

Feb. 21, 2023

South Carolina's behavioral health services are delivered through a complex array of systems that have produced significant gaps in services. The fragmentation in the delivery and funding of these critical services has limited access to care and made coordination along the continuum of care that ranges from early intervention and prevention to recovery back to the community difficult. Governor McMaster has recognized this need and last year ordered the South Carolina Department of Health and Human Services (SCDHHS) to review the state's behavioral health funding and delivery systems. The South Carolina General Assembly has also recognized this need and appropriated funding to SCDHHS to support investment in demonstrative projects and infrastructure to address this need.

To support the agency's efforts to improve access to appropriate and timely care and coordination across the continuum of care, SCDHHS established the South Carolina Behavioral Health Master Plan Advisory Committee (MPAC). MPAC is made up of stakeholders from across the health care field including clinicians, physicians, payors, instructors and public health professionals.

In performing its review and consulting with MPAC, SCDHHS identified the state's lack of behavioral health crisis stabilization services as a clear area of need. To address this need, SCDHHS created a grant opportunity to increase crisis stabilization services in hospitals across the state. This grant is an initial step to supplement the existing crisis response system, which is limited in nature, to begin to address populations experiencing acute behavioral health episodes, including those with mental health and substance use.

As described in the enclosed request for application, crisis stabilization services grant funds must be used as one-time infrastructure funds to build specialized hospital-based emergency departments and observational units dedicated to behavioral health. These dedicated departments and units will need to operate on a "no wrong door" model providing a care alternative to emergency or inpatient admission or use of law enforcement resources that is available 24 hours per day, 365 days per year. The agency's goals through the establishment of this grant program are to ease overcrowding in the general emergency department, initiate needed urgent psychiatric treatment, and reduce unnecessary hospital inpatient admissions through the addition of patient spaces. The primary spaces in the unit will be for recliners/open space in order to provide a calming space for rapid assessments and treatment.

SCDHHS will issue approximately \$35,000,000 in total funds to hospitals across the state to build these specialized hospital-based emergency departments and observational units.

Grant Opportunity for Expanding Behavioral Health Crisis Stabilization Services

Request for Application

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Purpose

In accordance with the 2022-2023 SC Appropriations Act, Proviso 117.153 (L), “SCDHHS is authorized to...enter into Contracts (Grant Agreements), and otherwise expend funds as well as establish demonstrative projects in one or more areas of the state to encourage and promote necessary infrastructure and investment to achieve the objectives set out in this proviso.”

SCDHHS is further instructed to develop policies and procedures as necessary to ensure accountability in the expenditures of these funds and apply for federal matching funds when appropriate and available. Reports are required to be submitted to the Senate Finance Committee and the House Ways and Means Committee on all expenditures made under this provision.

Summary

The South Carolina Department of Health and Human Services (“SCDHHS” or “Agency”) presents the below funding opportunity for hospitals statewide to establish or expand crisis stabilization services. SCDHHS will distribute approximately thirty-five million dollars (\$35,000,000.00) in one-time funding to support this crucial need in South Carolina. Chosen applicants will receive **one-time** infrastructure funding in an amount determined by the agency, based on the application. Crisis stabilization services would be provided to persons in mental health crisis or suffering from substance use with or without co-occurring mental health disorders. Services will operate on a “No Wrong Door” model providing a care alternative to emergency or inpatient admission or use of law enforcement resources that is available 24 hours per day, 365 days per year. Based on the state’s current emergency department data, the Agency estimates South Carolina needs at least 56 new crisis beds and 111 new patient spaces (chairs/recliners) throughout the state to adequately serve individuals in mental health crisis or suffering from substance use.

Crisis stabilization services are defined as a direct service(s) that assists with deescalating the severity of a person’s level of distress and/or need for urgent care associated with a substance abuse or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services¹. Services include, but are not limited to:

- Crisis screening
- Crisis assessment
- Peer support services
- Initial crisis stabilization services
- Crisis stabilization plan
- Early induction of medication assisted treatment

Definitions for each of these services can be found in **Appendix A**.

