Applicant Organization:
The Forrester Center for Behavioral Health - J200AGC042

Project Name:
FY25 Spartanburg County Plan; The Forrester Center

Application ID:
App-24-587

Funding Announcement:
SFY25 County Plan for County Alcohol and Drug Abuse Authorities

Requested Amount:
$681,174.00

South Carolina DAODAS
Department of Alcohol and Other Drug Abuse Services

Project Summary: The Forrester Center County Plan encompasses goals and objectives to address substance use disorder of the residents of Spartanburg County. Utilizing qualitative and quantitative data, the plan addresses and attends to the specific areas of need found in our county that are enumerated in the plan. The agency sees this year as a building year continuing overall goals and objectives.

Section Name: Agency Executive Summary
Sub Section Name: Executive Summary Question
1. Applicant Question: Please list your agency's greatest accomplishments and challenges identified in your SFY24 County Plan.
Describe the agency's accomplishments and challenges faced in SFY24. Demonstrate how your SFY24 County Plan was implemented, what barriers to success were experienced, as well agency accomplishments that were not described in the SFY24 County Plan.
Applicant Response:
FY24 has been a very successful year for The Forrester Center. We received a three-year certification from CARF and a successful DESS review from DAODAS. We continue to seek out solutions rather than wait for someone else to come through with dollars or ideas. We watch every dollar to ensure we are providing the most cost effective services that also meet the highest standards. **First, the challenges and barriers (**Keeping in mind that we are agile and can overcome most barriers.):

1. There is a huge gap in the Spartanburg Community to assist clients newly started on MAT. No community support house will take an individual on Suboxone and TFC is not a hub for the monthly injectable, Sublacade. Oxford house will accept these clients but newly admitted MAT clients are not stable enough to be successful there.

   The community does not need a social detox and there are other facilities that offer medical detox (The Phoenix Center, American Detox Recovery Centers of America). The community needs short term stabilization and transitional housing. In my opinion this would increase success of participants, especially the young adult homeless population. If

funding were available, TFC would gladly take on this initiative. The CEO is participating on a community wide project to determine how to spend SCORF dollars.

2. There remains a lag with some referral sources, especially government offices, in fully ramping up post Covid. There is a lessening of support for treatment from DJJ, for example - looking to get kids off their caseloads when the minimum has been reached. Recidivism is a real issue.
3. Morris Village has become unusable. They are minimally communicative, the waiting list is months long, and when a client is admitted, they say the treatment is so uncomfortable they leave. We receive regular complaints that the medical staff at Morris Village are slow to provide Suboxone as needed, or there appears to be minimizing the need for Suboxone for MAT clients. They isolate these clients and then provide a basic dose. I try hard to never complain or put down other agencies, but is has been a real problem.
4. Multidrug use remains a challenge.
5. GYPRA. We have heard differing directives. It is a big time commitment, but we do our best.

Below is a list of overall **accomplishments** that I am certain is not exhaustive. FY24 was very successful in meeting the goals and objectives of the County Plan.

1. No wait listing-, successful Assessment Team Model, effective and efficient leadership and supervisory structure.
2. Reworked and updated Process Improvement mechanisms to match county planning.
3. Met or closely met or updated goals and objectives from the county plan related to Engagement, Access, Retention. The process improvement committee monitored at least monthly and made corrective changes when needed. Some objective numbers had to be updated due to error. (see attached).
4. This year there is improvement in staffing. We used the BHSA salary study to ensure our pay was on par with other agencies. TFC also offers a 4-day work option if productivity or job expectations are met. We currently have 1 clinical counselor position open, but the staff and supervisors work to minimize the impact on client care very successfully. Per the most recent staff survey, morale is very high, staff feel committed to what we do, and plan to grow their careers here at TFC. (see attached). TFC also implemented a staff incentive program.
5. Recovery Services: This department showed the most growth and expanded availability of services. Many programs are agency-funded in part or in full. (See attached)
    1. The Overdose Survivors Outreach Program continued despite funding ending (Covid Stabilization) .
    2. Expanded PSS embedded in OP Treatment groups with expanded PSS individual sessions. Increase in capacity needed. So many clients respond well to PSS and request services. This budget adds an additional PSS

3. Continued MAT PSS but discovered that capacity needs to increased due to need and demand (see above)
4. Expanded Greer Outreach efforts including harm reduction activities (Narcan distribution/ saturation, community presentations, community based events, partnering with other stakeholders, etc.)
5. Expanded capacity for the Greer walk-in MAT clinic and included in this budget realistic budget.
6. Began the Pelham Campus SBIRT pilot program.
7. Expanded SBIRT to SRHS Maternal Health Maternal Health Emergency department.

