



Community Services and Public Safety Committee Beaufort County, SC

This meeting will be held in person at the County Council Chambers, 100 Ribaut Road, Beaufort, and virtually through Zoom

Monday, October 10, 2022
2:00 PM

AGENDA

COMMITTEE MEMBERS:

LARRY MCELYNN, CHAIRMAN
GERALD DAWSON
ALICE HOWARD

LOGAN CUNNINGHAM, VICE-CHAIRMAN
YORK GLOVER

1. CALL TO ORDER
2. PLEDGE OF ALLEGIANCE
3. PUBLIC NOTIFICATION OF THIS MEETING HAS BEEN PUBLISHED, POSTED, AND DISTRIBUTED IN COMPLIANCE WITH THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT
4. APPROVAL OF AGENDA
- [5.](#) APPROVAL OF MINUTES - AUGUST 15, 2022
6. **CITIZEN COMMENTS - (ANYONE who wishes to speak during the Citizen Comment portion of the meeting will limit their comments to no longer than three (3) minutes (a total of 15 minutes) and will address Council in a respectful manner appropriate to the decorum of the meeting, refraining from the use of profane, abusive, or obscene language)**

AGENDA ITEMS

- [7.](#) PRESENTATION FROM THE NATIONAL ALLIANCE OF THE MENTALLY ILL - MICHELLE CASEY
- [8.](#) RECOMMEND APPROVAL OF A CONTRACT FOR KITCHEN FLOOR REPLACEMENT AT THE DETENTION CENTER (*FISCAL IMPACT: Funding has already been allocated for projects at the detention center with account 10401250 (Capital Projects - Estimated project cost \$97,765.50 - this item does not need to go to full council)*)
- [9.](#) DISCUSSION OF AN ORDINANCE TO PROVIDE MAINTENANCE WORK ON PRIVATE ROADS
Vote at First Reading on September 12, 2022: 7/3
Vote at Second Reading on September 26, 2022: 7/4

Vote at Third Reading on October 3, 2022 was to postpone till December 12th Council Meeting and send to the October 10, 2022 Community Services Meeting.

- [10.](#) RECOMMEND APPROVAL OF A RESOLUTION APPROVING THE BEAUFORT COUNTY NOTICE OF FUNDING OPPORTUNITY (NO.1) PLAN CREATED FOR THE PURPOSE OF CRAFTING THE BEAUFORT COUNTY PLAN TO SUBMIT TO THE SOUTH CAROLINA OPIATE RELIEF FUND BOARD
- [11.](#) RECOMMEND APPROVAL OF A RESOLUTION TO APPROVE RECOMMENDATIONS TO AWARD FY23 COMMUNITY SERVICES GRANT PROGRAM FUNDS IN THE AMOUNT OF \$398,000 TO COMMUNITY SERVICES ORGANIZATIONS
12. ADJOURNMENT

TO WATCH COMMITTEE OR COUNTY COUNCIL MEETINGS OR FOR A COMPLETE LIST OF AGENDAS AND BACKUP PACKAGES, PLEASE VISIT:

<https://beaufortcountysc.gov/council/council-committee-meetings/index.html>



Community Services and Public Safety Committee Beaufort County, SC

This meeting was held in County Council Chambers, 100 Ribaut Road, Beaufort, and virtually through Zoom.

Monday, August 15, 2022
2:00 PM

MINUTES

Watch the video stream available on the County's website to hear the Committee's full discussion of a specific topic or the complete meeting. <https://beaufortcountysc.new.swagit.com/videos/178823>

1. CALL TO ORDER

Committee Chairman McElynn called the meeting to order at 2:00 PM.

PRESENT

Committee Chairman Lawrence McElynn
Vice Chairman Logan Cunningham
Council Member Joseph F. Passiment
Council Member D. Paul Sommerville
Council Member Stu Rodman (arrived late)
Council Member York Glover
Council Member Chris Hervochon (arrived late)
Council Member Alice Howard

ABSENT

Council Member Gerald Dawson
Council Member Brian Flewelling
Council Member Mark Lawson

2. PLEDGE OF ALLEGIANCE

Committee Chairman McElynn led the Pledge of Allegiance.

3. FOIA

Committee Chairman McElynn noted that the Public Notification of this meeting had been published, posted, and distributed in compliance with the South Carolina Freedom of Information Act.

4. APPROVAL OF AGENDA

Motion: It was moved by Council Member Sommerville, Seconded by Council Member Glover, to approve the agenda.

The Vote - The motion was approved without objection.

5. APPROVAL OF MINUTES

Motion: It was moved by Council Member Sommerville, Seconded by Council Member Glover, to approve the minutes from May 2, 2022.

The Vote - The motion was approved without objection.

6. CITIZEN COMMENTS

No citizen comments.

7. PRESENTATION FROM THE LOWCOUNTRY GULLAH FOUNDATION

Please watch the video stream available on the County's website to view the full discussion.

<https://beaufortcountysc.new.swagit.com/videos/178823?ts=105>

Luana Graves Sellars provided an overview of the Lowcountry Gullah Foundation's efforts to protect historic generational land and engage with the Beaufort County Gullah community, including:

- the removal of Gullah families from the delinquent tax list
- the provision of educational programming and guidance on how to resolve Heirs' Property issues
- early intervention services to prevent Gullah land losses through tax payment assistance, property resolution assistance, exploration of land use options, financial management guidance, and succession planning
- the establishment of credibility and trust, organizational coordination, and strategic partnerships
- future program development to create content, implementation strategies, and a multimedia marketing campaign
- a series of workshops to discuss Heir's Property issues and opportunities, financial literacy, economic development, land use options, and the addition of infrastructure to property

Discussion: Council Member Howard and Sellars discussed mailouts and expansion into other counties.

Council Member Cunningham and Sellars discussed the salary portion of the Lowcountry Gullah Foundation Budget for 2022-2023.

Committee Chairman McElynn asked about the Foundation's IRS designation and offered to help raise awareness through assistance from the County's Public Information Office.

Council Member Rodman discussed the creation of an ordinance to aid Gullah land protection.

Council Member Glover and Sellars discussed the crucial need to establish trust and educate people about solutions to Heir's Property issues.

8. RECOMMEND APPROVAL OF THE REAPPOINTMENT OF WENDY BUKOWSKI TO THE BEAUFORT COUNTY DISABILITIES AND SPECIAL NEEDS BOARD FOR A SECOND TERM WITH AN EXPIRATION DATE OF 2026

Motion: It was moved by Council Member Sommerville, Seconded by Council Member Cunningham, to recommend approval of the reappointment of Wendy Bukowski to the Beaufort County Disabilities and Special Needs Board for a second term with an expiration date of 2026.

The Vote - The motion was approved without objection.

9. ADJOURNMENT

The meeting adjourned at 2:46 PM.

