

To: S.C. OPIOID RECOVERY BOARD

Date: October 16th, 2025

From: Kershaw County Commission on Alcohol and Drug Abuse

DBA: ALPHA Behavioral Health Center **On behalf of:** Chesterfield County

*Chesterfield County Council has authorized ALPHA Behavioral Health Center (ALPHA) to utilize SCORF funds in support of the opioid remediation strategies developed by the Chesterfield County Opioid Abatement Coalition (CCOAC). This application is subject to line-item severability, meaning that if any provision or budget item is deemed unenforceable, it may be modified or removed without affecting the validity of the remaining provisions. In response to the opioid crisis in Chesterfield County, CCOAC continues to expand our **Opioid Remediation Initiative**—a comprehensive, multi-faceted plan designed to reduce the harms of opioid use. This initiative focuses on deflection strategies, prevention efforts, first responder training, expanded access to treatment, and strengthened recovery supports. By integrating prevention, education, treatment, diversion, and recovery services, this initiative provides a coordinated approach to address the devastating impact of the opioid epidemic within our community.*

Statement of Need:

Chesterfield County continues to endure the devastating consequences of the opioid crisis, which has placed a significant strain on individuals, families, and community systems. National and statewide data show some long-awaited positive trends in the opioid epidemic. Local efforts and the deployment of our **Opioid Remediation Initiative** have also yielded some positive trends in reducing the harms associated with opioid misuse in our county. However, the continuation and expansion of these efforts are warranted to sustain and grow the breadth of services necessary to preserve lives. Despite ongoing countywide efforts towards prevention, diversion, treatment, and harm reducing initiatives, overdose fatalities remain alarmingly high within the county. Current data from the Chesterfield County Coroner's office confirmed 12 overdose related fatalities with 3 deaths pending, 88 suspected overdoses (ODMAP.hidta.org), and 35 recorded Naloxone deployments (ODMAP.hidta.org) as of the submission of this application. Chesterfield County is on track to exceed suspected overdoses, Narcan deployments, and deaths from the previous calendar year. Emerging trends in synthetic substance use, polysubstance use, multigenerational substance use, and over the counter substance misuse have placed a significant barrier to treatment on existing services. As a predominantly rural community, Chesterfield faces unique barriers that exacerbate the impact of opioid misuse. Limited access to specialized treatment providers, recovery support services, and reliable transportation impedes timely access to care. These systemic challenges increase the likelihood of fatal overdoses and place an undue burden on local first responders, law enforcement, and health systems, all of which are stretched beyond capacity. Also, a significant data gap complicates the county's response. The widespread community distribution of naloxone creates a serious underrepresentation of overdose events. Resuscitations performed by family members, law enforcement, healthcare providers, and others often go unreported, leaving a critical gap in both accurate data collection and the allocation of resources and funding.

Evidence for this is supported by:

- Emergency Medical Services, who continue to respond to a persistently high volume of OUD/SUD-related emergency calls, often requiring multiple doses of Naloxone to reverse overdoses,

- Coroner’s Office officials, who report a marked increase in toxicology findings showing illicit drug mixtures, including fentanyl combined with methamphetamines and other synthetic substances,
- Criminal Justice partners, who consistently observe evidence of OUD/SUD within the incarcerated population, highlighting the intersection of substance use disorder and criminal behavior,
- Judicial System partners, who consistently observe evidence of OUD/SUD in criminal cases and prosecutions,
- Law enforcement partners, who have documented sustained opioid- and illicit substance-related criminal offenses, indicating both trafficking and sustaining community-level use,
- Emergency medical providers, who continue to treat sustaining numbers of OUD/SUD cases in local emergency departments, straining hospital resources,
- Faith-based community partners, who report sustaining numbers of parishioners and families impacted by OUD/SUD, reflecting both spiritual and social consequences of the crisis,
- Minority and marginalized community members, who share evidence of disproportionate increased in OUD/SUD within their neighborhoods, often compounded by barriers to care and limited access to recovery resources,
- ALPHA Behavioral Health Center and other treatment providers, who report that despite hiring an additional clinician, barriers exist towards treatment in responding to the increase in multigenerational substance use, polysubstance use, synthetic substance use, and over the counter substance use.

To advance the objectives of the **Opioid Remediation Initiative**, ALPHA seeks additional resources to expand data collection, increase access to evidence-based treatment, strengthen prevention initiatives, expand diversion efforts, and promote sustainable recovery for residents of Chesterfield County. The county encompasses 805.66 sq. miles and consists primarily of small towns and rural communities, conditions which often exacerbate barriers to care and service delivery. According to the U.S. Census Bureau, Chesterfield County has a population of 43,273 (census.gov), with 20.3 percent of residents living below the federal poverty threshold—significantly higher than the national average of 12.5 percent (census.gov). These demographic and geographic factors underscore the critical need for enhanced resources to effectively respond to the opioid crisis and mitigate its ongoing impact within the county.

Existing efforts towards the “Opioid Remediation Initiative” have been multifaceted and involve various stakeholders including healthcare providers and law enforcement. Through this initiative ALPHA launched “Help is Here/ Recovery is Possible” a targeted media campaign, increased clinical staff, increased ODmapping Data collection, expanded Naloxone distribution, and developed a diversion program within the Chesterfield Co. Sheriff’s Dept. ALPHA provides various behavioral therapies, peer guided support services, public awareness campaigns, prevention education, and access to Naloxone and testing kits. Through conducting countywide needs assessment, CCOAC has developed a Co. Community Action Plan. CCOAC continues to work to strengthen community partnerships. To continue fulfilling our remediation initiative and expand mitigating efforts ALPHA seeks to sustain the aforementioned efforts and deploy new strategies; including, launching our “MAT expansion Initiative” a comprehensive in-house and on-demand Medication-Assisted Treatment program, increasing MAT education, expanding

diversion program within CCSD, increasing access to clinical services, and engage new stakeholders through community involvement.

Targeted opioid relief funding is critical to strengthen Chesterfield County's response.

ALPHA Behavioral Health Center currently utilizes county, state, and federal funding sources including SCORF funds, OSUS harm reduction grants, and other state-supported clinical and prevention programs including MAT support. These resources provide a foundational support; however, the demand opioid specific services continue to exceed our counties current capacity. The proposed Phase Three of SCORF funding Y2026 will sustain and expand current efforts, support staffing, broaden outreach, support infrastructure, expand our diversion efforts, increase access to MAT services, leverage partnerships with stakeholders, and enable data-driven evaluation for measurable outcomes.