THE PREVENTION DEPARTMENT (see Prevention Block Grant application for additional details)

1. The Prevention Department has been understaffed all year. The search for qualified candidates is ongoing. Rather than sit back, the department director utilized the huge number of partnerships cultivated over many years to leverage the ability to meet the goals and objectives set forth in the FY24 county plan.
2. Developed a new partnership with DHEC to add to the number of "take back" initiatives, harm reduction efforts, and other programs. Additionally, the agency's prevention director has assisted the counterpart at DHEC with grant writing.
3. Worked closely with contracted marketing agency to develop educational and community awareness materials.

TREATMENT SERVICES:

1. Standardized treatment fidelity oversight to meet standards set forth by DAODAS.
2. Utilized appropriate funding to improve transportation issues with clientele using bus and Lyft services.
3. Established new clear cut referral process with SAMH and continued positive working relationship with SAMH, despite issues on their end.
4. Established a better contact and response protocol for ADSAP services.
5. Continued incorporation of peers into treatment groups to improve retention and engagement
6. Re-establishing A-IOP
7. Bridge events
8. Improved attendance numbers for groups other than A-IOP.
9. Continued Bridge outreach to schools and referral sources.

2. Medication Assisted Treatment

1. Continues to provide evidenced based medical and treatment services with highly trained medical staff and specialized treatment track that meets the unique needs of the MOUD individual.
2. Added case management services to ensure all clients are receiving quality care and to assist with referrals to community services.
3. MAT staff filled gaps for Greer Outreach - true team player
4. Added part time psychiatrist hours to provide MH assessment, medication management and psycho-therapy

Attachment:
24RecSquadStats.png - PNG FILE
CY2023EmployeeSatisfactionSurveyResults.pdf - PDF FILE
FY24ClientSur.pdf - PDF FILE

Section Name: Agency Needs Assessment
Sub Section Name: Agency Needs Assessment Questions
1. Applicant Question: Utilizing quantitative and qualitative data, describe your catchment area's needs.
Describe your agency's needs as they relate to the delivery of Prevention, Treatment, Intervention, and Recovery Support Services in your defined catchment area. Use a combination of quantitative and qualitative data to provide a more comprehensive picture of the needs you face. If your agency serves more than one county in its catchment area, highlight specific needs that may vary from one county to the next.
Applicant Response:

Quantitative Data - Alcohol
Spartanburg County OD Map data (March 1, 2023 - March 31, 2024)

- Total overdoses for all substances: 734 (decrease of 102)
- Total suspected fatal from all substances: 128 (no change)
- Naloxone administration by first responders: 448 (decrease of 81)
- Total overdoses for alcohol: 22 (increase of 13)
- Total fatal alcohol overdoses: 7 (increase of 2)
- Alcohol overdoses are centered around the downtown area. The increase may be do to the increase of students not that colleges are fully in person. Additionally, while there has been increases in alcohol overdoses, the overall population growth in Spartanburg may account for some of the increase. There is an increase societally on minimizing alcohol and marijuana use. We were also happy to note that TFC ranks in the top 5 for providing services to unique individuals. You will see later that our engagement numbers are very good as well.

SC County Profiles of Alcohol and Other Drug Use; 2023 Report - attached

- Alcohol remains the agency's top primary diagnoses. Decreases in measures are found in 3 out of 4 indicators. TFC has work to do around decreasing heavy drinking. Recovery Services/ harm reduction team has provided campus level programming. Spartanburg is considered to be a "college town." However, Spartanburg County's percentage of "Adult Heavy Drinking" is commensurate with the national average of 7%

Utilizing this data comparatively to last year's data (2023), the findings are:

- Alcohol Hospitalizations: There is a decrease of 5.87% in alcohol related hospitalizations
- Binge Drinking: Decreased 4.57%
- DUI Crashes: A huge decrease of 25.81% most likely attributable to the AET efforts and other community prevention presentations.
- Heavy Drinking: Increased slightly by 6.55%

Please refer to the "customer perceptions of care" survey attached.