Ratified:



NAMI Lowcountry (SC)

National Alliance on Mental Illness

NAMI Lowcountry has programs of education and support for people living with mental illness, and for their families and caregivers. *All our programs are given without charge.*

 <p>NAMI Connection National Alliance on Mental Illness RECOVERY SUPPORT GROUP</p>	<p>Support groups for people with mental illness, facilitated by their peers. Held weekly in Bluffton and Hilton Head and twice monthly in Beaufort. Available online.</p>
 <p>NAMI Peer-to-Peer National Alliance on Mental Illness</p>	<p>A 10-week experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.</p>
 <p>NAMI Family Support Group National Alliance on Mental Illness</p>	<p>Support groups for family members and caregivers of people with mental illness. Held monthly in Beaufort and Bluffton. Available online.</p>
 <p>NAMI Family-to-Family National Alliance on Mental Illness</p>	<p>An 8-week <i>evidence-based</i> education program for families and caregivers of adults with mental illness. These classes focus on illnesses, treatments, medications, problem-solving and coping skills.</p>
 <p>NAMI Family & Friends National Alliance on Mental Illness</p>	<p>A new 90-minute or 4-hour seminar that informs and supports people who have loved ones with a mental health condition.</p>
 <p>NAMI Basics National Alliance on Mental Illness</p>	<p>A 6-week education program for families and caregivers of children and adolescents with mental illness. Full of valuable information on caring for a child or adolescent with mental illness.</p>
 <p>NAMI Bases y Fundamentos National Alliance on Mental Illness</p>	<p>Un programa de educación de 7 semanas para las familias y los cuidadores de niños y adolescentes con enfermedad mental. Lleno de información valiosa sobre el cuidado de un niño o adolescente con enfermedad mental.</p>

Call for information or help 843-636-3100 or email nami@namilowcountry.org



NAMI

National Alliance on Mental Illness

Lowcountry

Item 7.

 NAMI Compartiendo Esperanza <small>National Alliance on Mental Illness</small>	<p>A bilingual program to promote successful outreach and meaningful engagement of the Latino Community.</p>
 NAMI FaithNet <small>National Alliance on Mental Illness</small>	<p>An outreach program specifically designed for faith communities how the Church can create stronger connections and safety nets for people living with mental illness and their families.</p>
 NAMI Crisis Intervention Training <small>National Alliance on Mental Illness</small>	<p>This 40-hour national program is designed to educate and prepare police officers and first responders to recognize the signs and symptoms of mental illness and to respond safely to de-escalate conflict. One-hour CIT presentations are designed for service organizations, nonprofits, thrift shops and local government departments.</p>
 NAMI Ending the Silence <small>National Alliance on Mental Illness</small> 	<p>An in-school presentation designed to teach middle and high school students about the signs and symptoms of mental illness, how to recognize the early warning signs and the importance of acknowledging those warning signs.</p>
 NAMI In Our Own Voice <small>National Alliance on Mental Illness</small>	<p>Public education presentations by trained individuals who have lived the experience, at schools, colleges and hospitals.</p>
 NAMI Homefront <small>National Alliance on Mental Illness</small>	<p>A free, six-session education program for family, friends and significant others of Military Service Members and Veterans with mental health conditions, available in person or on-line. It focuses on the unique needs of military and veteran communities, such as post-deployment and post-discharge transitions. <i>This program will be followed by support groups for military families.</i></p>

NAMI Lowcountry is an affiliate of NAMI National and NAMI South Carolina and a 501(c)3 non-profit organization. Memberships and contributions are tax-deductible. Please sign up for our newsletter to stay informed on the latest classes, groups, and mental health information.

Mailing address: PO Box 24128, Hilton Head Island, SC 29925

Physical address: 29 Plantation Park Drive, Unit 204, Bluffton SC 29910

Phone: 843-636-3100 or email nami@namilowcountry.org

Visit our website www.namilowcountry.org for more information. 2/2020



BEAUFORT COUNTY COUNCIL AGENDA ITEM SUMMARY

ITEM TITLE:
APPROVAL OF A CONTRACT FOR KITCHEN FLOOR REPLACEMENT AT THE DETENTION CENTER
MEETING NAME AND DATE:
Community Services and Public Safety Committee October 10, 2022
PRESENTER INFORMATION:
Eric Larson Director of Capital Projects, Philip A. Foot ACA for Public Safety, and Dave Thomas Purchasing Director 10 minutes
ITEM BACKGROUND:
None
PROJECT / ITEM NARRATIVE:
Kitchen floor replacement: The detention center serves about 150,000 to 200,000 meals a year using a commercial grade kitchen. The kitchen floor needs replacement due to age and wear. The current kitchen floor is quarry tile and has been repaired numerous times over the life of the kitchen. The current floor is now 30 years old and has outlived its useful life. Purchasing released an RFP to find qualified vendors and we received two responses, the evaluation team has selected Surface Systems of Greer, South Carolina to complete the work.
FISCAL IMPACT:
Funding has already been allocated for projects at the detention center with account 10401250 (Capital Projects) Estimated project cost \$97,765.50 Funding for the project with contingencies is \$110,000.00
STAFF RECOMMENDATIONS TO COUNCIL:
Staff's recommendation is to award the contract for the kitchen floor replacement to Surface Systems, Greer, South Carolina.
OPTIONS FOR COUNCIL MOTION:
Motion to approve the contract award to Surface Systems in the amount of \$97,765.50. This amount of award is within the authority of Public Safety Committee and will not need full council approval.

21360

BEAUFORT COUNTY DETENTION CENTER

TO PROVIDE:

- 1. ACCESS TO FRESH, COLD WATER SOURCE WITHIN 200 FEET OF WORK AREA WITH 35 PSI TO CONNECT TO 3/4 INCH GARDEN HOSE.
 - 2. a. 6-110 VOLT OUTLETS, EACH WITH A SEPARATE 20 AMP BREAKER, WITHIN 50 FEET OF WORK AREA OR FEE OF \$75.00 TO \$150.00 (DEPENDING ON SIZE) PER DAY FOR GENERATOR RENTAL OR 1 SINGLE PHASE PIGTAIL WIRED INTO BOX.
- or
- b. ONE 220 SINGLE PHASE OUTLET WITHIN 100 FEET OF WORK AREA WITH A 60 AMP BREAKER.

- 3. 460 VOLT, 3 PHASE OUTLETS WITH A 50 AMP BREAKER.
- 4. PLACE AND MEANS TO DISPOSE OF DEBRIS.
- 5. LIST OF COMPANY RULES AND REGULATIONS WHICH APPLY TO SSC EMPLOYEES
- 6. SECURITY CLEARANCE AND ACCESS TO WORK AREA.
- 7. WORK AREA CLEARED OF TRAFFIC, PRODUCT AND OTHER VENDORS.
- 8. CHANGE ORDER IF, BECAUSE OF AN EXISTING COATING OR UNANTICIPATED HIDDEN DETERIORATION, ADDITIONAL MATERIAL IS REQUIRED TO BRING SUBSTRATE TO LEVEL AND COMPLETE PROJECT PROPERLY.

FILL @ \$123.00/EA.

GRAY BASE @ \$50.00/EA.

SL FILL @ \$ 245.85/EA.

