

HORRY COUNTY COMMITTEE ON MENTAL HEALTH



June 9, 2023
County Council Conference Room
10:00 A.M.

AGENDA

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| I. | Call to Order | Cam Crawford |
| II. | Invocation and Pledge of Allegiance | Jenna Dukes |
| III. | Review and Approval of Agenda Contents | |
| IV. | Approval of Minutes – May 5, 2023 | |
| V. | Discussion Items: | |
| | 1. Community Mental Health – Shoreline Behavioral | John Coffin |
| | 2. 911 in the Trenches | Derrick Green |
| | 3. HC Police in the Trenches | Scott Calderwood |
| | 4. HC Schools Mental Health | Velna Allen |
| | | Tonya Picket |
| VI. | Adjourn | |

**MINUTES
HORRY COUNTY COUNCIL
COMMITTEE ON MENTAL HEALTH MEETING
County Council Conference Room
May 5, 2023
10:00 a.m.**

COMMITTEE MEMBERS PRESENT: Cam Crawford, Chairman; Barbara Blain-Bellamy; Shanda Allen; David Cox; Johnny Gardner; Danny Hardee; Steve Gosnell; Randy Webster; Joe Hill; Ken Davis; Phillip Thompson; Joey Tanner; Amy Prock; Kerry Schwanz; Crystal Sadler; Charles Bell; and Jacqueline Brown;

MEMBERS ABSENT: Jenna Dukes; Jimmy Richardson; Kathy Ward; John Coffin; and Julie Barraza.

OTHERS PRESENT: Ashley Carroll; David Gilreath; Beth Tranter; Renee Hardwick; Arrigo Carotti; Mary Mauch; and Thomas Bell.

In accordance with the FOIA, notices of the meeting were provided to the press stating the time, date, and place of the meeting.

CALL TO ORDER: Chairman Crawford called the meeting to order at approximately 10:00 a.m.

INVOCATION AND PLEDGE: Mr. Hardee gave the invocation and led in the pledge.

WELCOME MESSAGE: Mr. Gardner stated he appreciated everybody coming out. He thanked them for agreeing to serve on this committee. This was an important committee. They had elected officials, appointed officials, employees, members of the community, members of the other municipalities, other venues, and other jurisdictions. He was so pleased and grateful to have them there. It warmed his heart, and it was a great mission that they were undertaking. He applauded all of them and Mr. Crawford for agreeing to chair this committee and provide leadership of them. Normally, when they established a committee he would make a charge but because this committee was dealing with a national, state and local crisis, all he was going to do was ask that everybody bring whatever they could bring to the table. Whatever they thought the solution was. Whatever they could do. They, most importantly, needed to raise the public's understanding of mental illness, and they needed to raise awareness of the need for mental health services. When he announced the formation of this committee he had mixed reviews. Most of it was criticism. A lot of people were all excited about it, but the criticism was there was no money. There was no solution. He took that as a challenge and so did they because they wouldn't be there if they didn't think they could do something about it. Again, he was sincerely grateful for them being there because they knew that mental illness does not discriminate. It can affect anyone. It didn't matter what your age was, your gender, your race, income, economic background, or social background. It affected everybody from the family budget to the county budget. Mental health issues were challenging every one of them on the streets, in the classroom, hospitals, jails, and at work. If their family did not have direct or suffer from some type of direct mental illness, that was wonderful. That was great and he was happy for them, but the indirect effects of mental health issues affect all of us. Our teachers and police officers are spending more and more of their time on mental health issues instead of the work that they were trained for. That ended up costing all of us money. They were putting mentally ill people in prison instead of hospitals, and that was costing all of us money. One of the many things that makes Horry County a great place to live and work was the wonderful diversity that they had for everybody, our locals, our residents, and our tourists. It was a wonderful place. We all had our own missions, our own venues, but he asked for them to speak as one voice in what they did moving forward. A voice that helped everybody in Horry County. Once again, he couldn't thank them enough for being there. It was an important endeavor. He understood it was going to take time. It was going to take time away from all the important jobs they did, but this was important too. He thanked them again for it.

