

Greater Greenville Mental Health Center Board Meeting Minutes

January 27, 2026 Meeting held by Microsoft Teams

Attendance:

Ms. Frances Anderson	Dr. William Byars	Ms. Carol Wilkins	Ms. Marci DeWolf	Ms. April Evans
Ms. Mary Greer	Ms. Jill Mann	Ms. Charlotte Walker	Ms. Alethia Walker	Dr. Megan Mitchell-Hoefer
Ms. Alice Matthew	Mr. Samuel Cann	Ms. Kristi Harrington	Mr. Peter Camelo	Ms. Marie Young
Ms. Deborah Blalock	Ms. Jessica Wooten (Scribe)			

Absent:

Ms. Edna Walsh
Ms. Kelly Willenberg

Topic	Discussion	Follow-Up
Welcome and Introductions	Ms. Charlotte Walker called the meeting to order at 12:05 PM. Introductions were made.	
Approval of the Minutes	December's Meeting Minutes were approved.	
MDFT Presentation <i>Ms. Kristi Harrington</i>	Ms. Harrington discussed the following: • Ms. Harrington is the Greer Clinic Director and has been with GGMHC, previously Piedmont MHC, as a CAF clinician since 2010. • MDFT – Multi-Dimensional Family Therapy; Intensive in-home/in-community therapy that serves 10–26-year-old age group. Model is unique in that it can be “tweaked” to help different populations but is geared toward youth and intensive early intervention. Intervenes with 4 domains: youth, parents/guardians, family as unit, community.	

	• Intensive modality where sessions are 1-3x per week and occurs over 3-6 months. 6 months is the max amount of time for one patient. They are able to re-enter MDFT program in the future if there is deterioration. • 3 stages of treatment: Build a foundation for change; Facilitate individual and family change; Solidify changes. • MDFT Staff must go through 5–6-month training process that results in MDFT certification; Supervisors will take that training AND continue on for an additional 5-6 months for supervisory training. • GGMHC has interviewed for MDFT Supervisor and MHP positions. Clinicians have been selected and are waiting for approvals to fill. • As opposed to MST, where there was more rigid perimeter as to who that modality is applied to. Additionally, with MST you are tethered and must pay license fees and many associated costs. MDFT does not have those associated regular costs. • Is there accountability in place for the parents once they sign up for the program? Yes, parents are required to participate and agree fully to the terms of the model. Can the program be court ordered? We hope that judges would not blindly court order, but rather court-order person to MHC. It can be court-ordered, but there must be a clear understanding of who the model is for and what outcomes it can have. Is OMH planning education at the legal level? Role of the MDFT supervisor to educate local DSS, DJJ, Family Court. Etc.	
Administrator's Report <i>Ms. Marie Young</i>	Ms. Young discussed the following: • FY26 Statistics (July-Dec): - PCH- 767/780 OMH Standard; NSS- 89%/80% OMH Standard; - GGMHC served 5,398 Greenville residents (Last FY: 7,442); GGMHC provided 38,808 services (Last FY: 54,127). - 4,491 Current Open Cases; Demographics: 20% children and 80% adults. • Staffing:	