- 9. TWO DAYS NOTICE FOR SCHEDULE CHANGES. PER DIEM, PREPARATION, AND MOBILIZATION PAYMENT FOR DELAYS CALLED BY CLIENT AT JOB SITE.
- 10. CHANGE ORDER IF UNFORESEEN CIRCUMSTANCES CAUSE THE NEED FOR DEEPER GRINDING OR ADDITIONAL PASSES TO COMPLETE THE PROJECT PROPERLY.
- 11. SIGNED PROPOSAL OR PURCHASE ORDER OR CONTRACT AT LEAST TWO WEEKS BEFORE PRODUCT CAN BE PURCHASED OR WORK CAN BE SCHEDULED.
- 12. NAME OF ON-SITE PERSON QUALIFIED TO SIGN WORK ORDER AND/OR CHANGE ORDER.
- 13. CONCRETE CURED A MINIMUM OF 28 DAYS BEFORE TOPPING CAN BE APPLIED.

SURFACE SYSTEMS TO PROVIDE:

- 1. WORK COMPLETED ON WEEKENDS.
- 2. WORK COMPLETED ON WEEKDAYS.
- 3. EQUIPMENT, MATERIAL, LABOR AND SUPERVISION.
- 4. SAFETY EQUIPMENT (AS REQUIRED), CERTIFICATE OF INSURANCE AND MSDS.
- 5. A GUARANTEE FOR WORKMANSHIP AND MATERIAL FOR **12** MONTHS FROM DATE OF

The manufacturer/Surface Systems warrants that the materials were manufactured without defects and have been installed as indicated in the Data Sheets, Chemical Resistance Charts and other manufacturer publications and if maintained properly, in strict accordance with the companies' written instructions. The warranty shall not extend to delamination, adhesion or surface deterioration resulting from lack of a suitable vapor barrier, cracking, or other deterioration of the surface caused or contributed to by structural faults, negligence, improper maintenance, vandalism, excessive mechanical abuse or any other cause except defects in the material or improper installation.



BEAUFORT COUNTY COUNCIL AGENDA ITEM SUMMARY

ITEM TITLE:
Discussion of Ordinance to provide maintenance work on private roads.
MEETING NAME AND DATE:
Public Facilities Committee Meeting – August 22, 2022
PRESENTER INFORMATION:
Neil J. Desai, P.E., Public Works Director Jared Fralix, P.E., Assistant County Administrator, Engineering (5 Minutes)
ITEM BACKGROUND:
Per direction from the County Administrator, Public Works & Legal Department were tasked with creating a one-time work effort on private roads.
PROJECT / ITEM NARRATIVE:
Based on research from public works departments throughout the state and from various statewide municipal and county attorneys, both the Public Works Department and the Legal Department created the proposed ordinance that allows maintenance work efforts on countywide private roads. Originally, brought to Public Facilities Committee in April, the committee request to come back to in a few months after revisiting this issue.
FISCAL IMPACT:
Fiscal impact to the County will vary from situation to situation. For example, a small fallen tree will require minimum effort and expenditure of County funds versus a private road needing crusher run or gravel.
STAFF RECOMMENDATIONS TO COUNCIL:
Public Works Director recommends approval of Ordinance.
OPTIONS FOR COUNCIL MOTION:
Motion to either accept/deny the recommendation to approve new Ordinance for work on private roads. <i>Next Steps – A majority vote for acceptance by Committee would move item forward to final acceptance by full County Council vote.</i>

ORDINANCE 2022/_____

AN ORDINANCE TO PROVIDE FOR LIMITED CIRCUMSTANCES WHERE COUNTY STAFF MAY PERFORM WORK ON PRIVATE PROPERTY

WHEREAS Beaufort County Council hereby finds that under limited circumstances, public resources may be properly used on private property; and

WHEREAS County Council wishes to define the circumstances and limitations under which such resources may be used;

NOW, THEREFORE, be it ordained by Beaufort County Council, in meeting duly assembled, as follows:

I. Emergency maintenance of roads.

(a) No work may be performed on any roadway not already maintained by the County unless the county administrator determines that access to such roadway is necessary for the performance of one or more public functions, that the work would constitute a public purpose that and the following conditions exist:

(1) Such a roadway is the only access for one (1) or more property owners or residences, and

(2) Emergency medical services, sheriff department vehicles and other County vehicles cannot, in the lawful performance of their duties, gain full and immediate access to at least one (1) residence unless road scraping is performed, and

(3) At least one (1) of the properties to be accessed is used as a primary residence.

(b) Any work pursuant to this section will be done on a one-time basis only. In such cases, the County Department of Public Works is limited to the minimum improvements that will allow full and immediate access to the affected residences. Crusher run, gravel, pipe or other materials will not be routinely provided.

II. Other use of public resources on ostensibly private property.

The County Administrator may also direct the use of public forces and resources if he/she makes a finding that such is necessary in the following circumstances:

(a) In the event of a declared national emergency or natural disaster such as floods, tornadoes, hurricanes, earthquakes, or other acts of God or manmade disasters of similar consequences, such as explosions, fires, pollution, and other dangerous conditions; and

(b) For use upon borrow pits purchased, donated, or leased to the county for construction materials, and roads providing access thereto; and

- (c) To clean up, repair or resurface property which has been damaged or altered by the parking, storage, or transporting of county equipment or material; and
- (d) To settle or compromise litigation that is threatened or instituted because of some condition created by or for which the County is legally responsible or liable; and
- (e) For temporary detours or bypasses while County roads or bridges are being constructed, repaired, resurfaced, or maintained; and
- (f) To aid municipalities, special purpose districts, and special tax districts within Beaufort County in the construction, repair, or maintenance of roadways or other projects located within municipal or district boundaries; and
- (g) To provide minimally necessary ingress and egress, such determination to be made at the sole discretion of either the prevailing Fire Chief within that district or the EMS Director or his/her designee, when a public health or medical emergency exists or upon request and certification signed by licensed medical doctor that an urgent medical need exists or by a licensed funeral director that a need exists for receiving or burial of a deceased person. The Fire Chief or EMS Director is to furnish to the County Administrator a statement showing the name of the property owner, the property address, the request, and certification from the licensed professional, and the materials, labor, and equipment used within five business days of completing such work.
- (h) With the exception of the above seven instances, no use of County equipment upon private property shall be permitted, Additionally, any private road that services a commercial property there shall be no use of County equipment. Any County official or employee violating these rules and regulations shall be subject to disciplinary action by the County Administrator and any violations of the rules and regulations contained herein shall be reported to County Council by the County Administrator, provided, however, nothing contained herein shall be construed or interpreted in any manner to restrict the use of County equipment for the ordinary County purposes as provided by law.

IT IS SO ORDAINED this _____ day of ____, 2022.

