

South Carolina

UNIFORM APPLICATION

FY 2024/2025 Only Application Behavioral Health Assessment
and Plan

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/30/2024 1.33.42 PM)

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State Unique Entity Identification

Unique Entity ID KGLNFGPQMFB4

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
City Columbia
Zip Code 29201

II. Contact Person for the Grantee of the Block Grant

First Name Robert
Last Name Bank, MD
Agency Name South Carolina Department of Mental Health
Mailing Address 2414 Bull Street
City Columbia
Zip Code 29201
Telephone 803-898-8319
Fax 803-898-1383
Email Address robert.bank@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 8/15/2024 10:05:57 AM

VI. Contact Person Responsible for Application Submission

First Name Mahri
Last Name Irvine, PhD

Telephone 803-898-8184
Fax
Email Address mahri.irvine@scdmh.org

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

South Carolina Department of Mental Health

The Bipartisan Safer Communities Act (BSCA)

Third Allotment

Funding Plan

Submitted: September 3, 2024

Table of Contents

Introduction	1
Overview of SC Department of Mental Health	1
Budget Overview	2
Scope of Services and Budget Narrative	3
Ten Percent Set-Aside for ESMI/FEP	3
Funding for NAVIGATE Program	3
Five Percent Set-Aside for Crisis Services	4
Funding for SC Mobile Crisis Call Center	4
Funding for the CAFÉ through Project FOCUS	5
Community Mental Health Services Funding	7
Plans to Develop/Enhance Mental Health Emergency Preparedness and Response Plan	7
Plans to Develop/Enhance State Behavioral Health Team	8
Plans to Develop/Enhance Mobile Crisis Team	8
Plans to Develop/Enhance Services for Young Adults, Youth and Children, or their Families	9
Plans to Develop/Enhance Services Provided to Communities	10
Plans to Develop/Enhance Culturally and Linguistically Tailored Messaging	10
Plans to Develop/Enhance Other Mental Health Emergency/Crisis Behavioral Health Practices	10

Introduction

Thank you for reviewing this proposal for South Carolina's use of the third allotment of the Bipartisan Safer Communities Act (BSCA) funds.

Previously, the South Carolina Department of Mental Health (SCDMH) received two allotments of BSCA funds, in the amount of \$768,496 for each allotment, and developed a plan to use the funds for NAVIGATE programs at Community Mental Health Centers (CMHCs), to support the SC Mobile Crisis Call Center, to support Mobile Crisis Teams, and provide trainings for staff members.

This proposal provides information about how SCDMH plans to spend its third allotment of BSCA funds, for the period of September 30, 2024 – September 29, 2026, in the amount of \$768,496.

Overview of SC 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. SCDMH is one of the largest hospital- and community-based systems of care in South Carolina; each year, it provides more than 500,000 inpatient bed days, almost half of which are nursing home residents. Since opening its first hospital in 1828, DMH has served approximately four million South Carolinians, including three million patients in SCDMH outpatient community mental health centers and clinics and one million patients in SCDMH inpatient facilities (hospitals and nursing homes).

SCDMH operates 16 community-based, outpatient mental health centers and dozens of associated clinics and satellite offices. These agencies serve people throughout all 46 counties in the state. Approximately 70,000 adults and 30,000 children are served by SCDMH each year. Community Mental Health Centers (CMHCs) provide comprehensive mental health services, offering outpatient, home-based, school, and community-based programs to children, adolescents, adults, and families throughout South Carolina. Each CMHC covers a geographic catchment area; together, they provide services to all 46 SC counties. All 16 CMHCs have advisory boards and are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

South Carolina is one of the only states in the nation with a state-operated, comprehensive mental health system, resulting in numerous benefits for South Carolinians in need of services. For example, this structure means that SCDMH centers, clinics, and hospitals provide an inclusive, uniform array of core mental health services; provide and coordinate the necessary supports for successful recovery; provide transition services to and from inpatient care to support long-term recovery; and provide services to anyone in need following a natural disaster. SCDMH has created a trauma-informed system of care; this system includes policies, procedures, and practices that do not create, or recreate, traumatizing events for patients. The agency ensures all patients are offered evidence-based trauma assessments, and it offers evidence-based treatment options to patients experiencing trauma-related symptoms.

Budget Overview

Bipartisan Safer Communities Act (BSA) Funding Plan Third Allotment South Carolina Mental Health Block Grant Proposed Expenditures for Sep. 30, 2024 - Sep. 29, 2026	
ESMI/FEP Set-Aside (10% of Total Award)	
NAVIGATE	\$77,628
Subtotal	\$77,628
Crisis Set-Aside (90% of Total Award)	
Mobile Crisis Call Center	\$196,998
CAFÉ - Project FOCUS	\$501,646
Subtotal	\$698,644
Community Mental Health Services (0% of Total Award)	
n/a	\$0
Subtotal	\$0
Total	\$776,272
Award	\$776,272
Difference	\$0

Scope of Services and Budget Narrative

SCDMH proposes the use of the third round of BSCA funding to support three current initiatives: NAVIGATE programs at several Community Mental Health Centers (CMHCs); the SC Mobile Crisis Call Center at the Charleston Dorchester Mental Health Center (CDMHC); and Project FOCUS at Spartanburg Area Mental Health Center (SAMHC).

Ten Percent Set-Aside for ESMI/FEP

SCDMH proposes using ten percent of the third round of BSCA funding to support or start a NAVIGATE program at a CMHC. This amount of funding will be \$77,628.

Funding for NAVIGATE Program

NAVIGATE – Program Description

The NAVIGATE program is a nationally recognized Coordinated Specialty Care (CSC) treatment model. Patients between the ages of 15 and 40 years of age who have been diagnosed in the schizophrenia spectrum, and are new to treatments in the past two years, are eligible to participate in NAVIGATE. This program is designed for patients to graduate within two years; the majority of patients successfully graduate.

The NAVIGATE treatment team is comprised of a wide variety of professionals, including a psychiatrist, program director, mental health clinician (referred to as the Individual Resiliency Trainer), employment and education specialist, care coordinator, entitlements specialist, nurse, and peer support specialist. Patients who participate in NAVIGATE may meet with their Individual Resiliency Trainer (IRT) as often as weekly, or even more than once a week, depending on their needs. The IRT visits with patients not just in clinical settings, but also in their homes or in communities; sessions can be conducted in-person or through telehealth. The NAVIGATE Individual Resiliency Training Manual is used in every session to help patients learn and practice skills. This training manual includes modules on a wide range of topics, including education about psychosis and how to cope with hallucinations, skills to cope with stress and anxiety, gaining awareness of strengths, focusing on health and wellness, and relapse prevention skills.

The psychiatrist can meet with patients as often as monthly, and uses the NAVIGATE prescriber's manual to follow the NAVIGATE model for medication adherence. Patients can meet as often as weekly with their Employment and Education Specialists, Peer Support Specialists, and Care Coordinators. Each week, the entire care team meets to discuss every patient. The IRT and program director also meet on a weekly basis; they review the NAVIGATE model and address any potential problems that have arisen.

Support and education for family members and other loved ones is also provided through NAVIGATE. The NAVIGATE Family Education Manual is provided to patients' families and friends to help them learn how to support their loved ones and help them reach their goals.

NAVIGATE – Statement of Need

Over the past few years, SCDMH's Community Mental Health Centers (CMHCs) have significantly increased the number of programs that provide specialized services to individuals experiencing Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP). Currently, five CMHCs offer three different Coordinated Specialty Care (CSC) programs, including NAVIGATE. In the past few years, SCDMH has expanded the number of CMHCs offering NAVIGATE. Currently, four CMHCs are implementing NAVIGATE, and a fifth CMHC is in the hiring process to begin its program. Aiken Barnwell MHC, Charleston Dorchester MHC, Coastal Empire CMHC, and Columbia Area MHC offer NAVIGATE. Lexington County CMHC is in the hiring process and expects its program to begin no later than October 2024.

Because NAVIGATE is evidence-based and is one of the most rigorous and highest quality FEP programs in the nation, SCDMH leadership wants to ensure that all individuals experiencing FEP will benefit from the rigorous, comprehensive set of services that NAVIGATE provides.

SCDMH plans to use the full ten percent set-aside to support CMHCs as they develop or continue their NAVIGATE programs.

Five Percent Set-Aside for Crisis Services

After the ESMI/FEP set-aside has been accounted for, \$698,644 of the third allotment of BSCA funds will remain. SCDMH proposes using all of the remaining funds to strengthen and expand two current crisis services initiatives: the SC Mobile Crisis Call Center and Project FOCUS.

Funding for SC Mobile Crisis Call Center

SCDMH plans to provide \$196,998 to support the SC Mobile Crisis Call Center.

Mobile Crisis Call Center – Program Description

The South Carolina Mobile Crisis Call Center (MCCC), based in Charleston, SC, was first implemented in 2020 by SCDMH. The MCCC assists individuals statewide and communicates with community mental health centers in every county to assist with triage and emergency assessment. The call center's responsibility is to triage calls, attempt to deescalate callers in crisis, and dispatch Mobile Crisis teams to mental health crises which are unable to be deescalated and require after-hours response. If immediate response is needed, the call center will also call local emergency services dispatch for individuals across the state to request first responders to respond so individuals can be stabilized until Mobile Crisis teams are able to arrive on scene. In addition to those responsibilities, the MCCC also assists with providing callers with information regarding resources in their community including alcohol and drug assistance programs, local mental health centers, referrals to 211, and referrals to suicide prevention lifelines. Hospitals and ERs throughout the state are also able to call and receive mental health history information, such as medication information and most recent appointments with a patient's psychiatrist or therapist for continuity of care purposes.

The SC Mobile Crisis Call Center assists SCDMH's Mobile Crisis teams by triaging calls, developing safety plans, diverting emergencies, and providing resources to individuals not needing immediate Mobile Crisis or emergency response. The MCCC also acts as a bridge for communication between first responders and Mobile Crisis clinicians. First responders can contact the center 24/7 to triage calls, gather information, or request Mobile Crisis response. Overall, the MCCC works to assist and provide resources to individuals and families experiencing mental health emergencies throughout the 46 counties of South Carolina.

In 2024, the Mobile Crisis Call Center received more than 31,835 calls. Mobile Crisis teams conducted 5,113 responses, and facilitated more than 3,727 diversions from emergency departments, hospitals, and detention centers. SCDMH has set a goal response time to 60 minutes or less for on-site from the time the team receives the dispatch to deploy. The average response time currently is just over 34 minutes.

Mobile Crisis Call Center – Statement of Need

Continuing operations of the MCCC requires a tremendous amount of staff time and energy. Each year, CDMHC is responsible not only for maintaining all of its regular CMHC services, but it also expends a significant amount of money and effort to run the MCCC. Because the call center does not generate revenue and funding is limited, CDMHC is frequently at risk of entering a deficit, which threatens the provision of these statewide, 24/7 crisis services. Grant money is frequently needed to ensure that these services will continue.

Funding for this program will include personnel expenses, training/professional development for the grant-funded staff members, and/or program supplies for the grant-funded staff members.

Funding for the CAFÉ through Project FOCUS

SCDMH plans to provide \$501,646 to support the CAFÉ, a component of Project FOCUS.

The CAFÉ through Project FOCUS – Program Description

Project FOCUS (Family Options in Cherokee, Union, and Spartanburg Counties) is a crisis program that serves children and youth, ages 0-21, who have a serious emotional disturbance (SED). Their families are also served by this program. Project FOCUS provides crisis services in three contiguous counties: Cherokee, Union, and Spartanburg. This program was created to address the infrastructure gaps of extensive wait times and inadequate crisis solutions for families of youth with SED/SMI, who are at an increased risk of admissions to emergency departments. To prevent children and adolescents from being unnecessarily sent to the ED in the project FOCUS counties, a comprehensive approach has been created to include formal and informal treatment and supports that are well documented in each county. Project FOCUS is built on the existing infrastructure of the Spartanburg Behavioral Health Coalition (SBHC), which includes key stakeholders from education, public health, higher education, mental health, social services, juvenile justice, The Mary Black Foundation, and non-profit organizations. Spartanburg Regional Hospital understands the goals of project FOCUS and joined efforts by providing the building to carry out the project's crisis services.

