EHR Transition ● An EMR transition is coming. ● The launch for EHR for regions B, C, and D (Catawba Falls) will be the week of April 13th. ● Region A launch is in February. ● Two super users will travel to Region A (Lexington) to observe the go-live process. ● Training dates for all staff will be in February and March in preparation for the April 13th rollout. Lancaster Stakeholder Meeting ● The second annual Lancaster Stakeholder Meeting will be held February 19th from 1:30 to 3:30 at MUSC Lancaster Hospital Theater Room.	
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	- The meeting aims to gather feedback from stakeholders and partners and update them on the new structure and the merger. Detention Center RFP - There is a massive increase in the dollar amount for the detention center RFP. - The new contract will include medical prescriber services, entitlement services, peer support, and substance abuse groups, offering wraparound services to inmates. - Entitlement services will assist inmates with transitioning back into the community by linking them with SNAP benefits, Social Security, SSI, and housing. - The goal is to reduce recidivism by providing comprehensive support to inmates upon release. - Additional services are locally funded from the county. - Even though it's locally funded, it is largely still funded by the state. - The percentage of salaries for time spent in the detention center was written into an RFP. - The RFP is \$189,000 in total. - If there are any changes with the county funding, they would have to go back to the county to discuss the changes at the state level. - There is also county funding from York County of \$125,000. - If needed, some of these funds could be shifted to support the detention center contract.	
Public Announcements All Board Members	There were no public announcements for this month.	
Old Business Status of Applications	Elizabeth Schrum, Board Secretary, discussed the following: January 21, 2026 - Three applications at the governor's office for review: - Chief John Gregory - Janelle Stevens - Lieutenant Jonathan Pinell - Valerie Williams hopes to have these appointments made by the end of the month, as long as there are no issues. Dr. Fitzpatrick's Second Term - There is a snag with Dr. Fitzpatrick's second term.	

	• The clerk to the Lancaster County Council believes that the delegation has turned over the duty to recommend board members for the agency to the governor, to county council. • The clerk is not letting Elizabeth renew Dr. Fitzpatrick's application. • Legal will review to see if they must go through the county. ◦ The County council has always vetted board members and sent a letter of recommendation to the governor's office in York, Chester, and Lancaster. Virginia Bowman's Second Term • Khandi Harper will be reaching out to Virginia Bowman. • Virginia Bowman was approved by the county council in Chester. ◦ Once approved by the council, the information will be sent to the governor's office, and they will forward an application to complete for the second term. Board Policies Review • Board members received the board policies for review, which is done every January. Policy Review • SCDMH will be taken out across all policies and replaced with BHDD. • Policy 1-1 is the Constitution and Bylaws ◦ Board members may no longer be able to change policies related to how the center runs. ◦ Bylaws are a template across all centers. ◦ The governor's office would need to authorize changes to board-related policies. • Policy 1-2 Code of Ethics states the board's direct contact person will be the Executive Director. • Policy 1-3 is orientation and includes participation in board training. • Policy 1-4 concerns financial matters, specifically the \$50 stipend/per diem for board meetings. • Policy 1-5 covers the procedure for public notice of meetings, which are posted on the website and at clinic sites. • Policy 1-6 addresses communication between staff and the board. • Policy 1-7 includes selection, termination, and performance rating of the Executive Director. • Policy 1-8 discusses the Board's participation in the development and implementation of the Center's Strategic Plan.	
New Business	New Business: Board Committees • The employee civics committee and community events committee have not been incredibly engaged over the past year or few months.	

	• The speaker feels that the board may have "fallen short" on some of the most important work that they can do, such as: ◦ Supporting and promoting financial support. ◦ Supporting and making sure that employees feel valued and are receiving recognition. • The speaker is interested in hearing from the board about revitalizing or re-engaging with some of these committees. • The speaker suggests identifying new members and goals for some of the committees at this meeting or the next. Next Steps • Table the discussion for a later time. • The next in-person meeting is scheduled for March in Lancaster. First In-Person Meeting • The board is planning an in-person meeting in two months to discuss how to support the staff. • A previous subcommittee focused on the strategic plan, which Tamara revised and modified. • The recommendation is to discuss how to support staff during the transition, as frontline employees may not understand the reasons behind it, causing fear and uncertainty. • The board aims to support Tamara and Elizabeth in reassuring and encouraging staff during this time. Staff Concerns and Support • Staff are downtrodden and disheartened due to the unknown and the upcoming EHR implementation. • There is underlying concern about potential layoffs during the transition. • Any collective effort to uplift the staff would be helpful. Importance of In-Person Meetings • In-person meetings are missed because Zoom/Teams meetings can feel disconnected. • In-person meetings help board members feel like they are part of the clinics and the center.	
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	- Board members want to "walk alongside" the staff. Re-engagement and New Members - The term "re-engagement" is well-received, especially for those who felt disengaged. - Many new members may not have even visited the clinic sites. - Tamara can guide the board on how to support staff effectively without disrupting operations. Upcoming In-Person Meeting - The in-person meeting is scheduled for March 18th in Lancaster. 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 December was \$33, 069.19	
Adjournment	The meeting adjourned at 7:55 PM	