Joseph Passiment, Council Chair

Attest:

Sarah Brock, Clerk to Council



BEAUFORT COUNTY COUNCIL AGENDA ITEM SUMMARY

ITEM TITLE:
A RESOLUTION APPROVING THE BEAUFORT COUNTY NOTICE OF FUNDING OPPORTUNITY (NO.1) PLAN CREATED FOR THE PURPOSE OF CRAFTING THE BEAUFORT COUNTY PLAN TO SUBMIT TO THE SOUTH CAROLINA OPIATE RELIEF FUND BOARD
MEETING NAME AND DATE
Community Services Committee October 10, 2022
PRESENTER INFORMATION:
Steve Donaldson, Director, Alcohol and Drug Abuse Department 20 minutes
ITEM BACKGROUND:
These funds are made available to Beaufort County by the South Carolina Opioid Settlement Funds from the 2022 National Opioids Settlement and future settlements.
PROJECT / ITEM NARRATIVE:
The Beaufort County Opiate Abatement Management Team (BCOAMT) is accepting applications for the fall cycle of fiscal year (FY) 2023 cohort of opiate abatement strategies. The funds made available to the Beaufort Community are made available by the South Carolina Opioid Settlement Funds from the 2022 National Opioids Settlement and future settlements. The purpose of this program is to ensure opioid settlement funds address approved remediation uses found in “Exhibit C” (Included in Appendix A) core strategies and approved uses. The BCOAMT aims to only award applicants with funding who demonstrate gaps, evidence-based strategies for addressing gaps, and with sound goals/performance indicators, and evaluation plans. A budget with narrative explanations is required in each application that justifies the amount of funds requested.
FISCAL IMPACT:
N/A
STAFF RECOMMENDATIONS TO COUNCIL:
Approve Beaufort County’s Opiate Abatement Notice of Funding Opportunity.
OPTIONS FOR COUNCIL MOTION:
Motion to approve Beaufort County’s Opiate Abatement Notice of Funding Opportunity or motion to disapprove Beaufort County’s Opiate Abatement Notice of Funding Opportunity.

RESOLUTION 2022/ _____

A RESOLUTION APPROVING THE BEAUFORT COUNTY NOTICE OF FUNDING OPPORTUNITY (NO.1) PLAN CREATED FOR THE PURPOSE OF CRAFTING THE BEAUFORT COUNTY PLAN TO SUBMIT TO THE SOUTH CAROLINA OPIATE RELIEF FUND BOARD

Whereas, there has been made available certain opioid lawsuit settlement funds to be administered by the South Carolina Opioid Recovery Fund Board, to be awarded to Beaufort County for opiate abatement purposes; and

Whereas, Beaufort County will publicize a notification of funding opportunity for Beaufort County and other Beaufort County entities to apply for the opiate lawsuit settlement funds with opiate abatement plans; and

Whereas, qualified grant reviewers will score applications and make recommendations on applicants to be considered for their opiate abatement plan created from the South Carolina’s Guide to Approved Uses for Investing Opioid Settlement Funds; and

Whereas, the project manager will submit a final plan for the use of opiate lawsuit settlement funds for opiate abatement strategies for Beaufort County to the South Carolina Opioid Recovery Fund Board so Beaufort County may obtain opiate abatement funds to distribute per the Notice of Funding Opportunity Plan.

NOW THEREFORE, IT IS HEREBY RESOLVED, at a duly called meeting of Beaufort County Council, that the County Administrator is hereby provided the authority necessary to adopt and implement the Notice of Funding Opportunity Plan.

Adopted this _____ day of _____, 2022

COUNTY COUNCIL OF BEAUFORT COUNTY

Joseph Passiment, Chairman

Clerk to Council

Sarah Brock

BEAUFORT COUNTY OPIATE ABATEMENT NOTICE OF FUNDING OPPORTUNITY (No.1)



Key Dates:

Letter of Intent	01/10/2023
Application Deadline	Applications are due by 01/24/2023
Approximate Award Date Announcements	04/14/2023
Project Start Dates	07/01/2023

Table of Contents

Executive Summary.....3

Notice of Funding Opportunity.....3

Award Information.....3

Eligibility.....4

Letter of Intent.....4

Admission and Submission Information.....4

Key Personnel.....5

Required Activities.....5

Allowable and Unallowable Activities.....5

Application Review Process.....6

Attachment A. (Exhibit C).....7

Executive Summary

Funding Opportunity Title: BEAUFORT COUNTY OPIATE ABATEMENT NOTICE OF FUNDING OPPORTUNITY (No.1)

Announcement Type: Initial Announcement No. 1

Dates:

- Letter of Intent: 01/10/2023
- Due Date for Applications: 01/24/2023
- Approximate Award Date Announcements: 04/14/2023
- Project Start Dates: 07/01/2023

NOTICE OF FUNDING OPPORTUNITY

The Beaufort County Opiate Abatement Management Team (BCOAMT) is accepting applications for the fall cycle of fiscal year (FY) 2023 cohort of opiate abatement strategies. The funds made available to the Beaufort Community are made available by the South Carolina Opioid Settlement Funds from the 2022 National Opioids Settlement and future settlements. The purpose of this program is to ensure opioid settlement funds address approved remediation uses found in “Exhibit C” (Included in Appendix A) core strategies and approved uses. The BCOAMT aims to only award applicants with funding who demonstrate gaps, evidence-based strategies for addressing gaps, and with sound goals/performance indicators, and evaluation plans. A budget with narrative explanations is required in each application that justifies the amount of funds requested.

Priority shall be given to opiate issues from prevention to recovery, and to equip those impacted with the necessary resources to provide innovative interventions to reduce opiate issues, address unmet needs and to reduce the opioid-related overdose deaths across Beaufort County. Successful applicants will be those that demonstrate collaboration and partnership

Applicants may choose to work on more than one core strategy. The award of up to \$25,000, \$50,000, and \$100,000 will depend on the type of core strategy or strategies outlined in the proposal. Award determinations are not made based upon the number of strategies proposed.

All grants made under this announcement are governed by 45 CFR Part 75. All grant recipients will be required to have any staff associated with the project trained in federal confidentiality and privacy laws related to working with substance misuse patients, if applicable.

AWARD INFORMATION

Estimated Total Available Funding: \$1,000,000 in funds is estimated to be available to Beaufort County. The estimated number of awards may be up to ten awards.

- 2 awards for up to \$100,000 per year for 2 years = **\$200,000 total award**
- 4 awards for up to \$50,000 per year for 2 years = **\$100,000 total award**

- 4 awards up to \$25,000 per year for 2 years = **\$50,000 total award.**

Cost Share or Matching Requirements: None

Financial Management: Awarded applicants will be awarded one-year of funds up-front. A full accounting of all funds will be expected in the July 15, 2024, reporting. Awardees may seek rollover funds into the second year with justification. That request and justification should accompany year one accounting of funds. At that time, a review and determination will be made, and year 2 funding will be awarded.

At the end of year-2, a full accounting of the entire award is expected. Funds not accounted for through expenditures or spent should be returned to Beaufort County Government by July 15, 2025, with the final accounting of all funds.

Length of Project Period: Up to 2 years Eligible

ELIGIBILITY

Grants are limited to Beaufort County Departments, city, or townships, Education Organizations, Public Housing Authorities, Or Nonprofits having a 501(c)(3) status with the Internal Revenue Service.

All Applicants must submit their application electronically in the Opiate Abatement Strategy portal by 01/24/2023, to be eligible. No late applications will be accepted.

