HORRY COUNTY COMMITTEE ON MENTAL HEALTH

November 17, 2023
County Council Conference Room
3:00 P.M.

AGENDA

I.	Call to Order – Roll Call	Cam Crawford
II.	Invocation and Pledge of Allegiance	Shanda Allen
III.	Review and Approval of Agenda Contents	
IV.	Approval of Minutes – September 8, 2023	
V.	Presentations	
VI.	Follow Up	Randy Webster
VII.	Adjourn	

MINUTES
HORRY COUNTY COUNCIL
COMMITTEE ON MENTAL HEALTH
County Council Conference Room
September 8, 2023
10:00 a.m.

COMMITTEE MEMBERS PRESENT: Cam Crawford, Chairman; Barbara Blain-Bellamy; Jenna Dukes; Shanda Allen; David Cox; Randy Webster; Joe Hill; Phillip Thompson; Joey Tanner; Amy Prock; Crystal Sadler; Kerry Schwanz; John Coffin; Marcus Rhodes; and Jacqueline Brown.

MEMBERS ABSENT: Johnny Gardner; Jimmy Richardson; Danny Hardee; Steve Gosnell; Kathy Ward; Charles Bell; Allen Beverly, Jr.; and Julie Barraza.

OTHERS PRESENT: Ashley Carroll; Beth Tranter; Mary Mauch; David Jordan; Sachi Baird; 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: Mr. Cox gave the invocation.

PLEDGE OF ALLEGIANCE: Ms. Allen led in the pledge.

REVIEW AND APPROVAL OF AGENDA CONTENTS: Ms. Dukes moved to approve the agenda contents, seconded by Ms. Bellamy. The motion passed unanimously.

APPROVAL OF MINUTES – June 9, 2023: Ms. Dukes moved to approve the minutes for June 9, 2023 as submitted, seconded by Ms. Allen. The motion passed unanimously.

DISCUSSION ITEMS:

MEDICAL ASSISTED TREATMENT AND HARM REDUCTION (John Coffin): Mr. Coffin stated he wanted to talk about what they did at Shoreline Behavioral Services in terms of medication and treatment, and how it was done in the context of one of a variety of harm reduction interventions that were increasingly used to help keep people safe and with luck, get people into treatment. He presented a PowerPoint presentation on Shoreline Behavioral Health Services that started with a picture of what their building looked like. They had about 35 staff and a budget between $2 and $3 million. He continued the presentation with a slide containing a picture of the coming addition Shoreline Expansion Project 2023. The reason for that was their MAT program had grown the agency by a lot. They were the largest commission based MAT program in the state. It was $2.2 million just for that, the medical services, the medications, and all that stuff so they were probably more than double the nearest county that did that. So it was a very big program. That expansion would house their MAT program and some other things. They were hoping to break ground sometime very soon. They had a few financial details to work out with the financial contractors, but other than that, they were good to go. He then presented and reviewed slides on South Carolina overdose deaths, Horry County overdose deaths, 2022: DHEC Vulnerability Assessment Report, DHEC recommendations for risk mitigation, mitigation, harm reduction facts, Shoreline harm reduction services, MAT directly reduces overdose deaths, Horry County harm reduction coalition, and harm reduction resource material.

Ms. Schwanz stated she understood the harm reduction part, and that was great that he shared all of that. For the ones that stick with it, what was the model for recovery that they use? Was it cognitive behavioral…

Mr. Coffin replied one of the things that they figured out early on was that people that were on suboxone, specifically, vivitrol to a degree, but on suboxone get better faster than people who weren't. They were more available sooner because again, they were not distracted constantly so very quickly in a couple of days you

get them more stable than they had been. So that was one thing that promoted recovery. They had people on suboxone and methadone that had gone back to their lives. They were working and their lives normalized. Some people get to the point where they don't think they need it anymore. They would then have a discussion with them to make sure they understand the risks, benefits, and all of that, and then they would taper them. This was purely patient driven, and it was when the patient said to them that they thought they didn't need to be on it anymore.

