

# South Carolina

## UNIFORM APPLICATION

### FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

### COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018  
(generated on 10/21/2016 5.29.33 AM)

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

# State Information

## State Information

### Plan Year

Start Year 2016

End Year 2017

### State DUNS Number

Number 112674036

Expiration Date

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

Agency Name South Carolina Department of Mental Health

Organizational Unit Office of the State Director

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

City Columbia

Zip Code 29202

### II. Contact Person for the Grantee of the Block Grant

First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

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

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address john.magill@scdmh.org

### III. Expenditure Period

State Expenditure Period

From

To

### IV. Date Submitted

Submission Date 8/31/2016 11:03:19 AM

Revision Date

### V. Contact Person Responsible for Application Submission

First Name D. Stewart

Last Name Cooner, MHA

Telephone 803-898-8632

Fax 803-898-8311

Email Address stewart.cooner@scdmh.org

Footnotes:



# State Information

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

Fiscal Year 2017

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	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
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Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
Section 1956	Services for Individuals with Co-Occurring Disorders	<a href="#">42 USC § 300x-66</a>

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: 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 nineteen 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 with the 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 Costal 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.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

## LIST of CERTIFICATIONS

### 1. CERTIFICATION REGARDING LOBBYING

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 (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

### 2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

### 3. 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, day care, 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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human 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 DHHS mission to protect and advance the physical and mental health of the American people.

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: Nikki R. Haley

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Governor, State of South Carolina

Date Signed: \_\_\_\_\_

mm/dd/yyyy

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

Footnotes:





State of South Carolina  
Department of Mental Health

**MENTAL HEALTH COMMISSION:**

Alison Y. Evans, PsyD, Chair  
Everard Rutledge, PhD, Vice Chair  
Beverly Cardwell  
Louise Haynes  
Bob Hiott, MEd  
J. Buxton Terry  
Sharon L. Wilson

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

**John H. Magill**  
State Director of Mental Health

August 15, 2016

Ms. Odessa F. Crocker  
Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 17<sup>th</sup> Floor  
Rockville, Maryland 20850

Dear Ms. Crocker:

Please find enclosed with this letter the following documents as required by the FY2016-2017 Substance Abuse and Mental Health Services Administration, Community Mental Health Services, Mental Health Block Grant Application due September 1, 2016. The documents conform to the requirements set forth in the WebBGas application system as of July 5, 2016.

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

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

The Department looks forward to submitting its next 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,

John H. Magill  
State Director of Mental Health

**MISSION STATEMENT**

To support the recovery of people with mental illnesses.



# State Information

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### Plan Year

Start Year 2016

End Year 2017

### State DUNS Number

Number 112674036

Expiration Date

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

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Zip Code 29202

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First Name John H.

Last Name Magill

Agency Name South Carolina Department of Mental Health

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

City Columbia

Zip Code 29202

Telephone 803-898-8319

Fax 803-898-8590

Email Address john.magill@scdmh.org

### III. Expenditure Period

State Expenditure Period

From

To

### IV. Date Submitted

Submission Date

Revision Date

### V. Contact Person Responsible for Application Submission

First Name D. Stewart

Last Name Cooner, MHA

Telephone 803-898-8632

Fax 803-898-8311

Email Address stewart.cooner@scdmh.org

Footnotes:



## State Information

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Fiscal Year 2017

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 as authorized by  
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 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

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

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2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
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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).

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16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

## LIST of CERTIFICATIONS

### 1. CERTIFICATION REGARDING LOBBYING

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### 2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

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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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.


The Department of Health and Human 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 DHHS mission to protect and advance the physical and mental health of the American people.

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: Nikki R. Haley

Signature of CEO or Designee<sup>1</sup>:



Title: Governor, State of South Carolina

Date Signed:

8-8-2016

mm/dd/yyyy

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

**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	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Footnotes:

## State Information

### Disclosure of Lobbying Activities

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

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---

Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Footnotes:

# Planning Tables

Table 2 State Agency Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	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
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			\$45,894,602	\$2,300,000	\$65,970,180	\$1,500,919	\$8,018,327
6. Other 24 Hour Care		\$0	\$12,501,035	\$20,378,442	\$32,620,221	\$0	\$3,177,663
7. Ambulatory/Community Non-24 Hour Care		\$6,746,186	\$62,794,224	\$651,005	\$76,163,118	\$3,338,486	\$15,314,102
8. Mental Health Primary Prevention**		\$0	\$0	\$0	\$0	\$0	\$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		\$749,576	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$0	\$361,092	\$2,301,570	\$42,898,458	\$0	\$3,247,943
11. Total	\$0	\$7,495,762	\$121,550,953	\$25,631,017	\$217,651,977	\$4,839,405	\$29,758,035

\* Prevention other than primary prevention

\*\* It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

**Footnotes:**

1 – ESTIMATES ONLY: The information presented above represents a 12-month period (July 1, 2016 – June 30, 2017). Note that SCDMH only budgets for a 12-month period based on the prevailing Appropriations Act for the applicable fiscal year.

