

Catawba CMHC Board Meeting Minutes

March 18, 2026

Meeting held by Zoom

Attendees:

BOARD MEMBERS	CATAWBA CMHC STAFF	SCBHDD OMH STAFF	GUESTS	ABSENT
Dr. Troy Fitzpatrick- Board Chair- in person	Tamara Edrington- Executive Director	Deb Blalock- OMH Deputy Director		Cherie Barton
Jeffrey Ellison- Board Vice-Chair in person	Michelle Mitcham- Administrator			
Jessica Schmittle- Virtual	Elizabeth Schrum- Administrative Assistant			
Sandra Calhoun White- Virtual	Carol Cochran- Lancaster Clinic Director			
Georgette Fuhr- Virtual				
Janell Stevens- In person				
Marija Mack- virtual				
Virginia Bowman- Virtual				
John Gregory III- in person				
Melanie Saxon-in person				

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 February minutes were reviewed. There were no changes suggested. Mr. Jeff Ellison made a motion to approve the minutes as written. Chief John Gregory III seconded the motion. All were in favor and the February minutes were adopted as written.	
Presentation to the Board- Carol Cochran	Carol Cochran, Lancaster Clinic Director, reported the following: Lancaster Clinic Overview • Lancaster clinic currently has 496 active patients. • 90 patients are child, adolescent, and family patients (under 18). ◦ There are two child and adolescent therapists. • 406 adult patients are active. ◦ Five and a half adult service clinicians (including Carol). ◦ Carol carries a caseload of 45 patients. Lancaster County Adult Drug Court • Carol participates in drug court once a week. • Patients with drug charges can have them expunged upon successful completion of the three-year program. • Currently, 25 people are in adult drug court, with a goal of 40. Lancaster Area Homeless Coalition • Lancaster does not have a homeless shelter but has a warming center/cooling center. • The warming center operates during the coldest months and will close at the end of March. • Three Catawba patients are actively served by the warming center. ◦ Warming center staff help connect patients with mental health services at the clinic. Probate Court and Judicials • The clinic handles judicial petitions for individuals who may need mental health services. • They average about five judicial petitions per month. • Carol attends court twice a month. • 45 patients are court-ordered for outpatient mental health services.	

	○ Reports are submitted to the Probate court if patients are non-compliant. Psychiatrists and Nursing Staff • Dr. Cornelius works Monday through Thursday. • Dr. Westbrook works Mondays and Wednesdays and is due for maternity leave on April 18th. • Dr. Fuller sees children/adolescents via telehealth on Wednesdays. • Greta is their nurse who sees patients between appointments with the psychiatrists. • Charlie is an LPN who handles various tasks such as: ○ Getting records, vital signs, contacting pharmacies, scheduling appointments, etc. Peer Support Specialist and Groups • Jasmine White started as a peer support specialist on the 16th of the month. ○ She will advocate for patients and eventually run peer support groups. • One group currently offered is DBT (dialectical behavior therapy). ○ Led by Summer Merritt and Meg Hinson. ○ Averages about eight people per group. ○ The group will start back in April after a pause last month. Judicial Petitions and SC Mobile Crisis • Judicial petitions have probably increased since the rollout of SC Mobile Crisis. • Judicial petitions are for individuals not in imminent danger but may need mental health treatment. ○ Families petition the court for a judicial examination. ○ Examined by two designated examiners. ○ The Judge can court order outpatient mental health services for up to 12 months. Detention Orders and SC Mobile Crisis • Detention orders have remained about the same since the rollout of SC Mobile Crisis. ○ Averaging at least two petitions for orders of detention per week. • Daytime mobile crisis allows community members to walk into the mental health facility. ○ Can get an order of detention there or assess the problem and go out.	
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	• After hours, if it's imminent danger, they can proceed with an order of detention or Part One. DBT (Dialectical Behavior Therapy) • It's difficult to find DBT groups unless you are with a private provider. • There is a lot of DBT trained staff across Catawba. ○ Currently running a DBT group in York County. ○ Two DBT trained therapists in Chester. ○ All clinics are encouraged to have group programs running. • We also have EMDR trained therapists. Warming and Cooling Shelters • Question about the difference in warming and cooling shelters. • Lancaster doesn't have a homeless shelter. • Warming and cooling shelters are only open in extreme temperatures. ○ They shut down during moderate temperatures. • Homeless shelters allow people to stay for days and have beds. Warming Cooling Shelters • During the bitter cold in January, warming cooling shelters were available at the police station. ○ These shelters were for a few hours during the evenings and nighttime. ○ There are no beds.	
Deputy Director's Report	Deb Blalock, OMH Deputy Director reported the following: • The House was not particularly generous to BHDD, recommending 21 million, while last year OMH got 31 million. • This is part two of a four-part process. ○ The Senate should come out with its recommendations the first or second week in April. ○ Then they'll have to go to conference committee. • There is no recommendation to fund 988. ○ The grants that support the two 988 call centers are sunseting September 30th. ○ SAMHSA has not released any new grants yet for 988.	