*We are requesting **\$524,388.68** to continue implementing the "Opioid Remediation Initiative" for the 2026 calendar year.*

Approved Abatement Strategies that will be implemented:

Strategy: J. Leadership, Planning, and Coordination (Approved Uses: Other Strategies):

Initial

Continuation

- 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 (J.1.).

Budget Narrative: The carryover funds in the amount of **\$99,801.43** from Phase 2 will be directed towards supporting the personnel, Coalition Director and Project Supervisor that provide leadership, planning, coordination for CCOAC and the activities that support training, technical assistance, and other strategies to abate opioid misuse. The requested continuation funding of **\$111,841.04** under Strategy J.1. Leadership, Planning, and Coordination will sustain and expand Chesterfield County's Opioid Remediation Initiative through the Chesterfield County Opioid Abatement Coalition (CCOAC). Funds will support personnel and operational costs necessary for ongoing leadership, planning, and coordination of countywide abatement strategies. The Coalition Director (\$64,000; 100% FTE) provides full-time leadership and oversight of coalition activities, including facilitating quarterly meetings, coordinating community partners, managing reports and data collection, implementing evidence-based prevention and harm-reduction strategies, and maintaining the "Help is Here / Recovery is Possible" media campaign. The Project Supervisor (\$14,000; 14% FTE) provides administrative oversight, technical assistance, and supervision to ensure program compliance and fiscal accountability. Fringe benefits total \$27,300 (35% of salaries) for both positions. Operating costs of \$3,000 will cover essential communication services, office supplies, and technology needed for coordination and reporting. Professional training and development (\$250) will allow staff to attend the SC Governor's Opioid Summit and other relevant training events to stay current on best practices in harm reduction, prevention, treatment options, drug trends, diversion, and recovery. Travel at \$1,260

will support in-state travel for meetings, outreach, and training events. Coalition engagement funds (\$720) will provide refreshments for quarterly meetings and professional trainings to foster participation and collaboration among partners. Communication and outreach costs (\$1,311.04) include, \$311.04 for maintaining the coalition website (www.ccoac.com) to share resources and updates, and \$1,000 for shared access to the county's Everbridge E-911 alert system to notify residents of overdose spikes and Narcan availability. Together, these funds ensure continued leadership, training, collaboration, and community engagement to effectively mitigate the harmful impact of opioid misuse in Chesterfield County.

Implementation Plan: To sustain and expand the "Opioid Remediation Initiative," the Coalition Director (CD) will coordinate and facilitate evidence-based, best practices with community partners to mitigate the harmful impact of substance use/misuse. The CD will oversee the deployment of approved abatement strategies, coordinate overdose response, oversee data collections, manage funding resources, manage reports, monitor efficacy of harm reducing initiatives, and foster collaboration among diverse stakeholders. The CD is and will be employed at ALPHA for Chesterfield Co. and supervised by the Project Supervisor. Through this strategy the CD has formed the Chesterfield Co. Opioid Abatement Coalition (CCOAC). The Coalition has held quarterly meetings and 3 major training sessions in the last funding cycle. The CD partnered with the county Coroner's Office to host an expert training providing CE/CU credits on "Emerging Drug Threats and Overdose Trends" facilitated by expert Forensic Toxicologist, Dr. Demi Garvin of the Forensic Sciences Network. The Coalition has also conducted countywide needs assessment, facilitated 2 CAP planning meetings, and drafted a comprehensive Community Action Plan. The Coalition has also developed a countywide Overdose Response Plan in response to previous overdose spikes within the county that resulted in 4 overdose deaths within 48 hours. The CD has been able to expand access to Naloxone by deploying Naloxone vending at Chesterfield Co. Detention Center and by partnering with community distributors. The CD has been able to expand access to care by hiring/retaining a clinical counselor. The CD maintains a robust outreach schedule towards drug prevention, as of submission of this application the CD has facilitated 6 Opioid/Drug related meetings, given 11 opioid/SCORF related presentations, attended 8 trainings, assisted with 2 Drug Court graduations, held 8 strategy sessions, held 4 Coalition meetings, given 4 updates to county officials, 3 updates to municipalities, along with regularly attending Rotary Club, Lion's Club, Service Club, Coordinating Council, and Health Committee. The CD has deployed a targeted media campaign, "Help is Here/ Recovery is Possible" on mobile billboards, standalone signage, broadcast/podcast and printed materials. The CD has hired/retained a Diversion Coordinator within the Chesterfield Co. Sheriff's Dept. who conducts post overdose response and diversion to treatment interventions. The CD will attend one out of state training and at least 2 in state trainings to provides up-to-date information on evidence-based strategies, new treatment models, harm-reduction approaches, and prevention programs that have proven effective. The CD has met barriers in retaining clinical staff, barriers to accessing harm reduction materials due to shipping lag times and availability, limited treatment capacity, restrictions on MAT services for the incarcerated populations, and barriers to deploying certain strategies due to stigma and social concerns. The CD will continue to deploy evidence-based strategies to mitigate the harms associated with opioid misuse in Chesterfield Co. by focusing on Diversion, Intervention, Prevention, and Treatment.

Process Measure:

- Maintain and document quarterly Chesterfield County Opioid Abatement Coalition (CCOAC) meetings.
- Host or co-sponsor a minimum of 2 professional training events per year (including CE/CU credit opportunities) focused on opioid prevention, treatment, or harm reduction.
- Update and distribute the County Overdose Response Plan annually or after significant overdose spikes.
- Conduct at least 2 community needs assessments or data updates annually to identify emerging drug trends and gaps in treatment/intervention capacity.
- Maintain “**Help is Here / Recovery is Possible**” media campaign and track broadcast reach, printed material distribution, and mobile billboard impressions monthly.
- Track Naloxone deployment and access points, including vending units and community distribution partnerships.
- CD will prepare all reports and grant proposals.