Qualitative Data: Alcohol

- Alcohol remains the agency's top primary diagnosis. Please refer to the most recent Customer perceptions of care survey attached. Also please refer to the "Recovery Squad Stats" flyer attached. Increasing Peer Support Specialists enables the agency to embed PSS in treatment groups to engage all clients including those with an Alcohol Use Disorder. Further, community events bring awareness to the community and reduces stigma.
- Our MAT program, that also treats alcohol use disorders with Vivitrol and naloxone, and is a comprehensive program that is staffed by 1.5 FTE APNP supervised by the medical director, 2 FTE clinical counselors, the addition of a .75 FTE psychiatrist, a medical assistant, case manager, and a Sr. Program Coordinator. From July 1, 2023 - March 31, 2024, there has been appointments in the following categories:
- New patients - 140
- Established - 2805
- NP Group - 20
- NP IT - 8

MH Assessments and follow ups:
New patients - 36
Established - 80

The agency has devoted resources to developing a recovery program that is staffed with 3 in agency full time peer recovery coaches. They are embedded in groups, work with all the MAT clients, distribute Narcan, run community events and work with the outreach MAT clinic. In total, these peers have provided **6869** group and individual services and countless non billable interactions.

Our MAT program, that also treats alcohol using Vivitrol or naloxone, is a comprehensive program that includes 1.5 FTE APNPs, a medical assistant, administrative assistant, a supervisor who also carries a caseload, 2 full time counselors, one of which is on the MAT outreach team and general outreach team. In total, the **APNPs have provided 4119 services** to the people we serve.

Several years ago TFC developed an Intake Team approach which minimized return appointments, ended any waitlist, and increased assessment availability. This has worked especially well with the IV drug using population, but also screens at the front check in for any person presenting who verbalizes being in withdrawal or in other medical or emotional distress. These individuals are sent immediately to our medical MAT department to be assessed by a medical professional. This includes CIWA for alcohol withdrawal or COW scoring, vitals, and counseling screening.

To meet the capacity needs, the agency is budgeting in these new positions:
MAT
1 new PSS, split between Treatment and MAT, make permanent a shared psychiatrist 1.5 days per week, split between MAT, Treatment and Greer MAT.
Greer MAT
In FY24 we self-funded basic staffing needs (see narrative), The FY25 budget includes a Greer MAT department with the following added positions: 1 full time Clinical Counselor, 1 full time PSS, 1 full time Case Manager/ medical assistant split 60/40 with MAT, 25% or the Recovery Supervisor, and APNP time.

Pelham SBIRT

I have requested funding MUSC for an SBIRT program and Pelham Hospital many times, not no avail. Now that we have the Greer MAT clinic, the agency decided to self- fund 2 PSS, and 10% of the Recovery Supervisor to staff the Emergency Department.

Treatment

Treatment is budgeted adequately to meet capacity.
Intervention
Intervention Services is staffed adequately to meet capacity.
Prevention

Prevention continues to seek 1.5 FTE and will continue to leverage community resources.

Attachment:
2023 County Profiles of Alcohol and other Drug Use.pdf - PDF FILE

2. Applicant Question: Describe your agency's needs that will be addressed by the county Alcohol Excise Tax.
Describe your agency's needs that will be addressed by the Alcohol Excise Tax. Provide information that specifically addresses *how your agency plans to utilize the Excise Tax, and how your agency is unable to implement these initiatives without this funding*. For an agency with multiple counties, if there are challenges specific to one county, be sure to highlight those barriers.
Applicant Response:
To even think of not having the Alcohol Excise Tax is a frightening thought. Lee Dutton always said to Directors who expressed concern about meeting the costs for administrative and building expenses, "That's what Mini bottle is for." I'm paraphrasing but, this funding has become ingrained in our budgetary process.

First, the CFO looks at deficit areas and fills those gaps with alcohol excise dollars. For us, this touches just about every program due to the split of administrative costs. Also, because funding is becoming more and more stringent with less and less reimbursable, we need that excise money to fill in areas. This budget includes roughly $230,000 for treatment, $135,000 to fill the amount for SBIRT not funded by MUSC and NOT counting Pelham SBIRT, MAT $130,000, Adolescent $90,000, MAT $130,000, ADSAP and Intervention $95,000.