2 – Note that as in previous Uniform Applications, estimates are based on Allocations and Revenues from SCDMH's Financial Reports. Allocations and Revenues approximate Total Expenditures and are more easily cross-referenced with SCDMH's program areas in its Financial Reports.

3 – Note that Allocations, Revenues, Expenditures, and Supplemental Funding – as represented in SCDMH's Financial Reports – are based on forecasts for the applicable fiscal year with the expectation that as changes occur to the operations of SCDMH said changes may be reflected in changes to forecasts; therefore, amounts provided at the beginning of a fiscal year may not be the actual result presented at the end of the fiscal year. Consequently, this 12-month budget is subject to variations, especially based on the date of reporting.

4 – As per SAMHSA's instruction, SCDMH used the "FY 2017 MHBG estimated allocation table for purposes of completing the FY 2017 MHBG planned expenditures (Table 2) and related planned expenditure."

5 – Block D.5. includes a reclassification of funds (\$35,275,995 - Medicaid Disproportionate Share) from Block D.5. to Block C.5.

6 – Block G.5. includes a reclassification of funds (\$2,300,000 - Medicare) from Block G.5. to Block D.5.

# Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016    Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	\$0
Comments on Data:	
No MHBG Non-Direct Service Activities Planned Expenditures.	
Footnotes:	

## Environmental Factors and Plan

### 22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Narrative Question:

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Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).<sup>97</sup>

Additionally, [Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. 300x-51\)](#) applicable to the SABG and the MHBG, requires that, 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.

*For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.*

*For MHBG and integrated BHPC: States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.*

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.

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

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
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.

*Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.*<sup>98</sup>

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<sup>97</sup><http://beta.samhsa.gov/grants/block-grants/resources>

<sup>98</sup>There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Please use the box below to indicate areas of technical assistance needed related to this section:

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Footnotes:

August 19, 2016

Odessa F. Crocker  
Grants Management Officer  
Office of Financial Resources  
Division of Grants Management  
Substance Abuse Mental Health Services Administration  
5600 Fishers Lane, 17<sup>th</sup> Floor  
Rockville, Maryland 20850

RE: Application for Mental Health Block Grant / SCDMH

Dear Ms. Crocker:

The South Carolina Mental Health State Planning Council fully endorses this block grant application. As a council, we work together as a team with the South Carolina Department of Mental Health to ensure quality services are allocated and delivered to the citizens of South Carolina and that those with behavioral health issues are advocated for on local and federal levels.

Our council is made up of individuals in recovery, family members, providers, state employees, and others (see the attached roster). Please note, that a representative of the South Carolina Department of Alcohol and Other Drug Abuse Services is an active member of our council. We are also fortunate to have membership of statewide executive directors of non-profit advocacy organizations who not only work tirelessly through the council but, make it their personal mission to better the lives of individuals in recovery as well as their families. Their commitment to recovery and advocacy is appreciated, and their membership on the council is without term limits.

At this time, we are recruiting more council members and are reinvigorating the council. Those interested in serving are coming from different areas of the state and representing individuals in recovery and parents of children in recovery. For those attending our meetings who are not in the immediate vicinity, we offer mileage reimbursement or make available video conferencing from our local centers to ensure that participation is available. We are extremely excited about our subcommittees and are recreating the Legislative Subcommittee in which we will be closely monitoring all laws in the State House regarding behavioral health. The South Carolina Department of Mental Health is assisting us in tracking this legislation and making packets available to the council.



As some of the block grant funds are utilized to supplement the expenses of community mental health services, many presentations are given to the council from directors of specialized SCDMH programs who attend our meetings from all across the state. These presentations are informative and offer a great opportunity for questions. They are an essential tool in monitoring SCDMH services.

SCDMH is represented at meetings by the Director of the Department of Mental Health and its Deputy Directors as well. Each director outlines issues within the behavioral health system and encourages questions. These opportunities are imperative as we are instructed to evaluate services of SCDMH.

As Chair of this council, as a person living in recovery, it is important to me that everyone on the council knows the significance of their role. My goal is that no one leaves a meeting without having shared their thoughts during the session; asking questions or making comments and confirming their membership to the subcommittee of their choosing.

The State Planning Council and SCDMH are a strong team. We are all committed and dedicated to helping, advocating and ensuring that persons with behavioral health issues in this state receive the best possible services.

It is my honor to assist in this process. If you have any questions, please feel free to contact me.

Thank you for these block grant funds. They do so much good in the state of South Carolina.

