

Catawba Community Mental Health Center



OFFICE of MENTAL HEALTH

STRATEGIC PLAN FY 26

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Service Area and Overview

The “York-Chester-Lancaster Mental Health Center” was established and began treating patients in 1961. In the mid-1990s, the official name of the Center became the Catawba Community Mental Health Center (CCMHC). Today, CCMHC provides mental health services to people of all ages, offering counseling, psychiatric assessment, medication management, crisis intervention, and other services to those experiencing serious mental illness and significant emotional disorders. CCMHC is one of the sixteen (16) community mental health centers governed by the South Carolina Department of Mental Health and provides services to the counties of Chester, Lancaster, and York. The population of the three (3) county area is approximately 420,000. During fiscal year 2024, CCMHC served nearly 3,500 patients by providing more than 40,000 outpatient contacts/services.

The Tri-County region of Catawba Community Mental Health Center continues to expand, thus increasing not only the population, but also the cost of living. With increases in both these areas, there is also an upsurge in the lack of affordable housing and other necessary resources needed to sustain an adequate quality of life. Due to lack of resources, the homeless and underhoused population has reached an all-time high. The lack of necessities and the uncertainty of navigating day to day functions, has increased the need in the mental health services provided by Catawba Community Mental Health Center. There has been an increase in referrals and an increase in mobile crisis responses, in turn creating a need for additional programming, additional trainings, and an increase in staff certifications.

While recognizing the need to recruit and sustain quality licensed staff, Catawba increased the staff initiatives in the following areas: greater opportunities for bonuses, increased training budgets which allowed staff to seek and pursue Evidence Based Treatment Modalities (EBT’s) and CEU’s for licensure. In collaboration with efforts from the Department of Behavioral Health and Developmental Disabilities (OMH), there were also greater opportunities to obtain coursework and supervision needed for licensure. As there was a noticeable change/shift in the acuity of the Catawba patient population, patients needing more intensive care and a greater need for Long Acting Injectables (LAI’s), Catawba continued to partner with local Detention Centers to offset the cost of these medications. The advertisement and hiring of employees for the Assertive Community Treatment Team and the utilization of the Highway to Hope mobile RV were initiated in FY25. In FY26, Catawba will continue to put forth every effort to continue with increased incentives for stellar work performance and create a safe and welcoming environment for staff and patients.

The Executive Director will continue to host weekly open forums for all staff to participate, in addition to weekly email updates. These forums and updates will serve as a measure of transparency for all staff. Understanding the reasons behind a task asked, improves the commitment, quality, and dedication to the job. During FY26, it is the hopes of the Executive Director to continue with the implementation of entry interviews for newly onboard staff. The implementation of this process should allow new staff to

express concerns, gain clarity, and understanding of their role, the mission of the center, and the goal of Office of Mental Health. Allowing staff to check in after 3-6 months of employment, assist in the reduction of turnover, thus increasing retention. It is also the goal of the Center to issue Employee Satisfaction surveys at least once a year, in addition to Stakeholder surveys.

The Catawba Community Mental Health Center's Strategic Plan was developed with input from stakeholders, community leaders, patients of Catawba CMHC and their families, and with input from staff at all levels of the organization.

The Strategic Plan will provide a roadmap to guide Catawba CMHC in FY26, and will be updated as necessary, and as environmental and funding opportunities and threats change or become apparent.

There have been many changes over the past several years in the competitive and regulatory environment including changes in Medicaid reimbursement, changes in Medicaid reimbursable services, increased competition from not for profits and for-profit agencies, changes in County funding needed, and flat line- state appropriation through the legislative budget process. We will continue with sound financial management, the provision of evidence-based and culturally competent practices and increased productivity of staff.

We have developed this Strategic Plan with the mission of Catawba CMHC at the forefront.