Because we spread the excise dollars around, I can't say what we would cut. I can tell you that if that came to be, we would have to cut, and the cuts would come and the non-required programs would be slashed. Every department would have to retract in size and scope, and I fear the PSS programming would be on the chopping block.

Attachment:
PICTotalThroughMarch.xlsx - EXCEL DOCUMENT

Section Name: Agency Capacity
Sub Section Name: Agency Capacity Questions
1. Applicant Question: Describe your agency's internal and external capacity to deliver Prevention, Treatment, Intervention, and Recovery Support Services in your catchment area.

Describe, in detail, your agency's current abilities to deliver Prevention, Treatment, Intervention, and Recovery Support Services in your catchment area. Be sure to include information about your agency's current capacity to address priority populations, priority substances, and service areas from both an internal and external lens. Be sure to address the unmet needs in your catchment area and provide your agency's plan to address these service gaps.
When describing your agency's plan to address the service gaps in your catchment area, address the following:

1. Overview of the agency's current capacity, both internal and external, including staffing, training, and external capacity elements, such as MOAs/MOUs, descriptions of formal/informal partnerships, contractual services in place, and any additional form of outreach.

2. Unmet service needs and gaps not covered by current capabilities, as well as capacity-building requirements to meet the identified needs.
3. Discussion of your agency's current service system's attention to priority populations, priority substances, and the underserved in your area.

Applicant Response:

Overview Internal Capacity: The Forrester Center understands the responsibility it has as the county authority on substance use disorders. Staffing patterns are constantly reviewed to ensure readiness to meet the needs of the people we serve and to always have capacity, or room, available for new referrals and intakes. The agency's service system is geared toward meeting the needs of the priority populations. **All staff** are trained on the responsibility we have in meeting the needs of the priority populations. We have a specialized treatment track for IV use of drugs, a Women's program geared toward pregnant and mothers etc., and Adolescents. Every person we admit is screened for TB and HIV risk and appropriately referred. Working relationships go so far back there aren't any formal MOUs with our referral agencies related to TB/ HIV.

Each staff member has a detailed training plan to ensure they are meeting the expectations of service delivery including utilizing best practices. TFC budgets generously to ensure there are resources available for staff training. In addition to the annual training on Relias, Region I and DAODAS trainings, and additional outside opportunities for education and training, the treatment director provides educational and training on EBP, and on any deficiencies discovered in the QA process. We have great partnerships in the community that allows us to leverage resources - 2+2=6. See attached for a non-exhaustive list of community partners.

The Forrester Center strives to meet the needs of the residents of Spartanburg County by meeting is mission and values statements every day. Particular attention is given to certain priority populations who are in the greatest need: persons who inject drugs, pregnant women and with dependent children, adults, and adolescents involved in the criminal justice system, and those at risk for contracting tuberculosis, and using priority substances: alcohol, tobacco, and opiates. We have developed interventions to best assist those of priority need and have assigned staff in a way that is most efficient and effective to meet the goals and objectives set forth.

Despite the openings, the staff and supervisors in place are dedicated to meeting the capacity needs of the clients and are successful, but this comes at a cost. As CEO, I am concerned about potential burn-out and further loss of staff. Fortunately, we experienced a 5% overturn rate, which is below industry standards, but it is our goal to reduce that by at least 1%.

The biggest challenge to hiring and retaining staff comes down to 2 factors: 1. The amount of work aside from direct client care is enormous compared to other industry employers, and while appropriate, the requirements of the "Funding and Compliance" contract is not in line with the requirements of other providers competing for staff and funding. The EHR system is not user

friendly and the time it takes to simply write a non-billable case management note is surprising. 2. Other providers are offering starting salaries far above what even TFC, a larger agency, can afford. If the state mental health budget goes through, entry level salary will be $50,000, That is in line for what the 301 agencies pay Program Supervisors, not entry level counselors. Hospitals such as PRISMA offer up to the $60,000 - $70,000 in salary for licensed clinicians. That leaves TFC with hiring mostly Bachelor level clinicians and investing an extraordinarily amount of training time, but, funders require having licensed staff for signatures, so that measure takes us only so far.