Ms. Schwanz stated she knew there were various reasons why people start using in the first place. Then the people who were getting that medical treatment, to maybe get them to the point to want to wean off and deal with the issues that got them to try to check out in the first place. That was what she was at. The other half of this besides the medical treatment. What were the other services for people that were trying to go the route of recovery and then…

Mr. Coffin replied he thought it was fair to say their treatment philosophy was that they were not trying to get people to want to wean off because they wouldn't say to somebody it's time for you to stop taking your prosaic. It was for the person to say to their doctor that they would like to change to another medication, or they would like to taper off of this. They don't push that.

Ms. Schwanz asked what they used along with it for them to change other areas of their lives. Was there more of a holistic…

Mr. Coffin replied they had a whole behavioral health treatment process that goes with it. A lot of people with opioid uses would come to them and say I don't know what the problem is. Everybody else is upset. I am fine. One of the interesting things they wanted to measure was how people do in treatment, and the artifact of that was people come in, and they say I am great. There is nothing the matter with me, but they were looking to see signs of improvement. A couple of months into treatment they say oh my God. I am terrible because they had figured out… It doesn't work very well as a treatment metric because they actually get worse before they get better. At least in terms of their self-perception of how they were doing. There were all kinds of behavioral health treatment, but again, it was geared towards people's level of readiness. They never make one thing a condition of another thing. That was the important thing about harm reduction because a lot of these people who were very hopeless would have people who show up and say I will do this if you do that. I will provide you this if you behave this way. Harm reduction was a no question asked this will make you safer here. No one says you need to get into treatment, or if you get into treatment, I will give you this. It was not even really discussed. What happens was as he said in one of the statistics, 3 to 5 times more likely to come into treatment with harm reduction services because someone finally came to them and didn't say I am going to make a… It was always about money. Money being it was always transactional. It was always you give this to me, I will give this to you.

Chief Tanner asked at what point is it just not medication. It was discussing with this individual here is our issue. What are the issues? Was it a week after medications or was it along the same period of there. When do they start addressing the reason why?

Ms. Sadler replied each MAT patient that came in was paired with a counselor. So they start the counseling immediately. They had very few that just outright refused to do any treatment. They had about 450 people in the MAT program, and they all were doing counseling.

Chief Tanner said so it was a side by side type thing. It was one or the other later down the road.

Mr. Coffin added that this came from the federal government where they also say… They used to say well, if you want this medication, treatment was a condition of it. In recent years the federal government had been saying that doesn't work. If they don't want treatment… You want them to get the medication because that was going to save their lives. If they say they don't want treatment, they still give them the medication. Most people they were able to talk into it so they had very few people… They had found that they kind of had to pair it with a medical appointment otherwise they would no show. So they would come to get the medication, and they get the treatment while they had them.

Ms. Allen asked what was their success rate and their repeat rate.

Mr. Coffin replied their success rate was their repeat rate. In other words, it was a chronic disease. It was like anything else. Nobody thinks they were going to cure diabetes. A person was going to have diabetes for the rest of their life. The question was do they come in for help. Did they get better, and if it gets worse, do they come back. They had a fairly high rate of, because people come and go. He didn't know if anyone there had seen a therapist for a while and just decide they were better and no show at their last appointment. It was a human condition. People do that stuff, but the question was is the experience valuable enough that if you start to feel bad again, you had to call that clinician back. So they had a lot of people that were in treatment for a while, and then they come back. Then they were in treatment for a longer while, and then come back.

Ms. Allen added it was kind of like a booster shot. They were succeeding, but they were coming for that booster, that extra support.

Mr. Coffin stated these were all similar. For example, alcohol use disorder. The average time from the first treatment episode to what you might call stable and recovery was somewhere between 5 and 7 years and like about 6 episodes of care. People think they are better. Then they are gone. Then they realize they weren't as better as they thought, then they are back. Compare it to all these other things. They were all the same. Eating. Smoking. All these things that are… If you talk about someone who is morbidly obese, cure, no. Immediately get down to a healthy weight, no, but if you can get them to lose 10 pounds, once again, harm reduction. Each incremental step reduces harm, and that was what they were looking at. They were not trying to get immediately the result, the ideal result. People aren't wired that way. They just don't work that way, he didn't think.