This grant is an initial step to supplement the existing crisis response system, which is limited in nature, to begin to address populations experiencing acute behavioral health episodes, including those with mental health and substance use. Crisis stabilization services are primarily for the assessment of individuals and the provision of treatment to the immediate crisis. For the individual to return to the

¹ Substance Abuse and Mental Health Services Administration (SAMHSA) definition of crisis stabilization services

community as soon as practicable, the applicant will collaborate and coordinate with proposed and existing behavioral health treatment providers and support systems in the region. Collaborative planning with providers and third-party payers will take place to ensure continuity of care and wrap-around services after initial treatment.

It is SCDHHS' desire that the crisis stabilization services be provided in specialized hospital-based emergency departments and observational units dedicated to behavioral health that serve to ease overcrowding in the general emergency department, initiate needed urgent psychiatric treatment, and reduce unnecessary hospital inpatient admissions. These units must be designed, constructed, and operated in accordance with all applicable laws and regulations. This award is not intended to fund an increase of inpatient beds that would require a Certificate of Need from Department of Health and Environmental Control (DHEC).

Applicants must adhere to all SCDHHS Medicaid regulations and requirements. The application process allows applicants to be evaluated for capability and compliance prior to acceptance and distribution of grant funds. This request does not commit SCDHHS to contract for any supply or service whatsoever. In addition, applicants are advised that SCDHHS will not pay for any information or administrative costs incurred in response to this application; all costs associated with responding to this grant opportunity will be solely at the submitting party's expense.

Scope of Work (SOW)

SCDHHS is providing **one-time** capital funding to build the infrastructure where crisis stabilization services will be provided for the state of South Carolina through the creation of a specialized hospital-based emergency department or observational unit dedicated to crisis stabilization services for persons in mental health crisis or suffering from substance use with or without co-occurring mental health disorders. Acceptable models would include an EmPATH or EmPATH-like unit (See **Appendix B**) and additional beds, bays, or spaces that serve this specific population within an established hospital setting.

Applicant Requirements

All requirements must be met by the applicant prior to operation of the specialized hospital-based emergency department or observational unit unless otherwise specified below.

Minimum Care Requirements

- Provide psychiatric evaluation, diagnosis, and initiation of treatment, to include the following:
 - Assessment, stabilization, treatment, referral for substance use disorder/chemical dependency
 - Proactive discharge planning
 - Suicide prevention (risk screening, assessment, planning)
 - 24/7/365 availability of services
 - Multidisciplinary team approach which may include:
 - Psychiatrists
 - Registered nurses
 - Social workers
 - Psychiatric assistants
 - Psychiatric nurse practitioners
 - Peer support specialists

- Provide crisis stabilization, intervention, and mental health counseling
- Coordinate with existing outpatient service providers in the community to ensure continuation of care for patient after they leave the facility
- Commit to de-escalation with a submitted facility protocol and training plan
- Provide early and appropriate medication management
- Provide peer support
- Discharge and/or transfer patient to the appropriate level of care
- Operate as a “No Wrong Door” facility. No Wrong Door means an approach to service that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits applicants to respond to the individuals’ stated and assessed needs with appropriate treatment or supportive linkage with programs capable of meeting the consumer’s needs. As such all persons arriving at the facility, regardless of mental or physical condition, cooperativeness, special needs, pregnancy, or otherwise shall be accepted into the facility. Applicant may refer patients out for other care, such as medical needs, only when reasonably necessary and must ensure a warm hand off to the referral location.

Facility Requirements²

Applicant must have and maintain facilities which must:

- Adhere to an Emergency Psychiatric Assessment, Treatment & Healing (EmPATH) philosophy (see **Appendix B**).
- Be located on the contiguous hospital campus grounds and linked to the emergency department for initial intake/referral
- Contain a large climate-controlled space to serve as a milieu environment
- Provide separate adult and children beds, bays, or spaces.
 - Exceptions will be made for hospitals whose entire population is limited to children (i.e., standalone children’s hospitals)
- Provide rapid evaluation and comprehensive treatment planning by a psychiatrist or psychiatric prescribing provider
- Use a law enforcement drop off protocol to streamline the drop off process
- Ensure access to clinical and nursing staff in the milieu
- Provide a dedicated space that has a mix of recliner/open space with calming and patient rooms for use based upon levels of acuity; primary space should be for recliners/open space not patient rooms, with a minimum of 80 sq. ft. total per client, including 40 sq. ft. around each recliner
- Limit seclusion rooms
- Establish/maintain a detailed behavioral health staff training plan