Sources of Input and Information

In preparation for the creation of the strategic plan, CCMHC worked with local stakeholders to identify:

- Unmet mental health needs
- Strengths and areas of improvement for CCMHC
- Opportunities for expansion

Input and information came from a variety of sources:

- Community Partners
- Patient Satisfaction Surveys
- Patient Discharge Surveys
- Catawba Community Mental Health Center Staff
- Catawba Community Mental Health Advisory Board
- Catawba Community Mental Health Patient Advisory Board.

Role of the CCMHC Advisory Board

The CCMHC Advisory Board plays an advisory role in the strategic planning process. The Board focuses on strategic priorities of the organization and carry out its responsibilities as a whole to all counties within the Center's catchment area. The Board will adhere to all board policies and ensure that they are up to date on all education and information regarding the community in an effort to stay abreast of the community's trends. The board will raise questions and contribute their expertise as well as bring insights from key stakeholders.

Role of Senior Management

CCMHC Senior Management will utilize its knowledge, experience, and expertise of the community and stakeholder needs to make decisions, develop, and implement policies and procedures in order to ensure the goals and objectives are being met. There will be routine review of the strategic plan by management. The Executive Director or her designee will provide frequent updates to the board regarding performance, budget, access, and documentation.

Mission of Catawba CMHC:

It is the mission of Catawba Community Mental Health Center to support people with mental illness in their recovery.

Recovery is defined as living in a community of one's choice, having enough resources to meet one's basic needs, a meaningful way for patients to spend their time (working, volunteering, and going to school), and meaningful socialization.

Our Values:

- Each person who receives our services will be treated with respect and dignity and will be a partner in achieving recovery.
- We commit ourselves to services that:
 - honors the rights, wishes and needs of each individual.
 - promote each individual's quality of life.
 - focus on each individual's strengths in the context of his or her own culture.
 - foster independence and recovery.
 - demonstrate the value of family inclusion and the benefits of strong family support.
- We will provide state of the art clinical services and supports to adults with severe and persistent mental illness, and to children with serious emotional and/or behavioral problems and their families.
- All services delivered by the Catawba Community Mental Health Center will be provided in partnership with individuals and their families to support recovery and promote resilience.
- All services will be provided in a fiscally responsible manner.

Needs Assessments:

Several needs assessments were conducted throughout the past several years to assist us in receiving input from the general community, community stakeholders, patients, their families, and staff.

Catawba CMHC partnered with several other community organizations in 2019, 2020, 2021, 2022, 2023, and 2024: including, local hospitals, local homeless shelters, local school districts NAMI, drug and alcohol treatment center (Keystone), faculty at local university (Winthrop), Affinity and North Central Family Medicine Center, which are the two FQHCs in this catchment area. We will continue to partner with these agencies in FY26 to provide ongoing assessment of how Catawba CMHC can be a better partner with the communities that we serve.

Catawba will continue to participate in the Upper Midlands Rural Health Network (UMRHN) which consists of health care providers, Catawba CMHC, technical colleges, AHEC, SC Office of Rural Health, hospital CEOs, etc. The goal of this team is to coordinate services for the residents of Lancaster, Chester and Fairfield Counties in upstate South Carolina. The Catawba CMHC Executive Director serves on the UMRHN Board.

The UMRHN discussions also helped us to realize that there is a fragmented system of care for Catawba CMHC patients, who are at greater risk of having chronic illness, who utilize the Emergency Department for primary care needs, and often die at an earlier age, as compared to the general population.

In FY 2025, we continued with the implementation of embedding an FQHC on site at Catawba's largest clinic, for the treatment of primary care needs of Catawba's patients. In FY 26, we plan to expand these services to include our child/adolescent population and embedding of PCP at all Catawba sites. This initiative will be funded by a partnership with North Central Family Medicine.

The Executive Director is a member of the OMH Integrated Primary Care Workgroup, where discussions pertaining to the implementation of this plan are reviewed. In FY26, CCMCH will continue with the utilization of the mobile clinic, with hopes of expanding into Chester and Lancaster Counties. The use of a mobile clinic will greatly increase the access of care for those patients who live in rural areas and struggle with transportation needs.