Outcome Measure:

- 75% Participation of CCOAC members at quarterly meetings FY2026 increase from 50% in 2025. That is 30 of our 40 members regularly attending up from 20 regularly attending in Y2025.
- 50% Increase in knowledge of overdose response and drug trends shown in post surveys from specialized trainings. 100% of attendees will be pre-post surveyed before and after trainings. At least 50% will demonstrate increased knowledge on OD response and drug trends.
- Annual updated Response Plan will be implemented and shared with first responding agencies, Sheriff’s Dept, Coroner’s Office, CCOAC, Lifeguard EMS, and Co. E911.
- CD will distribute at least 100 printed materials per months at outreach events and track media impressions.
- Through vending and outreach at least 30 boxes of Narcan and 30 Testing kits will be distributed each month.
- CD will present updated needs assessment to County Council, CCOAC, & other community stakeholders by June 30th, 2026.
- CD will prepare and submit all reports and grant proposals by regulated deadlines in 2026.

Budget for Strategy: ALPHA requests \$111,841.04 to continue the approved strategy.

Personnel				
Position	Name	Key Staff Annual Salary	Level of Effort	Total Charged to Award
Coalition Director	TBD	\$64,000.00	100% FTE	\$64,000.00
Project Supervisor	TBD	\$14,000.00	14% FTE	\$14,000.00
Fringe Benefits	@ 35% (State Employee benefit) CD + PS	\$22,400 + \$4,900 =\$27,300		\$27,300.00
			Total:	\$105,300.00
Item	Purpose	Calculation		Total charged to Award
Office Phone, Internet, Copy, Equip, Supplies	CD provide services outlined in the proposal.	\$250/month x 12 months		\$3,000.00

Trainings	Harm Reduction, Drug Trends, Diversion Programs, Prevention	SC Governor's Opioid Summit \$100, Saving Lives Through Safety Planning, other training TBD	\$250.00
Travel	Mileage for work & trainings per diem (lodging, food, parking)	Mileage at annual federal rate \$0.70/mile x 150 miles per month x12 months=\$1,260	\$1,260.00
Coalition Meetings	Snacks for CCOAC Meetings	@ federal rate of 3.00 x 40 attendees x 4 Meetings & 2 Trainings	\$720.00
Coalition Website www.ccoac.com	CD provide services outlined in the proposal. Inform county residents, announce trainings, meetings, provide edu. Supports.	Wix.com hosting site at \$25.92 per month for hosting fee x12 months = \$311.04	\$311.04
Everbridge E-911 Alert System Access	Access to C'field Co. Emergency Alert System to alert citizens of overdose spikes, Narcan availability, signs/symptoms of OD, etc.	\$1,000 fee as a shared cost with Chesterfield Co. Government to renew access to Emergency Management alert system.	\$1,000.00
		Total:	\$111,841.04

Strategy: B. Support People in Treatment and Recovery (Approved Uses: Treatment):

Initial

Continuation

- Hire or train behavioral health workers to provide or expand any of the services or support for people in treatment and recovery (B.15.)

Budget Narrative: ALPHA requests **\$78,250.00** in continuation funding under Strategy B.15. to sustain and strengthen treatment and recovery services for individuals affected by Opioid Use Disorder (OUD) and Substance Use Disorder (SUD). Funds will support the full-time salary of Shana Adams, Master's-level Clinical Counselor (\$55,000.00; 100%FTE) and associated fringe benefits (\$19,250.00), enabling continued delivery of comprehensive ASAM assessments, individualized treatment planning, crisis intervention, relapse prevention, family engagement, and coordination of ancillary support services. An additional \$3,000.00 is allocated for office-related supplies, phone, internet, and equipment necessary to maintain efficient service delivery and documentation. To ensure continued professional growth and alignment with evidence-based practices, \$600.00 is designated for specialized trainings such as Cognitive Behavioral Therapy, Motivational Interviewing, and Contingency Management, and \$400.00 is budgeted for licensure renewal and continuing education credits. This investment will sustain a critical clinical position that enhances client engagement, increases treatment retention, and supports long-term recovery outcomes for individuals and families in Chesterfield County.

Implementation Plan: To strengthen and expand treatment service delivery, a designated Master's-level Clinical Counselor has been appointed to enhance organizational capacity in providing comprehensive care for individuals affected by Opioid Use Disorder (OUD) and Substance Use Disorder (SUD). The Clinical Counselor is responsible for administering comprehensive ASAM assessments, developing and implementing individualized treatment

plans, providing crisis intervention, facilitating relapse prevention strategies, promoting family engagement in the recovery process, coordinating ancillary support services, and ensuring the maintenance of complete and accurate clinical documentation. *(Note: Funding support from OSUS for additional counseling positions in the Chesterfield office was not approved.)* The current clinical caseload includes 67 clients, of whom 41 have been diagnosed with OUD, including three pregnant women actively engaged in treatment for OUD/SUD. Of the 41 clients diagnosed with OUD/SUD 75% have been engaged over 90days are retaining appointments. With this effort, the organization aims to improve client engagement, increase treatment retention, and enhance long-term recovery outcomes for individuals and families impacted by substance use disorders. CC will attend two training either in person or online to ensure she remains current with evolving best practices, evidence-based treatment models, and regulatory standards. These trainings will also support professional growth, promote ethical and culturally competent care, and help prevent burnout. Despite the progress made with the addition of a Clinical Counselor, several barriers continue to affect service delivery and program growth. A high clinical caseload reduces the capacity to deliver intensive, individualized care and consistent follow-up. Additionally, limited access to essential support services, such as transportation, childcare, and housing, continues to hinder client engagement and disrupt treatment continuity.

Process Measure:

- The Clinical Counselor will conduct comprehensive ASAM assessments for all new clients presenting with Opioid Use Disorder (OUD) or substance use disorder (SUD) to determine individualized levels of care.
- Individualized treatment plans will be developed within 14 days of assessment and will align with ASAM criteria and evidence-based treatment standards.
- All assessments, treatment plans, and progress notes will be documented in the electronic health record (EHR) system according to agency policy and DHEC standards.
- Complete at least two professional trainings annually related to OUD/SUD, trauma-informed care, or behavioral health ethics.

Outcome Measure:

- Attain at least a 95% compliance rate for treatment plans completed within 14 days of assessment.
- At least 75% of clients will show improved treatment engagement and stability as evidenced by consistent attendance, reduced relapse events, or improved psychosocial functioning.
- Attain a minimum 95% accuracy rate in documentation of assessments, treatment plans, and progress updates as verified through quarterly quality assurance audits.
- The Clinical Counselor will demonstrate integration of at least one new evidence-based or trauma-informed practice each year based on professional training and maintain 100% compliance with licensure renewal, supervision, and continuing education requirements.

Budget for Strategy: ALPHA requests \$78,250.00 to implement the approved strategy.