The Child and Family Engagement Center (CAFÉ), located in Spartanburg County, serves as a crisis diversion location for Project FOCUS. This location was where the greatest need was identified, based on the numbers of children that were often waiting in the hospital due to behavioral health crises. Along with crisis intervention services, the CAFÉ provides screenings, assessments, individual and group therapy, intensive in-home services, respite services, peer support and family/parental peer support services for children and youth ages 0-21 along with their families. The CAFÉ (Child, Adolescent, and Family Engagement Center) promotes the FOCUS project mission to provide culturally competent, evidence-based practices while ensuring meaningful participation from patients and their families. FOCUS aims to serve children, youth, and their families from diverse backgrounds and improve overall behavioral health outcomes for patients with SED who are experiencing crises. FOCUS clinicians are trained in a variety of Evidence Based Practices (EBPs) such as Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Attachment Bio-Behavioral Catchup (ABC) and Multidimensional Family Therapy (MDFT) and Parent-Child Interaction Therapy (PCIT). These services are also accessible in the Cherokee and Union locations. The first floor of the CAFÉ, referred to as the Eubanks Center, is where nursing services are provided for those who may walk in. Telehealth services are also available for those in the Cherokee and Union areas. Services provided on the first floor include a comprehensive assessment, initial medication regime, and regular monitoring visits for medication. The array of services provided via the FOCUS project positively impact the lives of children, adolescents, and their families in the upstate region in South Carolina.

From June 2022 – July 2024, Project FOCUS peer support staff members conducted outreach to 701 individuals, primarily through the Child and Family Engagement Center (CAFÉ). The SAMHC mobile crisis team also reached out to individuals who could benefit from the CAFÉ. Since June 2022, 173 individuals have received ongoing services through the FOCUS project. 65% of these patients entered the program through the CAFÉ. Once admitted, services tend to be long term, with the average length of stay around six months. 99% of FOCUS patients have at least one SED/SMI diagnosis. Since opening in August 2022, the CAFÉ has provided crisis services to 512 unduplicated individuals. 64% of patient visits during this time have had a primary concern of suicidal ideation. Among the 173 patients receiving ongoing services, 58% screened positive for trauma, and 58% had positive suicide screens. In the 30 days prior to intake, 18% of patients had been hospitalized for behavioral health care, 16% had used emergency department services for behavioral health issues, and one patient had been confined in a detention facility.

The CAFÉ through Project FOCUS – Statement of Need

Project FOCUS, including the CAFÉ, is currently funded by a multi-year SAMHSA grant. The grant will end in August 2025. This program has annual staffing expenses of almost two million dollars. While some state or local funding may be available, Project FOCUS is at risk of discontinuation if additional funding cannot be obtained. The CAFÉ has been extremely beneficial for many children and families in crisis. Currently, there are no child psychiatrists available in local hospital systems in the SAMHC service area. Thanks to the crisis interventions provided by the CAFÉ, children have avoided Department of Social Services (DSS) custody, Department of Juvenile Justice (DJJ) custody, and hospitalizations. Instead of being sent to DSS, DJJ, or hospitals, children have received trauma-informed, evidence-based, community-based resources through the CAFÉ. The CAFÉ provides profoundly important crisis services for children and their families. Grant funding is necessary to continue the services provided at the CAFÉ.

SCDMH plans to start using BSCA 3 funds to provide partial funding for the CAFÉ beginning in September 2025.

Funding for this program will include CAFÉ personnel expenses, training/professional development for the grant-funded staff members, and/or program supplies for staff members. Additionally, SAMHC may be interested in using this funding to purchase a vehicle to transport children with SED and their family members. If a vehicle purchase is desired, the Block Grant Planner will communicate with SAMHSA to ensure this purchase is allowable.

Community Mental Health Services Funding

As discussed in the above two sections, SCDMH plans to spend all of its BSCA funding on services in the ESMI/FEP category and the Crisis Services category. Therefore, general community services will not be funded by BSCA 3.

Plans to Develop/Enhance Mental Health Emergency Preparedness and Response Plan

SCDMH does not plan to use its third allotment of BSCA funding to develop or enhance its mental health emergency preparedness and response plan. This decision is due, in part, because SCDMH's plan is already robust and was prepared in careful collaboration with numerous other state government agencies.

In 2017, South Carolina's governor signed Executive Order 2017-11, requiring each state agency to be capable of carrying out its responsibilities as listed in the SC Emergency Operations Plan.

The South Carolina Emergency Operations Plan (SCEOP) was established by the South Carolina Emergency Management Department (SCEMD) to ensure that state responses to disasters would be well-coordinated and effective. Annex 8 of the SCEOP provides information about the responsibility of each state agency, including SCDMH, to provide Health and Medical Services. In 2018, SCDMH developed the South Carolina Behavioral Health Plan, which is Attachment 1 to Annex 8. The plan provides for comprehensive planning, mitigation, response and recovery activities that address the immediate and long-term individual and community behavioral health needs to any State declared or federal Presidential Declared Disaster (PDD). The plan provides a matrix of behavioral health response protocols for any human induced incident or accident, natural disaster, or terrorist event involving weapons of mass destruction (WMD). The plan also provides for support of local emergencies which do not qualify as a state or federal disaster but which may require additional behavioral health response beyond the capacity of a local CMHC or DIS facility. SCDMH's responsibilities include:

1. Provide staff as required to support ESF-8's disaster behavioral response efforts.
2. Maintain a listing of available Disaster Behavioral Response Staff and Community Disaster Response Coordinators with contact information.
3. Coordinate the provision of crisis counseling and outreach to victims and responders in affected communities.

4. Support of evacuation of behavioral health facilities, assist in restoration of services afterward.
5. Coordinate the availability of disaster response behavior health services to survivors and responders in affected communities.
6. Assist SCDHEC with the coordination of the behavioral health services and resources with support agencies such as The American Red Cross and The Salvation Army.
7. Maintain records of behavioral response teams state-level activations and records of response activities.

Because SCDMH already has a comprehensive statewide plan for addressing mental health emergencies in the event of widespread disasters, terrorist events, and other traumatic events, the agency plans to spend its third allotment of BSCA funding on programmatic expansion for more localized crisis response initiatives.

Plans to Develop/Enhance State Behavioral Health Team

SCDMH does not plan to use its third allotment of BSCA funding to develop or enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis. This decision is due, in part, because SCDMH's mobile crisis call center and mobile crisis teams are already robust and provide services throughout the state.

Please refer to the description provided previously in this application for detailed information about the Mobile Crisis Call Center.

Plans to Develop/Enhance Mobile Crisis Team

A small portion of the third allotment of BSCA funding will help SCDMH support the SC Mobile Crisis Call Center, through a "ripple effect." Various Mobile Crisis team members will be dispatched throughout the state by the Call Center. However, SCDMH will not use the third allotment of the BSCA grant as a funding source for its Mobile Crisis teams; rather, BSCA 3 funding will support call center staffing.

SCDMH's mobile crisis team program is robust and provides services throughout the state. SC Mobile Crisis (MC) is a program created by SCDMH, in partnership with SC Department of Health and Human Services, to enhance the agency's crisis services array through the provision of statewide on-site emergency psychiatric screenings and assessments.

MC provides services 24/7/365 in all 46 counties of South Carolina. Services are available for children, adolescents, and adults. The program's goals are: increase access to the appropriate level of care for people experiencing psychiatric crises; reduce hospitalizations; and reduce unnecessary emergency department visits and incarcerations. The success of MC is built on the foundation of partnerships with local law enforcement, hospitals, judges, community providers, and other mental health providers. This program provides an extension of

SCDMH community mental health center services; during business hours, SCDMH mental health centers serve patients by appointment, during walk-in hours, and via phone. MC provides mobile response to patients in the community who cannot, or are unable to, access services. This program has the capability to provide a mobile response in the community for individuals in crisis who are in need of crisis intervention services when local mental health centers are closed. The MC teams are also able to provide assessment, intervention, and referral for people who are at imminent risk but refuse to seek voluntary services.

When local Community Mental Health Centers are closed, including after-hours, on weekends, and during holidays, MC teams of two professionals respond in person, via telehealth, or by phone to people experiencing psychiatric emergencies. These two-person MC teams are comprised of a master's level (or higher) clinician and local law enforcement personnel. The team may also include a bachelor's level staff member or a peer with lived expertise. The MC teams are dispatched by the SCDMH Mobile Crisis Call Center, which is operated by the Charleston Dorchester Mental Health Center. Referrals are received from individuals in crisis, law enforcement and other first responders, as well as third-party callers. Third-party callers include family members and friends, community providers, and the 988 Suicide and Crisis Lifeline Network. MC teams, working collaboratively with the detention centers, may provide assessment and crisis intervention services in jails and prisons.

The program has reached sustainment as it has been fully operational and implemented statewide since Summer 2019. Data is gathered monthly and shared with stakeholders, partners, and other interested parties. Quality assurance protocols are in place for auditing purposes. In 2022, SC Mobile Crisis was awarded a 4-year, \$3,000,000 award from SAMHSA for Community Crisis Response Partnerships. This expansion is allowing the program to add Certified Peer Support Specialists to their Mobile Crisis teams in ten counties: Aiken, Anderson, Chesterfield, Laurens, Newberry, Greenwood, Edgefield, McCormick, Abbeville, and Saluda. These counties were chosen due to the high suicide rates as well as other health disparities highlighted by the grant. The grant will also support the opportunity to add telehealth response to these counties to increase access and decrease response time.

In 2024, the Mobile Crisis Call Center received more than 31,835 calls. Mobile Crisis teams conducted 5,113 responses, and facilitated more than 3,727 diversions from emergency departments, hospitals, and detention centers. SCDMH has set a goal response time to 60 minutes or less for on-site from the time the team receives the dispatch to deploy. The average response time currently is just over 34 minutes.

Plans to Develop/Enhance Services for Young Adults, Youth and Children, or their Families

It is reasonable to assume that a portion of the third allotment of BSCA funding will help SCDMH enhance services provided to young adults, youth and children or their families, by funding the Mobile Crisis Call Center, NAVIGATE programs, and the CAFÉ.

Services offered through the SC Mobile Crisis Call Center are available for people of all ages. Mobile Crisis Call Center staff members dispatch Mobile Crisis team members to help children, youth, young adults, and their families. The NAVIGATE program provides services to adults aged 18

– 40 who are experiencing psychotic disorders. Most of the NAVIGATE patients are young adults. NAVIGATE patients’ family members are also provided with education and support.

Please refer to the descriptions provided previously in this application for detailed information about the Mobile Crisis Call Center, NAVIGATE, and the CAFÉ.

Plans to Develop/Enhance Services Provided to Communities

It is reasonable to assume that a portion of the third allotment of BSCA funding will help SCDMH enhance services provided to communities that are affected by trauma, mass shootings, and school violence, through the Mobile Crisis Call Center. The Mobile Crisis Call Center is able to quickly and efficiently dispatch mental health professionals to respond to individuals experiencing crises or emergencies. This will include community members who are affected by mass shootings, school violence, or other traumatic events.

Please refer to the description provided previously in this application for detailed information about the Mobile Crisis Call Center.

Plans to Develop/Enhance Culturally and Linguistically Tailored Messaging

SCDMH does not plan to use its third allotment of BSCA funding to develop or enhance culturally and linguistically tailored messaging. SCDMH already has a large amount of American Rescue Plan Act of 2021 (ARPA) grant funding available to provide culturally and linguistically tailored messaging to improve SMI/SED patient services.

Plans to Develop/Enhance Other Mental Health Emergency/Crisis Behavioral Health Practices

SCDMH does not plan to use its third allotment of BSCA funding to develop or enhance other mental health emergency or crisis behavioral health practices; other funding sources are available to support various other crisis services.

State Information

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

Fiscal Year 2025

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
Tile 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
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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 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> [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: Robert L. Bank, MD

Signature of CEO or Designee¹: _____

Title: State Director

Date Signed: _____

mm/dd/yyyy

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

Please upload your state’s Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:



HENRY McMASTER
GOVERNOR

June 25, 2024

Anita S. Everett, MD, DFAPA
Director of the Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane
Rockville, Maryland 20857

Dear Dr. Everett,

As the Governor of the State of South Carolina, I hereby delegate authority to the current Acting State Director of the Department of Mental Health, Robert Bank, M.D., or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG) and the Projects for Assistance in Transition from Homelessness (PATH) grant.

Please do not hesitate to call on me if you should have any questions or if I may be of further assistance.

Yours very truly,

A handwritten signature in blue ink, which appears to read "Henry McMaster".