Operational Requirements

Applicant must:

- Participate in monitoring and improvement processes related to the provision of crisis stabilization services.
- Engage the local community in the project planning process, including peers with lived experience accessing behavioral health care.
- Collaborate with local entities such as pediatricians, primary care physicians, law enforcement agencies, community-based organizations, and other community programs to ensure

² Facility Guidelines Institute’s June 2022 white paper, Design of Behavioral Health Crisis Units
https://fgiguideines.org/wp-content/uploads/2022/06/FGI-Design-of-BHCUs_2022-06.pdf

appropriate linkage to services and operate within the local community's continuum of crisis care. This includes the transfer of appropriate medical information regarding the patient.

- Collaborate with "stepdown" community mental health crisis care and diversion options in the local community such as substance use disorder treatment facilities, social services, and related assistance for disposition planning after clients are stabilized to reduce recidivism.
- Use the funds listed in the grant application that are committed to support the unit and commit additional funds as necessary to continue operating the unit for at least three (3) years.
- Participate in a technical assistance and evaluation learning collaborative with the Agency, other Grantees, and interested entities who are currently operating, or are interested in operating, similar units to share best practices, lessons learned, and sustainability strategies.

Reporting Requirements

- Applicant must be able to collect and maintain relevant deidentified client-level data and provide the Agency access to all relevant deidentified client-level data to link with other state-based datasets to better understand outcomes associated with services offered through this grant opportunity. This data will be provided to the Agency annually for at least the first three (3) years of operation.
- Reporting templates will be provided upon contract execution for reporting deidentified client-level data to the Agency. When providing deidentified client-level data to the Agency, applicant may submit in a different format as long as all required fields are included.
- Upon contract execution, applicants will be required to provide a monthly status report on project implementation to the Agency. The Agency may modify the reporting schedule to better align with the applicant's normal month-end financial cycle. The applicant, must complete a Monthly Program Plan Status Report that includes, but is not limited to, the following:
 - Status of implementing each of the components listed in the Business Plan submitted with the application.
 - List each type of personnel hired by the applicant (e.g., peer support specialists, Licensed Clinical Social Workers, psychiatrists, Registered Nurses, etc.) for the purposes of this project. Identify which personnel are applicant's staff and which are contractors.
 - List all costs associated with developing the proposed unit, including the amount of grant funds expended since the beginning of the grant term.
- Applicants will be required to report all grant expenditure information to the Agency in an Annual Fiscal Report within 30 days after the end of each year of the grant term. Funds awarded to an applicant that are unspent within the grant term must be remitted to the Agency within 30 days after the end of the grant term.

Application Components

SCDHHS is interested in obtaining applications to develop or expand services that will alleviate behavioral health system pressures in the state by doing the following:

- Reducing length of stay (LOS) in emergency departments
- Collaborating with law enforcement to create a streamlined approach for accepting law enforcement referrals.
- Ensuring referral to community-based urgent mental health supports for adults, children, and youth.
- Reducing time to initiation of treatment/care in a psychiatric emergency.

Applicants should upload **one PDF document** answering/addressing the following areas. Responses should be at least fifteen (15) pages. Please submit the following components as part of your response:

1. **Grant Application Cover Sheet:** Each applicant must submit the completed cover sheet (**Attachment 1**).
2. **Minimum Qualifications:** Applicant must meet the minimum qualifications below, otherwise they may be considered non-responsive, and the application may be rejected at SCDHHS's sole discretion. The applicant must include documentation and reference the documentation within the application that verifies each qualification.
 - a. Applicant is a licensed South Carolina hospital that:
 - i. Currently operates an acute care emergency department, including treatment of mental health emergency clients; and
 - ii. Is licensed and certified as a health care facility by DHEC.
 - b. If the applicant has settlement agreements and/or current claims against them with any SCDHHS member, county, or state agency in excess of \$10,000 within the last five (5) years, applicant must disclose claims information as part of their application.
3. **Background of Organization:** Please describe your organization's clinical, administrative, and managerial capacity to provide behavioral health services, to include the following:
 - a. Description of services provided either in person or via telehealth to youth, adults and/or older adults in the state of South Carolina, including ages of the target population and the type of services provided. Highlight any service niches the applicant provides.
 - b. Provide background information related to applicant, such as years in business, size of active board of directors or advisory entity, licensing, and community or county collaborations that support the provision of services.
 - c. Discuss the service areas where applicant is currently located or providing services. Include number and location of current physical sites and services. Detail any county areas, sites or telehealth services applicant intends to add for the purpose of this grant.
 - d. Provide proof of site control, defined as ownership with clear title.
4. **Client-centered and Culturally Responsive Services:**
 - a. Discuss applicant's ability to provide services that are client-centered and meet the individual needs of each client and their support system.
 - b. Discuss applicant's use of community aligned practices and Evidenced Based Practices
 - c. Discuss applicant's language capacity and ability to provide exceptional culturally appropriate services.
5. **Letters of Support** (These are not inclusive of the 15-page minimum):
 - a. Stakeholder support as demonstrated by submission of letters of support from the hospital CEO, internal board of directors/advisory entity and a professional/community partner.
 - b. Demonstration of local partners and organizational investments to support ongoing sustainability of the behavioral health program.
6. **Relevant Technology:** Applicant should describe the organization's business infrastructure and technical capabilities relevant to the requirements of the grant SOW above. What technical platforms/applications do you anticipate utilizing for data tracking and communications?
7. **Description of Need:** Describe the current state of behavioral health crisis stabilization in your community (what happens to patients in crisis today). Please include the following:
 - a. Number of adult and child behavioral health emergency department visits at applicant's facility over the last two (2) calendar years

- b. Estimated number of patients in need of crisis stabilization services at applicant's facility over the last two (2) calendar years
 - c. Number of inpatient behavioral health patients over the last two (2) calendar years and average length of stay within the emergency department over the last two (2) calendar years
 - d. Describe any existing behavioral health crisis services in applicant's community today
 - e. Describe how this grant will address the need in the applicant's facility and community to include expected outcomes (reductions in LOS, emergency department boarding, and other outcomes)
8. **Budget:** Provide a proposed budget detailing the total grant funding requested. This must be completed using the Budget Template found on **Attachment 2**. This is considered a proposed budget and may be refined by the Agency.
- a. Please provide a categorized budget that includes costs relative to the performance of the requirements outlined previously, including a total budget for acquisition and construction. Provide any expected organizational contribution.
*Please include adjustments and time to scale up services if applicant plans to expand sites and services as part of this application.
 - b. Grant award is intended to fund the infrastructure of specialized hospital-based emergency departments and observational units dedicated to behavioral health. Awards are not intended to fund staffing needs or services.
9. **Timeline:** Applicant must include a workplan and timeline detailing the length of time the organization would need to prepare to deliver the services listed in the grant SOW above. The agency estimates that the construction of the unit will take about one year to complete.
10. **Business Plan and Model of Care:** The applicant must submit a sustainable business plan with (proforma) projections of future objectives and strategies for achieving them. The plan must address how the applicant would offer the services and meet requirements of the grant SOW above. The applicant must:
- a. Describe how the program will achieve following:
 - i. Reduction in LOS in emergency departments
 - ii. Collaboration with law enforcement to create a streamlined approach for accepting law enforcement referrals
 - iii. Referral to community-based urgent mental health supports for adults, children, and youth
 - iv. Reduction in time to initiation of treatment/care in a psychiatric emergency
 - b. Describe, and provide supporting documentation where necessary, of how applicant will or has already met all the applicant requirements (operational, facility, reporting, minimum care) outlined in the grant SOW above. This includes:
 - i. Minimum Care Requirements *for both children and adults*
Exceptions will be made for hospitals whose entire population is limited to children (i.e., stand-alone children's hospitals)
 - ii. Facility Requirements
 - iii. Operational Requirements
 - iv. Reporting Requirements
 - c. Provide a conceptual site plan that meets the requirements outlined in the SOW above with a forecast of the developmental potential of the property. This must include:
 - i. Proposed bed and chair/recliner count with square footage broken down by children and adults where applicable,
 - ii. Whether applicant is converting or adding new space/beds; and

- iii. Typical emergency department behavioral health volume and rationale for the proposed bed and chair count.