Acceptable applications will include/use epidemiological data to demonstrate the opiate related problem(s)/critical gap(s) in Beaufort County; utilize evidence-based implementation strategies found in "Exhibit C" to adequately address the gap(s) or problem(s) created through the opiate crisis; and define outcomes anticipated and evaluation methodology.

LETTER OF INTENT

A one-page Letter of Intent should be emailed to Sdonaldson@bcgov.net by 01/10/2023. The letter of intent simply is demonstrating an interest to apply for funding. In a few paragraphs, the problem and remediation strategy being considered should be communicated in the letter.

APPLICATION AND SUBMISSION INFORMATION

- Organization information, including a Federal Tax Identification Number (EIN) is required
- A Primary Contact and Secondary Contact Name, including Name, Mailing and Email Address, and Phone Number
- Disclosure of any other funds allocated from Beaufort County Government. **PLEASE NOTE:** A grant applicant must provide assurance that the grant award will supplement, **not supplant**, existing programs.
- Provide resume of Principal Investigator/Project Lead
- Copy of 501 (c) (3) tax-exemption status, if applicable

- Copy of most recent IRS Form 990
- Board or Coalition Membership Roster, including names, addresses, phone numbers, and email addresses
- Letters of Commitment for collaborations or partnerships
- Define the opiate problem to be addressed. Provide supporting data and citations in no more than 15,000 characters
- Identify the opiate abatement strategy from “Exhibit C”. Provide specific plan with program goals in no more than 15,000 characters
- Evaluation and Anticipated Outcomes: Provide specific outcomes anticipated from the plan with performance measures and other evaluation methodology details important to evaluating success of the initiative.
- Budget. Applicants will have to indicate if they are applying for a \$25,000, \$50,000, or \$100,000 award. The budget should be broken down by expenditure categories (**Personnel, Supplies, Training and Travel, Contractual, and Administrative Cost**). No more than 4% of the award can be for administrative cost. Administrative cost needs to be explained in the budget narrative.
- Grant Narrative not to exceed 7,500 characters.
- What regions of Beaufort County will mainly benefit from the proposal (Application has check boxes)?
- Organization’s Authorized Signature.

Key Personnel

A Principal Investigator or Project Lead must be identified whether they receive a salary or compensation from the project. These staff must make a substantial contribution to the execution of the project.

Required Activities

Project: Project Start Date is July 1, 2023. No more than three months can be committed to planning. Implementation of “Exhibit C” strategy must begin by September 1, 2023.

Reporting: Beaufort County Government’s Opiate Abatement Management Team requires all grant recipients to provide a **Mid-Year Report for year-1** due by **January 15, 2024**, and a **Full Project Report for year-1 by July 15, 2024**. A **Final Report on outcomes and finances by January 15, 2025**. Reports are to be sent to: **Steve Donaldson at sdonaldson@bcgov.net**

Allowable and Unallowable Activities

Allowable: Personnel, medication, training, office supplies, policy development, contractual services, and administrative costs. Most of the grant expenditures must be dedicated to direct service delivery.

Data collection expenses are allowable but not to exceed 5% of the total award whether they are done within the project collaborative or by contractual service.

Unallowable: Data or Admin expenses that exceed allowable percentages, food, and beverages.

Address to Grant Submission Portal: <https://bcgov-536008.workflowcloud.com/forms/fff7bcf-41fa-475b-9a7d-a909566b2b8c>

APPLICATION REVIEW PROCESS

All successful applications will be reviewed. Initial application review will be done to ensure completeness of submission information. Applicants with incomplete applications will be notified. If time is allowable (deadline has not passed), the applicant can resubmit.

A review panel will be assigned for all completed applications. There will be 5 areas rated in each application:

- Defining the Opiate Problem to be addressed: **25 points**
- Identify the opiate abatement strategy and specific plan with program goals: **35 points**
- Outcome and Performance Measurement/Evaluation Methodology: **20 points**
- Budget: **10 points (clearly delineate year one from year 2)**
- Budget Narrative: **10 points**

Notification: All awardees will be notified of award by approximately April 14/2023.

There is not an appeals process. All grant award decisions are final.

Exact date of funding made available is dependent upon Beaufort County receipt of funds.

Questions can be emailed to: Steve Donaldson (sdonaldson@bcgov.net)

Attachment A.

EXHIBIT C

LIST OF APPROVED OPIOID REMEDIATION USES

Schedule A

Core Strategies

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allows or integrates medication and with other support services.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorders (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME

(“NAS”)

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (like the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

Schedule B

Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidenceinformed programs or strategies that may include, but are not limited to, those that:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele mentoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED

(CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“PAARI”);
 - b. Active outreach strategies such as the Drug Abuse Response Team (“DART”) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“LEAD”) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment

Initiative; or

- f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in reentry programs or facilities.
6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant

women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family, and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children’s Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including, but not limited to, improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or

format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher, and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care,

pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



BEAUFORT COUNTY COUNCIL AGENDA ITEM SUMMARY

ITEM TITLE:
A RESOLUTION TO APPROVE RECOMMENDATIONS TO AWARD FY23 COMMUNITY SERVICES GRANT PROGRAM FUNDS IN THE AMOUNT OF \$398,000 TO COMMUNITY SERVICES ORGANIZATIONS
Community Services Committee for October 10, 2022
PRESENTER INFORMATION:
Fred E. Leyda, Director, Human Services Department (15 min.)
ITEM BACKGROUND:
Council appropriated \$398,000 in its FY2023 budget for the annual Community Services Grants Program (Together for Beaufort County/Public Welfare Subsidies 10001598-55600).
PROJECT / ITEM NARRATIVE:
Human Services Annual Grant Awards - Beaufort County Human Services Dept. convened independent review panel to develop recommendations on September 19, 2022.
FISCAL IMPACT:
Awarding \$398,000 of funds which Council appropriated in FY23 to community services organizations.
STAFF RECOMMENDATIONS TO COUNCIL:
Approve the Community Services Grants Program recommendations.
OPTIONS FOR COUNCIL MOTION:
Motion to approve the Community Services Grant Program recommendations. or Motion to disapprove the Community Services Grant Program Recommendations

RESOLUTION 2022/ _____

A RESOLUTION TO APPROVE RECOMMENDATIONS TO AWARD FY23 COMMUNITY SERVICES GRANT PROGRAM FUNDS IN THE AMOUNT OF \$398,000 TO COMMUNITY SERVICES ORGANIZATIONS

WHEREAS, Beaufort County Council is committed to ensuring a high quality of life for all its citizens and residents; and

WHEREAS, County Council appropriated \$398,000 in its FY2023 budget to the Community Services Grants Program (“Grant Program”) which is administered by the Human Services Alliance which is an initiative of the Human Services Department of Beaufort County; and

WHEREAS, the Human Services Alliance solicited and received grant applications for the FY23 Grant Program from several local not-for-profit human service organizations that actively participate in the community’s collective impact model, also known as *Together for Beaufort County (T4BC)*; and