Henry McMaster

HM/II

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: 06/15/2023 Expires: 06/30/2026

Footnotes:

Not applicable



State of South Carolina Department of Mental Health

MENTAL HEALTH COMMISSION:

Elliott E. Levy, MD, Chair
Carl E. Jones, Ph.D., Vice Chair
Bobby H. Mann, Jr.
Crystal A. Smith Maxwell, MD

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

Robert Bank, MD
Acting State Director

September 3, 2024

Anita S. Everett, MD, DFAPA
Director of the Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Everett:

Please find attached with this letter the following documents as required by the FFY 2025 Community Mental Health Services Block Grant (MHGB) mini-application due September 1, 2024. The documents conform to the requirements set forth in the *FFY 2025 Community Mental Health Services Block Grant* letter dated June 25, 2024.

- State Information
- Chief Executive Officer's Funding Agreement
- Disclosure of Lobbying Activities
- Funding plan for the third allotment of the Bipartisan Safer Communities Act (BSA)

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 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,

A handwritten signature in black ink, appearing to read "Robert Bank MD", is written over a horizontal line.

Robert L. Bank, MD
Acting State Director

State Information

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

Fiscal Year 2025

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
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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 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> [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: Robert L. Bank, MD

Signature of CEO or Designee¹: 

Title: State Director

Date Signed: 08/29/2024
mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

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: 06/15/2023 Expires: 06/30/2026

Footnotes:

Not applicable

Planning Tables

Table 2 State Agency Planned Expenditures

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

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-19 Relief Funds (SUPTRS) ^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	\$0.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^{ee}		\$1,160,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$242,819.00		\$1,313,282.00	\$106,480.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$51,472,975.00	\$0.00	\$118,217,655.00	\$1,480,864.00	\$2,602,359.00	\$0.00		\$0.00	\$0.00
7. Other 24-Hour Care		\$0.00	\$7,679,215.00	\$3,100,816.00	\$20,193,896.00	\$0.00	\$1,824,207.00	\$0.00		\$0.00	\$0.00
8. Ambulatory/Community Non-24 Hour Care		\$14,921,827.00	\$76,642,348.00	\$3,850,685.00	\$221,039,188.00	\$4,197,223.00	\$31,812,698.00	\$1,661,389.00		\$5,908,493.00	\$28,696.00
9. Crisis Services (5 percent set-aside) ^{fg}		\$1,540,822.00	\$48,000.00	\$3,023,893.00	\$2,137,165.00	\$0.00	\$557,932.00	\$320,568.00		\$2,259,587.00	\$503,133.00
10. Administration (excluding program/provider level) ^g MHBG and SABG must be reported separately ^f		\$84,250.00	\$0.00	\$0.00	\$30,426,734.00	\$0.00	\$922,750.00	\$0.00		\$74,691.00	\$0.00
11. Total	\$0.00	\$17,707,300.00	\$135,842,538.00	\$9,975,394.00	\$392,014,638.00	\$5,678,087.00	\$37,719,946.00	\$2,224,776.00	\$0.00	\$9,556,053.00	\$638,309.00

^aThe original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^cThe expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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

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

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

^gPer statute, administrative expenditures cannot exceed 5% of the fiscal year award.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Prevention: Prevention activities are implemented by the CMHCs, but planned expenditures are not tracked separately.

Block Grant: This column reflects SCDMH's estimates for spending 2024 and 2025 block grants between July 1, 2024 and June 30, 2025.

CARES Grant: \$10,211,464 was spent through June 30, 2024. This leaves a remaining balance of \$2,224,777 to be spent between July 1, 2024 and March 14, 2025. SCDMH hopes to spend the full remaining amount. A very small amount may not be spent.

ARPA Grant: \$9,535,712 was spent through June 30, 2024. has been spent so far. This leaves a remaining balance of \$11,945,067 to be spent by Sep. 30, 2025. The numbers in Column H reflect 80% of the remaining funds to be spent, which will be spent by June 30, 2025.

BSCA Grant: These numbers reflect BSCA #1, BSCA #2, and BSCA #3 grants. BSCA #3 will not begin until Oct. 1, 2024. \$959,160 from BSCA #1 and #2 were spent through June 30, 2024. The numbers in Column J reflect SCDMH's best estimates of the total BSCA funding that will be spent in SFY25.

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: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems	\$0.00	\$9,120,804.00	\$0.00	\$0.00	\$0.00	\$142,126.00	\$0.00	\$0.00
2. Infrastructure Support	\$9,000.00	\$0.00	\$26,000.00	\$0.00	\$83,250.00	\$0.00	\$74,691.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$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	\$0.00	\$0.00
7. Training and Education	\$0.00	\$300,000.00	\$0.00	\$79,840.00	\$0.00	\$249,106.00	\$171,194.00	\$55,396.00
8. Total	\$10,000.00	\$9,420,804.00	\$26,000.00	\$79,840.00	\$84,250.00	\$391,232.00	\$245,885.00	\$55,396.00

¹ The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

³ The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024, through June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.

CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

STATE FLEXIBILITY: In lieu of expending 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, 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.
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' 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 implemented 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.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity

a. Number of locally based crisis call Centers in state

i. In the 988 Suicide and Crisis 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 BH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employs peers

3. Safe place to go or to be:

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	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"/>
Safe place to go or to be	<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.

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

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

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Question 15: Crisis Services

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

A. Crisis Call Centers

SCDMH operates two statewide crisis call centers. Both call centers are operated by the Charleston Dorchester Mental Health Center (CDMHC), which is located in Charleston, SC.

- South Carolina Mobile Crisis Call Center
 - The South Carolina Mobile Crisis Call Center (MCCC), based in Charleston, SC, was first implemented in 2020 by SCDMH. The MCCC assists individuals statewide and communicates with community mental health centers in every county to assist with triage and emergency assessment. The call center's responsibility is to triage calls, attempt to deescalate callers in crisis, and dispatch Mobile Crisis teams to mental health crises which are unable to be deescalated and require after-hours response. If immediate response is needed, the call center will also call local emergency services dispatch for individuals across the state to request first responders to respond so individuals can be stabilized until Mobile Crisis teams are able to arrive on scene. In addition to those responsibilities, the MCCC also assists with providing callers with information regarding resources in their community including alcohol and drug assistance programs, local mental health centers, referrals to 211, and referrals to suicide prevention lifelines. Hospitals and ERs throughout the state are also able to call and receive mental health history information, such as medication information and most recent appointments with a patient's psychiatrist or therapist for continuity of care purposes.
 - The SC Mobile Crisis Call Center assists SCDMH's Mobile Crisis teams by triaging calls, developing safety plans, diverting emergencies, and providing resources to individuals not needing immediate Mobile Crisis or emergency response. The MCCC also acts as a bridge for communication between first responders and Mobile Crisis clinicians. First responders can contact the center 24/7 to triage calls, gather information, or request Mobile Crisis response. Overall, the MCCC works to assist and provide resources to individuals and families experiencing mental health emergencies throughout the 46 counties of South Carolina.
 - In 2024, the Mobile Crisis Call Center received more than 31,835 calls. Mobile Crisis teams conducted 5,113 responses, and facilitated more than 3,727 diversions from emergency departments, hospitals, and detention centers. SCDMH has set a goal response time to 60 minutes or less for on-site from the time the team receives the dispatch to deploy. The average response time currently is just over 34 minutes.

- 988 Suicide and Crisis Lifeline Center
 - SCDMH also operates a 988 Suicide and Crisis Lifeline Center. Originally, Mental Health America of Greenville County (MHAGC) operated the sole National Suicide Prevention Call Center in South Carolina. On June 1st, 2023, SCDMH launched a second 988 Suicide and Crisis Lifeline Center for South Carolina. This statewide call center is operated by Charleston Dorchester Mental Health Center (CDMHC). Callers with SC area codes who are experiencing mental health or suicide crises are assisted by this center. Callers are provided with telephonic crisis intervention services. Third-party callers can also reach out to 988 when they are concerned about people who may need mental health or substance abuse resources in their area.
 - Currently, the 988 center at CDMHC is in Phase 1 of its 988 rollout, and only provides telephonic services; chat and text services will be launched as soon as possible. 988 callers are given the opportunity to participate in a 988-follow-up care program; if they choose this service, the 988 center will schedule follow-up calls with the callers. The follow-up calls will connect the participants to care and secondary referrals, as well as address any barriers to care through referral sources.
 - Between June 1, 2023 and July 9, 2024, the SCDMH 988 Center answered 8,249 calls and provided service for 5,615 calls.

B. South Carolina Mobile Crisis Program

SC Mobile Crisis (MC) is a program created by SCDMH, in partnership with SC Department of Health and Human Services, to enhance the agency's crisis services array through the provision of statewide on-site emergency psychiatric screenings and assessments.

MC provides services 24/7/365 in all 46 counties of South Carolina. Services are available for children, adolescents, and adults. The program's goals are: increase access to the appropriate level of care for people experiencing psychiatric crises; reduce hospitalizations; and reduce unnecessary emergency department visits and incarcerations. The success of MC is built on the foundation of partnerships with local law enforcement, hospitals, judges, community providers, and other mental health providers. This program provides an extension of SCDMH community mental health center services; during business hours, SCDMH mental health centers serve patients by appointment, during walk-in hours, and via phone. MC provides mobile response to patients in the community who cannot, or are unable to, access services. This program has the capability to provide a mobile response in the community for individuals in crisis who are in need of crisis intervention services when local mental health centers are closed. The MC teams are also able to provide assessment, intervention, and referral for people who are at imminent risk but refuse to seek voluntary services.

When local Community Mental Health Centers are closed, including after-hours, on weekends, and during holidays, MC teams of two professionals respond in person, via telehealth, or by phone to people experiencing psychiatric emergencies. These two-person MC teams are comprised of a master's level (or higher) clinician and local law enforcement personnel. The team may also include a bachelor's level staff member or a peer with lived expertise. The MC teams are dispatched by the SCDMH Mobile Crisis Call Center, which is operated by the Charleston

Dorchester Mental Health Center. Referrals are received from individuals in crisis, law enforcement and other first responders, as well as third-party callers. Third-party callers include family members and friends, community providers, and the 988 Suicide and Crisis Lifeline Network. MC teams, working collaboratively with the detention centers, may provide assessment and crisis intervention services in jails and prisons.

The program has reached sustainment as it has been fully operational and implemented statewide since Summer 2019. Data is gathered monthly and shared with stakeholders, partners, and other interested parties. Quality assurance protocols are in place for auditing purposes. In 2022, SC Mobile Crisis was awarded a 4-year, \$3,000,000 award from SAMHSA for Community Crisis Response Partnerships. This expansion is allowing the program to add Certified Peer Support Specialists to their Mobile Crisis teams in ten counties: Aiken, Anderson, Chesterfield, Laurens, Newberry, Greenwood, Edgefield, McCormick, Abbeville, and Saluda. These counties were chosen due to the high suicide rates as well as other health disparities highlighted by the grant. The grant will also support the opportunity to add telehealth response to these counties to increase access and decrease response time.

In 2024, the Mobile Crisis Call Center received more than 31,835 calls. Mobile Crisis teams conducted 5,113 responses, and facilitated more than 3,727 diversions from emergency departments, hospitals, and detention centers. SCDMH has set a goal response time to 60 minutes or less for on-site from the time the team receives the dispatch to deploy. The average response time currently is just over 34 minutes.

C. Crisis Receiving and Stabilization Facilities

While SCDMH has successfully implemented two statewide crisis call centers and a statewide mobile crisis team program, there are still many opportunities for improvement related to Crisis Receiving and Stabilization Facilities (CRSFs). Currently, SCDMH operates only one CRSF, but a second CRSF is under development and will open within a few months. SC's only CRSF is the Tri-County Crisis Stabilization Center (TCSC); this program is operated by Charleston Dorchester Mental Health Center (CDMHC) on SC's east coast.

CRSFs reduce hospitalization by helping people receive services in their communities. CRSFs are generally viewed as a more appropriate and less expensive alternative to hospital emergency departments or inpatient psychiatric hospital units.

- Tri-County Crisis Stabilization Center at Charleston Dorchester Mental Health Center (CDMHC)
 - The Tri-County Crisis Stabilization Center (TCSC) is operated by the Charleston Dorchester Mental Health Center (CDMHC). Established in 2017, TCSC is a 10 bed, voluntary, short-term facility for adults, with the primary focus of stabilizing psychiatric symptoms. The target population is people who are experiencing symptoms significant enough that they need more than outpatient services can provide, but not quite to the level of inpatient treatment. Many of these individuals have historically ended up in the local EDs, and this program is designed to route them to a more appropriate level of care, when possible. For someone to be admitted to the unit, they must be experiencing psychiatric symptoms, willing for

admission and participation in treatment, medically stable, and able to perform ADLs. Patients can have co-occurring substance use disorders, but can't currently be under the influence of substances or in need of medical detox. The staff consists of masters prepared clinicians, bachelor's level clinicians, a nurse on each shift, and a psychiatrist who rounds on the facility each morning and is available by phone 24/7. The treatment services consist of group therapy, individual therapy, nursing services, assessment for medications by a psychiatrist, and psychosocial rehabilitation services. Since the average length of stay is 3-5 days, the clinical programming is intensive and requires patient participation throughout the day. We focus on what led to their current crisis, how to stabilize their symptoms, and how to set up skills and support systems to prevent this sort of crisis in the future. A part of this support system includes linking them to follow-up with the appropriate outpatient treatment when they are discharged.