FY 2026 Goals:

Based on the above needs' assessment activities and the strategic plan of the OMH, we have established the following goals for FY26:

- Continuously monitor access to care for patients and their families to achieve at least 95% success in meeting access standards.
- Improve Patient Care by supporting staff to be successful in reaching their Patient Care hourly benchmark and progressively discipline those who are unable to reach the benchmark consistently.
- Assure Center and system sustainability by meeting identified Patient Care benchmarks.

- Continue to provide evidence-based practices: DBT, TF CBT, MDFT, PCIT, MRT, Assertive Community Services (ACT), EMDR and IPS
- Continued improvements with community relationships through visits to local Primary Care Offices throughout the catchment area.
- Installation of Security Cameras at remaining Catawba facilities (York Adult, Chester, and The Family Center).
- In FY25 (3 of the 4) Catawba clinics received furniture renovations, this year's goal is to complete the furniture renovations at the remaining clinic.
- Continued implementation of ACT Teams.
- Hiring more onsite physicians at all clinics within Catawba.
- Hiring an embedded clinician at Rock Hill Police Department, York Technical College and/or Piedmont Medical Center.
- Integrated Care at all Catawba clinics.
- Increasing or establishing county appropriations from Lancaster and Chester Counties.
- Continue to be good stewards of the funding received from York County.
- Actively using RV as mobile clinic throughout Catawba's catchment area.
- Host quarterly stakeholder meetings in all Catawba counties to ensure that Catawba is a good steward of the community.
- Complete integration into the new electronic health record.
- Achieve a 3-year CARF accreditation.

While all established goals are important for the success of Catawba Community Mental Health Center, the top 3 priority goals are as follows:

- Assure Center and system sustainability by meeting identified Patient Care benchmarks.
- Continue to provide evidence-based practices: DBT, TF CBT, MDFT, PCIT, MRT, Assertive Community Services (ACT), EMDR and IPS.
- Host quarterly stakeholder meetings in all Catawba counties to ensure that Catawba is a good steward of the community.

Improve Access to Care:

We have maintained the following access standards at Catawba CMHC:

Emergent need: Same Day (individual in need of emergent services due to suicidal or homicidal ideation and/or plan, failure to contract for safety). Catawba CMHC has "on-call" clinicians at each clinic to serve these patients. These patients are often in need of hospitalization, which we can often facilitate from our clinics, or as needed, have the patient transported to the local hospital Emergency Department, where they are better equipped to provide for patient and staff safety. If in crisis, but not in need of hospitalization, we can provide crisis intervention services. With Mobile Crisis staff on-site during business hours, we can also respond to a crisis in the community by diverting from hospitalization.

Urgent need: Individual will be offered an appointment within 2 calendar days.

Individuals discharged from the hospital will meet this standard of urgent need.

Routine Care: Individual will be offered an appointment within 7 calendar days.

Status and measurement: We will continue to measure our compliance with these standards through the use of a revised standardized intake form. We expect to maintain full compliance for FY26, our goal is to be compliant with all access standards for 95% of persons served. We are stressing that where appropriate, the Initial Clinical Assessment (ICA) and the Plan of Care are completed at the intake appointment. Therapy begins at the second appointment. Every patient should leave their intake appointment, with a follow-up therapy or medical appointment. For FY26, our goal is to meet these standards 95% of the time.

We continue to measure compliance with these access standards at each clinic location at least monthly.

Financial Stability:

The financial goal for FY 26 is to have a surplus of 3-4%. We will monitor progress towards that target monthly and take corrective action where necessary. Monthly financial statements are reviewed and discussed by the Catawba CMHC Senior Management Team and by the Board at Catawba CMHC.

Monthly summaries are also reviewed by the Deputy Director of Community Programs at the Office of Mental Health and by the Chief Fiscal Officer of the Department.

