

FY27 Strategic Plan

July 1 2026 through June 30 2027 | Draft for leadership and Board review

Purpose and direction

The Forrester Center will strengthen access to substance use and behavioral health services across Spartanburg County while sustaining the staff, partnerships, and financial resources needed to deliver care. This plan converts the SFY27 County Plan application into six strategic goals with actions, accountable roles, and measures for routine management and Board oversight.

The plan emphasizes prevention, intervention, adolescent and adult outpatient treatment, medication assisted treatment, and recovery support. Priority needs include transportation, school access, uninsured care, withdrawal referrals, emerging substances, and services in communities distant from the Spartanburg office.

Strategic priorities

Priority	Intended result
1 Access and outreach	Reduce geographic, transportation, language, and financial barriers.
2 Adolescent services	Strengthen school partnerships within available clinical capacity.
3 Treatment and recovery	Improve engagement, referral follow through, and access to coordinated care.
4 Prevention and intervention	Respond to substance trends and strengthen community referral pathways.
5 Financial sustainability	Support existing services and fund expansion responsibly.
6 Workforce and quality	Maintain staff competence and use evidence to improve services.

Planning assumptions

Actions, assigned roles, and targets in this draft are proposed for confirmation. Existing service practices described in the application inform the plan but do not establish new policy. Expansion, hiring, and medication assistance depend on approved resources. FY27 is already underway; completed work should be recorded, and unfinished first quarter tasks should receive revised dates upon adoption.

Goal 1 Improve access and community outreach

People seeking help can connect with appropriate services regardless of where they live or their ability to pay.

Actions and timing

- Q2: Review assessment access, transportation use and unmet requests, interpreter access, and affordability barriers. Confirm current Greer service capacity and outreach needs in Campobello, Inman, Landrum, and Woodruff.
- Q2 through Q4: Sustain Greer services and coordinate peer outreach using local overdose patterns and partner feedback. Evaluate virtual service options within current capabilities.
- Q3: Prepare a costed outreach and transportation proposal, including staffing and partner support, before committing to additional locations.

Accountability: Director of Programs with Director of Treatment, peer leadership, and CFO; CEO approves expansion proposals.

Measures of success

Proposed targets: review access and transportation monthly; maintain no routine waiting list; monitor the existing goal of treatment planning and service scheduling within five days of assessment, with the calculation and day convention confirmed. Establish Greer and outreach baselines in Q2 and approve realistic June targets. Track people contacted, referrals, and completed service connections separately.

Goal 2 Strengthen adolescent and school services

Youth and families receive timely access to services through sustainable school and community partnerships.

Actions and timing

- Q2: Review Whitlock services, referral volume, counselor workload, and inquiries from districts and charter schools.
- Q3: Prioritize potential school partnerships by need and capacity. Develop a staffing and funding proposal for any additional school based clinical services.
- Q3 through Q4: Implement only approved expansion; coordinate prevention, Bridge, treatment, and family referrals with each participating school.

Accountability: Director of Treatment with adolescent program leadership; CEO and CFO support agreements and funding.

Measures of success

Proposed targets: complete one school capacity assessment and one prioritized expansion recommendation by Q3; review adolescent admissions, referral to appointment time, engagement, and completion quarterly. Set volume targets after workload and funding are confirmed. Use 119 adolescent admissions from July 2025 through March 2026 only as a historical comparison for a matching period.

Goal 3 Strengthen treatment and recovery coordination

Adults and adolescents receive coordinated, person centered care, with stronger connections to medical, mental health, recovery, and higher levels of care.

Actions and timing

- Q2: Confirm referral pathways for alcohol and sedative withdrawal, uninsured detoxification, co-occurring mental health needs, primary care, and infectious disease screening follow up.
- Q2 through Q4: Review barriers to oral and injectable buprenorphine, including insurance costs and recovery housing acceptance. Pursue assistance and partner options consistent with funding terms and clinical judgment.
- Q2 through Q4: Strengthen hospital SBIRT follow up, peer engagement, and warm handoffs. Assess peer coverage beyond MAT and include unmet needs in staffing proposals.
- Q3: Medical leadership reviews emerging substance education needs, including kratom and 7OH, and identifies appropriate staff training and referral resources.

Accountability: Director of Treatment and medical leadership with peer leadership; CEO supports external partnerships.

Measures of success

Proposed targets: document and review key referral pathways by Q2; review unresolved placement and medication access barriers quarterly; establish referral follow through and hospital engagement baselines in Q2 and improvement targets in Q3. Review completion and post-discharge outcomes quarterly, reporting response counts and response rates with survey percentages.

Goal 4 Strengthen prevention and intervention

Community education and intervention services respond to emerging needs and connect people to appropriate care.