- During SFY23, 372 people were referred to the TCSC, and 190 were admitted. The majority of referrals were for SI, psychosis, and hospital step-downs. 249 referrals came from emergency departments. Out of the 190 admitted patients, 170 were diverted from emergency departments and hospitals due to their involvement at the TCSC, and one person was diverted from jail.
- Midlands Crisis Stabilization Unit
 - Currently, a second CRSF is being developed at the Columbia Area Mental Health Center (CAMHC). This second CRSF facility is still under construction, and is not operational yet. It should begin accepting patients in the fall of 2024.

SCDMH also operates two programs that meet many, but not all, of the criteria for CRSFs. Because these programs do not provide 24/7 services, they are not categorized as CRSFs.

- The Eubanks Center at Spartanburg Area Mental Health Center (SAMHC)
 - Named after the late Judge Ray C. Eubanks Jr., this program presents a supportive "living room" drop-in center where individuals experiencing heightened mental health symptoms can receive immediate peer support assistance. Established in 2019, the center is staffed and operated by DMH's Spartanburg Area Mental Health Center (SAMHC) in space donated by the Spartanburg Regional Healthcare System. The program has shown to be an effective alternative to emergency department visits for mental health crises. The Eubanks Center: provides individuals with mental illnesses an additional support system outside of clinical settings, and includes 2.6 FTE Peer Support Specialists, one clinician, and a care coordinator who works in conjunction with SAMHC's CCBHC pilot program. The Peer Living Room is uniquely designed to reduce the stigma of getting support for mental health symptoms by providing services in a home-like setting for anyone in the community, age 16 and older. Services are provided by certified peer support specialists. These specialists are active in their own mental health recovery and certified to provide support through strength-based approach. Hope, empathy, and respect are some of the guiding principles modeled at the Peer Living Room. These peer-to-peer interactions provide a safe place in times of mental health crisis. The program offers relapse prevention through individual and group appointments.
 - During calendar year 2023, 549 people were diverted from the emergency room and another 556 people were served at the peer living room. In the first quarter of

calendar year 2024, 192 people were diverted from the emergency room and another 197 people were served at the peer living room.

- The CAFÉ through Project FOCUS (Family Options in Cherokee, Union, and Spartanburg Counties)
 - Project FOCUS is a crisis program that serves children and youth, ages 0-21, who have a serious emotional disturbance (SED). Their families are also served by this program. Project FOCUS provides crisis services in three contiguous counties: Cherokee, Union, and Spartanburg. This program was created to address the infrastructure gaps of extensive wait times and inadequate crisis solutions for families of youth with SED/SMI, who are at an increased risk of admissions to emergency departments. To prevent children and adolescents from being unnecessarily sent to the ED in the project FOCUS counties, a comprehensive approach has been created to include formal and informal treatment and supports that are well documented in each county. Project FOCUS is built on the existing infrastructure of the Spartanburg Behavioral Health Coalition (SBHC), which includes key stakeholders from education, public health, higher education, mental health, social services, juvenile justice, The Mary Black Foundation, and non-profit organizations. Spartanburg Regional Hospital understands the goals of project FOCUS and joined efforts by providing the building to carry out the project's crisis services.
 - The Child and Family Engagement Center (CAFÉ), located in Spartanburg County, serves as a crisis diversion location for Project FOCUS. This location was where the greatest need was identified, based on the numbers of children that were often waiting in the hospital due to behavioral health crises. Along with crisis intervention services, the CAFÉ provides screenings, assessments, individual and group therapy, intensive in-home services, respite services, peer support and family/parental peer support services for children and youth ages 0-21 along with their families. The CAFÉ (Child, Adolescent, and Family Engagement Center) promotes the FOCUS project mission to provide culturally competent, evidence-based practices while ensuring meaningful participation from patients and their families. FOCUS aims to serve children, youth, and their families from diverse backgrounds and improve overall behavioral health outcomes for patients with SED who are experiencing crises. FOCUS clinicians are trained in a variety of Evidence Based Practices (EBPs) such as Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Attachment Bio-Behavioral Catchup (ABC) and Multidimensional Family Therapy (MDFT) and Parent-Child Interaction Therapy (PCIT). These services are also accessible in the Cherokee and Union locations. The first floor of the CAFÉ, referred to as the Eubanks Center, is where nursing services are provided for those who may walk in. Telehealth services are also available for those in the Cherokee and Union areas. Services provided on the first floor include a comprehensive assessment, initial medication regime, and regular monitoring visits for medication. The array of services provided via the FOCUS project positively impact the lives of children, adolescents, and their families in the upstate region in South Carolina.
 - From June 2022 – July 2024, Project FOCUS peer support staff members conducted outreach to 701 individuals, primarily through the Child and Family Engagement Center (CAFÉ). The SAMHC mobile crisis team also reached out to individuals who

could benefit from the CAFÉ. Since June 2022, 173 individuals have received ongoing services through the FOCUS project. 65% of these patients entered the program through the CAFÉ. Once admitted, services tend to be long term, with the average length of stay around six months. 99% of FOCUS patients have at least one SED/SMI diagnosis. Since opening in August 2022, the CAFÉ has provided crisis services to 512 unduplicated individuals. 64% of patient visits during this time have had a primary concern of suicidal ideation. Among the 173 patients receiving ongoing services, 58% screened positive for trauma, and 58% had positive suicide screens. In the 30 days prior to intake, 18% of patients had been hospitalized for behavioral health care, 16% had used emergency department services for behavioral health issues, and one patient had been confined in a detention facility.

Other “Places to Go” – Not CRSFs

Telepsychiatry Program

The SCDMH Telepsychiatry program serves patients in a wide variety of settings from hospital Emergency Departments and Community Mental Health Centers to schools and RV mobile clinics. By meeting people “where they are” telehealth in general and telepsychiatry in particular, expand access to specialized mental health care, which benefits all South Carolinians. SCDMH is the largest provider of telepsychiatry services in the state. In FY2023, SCDMH's Emergency Department Telepsychiatry program provided more than 8,400 psychiatric services rendered via telehealth, which is approximately 705 psychiatric consults per month.

Ongoing evaluations have found that the program has improved and increased the quality and timeliness of triage, mental health assessment, and initial treatment of patients. Other successes for patients seen through the telepsychiatry program include:

- Higher follow-up and retention of patients seen using telepsychiatry services compared to a those in a control group in an outpatient setting
- Shorter lengths of stay
- Fewer inpatient admissions
- Significantly lower total charges at the encounter level for the index emergency department visit including subsequent inpatient admissions
- The average wait time for FY2023 was 4.9 hours for psychiatric consults in EDs

SCDMH currently has 28 hospital partners in its ED Telepsychiatry program.

Emergency Department Specialized Behavioral Health Units

Currently, there are two SC emergency departments that operate specialized behavioral health units: AnMed Health Medical Center and Trident Medical Center operate EmPATH units.

In June 2023, the South Carolina Department of Health and Human Services (SCDHHS) announced that it was awarding one-time infrastructure grants to 13 hospitals throughout the state. These grants will result in the establishment of specialized behavioral health units to respond to individuals who experience behavioral health crises. These units are based on a “no exclusion”

philosophy and will be designed to have environments that feel calm and safe. The units must adhere to an Emergency Psychiatric Assessment, Treatment & Healing (EmPATH) philosophy. Once completed, the units will provide 24/7 services, and will be staffed by multi-disciplinary teams. The recipients of these grants are:

- AnMed Health Medical Center
- Beaufort Memorial Hospital
- Grand Strand Medical Center
- Hampton Regional Medical Center
- Lexington Medical Center
- McLeod Regional Medical Center
- MUSC Health, Kershaw Medical Center
- MUSC Health, Orangeburg Medical Center
- MUSC Health, University Hospital
- MUSC Shawn Jenkins Children's Hospital
- Prisma Health Oconee Memorial Hospital
- Prisma Health Tuomey Hospital
- Trident Medical Center

SCDMH already partners with 11 of these 13 hospitals, and looks forward to collaborating with the hospitals when their EmPath units are launched.

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' 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 implemented 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.

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

	Exploration Planning	Installation	Early implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to						X
Someone to respond						X
Safe place to go or to be			X			

b. Briefly explain your stages of implementation selections here.

Stage 1: Someone to Talk To

This stage is at the “program sustainment” level. Individuals, families, and first responders throughout the state, in every county, are able to quickly and easily reach out for support during crises.

- South Carolina Mobile Crisis Call Center
 - In 2024, the Mobile Crisis Call Center received more than 31,835 calls, and dispatched Mobile Crisis teams to provide 5,113 responses.
- SCDMH 988 Suicide and Crisis Lifeline Center
 - Between June 1, 2023 and July 9, 2024, the SCDMH 988 Center answered 8,249 calls and provided services for 5,615 calls.

Stage 2: Someone to Respond

This stage is at the “program sustainment” level. Throughout the state, in every county, SCDMH Mobile Crisis teams are ready to be deployed to respond to a variety of crises.

- SC Mobile Crisis Teams
 - In 2024, the Mobile Crisis Call Center received more than 31,835 calls. Mobile Crisis teams conducted 5,113 responses, and facilitated more than 3,727 diversions from emergency departments, hospitals, and detention centers. SCDMH has set a goal response time to 60 minutes or less for on-site from the time the team receives the dispatch to deploy. The average response time currently is just over 34 minutes.

Stage 3: Somewhere to Go

This stage is still at the “early implementation” level, with fewer than 25% of counties benefiting from the services provided through Crisis Receiving and Stabilization Facilities (CRSFs). However, there are other places for people in crisis to seek assistance.

- Tri-County Crisis Stabilization Center (TCSC) at Charleston Dorchester Mental Health Center (CDMHC)
 - This is South Carolina’s only CRSF. During SFY23, 372 people were referred to the TCSC, and 190 were admitted. The majority of referrals were for SI, psychosis, and hospital step-downs. 249 referrals came from emergency departments. Out of the 190 admitted patients, 170 were diverted from emergency departments and hospitals due to their involvement at the TCSC, and one person was diverted from jail.
- Crisis Stabilization Unit at Columbia Area Mental Health Center (CAMHC)
 - Currently, a second CRSF is being developed at the Columbia Area Mental Health Center (CAMHC). This second CRSF facility is still under construction, and is not operational yet. CAMHC plans to begin serving patients in the fall of 2024.

- The Eubanks Center at Spartanburg Area Mental Health Center (SAMHC)
 - Because this program does not provide 24/7 services, it is not categorized as a CRSF. During calendar year 2023, 549 people were diverted from the emergency room and another 556 people were served at the peer living room. In the first quarter of calendar year 2024, 192 people were diverted from the emergency room and another 197 people were served at the peer living room.
- The CAFÉ through Project FOCUS
 - Because this program does not provide 24/7 services, it is not categorized as a CRSF. From June 2022 – July 2024, Project FOCUS peer support staff members conducted outreach to 701 individuals, primarily through the Child and Family Engagement Center (CAFÉ). The SAMHC mobile crisis team also reached out to individuals who could benefit from the CAFÉ. Since June 2022, 173 individuals have received ongoing services through the FOCUS project. 65% of these patients entered the program through the CAFÉ. Once admitted, services tend to be long term, with the average length of stay around six months. 99% of FOCUS patients have at least one SED/SMI diagnosis. Since opening in August 2022, the CAFÉ has provided crisis services to 512 unduplicated individuals. 64% of patient visits during this time have had a primary concern of suicidal ideation. Among the 173 patients receiving ongoing services, 58% screened positive for trauma, and 58% had positive suicide screens. In the 30 days prior to intake, 18% of patients had been hospitalized for behavioral health care, 16% had used emergency department services for behavioral health issues, and one patient had been confined in a detention facility.
- Number of Emergency Departments
 - South Carolina has approximately 77 individual emergency departments; this data was provided by the SC Revenue and Fiscal Affairs Office. There may be more emergency departments in the state, but according to the South Carolina Hospital Association, 77 is the most reliable estimate.
 - From October 2022 – September 2023, South Carolina emergency departments responded to 78,537 visits from patients diagnosed with mental, behavioral, and neurodevelopmental disorders. This data was provided by the SC Revenue and Fiscal Affairs Office.
- Number of Emergency Departments that operate a specialized behavioral health component
 - Currently, there are two SC emergency department that operate specialized behavioral health units:
 - AnMed Health Medical Center
 - Trident Medical Center

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

SAMHSA's National Guidelines for Behavioral Health Crisis Care outline minimum expectations to ensure that crisis services will be provided for "anyone, anywhere and anytime." SCDMH is committed to enhancing and expanding its services so that it has a fully integrated "no-wrong-door" crisis system that includes three core components, as recommend by SAMHSA:

- A. Regional Crisis Call Center
- B. Crisis Mobile Team Response
- C. Crisis Receiving and Stabilization Facilities

A. Regional Crisis Call Center

SAMHSA recommends that regional crisis call centers should be staffed 24/7, provide telephonic, text, and chat services, offer quality coordination of crisis care in real time, and meet the National Suicide Prevention Lifeline standards for risk assessment and engagement with people who are at risk of suicide.