TFC has had another year where no waiting list was needed. We have implemented a streamlined process to ensure that the priority populations, those experiencing disordered use of priority substances, and all residents' needs are met. Our assessment team approach works seamlessly to assign the people we serve to the appropriate level of care with the goal of first appointment after assessment to occur within 5 days. Members of the priority populations using opiates or alcohol are immediately seen by a medical staff on the same day as assessment to provide a screen for withdrawal and follow up care.

TFC has the following capacity to ensure that underserved and vulnerable populations are able to receive services

1. **Outreach and education**: Even though the funding ended for the Overdose Survivors Outreach Program ended, the PSS still work hard to continue reaching out to this population. OSOP is designed to engage individuals' own environment those who survived an overdose or near overdose but are reluctant or refusing referral.

2. **The Greer MAT clinic** has grown exponentially and additional funding is needed to fill gaps such as leasing a space, increasing staff to meet the needs of the participants. The census at time of this writing was 48 clients. These clients tend to be the most ill, the most underserved, and the most complicated.

3. **Culturally competent, evidenced based, and trauma informed care services**: TFC always delivers care in a culturally sensitive, trauma informed competent manner, but particularly with the underserved population who tend to feel shame, and feel misunderstood. The leader of the program is Bi-lingual and is also able to engage with the DAODAS provided interpreter service.

4. **Affordable and flexible care:** The SOR and Safety Net grants are used in addition to SC THRIVE to be sure the underserved are receiving all services as appropriate and have access to financial assistance as needed. TFC's primary treatment tenant is to provide person centered care, and offers as much flexibility as possible given resources. MAT and OSOP have particularly met that goal as they offer the underserved options that they didn't have before.

5. **Peer Support:** Ours recovery service are the secret sauce to successful treatment. We offer PSS in house, in group, individually, in OSPO and MAT. The PSS team takes clients to meetings, and continues to provide men's and women's groups that include a meal,

recreation, and community support meetings.

Prevention:

The sole program not supported by the Prevention Block Grant is the "Prevention Enhancement Grant," that is entering its third and final year, and centers around increasing local capacity to decrease impaired driving and accidents. The agency has a staff who is dedicated by 50% of time to carry out the strategies outlined in the grant. Examples include media campaigns, national training for the staff and local law enforcement, educational and speaking engagements. This level has demonstrated good results. The staff have developed several informal partnerships with local law enforcement agencies. This effort is focused on all DUI including related to alcohol and other substances - impaired driving in total.

Unmet/ Gaps: There have been no gaps or unmet needs related to this effort at this time now that the agency has replaced a staff who left. During that interim, the director filled the gaps. When funding ends, partner agencies will continue the work (SLED).

Intervention:

The agency currently provides several intervention programs/ alternative services. We have one full time case manager/ administrator and 5 part-time staff providing these services. Courts, Probation Pardons and Parole, and other referral sources are ramped up to about 75% since the end of Covid. The county is building a new, state of the art courthouse and justice services building, so many are focused on that. However, referrals to the Offender Based Intervention and Domestic Violence Offenders programs remain brisk. ADSAP remains steady, and, TFC is one of only ADSAP providers that provide Spanish speaking PRI services.

The biggest challenge, which could be considered and unmet need for the agency, is the amount of money the agency loses staffing and providing ADSAP and other intervention services. The agency uses alcohol excise tax to cover the losses. Until the ADSAP fee is raised and payment is required, there is no plan to cover this gap. ADSAP participants are often the most demanding of all clients and consistently complain that there is any cost. Of all the client complaints I as CEO receive, 90 percent are from ADSAP clients angry at an upgraded diagnosis and other related issues. While courts, the DMV, and attorneys collect their fees, TFC and other county agencies are hamstrung. Community service is great, and is always offered as an option, it doesn't pay for the staff.

Treatment:

In regards to the block grant, our Women's Treatment track has been successfully maintained after restarting last year. The women enrolled show higher rates of engagement than when placed in mixed gender groups, verbalized increased acceptance and hope for the future, and increased successful completion rates compared to when placed in mixed gender groups. Having the ability to express feelings, heard, and understood by other women of similar situations i.e. pregnant, or a mother of dependent women.