Chairman Crawford asked through his work, the people that suffer from opioid or fentanyl addition, what did they tell them? What was the reason why they start? Was there something in particular that they find in most cases like a death in the family or some kind of tragedy?

Mr. Coffin replied not really. He could say that there were genetic components to a lot of this stuff. What they have in their brains are things called opioid receptors. They are sitting there. They also have cannabinoid receptors. So when you smoke marihuana what gets you high was the marihuana binding to that receptor in your brain, and that was how narcan worked. It interrupts that place where the opioid hits the opioid receptor. People are born with different proclivities. That was why you could have someone with a serious alcohol problem, but they are not interested in heroin at all, or vice versa. Why is that? Because a lot of times the prevailing logic was if they have an addition problem over here, they must have an additive personality, and they are going to get addicted to everything. That is not how it works. So you may have several people try a drug in high school, and one person says that was fun. I think I would do it again. Another person might say I don't really like that, and then that person with that genetic susceptibility says I have never felt like this before. I finally feel normal. I finally feel like I fit in. Like I can talk to people. Like I am not scared all the time, and those are the people who it essentially traps. It traps them usually unknowingly. This happened a lot here with these pain clinics. Maybe they were fine, but they injured their shoulder or something like that, and they were given an opioid and all of a sudden they thought oh my God. You give him an opioid, and he takes it like it was prescribed and as he felt better, he naturally takes less of it. He was not genetically wired for that. So opioids were not a problem that he had to worry about, but if they looked at the epidemic, there were plenty of people who did.

Chairman Crawford asked if he was saying the person that may have issues with alcohol or marijuana may not have issues with an opioid.

Mr. Coffin replied absolutely.

Chairman Crawford said fentanyl, heroin, methamphetamine, cocaine, or something like that.

Mr. Coffin relied that was right. The thing that was unique about opioids was, and this was how their agency used to operate, people would come back. That was what they were talking about before. They come back, and they come back, and they come back. Then eventually they start to stabilize, and you could rely on that

with every one of those disorders with the exception of opioid use disorder because people don't live long enough to come back. So you had much more wiggle room with just about everything else other than opioids, especially since they started putting fentanyl in them. They actually lowered the rate, collectively all of them. Narcan interventions. Things that fire and rescue were doing. Things that they were dong at Shoreline. He did believe had an effect. Then that same year there were like 9 fentanyl involved overdoses, and it had been in everything ever since.

Chief Tanner said they had talked about the drug side, the opioids and one thing or another. They talked about counselors meeting with them early on. How about the ones that were not addicted to drugs. How about their kids in school who had mental issues. How about their citizens that had mental issues that were not on a drug yet. What were they doing about that where there were people who really had these other mental health issues that were not looking at the drug side? He understood the drug side. That was a huge problem, but they also had a very, very large mental health issue as well, too. So he was trying to separate the two between… They had heard all about the drug side. He heard that and understood that they counsel when the drugs come in, but how about the whole flip side of that that brought people to that point. What were they doing about that?

Mr. Coffin replied they were what you might call specialists. They were a specialty service meaning that the bulk of what they do was they treat alcohol use disorder, opioid use disorder, cocaine, and all those things that he just listed. That being said, they also treat the other things that people come in with and people could also be treated purely for a mental health problem for them. He thought maybe Ms. Brown could speak to that.

Ms. Brown said they did provide services for everyone in the county. Also, they work collaboratively with Horry County School District because they had counselors in the school. So they worked very closely with them. They provide services to all the children.

Ms. Sadler added that they also had their prevention department that was constantly out educating the county. They get in the schools, and anywhere where they can get in front of somebody, they had prevention groups doing that.

Chief Tanner stated that was what he was trying to get to. What else was there other than the drug side? They knew the drugs were a huge issue, but what else was out there for the people that needed it that were not there yet. That were headed there. They were on the road, but they were not there yet. Could they get to that before they got to that side of it?

Mr. Coffin replied prevention services did a lot of public education, and as Ms. Brown said, there was early intervention in schools available for kids that instructors identify as having learning problems, or they suspect depression, or they just suspect something was going on at home. So there were a bunch of things that were there. Whether it was enough or not, he couldn't speak to. He thought probably it was never enough.