Note: Conceptual site plan should include more patient chairs/recliners than patient beds in order to adhere to the EmPATH philosophy of providing a calming space for rapid assessments and treatment.

- d. Provide a staffing plan for operation of the specialized hospital-based emergency department or observational unit on a 24 hour a day, 365 day a year basis. The staffing plan shall include proposed staff to patient ratios for each level of care.

11. Sustainability Plan: Applicants must respond to the following requirements to ensure that any system improvements funded by the grant are sustainable after the grant term ends. Applicant(s) will be required to operate the grant-funded unit for a minimum of three (3) years. Applicants are required to include information on the steps they will take to help build their sustainability capacity, including the following:

- a. Describe, in detail, the plan to ensure the continuation of the unit after the grant ends.
- b. Describe, in detail, the plan to maintain current funding and/or acquire additional/new funding to sustain the unit after the grant term.
 - i. Identify the target sources of funding and whether the funds are one-time or ongoing.
 - ii. Grant Awardees will be required to participate in reimbursement discussions with the agency. Currently, SCDHHS is estimating the following reimbursement rate for crisis stabilization services delivered in these specialized hospital - based emergency departments and observational units.

Code	Description	Rate
S9485	Extended Psychiatric Emergency (per diem)	\$407.00

In addition, the agency will be developing an hourly rate for a brief psychiatric emergency (S9484) that incentivizes hospitals to stabilize patients within the first twenty-three (23) hours. This rate will also be developed based on discussions between the awardees and SCDHHS.

- c. Identify the contribution of funds committed during the grant term.
- d. If including in-kind services, describe the services being provided, the dollar value, and how the amount was determined.

Grant Award

SCDHHS will award multiple grants in varying amounts for a total amount of approximately thirty-five million dollars (\$35,000,000.00). Awards will be made in accordance with the process outlined in Application Scoring below.

Application Scoring

Applications will be reviewed and scored based on applicant's response to each requirement. Points will be awarded for responses meeting the requirements outlined in the grant opportunity. Scoring criteria is listed below:

Requirement	Points Available
Grant Application Cover Sheet (<i>Attachment 1</i>)	Pass/Fail
Minimum Qualifications	70
Background of Organization	70
Client-Centered and Culturally Responsive Services	70
Letters of Support	70
Relevant Technology	70
Description of Need	150
Budget (<i>Attachment 2</i>)	300
Timeline	200
Business Plan	350
Sustainability Plan	150
Total Available Points	1,500

Grant Term

The grant term will be determined based on the timeline submitted in the application. The agency estimates that the construction of the unit will take about one year to complete. Grant funding will be subject to the Applicant's compliance with the stated requirements as submitted through the application, which will be incorporated into the contract.

The Agency may withhold funds from an Applicant who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the project. If an Applicant finds themselves in this position, the Applicant shall immediately contact the Agency and provide a mitigation plan to address the contractual program deficiency. The Agency may withhold funds until a mitigation plan is submitted and approved by the Agency. If a mitigation plan is not submitted or if it has not been approved by the Agency, the Agency reserves the right to reduce a grant award by the amount of any unexpended funds.

Applicant Rights and Responsibilities

It is the responsibility of the applicant to read the entire Request for Applications and inquire about any portions that are not understood by the established deadline.

The applicant is responsible for any cost incurred by the submission of application.

The selected applicant will be expected to enter into a contract with SCDHHS to reflect the terms of its application and this grant opportunity.

SCDHHS Rights and Responsibilities

SCDHHS is not responsible for representations made by any of its officers or employees prior to the execution of a grant contract as a part of an award.