	- 139 filled positions; 93 clinical, 46 administrative; 4 New Hires; 14 current vacancies, 12 clinical, 2 admin. • Building updates: No current building projects in SVL Clinic; No current building projects in Greer Clinic; GVL Insulation and Roof project – \$1.55 Mil (price reduced back to \$1.55 mil from \$1.8 mil 11/7/23 per PPS). Pre-Bid Conference was 11/14/24. The Bid Opening was 12/12/24. Bid (Tecta of America, Vu w/ Terracon) came in within budget. Project began on 4/25/25. Completion date is expected in coming weeks, weather permitting. Punchlist is still in progress. • Budget updates: FY26 expecting balanced budget by end of the FY. Current focus on production and service provision, as well as program expansions in our ACT, Mobile Crisis and MDFT teams; 2 positions are being advertised for ACT Team; 2 Mobile Crisis and MDFT positions, 1 hired and 1 in selection process. • Uncollectable Debt Written Off (3 per year required at min.) – December 2025 - \$0; November 2025 - \$233,231; October 2025 - \$0; September 2025 - \$236,799; August 2025- \$0; July 2025 - \$300,764 ; June 2025 - \$301,331; May 2025 - \$0; April 2025 - \$0; March 2025- \$328,297; Feb 2025 - \$0; Jan 2025 –\$0; Dec 2024 - \$0; Nov 2024 - \$0; Oct 2024 - \$306,318; Sept - \$0; Aug 2024 - \$0; July 2024 - \$287,165.	
Director’s Report <i>Mr. Peter Camelo</i>	Mr. Camelo discussed the following: • Major Programming Shifts: - Staff/Position Reallocation from SMH – 10 staff remain in the School Mental Health program; Number of residents served and Child & adolescent cases is down, mainly due to this shift; GCSD has taken over an additional 12 schools, and 10 staff have gone to GCSD. - Mobile Crisis Unit has expanded – 2 SMH staff have shifted to the Mobile Crisis program. 2 additional Mobile Crisis staff are awaiting a start date and 2 positions are awaiting approval to advertise. - MDFT program is starting up – 1 MDFT position is filled and starting on 2/2/26, 1 staff member has been selected for an MHP I position within the program. An additional position has been requested and is awaiting approval.	

	- Still advertising for ACT Team positions: These have proven difficult to fill. • 2nd Quarter Internal Audit: GGMHC just completed internal audit that was completed by central office. Awaiting the finalized report. • Zero Suicide Training– Mobile Crisis MHP, Abbey Olliff, has been assigned as the Zero Suicide Lead. • Upcoming sequential intercept mapping (SIM) event – Homeless Response Systems Mapping Event focused on the Homeless population will occur on April 21-22, 2026, at the Greenville Clinic Auditorium. This is an event that will involve many community partners and stakeholders that are involved with the homeless population in Greenville County. Focused on finding gaps and vulnerable areas in treatment for the homeless community.	
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Deputy Director's Report <i>Ms. Deborah Blalock</i>	Ms. Blalock discussed the following: • Update from State Office – There has not been a director identified yet for SCDBHDD. This will not likely happen until the appointment of a new SC Governor. • Update from OMH – Meetings were held on Friday 1/16/26 at Central Office regarding the Restructuring of BHDD Organization. Current org structure reflects broad range of activities within each office (OMH, OIDD, OSUS). DOA, Boston Consulting Group and Governor's Office worked on the Restructuring of BHDD. - OMH holds bulk of services provided with approx. 4,500 staff; OIDD has approx. 2,300 staff; OSUS has approx. 23 staff. Each of these offices is quite different in terms of responsibility and scope. Central Administration functions in Cayce were moved to report to the DOA – HR, Legal, IT, Billing, Finance.	
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	- To Be Hired: BHDD Executive Director, Chief of Staff, Director of OMH, Director of OIDD, Director of OSUS, State Facilities Director, Medical Oversight Psychiatrist; Additionally, the following positions will be posted soon – BHDD HR Director, BHDD General Counsel, BHDD Chief Financial Officer. - Central Administration functions are being evaluated and a decision will be made on whom will report to whom based on this. - Mental Health Centers will be called BHDD Centers instead of OMH Centers. - This new structure could implement true integration of care delivery. - Org chart will not change until BHDD Chief of Staff, State Facilities Director and Psychiatrist over Medical Oversight positions are filled. • In Merger Bill there was a direction that required the DOA to eradicate 25% of the FTE positions across BHDD. The DOA doesn't wish to RIF (Reduction In Force) current staff, if possible. They are trying to do that through attrition, not backfilling positions as they've been vacated. DOA had to determine how many vacancies departments had that they were holding on to but weren't intending to fill. • Budget Update: Was presented to Ways and Means sub-committee. Next will be presentation to the SC Senate of Medical Affairs.	
Other	N/A	
Ms. Charlotte Walker		
Adjournment	The meeting was adjourned at 12:54 PM on a motion by Ms. Charlotte Walker.	