Actions and timing

- Q2: Align prevention activities with school and community needs, environmental scans, and emerging substance trends.
- Q2 through Q4: Coordinate education, social media outreach, health fairs, and authorized compliance checks with schools, law enforcement, and community partners.
- Q3: Review OBI and domestic violence program referral barriers with justice partners. Review ADSAP access, Spanish language PRI capacity, payment arrangements, and program costs.

Accountability: Prevention Coordinator and intervention program leadership with Director of Programs; CFO supports ADSAP review.

Measures of success

Proposed targets: maintain a quarterly prevention activity and reach report; provide at least one emerging substance education opportunity per quarter after adoption; complete one intervention referral and ADSAP financial review by Q3. Set referral improvement targets using verified FY26 and FY27 data. Track reach separately from demonstrated changes in knowledge or referral behavior.

Goal 5 Build financial sustainability

TFC maintains essential services and expands only when recurring resources support the full cost of care.

Actions and timing

- Q2: Reconcile the adopted agency budget with grants, Alcohol Excise Tax, contracts, billing, and donations. Identify gaps by service line, including Greer and ADSAP.
- Q2 through Q4: Review billing performance, allowable funding uses, grant utilization, and staffing costs. Develop sustainable funding options for transportation, medication access, school services, and outreach.
- Q3: Present prioritized funding proposals and a fundraising and grant pipeline to leadership and the Board. Include facility, equipment, benefits, and administrative costs in expansion estimates.
- Q4: Use financial and service results to recommend FY28 service levels and investment priorities.

Accountability: CFO and CEO with program leaders; Board oversees budget and major resource decisions.

Measures of success

Proposed targets: monthly budget to actual and service line reviews; quarterly funding pipeline review; written funding and cost analysis before any expansion commitment. Establish Greer billing and cost coverage targets after verifying baseline collections and allowable funding. The application requests \$729,384.11; this is not the agency total budget or evidence of an award.

Goal 6 Strengthen workforce and continuous improvement

Qualified, supported staff use supervision, data, and feedback to improve access, service quality, and organizational readiness.

Actions and timing

- Q2: Update staffing priorities, orientation and annual training plans, credential tracking, and supervision coverage. Identify trauma treatment training needs and available resources.
- Q2 through Q4: Review quality findings through supervision and privileging processes; assign owners and due dates for corrective actions. Maintain accreditation and funder readiness.
- Q2 through Q4: Review access and operating numbers weekly, quality grids monthly, and strategic progress quarterly. Incorporate staff, persons served, and partner feedback, including Bridge Builders findings.

Accountability: CEO and department supervisors with HR, QA, privileging leadership, and the Continuous Improvement Committee.

Measures of success

Proposed targets: all active staff have required training, supervision, and credential status documented; review staffing vacancies and training completion quarterly. Every corrective action has an owner, due date, and follow up record. Review staff survey results annually and document actions addressing recurring concerns.

Implementation and oversight

The CEO coordinates implementation. Department leaders maintain action details in existing work plans and grids. Leadership uses current weekly and monthly meetings to resolve barriers, then presents a concise quarterly strategic progress report to the Board. The Board considers policy, budget, and resource decisions through its established approval process.

Period	Key deliverables
Q1 Jul to Sep 2026	Record work already completed and identify carryover actions. Do not treat proposed targets as retroactively approved.
Q2 Oct to Dec 2026	Confirm owners, current baselines, and targets; review access, school capacity, referral pathways, staffing, and service costs.
Q3 Jan to Mar 2027	Submit prioritized school and outreach proposals; complete intervention and ADSAP reviews; implement funded improvements.
Q4 Apr to Jun 2027	Evaluate results and remaining gaps; recommend FY28 priorities, staffing, and budget needs.

Quarterly progress report

For each goal, report the measure and reporting period, baseline, approved target, current result, status, responsible role, next action, and due date. Use On track, At risk, or Action needed. Explain material changes, resource dependencies, and decisions requested from the Board. Report fiscal year to date and comparable prior periods where available.

Historical evidence and baseline verification

The application reports 1,341 admissions and 1,019 discharges for July 1 2025 through March 31 2026, with 58 percent of discharges completing services successfully. It also reports 96 percent of post-discharge respondents experiencing reduced substance use or remission and 99 percent reporting positive quality of life. These survey findings need response counts and rates before they serve as performance baselines. Approximately 900 clients reportedly used transportation in the prior year, and 8 of 207 buprenorphine clients reportedly received injectable medication; verify periods and definitions before setting targets.

Confirm the current Greer census, psychiatric service counts, and peer staffing assignments. The application contains conflicting psychiatric counts, a future dated reference to July 2027, and an inconsistent overdose comparison period. These figures are excluded from strategic targets until corrected. The listed budget and employee survey attachments are not included in the supplied report and were not used to establish financial or workforce targets.