COMMITTEE MEMBER INTRODUCTION: Chairman Crawford reviewed the members of the committee and introduced the ones in attendance.

DISCUSSION ITEMS:

COMMUNITY MENTAL HEALTH (Jackie Brown): Ms. Brown stated she wanted to present information about Waccamaw Mental Health. It was one of the 16 community mental health centers in the State of South Carolina. DMH had been in existence for over 200 years. Waccamaw Mental Health started in Horry County in 1967. They served 3 counties, Horry, Williamsburg, and Georgetown Counties. They had 2 clinics in Horry County, their main clinic, which was off of Hwy 501, and one that started out as a satellite clinic on the south side of Myrtle Beach which had grown into a full clinic. Waccamaw Mental Health was the true medical model which meant that they had psychiatrists, psychiatric nurses, and licensed and unlicensed professional counselors. They had talked about the statistics, and they currently had over 3,400 cases open at Waccamaw Mental Health. Out of that 3,400, 2,200 of them were here in Horry County. One out of five children would have a diagnosable mental illness, and one out of four adults have experienced a mental illness. She was glad the committee had started because there was such an importance of recognizing and reducing the stigma so people could get help. She presented more information on the DMH as a state department. Their last fiscal year they provided services to over one million South Carolina citizens. They had a mobile crisis unit. They provided services to about 23,000 services. The one thing about the community mental health centers was they provide services to those citizens who were uninsured. They paid \$7.5 million for uninsured patients to receive crisis beds, and some of those were citizens here in Horry County. Again, she was glad the committee had started and was anxious to get down to their goals and what their mission was going to be and what they were going to do. She was not one to want to meet just to meet. She wanted to get something out of the meeting and have action steps. She wanted to have solutions. She thought the thing she was proud of for Waccamaw Mental Health was their special array of services. They just don't provide counseling. They had services where they help patients. They had a competitive employment program so their patients work and pay taxes. They have safe and affordable housing. They had positions embedded in their police (inaudible) stations. They had mobile crisis. They had care coordination. So they had a special array of services that they provide at Waccamaw Mental Health to help the citizens of Horry County.

Mr. Gardner asked if they provided transportation. Ms. Brown stated transportation was a barrier. They don't provide transportation. Some of their patients had Medicaid transportation, but that was a major barrier. They had a H2H program so they had a RV that would go out into the rural areas to provide services. So they would take the services out to their patients. They also had an intensive community treatment program where they would take their clinicians and go out to the community to provide services to their patients. Yes, transportation was a major barrier.

Chairman Crawford asked Ms. Brown to tell him about reintegration programs where people that were trying to move back into the workforce and that sort of thing. Ms. Brown stated that was where they had their IPS program, which was an ethics based program. They had found their patients did better when they were working so this program was a zero exclusion. If a patient comes in and says they want to work, they had a team that provides an assessment. They find out what type of employment that the patient wanted to do, and they help match them up with different employers in the community. If they were on a job and needed support, staff would go to them. It was all different levels. They had patients who had been hospitalized, and to integrate them back into the community they had a Towards Local Care. This program would provide skill building for these patients. Sometimes these patients are seen three times a week or twice a week. It depended on what their needs were.

OVERVIEW OF THE OPIOID TASKFORCE COMMITTEE (Randy Webster): Mr. Webster stated he wanted to tell them how pleased and happy he was to be a part of this committee. In public safety they were seeing more and more impacts in the community, and unfortunately not in a good way. Mental health issues were