WHEREAS, the Human Services Alliance convened an independent panel of community stakeholders (“Panel”) on Monday, September 19, 2022, to review and evaluate the grant applications that were received and to make recommendations to Council on how the funds should be allocated; and

WHEREAS, the Panel, having reviewed, evaluated, and discussed the grant applications for FY23, recommends County Council distribute FY23’s Grant Program funds as follows:

- AccessHealth Lowcountry \$18,000
- Beaufort County DisAbilities Coalition \$6,000
- Beaufort Jasper Economic Opportunity Commission \$5,000
- Bluffton Jasper Volunteers in Medicine \$4,000
- Bluffton Self-Help \$20,000
- Child Abuse Prevention Association (CAPA) \$12,500
- Clemson Extension (4H Program) \$2,000
- Community Services Organization \$25,000
- Extra Mile Club of the Lowcountry \$7,500
- Good Neighbor Free Medical Clinic \$25,000
- HELP of Beaufort \$15,000
- Hopeful Horizons \$25,000
- Love House Learning Academy \$5,000
- Lowcountry Food Bank \$5,000
- Lowcountry Gullah Foundation \$2,000
- Lowcountry Habitat for Humanity \$5,000
- Lowcountry Legal Volunteers \$25,000
- Lowcountry Pride \$2,500

- Meals on Wheels Bluffton Hilton Head \$10,000
- Memory Matters \$5,000
- Mercy Me Sober Living \$5,000
- Mt. Carmel Baptist Church (Med-I-Assist Program) \$24,500
- NAMI Lowcountry \$10,000
- Neighborhood Outreach Connection \$15,000
- Operation Patriots Forward Operating Base (OPFOB) \$4,500
- Pregnancy Center and Clinic of the Lowcountry \$9,000
- Programs for Exceptional People \$5,000
- Ronald McDonald House Charities Dental Unit \$19,000
- SCORE SC Lowcountry \$9,000
- South Carolina Nurse Retention Scholarship (SCNRS) \$5,000
- The Children's Center \$5,000
- Together for Beaufort County \$20,000
- Under One Roof \$7,500
- United Way of the Lowcountry HELP Line \$25,000
- Volunteers in Medicine Hilton Head Island \$10,000

NOW, THEREFORE, BE IT RESOLVED, that County Council of Beaufort County hereby adopts the recommendations of the Panel and authorizes the County Administrator to distribute the FY23 Community Services Grant Program funds as set forth above.

Adopted this _____ day of October 2022.

COUNTY COUNCIL OF BEAUFORT COUNTY

By: _____
Joseph Passiment, Chairman

ATTEST:

Sarah W. Brock, Clerk to Council



Human Services Alliance
**Community Services
Grant Recommendations**

**Beaufort County Council
Community Services Committee**

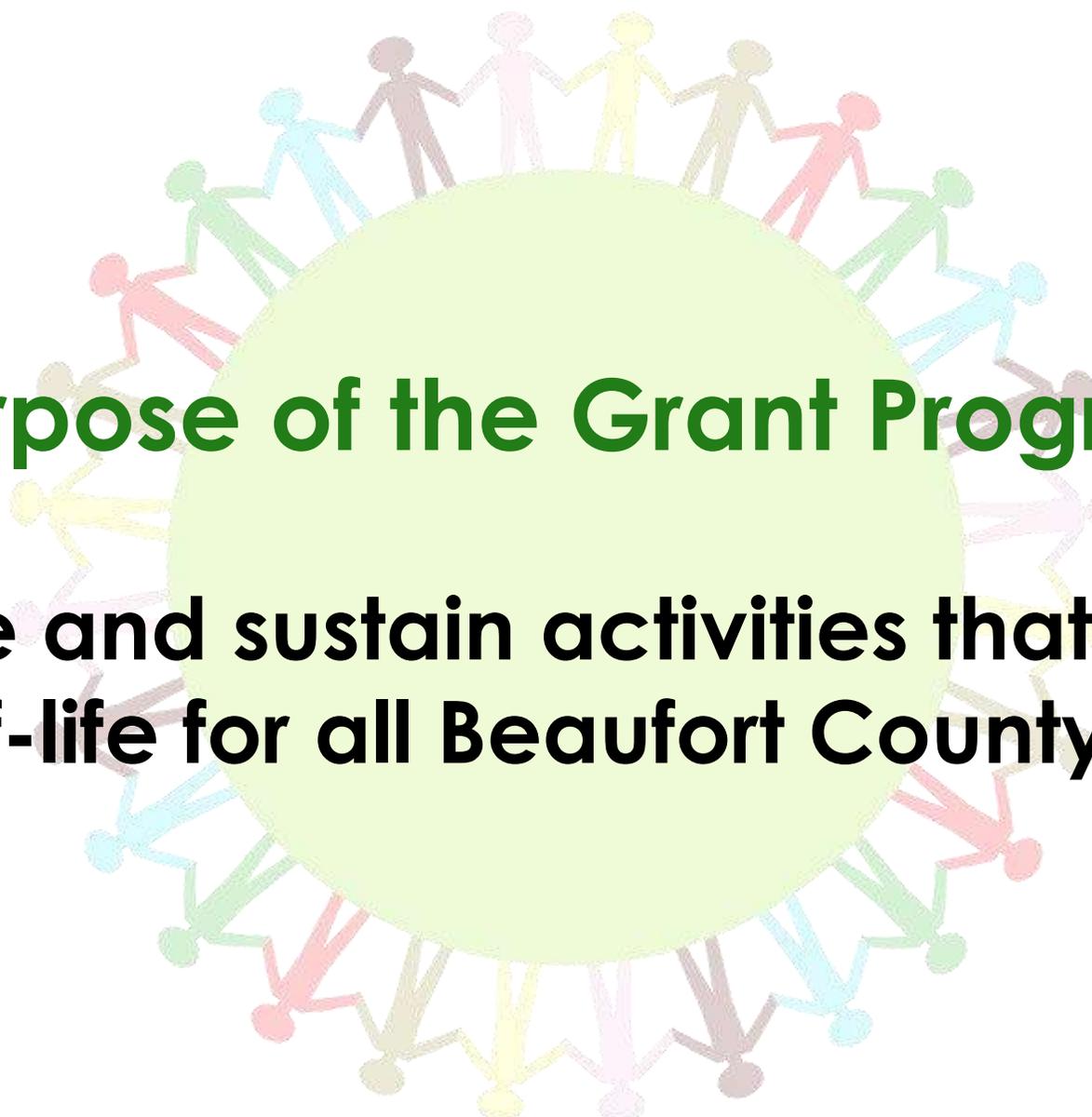


As a County department since 1974, we support all residents by leading policy innovation, inspiring collaborative solutions, and facilitating partnerships to improve quality-of-life while maximizing resources.