Several years ago, TFC developed an Intake Team approach which minimized return appointments and increased assessment availability therefore filling gaps. This worked especially well with the IV drug using population and others of a priority population as they are identified immediately. TFC has never had to turn a client of this or other priority due to unavailability of assessment time. The team works in coordination with the agency's MAT program to ensure these individuals we serve are seen by a counselor or assessment and a medical professional to assess for withdrawal or other medical emergency. The IV population is at risk for contagious diseases such as Hepatitis, HIV, and TB. While the agency does not do onsite HIV or TB testing, we have a close working relationship with community partners who can see a referral immediately.

The agency has a contract with Federal Probation. We work closely with the Adult Drug Court ran out of the Solicitor's office to ensure that proper treatment is available. The adolescent treatment team also has agreements with Juvenile Justice programs and is looking to restart Juvenile Drug Court when a judge can be assigned. The agency also offers a program for teens that specifically focuses on pro-social thinking to prevent criminal behaviors. Bridge remains a huge part of the services across the adolescent spectrum of care, including those we serve who are involved in the criminal justice system.

With the increase of homelessness in our county, we have seen an increase of risk for infectious disease, particularly TB, however our county remains at low risk per DHEC. All clients are assessed at intake and referred for care to agency partners when appropriate. The highest risk population tend to be in the agency's MAT program.

Recovery Services

TFC's recovery services team is staffed with currently 6 PSS and the Sr, PC of Recovery Services. There are 4 PSS assigned to Spartanburg Regional Health Systems main, Mary Black, and Labor and Delivery settings providing SBIRT services. This is funded in part by MUSC, but the agency has to fill a huge gap (addressed elsewhere), There is on PSS in the agency and the agency is hiring another to enable a peer to be embedded in Treatment and another to be embedded in MAT. Additionally, the agency is self-funding two additional PSS to be embedded at the Pelham Campus to provide SBIRT there. There was an identified gap, and the agency filled it in hopes to prove the need and to receive additional funding. All the peers participate in outreach services in addition to their main focus.

Needs and Gaps: The largest gap is in providing stabilization for those newly on buprenorphine. No supportive living program accepts individuals on Buprenorphine. A stabilization facility is needed to meet this gap.

Overview External Capacity:

TFC continues to serve on multiple task forces and planning groups. Spartanburg County is somewhat unique in its approach that ensures that as many needs for the residents are met with minimal duplication. The agency's continued partnership with Spartanburg Regional and the SBIRT program has expanded this year to include the Mary Black campus and the Maternal

Emergency Center. The agency and its referral partners have set up user friendly referral processes both to and from TFC. For example, we lack the capacity to treat infectious diseases such as HIV and TB, and have a direct line to partner agencies that are able to provide appropriate care.

Unmet needs: As the data shows, Spartanburg county continues to have a shortage of medical primary care and psychiatric providers compared to the state and nationally. Along with this included the agency's difficulty in attracting and retaining qualified clinical staff

Another huge gap is supportive living/ transitional housing for those on MAT. No supporting living house, or even the shelter will allow a resident to enroll who is on MAT. The one exception is Oxford House, but that has not been an option for new clients who are still struggling with reducing use. The agency has petitioned county and local governments, current supportive living houses, and foundations for assistance. TFC would be willing to set up and run a transitional house, but cannot commit to funding this on its own. It has been a disappointment that no current entity will even carve out 2 or 3 beds for a pilot that TFC would staff.

The other need is addressing the hot spots in our county with outreach. Staffing and retention is an ongoing gap for the agency for the reasons stated above.

Finally, Spartanburg Regional Health System has added the Maternal Emergency Center to the requirements of coverage for the MUSC SBIRT PSS embedded program but neither SRHS nor MUSC have added to the budget to cover the increased need.

Meeting the needs: The agency's new facility offers free amenities that will be highlighted to attract clinicians and other needed staff to the agency. These include new offices and professional environment, updated technology, outside recreation including a patio and court, gym, and state of the art training room.

Our outreach efforts in the Greer area to address the opiate epidemic and lack of services continues to grow and will be fostered to assist IV and other opiate users that do not have adequate means to access the agency. The agency is looking to expand into other hot spot areas as feasible and will be requesting increased MAT funding for at least one additional day for the Outreach MAT Clinic (this falls under block grant funding due to IV drug use as well as the county plan). We hope to continue to have funding for our Overdose Survivors Outreach Program that has touched hundreds of underserved, minority, and impoverished individuals in need of care but who are suspicious and fearful.