One of the key components of financial stability is to more closely monitor and improve Patient Care Hours. If staff are not seeing patients, they are not billing for services and thus revenue is decreased while expenditures remain the same. Patient Care Hours drive revenue. Senior leadership continues to provide clarity and understanding to clinical staff surrounding this connection. Catawba senior management made the collective decision to increase the benchmark service hours for all staff who are registered as a 1.0 FCE (full time clinical equivalency). The rationale for this is to ensure that Catawba ends the FY in a fiscally responsible position. For those staff who exceed their benchmarks by 5%, bonuses in the amount of 500.00 per quarter will be awarded.

We have taken several steps to ensure continued success:

- a. Centralized scheduling
- b. Memos followed by Work Improvement Notices will be given to clinicians with consistent low revenue generation. Initial memos will be issued no later than the first few months of a new EPMS year.
- c. Supervisors have an addition to their EPMS that 80% of their team must meet revenue generation standards and corrective action plans must be in place for any staff not meeting their minimum standard.
- d. Continue monthly monitoring of PCH's to ensure staff are averaging no less than 67 hours of direct treatment delivery per month.
- e. Monitor quarterly staff revenue as noted above.
- f. Review staffing practices to ensure better utilization of staff and appropriateness of the activity, especially in school-based services.
- g. Use of Collaborative Documentation, which has support in the literature for improving service delivery, staff and patient satisfaction, and efficiency.
- h. Mandate the use of the electronic scheduler with the supervisor approving any blocked time at least one week in advance.

- i. Providing incentives/rewards by recognizing high producing clinicians on a regular basis (monthly emails from Executive Director, highlighting high producers in staff meetings, having the high producers assist with those who struggle with, PCH awarding performance salary increases for consistently high producers, and providing incentive bonuses on a quarterly basis for staff who average at least 5 percent above their minimum standard).

Breakdown of Funding for Catawba Community Mental Health Center for FY25

Type of Funding	Amounts
State	\$5,893,331
MCO	\$1,957,812
Medicaid	\$424,814
Other Revenue (contracts, SC Prime, Debt Set, Self-Pay Collections)	\$1,762,204
County Funding (\$3K Chester + \$125K York) (100% increase in funding from York County from the previous fiscal year)	\$128,000
Totals	\$10,166,161

Evidence Based Practices:

We have established eight evidence-based practices that should be in place at each of the 16 mental health centers in South Carolina. These practices are: Cognitive Behavioral Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), Multidimensional Family Therapy (MDFT), Parent Child Interactive Therapy (PCIT), Moral Reconciliation Therapy (MRT), and Eye Movement Desensitization and Reprocessing (EMDR).

In addition, Catawba CMHC provides School Based Mental Health Services, Dual Disorder (MH and D&A services), and Young Children’s Services. It is our goal in FY26 to remain active in Homeless and Mental Health courts within the York County catchment area, also remaining active in Drug court in both Chester and Lancaster counties. In FY26, Catawba hopes to continue providing quality job placement and opportunities through the Individual Placement and Support program (IPS). Catawba has plans to have a fully operating Assertive Community Treatment Team in FY26.

We will measure progress in these evidence-based practices through the use of the DLA-20, an outcome measurement tool that is administered at intake, every 90 days thereafter, and at discharge. The levels of care that have been developed will also measure outcomes as persons served move from a more intensive level of care, to a less intensive level. The DLA-20 is embedded in the levels of care as an objective indicator of what level of care the individual person served needs. The type and frequency of services changes within each level, but all treatment plans are created based on individual need.

Medical Peer Reviews: Medical Peer Review: Catawba Community Mental Health

(CCMHC) prescribers, including all psychiatrists and APRN's will participate in an annual peer review. During this time, 10 patient charts per prescriber will be reviewed and audited for the purpose of compliance, medical necessity, and quality, that is in compliance with all SCDMH standards. The peer review audit tool will consist of 16 standards, with the goal of achieving at least a 90% or above in each area.

Sustainability:

Sustainability is the capacity to endure. It is the potential for long-term maintenance of well-being and in this case refers to not only Catawba CMHC, but to OMH as well.