challenging them each and every day from law enforcement, fire/rescue, hospital base, and school base issues. It was really nice coming together to try to address this in some way moving forward. He found their biggest issue was that people really don't know what to do. If they had not been introduced into the system initially, or until they get introduced into the system, they just don't know what to do or where to turn. They have a family member or close friend who had challenges, and they just don't know what to do about it. They see that and get a few calls about that every once in a while so their hopes with this committee was they could help get that word out more about how they could make changes and get people assistance that they needed to help address this big issue that was only getting worse each and every day. They were really looking forward to being a part of that. They had a lot in place currently. They had handed out to the committee members information on current programs, and he thanked their community development department for putting it together. There were a lot of initiatives out there that people may not be aware of. As he had mentioned, they just needed to get the information flowing to see what they could do to help people along the way. He referred to the packet that they had been given and stated they wouldn't go through each slide, but he wanted to make sure the committee was aware. They probably would address this in future meetings he was sure. As they were starting this process and Chairman Gardner put it out at the beginning of the year, he and Chairman Crawford had been talking about this. There was a lot that they needed to look at, and then came the Opioid funding, settlement money. They came into a decent amount of money to start working on some programs that would help address some of these issues as well. Following him in the agenda there were several individuals who would talk about their specific topic involving the Opioid taskforce that they had put together. They had four basic sections that they were looking at or programs that they were looking at. The Public Safety Assistance Program was one which was a step above their current employee assistance program. Public safety had a different need in terms of the mental health issues that they work with and how they deal with themselves. Then they would look at the expansion of the Treatment Port Program from the solicitor's office. Then they would hear about the Female Jail Diversion Reentry Program from the detention center director, Marcus Rhodes. They would talk about an interesting initiative, their Community Paramedic Program, that was addressing the people who had been involved with overdose issues and then following up with them to make sure to try and make sure one, they could get into the system, and two, to make sure that they were getting the other care that they needed along the way. Chief Ben Lawson would talk about that in just a little bit.

Fire Department Initiatives (Ben Lawson): Chief Lawson stated they were grateful to be a part of this committee. It was great to see. Mental health was near and dear to their hearts, and they wanted to make sure that, not only the community members were taken care of, but also their employees were taken care of with their mental health. They were going to do a Harm Reduction Specialist Program so they would be hiring two individuals who would come on board. They respond to Opioid overdoses on a daily basis, and one of the missing links of the chain that they saw was there was an unmet need in those individual's lives, whether it was a mental health issue, a pain issue, or just something where they had fallen on hard times and were relying on Opioids to get through life. So what they would be doing was when they respond to a narcotic overdose or an Opioid overdose, the day after they would be following up with that person. These individuals would go out and meet with them to determine what those unmet needs were and try to point them in the right direction, whether that be an inpatient mental health facility, a pain clinic, or an outpatient mental health facility. Maybe they were a veteran, and they could get them some veteran's assistance. There was a lot of opportunities and a lot of community partnerships, and they looked forward to bringing to the table for these. They looked forward to getting these people onboard. As their call volume continued to grow, a lot of narcotic and Opioid overdoses were seen every day. It didn't seem to be slowing down so they wanted to make a difference in those individuals and each individual that they encounter.

Ms. Allen asked how many, on an average day, did they do that had done the overdose that their paramedics... Mr. Lawson replied it ebbed and flowed. He would say anywhere from 8 – 10 per day at least. Some days

more than that. Some days they go to the same individual multiple times. The first time they go to someone and they had done this amount of Opioids and the next time they reached that same high, so to speak, you had to do twice as much, if not more. So where one dose of Narcan that they give helps them regain consciousness or brings them back to life this time, the next time they had to go and use 2 doses or 3 doses. Sometimes they do see a couple that they go to multiple times a day, so there was definitely a need there.

Chairman Crawford stated he would like to commend him on the Harm Reduction Program. He thought that was a really good start, and he thought that really demonstrated to the community that they were trying to help people that had been adversely affected, especially by Opioids as well as synthetics.