Personnel				
Position	Name		Level of Effort	

		Key Staff Annual Salary		Total Charged to Award
Clinical Counselor	TBD	\$55,000.00	100% FTE	\$55,000.00
Fringe Benefits	@35% State Employee Benefit	\$19,250.00	100%FTE	\$19,250.00
			Total:	\$74,250.00
Supplies/Training/Certification				
Office Phone, Internet, Copy, Equip, Supplies	CC provide services outlined in proposal.	\$250/month x 12 months		\$3,000.00
Trainings	CBT, Motivational Interviewing, Contingency Management, OUD/SUD	TBD based upon immediate availability and location		\$600.00
Certifications, CE	License & CE Credits	License \$150 + \$250 CE		\$400.00
			Total:	\$78,250.00

Strategy: H. Prevent Overdose Deaths and Other Harms (Harm Reduction) (Prevention):

Initial

Continuation

- 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 general public (H.1.).

Budget Narrative: ALPHA requests **\$13,739.50** to support the continued operation of an outdoor harm reduction vending machine at the Chesterfield County Detention Center (CCDC) to prevent opioid overdose deaths and reduce substance-related harms (H.1.). Funds will provide 24 cases of Narcan (\$9,504), 720 fentanyl/xylazine test kits and related supplies (\$3,624.50), and two 100-packs of hygiene kits (\$611), ensuring detainees and the public have free, stigma-free access to life-saving naloxone, drug-testing tools, and personal care items. The vending machine also offers educational materials on overdose recognition, naloxone administration, and local recovery services, while six Barney Style Naloxone boxes will be installed at participating fire stations to expand community access. Awareness is reinforced through the “Help is Here” media campaign via local radio and county signage. The Coalition Director monitors the vending machine and Naloxone boxes to ensure they remain stocked, safe, and accessible. As of this submission, the machine has distributed 292 Narcan boxes, 174 test kits, and 147 hygiene kits. This budget supports continued harm reduction, promotes health equity, and enhances community safety for detainees and residents of Chesterfield County.

Implementation Plan: To prevent opioid overdose deaths, an outdoor harm reduction vending machine has been installed at the Chesterfield County Detention Center (CCDC). This innovative resource offers free hygiene kits, fentanyl and xylazine test strips, and naloxone to support both detainees and community members. The machine also provides educational materials on how to recognize and respond to an overdose, safely administer naloxone, and connect with local recovery services. Detainees diagnosed with opioid or substance use disorders are informed about their elevated risk of overdose and encouraged to access the vending machine prior to release. Six Barney Style Naloxone boxes have been purchased and will be installed at participating fire stations to reduce the barrier to access. To raise community awareness, the

“Help is Here” media campaign will continue to share information about the vending sites through local radio and signage across the county. The Coalition Director will continue to monitor the machine and vending boxes ensuring they remain stocked and accessible to those who need it most. This effort offers free, stigma-free access to naloxone, fentanyl/xylazine test strips, and hygiene kits, improving health equity and safety for detainees and the community. These vending sites will support reentry and recovery by linking individuals to treatment resources. Through this vending effort CCOAC has been able to disseminate 292 Boxes of Narcan, 174 Fentanyl/Xylazine DetecaChem Test Kits, and 147 Hygiene Kits as of the submission of this application. Challenges to providing harm reduction vending at CCDC have been correctional officers concerns surrounding safety and 2 incidents of theft/misuse. Social stigma and attitudes towards these sites as promoting substance use. A barrier is the inability to data track beyond dispense and monitor usage and outcomes.

Process Measure:

- Track the total number of naloxone kits, fentanyl/xylazine test strips, and hygiene kits dispensed monthly from the Chesterfield County Detention Center vending machine.
- Measure reductions in opioid-related overdose incidents and fatalities among recently released detainees and the broader community, where data is available. Monitor harm reduction vending efficacy by tracking dispensation numbers, overdose data, and service linkage.

Outcome Measure:

- Vending machine will disseminate a minimum of 25 boxes of Naloxone, 20 Test kits, and 15 Hygiene kits per month.
- Track reductions in opioid-related overdose incidents and fatalities among recently released detainees and in the broader community, as available through ODMAP or local EMS data. 25% reduction in overdoses related to opioids.

Budget for Strategy: ALPHA requests **\$13,739.50** to implement the approved strategy.

Harm Reduction Vending			
Item	Purpose	Calculation	Total Charged to Award
Harm Reduction Vending Supplies	Provide access to Naloxone for detainees upon release from CCDC and general public through remote vending.	*Narcan (<i>No longer Supplied by SCDHP</i>) \$33/box. \$396 per case x 24cases =\$9,504.	\$9,504.00
Harm Reduction Vending Supplies	Provide access to Test kits for detainees upon release from CCDC and general public through remote vending.	*DetecaChem Kits \$4 x 60kits x 12mnths =\$2,880 *Sterile Water x 10 =\$369.50 *Storage Bags /Pillow Boxes \$375	\$3,624.50
Harm Reduction Vending Supplies	Provide access to Hygiene kits for detainees upon release from CCDC and general public through remote vending.	* Hygiene kits 100 pk \$305.50 x 2= \$611	\$611.00
Total:			\$13,739.50

Strategy: A. Treat Opioid Use Disorder (OUD) (Approved Uses: Treatment):

Initial

☒ Continuation

- 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. (A.1.)

Budget Narrative:

ALPHA Behavioral Health Center requests **\$150,789.10** to continue and expand its in-house Medication-Assisted Treatment (MAT) program serving Chesterfield County. Funding will support \$90,000.00 for a full-time Nurse Practitioner (NP) contracted through Dr. John Emmell, and is a flat rate paid per the year term contract. Funding will also support \$38,000.00 for a full-time Certified Medical Assistant (CMA), who will provide comprehensive medical and behavioral health services for individuals with Opioid Use Disorder (OUD) and co-occurring conditions. The NP will oversee clinical assessments, medication management using FDA-approved MAT options, and individualized treatment planning, while the CMA assists with patient intake, vitals, routine drug screenings, documentation, scheduling, and follow-up care to ensure treatment continuity. Fringe benefits for the CMA only are calculated at \$13,300.00 based on the standard 35% state rate. Additional costs include \$3,000.00 for office and operational supplies, \$3,929.60 for diagnostic testing materials (urine drug screening and pregnancy kits), and \$449.50 for personal protective equipment (PPE). Staff training and certification are budgeted at \$600.00 for professional development in MAT and motivational interviewing, and \$250.00 for CMA certification renewal. Training will equip the CMA to assist with patient assessments, monitor withdrawal symptoms, manage medication safely, and document care accurately, all of which enhance clinical efficiency and patient safety. Travel is estimated at \$1,260.00 to support mileage for trainings and community outreach. This total investment of **\$150,789.10** sustains ALPHA's hybrid in-person and telehealth MAT model, enhancing access to treatment for underserved clients and supporting countywide efforts to reduce opioid-related overdoses and improve long-term recovery outcomes.