Source and adoption

Source: Application Report App-26-0859, SFY27 County Plan for County Alcohol and Drug Abuse Authorities, application SPA-SFY26-CP-ALL-20260701-20270630, pages 1 through 12. Goals consolidate the needs and capacity described in the application; proposed implementation details require leadership confirmation. Role titles should be confirmed against the current organizational structure.

AS UPLOADED TO BHDD OSUS

Application Report

Applicant Name:	The Forrester Center for Behavioral Health - J080AGC042
Application:	SPA-SFY26-CP-ALL-20260701-20270630
App ID:	App-26-0859
Funding Announcement:	SFY27 County Plan for County Alcohol and Drug Abuse Authorities
Requested Amount:	\$729,384.11

Project Summary: The Forrester Center for Behavioral Health continues to provide access to quality substance use and behavioral health services within the Spartanburg community. Our services include prevention, intervention, adolescent and adult outpatient treatment, and medicated assisted treatment. Our agency utilizes qualitative and quantitative information gathered from our electronic health care system Carelogic, staff records, service utilization trends, stake holder interviews, OSUS-provided county profile, community feedback, and data and statistics gathered from reporting agencies such as SCDHHS, Just Plain Killers, OD Map, and others to help assess and target the needs of Spartanburg and the current population we serve.

Authorized Certifying Official:	Jamison Smith	jsmith@tfcbh.org	
	A'mericia Jones	jsmith@tfcbh.org	(864)707-2848
Department Director/ Manager:	Jamison Smith	jsmith@tfcbh.org	
Project Manager/ Coordinator:	Mardy Wall	mwall@tfcbh.org	864-707-2852

APPLICANT QUESTIONS

**Section Name: Agency
Executive Summary Sub-
Section Name:**

APPLICANT QUESTION: PLEASE LIST YOUR AGENCY'S GREATEST

ACCOMPLISHMENTS AND CHALLENGES IDENTIFIED IN YOUR SFY26 COUNTY PLAN.

Describe the agency's accomplishments and challenges faced in SFY26. Demonstrate how your SFY26 County Plan was implemented, what barriers to success were experienced, as well agency accomplishments that were not described in the SFY26 County Plan.

Applicant Response:

FY26 has been a year of changes for The Forrester Center. Changes in leadership have gone better than anticipated, but we have yet to hire a permanent director at this time.

That said, our commitment to the community has stayed the same and we have working hard to maintain and branch out services in our area. We had a successful site visit by Department of Public Health and are in the process of preparing for OSUS site visit and CARF accreditation in the fall of this year and we were approved for SCORF GPS Funding through the City of Greer and SCORF Committee in October 2025.

From July 1, 2025 to March 31, 2026, the Forrester Center has had 1341 admissions and 1,019 discharges. Of these discharges 58% successfully completed services. These numbers are consistent with last fiscal year. Off admission, 119 were adolescent.

Barriers:

1. We are seeing a surge in convenience store drugs such as 7OH, THC/CBD products, and tianeptine.
2. There continues to be an issue with many residential and halfway houses choosing not to accept persons using oral buprenorphine. Places who will accept clients on MAT are limited and often will only accept injectable buprenorphine. Though we have increased access to injectable buprenorphine, insurance deductibles are often too high for the insured and those with no insurance cannot afford the costs, so people who would benefit from this treatment have limited to no accessibility.
3. Detox and inpatient treatment for the uninsured continues to be a barrier for people using alcohol and sedatives. 37% of our clientele have a primary alcohol diagnosis, based Carelogic diagnosis. Our Emergency Department in Spartanburg has 645 alcohol disorder admissions making it the only substance use disorder diagnosis in the top 100 pri Person's prescribed or illicitly using buprenorphine also struggle with access to inpatient treatment.
4. Spartanburg County is experiencing exponential population growth. This increase in population increases the need for SUD education and treatment and contributes to an increase in homelessness and resources needed to outer areas of our county.
5. Outreach – Spartanburg County is 820 square miles, and it is very difficult for people in far parts of the county to reach our office. Our Greer Outreach Center has continued to expand services, but there are still many areas in the county that would benefit from outreach who do not have transportation.

Accomplishments:

1. Agency wide

- a. TFC has remained stable and even hired and expanded services through a year of changes in leadership.
- b. We applied and received funding from the SCORF board and City of Greer for services at our Greer Outreach to help expand services to the outer eastern area of our county. We are in communication with community partners and working the VITAL Spartanburg initiative to continue this type of outreach on the north western side of the county.
- c. Presence in the community has greatly increased and opportunities with community partners have expanded, as a result
- d. Updated and expanded Process Improvement mechanisms for weekly and monthly monitoring to monitor and adapt for outcomes relevant to county plan
- e. Our annual staff survey was good overall identifying staff mainly feel their job is satisfactory, meaningful, and that that they are rarely stressed (see attachment).