Detention Center Programs (Marcus Rhoades): Mr. Rhodes stated that Chief Lawson alluded to something that they see a great deal at the detention center, and that was that mental illness often wears the glove of addiction. When you started talking about multiple overdoses and sometimes going to the same individual that suffered an overdose twice in the same day, then obviously this was not a first time user and frequently these individuals that have mental illness also have an addiction. In that addiction component you can imagine that that brings them back, not just to first responders on the street, but that it brings them to the detention center repeatedly, over and over again. Some of these people come because they were in a place that they should not have been when they overdosed and the charge as simple as trespassing, and they were encountered in an intoxicated state from some drug or alcohol, and then they were still uncooperative at the time that they were restored and they had no place to go. So what were they forced to do if there was no place to go and they refused to leave where they were, they come visit them at the detention center. In that repeated cycle, especially with individuals that had committed crimes of some description because of the addiction and because of the mental illness that they had occurring, they stay with them sometimes for just a few hours, but sometimes they stay for several weeks, several months. So what they were working on, and what they had built and cultivated partnerships with many of the people in the room. They had 734 inmates that day. Many of those inmates needed the services of people that were there. They had a qualified mental health provider that worked with their medical provider full time at J. Reuben Long, but they also had partnerships with Waccamaw Mental Health. Jason was there to meet with some of their inmates every week. They had relationships with Shoreline Behavioral Health Services. Mr. Jay Bieber was a full time employee of Shoreline Behavioral Health Services, but he spent all of his hours at J. Reuben Long Detention Center making a difference and connecting these individuals with men and women that can help them, not only in the detention center, but that bridge back into the community and connecting point with providers in the community. They also had started a program that the county supported with a recovery program for pre-trial incentives to inmates, and then they were excited to begin from the Opioid task force another leg of that where they had hired 3 individuals that work with their female population to begin recovery dynamics and recovery possibilities changing their life working to navigate their way, their pathway out of addiction. Their pathway out of criminal behavior. Their pathway out of negative thinking restoring self-image, courage, and opportunities and pathways to progress right there in the detention center. It was exciting. It was important. It was difficult. It was sometimes rewarding. It was sometimes disappointing because individuals have to have that passion and desire for help. How many of them had tried to stop eating doughnuts or brownies or candy? It was not usually successful the first time. He asked them to think about the grip of addiction over time, those chemical additions. Their individuals were not going to be successful the first time, frequently. So they recognized that, and they dig in and provide. They now had 6 men and women that work for them that were active in recovery. They had been addicts, and they were currently in recovery. They live the life and lead the life right in their detention center with their inmates. So they were excited about that and were also excited about several positive components that they were working with across the county and all of public safety to build some trauma care and some trauma recovery for their men and women that were on those front lines experiencing the things that they experience to keep their staff healthy and whole so that they could continue to service. It was a multi-pronged

approach. They were excited about this committee. They were excited about their county and municipal support to get a grip, and let's do something significant and powerful together.

Mr. Cox asked what their capacity was. Mr. Rhodes replied that was such a magic term. They had 999 beds, but to understand the scope of that, they did not have 999 inmates that could get along together. So you can't put a person that was going to create a violent problem in a unit with another person. You could imagine with 734 inmates, all of the different classifications kept separated for crime purposes and case management purposes. Then all of the different things that you need you quickly run out of room so to say they had 999 beds was a true statement. To say that they could have 999 inmates in those beds and all things be wonderful would not be a true statement.

Chairman Crawford stated he thought he had brought up a good point about when providing mental health services sometimes the first go around it didn't work. He thought that was an indication of how powerful some of these were like introduction of things like fentanyl and all that. Sometimes it takes more than one go around to achieve a positive result. Mr. Rhodes stated so many of the drugs that they were seeing today were variants of things they saw yesterday. As soon as you get a pathway that worked on one thing, one toxin, there was a variant of that that changed the composition, and it was a moving target all the time.

Ms. Allen asked if there had been an increase in the population, not only at his jail, but other jails since the mental hospital in Columbia closed. Because it was now an outlet for these individuals, who were repeat offenders, to have food and a place to stay she was sure. Mr. Rhodes replied absolutely. There were not enough proper housing, proper beds in mental health facilities across the state. So when you were faced with an individual, a situation that you can't do anything else, they were always open, and usually there was some violation of law, big or small, that would qualify that person to visit them when there was nowhere else to take them. Ms. Allen stated she could only add that she commended, not only the Horry County Fire Chief Tanner's personnel, Chief Hill's personnel, as well as the sheriff's personnel because it was, she called it a village, to really get help for these individuals so she did commend, and it was an exciting report about what they were doing there. Mr. Rhodes stated they were excited. Their sheriff was very visionary along with the entire public safety team to tackle things that nobody else was willing to tackle. Let's do it. Let's figure it out. So they were excited about their community willing to stand up.