In 2023, SCDMH significantly expanded its services for crisis calls through the launch of a second 24/7 988 Suicide and Crisis Lifeline Center in South Carolina. Originally, there was only one 988 Center in the state; that center was operated by Mental Health America of Greenville County (MHAGC). The addition of SCDMH's new 988 center, which is operated by Charleston Dorchester Mental Health Center (CDMHC), means that significantly more South Carolinians will be given the opportunity to communicate directly with 988 staff members and volunteers who live in South Carolina; this shared residency can provide emotional relief for some callers, because they know that the people they are communicating with are familiar with South Carolina's culture. Callers with SC area codes who are experiencing mental health or suicide crises are assisted by this center. Callers are provided with telephonic crisis intervention services. Third-party callers can also reach out to 988 when they are concerned about people who may need mental health or substance abuse resources in their area.

Currently, the 988 center at CDMHC is in Phase 1 of its 988 rollout, and only provides telephonic services; chat and text services will be launched as soon as possible. 988 callers are given the opportunity to participate in a 988-follow-up care program; if they choose this service, the 988 center will schedule follow-up calls with the callers. The follow-up calls will connect the participants to care and secondary referrals, as well as address any barriers to care through referral sources.

B. Crisis Mobile Team Response

SAMHSA recommends that mobile crisis teams be available to reach people in a timely manner in their homes, workplaces, and other community-based locations. Minimum expectations for these teams include the provision of a credentialed clinician capable of assessing needs of the individual; the capability of a team to respond at any time and to where the person in crisis is (home, work, etc.); and the ability to connect individuals in need of a higher level of care through warm hand-offs and transportation coordination.

SCDMH Mobile Crisis (MC) teams currently meet all three of these expectations. The two-person MC teams operate 24/7/365 in all 46 counties. They provide services in the community, and partner with local emergency departments, inpatient hospitals, and other community partners. In terms of the National Guidelines proposed best practices, the MC teams have begun to incorporate peers as team members. Due to the centralized nature of South Carolina's mental health system, the teams are able to offer next-day walk-in screenings for individuals who are stabilized in the community; these screenings help people get connected to outpatient services very quickly. The MC program also provides the following essential functions outlined in SAMHSA's National Guidelines: Triage/screening, assessment, de-escalation, peer support, coordination with additional medical providers or other resources, crisis safety planning, and follow-up services.

The MC teams work with the South Carolina Mobile Crisis Call Center (MCCC), which is operated by the Charleston Dorchester Mental Health Center (CDMHC). First implemented in 2020, the MCCC assists individuals statewide and communicates with community mental health centers in every county to assist with triage and emergency assessment. The call center's responsibility is to triage calls, attempt to de-escalate callers in crisis, and dispatch MC teams to mental health crises which are unable to be deescalated and require after-hours response. If immediate response is needed, the call center will also call local emergency services dispatch for individuals across the state to request first responders to respond so individuals can be stabilized until Mobile Crisis teams are able to arrive on scene. In addition to those responsibilities, the MCCC also assists with providing callers with information regarding resources in their community including alcohol and drug assistance programs, local mental health centers, referrals to 211, and referrals to suicide prevention lifelines. Hospitals and ERs throughout the state are also able to call and receive mental health history information, such as medication information and most recent appointments with a patient's psychiatrist or therapist for continuity of care purposes.

The SC Mobile Crisis Call Center assists SCDMH's MC teams by triaging calls, developing safety plans, diverting emergencies, and providing resources to individuals not needing immediate Mobile Crisis or emergency response. The MCCC also acts as a bridge for communication between first responders and Mobile Crisis clinicians. First responders can contact the center 24/7 to triage calls, gather information, or request Mobile Crisis response. Overall, the MCCC works to assist and provide resources to individuals and families experiencing mental health emergencies throughout the 46 counties of South Carolina.

C. Crisis Receiving and Stabilization Facilities

SAMHSA has nine minimum expectations for Crisis Receiving and Stabilization Facilities (CRSFs): accept all referrals; provide assessment and support rather than requiring medical clearances; design services to address mental health and substance use issues; assess physical health needs; provide 24/7 services through a multi-disciplinary team; allow both walk-in and first responder drop-offs; have the capacity to accept all referrals with few exceptions and a no-rejection policy for first responders; screen for suicide risks; and screen for violence risks.

While SCDMH has successfully implemented a statewide mobile crisis team program, and has significantly expanded its regional crisis call centers, the CRSF portion of its statewide crisis program still has many opportunities for improvement. Currently, SCDMH operates only one CRSF.

SC's sole CRSF is the Tri-County Crisis Stabilization Center; this program is operated by Charleston Dorchester Mental Health Center (CDMHC) on the east coast of the state.

The Columbia Area Mental Health Center (CAMHC), which is located in the middle of the state, almost ready to launch its new CRSF. The new facility should be ready to accept patients in the late fall of 2024. Several other SCDMH Community Mental Health Centers (CMHCs) are also interested in establishing these types of facilities.

The Eubanks Center and the Project FOCUS CAFÉ, which are operated by the Spartanburg Area Mental Health Center (SAMHC), are both located in the northwest corner of the state. These facilities meet almost all CRSF requirements, but they do not provide 24/7 services. Therefore, they are not categorized as CRSFs.

South Carolina has at least 77 emergency departments, which are spread across the state. Currently, only two emergency departments operate behavioral health units to provide services to individuals experiencing behavioral health crises. In 2023, the South Carolina Department of Health and Human Services (SCDDH) awarded EmPATH infrastructure grants to 13 hospitals to develop behavioral health units. SCDMH applauded this new effort to expand and improve emergency department services. SCDHHS did not provide a timeline for the expected completion of these units. It is likely that many of the construction projects will take several years to complete. In the meantime, individuals experiencing behavioral health crises will continue to need safe places to seek help.

SCDMH recognizes that its current CRSF services are limited, and it also recognizes the importance of providing these facilities to divert people in crisis from emergency departments. In the future, SCDMH plans to develop significantly more CRSF programs throughout the state. Ideally, every CMHC would have a CRSF. However, there are numerous logistical and financial challenges related to the development of these specialized programs. SCDMH is experiencing an ongoing challenge related to workforce retention and expansion, and the development of new CRSFs is certainly affected by these workforce challenges. Nevertheless, SCDMH leadership is actively involved in exploring the best possible ways to increase CRSFs, as well as other services designed to help individuals who are experiencing behavioral health crises. SCDMH committed the majority of its 2024 Crisis Services Set-Aside funding to establish a new CRSF at the Columbia Area Mental Health Center (CAMHC). A portion of the 2025 Crisis Services Set-Aside funds will also be used to establish a new program at Aiken Barnwell Mental Health Center (ABMHC); this new program will have many CRSF components.

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

The following table provides an overview of planned expenditures for the Crisis Services Set-Aside:

2025 Crisis Services Set-Aside		
Recipient	Program	Allocation
Aiken Barnwell MHC	Peer Living Room	\$194,530
Columbia Area MHC	MHP at Statehouse	\$124,108
Greater Greenville MHC	Mobile Crisis Team	\$180,900
Waccamaw CMH	FRST Clinician	\$90,450
FRST Program	Justice-Involved Program Manager	\$135,263
<i>Total</i>		\$725,251

The 2025 Crisis Services Set-Aside will fund several different programs located throughout the state.

Living Room Program – operated by Aiken Barnwell MHC

Aiken Barnwell Mental Health Center (ABMHC) plans to develop a “living room model” crisis unit, which will meet many criteria for a Crisis Receiving and Stabilization Facility. Because this facility will not provide 24/7 services, it will not be categorized as a CRSF.

The Living Room program (LRP) at Aiken Barnwell MHC (ABMHC) is designed as a response to community needs for mental health services outside of emergency room settings. The LRP will be for individuals in need of a crisis respite program with services and support designed to proactively divert crises and break the cycle of psychiatric hospitalization. The LRP will provide a safe, inviting, home-like atmosphere where individuals can calmly process crisis events as well as learn and apply wellness strategies to help prevent future crisis events. Hope, empathy and respect are some of the guiding principles modeled at the Peer Living Room.

The LRP will be staffed by Peer Support Specialists. These Peer Support Specialists are individuals with their own lived experience; they are in recovery from mental illness or co-occurring mental illness and substance use. Relying on the expertise of Peer Support Specialists is based on a philosophy that crises are opportunities for learning. Individuals seeking services at the LRP will be screened for safety by mental health professionals upon entry and exit.

Individuals experiencing psychiatric crisis may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact. The LRP emphasizes the voluntary nature of its services, ensuring that individuals cannot be compelled to participate in the program. Participation is voluntary and based on the individual’s choice, allowing individuals the autonomy to choose the level of involvement that aligns with their preferences and needs. Individuals ages 16 and older will be served by the program.

Services offered will include mental health counseling; peer support services; care coordination; psychiatric diagnostic assessment; medication management and nursing services; entitlement services; housing services; and employment services.

The following outcomes will be measured:

- Number of Visits to the Living Room
- Number of New individuals Served
- Number of individuals diverted from ED
- Number of Individuals diverted from jail
- Average Stay (in minutes)
- Average Change in Distress Level from Program Admission to Discharge
- Individuals linked to MH Services
- Individuals Linked with a Primary Care Physician
- Total Cost Savings (ED and ambulance cost avoidance minus estimated cost per visit)

In SFY 24 (July 1, 2023-June 30, 2024), ABMHC provided 162 on-site responses in community settings, including patients' homes, in response to psychiatric crises. These responses resulted in 59 diversions from jails, emergency rooms, and hospitals. ABMHC is confident that the establishment of the Living Room Program will increase the number of diversions, ensuring that individuals in crisis will receive high quality, evidence-based services outside of hospitals and detention facilities.

This will be a new ABMHC program that will be partially funded by the Crisis Services Set-Aside.

Funding for this program will include personnel expenses, training/professional development, and/or program supplies for three staff members: one mental health professional, one peer support specialist, and one care coordinator. These positions may be partially or fully funded by the grant.

Mental Health Professional at South Carolina Statehouse – Columbia Area MHC

On a daily basis, individuals experiencing mental illnesses come onto the grounds of the South Carolina statehouse and surrounding buildings (the Capitol Complex). These individuals are often in crisis, and sometimes are experiencing delusions or acting in ways that may cause harm to themselves or to other people. Previously, these individuals interacted with staff at the Ombudsman's office or the Public Safety office. In 2023, SCDMH hired a full-time Mental Health Professional (MHP) to provide services to these individuals in crisis. The staff member is embedded in the SC Capitol Complex, and provides clinical assessments and therapeutic interventions for children, adults, and families who have an identified mental health diagnosis, or who display a reasonable need for mental health services. Using clinical skills, the MHP provides screenings, crisis intervention services, assessments, and coordination of care for individuals who have reached out for assistance at the Capitol Complex. The MHP provides comprehensive and advanced level mental health assessments for the purpose of initiating service plans for each individuals including: determining provisional diagnosis, identifying the level of service addressing patient needs/ goals, barriers to treatment, safety planning, providing evidence-based clinical interventions, and speedy disposition. This position helps ensure that people receive appropriate and timely mental health services. The services provided by the MHP help reduce the number of

law enforcement interventions with people experiencing mental illness; this position reduces the burden on statehouse Public Safety officers and improves the quality of crisis services for those in need.

This position was previously funded by CARES and ARPA grants. Now that those grants have been used, CAMHC is in need of continued funding to provide these crisis services to the statehouse community. Without additional funding, this position is at risk of termination.