	• They asked for 4.7 million to expand to text and chat at both call centers and to support the phone answering and expand the number of call takers. ○ The volume is growing. ○ The answer rate for this past month was 87%. ○ The goal is 90%. ○ "90% of the calls emanating in South Carolina are answered by South Carolinians." Structure of Centers • There is a lot of movement in terms of structure of centers, what they're going to look like. • The DOA was hoping to get the administrative structure out in March, but it looks like it's going to be April because it was a little more complicated than they anticipated. • Moving administrative functions out from under the Center Director will allow them to focus more on clinical functions and programmatic functions. Center Support and Uniformity • Supporting centers as they maneuver changes. • Working to make org structures the same for all 16 centers, ensuring the same function has the same title and the same pay. ○ An ad hoc committee of center directors is creating a uniform structure for all centers to adopt. • A mandate is to make centers more uniform in program offerings, structure, staff titles, and pay. Expansion of Services • Money has been allocated in every center's budget to hire a staff person focused on intellectual and developmental disabilities. ○ All providers will be trained in serving those with intellectual and developmental disabilities and mental health disorders. • Aiming to expand and move towards the "no wrong door" approach intended by the merger. • Planning to roll out first episode psychosis programs at every center. ○ These programs are fidelity models. ○ Currently, there are eight programs in the state, operated at seven centers. • Expanding the embedding of clinicians in law enforcement agencies.	
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	○ Expectation that every center has at least one "alliance clinician." ○ There are currently 27 or 28 alliance clinicians across the state. Financial Changes • Centers will likely not be allowed to keep generated surpluses; these surpluses now belong to BHDD. ○ Some centers are "banking surpluses" instead of spending the money in the community. • Money will be looked at globally and will be considered to be owned globally. Recognition • Michelle Mitchum receives constant kudos from the Department of Administration for her work as an administrator. Sunsetting of 988 Grants • Two large 988 grants from SAMHSA are sunseting. ○ These grants support two call centers that cover the entire state. ○ Mental Health America Greenville operates the call center for the upper half of the state. ○ BHDD's Charleston Dorchester Mental Health center covers the lower part of the state. • SAMHSA has not released any new grants to apply for. ○ The federal cycle ends September 30th, meaning the grants are gone by then. • Funding has been requested from the General Assembly, but the House did not include it in its recommendations. ○ There is hope that the Senate will include the funding. ○ The Senate and House will then have a conference committee to agree on funding. Budget Requests and Appropriations • The agency used to be three distinct agencies with three distinct budget requests and appropriations. • Now, it is one agency with one budget request that has multiple priorities, including OMH, OSIS, and OIDD priorities.	
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	House Recommendations • The House recommended \$9 million for information technology and cybersecurity modernization across all three offices. • Other recommendations: ○ \$2 million for OID operations ○ \$2 million for the state match for intermediate care facilities for OIDD ○ \$1 million for direct support professionals for OIDD ○ \$1 million for OMH forensic services (requested \$7 million) ○ \$1 million for the psychiatric residential treatment facility for children ○ \$896,000 to support the DOJ effort ○ \$1 million for the alternative transportation program (OMH operates this program to transport individuals from emergency rooms to psychiatric facilities) • OMH received \$3 million compared to \$31 million last year. • \$2 million for OSUS formula grants and direct services to local 301 agencies. • \$2 million for residential and withdrawal management (detox) for the 301s through OSUS. • The House is not as generous as the Senate historically. Surplus • "Everybody's surplus will go back to the pot for BHDD." • Centers have historically been allowed to put money into a deferred maintenance account for owned facilities. ○ Cannot pay for maintenance on leased facilities. ○ Many clinics are 25 to 30 years old and require maintenance like roof and AC unit replacements. Facility Renovation • Renovation was done at the Lancaster facility last year because of deferred maintenance. 988 National Hotline • 988 is a national hotline with a call routing center that routes calls to the appropriate area code.	