Ms. Brown stated in the school district this year, which she thought was great, the student IDs from middle school and high school had a list of resources on the back that the students could look at and could contact. Sometimes the students don't want to be talked to, but there was a resource they could use. There were a lot of resources.

Chairman Crawford stated he thought Chief Tanner brought up a good point. He had a question, and he was curious. When they were dealing with kids in middle school and students in high school, what kind of role did social media play in all this because he knew social media could be a very harsh environment? It had evolved into this form where it spreads all kinds of misinformation about people. Did that play a role in students in their mental health and their mental wellbeing?

Ms. Brown replied yes. You had to make the determination between the myths and the facts and let them know what was a myth and what was a fact.

Chairman Crawford stated it seemed like everybody was just so tuned into that. He thought it was unfortunate but…

Mr. Coffin added some of that was parent education, and their prevention department did that also. He could remember when his kids were growing up they were pretty involved in what they watched and what they didn't watch. Then they noticed that a lot of other parents just seemed to drop their kids off and didn't seem to know what they were doing. He thought that was probably still true.

Chairman Crawford stated at least with TV you knew it wasn't real. Now you had people on social media that spread all this stuff around, and they don't have any…

Mr. Coffin said it needed to be monitored by parents. It needed to be explained by parents. The risks need to be… Yes. If a parent was not paying attention to what their child was doing, this era they were in now was about as bad as it could get in terms of the kind of risks they were exposed to, predators and things like that.

Chairman Crawford said what was so sad about it was the people that were criticizing others on there, especially in high school and all that, a lot of it was just about self-promotion, and he gave an example. Then they parade around like that was cool or whatever.

Ms. Baird stated going back to the contributing factors attached to addiction and those issues, it was not only genetic. There was also environmental factors and then trauma. If you were looking at a homeless individual who had a substance use disorder, you could already look at that individual and know that there was probably multiple traumas in that individuals life. So like working with children taking those kind of factors and you are counseling those kids, they do have a lot of peer pressure, but if you were finding out there had been trauma going on in their life, or there was a parent or both parents who were substance users, research had proven if this happens in a child's life, this happens, this happens, this was the likelihood of the outcome. So when working with those kids one on one it was part of the preventative, but it was also getting them through that while they were going through it. That increases the chance that they were going to change the outcome. With the social media she had seen a lot of children put their own self in a box. She was thinking of one person individually that while working with them one on one it was a huge obstacle to get this individual to step out of this identity that they had created for themselves and had become comfortable with. Because once they kind of do that, then if they step out of that, then who are they then.

Mr. Coffin stated he needed to wrap up. One last thing, and it was a recommendation he had been making a lot lately, there was a YouTube series called Soft White Underbelly. It was a guy who had taken it upon himself to interview all these people from all walks of life in some very strange circumstances. Many of them homeless. Many of them multi-substance addicted, and it was just fascinating because you go oh, I get how they got like that. That story makes loads of sense because you look at trauma heaped upon trauma in some of the lives of these people that were living on the streets now in Myrtle Beach. He highly recommended it, Soft White Underbelly, on YouTube.

Chairman Crawford said he thought when you had students they may have more difficulty discerning what the truth is than adults. If you were an adult and somebody was saying stuff about you, it was like water running off a duck's back. You know it's the truth if you know what the truth is, but you take somebody in high school or middle school. He wondered if that type of activity could lead to drug abuse as a coping mechanism. He kept seeing all these commercials on TV about initiatives to try to get some grasp of this whole social media issue.

LIGHTHOUSE BEHAVIORAL HEALTH (Julie Parker): Ms. Parker was not in attendance.