SCDHHS has the right to amend the grant guidelines by written addendum prior to the submittal deadline. SCDHHS is responsible only for that which is expressly stated in the grant opportunity and any authorized written addendum thereto. Such addendum shall be made available to each person or organization that SCDHHS records indicate has received this document. Should such addendum require additional information, failure to address the requirements of such addendum may result in the application not being considered, as determined in the sole discretion of SCDHHS. SCDHHS is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

Based on the evaluation of the applications, SCDHHS may choose to:

- Award a grant by entering into a contract with an applicant.
- Request additional information of the highest scoring applicants.

SCDHHS Option to Reject Applications

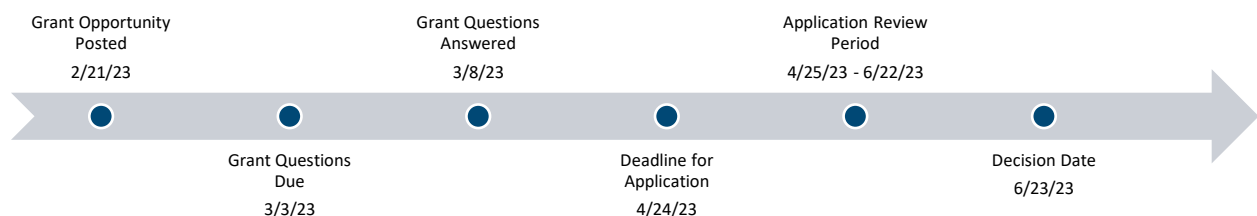
SCDHHS, at its sole discretion, may reject any or all applications submitted in response to this grant opportunity. SCDHHS shall not be liable for any cost incurred by an applicant in connection with preparation and submittal of any application.

Truth and Accuracy of Representatives

False, misleading, incomplete, or deceptively unresponsive statements in connection with an application shall be sufficient cause for rejection of the application. The evaluation and determination of rejection shall be at SCDHHS’s sole judgment, and such shall be final.

Submission Instructions and Requirements

Application Timeline



Milestone	Date
Grant Opportunity Posted	February 21, 2023
Grant Questions Due	March 3, 2023
Grant Questions Answered	March 8, 2023
Application Submission Deadline	April 24, 2023
Application Review Period	April 25 – June 22, 2023
Decision Date	June 23, 2023

Table 1: Application Timeline

Submittal Address

All applications must be submitted electronically to grants@scdhhs.gov.

Required Application Format

Applications must be submitted in a readable PDF format. Applications must include a table of contents and page numbers on each page. Applications must contain all information outlined in Application Components. Before submitting a response to this grant opportunity, applicants should review the application, correct all errors, and confirm compliance with the grant requirements. Not complying with all the grant requirements is reason for an application to be rejected. Applications must be submitted on or before the due date listed on Table 1.

Questions and Clarifications

All questions and requests must be submitted electronically at grants@scdhhs.gov. The deadline to submit questions for the Request for Application is March 3, 2023. SCDHHS' response to the questions will be posted on March 8, 2023, at <https://www.scdhhs.gov/site-page/grants>. To ensure all parties have access to the same information at the same time, except as stated below, SCDHHS will NOT respond to questions as they are received and will not accept telephonic questions.

If a question relates to a proprietary/trade secret(s) aspect of a proposal and the question would expose proprietary information if disclosed to competitors, applicant must mark the question as "CONFIDENTIAL." With the question, the applicant must submit a statement explaining why the question is sensitive. If SCDHHS concurs that the disclosure of the question or answer would expose proprietary information, the question will be answered by email reply, and both the question and answer will be kept confidential. If SCDHHS does not concur regarding the proprietary nature of the question, the question will not be answered in this manner and the applicant will be notified and asked whether the applicant would like the question to receive a public response or no response at all.

Withdrawal

An applicant may withdraw or amend their application, but only before the deadline for applications to be submitted, as listed in Table 1.