Lastly, to add to the capacity to address the addition of the Maternal Emergency Center as part of the MUSC SBIRT program at SRHS, the agency will be requesting additional funding to enable us to meet the need and intervene early with pregnant women presenting at the EC who are identified through the screening portion added by the hospital.

TFC continues to serve on multiple task forces and planning groups. Spartanburg County is somewhat unique in its approach that ensures that as many needs for the residents are met with minimal duplication. The agency's continued partnership with Spartanburg Regional and the SBIRT program has expanded this year to include the Mary Black campus and the Maternal Emergency Center. The agency and its referral partners have set up user friendly referral processes both to and from TFC. For example, we lack the capacity to treat infectious diseases such as HIV and TB, and have a direct line to partner agencies that are able to provide appropriate care.

2. Applicant Question: Describe your agency's current capacity to address individuals with co-occurring disorders.
Provide a detailed discussion of your agency's ability to address patients who presenting with co-occurring disorders. Be sure to provide information that describes your agency's service delivery and/or referral process.

Applicant Response:
TFC has been providing COD services for many years, but this past year we have ramped up our efforts:

1. We provide TREM for Men and Women (Trauma Therapy)
2. We offer a COD group staffed by a licensed clinician and supervised by the medical director
3. Added in FY24: We hired 2 Psychiatric 4th year residents to provide MH assessments, follow ups and medication management. The resident liaisons with MH when necessary. To date, over 80 clients have received a MH assessment and follow though!
4. FY25 the agency is contracting with a MD psychiatrist to expand services to Adolescent and more fully meet the needs of treatment clients in addition to MAT.

The agency and MH have a well working referral system in place with a close working relation between our Treatment Director and the Clinical Supervisor at MH. I meet regularly with the Head of MH which helps to iron out and wrinkles before they grow.

Section Name: Agency Health Equity
Sub Section Name: Agency Health Equity Questions
1. Applicant Question: Describe your agency's unmet needs, current capacity, and plan to address health disparities in your underserved populations.
Describe, in detail, your agency's unmet needs, current capacity, and plan to address health disparities in your underserved populations. Be sure to provide data that describes the underserved populations and ensuing health disparities in your agency's catchment area. For agencies that serve multiple counties, this data may look different from county to county; provide any county-specific information that relates to your agency's ability to effectively address social determinants of health for your patients.

Applicant Response:
While the agency strives to meet the needs of the underserved population, in fact, we are the only substance use disorder treatment that treats the uninsured or those with inability to pay (even the FQHC requires payment for medication). TFC has informal referral agreements for health services with the FQHC, Access to care, and other free health services.
Unmet needs include: Transportation. When the agency used the transportation funds as needed, we were told that we had used too much and were asked to pull back. We have a van and attempt to transport when possible but this takes staff away from their other duties. We have purchased bicycles for some clients.
All staff are trained at least annually on cultural competence and trauma informed care. Supervisors are mindful at all staffing sessions and supervision sessions to ensure that staff are delivering services in a culturally competent manner.

1. Strive for a diverse workforce that reflects our community
2. TFC has policies that promote inclusion and cultural competence
3. We provide language access via the tele-language program
4. Feedback and continuous improvement
5. Partnerships and community engagement.

We meet regularly at task force meetings and other meetings in order to have a smooth referral process for health care. Spartanburg is fairly proactive in the health disparities arena.

Section Name: Agency Overall Budget
Sub Section Name: Agency Overall Budget Question
1. Applicant Question: Attach your Overall Agency Budget Worksheet that is provided in the Attachments section of this application.
Attach your Overall Agency Budget Worksheet that is provided in the Attachments section of this application. Navigate to the Application Announcement, select the "Attachments" tab, and download the Budget Template. Once completed, attach it here.
Applicant Response:
TFC County Budget Form FY 2025.xlsx - EXCEL DOCUMENT

Section Name: Agency Signature Page
Sub Section Name: Agency Signature Page Question
1. Applicant Question: Attach your Agency Signature Page that is provided in the Attachments section of this application.
Attach your Agency Signature Page that is provided in the Attachments section of this application. Navigate to the Application Announcement, select the "Attachments" tab, and download the Signature Page. Once completed, attach it here.
Applicant Response:
TFC - County Plan Signature Page - FY24.pdf - PDF FILE