SOUTHEASTERN INTEGRATED CARE (Anthony Grimaldi): Mr. Grimaldi stated he wanted to talk to them and duck tale off of what Shoreline was saying, and what they had been developing in Robinson County, and whether it might make sense for them to maybe take a look at something like that for their community here. They were a comprehensive integrated delivery system of both mental health and substance use services, both residential and community based. They also had an advanced medical home so they do primary care with a lot of care management around this population of people. They had recently developed a model that was getting a lot of attention in Robinson County, and he wanted to share it with them to see if it made sense for them. When they lose purpose, they lose resiliency. When they lose resiliency, they become at risk to all the social and environmental influences that tax their genetic and physical susceptibility to behavioral health

disorders, including substance abuse and suicide. Purpose drives values and resiliency. He asked them to think about that as they talked. He grew up during the Just Say No campaign. He was a young clinician just out of grand school. He kept scratching his head, and it really supported what Shoreline was just talking about. They were trained that there was a chronic, progressive, pervasive, ultimately fatal illness. So how did he just say no? It was like saying no to cancer or diabetes. It didn't make sense to him. Then when he started counseling people, one of the things that he realized was the Just Say No program wasn't the issue. What did he say yes to? What was his purpose in life? He had learned to survive in the throes of addiction or the throes of schizophrenia. If he began to treat that, what next? That was really what drove Southeastern Integrated's whole approach to we need to figure out a way to give people purpose so that every day that they were struggling and hopefully showing up for med management they realize there was something better than just not using, not hearing voices in my head, or not being depressed. So Just Say No never made sense. He understood the belief behind it, but they had to have something to say yes to, and that was what's my purpose? How do I fit in, and how do I belong? He presented a PowerPoint presentation on Southeastern Integrated Care and reviewed slides on why we are and what we all can do.

Chief Prock told Mr. Grimaldi that she appreciated what he was doing. She had an opportunity to look at his program. She asked him to talk a little bit about how one would get introduced to have that transition. Whether it was first responders because she knew that they can't just come and drop off at his facility. How would a community member or service provider get introduced to their facility?

Mr. Grimaldi replied that they had the same discussion with a local hospital. Currently, the hospital tends to be the entry point to all care, the emergency room. That makes no sense. The emergency room was not designed to handle people suffering from behavioral health and substance abuse disorders. What they did in North Carolina was two things. Build what was called Behavioral Health Urgent Center, which was basically an emergency room for psychiatric patients that would be sitting inside the residential facility so officers and ambulances can bring people directly to the facility to get stabilized instead of coming to the emergency rooms. For those people that end up in emergency rooms they had embedded peer support specialists in the emergency rooms in their county so that they can help, assist, and intervene with the doctor before they go down the rabbit hole of medicine. When you end up in the emergency room, the next thing you know you're getting all sorts of tests, and then the patient does something and somebody slaps a commitment paper on them, and then they were stuck there for 3 weeks because nobody knows what to do. Peer support specialists can intervene and also say things that professionals should not be saying to a client to help them get to where they need to go. Once you have that peer support relationship and the physicians and nurses trust them, it was amazing how quickly you can steer somebody out of an emergency room. He believed mobile crisis should be embedded with the police department. They should be sitting at the magistrate's office to make sure they don't commit someone that doesn't need to be committed and intervene. They should be embedded with the police department because they can't wait an hour or two for them to show up because if you had a crisis you had to move them to the emergency room, or that was what happened in North Carolina. They had made some headway in some counties where mobile crisis was physically embedded, and they dispatch at the same time with the police because many times mobile crisis knows the clients and the families and can intervene and connect them immediately to whatever resource is needed. That was how he thought it needed to work. That was how they were building it here. It was to ensure they could divert from the emergency room whenever possible, and if they can't, make sure they have peer support people in the emergency rooms to help facilitate pushing them out.

Chief Prock asked if they had a perimeter or barrier of locations that they did not accept from? Was it just a specific region?

Mr. Grimaldi replied currently they were working with Columbus County, Scotland County, and Robinson County because they were contiguous to them. He used to work at Southeastern Regional Hospital so a lot of people came from over the border to that hospital. Currently they were in a 3 county area to get this off the ground. They were working with Guilford County, which was a little bit further northwest in North Carolina, to build something with them as well. The whole model was based around having a residential facility where people can go and coming up with the resources to build that, whether it was an old nursing home or assisted living. There were a lot of buildings around that were not utilized anymore. Then having a step down model where people could go live long term, and that was where the tiny house agri-hood model came from. UNC

Chapel Hill actually just built one called Penny Lane. Again, when his ancestors came over and lived in Brooklyn, Italians had their own community. They built it immediately. When the Irish came over, they built it immediately. When people come to Conway, there was a community here. Mental health and substance abusers have communities as well. They were just not helping them reach their maximum potential. So how do they offer them something to say yes to?