Mr. Gardner stated he had a follow up on that one. This would make the whole thing self-evident. You had people out there that had done their time. You had told them to go home, and they don't want to leave. Mr. Rhodes replied correct. Mr. Gardner stated if that was not a mental health crisis, he didn't know what it was. Mr. Rhodes stated there was no safer place for them to be. Chairman Crawford stated he had heard there were some people that actually did not want to leave the facility once it was time for them to go. Mr. Rhodes stated they had a gentlemen that assaulted an officer or an inmate each time he thought it was about time for him to leave. It was sad. Chairman Crawford said it was issues like that that they really needed to try to work through because that was not only a burden on him, but he probably didn't realize that it was a burden on the facility too. Mr. Rhodes stated it was huge.

Solicitor's Office/Drug Court (Candy Townsend): Ms. Townsend stated she would be speaking on treatment court. The 15th Circuit treatment court consisted of the Horry County Drug Court, the Horry County Mental Health Court, and the Georgetown County Drug Court. Those were traditionally supervised treatment programs through Solicitor Richardson's office. She and Solicitor Richardson were super proud of the program. They had watched it grow from 3 people up to 172 people in their current case load. They were celebrating 19 years this August so they were really proud of it and the work that they had put into it and the successes that had come out of it. They had been able to give the opportunity of the program to over 1,500 people, and if they didn't take the opportunity of treatment court, the other option for most of them was going

to be a prison sentence. So it was a really good opportunity and alternative to incarceration. Currently their small team consisted of herself, 3 full time treatment providers, and a peer support specialist. Their peer support specialist was also something they were proud of. He graduated from their program in 2008, and they were able to get him on as a full time county employee 5 years ago. That was something that was unique at the time. She thought it was happening more now, but they were really proud to push that forward and have him there. With that small team they currently facilitate 20 in person treatment sessions over multiple individual sessions, 3 court sessions, and over 300 observed drug screens every week. They were really excited when the funds came out for the Opioid recovery to be able to get some much needed staff. One of the positions that they had was an outreach officer. What he would be doing was a combination similar to them. They had the criminal justice side, but they also had the treatment side. So he would be doing some curfew checks. Their clients had curfews that they had to be home by. He would be doing curfew checks and home visits. If they were concerned that a client may be in crisis, they would do wellness checks or safety checks. He would also be able to escort some of their therapists if they needed to do some home visits with family and offer training to the community as a liaison. The other position that they had was a case manager. Their clients needed much more than just therapy. That was like the first bit of it. There was so many wrap around services that were needed as well that they were currently involved in, but she wanted to be able to take some of that off the therapists so they could focus on therapy, and let the case manager coordinate that more. They had wonderful relationships with ECHO for housing. Housing was a big piece for them. They partner with the Waccamaw Center of Mental Health for their mental health court program helping with scheduling with both rehab and SC Works really providing a more over round services for the clients. Transportation was often a really big piece for clients and a big barrier at times. She thought Chief Prock mentioned this to her a couple of years ago, and she had always been thinking about it since she mentioned it. The funds allowed them to start a pilot program where they now would be doing Uber health care for some of the clients that had more of a high needs that need help with transportation more. It would allow them to be them to go in and schedule the rides so they take complete ownership and responsibility over it, picking up and dropping off at certain appointments when they need to. Those were what their plans were. They had already gotten their case manager that would be starting full time on the following Monday, and they had offered the position for their outreach office. Hopefully they would have that in place soon.