2. Treatment

- a. TFC has improved and established referral systems for our community partners, including new relationships with a SCORF established County Jail Program and a community housing program A Place to Call Home, and improved referrals from Spartanburg County Court systems, probation, and DSS. b. We continue to have no wait list and provide priority services for pregnant women and IV users.
- c. Had 2 Adult Treatment Department staff complete APSC certification, one staff complete a grief certification, and one staff beginning eating disorder certification
- d. 96% of clients reported at post-discharge their overall alcohol and substance use was reduced or in remission and 99% reported feeling good about their quality of life.

3. Adolescent

- a. Hired 2 new staff and are working to increase the number of YAS and Bridge clients.
- b. Improve community connections with schools and community partners such Spartanburg Academic Movement
- c. Cemented a healthy referral system between District 7 and began providing Bridge and YAS services within Whitlock. Have had 3 other districts inquire about establishing a similar system.
- d. Continue to provide Bridge events and speakers and have added new experiences, speakers, and marketing merchandise\

4. Recovery Services

- a. Received funding through the SCORF Board and Guaranteed Political Subdivisions for City of Greer which allowed for expanded peer support at our Greer Outreach Clinic and hospital SBIRT services at Pelham Hospital.
- b. Established weekly supervision with a clinical supervisor for peers only
- c. Started weekly to monthly Narcan outreach with Peers using areas identified by the OD Map hotspots.

5. Medicated Assisted Treatment

- a. Further expansion of MAT services in Greer Outreach Clinic
- b. Availability of injectable forms of buprenorphine.
- c. Hired a new counselor in our Spartanburg office

6. Prevention

- a. Being fully staffed
- b. Restarting compliance checks with the Spartanburg County Sheriff's Office
- c. Completing multiple environmental scans that have informed us of local substance trends
- d. Participated in numerous health fairs that have allowed us to better connect with the public e. Establishing monthly

Section Name:

Agency Needs

Assessment Sub-

Section Name:

Agency Needs

Assessment

Questions

2. **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:

1. Funding for injectable buprenorphine - As of now, we only have 8 of 207 are receiving injectable buprenorphine largely due the expense.
 2. Transportation funding – Around 900 clients used transportation services last year. We tried to stretch this funding and monitor it closely to ensure it was used appropriately only for those in true need, and we still exhausted this funding and could benefit from extra.
 3. Alcohol withdrawal – 72% of all clients served use alcohol and alcohol use disorder is the only substance listed in the top 100 diagnosis given at the Emergency Department. A large part of being able to treat alcohol is treating withdrawal symptoms. Currently, it is very difficult to find detoxes who need it and do not have insurance.
 4. Education for Convenience Store Drugs and treatment of these drugs 7OH/Kratom. Kratom/7OH is new and need more information on how to treat people based on how these drug
 5. Additional Adolescent counselors for school-based care. TFC began working with Whitlock at the school and have had multiple schools reach out about on-site SUD counselors since we began.
 6. Outreach and overdose needs - Overall, overdoses in SC are down, per OD map. Suspected overdoses for the county from July 1, 2025 to March 31, 2026 were 314 of which 47 were fatal. Comparatively, from July 1 2024 to March 31, 2026. There were 384 suspected overdoses. However, there are areas of outreach, such as Inman and Woodruff where suspected overdose numbers have stayed similar or even increased.
-

**3. 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 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:

The Alcohol Excise tax has become ingrained in our budget and is used to complete service provisions in all departments. Our CFO uses the Alcohol Excise Tax to fill gaps in every department, Prevention, Treatment, Peer Support and MAT to ensure the services we offer meet the needs of our community. We would lose services in each of these areas without this funding leaving deep gaps in the needs of the community.

Section Name:

Agency Capacity

Sub-Section

Name: Agency

Capacity

Questions

**4. 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:

Internal Capacity:

The Forrester Center consistently reviews the number of staff to ensure we are ready to meet the needs of the people we serve for existing clientele as well as new intakes. We have a focused treatment track for IV users, a program for women that focuses issues relevant to pregnant women and mothers, and an adolescent program. TFC strives to deliver care in a culturally sensitive and humble way. We strive to maintain bilingual staff and we utilize the OSUS provided interpreter service and utilize peers to help provide lived experience and to coordinate care with clinical staff.

Clients who may be experiencing withdrawals are identified through an intake questionnaire and referred to medical staff to evaluate care and establish the needs in follow up care. Further, every person we admit is screened for TB and HIV risk in the assessment and appropriately referred to a local facility, through informal partnerships with Piedmont Care, Spartanburg Regional Infectious Disease, and the Spartanburg County Health Department. The agency medical director monitors referrals to ensure everyone receives proper care. Leadership reviews this policy annually to ensure proper protocols are in place and followed.