Implementation Plan: To expand our breadth of treatment ALPHA Behavioral Health Center has implemented in-house Medication-Assisted Treatment (MAT) services to address the sustaining rates of Opioid Use Disorder (OUD) in Chesterfield County. The MAT program utilizes FDA-approved pharmacotherapies, such as buprenorphine and naltrexone, in conjunction with individualized counseling, case management, and recovery support services. These interventions are designed to improve treatment retention, reduce relapse, and lower the incidence of opioid-related morbidity and mortality. In response to evolving community needs and access barriers, the ALPHA Center has expanded its MAT program to incorporate on-site medical management and on-demand telehealth services, ensuring continuity of care for clients regardless of transportation, employment, or geographic constraints. This hybrid delivery model enhances accessibility, clinical responsiveness, and patient engagement across Chesterfield County and surrounding areas. To service our existing clients with OUD/SUD and new clients with OUD/SUD a Nurse Practitioner (NP) will serve as an advanced clinical provider and will perform comprehensive physical, psychiatric, and substance use assessments; evaluate and diagnose substance use disorders, co-occurring mental health conditions, and chronic medical concerns. The NP will initiate and manage FDA-approved Medication-Assisted Treatment (MAT) options, while monitoring treatment effectiveness. Additional responsibilities include developing and implementing individualized treatment plans, integrating counseling and

psychosocial supports, monitoring patient progress, providing MAT education, conducting and interpreting laboratory tests, maintaining accurate electronic health records (EHR), and serving as a clinical leader and advocate for MAT services within the community. ALPHA seeks to provide on-demand services for clients with OUD/SUD by utilizing in-house staff and telehealth services. Additionally, a Certified Medical Assistant facilitates effective service delivery by assisting with screening procedures, obtaining and documenting vitals, patient monitoring, maintaining patient charts and EHR documentation, managing referrals, scheduling, patient intake and follow-up appointments, serves as a liaison to help clients access wrap around services, and conduct community outreach to destigmatize MAT. (*Funding for Medication Assistance for indigent clients was granted but funding for MAT medical providers was denied by OSUS*). Through this effort 97 clients maintain access to treatment with 72 of those being active and 40 of those being admitted in Y2025. Of those active clients 60% are engaged and retaining therapy appointments along with medical visits. Barriers to MAT are provider capacity and transportation. Many clients also face co-occurring mental health issues and unstable living conditions, making consistent engagement in MAT difficult and underscoring the need for expanded resources and coordinated care.

Process Measures:

- NP/CMA will screen 100% of OUD/SUD clients for MAT eligibility within 24 hours of intake.
- NP will initiate MAT for eligible clients within 14 days of intake.
- NP will develop individualized treatment plans for 100% of clients initiating MAT services.
- NP will diagnose and prescribe appropriate MAT medications within 24-48 hours of screening or on-demand when clinically indicated.
- NP will review and update treatment plans every 90 days to ensure clinical responsiveness.
- CMA will conduct 100% of required routine drug screenings and maintain active monitoring of all MAT clients.
- CMA will follow up with all MAT clients inactive for more than 30 days to promote re-engagement.
- CMA will coordinate warm hand-offs with McLeod Health, Tri-County Mental Health, CCSD Diversion, and Detention Center staff.

Outcome Measures:

- 95% of eligible clients will be enrolled in MAT services within 14 days of intake, demonstrating timely access to treatment.
- At least 80% of clients initiating MAT will remain actively engaged in services for a minimum of 90 days.
- 85% of clients will show measurable improvement in recovery stability, as evidenced by reductions in opioid use confirmed through negative drug screens and client self-reports.
- 90% of clients will have treatment plans adjusted to reflect changing needs or progress within each 90-day review period.
- 85% of clients prescribed MAT medications will adhere to their medication regimens as verified through follow-up assessments and refill compliance.

- The rate of relapse among MAT participants will decrease by at least 20% over the program year compared to baseline data.
- At least 60% of clients re-contacted after 30 or more days of inactivity will return to active participation in MAT services.
- 100% of clients referred to external partners (McLeod Health, Tri-County Mental Health, CCSD Diversion, or Detention Center) will have documented follow-up or confirmation of service connection within 14 days of referral.

Budget for Strategy: ALPHA requests **\$150,789.10** to implement the approved strategy.

Personnel				
Position	Name	Key Staff Annual Salary	Level of Effort	Total Charged to Award
Nurse Practitioner (NP)	TBD	\$7,500.00 Monthly/ \$90,000.00 Annually	100% FTE	\$90,000.00
Certified Medical Assistant (CMA)	TBD	\$38,000.00	100% FTE	\$38,000.00
Fringe Benefits	@35% State Employee Benefit	\$13,300.00		\$13,300.00
			Total:	\$141,300.00
Supplies/Training/Certification				
Office Phone, Internet, Copy, Equip, Supplies	NP/CMA provide services outlined in proposal.		\$250/month x 12mnths	\$3,000.00
Diagnostic Supplies:	NP/CMA provide services outlined in the proposal.		Radeas Urine drug screening kits @ 160 cups per month x 12 months =1,920cups x \$2.03 per cup=\$3,897.60, Point-of-care pregnancy test kits = \$32	\$3,929.60
Personal Protective Equipment (PPE):	NP/CMA provide services outlined in proposal.		Nitrile/Latex Gloves 1000 @ \$68 x 6 = \$408.00 Sharps Containers (6) = \$41.50	\$449.50
Trainings	CMA Training SUD/ODU, Motivational Interviewing, MAT, Other		TBD based upon immediate availability and location	\$600.00
Travel	CMA Mileage for work & trainings per diem (lodging, food, parking, incidentals)		Mileage at annual federal rate \$0.70/mile x 150 miles per month x 12 months=\$1,260	\$1,260.00
CMA Certification	CMA provide services outlined in the proposal.		CMA Exam Cost per AAMA @ \$250.00	\$250.00
			Total:	\$150,789.10

Strategy: D. Address the Needs of Criminal Justice-Involved Persons (Approved Uses: Treatment). G. Prevention Programs (Core)

Initial

Continuation

- 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 (G.5.)