MYRTLE BEACH MENTAL HEALTH INITIATIVES (Chief Amy Prock): Chief Prock, Chief of Police for Myrtle Beach, stated she wanted to talk about some initiatives that Myrtle Beach and some of their partners, not only in the Horry County area, but also the service providers throughout their areas had been assisting them with. She had heard that morning several key words that she thought were extremely important which were intentional, connecting, and coordinating. That was exactly what she thought was extremely important when they talked about mental health. Also, she heard mental health, over doses, and one thing she thought was important that they hadn't heard that Mr. Rhodes may have mentioned was homelessness was another thing that she thought was connecting them in this topic. Some of the things that they were doing there in the city was combating some of the issues that they were fighting in this area and throughout the state and nation was trying to connect those areas and trying to partner. Some of the stats she thought were really important when they looked at this situation and the areas that they were trying to connect. She pulled some of the calls from the last couple of years and compared 2019 where they were over just calls for service. They were just over 800 calls specific to mental health, and that was just a call for service coming in for a mental health patient to the police department where an officer would respond trying to address a call for service and help somebody in need. They were well over 1,300 calls just for mental health. So if they were to respond, if that was a suicidal individual or a person that was someone that was walking the roadway or something like that, those were the types of calls that they were responding to. Those had increased considerably, as they could tell. It was something that they were trying to address. They had considered what was the need, and what do they need to do, and how could they do that. They were fortunate to hear about the program with the Department of Mental Health, and they reached out to Ms. Brown. She pointed out Ms. Sachi Baird, a mental health

alliance partner, who was hired in 2021 and had done an incredible job for them. You heard that title of mental health alliance partner and that was exactly what she was was a partner, and she did an incredible job. She responded to calls for service with their officers. She engaged their community. She did education, training for their team, and focused on trying to make a difference in their community. She had an office at their department, but that didn't mean that she was in that office every day. She responded to their detention center. She meets with individuals and helped their community members and engaged them in finding solutions for problems. To her that was exactly what they needed more of in their community. Her plate was full already. In this year and a half that she had been with them her plate was full. So she was going to be asking for somebody to join her. She only worked with them Monday – Friday. They were trying to find more solutions to be able to address those issues, and they were blessed by the Chapin Foundation and the Center for Counseling and Wellness. They received a scholarship, and they worked with them on the weekends. They come and do a ride along program, and they had counselors that work with them and ride with the officers. They had responded just in the short time that they had been with them since the beginning of January. They were riding with them, working with the officers, and had done an incredible job of responding for calls of service and addressing concerns in their community. They had received so many accolades for exactly that, actually responding and addressing calls for service. These two programs alone had made a huge difference in their community in just over this year and a half that they had these two programs that had made a considerable difference. In addition to those two areas they had also... They knew the need, They talked about first responders and all the hats that they wear. That also called for a need to also have self-care. They had heard from their team members who they worked so closely with. They knew there was a need internally to make sure they were caring for their own team members. They had hired a mental health professional internally to do check ins with their team members. They started that program this year. It was working out great, but as she just said, she was already going to ask their Department of Mental Health for another partner. They were going to need somebody new for that as well because they knew they needed to make sure they were taking care of their team. Her schedule was booked, which was important. They needed to make sure they were doing their check ins. They needed to make sure that they were getting the training that they needed. They were very fortunate to have somebody that was so caring and making sure that she was taking care of their training, their education, their focus, and making sure they were taking care of all of their team. While they had their EOP program, it was important to make sure they were addressing all of the needs, whether it was critical incidents, focusing on those that were responding to some major cases throughout the year, and just checking in on their team regularly. They had the opportunity as well to work on some of their Opioid settlement funding. They recently hired an Opioid team coordinator, Michelle Smith. She was not present that day and was in CIT training, which was their mental health training for their team members. She had the opportunity to hire 2 additional individuals that would be doing and assisting as Opioid response specialists. They were going to be out in the field doing outreach so they were going to continue to focus as they had heard from their law enforcement partners going out outreaching after overdoses. They had already heard that was something that was happening daily. It was something that happened way too often in their community and throughout their state and their nation. They wanted to make sure they were making a difference as well. As she said intentional, connecting, and coordinating. They definitely needed to continue with that throughout their state and their communities. That to her, right there, while they were sitting there was going to make a huge difference. They talked about those three specific areas, but when they talk about what the needs were in their community, they had had the opportunity to have a group that had met just over 18 months as well in the city. They had a lot of their team members and service providers working that were sitting at the table that day, and she appreciated all of them being there as well. The things they had really identified over the last couple of years that were really lacking in their community was infrastructure, transportation, and case management. That was mental health, homelessness, as well as Opioid substance use disorder or substance use disorder in general. They really needed to focus on those efforts. She appreciated this opportunity just being there that day, hearing from them, and just overall the support that they give law enforcement and the first responders.