Ms. Baird asked if that meant that Horry County's citizens were not able to access their resources now.

Mr. Grimaldi relied as of that day, yes. He assumed early next year, but he was not there to pull their citizens to North Carolina. He wanted to explain what they were doing, but they didn't want to say no to anybody. Currently, they were working on how do they open up that catchment area. His recommendation was how can Horry County build something like that here. They deserve it. Their people deserve it. Although it might be several million dollars to get it off the ground, it was still a lot cheaper than recycling people through the traditional system, jails, encampments, and emergency rooms, with an outcome that was positive for the people that they were serving. He thought they did a great job. They had the health part down. Suboxone and vivitrol were game changers, but when somebody had the rest of their life that was falling apart, home, purpose, and community was the part that he thought that they, as a society, fail, fall on their faces with. How do they get home, purpose, and community to be part of that recovery model? If they could do that, with the work that Shoreline does, and then building something like this, they were going to see people start to live purposeful, productive lives. Then all of a sudden the encampment was not as attractive anymore. When you don't have anything else to say yes to, that encampment was very attractive. That was their home. There was a brief conversation about people needing to have a purpose and the need to feel valued. There was an enormous need in Horry County for access to care. 54% of the people in Horry County needed mental health care in the last 12 months. They had to have access of emergency care, no wrong door. Emergency rooms needed to be the last door thought about. The longer people stay in the game and are in long term type of models, the better their outcomes will be. The same thing with harm reduction. The longer they are taking the medications, the better their outcomes will be. Because of the research that they had done in the pharmaceutical world, there was a quick fix to everything. Give me a pill, and I should be fine. There were great medications out there like suboxone and vivitrol and great medications for mental health disorders right now that don't have the type of side effects that were had when they were growing up, but for people who had lost everything that just takes care of the health part. The community part, the purpose part, the value part was still missing. He didn't get to just recreate that by himself if he had never done it before. They often say they were not rehabilitating people. They were habilitating people. They had been so damaged for so long that they never got it right out of the box to begin with. They didn't know that you could go to a bowl game without getting drunk because their world was you go to a bowl game and you are going to get drunk. They didn't know that you could actually go to a wedding and not get into a fight. Their world is this. They were trying to create a recovering community where people can belong. People join golf clubs to belong. People join the planned communities here because I am planning on being in that community. People want to belong. They were trying to do the same thing with people that they were serving. The people that Shoreline was serving. They deserve the same opportunity. He presented and reviewed a slide on what can be done. They treat it as a Bio Psychosocial Spiritual Bran Disease. Shoreline mentioned about the susceptibility to genetic predisposition. They understood that once it takes a hold of you it perverts everything about what makes us human. It affects us biologically. It affects us socially and psychologically. It affects us spiritually. Like my purpose, my value becomes exploited and distorted, and it was a brain illness. They had known that for 60 years. Addiction and most mental health disorders were brain disorders. Your brain is not functioning properly, and it would desire that drug to make it feel "normal again". That was the tough part for those that were not suffering from a behavioral health disorder because they don't understand that when they do what they do it makes them feel normal again. That was the missing link. They had been talking about what services could be provided, behavioral health, urgent care, social setting detox. Most patients don't need to be in a hospital to go through detox. They just end up in the hospital because there was no place to put them. Because if they did want to get off of opioids, it was kind of painful. If they did want to get off of alcohol, it was painful. It hurts, but they don't need to be in a most acute setting to do it. He highly recommended that they try to figure out, as a team, how to build a long term community residential facility. He went over several models of care that were listed on the slide as possible solutions to help with the issue. One of the things that they take very seriously was how do we make this place that we build a place where people feel safe. That was the bottom line. If they feel safe, they will take risks to change. He presented a slide on some thoughts on what they did

