

South Carolina

UNIFORM APPLICATION

FY 2022/2023 Only Application Behavioral Health Assessment
and Plan

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 03/13/2023 10.23.08 AM)

Center for Mental Health Services

Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

State DUNS Number

Number 043980093

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address Kenneth Rogers, M.D. P. O. Box 485

City Columbia

Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name Kenneth

Last Name Rogers

Agency Name South Carolina Department of Mental Health

Mailing Address Kenneth Rogers, M.D. P. O. Box 485

City Columbia

Zip Code 29202

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Email Address kenneth.rogers@scdmh.org

III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date 8/25/2022 4:51:01 PM

Revision Date 1/4/2023 5:15:19 PM

VI. Contact Person Responsible for Application Submission

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OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

SAMHSA
 Office of Financial Resources, Division of Grants Management
 Center for Substance Abuse Treatment, Division of States and Community Systems
 Center for Substance Abuse Prevention, Division of Primary Prevention
 Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	South Carolina Department of Mental Health		
B. Date of Submission of NCE Request	September 8, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 Months. (Through 3/14/2024).

D. Name and Title of Grantee Finance Official Approving This NCE Request	Paul Morris, SCDMH Deputy Director, Administration Services, Chief Financial Officer		
E. Name and Title of Grantee Program Official Approving This NCE Request	Katie Tillman, Grants Management Program Director		
F. Name and Title of Other Grantee Official Approving This NCE Request	Kenneth Rogers, M.D., SCDMH Executive Director		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$12,436,240	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$165,089 (Estimate)
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$220,119	J. COVID-19 Award Total \$ Amount Requested for NCE	\$12,216,121
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
<p>Actual Expenditures not available at this time but can be provided at a later date. Below please find our best estimates.</p> <p>Implementation of NAVIGATE Program(s) at CMHCs \$61,782 Roads of Independence \$103,307</p>			
L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.			
<p>Expected expenditures through March 14, 2023:</p> <p>Implementation of NAVIGATE Program(s) at CMHCs: \$82,375.84 Roads of Independence: \$137,742.97</p>			
M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.			

The DMH electronic health record process began in June 2021. DMH set-up a committee of staff that covered various disciplines within the agency that serviced the Community division. From that group six meetings were held to determine the needs of the organization and how to proceed forward. The results of this committee were then presented to the Executive Committee comprised of senior management in August of 2021. From this point DMH procurement was brought in and it was decided to draft a request for qualifications. This would limit the pool of potential offerors on the back end and only attract serious proposals. This document was created in December of 2021 and subsequently approved in January of 2022. DMH procurement submitted the request or qualifications to SC state procurement in January 2022 and awaited a response. In February of 2022 a meeting was held with DMH IT, DMH procurement and SC state procurement. It was then announced that a request for proposal would need to be drafted and submitted as opposed to a request for qualifications.

The process to create and receive approval of a request for proposal covered the months of March 2022 through June 2022. The final document was accepted by SC state procurement and subsequently submitted to the open market in June of 2022, with a closing on July 13, 2022. The first scoring meeting is set for September 8th and 9th, 2022. Demonstrations are scheduled to be held on the final week of September, 2022, but could possibly be delayed until October. The goal for a Notice of Award is no later than November 15th, 2022 with a contract fully executed by December 15th, 2022.

The key to the timeline currently in place is that SC state procurement is in charge of the schedule and dates of execution with regard to deliverables. Due to the size and scope of this project, DMH must follow all South Carolina state procurement laws, policies and the lead/direction of SC state procurement.

In addition to the specific complexities of the Electronic Health Record, the Department's Procurement Officer resigned. With difficulty filling positions across the Department (as in numerous other state agencies), it has been only recently that his and several key positions have been replaced. The Financial Department is now adequately staffed.

A different complication for the Mobile Crisis Units for Community Outreach was the difficulty locating appropriate vehicles for the intended purposes. Procurement continues to search and hopes available units will become available as supply constraints become less problematic.

A final challenge implementing new programs was the difficulty recruiting and retaining clinical staff throughout the Department. While staff shortages affected almost every area within the agency, the lack of clinicians forced the Department to focus first on its most essential services. This prevented implementation and expansion of high-quality programs to improve employment, housing, and other services.

The staffing concerns of the agency are shared but almost all state agencies and often the result of discrepancies in salaries. Registered nurses and other mental health professionals working for private hospitals or other healthcare agencies were offered pay increases significantly higher than the Department could match. SCDMH Management has addressed this situation with the state legislature and has been able to secure significant pay increases in order to compete with the private sector.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is

identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Out of Home adolescents	\$750,000
Implementation of NAVIGATE Program	\$517,624
Roads of Independence	\$505,881
Electronic Health Record for Community Mental Health Services	\$9,120,804
Out-of-Home Placement	\$750,000
Allocation to Non-Profit Organizations	\$400,000
Training Opportunities for SCDMH Staff	\$150,000
Mobile Crisis Units for Crisis Response and Community Outreach	\$496,812
Infrastructure and Staffing of Mobile Crisis Teams	\$125,000

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

As noted above (section M), SCDMH remains in the process of selecting a vendor for the electronic health record. As such, it is possible that a significant percentage of the cost may be spread over several years, thus extending past March 14, 2024. If so, this could be a result of annual licensing fees, software updates or other expenses which is part of the contracted price but which the vendor might not bill before the end of the no cost extension. This may possibly be a factor in selecting the vendor to provide the electronic record but would not be a determining motivation.

End of NCE Request. Thank you.

The Bipartisan Safer Communities Act (BSCA) Proposal

EXECUTIVE SUMMARY

FORMAT OF PROPOSAL

The format of the *Bipartisan Safer Communities Act (BSCA)* (Proposal) follows the outline provided in the letter dated October 11, 2021 from Ms. Anita Everett, Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

- ❖ Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.
- ❖ Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.
- ❖ Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.
- ❖ Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).
- ❖ Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.
- ❖ Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.
- ❖ What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds?

APPROACH TO PROPOSING FUNDS USAGE

For each category of expenditure, the sum total of proposed activities within the distinct category of the three delineated categories – Ten Percent Set-Aside for Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis, and Five Percent Set-Aside for Crisis Services which is not required with BSCA funds, SAMHSA encourages states to consider a focus on support of behavioral health crisis continuum. The net FY2023 BSCA Allotment – may exceed the awarded amount. SCDMH has proposed a list of activities within each category for which SAMHSA may authorize use of all, part, or none, of these Bipartisan Safer Communities Act.

- Ten Percent Set-Aside for Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis: SCDMH has proposed expenditures that equal \$76,850.
- Net FY2023 Final Bipartisan Safer Communities Act Allotment: SCDMH has proposed expenditures that equal the award of \$768,496. Such approach affords SAMHSA the opportunity to select those activities it endorses for funding use.

A table entitled *Summary of Uses* (Summary of Proposed Expenditures) is provided in the Conclusion section. The table provides a concise reference tool for the text content in this Proposal.

Please note that all amounts are approximations. Final determinations for actual amounts are dependent upon the timing of funding availability and the engagement of resources for any proposed activity.

EXECUTIVE SUMMARY CONCLUSION

South Carolina Department of Mental Health - Community Mental Health Services Block Grant Application

The proposed activities listed herein reflect SCDMH's understanding of the needs of each community and the gaps between demand and supply. The activities will either extend access to existing critical mental health services beyond SCDMH's current footprint, or will create new opportunities that meet the demands of the citizens of South Carolina, but that currently do not exist to the extent demanded.

SECTION I

BACKGROUND TO PROPOSAL

The following is an excerpt from the letter dated October 11, 2021 from Ms. Anita Everett, Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

In accordance with the Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) the Substance Abuse and Mental Health Services Administration (SAMHSA) is providing \$250 million in supplemental funding to states through the Community Mental Health Services Block Grant (MHBG) program to assist in response to the COVID-19 pandemic and mass shootings.