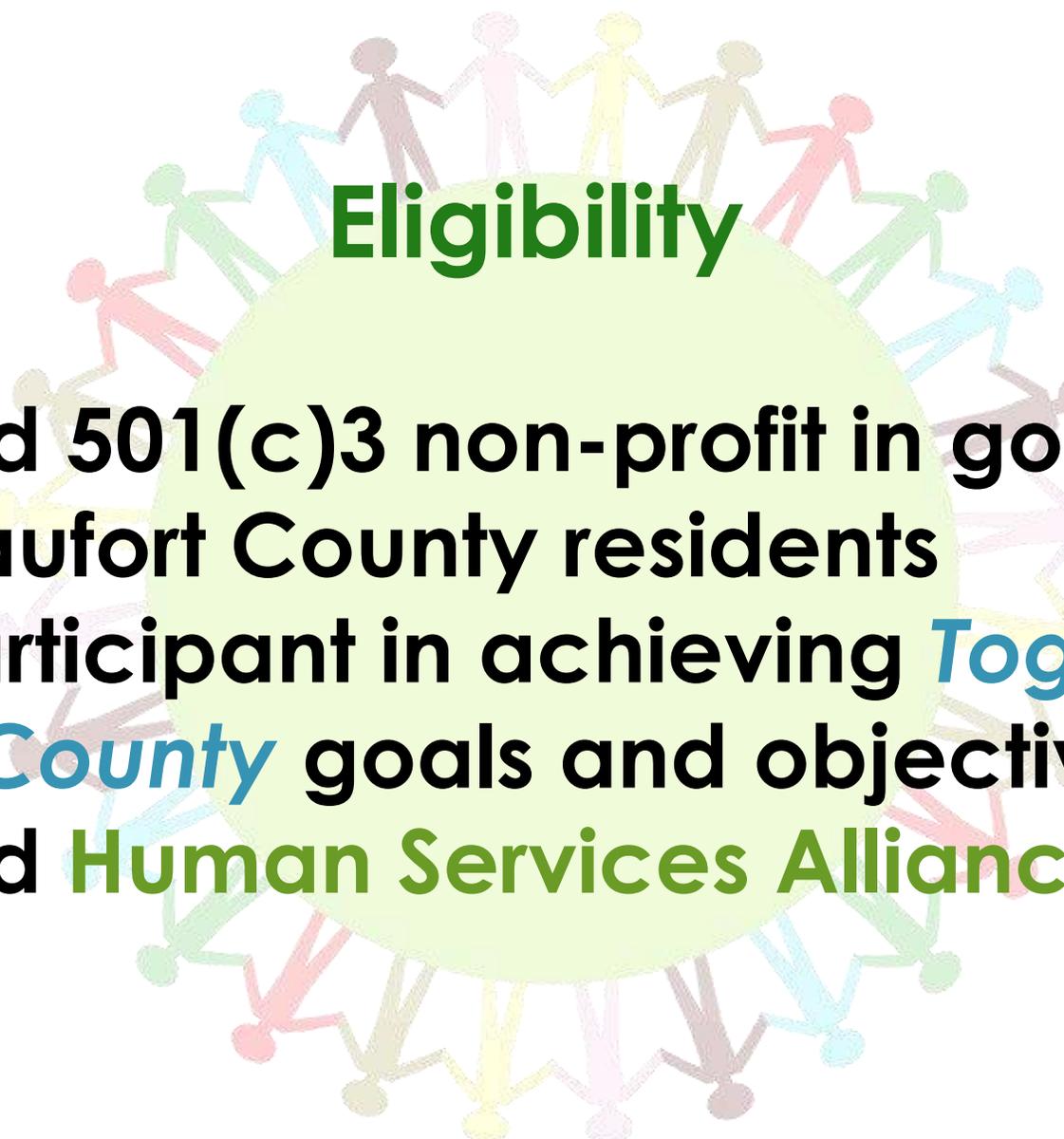
Together for Beaufort County (T4BC) is an organizational framework that enhances our community's capacity to address social problems.

The Human Services Alliance coordinates collaborative activities, provides shared measurements for success, and facilitates the development of a shared vision among diverse community partners.



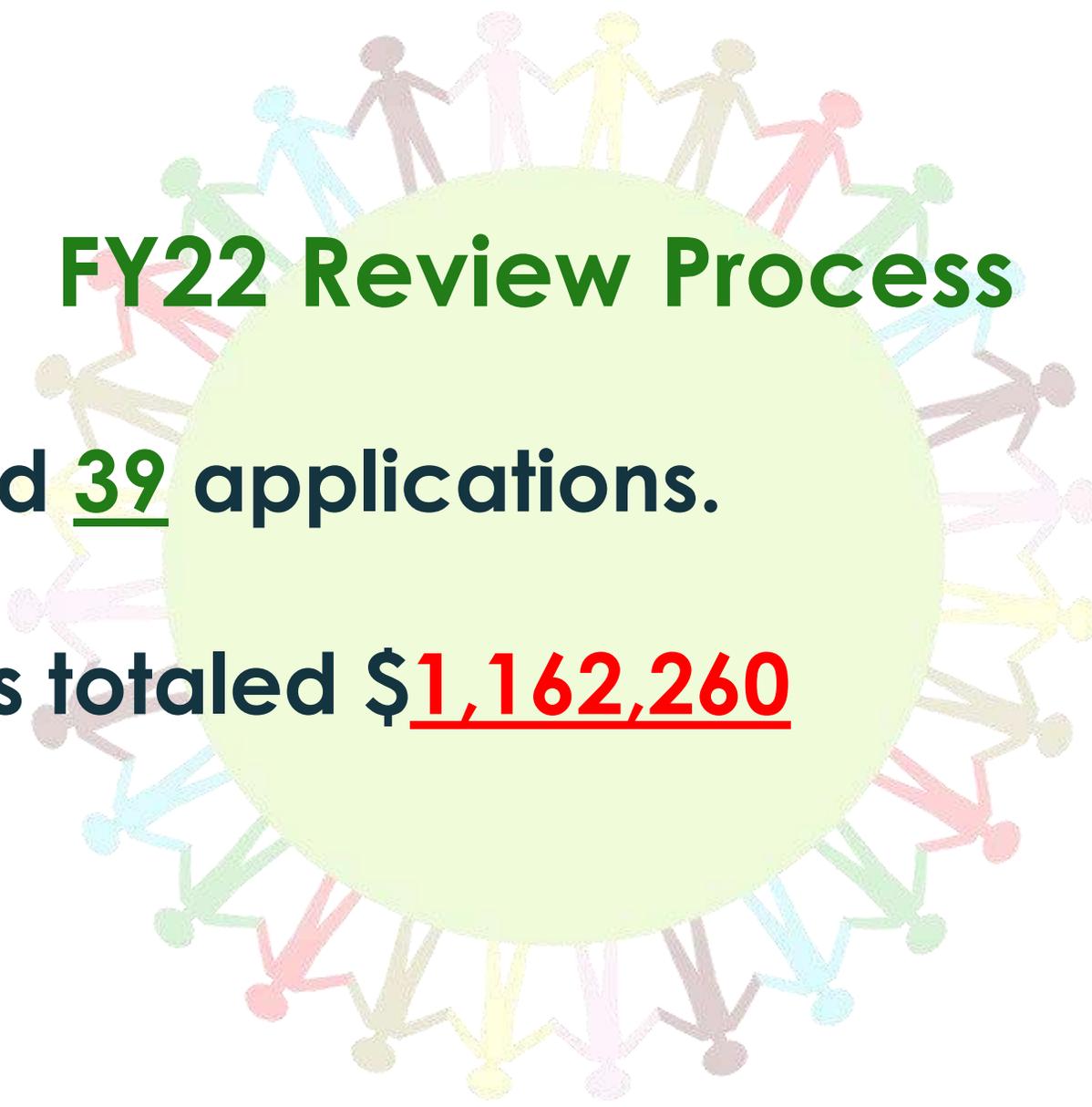
Purpose of the Grant Program

Promote and sustain activities that improve quality-of-life for all Beaufort County residents.