Chairman Crawford stated they looked forward to working with her in the future. He knew they had a lot of experience dealing with this issue, and he looked forward to a good exchange back. Chief Prock stated Ms. Baird had really a good hold on what was going on in their community. She had worked throughout Horry County. She had worked with the Horry County police department and several of their other departments throughout. She was a wealth of information so please don't hesitate to reach out to her.

Mr. Cox stated it would please him if one of the bullet points had included a mental health expert from the school district. What he had heard so far was homelessness and drugs, but how about the children who were born with mental illness. How about the second grader who was threatening to kill his teacher. How about the autistic child, which 1 out of every 50 children in South Carolina was born with some form of autism. That was mental health. So it was more than just drugs and homelessness. It was about their children too. He would appreciate it if they could add someone to come and speak to what they were trying to do, and what they hoped to accomplish, and what they could incorporate into this committee.

Chairman Crawford replied that they would be glad to coordinate something with him. Mr. Wester could set something up so they get feedback from the school board and district on where they were at.

Mr. Webster replied that he would.

DEVELOPMENT OF MISSION STATEMENT AND GOALS (Cam Crawford): Chairman Crawford stated he would briefly address the goal of the committee. It really got down to helping the public to understand the impacts of mental health in their community and just in an effort to raise awareness. They would then see where it goes from there. He would like to thank Chairman Gardner for establishing the committee and being proactive and having the foresight to do this. He would also like to thank their public safety director, Mr. Webster, for helping him formulate their agenda now and moving forward. With that said, he would love any feedback from anybody on the committee for any topics that they might discuss or explore in the next meetings. If anybody had anything that they would like to put on the table for the next meeting, he wanted to discuss it then.

Mayor Blain-Bellamy stated she would like to say that these presentations were very interesting and gave a lot of information, but they tended to be a little bit on the soft side in the sense that what they heard was what they had put together and what was working fairly well, but they didn't get into the depths of what they were really facing and what they don't know, anything you could do about. She knew she was asking for the negative side, but she thought that that was why they were there because they had programs but not enough people, not enough money, nor enough resources that they needed. Instead of a presentation that they would take to County Council for funding, maybe talk more deeply into those barriers that stand between them and offering the services that they knew were needed.

Chairman Crawford replied she was just a step ahead of him. They would get more into that. It was like an Indiana Jones movie. There was the mission at the beginning, and then it expands into the larger acts of the movie. So this was kind of just a briefing, introduction, and then in future meetings they would get into the nitty gritty of things. If they had anything in particular that they wanted to discuss, let them know, and they would be sure to add it to the agenda and be prepared to have a hearty conversation about it.

Ms. Schwanz stated along those lines she thought, and they may already be planning on this, like working meetings where they do bring in what are the barriers. What are the main problems? What are the main barriers, and then the ideas for building awareness so then the problem solving part about how to address

them. Having that as the plan, and they may have that already, but she was thinking that like some working meetings.

Chairman Crawford replied he appreciated that. Again, this was just kind of a start where they were just kicking things off. This was an introduction, and they would move into some of the more technical aspects of things as they move forward. For this meeting he was just letting everybody know what they were doing. They just wanted everybody to get to know each other, and he looked forward to going back to what Chief Prock said about coordinating. Then he would also add collaborating amongst each other to see how they might move forward because he knew this topic could be... There was a lot to this topic. It was complex in its nature so he looked forward to navigating those waters with the committee. Again, if they had anything, just let them know.