Of the \$250 million, the State of South Carolina was allotted \$768,496 of which \$76,850 must be used to address evidence-based practices for early serious mental illness (ESMI) including first episode psychosis (FEP). The allotment is based on a pre-existing formula. As the funds are a special appropriation, the amounts are considered one-time with no expectation of recurrence.

\$ 76,850	Statutory Ten Percent Set-Aside for ESMI/FEP
<u>\$691,646</u>	Residual Balance after Accounting for Statutory Provisions
\$768,496	Total Award of One-Time Funds

For each of the categories of funds cited above, SCDMH must submit a proposal to SAMHSA requesting approval for use with the due date for States to submit proposals December 1, 2022. The Project Period Start Date is October 17, 2022. The Project Period End Date is October 16, 2024.

OVERVIEW OF THE SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

The mission of the South Carolina Department of Mental Health (SCDMH) is to support the recovery of people with mental illnesses. Through a Statewide network of community mental health centers, clinics, hospitals, and nursing homes SCDMH's clinical staff provide a complete array of medical and support services for children, adults, and families throughout South Carolina.

SCDMH operates: 16 community-based outpatient mental health centers; clinics which serve all 46 counties in South Carolina; three licensed hospitals, including one for substance abuse treatment; four nursing homes, including three for veterans; a Forensics program; and a Sexually Violent Predator Treatment Program.

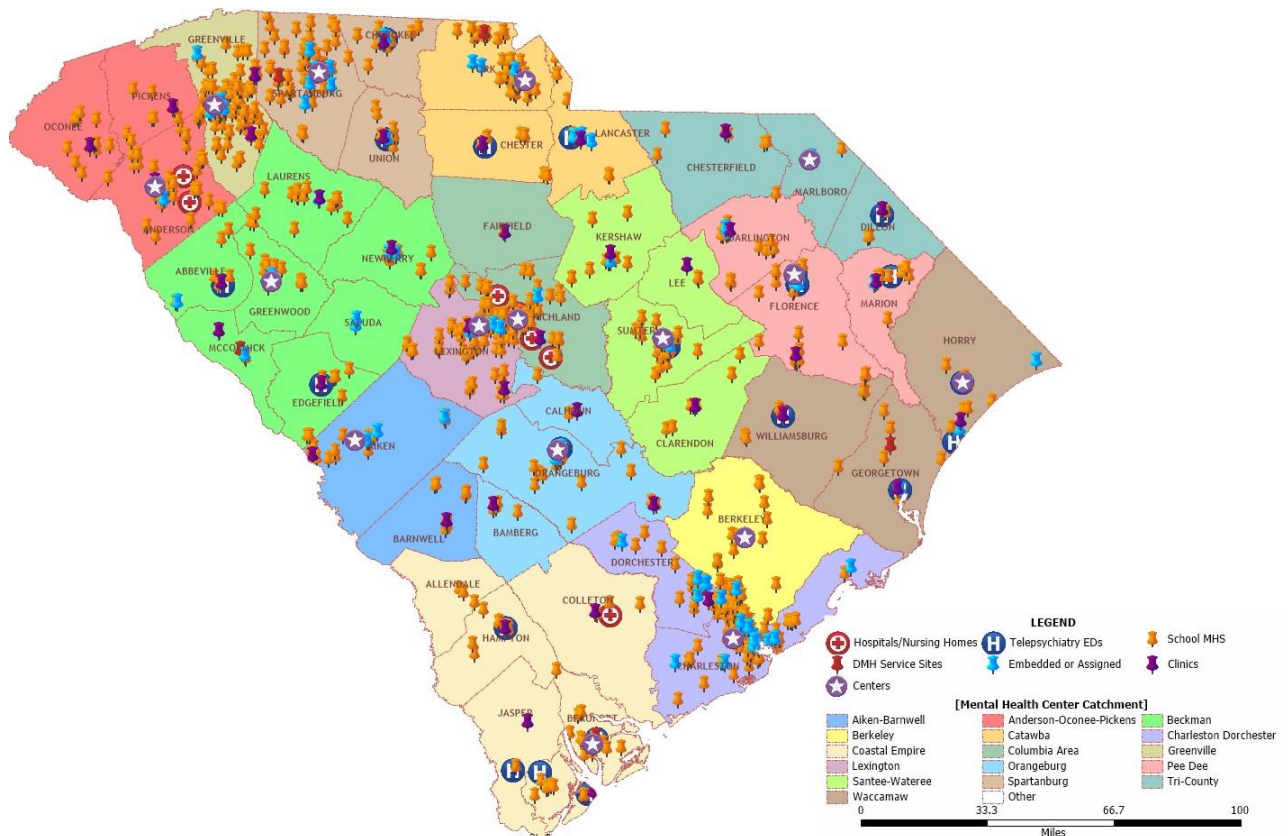
South Carolina Department of Mental Health - Community Mental Health Services Block Grant Application

SCDMH provides services to approximately 100,000 patients per year, almost 30,000 of whom are children. It is one of the largest hospital systems and nursing home bed providers in South Carolina. Its mental health centers operate within federal, state, and community ethical standards. SCDMH provides services regardless of ability to pay.

All DMH facilities are licensed or accredited by applicable accreditation groups. All 16 SCDMH community mental health centers are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services. Each of SCDMH’s psychiatric hospitals is accredited by the Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value. Morris Village Treatment Center, SCDMH’s inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services. Each of SCDMH’s four nursing homes is licensed by the SC DHEC and certified by the Centers for Medicare & Medicaid Services.

SCDMH is a healthcare organization committed to providing quality mental health services to residents of South Carolina. It has a talented team of psychiatrists, mental health counselors, nurses, case managers, administrative and support staff who are passionate about helping people. SCDMH believes that with the right treatment and support, recovery is possible.

SCDMH HAS OVER 1,000 PORTALS OF ACCESS TO MENTAL HEALTH SERVICES IN SOUTH CAROLINA (JANUARY 2021).



SECTION II

PROPOSAL TO ADDRESS NEEDS AND GAPS IN STATE MENTAL HEALTH SERVICES WITH THE IMPACT OF COVID-19 AND MASS SHOOTINGS – ESMI/FEP AND NET FY2023 BIPARTISAN SAFER COMMUNITIES ACT (BSCA)

The proposed activities listed below represent either SCDMH's FY2023 Budget Requests as outlined above, or are companion, or complimentary, activities related thereto. Each proposed activity reflects SCDMH's understanding of the needs of each community and the gaps between demand and supply. The activities will either extend access to existing critical mental health services beyond SCDMH's current footprint, or will create new opportunities that meet the demands of the citizens of South Carolina, but that currently do not exist to the extent demanded.

- ✓ Please note that all amounts are approximations.
- ✓ Please also note that the sum total of proposed activities within each distinct category of the two delineated categories – Ten Percent Set-Aside for Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis Bipartisan Safer Communities Act Supplemental Funding.
– may exceed the awarded amount. SCDMH has proposed a list of activities within each category for which SAMHSA may authorize use of all, part, or none, of these Bipartisan Safer Communities Act Supplemental Funding.

Ten Percent Set-Aside for Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (SAMHSA Allocation: \$76,850)

SCDMH proposes to use the Ten Percent Set-Aside for Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis in the following manner.

NAVIGATE Program(s) at Community Mental Health Centers \$76,850 (38,425 per year for two years)

As described in the MHBG Uniform Application, "States may implement models that have demonstrated efficacy, including the range of services and principles identified by National Institute of Mental Health (NIMH) via its Recovery After an Initial Schizophrenia Episode (RAISE) initiative. Utilizing these principles, regardless of the amount of investment, and by leveraging funds through inclusion of services reimbursed by Medicaid or private insurance, states should move their system to address the needs of individuals with a first episode of psychosis (FEP). RAISE was a set of NIMH sponsored studies beginning in 2008, focusing on the early identification and provision of evidence-based treatments to persons experiencing FEP. The NIMH RAISE studies, as well as similar early intervention programs tested worldwide, consist of multiple evidence-based treatment components used in tandem as part of a Coordinated Specialty Care (CSC) model, and have been shown to improve symptoms, reduce relapse, and lead to better outcomes" SCDMH proposes to provide additional funds towards current NAVIGATE Programs – a CSC model – at a minimum of 3, and maximum of 5, SCDMH Community Mental Health center(s). Such amount(s) will provide additional funding the program(s) each year for the two years.