If we implement and continue to monitor this strategic plan while monitoring the environment for opportunities and threats, we should be successful in sustaining the Catawba CMHC for the short and long term. The Catawba CMHC Senior Management Team (SMT) is responsible for the implementation and monitoring of this plan. The Catawba CMHC Board is briefed monthly on progress toward achieving goals.

If we improve access when patients want to receive our services, have productive, well-educated and trained clinicians and clinical supervisors, provide evidence-based practices to ensure better outcomes, remain financially stable, expand our funding portfolio through grants and partnerships, and remain true to our mission of putting the patients and their families first, we will be successful.

IT Plan:

The Catawba CMHC network consists of 1 central server, 172 networked devices (Desktop and lap top computers, smartphones, and smart boards), and 82 end users, this is an increase in networked devices and a decrease in end users from FY24, where there were 136 networked computers and 87 end users. The central server location is at the Administration office. This count does include some out-stationed staff at schools, or with contract MDs that use the portal to access our system.

There are various other in-house specialty applications that are used by certain staff. Our current Computer Services staff consists of 2 Information Resource Consultants.

CCMHC IT will be working with OMH IT staff in implementing new security measures mandated by the budget and control board. This will entail a lot of time for staff as this will require reimaging existing computers as well as fulfilling other policy mandates. Due to the pandemic and the implementation of OMH's telecommuting policy, Catawba's IT consultants developed a robust inventory tracking system. This system is used to monitor the use of IT equipment by department and by center staff.

It is recommended that CCMHC begin to look at the feasibility of a wireless network for its locations. In FY26, Catawba will begin to move in the direction of having WIFI in all locations and a state-of-the-art security system, which was a recommendation from local law enforcement, because of the Active Shooter training that was conducted in 2024.

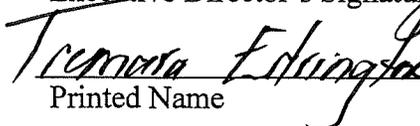
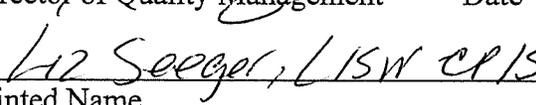
The Catawba IT team develops an annual Information Technology and System Plan which is monitored by Catawba CMHC Senior Management Team and is compliant with all standards of the OMH Office of Information Technology (ONIT). The Catawba IT staff will be an integral part of the transition to a new Electronic Health Record (EHR).

The transition to a new EHR will affect OMH in its entirety. Sections of the agency will transition in phases, with Catawba transitioning to the new platform in phase 3, in August 2025.

A New Building: We have developed a five (5) year plan/dream to occupy a new building that is owned entirely by the state of South Carolina in York County. This new building will house the Catawba CMHC Administration, the York Adult Clinic and the Catawba Family Center. We have met with various local and state representatives in an effort to advocate for a state building. In advocating for the new facility, discussions regarding cost savings were generated. Catawba currently pays a total of \$ 32,988.91 per month for the use of the York Adult and Family Center/Administration buildings. These leases are slated to increase by a minimum of 5% each year. The price per month equates to a total of \$395,866.92 per year. This large sum of money can certainly be better used in ways that will benefit the patients, such as new patient programs, medications, and money for rental and housing assistance. We have estimated that a new building may cost \$16-18 million (an increase from our previous estimates, due to inflation of labor and materials) and have submitted that budget and the savings in rent to OMH and it has been a part of the Capital Improvement Plan and budget for the past several years.

While we patiently await the purchase of a building, Catawba has started a phase approach to a renovation plan for all Catawba facilities. In FY26, the goal is to fully furnish all outpatient clinics with new furniture, window coverings, paint, and flooring. The purpose of this renovation is to create environments that are welcoming to both staff and patients.

Strategic Plan Signature Page

	8-4-25		8/4/25
Executive Director's Signature	Date	Director of Quality Management	Date
			
Printed Name		Printed Name	