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	• The routing center is still being funded, presumably through SAMHSA or the federal government. • If SAMHSA doesn't provide another round of grants, states will have to cover the cost of the call centers. ◦ South Carolina has not fully funded it. ◦ There was some recurring funding last year for 988, but it's not enough to cover the costs. • South Carolina received a total of \$3 million last year for 988. ◦ \$1 million was non-recurring. ◦ \$2 million was recurring. ◦ The cost for the two call centers exceeds that amount. • Requesting the backfill of the loss of grants and expansion money to cover call centers and continued hiring of staff to cover the increased call volume. • SAMHSA's budget has been cut. Revenue from Centers • Centers bring in almost half of their own revenue. • FY25 will be interesting due to EHR rollout disruptions. FY24 Budget (DMH) • Total budget: \$619 million. • State allocations: \$384 million (a little over half). • Grants: \$44 million. • Earned revenue: \$175 million. • County appropriations: Total of \$3.8 million, with \$3.2 million from Richland County to the Columbia Area Mental Health Center. The remaining \$600,000 is from all other 46 counties. Earned Revenue • Centers have higher earned revenue percentages because this percentage represents central office and hospitals. • Hospitals can't bill unless it's for a person under the age of 21 or a person over the age of 65.	
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Budget Presentation	Michelle Mitcham reported the following: Revenues Over Expenditures • Fiscal year 26 forecast: Surplus is on target to be \$701. • EHR program: ◦ Region that has gone live is not yet billing. ◦ Our Go live is April, which means basically the last two billable months of the fiscal year. Chester Clinic • We hope to finish the Chester Clinic renovations, which is the last of the five-year plan. • The renovation for Chester will be painting and furniture. ◦ We must go through all the approval processes, including going to the Governor's office. • If that is not approved as they have it submitted, they would pull back on a grant that they have and carry that into next year. Vacancies • Hoping to bring on some additional psychiatrists, which is going to improve access for patients. ◦ It's going to cover some absences, like maternity leaves. County Budget Season • They have committed, completed and submitted their county appropriations request to all three counties. ◦ Have not heard from any of them other than the email saying it has been received. Funding • Chester County is giving \$3,000 a year, which is being put to good use at the clinic. • York County provided \$125,000 this year to support law enforcement connections, court appointments, and designated exams.	
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	• Requests were made to Lancaster County to support a shared hospital liaison position between the organization and MUSC. Fiscal Year 27 Prep & Crisis Funds • Budget to Central Office is due on April 6th. • Expanding in a lot of programs. • The process for crisis funds has changed: ○ Whatever amount received this year will be designated as recurring. ○ This means expansions on existing programs may not be an option. ○ Recurring funds are permanent allocations for the upcoming year and likely the next few. • Across the state, \$6.2 million was allocated for crisis funds. Crisis Funds Allocation & ACT Positions • The organization's portion of the crisis funds is \$195,000, the smallest allotment of the 16 centers. • These funds will be used to: ○ Fund the intellectual and developmental disability position. ○ Expand and fund part of Carol's support for the court positions. • Actively seeking advertising and reaching out to the community to fill the ACT positions. ○ Haven't been successful in recruiting an ACT Team Lead. ○ Currently we have an administrative assistant, one clinician, and the medical team in place. Contract with York County Detention Center • The contract with the detention center in York County has been expanded. ○ The expansion includes more positions serving the inmates. ○ Positions include clinician, peer support, entitlement, and a psychiatrist. • The contract has been signed and is in place, positions are advertised. ○ Reggie Brackett, Chief of staff, has been filling in as clinician. • This program is fully funded through the contract with the detention center.	