Funding for this program will include personnel expenses, training/professional development, and/or program supplies for the MHP position.

Mobile Crisis Team Staff – Greater Greenville MHC

As previously discussed, SCDMH provides 24/7/365 Mobile Crisis services in all 46 counties of South Carolina. Services are available for children, adolescents, and adults. The program's goals are to increase access to the appropriate level of care for people experiencing psychiatric crises; reduce hospitalizations; and reduce unnecessary emergency department visits and incarcerations.

The Greater Greenville Mental Health Center (GGMHC) is in need of additional funding to hire new Mobile Crisis staff members to ensure that individuals in the GGMHC service area can receive the services they need during times of crisis.

Funding for this program will include personnel expenses, training/professional development, and/or program supplies for at least two new Mobile Crisis employees.

FRST Clinician – Waccamaw CMH

SCDMH's First Responder Support Team (FRST) provides behavioral health services to all first responders in an environment where they feel safe, protected and understood. FRST clinicians are also trained to assist with Critical Incident Stress Debriefings. The primary goal of the FRST program is to provide behavioral health services that are confidential, accessible, effective, safe and comfortable for all first responders and their families. They provide an array of services designed to meet the needs of first responder personnel and their families including assessment, referrals, short term counseling, trauma-focused therapy, substance abuse treatment, medical consultation, couples counseling and family treatment.

The Waccamaw Center for Mental Health (WCMH) is in need of additional funding to hire a new FRST clinician. Because of the traumatic nature of their jobs, first responders are at high risk of developing behavioral health conditions and illnesses, including PTSD, depression, and suicidality. The addition of a new FRST clinician will ensure that more first responders in WCMH's service area will receive crisis response services.

Funding for this program will include personnel expenses, training/professional development, and/or program supplies for a new FRST clinician.

Justice-Involved Program Manager – Central Administration FRST Program

Previously, Crisis Services Set-Aside funds have been used to support the FRST Program Manager. In 2024, this position was expanded to manage all programs for justice-involved individuals, including patients diagnosed with SMI/SED and individuals in crisis. The FRST Program Manager position was renamed to Justice-Involved Program Manager to better reflect the expanded scope of responsibilities. All SCDMH justice-involved programs and services are related, in some way, to crisis services. The Justice-Involved Program Manager provides oversight, supervision, and technical assistance to mental health professionals who offer services to patients in detention facilities, individuals who are involved in mental health courts, crime victims and other trauma survivors who are served by Alliance staff members, and first responders who need mental health services.

SCDMH is in need of continued funding to support the Justice-Involved Program Manager. This position coordinates and manages numerous crisis response programs and serves a vital role at SCDMH.

Funding for this program will include personnel expenses, training/professional development, and/or program supplies for the Justice-Involved Program Manager.

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

No technical assistance is requested.

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD 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, SUD 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](#).¹

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.

¹<https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)
2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?
3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No
4. 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
5. 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.

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

AGENDA
SOUTH CAROLINA MENTAL HEALTH STATE PLANNING COUNCIL
July 18, 2024
10:00AM-12:00PM
General Meeting

- | | | |
|-------|--|-------------------------------|
| I. | (10:00AM-10:15AM) Welcome and Introductions | Janie Simpson |
| II. | (10:00AM-10:15AM) Approval of Agenda | Janie Simpson |
| III. | (10:00AM-10:15AM) Approval of Minutes from May 15, 2024 | Janie Simpson |
| IV. | (10:15AM-10:35AM) Comments from the Acting State Director | Robert Bank |
| V. | (10:35AM-10:40AM) Comments from the Chairperson | Janie Simpson |
| VI. | (10:40AM-10:55AM) Community Mental Health Services Update | Melanie Gambrell |
| VII. | (10:55AM-11:10AM) Inpatient Services/Long Term Care Update | Robert Bank
Versie Bellamy |
| VIII. | (11:10AM-11:15AM) Nominating Committee | Stuart Shields |
| IX. | (11:15AM-11:30AM) Election of Vice-Chair | Stuart Shields |
| X. | (11:30AM-11:40) Review of Mini-Application Block Grant Process | Mahri Irvine
Michele Murff |
| XI. | (11:35AM-11:55AM) Council Comments | All Members |
| XII. | (11:55AM-12:00PM) Old Business/New Business | Janie Simpson |
| XIII. | (11:55AM-12:00PM) Public Comment | All Attendees |
| XIV. | (11:55AM-12:00PM) Adjournment | Janie Simpson |

Meetings will be held from 10:00AM to 12:00PM on the following dates in Room 323 of the South Carolina Department of Mental Health Administration Building, located at 2414 Bull Street, Columbia, SC, Room 323, unless otherwise indicated in the title section above. Please note the July meeting date is changed to Thursday, July 18, 2024.

January 10, 2024

*July 18, 2024 (THURSDAY)

March 20, 2024

September 18, 2024

May 15, 2024

November 20, 2024



State of South Carolina *Department of Mental Health*

MENTAL HEALTH COMMISSION:

Elliott E. Levy, MD, Chair
Carl E. Jones, Ph.D., Vice Chair
L. Gregory Pearce, Jr.
Bobby H. Mann, Jr.
Crystal A. Smith Maxwell, MD

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

Robert Bank, MD
Acting State Director

July 26, 2024

Anita S. Everett, MD, DFAPA
Director of the Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Everett,

The Planning council monitors, reviews and evaluates the behavioral health services of the South Carolina Department of Mental Health and the Block grant application. We are dedicated advocates for individuals with mental illness and children with a serious emotional disturbance (SED).

We meet six times a year and have enthusiastic participation from Council members and guests from around the state.

We are monitoring progress and quality of mental health services throughout the year. We have presentations on special DMH programs at almost every meeting. The programs are explained, and we are able to interact with administrators and clinicians to get a better idea of how the programs work.

We are excited about crisis services. DMH has an array of crisis services. For one program, clinicians from the mental health centers are embedded in different police departments. The clinicians ride along with officers and assess individuals to make sure they are given proper treatment - inpatient or outpatient care. Because of this, many individuals avoid jail.

In the last two years, mobile crisis RVs from all 16 mental health centers have been brought to Columbia. These events are held during and after Planning Council meetings. All members, planning council guests and many individuals from the community were able to learn about the RVs and mobile crisis services from the Center Directors and their team members.

Page 1 of 2

At our next meeting in September, we will be learning about mental health services provided in jails by DMH employees. The teams are made up of clinicians, psychiatrists, case managers and other necessary staff.

As always, we have been reviewing services throughout the year. We have determined that during this cycle, we don't need changes to the way in which DMH assigns block grant dollars and spends those dollars.

We evaluate services at every meeting. We ask for data. We are determining the value of those services. All of our questions are answered and when we need further information, the administrative coordinator assigned to help the Council sends the needed information to Council members.

DMH does follow up surveys with all community mental health clients who have received services that day. Clients are asked if they agree or disagree if they had no trouble making an appointment, felt like going to the center would help them get better, and if they felt respected while they were receiving their services. There are other indicator data points as well. The survey is filled out by clients and family members of children. These surveys come back with glowing reviews. Our Council uses this information to monitor community mental health services provided by the Block Grant.

So, in closing, we support this application. We support DMH but even more importantly, they support us - the Council. We are grateful for the positive working relationship between the Council and DMH.

Sincerely,

A handwritten signature in black ink that reads "Jane B Simpson". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Jane B Simpson
Chairperson
SC Mental Health State Planning Council

Question 21: State Planning/Advisory Council and Input on the Mental Health Block Grant Application

- 1. How was the Council involved in the development and review of the state plan and report? Also, upload supporting documentation (e.g., meeting minutes, letters of support, etc.). Don't forget to attach the Council's comments after reviewing the Application and Report, if any.**

The SCDMH Mental Health Block Grant Planner and Council staff liaison provided an overview, including timeline, of the FFY 2025 Mental Health Block Grant Application at the July 18, 2024 meeting of the South Carolina Mental Health State Planning Council (see attached July 18th meeting agenda; minutes are currently unavailable but will be drafted and considered for approval at the September 18th meeting).

The draft FFY 2025 Mental Health Block Grant Application was made available to SCDMH leadership and the Planning Council Chairperson. The draft application was then provided to the full Council membership for a one-week comment period, prior to a one-week public comment period that began in mid-August 2024. See attached twelve comments received from Council members by the end of their comment period.

The Council Chairperson submitted the attached letter of support for the FFY 2025 Mental Health Block Grant Application on behalf of the Council.

- 2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?**

As the state's mental health authority, SCDMH plans and implements community mental health treatment through its leadership team based on priorities set by the South Carolina Mental Health Commission. The Mental Health Commission, comprised of seven members who are appointed for five-year terms by the Governor with advice and consent of the Senate, is the governing body of SCDMH and has jurisdiction over the state public mental health system.

See also the attached support letter from the South Carolina Mental Health State Planning Council Chairperson.

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is responsible for planning and implementing substance misuse prevention, SUD treatment, and recovery support services.

- 3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work?**

Yes

- 4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?**

Yes

- 5. 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.**

The primary duties of the South Carolina Mental Health State Planning Council are to review the state's Mental Health Block Grant application and report and make recommendations to SCDMH; serve as advocates for people with mental illness, including adults with serious mental illness (SMI) and children and adolescents with serious emotional disturbance (SED); and monitor, review, and evaluate the allocation and adequacy of mental health services in the state (see attached South Carolina Mental Health State Planning Council Bylaws, specifically Article II).

The Council publishes its Notification of Meeting Schedule each year and maintains this notification on the SCDMH website, which provides an opportunity for the public to interface with the Planning Council and SCDMH. Council meeting agendas are also published on the SCDMH website.

The Council Bylaws, 2024 meeting schedule, and 2024 agendas are available on the Planning Council page on the SCDMH website (see <https://www.scdmh.org/about/sc-mental-health-state-planning-council/>).

Bimonthly Council meetings provide a forum for members, including people in recovery, families, and other stakeholders, to engage with SCDMH leadership and offer input on agency initiatives. Council meeting agendas include reports from SCDMH leadership, including the Acting State Director, Deputy Director of Community Mental Health Services, Deputy Director of Long Term Care, or their designees. Council members receive agency reports, including legislative updates and budget requests, and are provided the opportunity to ask questions and provide input. Council meetings also typically include presentations on programs serving individuals with SMI or SED that highlight agency partnerships and best practices. These presentations inform the Council of a variety of mental health services being provided and offer another opportunity for input.

Council members have advocated for individuals with SMI or SED on legislative issues related to mental health services in South Carolina, including participating in committee hearings.

See also the attached support letter from the South Carolina Mental Health State Planning Council Chairperson.

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

No technical assistance is requested.

From: [Michele Murff](#)
To: [Mahri Irvine](#); [Megan Knight](#)
Subject: FW: [EXTERNAL] 2025 Block Grant Application for Planning Council review
Date: Friday, August 23, 2024 12:02:38 PM
Attachments: [Outlook-bppkvauk.png](#)

See below.

From: Beverly Griffin <beverly.griffin@fedfamsc.org>
Sent: Friday, August 23, 2024 11:47 AM
To: Michele Murff <michele.murff@scdmh.org>
Subject: [EXTERNAL] 2025 Block Grant Application for Planning Council review

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon Michele,

I want to apologize for not getting this in yesterday, I was on sick leave.

The 2025 Block Grant Application document looks good. I hope the grant is approved.

Thanks,
Beverly

Beverly Griffin

Kinship Care Coordinator

803-834-1241

Federation of Families of SC

866-779-0402 (toll-free)

803-772-5210

beverly.griffin@fedfamsc.org

www.fedfamsc.org

www.facebook.com/FederationSC

From: [Michele Murff](#)
To: [Mahri Irvine](#)
Cc: [Megan Knight](#)
Subject: FW: [EXTERNAL] Re: 2025 Block Grant Application - Comments Due 08/22
Date: Friday, August 23, 2024 11:31:09 AM
Attachments: [image001.png](#)

See below from Bill Lindsey.