Net FY2023 Bipartisan Safer Communities Act (BSCA) Supplemental Funding (SAMHSA Allocation: \$691,646)

After consideration of amounts specifically set aside for evidence-based practices for early serious mental illness including first episode psychosis and crisis services, the balance would be applied to the following proposed projects.

Expanding SCDMH Community Crisis Response **\$691,646 (345,823 per year for two years)**

Crisis Certified Peer Support Specialists (CPSS) \$609,832 (\$304,916 per year for two years)

Currently, SCDMH Mobile Crisis (MC) operates and provides statewide telephonic/on-site/telehealth crisis coverage 24/7/365. In FY '22, the SCDMH Mobile Crisis Call Center received 23,280 calls, of which over 7,000 were for a crisis.

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From January to October 2022, Mobile Crisis teams have had over 2,300 on site and telehealth responses, with a continued upward trend in the number of responses.

In 2021, there were 20,738 Emergency Department (ED) visits for suicidal ideation. From 2017 to 2021, there were 118,528 ED visits with reported suicidal ideations, representing a 23% increase when comparing 2017 to 2021. Every 25 minutes in 2021, a South Carolinian (SC) was treated for suicidal ideation in an emergency department, or 57 people a day. There were 6,485 EMS calls for self-harm from July to September 2022. During that time, 88% of those calls were transported by EMS and treated. EMS self-harm calls have increased 74% from Quarters 1-3 in 2020 vs. 2022.

SCDMH Mobile Crisis Teams collaborate with the SC 988 Suicide and Crisis Lifeline to respond to active rescues across the state. Increasing call numbers for 988 indicate the need for Mobile Crisis Teams to have additional capacity to respond to those calls. From January to August 2022, there were 22,383 calls to the Lifeline, which represents a 66% increase in call volume during that period when comparing 2020 and 2022 data. The increase in these indicators of distress highlight the immediate need for expansion of MC teams.

At this time each mental health center, regardless of the call volume or the size of a catchment area, have only one MC Team on-call at any given time. A team consists of two SCDMH mental health providers. Currently, the two-provider team consists of at least one master's level clinician, but may include nursing staff or bachelor's level counselors. MH Block Grant (MHBG) funding is requested to expand MC teams by hiring Peer Support staff, which will increase capacity for the larger community mental health centers (CMHC) with greater call volume. In addition, incorporating a peer response model aligns with evidence-based support, which offers a non-hierarchical relationship to support the individual, strengthen engagement in least restrictive services, and avoid unnecessary hospitalization or arrest. Peer Support Specialists will also follow-up with individuals to collaboratively connect them to ongoing services once the crisis has resolved and work with their mental health center to provide early intervention for those at risk for an imminent crisis.

SCDMH proposes to use MHBG funds to add two part-time CPSS to six (6) Community Mental Health Center's Mobile Crisis Teams, totaling 12 Certified Peer Support Specialists positions:

$\$19,180 \times 12 \text{ (PTE)} = \$230,160 \text{ salary} + 20\% \text{ fringe} = \$276,192 + 10.4\% \text{ IDC} = \$304,916$

Critical Incident Stress Management (CISM) Training *\$79,840 (\$39,920 per year for two years)*

Critical Incident Stress Management Training, which is taught through the International Critical Incident Stress Foundation (ICISF), is a comprehensive, phase-sensitive, and integrated multi-component approach to crisis/disaster intervention. Critical incidents are defined as unusually challenging events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms. Through CISM, mental health professionals (MHP) and first responders learn how to facilitate a Critical Incident Stress Debriefing (CISD), which can be provided one-on-one, in small groups, or in a large group format. In the first responder community, having a team comprised of both MHPs and peer support staff increases the effectiveness of the intervention. CISM's format provides those who have been through a critical incident with both an opportunity to discuss/process the traumatic event, as well as receive psychoeducation regarding expected/understandable stress and trauma reactions. CISM has been proven to help the participants process the traumatic event and prevent the stress reactions from developing into PTSD or a more serious disorder.

Although, CISM is used most often within the first responder community, this practice can also be applied to a community setting after a tragedy. SCDMH has used CISM to support local agencies who have experienced workplace violence, traumatic deaths, prolonged exposure to traumatic stress, etc.

The need for Critical Incident Stress Debriefings continues to increase. Within the last 4 years, SCDMH staff assisted with approximately 90 CISDs, which provided support to over 2000 individuals across the state. Due to the increase in community needs for CISDs, SCDMH proposes to use MHBG funds to train 32 additional SCDMH staff (two from each CMHC, including supervisors from the CMHC's Child and Adolescent Programs, to support local intervention/support) in CISM. Most CISM trainings cost between \$80-\$100/person, with additional funds going to lodging, food, and travel expenses. Furthermore, SCDMH proposes to use MHBG funds to provide advanced CISM training in three courses for the 20 SCDMH staff who are currently requested for advanced CISD support of more intensive critical incidents.

South Carolina Law Enforcement Assistance Program (SCLEAP) is currently organizing the following 5 Advanced Trainings for 2023:

- Advanced Assisting Individuals in Crisis - 2-day course that builds upon and is the logical continuation of the basic Assisting Individuals in Crisis course. Using the SAFER-R framework as a platform, participants are

South Carolina Department of Mental Health - Community Mental Health Services Block Grant Application

introduced to scenario-based variations of the model. Topics include advanced psychological triage, grief, suicide intervention, challenges in follow-up and referral, and self-care.

- Advanced Group Crisis Intervention - 2-day course that builds upon the knowledge base which was obtained through the Group Crisis Intervention Course. Participants will be exposed to specific, proven strategies to intervene with those suffering the ill effects related to trauma exposure. Emphasis will be on advanced defusing and debriefing of complex situations.
- Strategic Response to Crisis - 2-day course that focuses on knowing what sequence of crisis intervention processes to use for which individuals or groups, at what times, and under what circumstances for effective early intervention programs. Participants will learn to create an effective plan of action to assist those in crisis and complete a series of exercises designed to sharpen assessment and crisis planning skills. Strategic planning and tactical decision making are emphasized
- Line of Duty Death: Preparing the Best for the Worst - 2-day course- One of the toughest situations to face is the line of duty death. The administrative and logistical aspects of a LODD are often overwhelming to those individuals and agencies that are ill prepared. This course will address many of those issues as well as give special attention to pre-incident planning and proper follow-up services.
- Grief Following Trauma - 2-day course that covers key grief and loss concepts relating to trauma and traumatic death. Participants will increase knowledge of how trauma impacts the grief process and gain skills for evaluating and supporting persons who have experienced traumatic death and loss.

SCDMH proposes to require the 20 previously trained staff attend the Advanced Individual and the Advanced Group, as well as a third advanced training of their choice.

The ability to train the additional DMH staff in CISM, as well as providing advanced trainings to those who are already CISM trained, will greatly benefit SC communities by increasing SCDMH's ability to respond as the needs of a crisis response continuum grows across the state.