Chief Prock asked if they were searching for something like a legislation topic, or were they searching for something like what was within their community. For instance, they had over 70 service providers that served mental health. They also served people that were suffering from substance abuse disorders, and some of them also had housing securities. So that was something they all needed to know, but probably half of the room didn't. That was just a fact. Their community didn't, but they needed to get that information out. It was important for them to be able to move forward in that room for them to know who those service providers were because they would be very impactful with how they move forward. Because what they don't know is how they could be effective because they only had, besides Waccamaw Mental health, one other infrastructure in their community that could actually serve long term for somebody that had a mental health issue. Was that what they were kind of looking for to talk about or...

Chairman Crawford replied really everything was on the table for him. He knew they had a myriad of different issues, whether they were talking about employees, community, or homelessness. They had issues in the schools and the detention center. He knew in the city they encounter a lot of issues there so he was hoping, from her experience, glean information so that they could formulate something in the future. Like she said, coordination and then collaborate. Maybe it was legislative. Maybe it was something at the local level. Maybe they just kind of see where things take them.

Mr. Hardee stated he would love to, at some point, hear from some of the workers in the trenches. The ones that were actually out dealing with these people, and get their point of view that they may can do something to help them help their people.

Chairman Crawford replied that he agreed. When he was thinking about this committee he segmented it into two parts. They had the more clinical side and then the practical side. That way they would have the chiefs, the sheriff, and then again the clinical where they would have their counselors. Ms. Dukes was a pharmacist, and he knew medication played a whole role in that. Taking those two elements and merging them together and finding out what works and what didn't he thought was important. That was his vision of it. Again, he was open to any ideas or topics that they wanted to discuss in the future.

Mr. Bell stated he didn't know whether or not it would be a good idea for them to describe, if they could get on the schedule for the next time, to describe what type of services they provide at Shoreline Behavioral.

Mr. Webster replied they could do that.

Chief Tanner stated he thought, in general, the mayor made a good point. There were lots of issues out there. They needed to address these issues wholeheartedly (inaudible) the issues because there were things that they know they don't know. There were also things they don't know what they don't know. If they could get a

list of the issues in place here, and they had heard some of those that day, so now how do they address them? As was said, bring all the service providers here and say this is what we can offer and try to aware them up to those issues in place here because they may have some solutions already that they could use to get quick wins as opposed to saying this is so big we can't touch it. It reminded him of the story of the child on the beach throwing the starfish back. You can't save them all, but you can save (inaudible). For them to look at that was look at all these issues here. If they could start here, and move into the part they don't know what they don't know. Because they really don't until they see all these issues. He thought if they start with that and get all these issues on the table. Some they heard that day, and then start bringing providers to the table and say what can you do to help us here. Then they could start addressing that because at the end of the day somebody had to go, and they were going to reach that person on the street that had an issue. The night before tragedy happened all over the county, and it was tied to the same issue here. You had an issue with the family, the people that touched the community, the first responders who were there, and now it goes back into the school system the next day, and it goes to all places.

Chairman Crawford replied he thought that was probably a good way to simplify it. If the members of the committee want to brain storm over some of these issues that they had encountered, they could email them to Mr. Webster and then they would try to put a program together that addressed those issues in the future.

Ms. Schwanz stated that was sort of what she was trying to get at from like a professor researcher sort of model was the problem identification first and knowing the problem and the issues. Then, as he said, know what they have and don't have. Number one, like in research you come up with what's the question and the hypothesis and this is what's the problem and the issues so that would be awesome.

Chairman Crawford stated he thought they had these two elements, and they merge them so the two chiefs and folks in the field bring experience to the table, and then they would look to people in her profession to maybe see what works. Maybe they could do something better. Maybe they could do something new. Again, just trying to figure out ways they could interface.

NEXT MEETING DATE AND MOVING FORWARD (Cam Crawford): Chairman Crawford stated their next meeting would be June 9, 2023 at 10:00 a.m. Please be sure to send your topics to Mr. Webster and that would help them formulate the next agenda.

ADJOURNMENT: With no further business, Mr. Causey moved to adjourn and it was seconded. The motion was unanimously passed. The meeting was adjourned at approximately 10:54 a.m.