Review of Applications

SCDHHS will receive all applications and review for completeness and adherence to the rules stated in this grant opportunity. Following the initial review, all qualified applications will be reviewed and scored by a review panel. The evaluation panel will conduct a fair and impartial evaluation of proposals received in response to this Request for Application.

The review panel will be comprised of individuals with varied backgrounds, to include professional expertise, lived experience and personal knowledge. SDHHS is committed to ensuring the review panel is representative of South Carolina's racial, ethnic, and cultural diversity.

SCDHHS reserves the right to negotiate with applicants who, in the opinion of the review panel, have submitted high scoring applications in an attempt to reach an agreement. If no agreement is reached, SCDHHS may reject the application. SCDHHS also reserves the right to meet with applicants to gather additional information, if necessary, as part of negotiations. Additional information may include, but is not limited to, a demonstration of skills described in the application.

Notice Regarding Public Records Act Request

SCDHHS is subject to South Carolina's Freedom of Information Act. All applications received for this grant opportunity are ultimately subject to public review; however, until final decisions are made, all applications will be kept confidential. Upon award and execution of the contract by awardee(s), all applications and supplemental information will be subject to public review, with the exception of those elements of an application that contain elements that are clearly marked as confidential or trade secrets. Any such designation should be accompanied by a brief explanation of the reason the information is non-public and protected from disclosure under South Carolina law. SCDHHS reserves the right to disregard such designations if they have been applied indiscriminately to non-protected information, and in no event shall SCDHHS, its agents, representatives, consultants, directors, or officers be liable to an applicant for the intentional or inadvertent disclosure of all or a portion of an application submitted under this Request for Application, regardless of whether it was marked as confidential or trade secret.

Although the South Carolina Freedom of Information Act allows certain confidential or trade secret information to be protected from disclosure, SCDHHS may not be in a position to establish that the information submitted is protected. If SCDHHS receives a request for public disclosure of all or any portion of an application that has been designated as exempt from disclosure, SCDHHS will use reasonable efforts to notify the responding party of the request and give such party an opportunity to assert, at its own expense, a claimed exception under the South Carolina Freedom of Information Act or other applicable law within the time period specified in the notice issued by SCDHHS and allowed under the South Carolina Freedom of Information Act.

Attachment 1: Grant Application Cover Sheet
Grant Opportunity for Expanding Behavioral Health Crisis Stabilization Services

Provide the information below.

Name of Hospital	CEO/Administrator or Designee Name and Title
CEO/Administrator or Designee Signature	Date

I HEREBY CERTIFY that I have the authority to apply for this grant and that all information provided is true and accurate.

Applicant's Grant Coordinator Contact Information:

Name	
Title	
Email	
Phone Number	

Attachment 2: Budget Worksheet

Capital Expenditures

<i>Plans and Specs</i>	\$
<i>Permits, Inspections, Fees, Licenses</i>	\$
<i>Construction*</i>	\$
<i>Medical Equipment</i>	\$
<i>Furniture, Fixtures, & Equipment</i>	\$
<i>Finance & Legal Fees</i>	\$
<i>Other Costs (please define)</i>	\$
<i>Organizational Contribution</i>	(\$)
Total Capital Expenditures	\$

**The average cost of an EmPATH unit containing 12 chairs/recliners is approximately \$1.4 million.³ Note: this estimate does not include the expected increase in beds for crisis stabilization services.*

Grant Awardees will be required to participate in reimbursement discussions with the agency. Currently, SCDHHS is estimating the following reimbursement rate for crisis stabilization services delivered in these specialized hospital -based emergency departments and observational units.

Code	Description	Rate
S9485	Extended Psychiatric Emergency (per diem)	\$407.00

In addition, the agency will be developing an hourly rate for a brief psychiatric emergency (S9484) that incentivizes hospitals to stabilize patients within the first twenty-three (23) hours. This rate will also be developed based on discussions between the awardees and SCDHHS.