Thanks to our dedicated intake and assessment team staff, TFC continues to have no need for a waiting list. Staff work diligently to ensure all clients are seen, assessed, and recommend treatment services within 5 days of the assessment to an appropriate level of care. Training for all staff is planned and organized with their supervisor, annually in an agency selected training plan. Staff are encouraged to attend training courses to ensure they meet expectations and to continuously improve service delivery. TFC budgets to make resources available for staff training. In addition to the annual training on Relias, we utilize Region I, APSC, and OSUS training and encourage staff to look outside these sources for opportunities related to their degrees and licensures that will help them better serve the community.

Training plans and service credentialing for staff are reviewed and updated either quarterly or annually, depending on need, in our privileging and credentialing (P&C) meetings. In addition, quality assurance and Medicaid audits are reviewed in P&C and the treatment director and coordinators provide educational training to address any deficiencies discovered in our quality assurance process.

To ensure we are meeting the needs of our community this year:

1. Our peers support staff organize NARCAN walks and community “drop ins” designed to engage the community within the community. Peers are also involved with our local mutual aid meetings and provide follow-up text and calls to engage those discharged from the hospital. Peers can utilize motivational interviewing with lived experience to move these individuals toward care.
2. Our Prevention staff have been active in the community by:
 - a. Increasing access to more school districts for educational training.
 - b. Improving social media presence with education material on priority substances.
 - c. Established trends and fads training about substances sold in convenience stores and vape shops for community partners.
3. The Greer Outreach Clinic continues to expand services to meet the needs of clients who reside on the outskirts of the county. The GPS money from the City of Greer has helped fill gaps while we strive for sustainability. Our census is currently right at 60 active clients and continues to grow monthly. We have also received approval from the town council in Campobello to start community outreach program there where peers will distribute Narcan and provide resources to help access care. Working in conjunction with the Vital Spartanburg initiative, we hope to extend services to this area and other to help reduce overdoses in these outlying areas, though, currently funding to help with this type of expansion is still in the planning stages for Vital Spartanburg.
4. Affordable and flexible care: The SOR and Block grants are used in addition to the insurance market at healthcare.gov to ensure all clients receive the services. With the cutting of funds, TFC has taken measures to continue to ensure that we utilize available resources, and those who can't are given as much support as needed including community service and payment plans. TFC's primary treatment tenant is to provide person centered care and offers as much flexibility as possible given resources.
5. TFC strives to be a “no wrong door” facility. We do our best to provide any services within our scope and capabilities and work with partners in our community to make “warm handoff” referrals, so that no person seeking help leaves confused or with “dead ends” that make seeking help more difficult. See attached for a non-exhaustive list of community partners that we work with to ensure we make appropriate referrals.

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. TFC works to:

1. Strive for a diverse workforce that reflects our community.
2. TFC has policies that promote inclusion and cultural humility.
3. We provide interpreting services through phone and virtual meetings and strive to hire and keep staff who are bilingual.
4. Partnerships and community engagement.
5. Seeking and processing feedback from staff and community and reviewing it in our continuous improvement committee. Also, this year we have started a committee constituted of culturally diverse staff from each department to consider how service delivery is accessible to each person that enters the building. They will consider things such environment and signage, presentation of staff, and processes that impact entry to care and communicate with CEO on findings and needs and make suggestions for improvement.

Staffing needs and existing barriers: These need focus mainly on population growth and our need for expansion now and in the coming years.

1. Since our MOU with Whitlock Flexible Learning Center, we have had staff from 3 other local high schools reach out to us about adolescent services within their schools.
With only 3 total adolescent counselors it would be impossible for TFC to provide these services.

2. More funding for direct psychiatric care. Our psychiatrists saw 74 co-occurring clients since July 2027 and currently see 39 clients. TFC maintains an open relationship and referral system with OMH in Spartanburg, but many clients do not follow through with referrals.
3. Funding nurse practitioners/counselors in outreach position. Since we have begun outreach to our county borders, we are finding more people with limited access/transportation to services from areas 30 to 40 minutes away. With our outreach in Greer, we are currently seeing a surge in counseling services having 18 people enrolled in the past 30 days. Though we received SCORF funding for the Greer Outreach, the agency still had to absorb cost of facility, equipment and utilities, and large part of counselor and NP salary and fringe. We would love to continue this type of outreach into other areas of the county and recently began peer community outreach to the bordering towns of Campobello, Inman, and Landrum. Despite there being a decrease in overdoses in most areas of the county (per the OD map) this area has seen an increase in suspected overdoses and suspected overdose deaths and would benefit from TFC presence in the community.
4. A clear treatment path for Kratom products. As of now, TFC and our partners in Spartanburg, such as Regenesys and our Jail Buprenorphine SCORF program, struggle with finding a clear medication treatment path for Kratom and there are concerns that traditional treatment programs are not engaging client's using Kratom due to the unique and varied impact it has on receptors in the brain.
5. There has been and is projected to be an explosion in population in Spartanburg County. Per the county website, Spartanburg County has a population of around 380,000 and is expected to grow by 150,000 in the next 15 years. It is the responsibility of The Forrester Center to prepare for this increase and the added resources for counseling, transportation, and outreach in upcoming years.