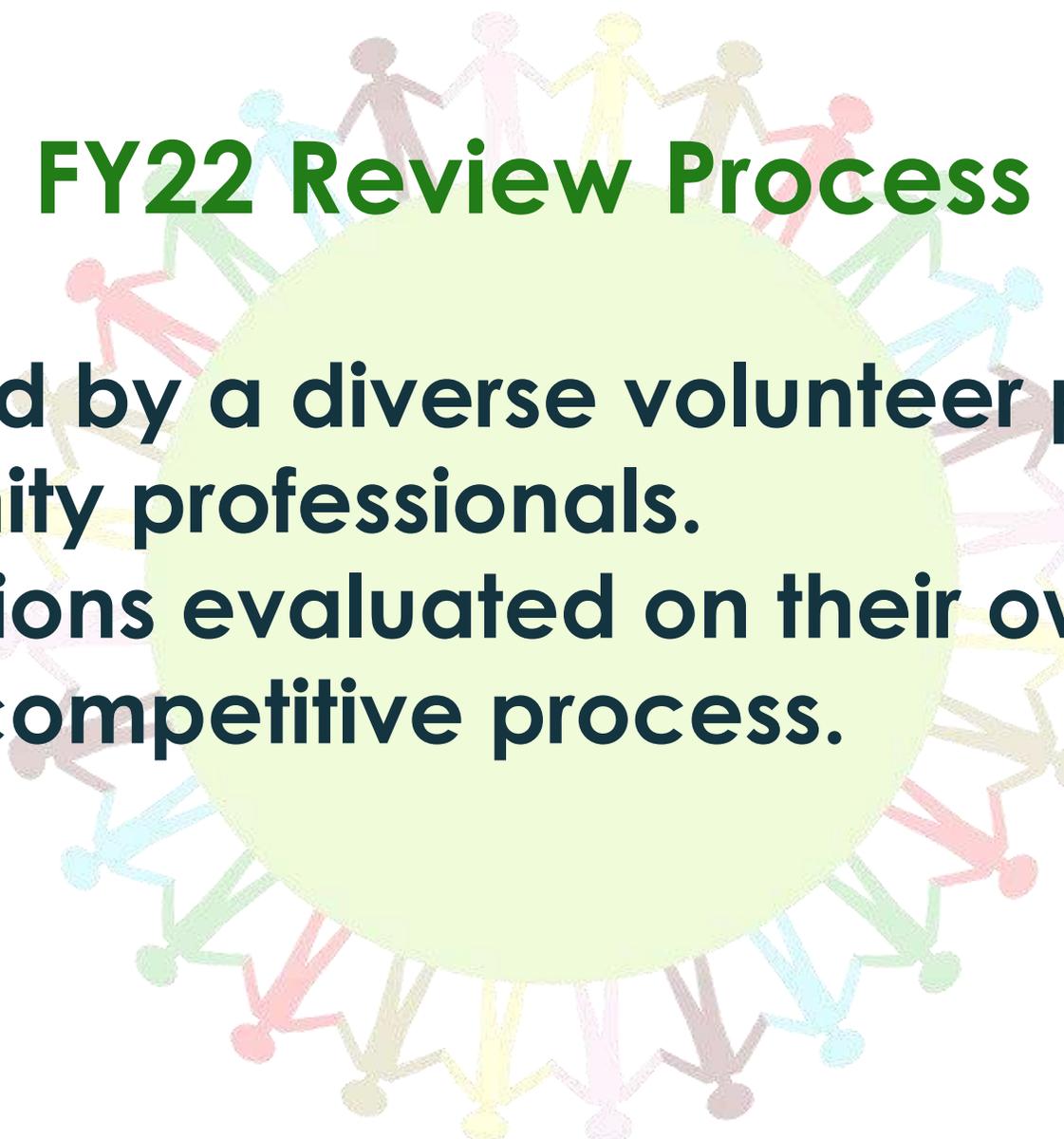
Eligibility

- Registered 501(c)3 non-profit in good standing
- Serve Beaufort County residents
- Active participant in achieving *Together for Beaufort County* goals and objectives
- Registered **Human Services Alliance** partner



FY22 Review Process

- Received 39 applications.
- Requests totaled \$1,162,260



FY22 Review Process

- **Evaluated by a diverse volunteer panel of community professionals.**
- **Applications evaluated on their own merit using a competitive process.**

FY23 Grant Recommendations

AccessHealth Lowcountry	\$18,000
Beaufort County DisAbilities Coalition	\$6,000
Beaufort Jasper Economic Opportunity Commission	\$5,000
Bluffton Jasper Volunteers in Medicine	\$4,000
Bluffton Self-Help	\$20,000
Child Abuse Prevention Association (CAPA)	\$12,500
Clemson Extension (4H Program)	\$2,000
Community Services Organization	\$25,000
Extra Mile Club of the Lowcountry	\$7,500
Good Neighbor Free Medical Clinic	\$25,000
HELP of Beaufort	\$15,000
Hopeful Horizons	\$25,000

FY23 Grant Recommendations

Love House Learning Academy	\$5,000
Lowcountry Food Bank	\$5,000
Lowcountry Gullah Foundation	\$2,000
LowCountry Habitat for Humanity	\$5,000
Lowcountry Legal Volunteers	\$25,000
Lowcountry Pride	\$2,500
Meals on Wheels Bluffton Hilton Head	\$10,000
Memory Matters	\$5,000
Mercy Me Sober Living	\$5,000
Mt. Carmel Baptist Church (Med-I-Assist Program)	\$24,500
NAMI Lowcountry	\$10,000
Neighborhood Outreach Connection	\$15,000
Operation Patriots Forward Operating Base (OPFOB)	\$4,500

FY23 Grant Recommendations

Operation Patriots Forward Operating Base (OPFOB)	\$4,500
Pregnancy Center and Clinic of the Lowcountry	\$9,000
Programs for Exceptional People	\$5,000
Ronald McDonald House Charities Dental Unit	\$19,000
SCORE SC Lowcountry	\$9,000
South Carolina Nurse Retention Scholarship (SCNRS)	\$5,000
The Children's Center	\$5,000
Together for Beaufort County	\$20,000
Under One Roof	\$7,500
United Way of the Lowcountry HELP Line	\$25,000
Volunteers in Medicine Hilton Head Island	\$10,000



Questions?



Together
for Beaufort County
One COUNTY. One FUTURE.