- 32 Newly Trained in CISM

32 x \$70 (registration) = \$2240/32 x \$288 (lodging) = \$9216/32 x \$177 (per diem) = \$5664
TOTAL= \$17,120

- 3 Advanced Trainings for 20 Clinicians

20 x \$210 (3 registrations) = \$4200/20 x \$576 (lodging for 3 trainings) = \$11,520/20 x \$354 (per diem) = \$7080
TOTAL= \$22,800

- \$17,120 + \$22,800 = \$39,920

CONCLUSION

Funding from the Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) will provide States with the opportunity to advance mental health services far beyond what could be achieved with current resources. States will be able to capitalize on the expansive impact of the funds to increase access, sustain quality, and maximize value. As illustrated in this proposal and summarized below, the initial investment of the Bipartisan Safer Communities Act Supplemental funding will produce a subsequent return-on- investment in future years that will directly benefit people with mental illnesses.

Bipartisan Safer Communities Act (BSA) Mental Health Block Grant Summary of Proposed Expenditures	
Expenditure Type	ESMI/FEP Set Aside
Total Award	\$ 76,850
Proposed Use	
NAVIGATE Program(s) at CMHCs	\$ 76,850
Subtotal	\$ 76,850
Unallocated Amount	\$ -
Expenditure Type	Residual Balance
Total Award	\$ 691,646
Proposed Use	
Crisis Certified Peer Support Specialists	\$ 609,832
Critical Incident Stress Management (CISM) Training	\$ 79,840
Subtotal	\$ 691,646
Unallocated Amount	\$ -
Total Award	\$ 768,496
Unallocated Amount	

Tracking of Expenditures Associated with the Bipartisan Safer Communities Act (BSCA) Proposal The South Carolina Department of Mental Health intends to establish a separate mechanism to track expenditures associated with the *Bipartisan Safer Communities Act (BSCA) Proposal* in order to report to SAMHSA activities related thereto exclusive of other Mental Health Block Grant funds.

[End of Original Proposal]

Ms. Odessa Crocker
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Ms. Odessa Crocker:

On behalf of the SC Mental Health State Planning Council, I'm writing to express our support for the outlined Bipartisan Safer Communities Act proposal as submitted by DMH.

We are continually impressed by DMH's push to offer better crisis services to the entire community.

We support training for staff to deliver advanced crisis services to first responders. DMH has always worked diligently to offer help to our law enforcement and all members of our community.

We are especially pleased to see how certified peer support specialists will be integrated into mobile crisis response teams. South Carolina is the second state to implement Medicaid reimbursable peer support services. For almost 20 years, DMH has worked to incorporate individuals in recovery into their mental health services - as equal members of the treatment team.

We support the evidence-based NAVIGATE program that intervenes to help individuals in first psychosis episodes. Through the years of DMH's use of this treatment, we've seen great outcomes helping individuals new to the experiences of mental illness.

We are monitoring DMH services and in our evaluation, find DMH to be doing an exemplary job helping the people of South Carolina.

We support this proposal and are grateful for the positive collaboration between DMH and Council members.

We always feel heard and are thankful for the passion demonstrated by DMH senior leadership. We know that DMH employees are committed to helping all of us in our recovery.

We believe this proposal will have a huge impact on furthering recovery in South Carolina.

Sincerely,

A handwritten signature in black ink, appearing to read "Janie Simpson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mrs. Janie Simpson
Chairperson
SC Mental Health State Planning Council

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
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Section 1947	Nondiscrimination	42 USC § 300x-57
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Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

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Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
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6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

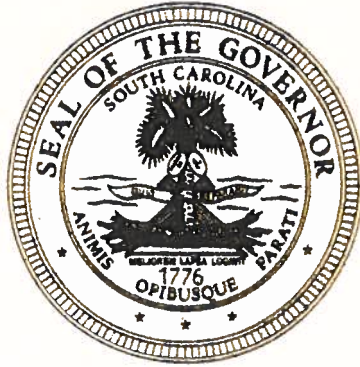
Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:



HENRY McMASTER
GOVERNOR

July 21, 2020

Ms. Odessa Crocker
Grants Management Officer
Division of Grants Management, Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Crocker:

I delegate authority to Kenneth Rogers, MD, State Director of the South Carolina Department of Mental Health, for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG).

Yours very truly,

A handwritten signature in blue ink that reads "Henry McMaster".

Henry McMaster

HDM/ss



State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

L. Gregory Pearco, Jr., Chair
Elliott E. Levy, MD, Vice Chair
Allison Y. Evans, PsyD
Carl E. Jones, Ph.D.
Bobby H. Mann, Jr.
Crystal A. Smith Maxwell, MD

2414 Bull Street • P.O. Box 485
Columbia, SC 29202
Information: (803) 898-8581

Kenneth M. Rogers, MD
State Director

August 9, 2022

Ms. Odessa F. Crocker, Chief
Formula Grants Branch
Division of Grants Management, Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Crocker:

Please find attached with this letter the following documents as required by the FY2022-2023 Substance Abuse and Mental Health Services Administration, Community Mental Health Services, Mental Health Block Grant Application due September 1, 2021. The documents conform to the requirements set forth in the *FY22 BG Solicitation Package* with due date of September 1, 2022.

State Information
Chief Executive Officer's Funding Agreement
Disclosure of Lobbying Activities

Please note that while the Disclosure of Lobbying Activities is not applicable to the South Carolina Department of Mental Health, it is being submitted in its blank form in order to remain consistent with prior years' block grant applications.

The Department looks forward to submitting this Mental Health Block Grant Application and appreciates the opportunities the associated funding affords those citizens of the State of South Carolina who are affected by mental illnesses.

Sincerely,

Kenneth Rogers, M.D.
State Director

SEARCHED
SERIALIZED
INDEXED
FILED

State Information

State Information

Plan Year

Start Year 2022

End Year 2023

State DUNS Number

Number 043980093

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

II. Contact Person for the Grantee of the Block Grant

First Name Kenneth M.

Last Name Rogers, MD

Agency Name South Carolina Department of Mental Health

Mailing Address 2414 Bull Street/P. O. Box 485

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-1383

Email Address kenneth.rogers@scdmh.org

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date

Revision Date

VI. Contact Person Responsible for Application Submission

First Name	William
Last Name	Wells, MSW
Telephone	803-429-2889
Fax	Not Available
Email Address	<u>William.wells@scdmh.org</u>

Footnotes:

State Information

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Fiscal Year 2022

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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about:
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93, Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

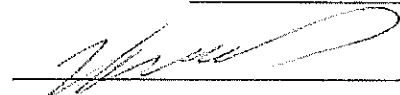
The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Kenneth M. Rogers, MD

Signature of CEO or Designee¹: 

Title: State Director of Mental Health

Date Signed: 07/19/2021
mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload the states American Rescue Plan funding proposal here in addition to the other documents.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

[Standard Form LLL \(click here\)](#)

Name

Title

Organization

Signature:

Date:

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

: Not Applicable

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name

Title

Organization

Signature:

Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

MHBG: Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID Relief Funds (SABG) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$1,482,931.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,243,624.00		\$1,074,040.00	\$38,425.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$93,631,786.00	\$0.00	\$205,835,034.00	\$2,500,000.00	\$9,086,074.00	\$0.00		\$0.00	
7. Other 24-Hour Care		\$0.00	\$32,584,678.00	\$64,447,272.00	\$80,440,122.00	\$0.00	\$15,606,582.00	\$0.00		\$0.00	
8. Ambulatory/Community Non-24 Hour Care		\$11,863,452.00	\$136,045,290.00	\$21,580,696.00	\$198,590,628.00	\$7,007,542.00	\$69,233,846.00	\$1,150,000.00		\$9,039,330.00	
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$741,465.75	\$0.00	\$10,081,835.00	\$69,452,052.00	\$0.00	\$3,050,610.00	\$9,420,804.00		\$90,000.00	
10. Crisis Services (5 percent set-aside) ^g		\$741,465.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$621,812.00		\$537,020.00	\$345,823.00
11. Total	\$0.00	\$14,829,315.00	\$262,261,754.00	\$96,109,803.00	\$554,317,836.00	\$9,507,542.00	\$96,977,112.00	\$12,436,240.00	\$0.00	\$10,740,390.00	\$384,248.00

^aThe 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states.