Department Capacity and needs.

Prevention:

The agency has hired one new prevention staff and has a total of 2 full-time staff and a supervisor. Staff focus their energies on the strategies outlined in prevention deliverables. Examples include media campaigns, national training for the staff and local law enforcement, educational and speaking engagements. The staff have developed informal partnerships with SLED and local law enforcement agencies to increase AET efforts and focus on alcohol, tobacco, etc. on underage consumers. Also, we have continued to increase our engagement in the school system and are now providing educational presentations in 2 new schools in the county and have reached out to our community partners to provide substance education and stigma presentations to groups at Spartanburg County Offices, SC Department of Social Services, and recovery housing in the area.

There have been no gaps or unmet needs related to this effort now that the agency has replaced a staff who left. However, with continued engagement with schools and county partners, there may be need for more staff in the future.

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. Referral sources are Courts, Probation Pardons and Parole, Spartanburg County Solicitor's office, and some DSS. However, referrals to the Offender Based Intervention and Domestic Violence Offenders programs remain low compared to prior years. ADSAP remains steady, and TFC is one of only ADSAP providers that provide Spanish speaking PRI services.

ADSAP continues to lose money for the agency. The biggest challenge being that many ADSAP clients often do not follow through with payment plans and options. Being allowed to apply for the block grant for ADSAP treatment clients who are indigent has been helpful, but we continue to lose money in this area. Also, turnover at probation make OBI services difficult to maintain and often referrals may not come in. TFC staff is in contact with probation and maintaining a strong relationship to increase care for those referred.

Treatment:

TFC adult treatment staff consists of 7 full-time counselors, 1 part-time contracted counselor, a program coordinator, a director of MAT services, 3 assessment counselors and a Director of Treatment. All counselors are credentialed with APSC or are in process and receiving supervision and are trained in the importance of managing priority clients, (IV, pregnant women, etc.), crisis management (identifying and managing intoxicated clients and clients in withdrawal, suicidal ideation, etc.), placement, staffing, and discharge. We provide women's and men's specific groups to manage issues related to each, as well as coed groups and groups specific to MAT treatment. There are morning and evening groups to accommodate client work schedules, and counselors are available to schedule appointments for clients who cannot attend group sessions.

Our assessment team provides assessments and can be scheduled, as needed. Our intake process allows for greater access and screens for withdrawals and priority needs, as well as contagious diseases. The intake/assessment staff coordinates with MAT staff to ensure same day engagement and orientation and with all staff to ensure clients are scheduled for treatment planning and treatment services within 5 days of assessment.

TFC also employs 1 full-time adolescent counselors, 2 full-time Bridge counselors, and a program coordinator. Due to the nature of working with adolescents, these counselors schedule complete assessment and treatment planning and work with clients to determine needs. All adolescent counselors are trained to identify and accommodate case management needs, family issues, crisis management, self-harm, etc., as well, regular trends and fads within adolescent population. Bridge continues to have a huge positive impact across the adolescent spectrum of care, including those we serve who are involved in the criminal justice system.

The agency has a contract with Federal Probation for adults and Department of Juvenile Justice for adolescent services. We have active referral systems established and working with Spartanburg Regional Health Care and Mary Black Hospitals, Department of Social Services, Spartanburg Probation, Pardon and Parole, Spartanburg County Jail SCORF Program, St Luke's Free Medical Clinic, Regenes Health Care, housing initiative A Place to Call Home, all local school districts for students and employees, and receive less formal referrals from local lawyers, doctors, and employers.

Needs for treatment continue to revolve around transportation issues and negative stigma and beliefs about SUD. However, we need to focus on expansion and meeting the needs of the quickly growing population in Spartanburg. TFC and its partners will need strong coordination and communication along with additional funding and resources to meet the needs of the community at large.