Budget Narrative: ALPHA requests **\$102,058.15** to sustain the **Prevention Coordinator (PC) position**, which is essential to the “Narcotics Diversion to Treatment Initiative” under Strategy G.5. The PC, Shawn GoPaul, receives a salary of \$50,769 with \$17,769.15 in fringe benefits, totaling \$68,538.15. This role ensures rapid overdose response, warm hand-offs to treatment, ODMapping data management, and diversion of criminal justice-involved individuals from incarceration. Funding also covers technology and office needs, including a computer, printer, phone, internet, and office supplies at \$6,440, transportation for outreach and treatment referrals is \$7,800 for vehicle maintenance and gas, and training in SUD/ODU, MAT, diversion programs, and overdose response (\$2,500). Two annual Drug Take-Back/Safe Storage events are supported with \$16,780 for Deterra packets, Safe Rx vials, capsule counters, and law enforcement overtime. This investment enables the PC to respond to all suspected overdoses, facilitate treatment engagement, improve ODMapping data, and advance community education on safe medication disposal, strengthening collaboration across law enforcement, emergency response, and behavioral health services to reduce opioid-related harms.

Implementation Plan: To continue to fulfill our “Opioid Remediation Initiative” and expand our “Narcotics Diversion to Treatment Initiative,” we will use 3 deflection centered pathways—Naloxone Plus, Officer Intervention, Post-Overdose Response to target criminal justice involved and at-risk individuals within our community. To sustain and expand efforts in addressing substance use and overdose incidents within Chesterfield County, the Prevention Coordinator position will continue to serve as a critical linkage between law enforcement, emergency response, and behavioral health services. The PC’s role is to provide immediate response to overdose events, identify individuals at risk, and facilitate diversion into treatment pathways rather than incarceration for minor drug-related offenses. The PC will continue to oversee data collection by managing the Overdose Detection Mapping Application program (<http://odmap.hidta.org/>) and oversee the training of county first responders on ODMapping application. The PC will also conduct a minimum of 2 annual Drug “Take-Back” Disposal/Safe Storage events. The PC has helped to lesson repeat offenses by those with OUD/SUD, enhance collaboration between systems, expand access to treatment, disseminate naloxone to those at risk, provide data accountability, and provide overdose response. Chesterfield Co. has experienced 83 suspected overdoses the PC has responded to and documented on 83 of those suspected overdoses. Through a partnership with the SCDPH COPE Paramedic assigned to our region the PC has been able to warmly hand off 18 individuals to treatment services. PC also conducts interviews with all individuals detained on opioid related drug offenses. PC has coordinated Drug Take-back event on April 26th at 4 county locations collecting 36.5 pounds of pills and were sent to the DEA to destroy and 100 prescription locking vials were dispensed and on October 25, 2025, at 2 county locations a total of 19lbs of pills we collected and sent to the DEA to be destroyed totaling 55.5lbs of narcotics collected for Y2025. Barriers to diversion methods have been a lack of residential treatment facilities, limited availability of treatment services, legal eligibility constraints, and limited dual diagnosis. Also, stigma and mistrust due to previous negative experiences with the system can hinder individuals complying with diversion efforts.

Process Measure:

- PC will provide overdose response for all of Chesterfield Co.

- PC will provide “diversion to treatment” warm hand off opportunities to criminal justice involved individuals with OUD/SUD in 2026.
- PC will manage overdose data collection & track reported overdoses in ODmaps.
- PC will coordinate 2 Drug Disposal/Safe Storage events in April/ October of 2026.

Outcome Measure:

- 100% of suspected overdoses will be responded to and interventions offered within 24-48 hours by PC and documented.
- 30% reduction in duplicated individuals presenting in the criminal courts for reoffences.
- One 3rd of criminal justice involved individuals with OUD/SUD referred to treatment will keep their initial appointment at treatment facility.
- ODmapping data will improve by 50%. 100% of suspected will be entered into ODmapping within 48hours.
- PC & CCOAC will engage over 200 community members across 2 events in best Disposal & Storage practices, dispersing 400 Disposal packets & 200 Locking Prescription Vials.

Budget for Strategy: ALPHA requests **\$102,058.15** to implement the approved strategy.

Personnel				
Position	Name	Key Staff Annual Salary	Level of Effort	Total Charged to Award
Prevention Coordinator	TBD	\$50,769.00	100% FTE	\$50,769.00
Fringe Benefits	@35% State Employee Benefit	\$17,769.15	100%FTE	\$17,769.15
			Total:	\$68,538.15
Supplies/Training/Certification				
Technology Needs: Computer & Printer Software	PC provide services outlined in proposal.		Computer & Programs \$1,500 Printer \$500 Software for ODmapping (No cost)	\$2,000.00
Office Phone, Internet, Copy, Equip, Supplies	PC provide services outlined in proposal.		\$250/month x 12 months	\$3,000.00
Trainings	SUD/ODU, MAT, Paari, Diversion Programs, ODMapping, Post Overdose Response		TBD based upon immediate availability and location	\$2,500.00
Cellular Telephone	Access Directly to PC		Cellular Device Monthly Service \$120x 12 months=\$1,440.0	\$1,440.00
Transportation/Vehicle	Access to OUD/SUD individuals, warm hand off transportation		Service \$150 month x 12 mnths=\$1,800.00 Gas=\$500 monthly x 12 months =\$6,000.00	\$7,800.00
Drug Take Back Events	Prevention misuse of opioids		Deterra Safe Disposal 400 x \$5.00=\$2,000.00 Safe Rx Locking Vials \$547 (Case of 50) x 8 cases \$4,380 Automatic table/Capsule Counter 4 x \$1,600.00=\$6,400 Law Enforcement Overtime 2events x 10 Officers x 8hrs x \$25.00/hr=\$4,000	\$16,780.00
			Total:	\$102,058.15

Strategy: K. Training (Approved Uses: Other Strategies)

Initial

Continuation

- 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 (K.1.)