^cThe expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

^dWhile a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

^fPer statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award.

^gRow 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2021

MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds	FFY 2023 ³ BSCA Funds
1. Information Systems	\$0.00	\$9,120,804.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. Infrastructure Support	\$60,000.00	\$0.00	\$45,000.00	\$75,000.00	\$0.00	\$45,000.00	
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Planning Council Activities (MHBG required, SABG optional)	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
6. Research and Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7. Training and Education	\$0.00	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$79,840.00
8. Total	\$61,000.00	\$9,420,804.00	\$45,000.00	\$76,000.00	\$0.00	\$45,000.00	\$79,840.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

³ The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

NOTE: There are no updates for Table 6.

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Expansion of the Mobile Crisis Programs. • The DMH Mobile Crisis Program launched in the Lowcountry area of South Carolina in 1985. In 2017, the program began expansion and now provides 24/7/365 statewide crisis services to the citizens of South Carolina. Originally named Community Crisis Response and Intervention (CCRI), the Mobile Crisis Program is a partnership between DMH and the SC Department of Health and Human Services (HHS). Crisis clinicians provide adults and children with clinical screening to de-escalate crises and provide linkage to ongoing treatment and other resources in one of three ways: in person at the location of crisis, in person at a CMHC clinic, via telehealth when appropriate and where available, or by phone via the DMH Call Center located at the West Ashley Clinic of the Charleston Dorchester Mental Health Center (I would remove or amend this, as during the day time crisis calls are actually transferred to the local Mental Health Center to address). Mobile Crisis services can be accessed via the toll-free number: (833) 364-2274. o Services are available 24/7/365 in each of SC's sixteen Community Mental Health Centers covering all 46 counties. o Relies upon strong partnerships with local law enforcement agencies, probate courts, local emergency departments, and inpatient facilities. o Provides clinical response to mental health crises within one hour. o Several centers offer telehealth which significantly reduces response times. o In FY 2021, the Mobile Crisis call center fielded more than 23,000 calls and documented more than 7,000 crisis services, safety plans and follow ups contacts. o Mobile Crisis clinicians conducted more than 2,000 mobile responses in the communities of South Carolina. o Mobile Crisis clinicians provided support to local law enforcement requests for mobile crisis intervention more than 400 times. o Clinicians also conducted countless community presentations educating partners and stakeholders on crisis services. Partners included law enforcement agencies, hospitals, local schools, veteran services, colleges and private providers. Expanding Community Access and Resource Sharing. • The Highway to Hope Program now consists of 14 recreational vehicles (RVs) which primarily serve as mobile office sites in rural areas of SC. In addition to providing assessments, case management, individual and family therapy and medication management, they are also available to support crisis or disaster response. As each RV contains two individual office spaces, other caregivers such as substance misuse counselors or primary medical care can accompany mental health staff. The RVs are currently stationed in the Spartanburg, Charleston Dorchester, Columbia Area, Santee-Wateree, PeeDee, Aiken Barnwell, Berkeley, Waccamaw, Tricounty and Beckman Community Mental Health Centers. Will, I think two centers have 3 still. Copying the CDs to make sure I have the most current info here. @Center Directors@Jennifer Butler • The Mental Health Law Enforcement Alliance Project (Alliance) was developed to strengthen mental health and law enforcement collaborations in order to provide services to trauma victims across SC. The project uses an RV designated as the Community Support Unit (CSU) which is available state-wide.

Alliance teams consist of DMH clinicians and specially trained law enforcement officers who respond to requests for assistance when children, adults, families or community members experience trauma resulting from violence, natural disaster or other events. Alliance with Law Enforcement • Currently, SCDMH has embedded positions with law enforcement across the state funded by various grants. These clinicians serve the community in many capacities including treating victims of crime, individuals who have experienced trauma, and those experiencing a psychiatric crisis. Embedded clinicians also serve as liaisons for justice involved individuals through assessment, referral, and re-entry by connecting individuals to the CMHCs. There are clinicians embedded in detention centers and law enforcement agencies in Dorchester, Lexington, Newberry, Richland, Horry, Darlington, Lee, Aiken, Spartanburg, Cherokee, and Berkeley Counties and several CMHCs are in the process of expanding to additional counties. At this time DMH supports Crisis Intervention Teams with the Richland County Sheriff's Department and the Summerville Police Department. Increased Efforts to Assist Hospital Emergency Departments. • In FY17, DMH received a \$1 Million appropriation from the General Assembly to develop crisis stabilization centers in communities. As of June 30, 2019: o The Charleston-Dorchester Mental Health Center, in collaboration with MUSC, Roper Hospital, and the Charleston County Sheriff's Department, opened the 10-bed Tri-County Crisis Stabilization Center in June 2017. On average, the Center serves over 60 individuals each month. Closed due to COVID. Reopened at 50% capacity on July 22, 2021. o Spartanburg Mental Health Center opened their crisis stabilization center October 17, 2018. o The Anderson-Oconee-Pickens, Columbia Area, Orangeburg, and Waccamaw mental health centers are currently working with local stakeholders and exploring options to develop Crisis Stabilization Units in their respective areas. o Pee Dee and Columbia Area CMHC are currently working with community partners to develop crisis stabilization centers in Florence and Richland counties.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

1. Someone to talk to: Crisis Call Capacity

- a. Number of locally based crisis call Centers in state
 - i. In the Suicide lifeline network
 - ii. Not in the suicide lifeline network
- b. Number of Crisis Call Centers with follow up protocols in place
- c. Percent of 911 calls that are coded as MH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

- a. Independent of first responder structures (police, paramedic, fire)
- b. Integrated with first responder structures (police, paramedic, fire)
- c. Number that employ peers

3. Place to go

- a. Number of Emergency Departments
- b. Number of Emergency Departments that operate a specialized behavior health component
- c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

SC has one crisis-call center serves entire state with second in early planning stages. Clinical support is available 24/7 whether on phone, at Emergency Departments, or anywhere in community.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

Crisis Stabilization Units are available in Charleston as of June, 2017. Closed during COVID but operational as of July, 2021. Serves three counties. Spartanburg opened CSU serving upstate in 2018. Pee Dee (three counties), Anderson-Oconee-Pickens, Waccamaw (three counties), Orangeburg (three counties), and Columbia Area (two counties) Mental Health Centers are working with stakeholders in their respective areas to develop crisis

stabilization units.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

Five percent set aside funds will be used as start-up costs for crisis call centers - both the one operating in Greenville County and the start-up operation in Charleston. Additional funding from the MHBG may be used for these programs as well. Both these programs will service calls for the 988 Suicide Prevention hotline (current in Greenville).

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁶⁹

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.
 - a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is responsible for the mechanisms to plan and implement substance misuse prevention, SUD treatment, and recovery services related thereto.
 - b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? Yes No
2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? Yes No
3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

South Carolina Mental Health State Planning Council meets every second month.

Please see the attached South Carolina Mental Health State Planning Council Bylaws; specifically, Article II.

As a function of the South Carolina Mental Health State Planning Council's classification as a body politic, it publishes each year and places on the SCDMH website (<https://scdmh.net/public-information/my-calendar/>) Events Calendar. a Notification of Meeting Schedule (see attached) which provides an opportunity for the public to interface with the Planning Council and SCDMH.

Please indicate areas of technical assistance needed related to this section.

Not Applicable

*Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.*⁷⁰

⁷⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

July 22, 2020

Ms. Odessa Crocker
Grants Management Officer
Division of Grants Management, Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Crocker:

With all the unrest and challenges we are facing as a country, we, the Council, are pleased with all the initiatives DMH has been taking.

DMH has social workers available for law enforcement mental health crises. DMH also established CCRI - Community Crisis Response and Intervention - services in all 46 counties in SC. There are RVs going into the community to help people receive services - instead of having to go into the mental health centers. This is especially helpful in rural areas. These mobile units are parked in random parking lots - like Family Dollar - so people see there are services available for anyone who needs them.