There are a couple of specific issues relating to MAT and Adolescents. MAT has access to injectable buprenorphine (Sublocade/Brixadi) and the benefits of these seem to be incredible. Sublocade can offer a natural taper (eliminating risk of dangerous withdrawals) and many recovery houses will allow the injectable but not the oral buprenorphine. However, the injections are not covered by grants and the uninsured and many insured with high co-pays/deductibles cannot afford the cost. This means most clients who need it most cannot afford it. This means that out of the 207 clients receiving buprenorphine at the agency, only 8 have access to the benefits of injectable buprenorphine.

With our adolescent department, our MOU with Whitlock Flexible Learning has opened the door to meeting more students at their school, solving transportation issues and causing less interference with their family life. However, since then we have had schools from District 2, 3, and 7 as well charter schools reaching out regarding on campus services. We currently do not have the staff to meet these requests, but work with the districts and prevention staff to have staff there when possible.

Recovery Services

TFC's recovery services team is staffed with 7 PSS and 2 PSS Team Supervisors. There are 4 PSS assigned to Spartanburg Medical Center (SMC) Regional Hospital and Mary Black Campus that are partially funded by the Medical University of SC

and 2 PSS at Pelham Medical Center (also part of the SMC system) funded by Greer City GPS SCORF. The peers embedded in the SMC system provide SBIRT services to hospital admissions who demonstrate at risk substance use history, in addition to taking part and often being leaders in

TFC outreach work and filling gaps at TFC when needed.

There is only 1 PSS who is always onsite at The Forrester Center, 1PSS specific to our Greer Outreach Center, an 1 PSS that is split between Greer and Spartanburg in a supervisor position. These peers engage clients and use MI to address treatment needs and readiness, provide PSI and PSG weekly, engage clients in local mutual aid groups, and take part in community fairs and outreach projects such Narcan and testing strip walks, booths as local events, and attending meetings with community partners, like the Recovery

Housing Coalition and Situation Table.

As you can see from the list of services and community activity our peers provide, we could always benefit from having more peers. TFC would benefit from one more peer to help with delivery of services in treatment department. Currently our peer at the agency serves majority MAT clients and as a substance abuse specialist and has only limited time for clientele outside of MAT. Given the increase in population previously noted in Spartanburg and the need for outreach in communities over 30 minutes or more from our site in Spartanburg, several more peers specific for outreach would be very helpful.

Overview External Capacity:

TFC has continued to strengthen partnerships. Just to name a few, currently the interim CEO attends regularly scheduled meetings with Spartanburg Office of Mental Health,

Spartanburg County SCORF Committee, Spartanburg Medical Center and Access Health, Spartanburg Behavioral Task Force, Spartanburg Recovery Coalition, The Spartanburg Academic Movement (SAM), Greer Relief, and re-connected our agency with the Spartanburg County Sheriff's Office and Spartanburg County representatives in SC House and Senate to come and tour facility and advised on current issues and legislation with Kratom and 7-OH.

These meetings have opened a host of opportunities including opportunities to speak at county council, presentation county offices and operations on trends and fads, work with SAM has helped connect with school programs, more referrals from community partners (such as the SCORF Jail program), and a \$20,000 donation from Anderson Automotive to help with client fees and copays at our Greer Outreach Facility.

Of particular importance is our role in the steering committee of the Vital Spartanburg initiative (formally BridgeSpan). Since last year, TFC has moved from being involved in only one part of the substance use outreach and overdose reduction in Priority 3, to being on the advisory boards in Priority 1 Focusing on Children, Strengthening Families, and education in schools, and priority 2 working with Office of Mental Health on crisis stabilization and the overlap needs for detox and inpatient treatment. This includes being part of and planning services in a Pilot Program in District 2 focusing the multi-tiered care Approach in our school systems and part of the TEAM UP initiative to help connect children and adolescents with medical care. We are also working to connect Stigma Reduction training, with CEs, for nurses and doctors in the SMC in priority 3 in addition to our role in outreach and overdose reduction.

Unmet or increasing needs:

Medical Detoxification options for the uninsured. With funding cuts and the focus on opiate crisis, it has become increasingly difficult to find facilities that provide medical detoxification for clients without insurance. As noted earlier, Alcohol Use Disorder is our highest priority substance and very often requires a medical detox for a person to begin treatment. Per BHDD reports (noted before) alcohol is the only substance in the top 100 emergency department diagnoses and our SBIRT peers report huge difficulties in finding suitable detox facilities to help meet the needs for medical detox. TFC

would love to work as a community partner for a detox in Spartanburg, but we do not have any capacity to do so on our own. We are involved in meetings with Vital Spartanburg initiative to discuss options for crisis stabilization, but this is currently only in the planning stages and feasibility is in process. This initiative also includes mental health, so funding may be minimum (if any at all), and we can't expect this to meet the need.