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	Grant Funding • There are disruptions in grant funding across the board. • Catawba has two active block grants and has been able to stretch those dollars out. ○ There are no grants that fully fund any personnel positions. ○ Some grants are expiring and renewals are uncertain. ○ These grants are used to provide contract doctor services for rural counties. State Funding • 56% of Catawba's current budget comes from state allocations. ○ The largest portion of the state allocation is dedicated to personnel. ○ Also includes about \$360,000 in housing budgets. ○ Hospital bed days are included in that funding as well. • Grant allocation is 7% of the revenue budget. Detention Center Contract Details • The expansion includes new providers in the detention center, but they're not new hires. ○ Only the embedded clinician needs to be hired. ○ Existing staff will fill the other roles. ○ Entitlement will be using 0.2 of an FTE. ○ Peer support will be using 0.2 of an FTE. County Funding Requests • All three county budget requests were submitted between February 27th and March 2nd. • For Chester, we requested \$5,000 which historically has allocated \$3,000 • Lancaster doesn't contribute at all. • Last year's request from Lancaster was around \$120,000, but it was factored down because they don't contribute to external entities. Lancaster Stakeholder Meeting	
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	• The Lancaster stakeholder meeting had a large turnout, the biggest of all the ones that have been held. • Many attendees were from MUSC Hospital, due to the meeting being hosted there. • Communication breakdown between inpatient and outpatient community mental health was a key issue. ○ Patients are revolving through the ER because they can't get into outpatient services fast enough. ○ Telehealth psychiatry at MUSC Lancaster ended about five or six years ago, which used to allow access to DMH and hospital records. Hospital Liaison Position • The plan is to pivot from requesting a court liaison position to a hospital liaison position. • The request to Lancaster County is \$80,000 to cover the salary and fringe for the position. ○ This position is not revenue-generating but is needed to bridge the gap between inpatient and outpatient care. • Meetings have been set up with the hospital administrator and the ER manager to discuss this position. York County Request • We requested \$200,000 in funding from York County, the same as last year. • Originally, \$150,000 was awarded but then reconsidered and allocated elsewhere, resulting in \$125,000 being received. • The funds will be used for an FEP program when the time comes. ○ A House of Representative member, John King from York County, advocated for Catawba last year for an FEP program, but the money did not come through. • The county is supportive of law enforcement-related positions. Budget Presentations to County Councils • Historically, a presentation is given to York County Council. • Chester usually just approves the requests without requiring a presentation.	
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	An offer was made to let everyone know if they want to come and be a part of those to show support and advocate for us.	
Executive Director's Report Presented by: Tamara Edrington	Tamara Edrington, Executive Director, reported the following: Lancaster Stakeholder and Community Partner Meeting - Turnout: 35 people plus additional people joining virtually. - Representatives from Probation, Pardon and Parole, DJJ, Rebound, School Districts and MUSC Hospital, the sheriff's office, the Sheriff, and United Way were present. - Disappointment that there were no state representatives or any of the county council from Lancaster County present. - A discussion panel with community partners was held. - Misinformation between Catawba and Probate court was cleared up. - Community partners were educated on eligibility criteria for treatment of adults and children. Document Outlining Services - Deb had the idea of having the center create one document that outlines all of the services provided in the catchment area. - The document is being distributed to community partners. - Clinics, clinic directors, and community liaisons are taking the document to share what Catawba does. - The document is being distributed to jails, the sheriff's office, hospitals, and inpatient facilities. - The document is intended to connect people to mental health services. - Catawba provides wraparound services. - The document is not copyrighted and contains factual information that is also on our website. - Some Law enforcement in the area are not very familiar with all of the services that Catawba has. - Law enforcement is deploying the document while going out on calls.	