Telepsychiatry has become especially important during this pandemic. Patients can easily access services without the risks of being exposed to COVID-19, and throughout, the mental health stressors that are making everyday people suffer psychiatric distress during this pandemic, DMH has a helpline for all citizens of SC called SC Hopes. There are billboards and commercials ensuring citizens are aware of the needed help DMH is eager to offer. Plus, DMH has also established an Office of Suicide Prevention dedicated to zero suicide in South Carolina.

DMH is also creating a new position - the Chief Diversity and Inclusion Officer - who will ensure all patients and employees are treated with dignity and respect.

The leadership of SCDMH, to include the SC Mental Health Commission, State Director, and Senior Leadership, released a statement to the public condemning racism in our country.

It is a very powerful statement, so, we as a Council, are choosing to share the statement, in full, with this letter.

**A Statement by the South Carolina Mental Health Commission and the State Director and Senior Management of the South Carolina Department of Mental Health
June 15, 2020**

The leadership of the South Carolina Department of Mental Health writes to express our utter condemnation of and profound sadness about the senseless killing of George Floyd and to denounce all acts of racial violence and hate. We also write to express our support of all those calling for an end to racism and injustice.

The effect of racism and racial trauma on mental health is real. When we say "Black Lives Matter" we are not saying other lives do not. Rather, we are acknowledging that throughout our nation's history, people of color have experienced life in America differently from white Americans. Still today African Americans experience overt racism and bigotry far too often. They

shoulder a mental health burden that is greater simply by virtue of their skin color. Most black Americans live their lives with the added anxiety that they or their family members may be threatened or marginalized based only on their race.

The video of the murder of George Floyd while in police custody is traumatic to see for all of us, and the trauma is magnified by mass media. But it is a mistake to think that we all experience the horror of his death in the same way. For African Americans, the manner of George Floyd's death represents new trauma on top of past trauma. And we in mental health know that trauma is a major contributor to serious mental health conditions.

The events and discussions which have taken place following the death of George Floyd have made it abundantly clear that the leadership of SCDMH must continue to ensure equity and fairness in the manner in which the agency's services are delivered and the manner in which the agency's employees are valued. We commit to being part of the solution.

To that end, we have already discussed the hiring of a full-time chief diversity officer (CDO) whose sole job will be to assist the management of the Department's many different components in identifying and implementing needed change. As clinicians, we often tell patients that they are only as healthy as their secrets. We are following our own counsel, and we believe the CDO will bring fresh eyes to our agency to help us identify and eliminate instances of disparate treatment of staff and patients.

As the State's public mental health authority:

- SCDMH must be an agency which represents all citizens equally, those it serves and those it employs;
- SCDMH must continually ensure its environment is a safe environment for all, and which promotes open, honest and civil dialogue between people with differing perspectives; and
- SCDMH must be an agency that supports, encourages, and celebrates diversity.

Only when we achieve this level of equality can we reach our vision of being the mental health employer of choice and the mental health provider of choice in South Carolina. Only when we achieve this vision can we fully meet our mission of supporting the recovery of people living with mental illnesses. We cannot help patients live their best lives and be their best selves unless we as an agency strive continuously to do the same.

We also hope that this will be a time for all SCDMH employees, not just those in leadership roles, to reflect on actions they can take to demonstrate empathy, compassion, and kindness to those with whom they work, and in their communities.

As a Council, we have become more and more impressed with DMH's leadership in providing the most effective services possible.

As a Council, we monitor these services closely and ask for information to evaluate the effectiveness of services. We are invested in knowing as much as possible about quality of services being provided to the citizens of our state. We have reviewed the state budget and the specific services being offered.

As a Council, we encourage ALL members, especially individuals in recovery, to speak up as dedicated advocates. As Chair, and person who lives with severe mental illness myself, I'm pleased to see others, just like me, dedicated to asking the hard questions of DMH leadership and giving much needed feedback about the services we all receive from this Agency.

Due to the pandemic, our last two meetings have been via conference call. Members are committed not only to attending in-person meetings, but are participating in conference calls. Always, members ask question after question of the State Director and Deputy Directors.

At our July meeting, we were given an inspiring presentation by the Patient Affairs Coordinator for DMH. Her role is to advocate, with senior leadership, for people with mental illness. She gives presentations, does research to evaluate services and establishes advisory councils.

At the July meeting, she shared her recovery story, and all who heard her were moved by her passion to be a beacon of hope - not just to people with mental illness - but to all the senior management of DMH, reminding them that they are not looking at "numbers" but actual people.

As a Council, we are pleased by DMH's efforts to provide excellent services to the people of our state. We support the Block Grant application and are grateful for SAMHSA funding. DMH makes excellent use of Federal funding and all other resources they have and work to secure.

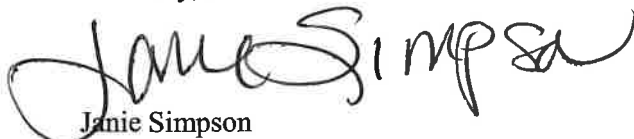
We, as a Council, applaud DMH's commitment to providing the best services possible and we are grateful for our role in supporting and advocating for innovations and demand for quality.

We have an excellent partnership with DMH. There is NO question our voices are heard and valued.

We truly believe that all members of our Council, DMH employees and patients receiving services are teamed together, to ensure the best recovery outcomes for people with mental illness.

As a Council, we stand together, advocating for the best services possible. We are committed to continually monitoring, reviewing and evaluating how DMH uses their funding to support the recovery of individuals with mental illness.

Sincerely, -

A handwritten signature in black ink that reads "Janie Simpson". The signature is written in a cursive, flowing style.

Janie Simpson
Chairperson
SC Mental Health State Planning Council

SOUTH CAROLINA MENTAL HEALTH STATE PLANNING COUNCIL BYLAWS

ARTICLE I. NAME

The name of this organization shall be the South Carolina Mental Health State Planning Council. The South Carolina Mental Health State Planning Council may also be informally referred to as the “Council,” the “Planning Council” or the “State Planning Council.”

ARTICLE II. PURPOSE

As required under the Public Health Services Act, 42 U.S.C. 300x-3, the purpose of the Council is to:

- a. Review the Community Mental Health Services Block Grant Uniform Application and Behavioral Health Report and make recommendations.
- b. Serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses.
- c. Monitor, review, and evaluate – not less than once a year – the allocation and adequacy of mental health services within the state.

ARTICLE III. MEMBERSHIP

Section 1. Qualifications

- a. Council membership composition shall reflect the mental health stakeholder community.
- b. Council members shall include adults with serious mental illness who are receiving or have received mental health services, family members of such adults or families of children with emotional disturbance, public and private community-based providers, advocacy organizations, and state agency representatives from mental health, education, vocational rehabilitation, criminal justice, housing, social services, alcohol and drug, and health and human services Medicaid division.
- c. The ratio of parents of children with a serious emotional disturbance to other members of the Council must be sufficient to provide adequate representation of such children in the deliberations of the Council.
- d. At least fifty-one percent (51%) of the Council shall be comprised of adults with serious mental illness who are receiving or have received mental health services or who are family members of such adults or families of children with emotional disturbance.

- e. The Council, upon recommendation of the Nominating/Membership Committee, shall determine status as a "provider" of mental health services. Such determination shall be made upon recommendation of election by the Council and may be changed upon receipt of new or changed information. In order to facilitate such determination, applicants for and members of the Council shall be required to disclose to the Nominating/Membership Committee any work regularly performed for pay as, or for, a provider of mental health services.
- f. Volunteers, advisory, and governing board members shall not be considered as providers solely based on such status.
- g. Under general ethical principles, members of the Council shall recuse themselves when they have a direct financial stake in the outcome of a Council decision, independent of their status as a provider.