Budget Narrative: ALPHA requests **\$25,000.00** to implement Strategy K.1., providing training and networking opportunities to enhance the capability of government, community, and not-for-profit entities to address the opioid crisis. This funding will support 10 key (CCOAC) stakeholders including the Coalition Director, Karen Short, SCORF Project Manager, Sarah Owens, 4th Circuit's Chief Deputy Solicitor, Kernard Redmond, 4th Circuit Solicitor's Drug Case Prosecutor, Sarah C. Campbell, Chesterfield Co. Chief Deputy Coroner, John E. Davis, Chesterfield Co. Sheriff's Dept. Diversion Coordinator, Shawn GoPaul, McLeod Health Hospital Emergency Dept. and ICU Director, Austin Caulder, Chesterfield Co. School District Chief of Student Services, Dr. Omoro King, Chesterfield School District Chief Nursing Manager, Shirlean W. Johnson, and Chief Magistrate Court Judge, John Davis to attend the National Rx & Illicit Drug Summit in Nashville, TN in April 2026. The Summit will provide four days of sessions on emerging drug trends, addiction science, effective treatment modalities, research findings, and best practices for prevention, treatment, and recovery. This training is needed to ensure that key stakeholders in Chesterfield County are fully equipped to address the rapidly evolving opioid crisis, including emerging synthetic drugs, overdose trends, and evidence-based prevention and treatment strategies. By attending the Summit, coalition members gain critical knowledge and best practices that can be directly applied to improve community safety, expand treatment access, and strengthen collaborative efforts across local agencies. The budget includes \$6,000 for registration, \$10,280 for lodging, \$5,500 for capped travel, and \$3,220 for per diem, totaling \$25,000. Attendees will complete pre- and post-Summit surveys to measure knowledge gains, and the Coalition Director will host a Mini Collective with expert-led presentations to share Summit insights with local partners. Expected outcomes include increased knowledge of best practices, adoption of evidence-based protocols, and strengthened collaboration among local agencies to reduce opioid-related harms.

Implementation Plan: To expand knowledge of the opioid crisis key CCOAC members and the CD will attend the National Rx and Illicit Drug Summit in Nashville, TN in early April of 2026. Attendees will attend 4 days of carefully planned sessions addressing emerging drug trends, exploring the science of addiction, hearing effective treatment modalities, sharing research findings, and overall learning best practices for prevention, treatment, and recovery. In Y2025 10 key stakeholders attended the Rx & Illicit Drug Summit in Nashville, TN. The summit provided a range of strategic, educational, and collaborative benefits that can strengthen their individual and collective efforts to address substance use and the opioid crisis. Pre-surveys showed that 70% of attendees were highly optimistic about learning best practices to combat the opioid epidemic, believed that expanding treatment and recovery services were essential to addressing OUD/SUD, and that harm reduction methods help save lives. Pre-summit survey showed moderate knowledge of opioids and unanimous agreement that community involvement is needed to combat the opioid crisis. Post-surveys showed that 83% of attendees strongly agreed they learned best practices for combating the opioid crisis, 100% agreed that interventions like

Naloxone saves lives, 100% agreed we need more community-based services, and 83% agreed that expanding treatment and recovery services is essential to addressing OUD/SUD. The CD will host a Mini Collective featuring a clinical expert and other county agency leaders. This mini-collective will include presentations such as “Synthetic Opioids and Community Safety,” and “Prevention Starts Early: You, Family, & Resilience Building.” This mini-Collective will be an effort to collaborate with our mental health agencies to bring awareness and education to our community about substance use and suicide. CCOAC held an expert training at the Chesterfield Co. Sheriff’s Department on July 17th. This expert training was facilitated by Forensic Toxicologist, Dr. Demi Garvin, Director of Forensic Services for Forensic Science Network. The training was a 2 ½ hour session entitled “Emerging Drug Threats and Overdose Trends: a 2025 Update for Responders.” Dr. Garvin shared her expertise in forensics, brain disease, and the latest drug trends. Attendees reported 75% increase in knowledge of synthetic substances and overdose fatality trends. Potential barriers include limited funding, scheduling conflicts, and challenges in sharing and applying knowledge locally. Low community participation, coordination difficulties among agencies, and limited resources for trainings may also affect implementation.

Process Measure:

- 10 key CCOAC members will attend the National Rx & Illicit Drug Summit April 2026
- The CD will conduct pre and post surveys measuring learning outcomes.
- Document questions asked, contributions, and networking activities during sessions.
- 100 CCOAC partners and community members will be invited to the expert training.

Outcome Measure:

- Summit Attendance report with 10 names, titles, and represented agency.
- Results from 10 pre and post Summit surveys will show a 50% increase in best practices for prevention, treatment, diversion, and recovery.
- Adoption of at least one new evidence-based protocol or program inspired by Summit learnings in local agencies.
- 50% of invitees will attend the expert training. 10 individuals will receive CE/CU credit for expert training.

Budget for Strategy: ALPHA requests **\$25,000.00** to implement the approved strategy.

Training: Rx & Illicit Drug Summit			
Item	Purpose	Calculation	Total charged to Award
10 Rx & Illicit Drug Summit Registrations	Multidisciplinary stakeholders engage in the most influential event addressing the opioid crisis learning best practices.	*Early Discounted Summit Regis. \$600 x 10 attendees= \$6,000.	\$6,000.00
Lodging	Multidisciplinary stakeholders engage in the most influential event addressing the opioid crisis learning best practices.	*Lodging Rate: \$257 x 4 nights= \$1,028 x 10 attendees = \$10,280	\$10,280.00

Travel	Multidisciplinary stakeholders engage in the most influential event addressing the opioid crisis learning best practices.	*Travel Mileage at federal rate \$0.70/mile x 948.8 miles roundtrip= \$664.16 x 10 attendees = \$6,641 (CAP \$5,500). <i>(Not to exceed \$550)</i>	\$5,500.00
Per Diem	Multidisciplinary stakeholders engage in the most influential event addressing the opioid crisis learning best practices.	*Per Diem: First/Last Day of Travel \$64.50 x 10 attendees \$645. Full days at \$86/daily (GSA) x 3Days = \$258 x 10 attendees= \$2,580. <i>(Mileage and Per Diem will be capped per attendee to not exceed the \$2,500 allowable expense for out of state travel per SCORF.)</i>	\$3,220.00
Total:			\$25,000.00

Strategy: G. Prevention Programs (Core)

Initial

Continuation

- Funding for media campaigns to prevent opioid use (like the FDS’s “Real Cost” campaign to prevent youth from misusing tobacco) (G.1.)