	Treatment Modalities • The provided document does not list all evidence-based treatment modalities offered, but they are available on the website. • The document lists common and most needed treatment modalities. Access • The number of C20s increased from January to February. • All counties in all categories are meeting access standards: 7 days routine, 2 days urgent, 1 day emergent. • There was a glitch in York County with a new employee miscoding an emergent case, but this has been corrected with training. Collaborative Documentation • All clinics had their collaborative documentation approved for February. • Collaborative documentation went from 81% in January to 84% in February. PCH Report • The current report does not account for closures and delays in February due to weather, which reduces available hours. • The current report indicates being about 156 hours short of the benchmark • A new, updated report will be sent out via email once the issues are fixed. Vacancies • ACT positions are still open and being advertised but are not getting the desired traction. • An interview was scheduled for the detention center position, but the candidate was a no-show. • Implementation of the detention center contract field services is planned for April. ○ Groups with peer support staff for female inmates will be implemented, focusing on smoking cessation and other peer support. ○ The entitlement specialist will work with inmates who have 30 days or less until discharge to link them to community entitlements.	
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	○ Two hours per week of physician time have been allocated to the Detention Center, mainly for psychiatric medication, as the current general practitioner is not comfortable prescribing antipsychotics. Family Center Staffing Changes • Starting April 2nd, the Family Center will have no support staff due to retirement, relocation, and resignation. • Clerical staff: one retiring on March 31st, one transferring on April 2nd, and one resigning effective March 30th. • Support staff will be pulled from York Adult, which has five support staff members, to share two with the Family Center. • The billing department, with front office experience, will also be used to fill gaps as needed. • Due to staffing shortages, the Family Center's hours of operation will change, reducing late nights by one, effective April 20th. • The office will close at 5 PM instead of 6:30 PM on Mondays. • Data indicated that only about two patients walk in the door between 5 and 6:30 PM on Monday nights. Physician Leaving • A physician left abruptly on February 20th due to a personal emergency. • This created a need to quickly find replacement physicians. New Physicians • Two physicians were found to make up one FTE (full-time equivalent). ○ One will work two and a half days. ○ The other will work two days. • They were already in the system, so no credentialing or training was needed. • They were ending contracts at PV Mental Health and were looking for work. • They are open to seeing detention center staff and doing designated exams for supplemental hearings.	
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	Stakeholder Meetings • The Chester second annual Stakeholder meeting is planned for May. • York County's meeting was in October, Lancaster's in February. Budget Request • There was a discussion about the budget request for the three counties. • Hoping for appropriations equal to or greater than previous amounts. EHR Update • Training is moving "full speed ahead." • Every staff member has had at least two hands-on, on-site EHR training sessions. • Drop-in sessions are available for those needing extra help with specific sections of the EHR. • There is confidence that any hiccups during the EHR launch will be supported. • Staff trepidation is being addressed with continuous support. • A testing site is available with test patients for staff to practice pre-admitting, treating, and discharging patients. • Staff are encouraged to practice in the testing site on their own time to gain proficiency. • Step-by-step instructions for all EHR functions will be provided to staff before the go-live date. Additional Training • From April 13th through the 17th, makeup training will be provided for staff returning from leave or those who are new. • This hands-on training will help them acclimate to the system before seeing patients.	
Public Announcements All Board Members	NAMI had a gala last weekend that was a success. It is the first gala that they have had to add to their fundraising efforts. SC SHARE- offers certification courses to people who are serving jail sentences and offer a certificate as a PSS so they can work as a court liaison after they are released. There is a benefit Golf Tournament (Seven Eleven Golf Tournament) coming up in Tega Cay supporting suicide awareness. Elizabeth will send out more information on this to Board members/Community Events Committee.	

Old Business Status of Applications	Elizabeth Schrum, Board Secretary, discussed the following: Status of Applications and Reappointments - Elizabeth is still working on Dr. Troy Fitzpatrick's reappointment for her second term with Lancaster County. - Several board members who have been reappointed have received a Certificate from the Secretary of State's office. 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 Supporting Staff and Patients During E.H. R. Launch - The board discussed ways to support staff during the E.H.R. Launch. - Tamara suggested providing snacks or catered lunches for staff during intense periods. - Snack packs were planned for both staff and patients due to extended wait times during the transition, as appointments will take longer. - Donations of food or funding from the board to provide snacks for patients, as procurement cards cannot currently be used for this purpose. - Jeff will send out an e-mail with a Venmo link for Board members to donate funds to for snacks/catered lunches. - Deadline for donations will be April 3rd.	

	Board Travel Submissions • Board travel submissions are being returned due to the requirement for wet signatures on forms. ◦ Typed names, even with proof of signature on the second page, are not being accepted. • December and January submissions have been submitted, and February submissions are still being collected. <u>Write Off Report:</u> There was no write-off report for March.	
Adjournment	The meeting adjourned at 8:15 PM	