Sincerely,



Janie Simpson, Chairperson  
South Carolina State Planning Council

# Environmental Factors and Plan

## Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Jack Balling	Family Members of Individuals in Recovery (to include family members of adults with SMI)	NAMI - Mid Carolina		
Robert Bank, MD	State Employees	SC Department of Mental Health		
Versie Bellamy	State Employees	SC Department of Mental Health		
Mark Binkley	State Employees	SC Department of Mental Health		
Tommy Bowen	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Dr. Nicholas Cooper-Lewter	Providers	University of South Carolina		
Rose de Campbell	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
LaJamea Dixon	State Employees	SC Department of Education		
Mary Eaddy	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Pro-Parents		
Phil Emory	Providers	Gateway House		
Diane Flashnick	Family Members of Individuals in Recovery (to include family members of adults with SMI)	SC Federation of Families		
Raj Gavurla	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Marcy Hayden	Federally Recognized Tribe Representatives	SC Commission for Minority Affairs		
Rosemary Hedden	Providers	Work-In-Progress		
Patricia Hicks	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Joy Jay	Others (Not State employees or providers)	Mental Health America of South Carolina		
Louise Johnson	State Employees	SC Department of Mental Health		
Freda S. King	State Employees	SC Department of Vocational Rehabilitation		

Ed Knight	State Employees	SC State Housing Finance and Development Authority		
Peter Liggett	State Employees	SC Dept of Health and Human Services		
Bill Lindsey	Family Members of Individuals in Recovery (to include family members of adults with SMI)	NAMI South Carolina		
Frankie Long	State Employees	SC Dpmt of Alcohol and Other Drug Abuse Services		
Brett Macgargle	State Employees	SC Department of Juvenile Justice		
John Magill	State Employees	SC Department of Mental Health		
Pheobe Malloy	Parents of children with SED			
Geoff Mason	State Employees	SC Department of Mental Health		
Sarah Parker	Parents of children with SED			
Bonnie Pate	Others (Not State employees or providers)	SC SHARE		
Gloria Prevost	Providers	SC Protection and Advocacy		
Wendell Price	Providers	Clemson University		
Melissa Reitmeier	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Carol Rudder	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Lisa Simonds	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Janie Simpson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Maryann Singer	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Sheri Smith	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Sandra Sturkie	State Employees	SC Department of Social Services		
Steven Van Hollen	State Employees	SC Department of Disabilities and Special Needs		
Bob Walkup	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Dan Wilson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			

Mike Wnuk	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
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Footnotes:

# Environmental Factors and Plan

## Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	45	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	10	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	7	
Parents of children with SED*	2	
Vacancies (Individuals and Family Members)	4	
Others (Not State employees or providers)	2	
Total Individuals in Recovery, Family Members & Others	25	55.56%
State Employees	14	
Providers	5	
Federally Recognized Tribe Representatives	1	
Vacancies	0	
Total State Employees & Providers	20	44.44%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Persons in recovery from or providing treatment for or advocating for substance abuse services	1	

\* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

The South Carolina Mental Health State Planning Council (Council) was provided on Monday August 22, 2016 via email a copy of the Uniform Application FY2016/2017 (Mini-App) – Community Mental Health Services Block Grant. The Council was notified to whom any comments should be directed. No recommendations for modifications to the Uniform Application FY2016/2017 (Mini-App) – Community Mental Health Services Block Grant were offered by the South Carolina Mental Health State Planning Council.

### Footnotes:

- 1 – Regarding steps the State took to make the public aware of the plan and allow for public comment:
  - On August 19, 2015, members of the general public were notified of the availability of the FY2016-2017 Mental Health Block Grant Application via SCDMH's standard procedure to provide statewide public notice by sending a 'media alert' notification to all daily and non-

daily newspapers in the state.

- Social media outlets were also employed in August 2015 – this is SCDMH's first use related thereto – in an effort to expand the potential audience of public comment.

- A Notice of Availability of Mental Health Block Grant Report was placed in three newspapers representing the upstate, midlands, and low country regions of South Carolina: The Greenville News (December 24, 2015); The State Newspaper (December 22, 2015); and, The Post and Courier (December 23, 2015), respectively. Public comment was requested via letter, email, and telephone.

- To date, the social media announcement has been viewed 565 times and shared at least once by The South Carolina Institute of Medicine and Public Health.

- As of August 23, 2016, no recommendations for modifications to the FY2016-2017 Mental Health Block Grant Application have been offered by the general public.

2 – Regarding integration of substance abuse issues, concerns and activities into the work of the South Carolina Mental Health State Planning Council (Council), please see the letter from the Chairperson of the Council included in this application.

3 – Regarding vacancies in Membership on the South Carolina Mental Health State Planning Council (Council), please see the letter from the Chairperson of the Council included in this application.