From: Bill Lindsey <bill.lindsey@namisc.org>
Sent: Friday, August 23, 2024 11:28 AM
To: Megan Knight <megan.knight@scdmh.org>; mhalloran@able-sc.org; hbonsu@daodas.sc.gov; renaye.long@schousing.com; LABNEY@SCVRD.NET; Kunkle.chris@doc.state.sc.us; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; lmccliment@ed.sc.gov; Deborah Blalock <deborah.blalock@scdmh.org>; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>; Ajolly@workinprogresscolumbia.com; beverly.griffin@fedfamsc.org; mbs29485@yahoo.com; pheobe.malloy@fedfamsc.org; theskysurlimit@gmail.com; crudder@sc.rr.com; sjshields525@outlook.com; eschell@mha-sc.org; BROWNETM@mailbox.sc.edu; christopher.j.allen2.mil@army.mil; Cjallen123@gmail.com; Franco@disabilityrightssc.org; mmitchum@phhn.org; rwcarr1315@gmail.com; raj@rajgavurla.com; herbertj1112@hotmail.com; traystone@gmail.com; marillacopeland31@yahoo.com; abrown@scshare.com; Cltrue613@yahoo.com; Jkendall8810@gmail.com; Cndysmth57@gmail.com; rchitwood@youturnhealth.com; lowder.nichole@doc.sc.gov
Cc: janebsimpson@yahoo.com; Michele Murff <michele.murff@scdmh.org>
Subject: [EXTERNAL] Re: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The Block Grant Application looks good, and I support it. Going forward, Navigate/FEP is a 10% set aside and I would like to see that percentage increased (re-allocate some funds to make it more robust)
Additionally, although not required in this application I would like to see additional funding put into Supported Employment(IPS) to enhance the South Carolina's robust initiative in this area to up the participatory numbers in this wonderful outcome program.

Best regards -

Bill Lindsey

From: Megan Knight <megan.knight@scdmh.org>
Sent: Thursday, August 15, 2024 3:43 PM

From: [Megan Knight](#)
To: [Michele Murff](#); [Mahri Irvine](#)
Subject: FW: [EXTERNAL] Re: 2025 Block Grant Application - Comments Due 08/22
Date: Friday, August 23, 2024 11:48:45 AM

From: Candace True <cltrue613@yahoo.com>
Sent: Friday, August 23, 2024 10:51 AM
To: Megan Knight <megan.knight@scdmh.org>
Subject: [EXTERNAL] Re: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

This looks great. Thanks for sharing.

Candace True

On Aug 15, 2024, at 15:43, Megan Knight <megan.knight@scdmh.org> wrote:

Good afternoon State Planning Council members,

Please see the below message from Mahri about the 2025 Block Grant Application, which has been attached to this email for your review.

Hi Planning Council Members,

Here is the 2025 Block Grant Application for Planning Council review. Please let us know if you have any questions about the process.

A few notes:

1. We're submitting a "mini application" this year – it is significantly shorter than the full application that you saw last year.
2. The BSCA #3 application is included as a component of the 2025 Block Grant application. (BSCA #3 = Bipartisan Safer Communities Act, third allotment of funding)
3. We're only required to provide specific information about Crisis Services and the Planning Council in this mini application.
4. If it is confusing for you to find the different sections in this big document, please let us know and we can send you separate sections, to make it easier to review them.

From: [Megan Knight](#)
To: [Mahri Irvine](#)
Cc: [Michele Murff](#); janebsimpson@yahoo.com
Subject: FW: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22
Date: Tuesday, August 20, 2024 9:17:38 AM
Attachments: [image001.png](#)

Good morning!

Please see Mr. Allen's comment below regarding the Block Grant Application.

Thank you,
Megan Knight

Megan Knight
Administrative Coordinator I
Office of Suicide Prevention
South Carolina Department of Mental Health
2414 Bull Street, Suite 309
Columbia, SC 29201
803-898-2461
megan.knight@scdmh.org



From: Allen, Christopher Jay MSG USARMY NG SCARNG (USA) <christopher.j.allen2.mil@army.mil>
Sent: Friday, August 16, 2024 4:33 PM
To: Megan Knight <megan.knight@scdmh.org>
Subject: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I approve

Respectfully,

Mr. Christopher Allen

Integrated Primary Prevention
Service Member Family Care Directorate

From: [Michele Murff](#)
To: [Mahri Irvine](#)
Cc: [Megan Knight](#)
Subject: FW: [EXTERNAL] RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22
Date: Thursday, August 22, 2024 2:54:58 PM
Attachments: [image002.png](#)

See below from Chris Kunkle.

From: Chris Kunkle (C060045) <Kunkle.Chris@doc.sc.gov>
Sent: Thursday, August 22, 2024 11:52 AM
To: Megan Knight <megan.knight@scdmh.org>; janebsimpson <janebsimpson@yahoo.com>; mhalloran@able-sc.org; hbonsu@daodas.sc.gov; renaye.long@schousing.com; LABNEY@SCVRD.NET; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; Imccliment@ed.sc.gov; Deborah Blalock <deborah.blalock@scdmh.org>; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>; Ajolly@workinprogresscolumbia.com; beverly.griffin@fedfamsc.org; mbs29485@yahoo.com; pheobe.malloy@fedfamsc.org; theskysurlimit@gmail.com; bill.lindsey@namisc.org; crudder@sc.rr.com; sjshields525@outlook.com; eschell@mha-sc.org; BROWNETM@mailbox.sc.edu; christopher.j.allen2.mil@army.mil; Cjallen123@gmail.com; Franco@disabilityrightssc.org; mmitchum@phhn.org; rwcarr1315@gmail.com; raj@rajgavurla.com; herbertj1112@hotmail.com; traystone@gmail.com; marillacopeland31@yahoo.com; abrown@scshare.com; Cltrue613@yahoo.com; Jkendall8810@gmail.com; Cndysmth57@gmail.com; rchitwood@youturnhealth.com; Nichole Lowder (C066287) <Lowder.Nichole@doc.sc.gov>
Cc: Michele Murff <michele.murff@scdmh.org>
Subject: [EXTERNAL] RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

This looks good to me! Thanks for the opportunity to review.

From: Megan Knight <megan.knight@scdmh.org>
Sent: Tuesday, August 20, 2024 2:52 PM
To: janebsimpson <janebsimpson@yahoo.com>; mhalloran@able-sc.org; hbonsu@daodas.sc.gov; renaye.long@schousing.com; LABNEY@SCVRD.NET; Chris Kunkle (C060045) <Kunkle.Chris@doc.sc.gov>; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; Imccliment@ed.sc.gov; Deborah Blalock <deborah.blalock@scdmh.org>; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>;

From: [Michele Murff](#)
To: [Mahri Irvine](#); [Megan Knight](#)
Subject: FW: [EXTERNAL] Re: Block grant
Date: Friday, August 23, 2024 8:43:27 AM

Another comment received yesterday!

From: Eileen Schell <eschell@mha-sc.org>
Sent: Thursday, August 22, 2024 6:27 PM
To: Michele Murff <michele.murff@scdmh.org>
Subject: [EXTERNAL] Re: Block grant

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thanks for your patience! The afternoon was busier than expected. Thanks for the opportunity to review the SCDMH Block Grant application. I learned a few new things about the Planning Council and its make-up!

The application itself looks great and I can tell a lot of work was put into it.

Thank you again,
Eileen

Eileen Schell (she/hers)
Community Resource Coordinator
Mental Health America of SC
803-920-1487 (cell)

buy tickets for our 70th anniversary party
here: <https://form.jotform.com/241833246316151>



On Thu, Aug 22, 2024 at 4:05 PM <eschell@mha-sc.org> wrote:

From: [Bonsu, Hannah](#)
To: [Mahri Irvine](#); [Michele Murff](#)
Subject: [EXTERNAL] RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22
Date: Tuesday, August 20, 2024 3:45:22 PM
Attachments: [image003.png](#)
[image005.png](#)

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mahri and Michele,

This application is very well put together covering the areas discussed in the Planning Council meeting for the needs of the citizens of South Carolina.

Thank you,

Hannah

Hannah D. Bonsu, CPM
Treatment and Recovery Division Manager
1801 Main Street, Twelfth Floor, Columbia, SC 29201
office: 803-896-4198
cell: 803-518-6524

South Carolina
DAODAS
[Department of Alcohol and Other Drug Abuse Services](#)

From: Megan Knight <megan.knight@scdmh.org>
Sent: Tuesday, August 20, 2024 2:52 PM
To: janebsimpson <janebsimpson@yahoo.com>; mhalloran@able-sc.org; Bonsu, Hannah <hbonsu@daodas.sc.gov>; renaye.long@schousing.com; LABNEY@SCVRD.NET; Kunkle.chris@doc.state.sc.us; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; lmccliment@ed.sc.gov; Deborah Blalock <deborah.blalock@scdmh.org>; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>; Ajolly@workingprogresscolumbia.com; beverly.griffin@fedfamsc.org; mbs29485@yahoo.com; pheobe.malloy@fedfamsc.org; theskysurlimit@gmail.com; bill.lindsey@namisc.org; crudder@sc.rr.com; sjshields525@outlook.com; eschell@mha-sc.org; BROWNETM@mailbox.sc.edu; christopher.j.allen2.mil@army.mil; Cjallen123@gmail.com; Franco@disabilityrightssc.org; mmitchum@phhn.org; rwcarr1315@gmail.com; raj@rajgavurla.com; herbertj1112@hotmail.com; traystone@gmail.com; marillacopeland31@yahoo.com; abrown@scshare.com; Cltrue613@yahoo.com; Jkendall8810@gmail.com; Cndysmth57@gmail.com; rchitwood@youturnhealth.com; lowder.nichole@doc.sc.gov
Cc: Michele Murff <michele.murff@scdmh.org>
Subject: RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22

Good afternoon,

From: [janebsimpson](#)
To: [Mahri Irvine](#)
Cc: [Michele Murff](#)
Subject: [EXTERNAL] RE: 2025 Block Grant and BSCA 3 Application: senior leadership review (Aug. 9 deadline)
Date: Tuesday, August 6, 2024 1:35:24 PM
Attachments: [image001.png](#)

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mahri, that is so easy to read! I love how everything is described so well

I looked at the plan. I see no reason for changes. It's excellent!

Janie

----- Original message -----

From: Mahri Irvine <mahri.irvine@scdmh.org>
Date: 8/1/24 3:29 PM (GMT-05:00)
To: Robert Bank <robert.bank@scdmh.org>, Deborah Blalock <deborah.blalock@scdmh.org>, Versie Bellamy <versie.bellamy@scdmh.org>, "Chad Pollock, MD" <chad.pollock@scdmh.org>, Elizabeth Hutto <elizabeth.hutto@scdmh.org>, Debbie Calcote <debbie.calcote@scdmh.org>, Janie Simpson <janebsimpson@yahoo.com>
Cc: Liza Watson <liza.watson@scdmh.org>, Kim Ballentine <Kim.Ballentine@scdmh.org>
Subject: 2025 Block Grant and BSCA 3 Application: senior leadership review (Aug. 9 deadline)

Good afternoon!

I'm sending you the 2025 Block Grant Application for senior leadership and Planning Council chairperson review.

A few notes:

- We're submitting a "mini application" this year – it is significantly shorter than the full application that you saw last year.
- The BSCA #3 application is included as a component of the 2025 Block Grant application. (BSCA #3 = Bipartisan Safer Communities Act, third allotment of funding)
- We're only required to provide specific information about Crisis Services and the Planning Council in this mini application.

From: [Michele Murff](#)
To: [Mahri Irvine](#)
Cc: [Megan Knight](#)
Subject: FW: [EXTERNAL] Block Grant Application
Date: Thursday, August 22, 2024 2:58:50 PM

See below from Joan Herbert.

From: Joan Herbert <herbertj1112@hotmail.com>
Sent: Thursday, August 22, 2024 2:55 PM
To: Michele Murff <michele.murff@scdmh.org>; janie simpson <janebsimpson@yahoo.com>; Megan Knight <megan.knight@scdmh.org>
Subject: [EXTERNAL] Block Grant Application

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for the opportunity to review this 'mini' application.

I am extremely impressed with the thoroughness of the application and the services described. I always feel proud of our SCDMH when I hear about the fabulous services that our residents receive.

My only question/ comment about the application is related to the NAVIGATE program on pg 7. The narrative states that the program is designed to be completed in two years And the the majority of patients successfully graduate. In other parts of the application very specific measures are provided. What is the reason that the **percentage** of patients who successfully graduate is not noted?

Please overlook my brevitySent from my iPhone

From: [Megan Knight](#)
To: [Michele Murff](#); [Mahri Irvine](#)
Subject: FW: [EXTERNAL] Re: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22
Date: Thursday, August 22, 2024 1:29:44 PM
Attachments: [image002.png](#)

Please see below

From: Michelle Mitchum <mmitchum@phhn.org>
Sent: Thursday, August 22, 2024 1:03 PM
To: Megan Knight <megan.knight@scdmh.org>; janie simpson <janebsimpson@yahoo.com>
Subject: [EXTERNAL] Re: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

This looks great to me!