in North Carolina to help address the issue. It was the outline that they followed. Duke University came to them and asked to buy their beds because they had patients that stay in hospitals for weeks with endocarditis, heart infection disease, who were substance abusers that had a port in them for IV medications. Doctors were not going to discharge someone who was a heroin user with a port. Mr. Coffin added that was happening at the hospitals here. Mr. Grimaldi said they had actually agreed to take those patients. They would bring the home health care into the facility, and they would take care of everything else. He then presented a slide on the next steps. They were so excited. The things that kind of derail them on a daily basis were things like equine therapy because they get so excited about the donkeys and horses. All of them connect. All the staff connecting with some of those… What some people call soft services, but at the end of the day he didn't care what service it was that helped somebody stay engaged. The goal was to keep these people alive and engaged so that they could find purpose again and make a difference. They were finding people that were in recovery that had amazing skill sets that had never been tapped into. Amazing, amazing skillsets.

Mr. Coffin said he wanted to clarify and make sure he understood. They were not a residential facility per say. It was an outpatient treatment model, but they were building tiny homes or were planning to build like a community. Mr. Grimaldi replied correct. They were a comprehensive outpatient delivery system now at CST, intensive in home, MST, SACOD, IOP, and then they had 2 group homes for children that were in the process of being licensed and would be open by the end of the year. The residential facility was currently under construction. Mr. Coffin asked if the residential facility were the tiny homes that he talked about. Mr. Grimaldi replied no. It was going to be what he called the entranceway where people stay 6 months to a year. From there they would move into the tiny homes. The residential facility would open probably November of this year. Construction had been delayed. It would be 78 beds with 14 being what they called social setting detox. The length of stay would be a minimum of 6 months, and they could stay as long as they needed. They believed if they had that step down… Mr. Coffin said some of them in South Carolina were actually running residential programs, and actually the Lighthouse was also, and ran into trouble with magic care companies around that length of stay. They want them in and out fast. Mr. Grimaldi stated that had been a problem so they had gone after some state funding that they had been able to get, a single line allocation on a budget, but what they were finding with the MCOs now was that they had been doing this for… MCOs, Magic Care Organizations, for Medicaid started in 2014 in North Carolina so they had a 9 year run of making mistakes. They were very good at making mistakes. They had wasted a lot of the taxpayer's money. So they were starting to invest in what he would call alternative models of care because they were already prepaid. They were realizing that spending $100,000 per year on multiple hospitalizations with no outcome, it was actually cheaper to put somebody in a residential program for 3 years. It only cost $150 a day to run a residential program so it was about $36,000 a year. Mr. Coffin said that would be coming full circle. It had been a trend of lowering admissions. It had been going on for at least 50 years. Mr. Grimalkin replied yes. They were realizing that those short term admissions without all the other work that the Lighthouse did or all the other work that the communities were doing didn't make any financial sense. So they actually had 2 managed care companies contract with them at rates that were long term, $150 or $160 per day, in North Carolina. It was about showing them the evidence and the data and about building it before they go to them and talk about contracting with them. They saw that they were investing in it. He offered to answer any questions that they had. He knew that driving purpose, driving value, builds resiliency. They had destroyed resiliency in our country. Resiliency didn't mean you were going to be absent of problems, but it gives you the resources to keep pushing through to solve the problems. He had a personal problem with the whole Covid thing. When they told people to stay home and said you were no longer essential, they took purpose away from probably two-thirds, three-fourths of the population of the United States over night. They just took their purpose away. Now they were wondering why they were seeing suicide rates through the roof and overdoses through the roof. They took purpose away and introduced access to other things that could only destroy it, like fentanyl.

Chairman Crawford stated throughout the course of the committee they had gotten a lot of good information, and they were compiling all that. He thought it would be appropriate to maybe task Mr. Webster with taking that information and formulate that into something meaningful for the county and the residents. If he could work on that with staff and the other stakeholders on the committee, their next meeting would be December 1, 2023 and maybe they could discuss the initiatives that they were going to take.

Mr. Webster replied he would be more than happy to do that.

ADJOURNMENT: With no further business, Ms. Dukes moved to adjourn, and it was seconded by Ms. Allen. The motion was unanimously passed. The meeting was adjourned at approximately 11:26 a.m.