³ <https://www.bloomberg.com/news/articles/2022-09-26/hospitals-empath-units-replace-the-er-for-mental-health-patients>

Appendix A: Service Definition Table

Service	Definition
Crisis Screening	Brief review of the patient
Crisis Assessment	<p>Comprehensive assessment of the factors that led to the crisis, needs of patient, and next steps for initiating stabilization.</p> <ul style="list-style-type: none"> • Include screening for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated. • Include screening for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.
Peer Support Service	Peer Support Services are an evidenced-based mental health model of care that provides community-based recovery services directly to an adult beneficiary diagnosed with a mental health or substance use disorder
Initial Crisis Stabilization Services (ICS)	<p>Initial Crisis Stabilization services are short-term services designed to de-escalate a crisis situation and stabilize an individual experiencing a mental health crisis.</p> <p>ICS is a voluntary service for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital</p>
Crisis Stabilization Plan	<p>A written short-term stabilization plan is developed, with the involvement and consent of the individual within 24 hours of the individual's admittance to include:</p> <ul style="list-style-type: none"> • Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems. • Description of any physical disability and accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals. • Evidence of input by the individual, including the individual's signature. • Specification of treatment responsibilities and methods.
Early Induction of Medication Assisted Treatment	Utilizing MAT (such as buprenorphine) to address withdrawal symptoms for opioid use disorder to help medically stabilize the patient prior to additional services

Appendix B: The EmPATH Model

Emergency Psychiatric Assessment, Treatment & Healing (EmPATH) Model

EmPATH units streamline emergency department (ED) assessment of the health needs of mental health patients and quickly transition them out of EDs into a calming space that allows for a rapid assessment, support of behavioral health needs, and linkage to other services. Preliminary research indicates the EmPATH model can result in a 70 to 80 percent reduction in transfers from EDs to locked psychiatric hospital facilities. EmPATH units can reduce costs, enhance recovery, and improve outcomes.

What makes the EmPATH Approach Different?¹

- Designated destination for all medically cleared patients in crisis prior to determination of disposition or inpatient admission; not viewed as an alternative destination but THE destination
- Designed and staffed to treat all emergency psychiatric patients - philosophy of “no exclusion”
- Immediate patient evaluation and treatment by a psychiatrist, constant observation, and reevaluation
- Provides a calming, healing, comfortable setting completely distinct from the medical ED
- Wellness and recovery-oriented approach

Proven Approach²

Reduced ED length of stay from an average of 16.2 hours to just 4.9 hours

Added \$861,000 to ED bottom line in first year

Improved the outpatient follow-up of patients by 60%

Reduced 30-day psych patient return to ED by 25%

Reduced inpatient psychiatric admissions by 53%

Reduced inpatient lengths of stay from patients admitted from EmPATH

The specific components of the EmPATH model can include, but are not limited to, the following:

- ✓ Located on the contiguous hospital campus grounds and linked to the ED for initial intake/referral
- ✓ Ligature safe—bathrooms, door handles, etc.
- ✓ Preference to include natural lighting where possible
- ✓ Large, open milieu with fold-flat recliner chairs with a minimum of 80 sq. ft. total per client, including 40 sq. ft. around each chair
- ✓ Open nursing station with intermingling of staff and clients to facilitate socialization, discussion, interaction, and therapy
- ✓ Voluntary calming rooms with elimination of locked seclusion rooms or restraints
- ✓ Rapid evaluation and comprehensive treatment planning by a psychiatrist or psychiatric prescribing provider
- ✓ Constant observation and re-evaluation
- ✓ Multidisciplinary team consisting of diverse professionals including, but not limited to, board-certified psychiatrists/psychiatric providers, registered nurses, licensed clinical social workers, psychiatric assistants, licensed vocational nurses/licensed psychiatric technicians, and peer support specialists
- ✓ Provide all services onsite at a licensed 24-hour health care facility, as part of a hospital-based outpatient program

¹ Zeller, S. (2022). EmPATH - The Missing Link in Crisis/Emergency Behavioral Healthcare [Presentation].

² Kim, AK, Vakkalanka, JP, Van Heukelom, P, Tate, J, Lee, S. Emergency psychiatric assessment, treatment, and healing (EmPATH) unit decreases hospital admission for patients presenting with suicidal ideation in rural America. Acad Emerg Med. 2022; 29: 142– 149.