Transitional Housing for MAT clients continues to be a problem. Many facilities who provide transitional housing do not have staff equipped to manage oral buprenorphine prescriptions and the risk involved with having these prescriptions on site. The need could be met if funding were available for injectable buprenorphine through grants, alleviated all the risk that come with oral buprenorphine. We are working in conjunction with the County SCORF program and have set up vouchers we can use to continue injectable buprenorphine for those released from jail, but there is a much greater population that wouldn't qualify. We work diligently to help clients sign up for insurance, but even with insurance many can't afford the copay. If we were allowed to use grants toward copays for clients with insurance, this would greatly help meet the need.

Outreach: Though TFC continues to make great strides in outreach, there is still a need for greater movement to towns and communities around the county. There are many areas that are over 30 minutes from our main campus and issues with transportation and increased cost of living prevent our main campus being a solution to the whole county. Funding for peers and counselors specifically catering to outreach and virtual treatment would be extremely helpful and allow TFC to fill these gaps caused by proximity. We hope to get some funding from our involvement with Vital Spartanburg, but this isn't guaranteed and is only in the planning stages.

Population Increase: Increase in population has predictably limited access to medical and healthcare, school-based care, and transportation, as well as led to increase in homelessness and uninsured people need assistance. If predictions are correct the population will continue to increase and TFC will need increased access to resources in all areas of care. This will increase our need for collaboration and partnerships, as well as introducing a greater need for philanthropy and fund raising

5. 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 continues to provide COD services with consideration and coordination for our partners, such as Regenesys and Office of Mental Health. At our agency, we:

1. We offer COD services, staffed by a licensed clinician and supervised by the medical director.
2. Our medical director, a psychiatrist, provides mental health assessments and medication management. Teamed with him is a licensed clinician to provide psychotherapy to the individuals seen by the medical director. This service is

offered to any client receiving services at TFC and has been a successful addition to meeting the needs of the people we serve. Our psychiatrist currently maintains medication and treatment for 30 clients.

3. TFC and the Office of Mental Health continue to have an effective referral system in place with a close working relation between our staff and their mental health cooccurring staff. There is quarterly meeting between Interim CEO and Executive Director of Mental Health to ensure there are no gaps and that we provide the best possible care for the individuals we see for services.
4. The staff we trained in TREM and M-TREM have left the agency over the past 3 years. Currently, we only have 1 staff member for TREM and 1 staff for M-TREM. However, we have 3 female staff and 2 male staff who are prepared for training when available to prevent this occurring again. We also are looking for training outside of OSUS to meet this need, but training is very expensive and would limit the number of staff that could attend.

Section Name:

Agency Health

Equity Sub-

Section Name:

Agency Health

Equity Questions

6. 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:

TFC works attentively to meet alleviate disparities in health care. We continue to be the only substance use disorder treatment that treats the uninsured or those with inability to pay. TFC maintains and informal referral agreement with the county FQHC, Regenes Health Care, and St. Luke's Free Medical Clinic for underserved populations who can't afford a

primary care physician, and to Palmetto Proactive Healthcare, a PCP that doesn't accept any insurance for those who can't afford copays or choose not to pay for insurance. Supervisors are mindful at all staffing sessions and supervision sessions to ensure that staff are delivering services considering culture and looking for risk factors in client's health.

Our intake asks specific questions regarding TB, HIV, and our staff are trained to assess, refer, and help clients find the best options for issues and health problems outside of substance use disorder.

Section Name:

Agency Overall

Budget Sub-

Section Name:

Agency Overall

Budget Question

7. 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:

202

5

Em

ploy

ee

Sati

sfac

tion

Res

ults.

Pdf

FY
27
OSU
S
Cou
nty
Bud
get
For
m.XI
sx

Section Name:

Agency Signature

Page Sub-Section

Name: Agency

Signature Page

Question

8. APPLICANT QUESTION: ATTACH YOUR AGENCY SIGNATURE PAGE THAT IS PROVIDED IN THE ATTACHMENTS SECTION OF THIS APPLICATION.

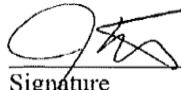
Attach your Agency Signature Page that is provided in the Attachments section of this application. Navigate to the Application Announcement, select the "Attachments" tab, and download the Signature Page. Once completed, attach it here.

Applicant Response:

Signature Page.Pdf

The FY27 County Plan has been reviewed, accepted,
approved for submission, and attested by:

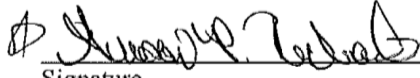
Authorized Designee, County Alcohol and Drug Abuse Authority


Signature

Jamison Smith
Name of Authorized Designee

Interim CEO
Title

Board Chair or Another Authorizing Executive


Signature

Susan P. Richards
Name of Board Chair or Another Authorizing Executive

Forrester Center - Board Chair
Title

On

April 27th 2026
Date