Budget Narrative: CCOAC requests **\$17,740.00** to continue implementation of the **“Help is Here / Recovery is Possible”** media campaign under Strategy G.1. Prevention Programs (Core). This ongoing prevention initiative supports the goals of the “Opioid Remediation Initiative” by increasing community awareness, preventing opioid misuse, and promoting recovery through a combination of mobile advertising, radio messaging, and educational materials. Funding in the amount of \$12,000.00 will support the continuation of two wrapped PDRTA cutaway transit buses displaying “Recovery is Possible” messaging on 2 targeted PDRTA routes. Each bus travels throughout Chesterfield County and the Pee Dee region, reaching thousands of residents monthly and providing high-visibility prevention and recovery information. The \$4,800.00 allocation for radio advertisements will fund customized “Help is Here / Recovery is Possible” commercials broadcast daily on WCRE-93.9, producing more than 695,000 annual impressions and extending the campaign’s reach to both urban and rural listeners. Additionally, \$940.00 is budgeted for the purchase and distribution of printed media packets and brochures that educate individuals on overdose identification, naloxone use, the risks of substance use, and how to access treatment and recovery services. These packets will be disseminated by PDRTA, community partners, and first responders as part of overdose response and community engagement efforts. Together, these activities will ensure consistent, countywide exposure to prevention messaging and access-to-care resources, directly supporting the campaign’s process and outcome measures to reduce opioid misuse and promote recovery awareness across Chesterfield County.

Implementation Plan: To continue fulfilling our “Opioid Remediation Initiative,” increased awareness, and promote recovery, CCOAC will continue our “Help is Here /Recovery is Possible” Campaign; a media campaign targeted to prevent opioid use and other substances by providing access to treatment and resources. PDRTA is the largest Rural Transportation Authority (RTA) in South Carolina and the 3rd largest territory by square miles in the United States with a 60-vehicle fleet that covers 6 counties and serves over 2,000 stops in the Pee Dee. We have partnered with PDRTA to design custom “Mobile Billboard” wrapping for 2 Cutaway

transit buses that route all portions of the county. The buses display our “Recovery is Possible” messaging and provide contact information to recovery services. Media packets are disseminated along bus routes for all PDRTA rideshare in our region. The media packets educate individuals on identifying an overdose, use of naloxone, risk, and danger of substances of use, addiction as a brain disease, and how to access recovery-based services. Each cutaway bus makes 35,000 to 40,000 trips per month. 75% of passengers do not have a car. 23% of rideshare is healthcare/treatment related. 60% of rideshare is workforce related. The cutaways reach diverse and underserved populations, spreading awareness about local treatment and recovery options. “Help is Here/Recovery is Possible” postcards will be disseminated by the PC all county first responders responding to overdose or suspected overdose calls connecting individuals to recovery-based services. “Help is Here/Recovery is Possible” media messages will also be published through social media platforms. Customized “Help is Here/Recovery is Possible” radio advertisements will be aired by our local radio station WCRE-93.9 daily as another outlet for this campaign. Radio/Podcast broadcast campaigns delivered 639 spots making 695,976 total impressions. PDRTA estimates on low end that each cutaways makes 60,000 impressions each month. Nearly 300 media packets, brochures, educational information has been disseminated. Barriers to effort was design and print times presented some early challenges to deploying this strategy.

Process Measure:

- Two wrapped cutaway transit buses with “Recovery is Possible” messaging actively operating on targeted PDRTA routes each month.
- First responders will disseminate “Help is Here/Recovery is Possible” Postcards as an implemented protocol of overdose response in year 2026.
- CD and DC will distribute printed materials to faith based and/or community org.
- A new “Help is Here/Recovery is Possible” radio commercial will air on WCRE radio monthly in 2026.

Outcome Measure:

- 60,000 Media Campaign Impressions on targeted routes.
- 100% Post overdose individuals will receive a “Recovery is Possible” Brochure in 2026 by the PC.
- 10 CCOAC partners will disseminate “Recovery is Possible” materials to their respective agencies and community members by June 31st, 2026.

Budget for Strategy: ALPHA requests \$17,740.00 to implement the approved strategy.

PDRTA Mobile Billboards			
Item	Purpose	Calculation	Total Charged to Award
PDRTA Cutaway Bus Wrapping	Provide awareness and access to care for individuals/families dealing with OUD/SUD	Monthly Advertising Rate \$500 x 12 months x 2 Buses =\$12,000	\$12,000.00
Radio Ads	Media campaigns to prevent opioid use	Radio ads \$400/month x 12 months	\$4,800.00
Media Packets	Media campaigns to prevent opioid use	\$94/box of 100 Brochures x 10 bxs	\$940.00
		Total:	\$17,740.00

Conclusion:

This is Phase Three request for funding from the South Carolina Opioid Recovery Funds.

To continue fulfilling the “Opioid Remediation Initiative” beginning in Phases One and two seeks to expand funded remediation efforts, plus carryover funding, beginning in 2023 and continuing. Additional funds will be requested in future proposals to continue building upon this foundation as CCOAC continues to evolve, learn, and identify gaps and needs.

Current Coalition Members:

ALPHA Behavioral Health Center-Lead Org.	Chesterfield Co. Sheriff’s Department
Chesterfield Co. Council	Chesterfield Co. Coroner’s Office
Chesterfield Co. EMS-Lifeguard EMS	4 th Circuit Solicitor’s Office
Chesterfield Co. Emergency Management E-911	Chesterfield Co. Detention Center
Tri-County Mental Health, SCDMH	Chesterfield Police Department
CareSouth Carolina	Cheraw Police Department
McLeod Health	Chesterfield Co. Probate Judge (Drug Court)
Chesterfield Co. Fire Departments	Faith Based-Civic Or. (Various)

Administration Cost 5% of Total Budget: (\$499,417.79) Total Charged to Award =
(Chesterfield County 2.5% & ALPHA 2.5%) **\$24,970.89**

Project Budget: **\$524,388.68**

Minus interest earned for approval # CHF01012025 – **Project Period 1/01/2025-**
12/31/2025: -\$7,504.94

Minus Carry Forward: -\$99,801.43

Amount Requested: \$417,082.31

- a. Identify the amount of funds requested: **\$417,082.31**
- b. SCEIS Vendor registration number for payment: **7000312786**
- c. Political Subdivision letter of approval: **See attachment**