Blessings,

Chief Michelle Mitchum

On Tue, Aug 20, 2024 at 2:52 PM Megan Knight <megan.knight@scdmh.org> wrote:

Good afternoon,

Thank you, Janie! Yes, this is a very important document. Please take a look and send your feedback to Mahri or Michele by Thursday.

Thank you all!

Megan Knight

Megan Knight
Administrative Coordinator I
Office of Suicide Prevention
South Carolina Department of Mental Health
2414 Bull Street, Suite 309
Columbia, SC 29201
803-898-2461
megan.knight@scdmh.org

From: [Michele Murff](#)
To: [Mahri Irvine](#)
Cc: [Megan Knight](#)
Subject: FW: [EXTERNAL] RE: [External] RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22
Date: Thursday, August 22, 2024 2:56:24 PM
Attachments: [image004.png](#)
[image002.png](#)

See below from Renaye Long.

From: Long, Renaye 6-9292 <Renaye.Long@schousing.com>
Sent: Thursday, August 22, 2024 1:16 PM
To: Deborah Blalock <deborah.blalock@scdmh.org>; Chris Kunkle (C060045) <Kunkle.Chris@doc.sc.gov>; Megan Knight <megan.knight@scdmh.org>; janebsimpson <janebsimpson@yahoo.com>; mhalloran@able-sc.org; hbonsu@daodas.sc.gov; LABNEY@SCVRD.NET; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; Imccliment@ed.sc.gov; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>; Ajolly@workinprogresscolumbia.com; beverly.griffin@fedfamsc.org; mbs29485@yahoo.com; pheobe.malloy@fedfamsc.org; theskysurlimit@gmail.com; bill.lindsey@namisc.org; crudder@sc.rr.com; sjshields525@outlook.com; eschell@mha-sc.org; BROWNETM@mailbox.sc.edu; christopher.j.allen2.mil@army.mil; Cjallen123@gmail.com; Franco@disabilityrightssc.org; mmitchum@phhn.org; rwcarr1315@gmail.com; raj@rajgavurla.com; herbertj1112@hotmail.com; traystone@gmail.com; marillacopeland31@yahoo.com; abrown@scshare.com; Cltrue613@yahoo.com; Jkendall8810@gmail.com; Cndysmth57@gmail.com; rchitwood@youturnhealth.com; Nichole Lowder (C066287) <Lowder.Nichole@doc.sc.gov>
Cc: Michele Murff <michele.murff@scdmh.org>
Subject: [EXTERNAL] RE: [External] RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

I have reviewed the plan and am proud of the work that SCDMH is doing to support individuals and families in the community! The application is focused and clearly aligns well with other efforts in the agency.

The strength-based approach to services is evident even in the selection of the program's name—e.g., "CAFÉ."

Thank you for creating these safe spaces in our community and providing a pathway to recovery for so many!

Best,

Renaye

Renaye S. Long, LMSW, MPA, CPM

Strategic Communications Director

300-C Outlet Pointe Blvd. | Columbia, SC 29210

(803) 896-9292 | Cell: (803) 354-1249 | Renaye.long@schousing.com

SCHousing.com



From: Deborah Blalock <deborah.blalock@scdmh.org>

Sent: Thursday, August 22, 2024 12:05 PM

To: Chris Kunkle (C060045) <Kunkle.Chris@doc.sc.gov>; Megan Knight <megan.knight@scdmh.org>; janebsimpson <janebsimpson@yahoo.com>; mhalloran@able-sc.org; hbonsu@daodas.sc.gov; Long, Renaye 6-9292 <Renaye.Long@schousing.com>; LABNEY@SCVRD.NET; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; lmccliment@ed.sc.gov; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>; Ajolly@workinprogresscolumbia.com; beverly.griffin@fedfamsc.org; mbs29485@yahoo.com; pheobe.mallo@fedfamsc.org; theskysurlimit@gmail.com; bill.lindsey@namisc.org; crudder@sc.rr.com; sjshields525@outlook.com; eschell@mha-sc.org; BROWNETM@mailbox.sc.edu; christopher.j.allen2.mil@army.mil; Cjallen123@gmail.com; Franco@disabilityrightssc.org; mmitchum@phhn.org; rwcarr1315@gmail.com; raj@rajgavurla.com; herbertj1112@hotmail.com; traystone@gmail.com; marillacopeland31@yahoo.com; abrown@scshare.com; Cltrue613@yahoo.com; Jkendall8810@gmail.com; Cndysmth57@gmail.com; rchitwood@youturnhealth.com; Nichole Lowder (C066287) <Lowder.Nichole@doc.sc.gov>

Cc: Michele Murff <Michele.Murff@scdmh.org>

Subject: RE: [External] RE: [EXTERNAL] RE: 2025 Block Grant Application - Comments Due 08/22

Wonderful, thank you!

From: Chris Kunkle (C060045) <Kunkle.Chris@doc.sc.gov>

Sent: Thursday, August 22, 2024 11:52 AM

To: Megan Knight <megan.knight@scdmh.org>; janebsimpson <janebsimpson@yahoo.com>; mhalloran@able-sc.org; hbonsu@daodas.sc.gov; renaye.long@schousing.com; LABNEY@SCVRD.NET; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; lmccliment@ed.sc.gov; Deborah Blalock <deborah.blalock@scdmh.org>; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson

From: [Megan Knight](#)
To: [Michele Murff](#); [Mahri Irvine](#)
Subject: FW: [EXTERNAL] Re: 2025 Block Grant Application - Comments Due 08/22
Date: Friday, August 23, 2024 11:49:04 AM
Attachments: [image001.png](#)

From: Stuart Shields <SJShields525@outlook.com>
Sent: Friday, August 23, 2024 11:45 AM
To: janebsimpson <janebsimpson@yahoo.com>; Mandy Halloran <mhalloran@able-sc.org>; Megan Knight <megan.knight@scdmh.org>
Subject: [EXTERNAL] Re: 2025 Block Grant Application - Comments Due 08/22

CAUTION: This email originated from outside the South Carolina Department of Mental Health. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Looks good to me.

From: Bill Lindsey <bill.lindsey@namisc.org>
Sent: Friday, August 23, 2024 11:28 AM
To: Megan Knight <megan.knight@scdmh.org>; mhalloran@able-sc.org <mhalloran@able-sc.org>; hbonsu@daodas.sc.gov <hbonsu@daodas.sc.gov>; renaye.long@schousing.com <renaye.long@schousing.com>; LABNEY@SCVRD.NET <LABNEY@SCVRD.NET>; Kunkle.chris@doc.state.sc.us <Kunkle.chris@doc.state.sc.us>; Melanie Hendricks <Melanie.Hendricks@scdhhs.gov>; Carroll, Angela <angela.carroll@dss.sc.gov>; lmcclement@ed.sc.gov <lmcclement@ed.sc.gov>; Deborah Blalock <deborah.blalock@scdmh.org>; Versie Bellamy <versie.bellamy@scdmh.org>; Louise Johnson <louise.johnson@scdmh.org>; Robert Bank <robert.bank@scdmh.org>; Ajolly@workinprogresscolumbia.com <Ajolly@workinprogresscolumbia.com>; beverly.griffin@fedfamsc.org <beverly.griffin@fedfamsc.org>; mbs29485@yahoo.com <mbs29485@yahoo.com>; pheobe.malloy@fedfamsc.org <pheobe.malloy@fedfamsc.org>; theskysurlimit@gmail.com <theskysurlimit@gmail.com>; crudder@sc.rr.com <crudder@sc.rr.com>; sjshields525@outlook.com <sjshields525@outlook.com>; eschell@mha-sc.org <eschell@mha-sc.org>; BROWNETM@mailbox.sc.edu <BROWNETM@mailbox.sc.edu>; christopher.j.allen2.mil@army.mil <christopher.j.allen2.mil@army.mil>; Cjallen123@gmail.com <Cjallen123@gmail.com>; Franco@disabilityrightssc.org <Franco@disabilityrightssc.org>; mmitchum@phhn.org <mmitchum@phhn.org>; rw carr1315@gmail.com <rw carr1315@gmail.com>; raj@rajgavurla.com <raj@rajgavurla.com>; herbertj1112@hotmail.com <herbertj1112@hotmail.com>; traystone@gmail.com <traystone@gmail.com>; marillacopeland31@yahoo.com <marillacopeland31@yahoo.com>; abrown@scshare.com <abrown@scshare.com>; Cltrue613@yahoo.com <Cltrue613@yahoo.com>; Jkendall8810@gmail.com <Jkendall8810@gmail.com>; Cndysmth57@gmail.com <Cndysmth57@gmail.com>; rchitwood@youturnhealth.com <rchitwood@youturnhealth.com>; lowder.nichole@doc.sc.gov

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: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
LaToya Abney	State Employees		1410 Boston Ave. West Columbia SC, 29170 PH: 803-896-4250	Labney@scvrd.net
Chris Allen	Others (Advocates who are not State employees or providers)			
Robert Bank	State Employees		2414 Bull Street Columbia SC, 29201 PH: 803-898-8319	robert.bank@scdmh.org
Versie Bellamy	State Employees		220 Faison Drive Columbia SC, 29203 PH: 803-935-5761	versie.bellamy@scdmh.org
Debbie Blalock	State Employees		2414 Bull Street Columbia SC, 29201 PH: 803-898-8348	deborah.blalock@scdmh.org
Hannah Bonsu	State Employees		1801 Main Street, Twelfth Floor Columbia SC, 29201 PH: 803-896-4198	hbonsu@daodas.sc.gov
Aaron Brown	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Teri Browne	Others (Advocates who are not State employees or providers)			
Ramona Carr	Others (Advocates who are not State employees or providers)			
Angela Carrol	State Employees		1535 Confederate Ave. Columbia SC, 29202 PH: 803-727-2935	angela.carroll@dss.sc.gov
Ryan Chitwood	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Marilla Copeland	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			

Shelina Flarisee	Parents of children with SED			
Beth Franco	Others (Advocates who are not State employees or providers)			
Raj Gavurla	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Beverly Griffin	Parents of children with SED			
Mandy Halloran	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Melanie Hendricks	State Employees		1801 Main Street Columbia SC, 29201 PH: 803-898-1891	melanie.hendricks@scdhhs.gov
Joan Herbert	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Louise Johnson	State Employees		2414 Bull Street Columbia SC, 29201 PH: 803-898-8346	louise.johnson@scdmh.org
Amy Jolly	Providers		2231 Devine Street, Suite 301 Columbia SC, 29205 PH: 803-758-0066	ajolly@workingprogresscolumbia.com
John Kendall	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Chris Kunkle	State Employees		4444 Broad River Rd. Columbia SC, 29210 PH: 803-896-1238	kunkle.chris@doc.sc.gov
Bill Lindsey	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Renaye Long	State Employees		300-C Outlet Pointe Blvd. Columbia SC, 29210 PH: 803-896-9292	renaye.long@schousing.com
Nichole Lowder	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Pheobe Malloy	Parents of children with SED			
Lisa McCliment	State Employees		428 Wholesale Lane - A253 West Columbia SC, 29172 PH: 803-734-4074	Lmcccliment@ed.sc.gov
Michelle Mitchum	Others (Advocates who are not State employees or providers)			
Carol Rudder	Family Members of Individuals in Recovery (to include family members of adults with SMI)			

Eileen Schell	Others (Advocates who are not State employees or providers)			
Stuart Shields	Others (Advocates who are not State employees or providers)			
Janie Simpson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Cindy Smith	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Maria Beth Smith	Parents of children with SED			
Tray Stone	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Candy True	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.
OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	11	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	4	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	7	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	25	64.10%
State Employees	11	
Providers	1	
Vacancies	2	
Total State Employees & Providers	14	35.90%
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
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	
Total Membership (Should count all members of the council)	39	

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1.

Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
- a)

Public meetings or hearings?

☒

Yes

☐

No
- b)

Posting of the plan on the web for public comment?

☒

Yes

☐

No

If yes, provide URL:

<https://www.scdmh.org/blockgrant/>

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

<https://www.scdmh.org/blockgrant/>

c)

Other (e.g. public service announcements, print media)

☒

Yes

☐

No

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

n/a
- OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026
- Footnotes:
- Printed: 8/30/2024 1:33 PM - South Carolina - OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Page 80 of 81

Question 22: Public Comment on the State Plan

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings?

Yes

b) Posting of the plan on the web for public comment?

Yes

If yes, provide URL:

<https://www.scdmh.org/blockgrant/>

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

<https://www.scdmh.org/blockgrant/>

c) **Other (e.g., public service announcements, print media)**

Yes

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

No technical assistance is requested.