Section 2. Election

- a. Prospective members and returning members shall be elected by a majority vote of current members present and voting.
- b. Elections should be held at the last regular meeting of the fiscal year, no later than June 30. However, upon approval by a majority vote of current members present and voting, elections may be held out-of-cycle.
- c. Current members may recommend prospective members to the Nominating/Membership Committee.
- d. Prospective members must complete the Application for Election to the South Carolina Mental Health State Planning Council and submit said application, and any other supplemental information requested and related thereto, within reason, to the Nominating/Membership Committee.
- e. Upon review and proper vetting of the application of a prospective member by the Nominating/Membership Committee, the names of those prospective members deemed qualified to serve on the Council, along with the respective applications, will be submitted to the State Director of the South Carolina Department of Mental Health for review and recommendation(s). Said recommendation(s) will then be submitted to the Chair of the Nominating/Membership Committee for presentation to the Council on which the Council will then vote according to Article III, Section 2, Items a and b,

Section 3. Terms

- a. The terms of the Council members shall be three (3) years and staggered.
- b. A member may serve multiple terms subject to Article III, Section 5.
- c. A term is established by and follows the state fiscal year – July 1 to June 30.

Section 4. Vacancies

- a. Any member appointed to fill a vacancy for an unexpired term, subject to Article III, Section 2, Items d and e, shall serve for the remainder of such term. Upon

completion of said unexpired term, said member may be re-elected to the Council for a full-term.

Section 5. Resignation and Removal

- a. A Council member may resign at any time by giving written notice to the Chair, which will take effect upon receipt of the notice.
- b. A Council member may be removed at any time upon a majority vote of those members of the Council present at the meeting during which the vote is scheduled to be taken.
 - a. Causes for removal include one or more of the following:
 - i. Absence from three (3) consecutive Council meetings without a justifiable medical, business, or personal excuse;
 - ii. When the member is no longer a resident of the state; or
 - iii. When a conflict of interest renders an individual unqualified to serve on the Council pursuant to Article III. Section 1.

ARTICLE IV. FISCAL YEAR

The fiscal year of the Council shall be July 1 through the following June 30.

ARTICLE V. MEETINGS

Section 1. Schedule

- a. The Council shall meet at least four (4) times per fiscal year.
- b. The purpose of these meetings shall comport with the duties of the Council as defined by PL 102-321 and Article II above.

Section 2. Quorum

- a. For the purpose of conducting the business of the Council, the members present shall constitute a quorum.
- b. Any member of the Council who has been absent from two consecutive meetings will forfeit their voting privileges. Voting privileges will be reinstated at the next attended meeting.

Section 3. Compensation

- a. The members of the Council shall serve without pay.
- b. The Council may authorize or recommend the timely payment of reasonable and necessary expenses incurred by members in the performance of their duties. Such payment is subject to the availability of Community Mental Health Services

Block Grant Funds appropriated for said purposes and the approval of the South Carolina Department of Mental Health.

- a. Members of the Council whose participation is not being rendered in the course of a job function, or as the result of an affiliation with any organization, are eligible for mileage reimbursement at the maximum mileage reimbursement rate for state employees when a state vehicle is not available as set forth in the Appropriations Act of the General Assembly of the State of South Carolina under the proviso entitled "Travel – Subsistence Expenses & Mileage."
 - i. Members whose participation in Council activities are rendered on a volunteer basis, generally those whose Type of Membership as described in Article III, Section 1 is designated as either "Individuals in Recovery (from Mental Illness and Addictions)" and "Family Members of Individuals in Recovery (from Mental Illness and Addictions)" according to the prevailing definitions by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the time of request for reimbursement qualify for mileage reimbursement.
 - ii. The value per mile for mileage reimbursement shall be calculated according to the prevailing rate utilized by the South Carolina Department of Mental Health at the time at which the request for reimbursement is initially received.

Section 4. Open Meetings

- a. All meetings of the Council shall be open to the public.
- b. A reasonable period of time shall be set aside at all meetings of the Council for members of the public to address the Council.
- c. Members of the public shall be permitted to propose "new business" for the next meeting of the Council. Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.

ARTICLE VI. ELECTION OF OFFICERS

The officers of the Council shall be Chair, Vice Chair, and Secretary.

Section 1. Election and Terms

- a. Officers should be elected for a two (2) year term by a majority vote of Council during the last regular meeting of the fiscal year. However, upon approval by a majority vote of current members present and voting, elections may be held out-of-cycle.
- b. Officers shall be elected either upon the expiration of the term of the respective office as defined by Article VI, Section 1, Item a, or upon the resignation of the member of the Council holding said office. A member of the Council filling a

vacancy shall serve for the remainder of such term. Upon completion of said unexpired term, said member may be re-elected to the office for a full-term, but not to exceed two (2) full terms as described in Article VI, Section 1, Item d.

- c. Officers shall assume their official duties beginning July 1.
- d. A member of the Council shall not be eligible to serve more than two (2) full consecutive terms in the same office.
- e. Only a member of the Council who has served for at least one (1) year shall be eligible to hold office.
- f. Only those persons who have signified their consent to serve, if elected, shall be nominated for, or elected to, such office.

Section 2. Role of the Nominating/Membership Committee and Council in the Election of Officers for the South Carolina Mental Health State Planning Council

- a. The Nominating/Membership Committee shall solicit from the Council names of eligible members of the Council for specific officer positions.
 - 1. No member serving on the Nominating/Membership Committee, nor any member of the Council who has served on the Nominating/Membership Committee within one (1) year of the current election of officers, may be nominated for an officer position until such time as one (1) year has elapsed between said service and the election of officers.
- b. The Nominating/Membership Committee shall report the slate of prospective officers to the Council fourteen (14) days prior to the last regular Council meeting of the fiscal year. Nominations for said officer positions may also be accepted from the floor.
 - 1. If more than one candidate is presented for a specific officer position, then a separate vote must be held for said position. The candidate receiving the majority of the votes of quorum will be awarded the office.
- c. Upon acceptance of the slate of prospective officers by the Council, the slate shall be elected by a majority vote of the quorum, or, if no alternate candidates are proposed, by acclamation.

Section 3. Vacancies

- a. Upon vacancy of an office, the Nominating/Membership Committee shall recommend an eligible member to the Council with a fourteen (14) day notice before the next regular Council meeting.
- b. A vacancy occurring in any office shall be filled for the unexpired term by a qualified member elected by a majority vote of the remaining members of the Council.

ARTICLE VII. DUTIES OF OFFICERS

Section 1. The Chair shall:

- a. Oversee all regular and called meetings of the Council;
- b. Serve as ex-officio member of all committees;
- c. Work in partnership with the state planner to ensure Council resolutions are carried out;
- d. Call special meetings of the Council, or its respective standing, or ad hoc committees, if necessary;
- e. Appoint, with approval by the Council, all committee members and committee chairs, excluding the Nominating/Membership Committee, in consult with the planner;
- f. Assist in preparing the agenda for Council meetings;
- g. Assist in conducting new member orientation;
- h. Work with the Nominating/Membership Committee to recruit new Council members;
- i. Act as a spokesperson for the Council;
- j. Periodically consult with members on their roles and help them assess their performance.

Section 2. The Vice Chair shall:

- a. Attend all Council meetings;
- b. Understand the responsibilities of the Chair and be able to perform these duties in the absence of the Chair;
- c. Participate in Council leadership.

Section 3. The Secretary shall:

- a. Attend all Council meetings;
- b. Review meeting minutes;
- c. Assist the Chair with attendance, quorum and action of the Council;
- d. Assume responsibilities of the Chair in the absence, or inability, of both the Chair and Vice Chair.

ARTICLE VIII. COMMITTEES

Section 1. The following committee(s) of the Council is provided for by reference in these Bylaws in Article VI, Section 2.

- a. The Nominating/Membership Committee

Section 2. Nominating/Membership Committee

- a. At a regular meeting of the Council in the month of January a Nominating/Membership Committee and Chair consisting of an uneven number - not less than three (3) – of members of the Council shall be elected by the Council to serve a one (1) year term.
- b. The role of the Nominating/Membership Committee is designated within the respective Articles of these Bylaws.

Section 3. Ad Hoc Committees

The Chairperson may appoint special or standing committees as may be deemed advisable. Each such committee shall have such powers and authority as shall be specified by the Council. The Chairperson shall appoint members of committees and shall designate the chairperson of each committee.

Section 4. Removal

The chair or any member of any committee may be removed for willful misconduct by a majority of a quorum of the Council at any time at a properly called meeting of the Council.

ARTICLE IX. ANTI-DISCRIMINATION

The Council shall not discriminate in any regard with respect to race, creed, color, sex, sexual orientation, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child or physical or mental disability.

ARTICLE X. PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order. Newly Revised shall govern the Council in all cases to which they are applicable and in which they are not in conflict with these bylaws and any special rules of order that the Council may adopt.

ARTICLE XI. PROCEDURES

Section 1. Quorum

See Article V, Section 2.

Section 2. Voting

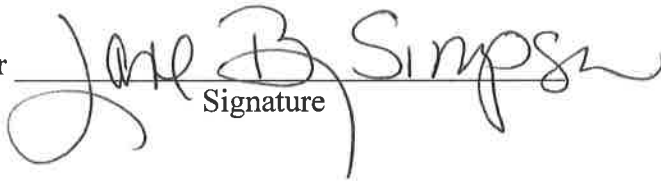
- a. Council decisions should be made by consensus.
- b. If voting becomes necessary, a simple majority of the members present at the meeting will be sufficient for a vote on any issue.
 - 1. Types of Voting
 - i. By Voice – The Chairperson may ask the members of the Council to indicate in the affirmative those members in favor of a motion, and to indicate an objection those members not in favor of a motion. Any member may move for an exact count.
 - ii. By General Consent – The Chairperson may present all members with the opportunity to object, which by their silence will indicate agreement with the motion. If a member indicates an objection, the motion must be put to a vote.
 - iii. By Ballot – Any member may request that a ballot vote be conducted regardless of the subject matter.

ARTICLE XII. AMENDMENT OF BYLAWS

The bylaws may be amended at any regular meeting of the Council by a two-thirds vote of all members listed on the Membership Roster of the Council provided that the proposed amendment has been submitted in writing to all members fourteen (14) days in advance of the meeting. The bylaws may be reviewed every two (2) years and any amendments and revisions shall be in accordance with PL 102-321.

Adopted the 21st day of March 2018.

Chair


Signature

Notification of 2022 Meeting Schedule

South Carolina Mental Health State Planning Council

Notice is hereby given that at the November, 2021 meeting of the South Carolina Mental Health State Planning Council (Council), the Council approved the dates and times upon which it will convene its meeting in 2022.

The meetings will be held from 10:00AM to 12:00AM on the following dates in Room 323 of the South Carolina Department of Mental Health Administration Building, located at 24141 Bull Street, Columbia, South Carolina, unless otherwise notified.

January 19, 2022,

March 16, 2022,

May 18, 2022

July 20, 2022,

September 21, 2022,

November 16, 2022

Please note that the Council may also convene subcommittee meetings on the same dates. Additional information will follow. Please refer to the published agenda for each respective date to determine if subcommittee meetings are intended.

For additional information, please contact:

- Katie Tillman, Director of Grants Administration, at 803-898-4789 or via email at katie.tillman@scdmh.org, or via postal mail at 2414 Bull Street, Suite 318, Columbia, SC 29201
- Nitesh Parikh, Grants, at 803-898-0306 or via email at Nitesh.parikh@scdmh.org

10/20/2022

To whom it may concern:

The Council has been partnering well with Department of Mental health for many years. There is mutual respect and much understanding. One of the most positive outcomes from senior leadership and individual Council members interacting is the constant reinforcement that patients of Department of Mental Health are real and actual people. Leadership no longer sees numbers on pieces of paper but people to show compassion and dedication for helping.

This Block Grant application will be closely aligned with goals and measures from the 2021 application. Because of COVID, allowances have been made to restart the process at the projected levels for 2021.

The Council weighed in on those 2021 measurements and agreed to again, put forth the same projections.

During the stresses of COVID, we have continued meeting via telephone and/or in person.

As a Council, we become more and more impressed with Department of Mental Health's leadership providing the most effective services possible.

As a Council, we monitor those services closely and ask for more information to evaluate the effectiveness of services. We are dedicated to knowing as much as possible about the quality of services being provided to the residents of our state. We have reviewed the state budget and services being offered.

As a Council we advocate for all individuals facing mental health struggles and encourage empathy and compassion for others and ourselves.

We stand by our evaluation of this Block Grant Application and agree to all its contents.

Sincerely,


Jane B Simpson
Chairperson
SC Mental Health State Planning Council

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States **MUST** identify the individuals who are representing these state agencies.

- State Education Agency
- State Vocational Rehabilitation Agency
- State Criminal Justice Agency
- State Housing Agency
- State Social Services Agency
- State Health (MH) Agency.
- State Medicaid Agency

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Harriet Abner	State Employees	Vocational Rehabilitation	1430 Confederate Ave. Columbia SC, 29202	
Chris Allen	Others (Advocates who are not State employees or providers)			
Brian Ambrose	Others (Advocates who are not State employees or providers)			
Dr. Robert Bank	State Employees	South Carolina Department of Mental Health	2414 Bull Street Columbia SC, 29201	
Versie Bellamy	State Employees	South Carolina Department of Mental Health	2414 Bull Street Columbia SC, 29201	
Maria Beth Smith	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Debbie Blalock	State Employees	South Carolina Department of Mental Health	2414 Bull Street Columbia SC, 29201	
Hannah Bonsu	State Employees	SC Department of Alcohol and Other Drug Abuse Services	1801 Main Street Columbia SC, 29201	
Aaron Brown	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Zee Brown	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Debbie Calcote	State Employees	South Carolina Department of Mental Health	2414 Bull Street Columbia SC, 29201	
Jannah Cason	Others (Advocates who are not State employees or providers)			
Marilla Copeland	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Raj Gavurla	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
			4900 Broad River	

Melanie Hendricks	State Employees	SC Department of Juvenile Justice	road Columbia SC, 29212	
Joan Herbert	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Kathy Hugg	State Employees	Department of Public Health & Human Services	1801 Main Street Columbia SC, 29201	
Joy Jay	Others (Advocates who are not State employees or providers)			
Louise Johnson	State Employees	SC Department of Mental Health	2414 Bull Street Columbia SC, 29201	
Amy Jolly	Others (Advocates who are not State employees or providers)			
Chris Kuntz	State Employees	Department of Corrections	4444 Broad River Road Columbia SC, 29221	
Bill Lindsey	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Renaye Long	State Employees	State Housing Agency	1835 Assembly Street Columbia SC, 29201	
Mandy Madlock	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Pheobe Malloy	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Lisa McCliment	State Employees	SC Department of Education	1429 Senate Street Columbia SC, 29201	
Elizabeth Morris	State Employees	Clemson University	105 Sikes Street Clemson SC, 29634	
Timothy Nix	State Employees	SC Department of Social Services	1535 Confederate Ave. Columbia SC, 29201	
Melissa Reitmeier	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Carol Rudder	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Janie Simpson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Tray Stone	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Janet Upthegrove	Others (Advocates who are not State employees or providers)			
Sissy Weaver	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			

*Council members should be listed only once by type of membership and Agency/organization represented.

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Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	34	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	8	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	6	
Parents of children with SED/SUD*	0	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	6	
Total Individuals in Recovery, Family Members & Others	20	58.82%
State Employees	14	
Providers	0	
Vacancies	0	
Total State Employees & Providers	14	41.18%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	6	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	6	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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Footnotes: