

Applicant Organization:

Shoreline Behavioral Health Services - J200AGC026

Project Name:

Shoreline BHS FY24-County Plan

Application ID:

App-23-209

Funding Announcement:

SFY24 County Plan Application

Requested Amount:

\$0.00



Project Summary: FY24 County Plan with Treatment and Prevention Block Grant Applications

Authorized Certifying Official:

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Section Name: Executive Summary

Sub Section Name: Executive Summary Questions

1. Applicant Question: 1. List your greatest accomplishments and challenges related to the priorities set in your agency's FY23 county plan.

List your greatest accomplishments and challenges related to the priorities set in your agency's FY23 county plan.

Applicant Response:

Greatest Accomplishments and Challenges Related to the Priorities set in FY23 county plan:

Within FY23, many of the strategies we set out to accomplish were achieved, despite navigating significant staff turnover related to the "great resignation" stemming from Covid. Within this fiscal year, many of our efforts focused on transitioning back to in-person services, while still recognizing the convenience that tele-health offers, and continuing to have this as an option. Many endeavors set forth, remain in motion moving towards FY24. One of the most rewarding efforts within FY23 has been the expansion of harm reduction efforts within our agency.

Engaging community members while creating awareness and showing support where we can, has been integral for continued success in this area. The expansion of harm reduction activities and creation of a harm reduction coalition is one of the biggest achievements to date. As medical services continue to develop and grow on site at Shoreline, the formal placement of a medical director has helped solidify this evolution. Dr. Kelly Barth agreed to take on the medical director role, which has proven to be vital for continued expansion and development of medical services. At this point, Shoreline is on track to have an increase of 132 admissions during this fiscal year compared to last year. This could be attributed to the ease of accessing Shoreline's services. In addition, plans to expand medical services to include methadone is on track for the next fiscal year. A Certificate of Need is currently being completed, and we are working closely with

DHEC to ensure all steps are carefully executed.

Shoreline Behavioral Health Services' overall financial position remains strong and well-positioned to maintain financial stability in FY24. The agency has minimal debt, strong cash reserves and continued demand for services rendered. While the payer mix continues to trend more toward grant covered services, the payments from third-party payers such as Medicaid, MCO's and Insurance remain strong. The agency receives funding from various grants passed through from DAODAS as well as two federal Prevention grants and three grants passed thru from MUSC. Shoreline continues to look for ways to diversify the revenue sources to ensure continued financial growth. Shoreline has been working with MUSC on additional grant opportunities. Shoreline is also working towards adding methadone to the Medication Assisted Treatment options which would be added revenue in the coming years. In FY24 Shoreline anticipates opening the new building that will house a medical practice, training area and clinical offices. This building was funded solely through Capital Improvement funding over the past several years totaling around \$4.378MM.

Harm Reduction as a key focus:

There are many critical strategies to further harm reduction efforts into FY24. Strengthening partnerships with local nonprofit organizations is at the forefront of planning. Developing and cultivating relationships with agencies, such as Careteam, Little River Medical Center, among others will ultimately only serve to strengthen the community presence to bring about needed change. There are immediate plans to complete an application for SCORF funding to advance harm reduction efforts within our community. Unfortunately, Shoreline was not chosen for the highly competitive SAMSHA grant to implement harm reduction, mentioned in last year's plan. Despite not receiving this grant, Shoreline has worked throughout the year with community partners on activities to prevent overdose deaths and other communicable diseases through evidence based **public health strategies**.

Connecting with local nonprofits to better serve the vulnerable population in our community is the direction many of our activities are focused around moving towards FY24. Recent discussions have taken place with Fyrebird Recovery on the best way to provide MAT services to the housing insecure. Fyrebird Recovery recently received a grant which will allow the non-profit to open a community center model in downtown Myrtle Beach. There are plans to embed services on site at this new location for the provision of MAT.

One of the biggest harm reduction initiatives continues to be Shoreline's robust MAT program. Shoreline currently has close to 450 clients seeking services within our MAT program, through a combination of naltrexone and buprenorphine formulations. Shoreline continues to partner with OVP Health in the Forestbrook location, as well as GFCS (Dr. Emmel) for telehealth services. An on-site NP has virtually eliminated the need for clients to wait several days for an initial MAT appointment. This benefit has helped countless individuals receive a potential lifesaving dose of medication and begin on the path to recovery. There has been continued success regarding research projects in collaboration with MUSC. Shoreline is currently the site for three studies measuring the effectiveness of OUD medication, with more studies on the horizon. During FY23 the decision was reached for the creation of a Research

Coordinator, which oversees three additional research assistants. Looking forward, one of the goals for Shoreline's advancement in the field, is to continue working closely with MUSC as a site for research in their addiction division. Shoreline has been fortunate to have the opportunity to repurpose the site of the Women's Recovery Center, in downtown Conway as the Research hub. This works very well for the study protocols, which often specify having devoted space for each project.

Challenges:

During FY23 we experienced 16 total resignations, with 12 positions being clinical. Staff turnover in key positions, such as the Community Health Worker and Peer Support have slowed down the amount of case management and outreach available until these positions are hired.

Despite not receiving the harm reduction grant through SAMSHA, Shoreline made significant headway in moving forward with these efforts. One of the main challenges has been difficulty navigating political landscapes, that are ever-changing and complex. There have been evidence-based interventions and practices recommended to particular areas, with some more receptive than others. The areas of the county that have been responsive to such efforts have found many advantageous reasons to continue with the progressive strategies that harm reduction encompasses. Overall improvement in the population when receiving resources and support has been central in showing the efficacy of harm reduction interventions.

The post-covid environment has made it a challenging landscape to navigate in terms of hiring and retaining appropriately qualified individuals. Many clinical staff and several peer support specialists have left Shoreline due to receiving higher wages at neighboring community organizations.

Discussion with the local jail continued, however seemed to halt around the end of 2022 regarding possible MAT services for the incarcerated population. Shoreline is very eager to provide additional services for the local detention center, specifically MAT and have made multiple attempts to engage leadership for further discussions. While there has been great success embedding a peer support specialist within the jail setting, additional services Shoreline can provide remain to be discussed.

Partnership with city government continues to evolve, with the hopes of forging a partnership centered around evidence-based strategies aimed at helping the community. One example of this is Shoreline becoming a part of the Horry County

Overdose Fatality Review Board, led by Amy Prock, Chief of MB Police.

The SAMSHA identified priorities set in FY23:

Women with Dependent Children:

This identified priority area had several strategies that we were able to achieve. A Community Health Worker was hired and trained in the model, in early FY23. Due to the success of this position and the expanded capabilities of reaching and helping more vulnerable clients, the decision was made to hire an additional CHW that will also serve in the Medicaid Case Management role.

All Peer Support Specialists at Shoreline participated in the Whole Health Action Management training provided by the National Council on Wellness. The Peers completed a 2-day intensive

training on implementing a holistic approach of health and wellness for the recovering participant. There are plans to begin an in-person, peer-led group to implement the WHAM strategies for clients that would benefit. Also, during FY23 Shoreline began a partnership with SC Thrive. This allows Shoreline access to valuable resources through the Thrive Hub, such as intensive case management, training for staff and assistance for clients for resources such as housing and employment. Women that are pregnant continue to take priority while in treatment and receive case management. The entire staff received Mental Health First Aid training provided through the SC Thrive partnership.

Opioid Use Disorder/IVDU Population

IVDU, was another priority population that many of our efforts for FY23 centered around. We were successfully able to bring awareness and meaningful conversation with community partners around the topic of harm reduction aimed at lowering the risks associated with IVDU. The creation of a harm reduction coalition with Shoreline as the lead, has positioned the agency to be at the forefront of these evidence-based practices. Dr. Emmel graciously participated in a panel discussion regarding harm reduction, for Shoreline staff to become better educated and aware, in hopes of better serving the clients. Fentanyl testing strips and Narcan were made readily available to all eligible clients and community members. We were able to distribute 471 more boxes of Narcan in FY23 compared to FY22 year to date. In FY23 we increased appointment capacity significantly by working with our onsite provider in addition to OVP Health and GFCS. This year as of April, there are 132 more admissions than the previous year currently. There continues to be a steady number of new MAT patients that are self-referrals seeking treatment each week. Currently there are roughly 450 patients in the MAT program at Shoreline. Each MAT patient is offered Narcan and Fentanyl Testing Strips at admission and different points throughout their treatment episode.

Tuberculosis:

With the creation of the Priority Populations section within the assessment, clinicians are better able to enter accurate data related to infectious diseases. Those at higher risk of diseases, such as Tuberculosis, are monitored closely throughout treatment. As of April 2023, there are no active cases of Tuberculosis for an active Shoreline client. Screening tools are essential for educating and creating awareness of communicable diseases. If there is an active case of TB, DHEC would be notified immediately. Criminal Justice System or Juvenile Justice System: The goal for FY23 involving criminal justice system clients, including adolescents involved with DJJ, was to continue providing necessary services for these identified populations. As mentioned previously, a full-time peer support specialist continues to be embedded within our local detention facility. This has proven to be tremendously successful and a great strategy for ensuring adequate coordination upon someone's discharge from jail. The "warm hand off" between detention center and provider is a seamless process thanks in large part to the PSS involvement. Coordination with our local Department of Juvenile Justice has improved over the last fiscal year, resulting in more consistent referrals for their adolescents. An adolescent group that is facilitated weekly has been very successful with this population.

Prevention

Priority-Alcohol-Progress-Prevention staff were able to effectively implement strategies for information dissemination, environmental strategies, community-based processes, and alternative activities. Of note, the greatest accomplishments were the environmental strategies. Staff were able to implement PREP to 136 participants, which is substantially higher than any year over the past 5 or more years. Also, 478 compliance checks were completed year-to-February. Prevention staff were able to give out 687 brochures/flyers/etc. year-to-date for information dissemination. The biggest challenge this year was the alternative activity. Shoreline's full-time ropes course facilitator resigned in August. After multiple meetings, the agency decided not to fulfill that position for a while and is now discussing ways to implement. Before the pandemic, Shoreline had large groups running regularly, which supported a full-time ropes course experience. The alternative activity for youth was a component of this position but could not be sustained without the support of the treatment groups. To date, treatment groups still have not obtained full, or even half, capacity that it was before the pandemic. While there were a few ropes course activities provided for youth during this fiscal year, we did not have any alternative activities for the remainder of the year. Shoreline has also struggled re-invigorating the Youth Advisory Board. Currently, staff are working to get that back up and running. We are hopeful there will be productive meetings again by the year end.

Served and Addressed-Priority populations were served by responding to requests from the community for presentations, PREP, health fairs, etc. With each request, prevention staff ensured that youth were the target audience (whether it was directly or indirectly). By implementing the strategies from the plan for the year, staff were able to address alcohol use by youth. Any requests from organizations or schools with at-risk youth are met as well.

Funding-Funding the agency received in FY23 impacted the implementation and outcome for the designated priorities and substances by providing the funds to cover salaries so that staff could implement strategies to reduce alcohol use by youth.

Data for evaluation comes from the Communities that Care Survey, forms that are utilized to collect data in environmental strategies, counting material, and more.

Priority-Tobacco-Progress-For the tobacco priority, prevention staff were able to effectively implement strategies for information dissemination, environmental strategies, community-based processes, and problem identification and referral. Problem identification and referral is our most successful activity that is implemented for tobacco. Year-to-date, the prevention staff have implemented TEP to 52 students in the Horry County school system. A challenge for Shoreline staff has been maintaining the youth advisory board. Currently, staff are working to get that back up and running and we are hopeful there will be productive meetings by the year end.

Served and Addressed- Shoreline receives requests regularly to address tobacco use, specifically vaping, among youth in Horry County. Shoreline responds to these requests by providing presentations, TEP, brochures, and more. Any requests from organizations or schools with at-risk youth are met as well.

Priority substances were addressed by implementing strategies such as information dissemination, problem identification and referral, tobacco compliance checks, and more.

Funding the agency received in FY23 impacted the implementation and outcome for the designated priorities and substances by providing the funds to cover salaries so that staff could implement strategies to reduce tobacco use by youth.

Data for evaluation comes from the Communities that Care Survey, forms that are utilized to collect data in environmental strategies, counting material, and more.

Priority-Opioids-Progress-The prevention department has done well implementing strategies to prevent opioid use among youth in Horry County, including information dissemination and community-based processes. Of note, the prevention team has done a great job of developing relationships in the community that are a part of various coalitions that work on the opioid epidemic, and by serving on the Horry County CAST Coalition, which does a lot of opioid prevention work. The greatest challenge for the prevention team is the same as the other two priorities, which is maintaining the youth advisory board. Currently, staff are working to get that back up and running and we are hopeful there will be productive meetings by the end of the year.

Served and Addressed- Youth were served in Horry County by implementing strategies to reduce opioid/prescription use. While opioid use isn't as high in youth as adults, prevention services are key to keeping those numbers low and reducing them overall. Any requests from organizations or schools with at-risk youth are met with services such as presentations, educational material, and more.

Priority substances were addressed by implementing strategies such as information dissemination, based on community need. Prevention staff are also heavily involved in the Horry County CAST Coalition, which primarily focuses on reducing alcohol use by youth, reducing marijuana use by youth, and reducing opioid use by youth in Horry County.

Funding the agency received in FY23 impacted the implementation and outcome for the designated priorities and substances by providing the funds to cover salaries so that staff could implement strategies to reduce opioid use by youth.

Data for evaluation comes from the Communities that Care Survey, forms that are utilized to collect data in environmental strategies, counting material, and more.

Applicant Comment:

for an active
client
at Shoreline.

Section Name: Needs Assessment

Sub Section Name: Needs Assessment Questions

1. Applicant Question: 1. Using quantitative and qualitative data, describe your county's needs as they relate to alcohol use disorder.

Using quantitative and qualitative data, describe your county's needs as they relate to alcohol use disorder.

Applicant Response:

Needs Assessment related to Alcohol Use Disorder:

Alcohol use in Horry County continues to be the number one substance used by youth and by adults. According to the 2022 county level profiles, Horry County ranked 7th overall for issues regarding alcohol. Horry County ranked 8th for heavy drinking, 10th for DUI crashes, and 15th for alcohol hospitalizations.

In the winter of 2022, the Communities that Care survey was conducted in local public high schools. 4,047 surveys were collected to provide drug and alcohol use information from those high school students. Students reflected the following: 29% had lifetime alcohol use, 10% were current users of alcohol, 50% believe it is easy to obtain alcohol, 39% believe it is not wrong to use alcohol, 89% believe their parents would disapprove of alcohol use by them. This last data point leads to an interesting fact of parents being the most influential people in a child's life regarding substance use. 43% of students indicate that they got alcohol from someone at a party.

Horry County is known as a tourist destination and alcohol is central to this. According to the department of revenue, Horry County has 2,544 outlets that sell alcohol. This outlet density shows a depiction of how available alcohol is in Horry County. Not only does this make alcohol easy to obtain by youth, but it also sends a message that drinking alcohol is a community norm for Horry County.

Those clients with an alcohol use disorder diagnosis comprise 411 of active admissions in treatment currently. Alcohol use disorder still makes up a large portion of clients at Shoreline. Many clients may have alcohol use disorder as a secondary or even tertiary diagnosis. ADSAP referrals are usually alcohol related and are typically our 3rd highest referral source. Alcohol use disorder clients are typically treated with evidenced based practices utilized by our clinicians, such as Motivational Interviewing and Cognitive Behavioral Therapy.

Health disparities in Horry County greatly affect substance use. According to kidscount.org data, 25% of children in Horry County are in poverty. 50% of the births in Horry County are to single mothers. According to Exploring South Carolina's Social Determinants of Health from SC HealthViz, Horry County has high property crime. The data shows the statewide property crime rate was 324.4 per 10,000 residents. In Horry County, the rate was 449.3, which is significantly higher than the state rate. Incidence of poor health indicators influenced by social determinants

of health. Lack of access to proper healthcare, job loss, health concerns, and more from the COVID pandemic have assisted in creating an increase in overdose deaths. SC Health Viz also indicates that more than one in ten U.S. adults covered by Medicaid have a substance use disorder. 22% of Horry County's population are enrolled in Medicaid's full benefits program and 30% of the population live in a rural area. 18% of the population in Horry County are uninsured. The number of children in South Carolina that have an adverse childhood experience is about 17%. Adverse Childhood Experiences are key indicators in determining future addiction to substances. (americashealthranking.org). According to data from that same website, South Carolina has a high prevalence of frequent mental distress and a high percentage of household food insecurity. According to the 2022 county level profiles, Horry County's Social Domain Rank is 16th. Horry County ranks 21st for drug law violations, 8th for DUI arrests, 16th for the graduation rate, and 16th for unemployment.

For all substances, there are risk and protective factors. Risk factors include the following: chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children with difficult temperaments or conduct disorders; lack of parent-child attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations with peers displaying deviant behaviors; and perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments. Protective factors include the following: strong and positive family bonds; parental monitoring of children's activities and peers; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; strong bonds with institutions, such as school and religious organizations; and adoption of conventional norms about drug use. (drugabuse.gov)

Populations most impacted in these disorders are those that have high risk factors and low protective factors and typically fall into the category of those with health disparities.

2. Applicant Question: 2. Using quantitative and qualitative data, describe your county's needs as they relate to tobacco use disorder.

Using quantitative and qualitative data, describe your county's needs as they relate to tobacco use disorder.

Applicant Response:

Needs Assessment for Tobacco Use Disorder:

Currently, most of our active clients have a co-occurring tobacco diagnosis. As of April 2023, there were 994 clients with an active tobacco diagnosis. We have continued as a Smoking Cessation Pilot Site for DAODAS throughout FY23. For FY24, while continuing as a pilot site, Shoreline is also interested in partnering with MUSC for a study aimed at reducing tobacco use. The overwhelming majority of our clients use products containing nicotine or tobacco. Any strategy aimed at reducing the risk of unwanted health consequences due to tobacco use is welcomed and supported. There are plans to partner with DHEC for additional staff training, to increase awareness and education on the harmful consequences. Clients are provided the opportunity to receive free nicotine replacement strategies during their point of entry and at different intervals throughout treatment. Clients are assessed on their tobacco and nicotine use

during their comprehensive evaluation by a clinician. During this time education is provided to each client regarding the consequences of continued use and the benefits of smoking cessation. The SC quit line is discussed with clients that are interested and a referral is made.

The onsite NP speaks to every client about the cessation kits available for free. She provides education and encourages clients to speak with their counselors if they become interested in cessation strategies in the future.

Horry County overall ranks 18th in the state regarding nicotine and ranked 14th for current cigarette smokers. (county level profiles, 2022)

According to the 2022 CTC survey, 22% of high school students surveyed indicated they had vaped tobacco products in their lifetime. 14% are current vape users. 45% of students surveyed indicated it was very easy or sort of easy to obtain tobacco. 56% believe that it is easy to obtain e-cigarettes and vaping pens. 35% of students believe it is not wrong to vape. 94% of students believe their parents would disapprove of cigarette use and 89% believe their parents would disapprove of vaping.

Health disparities in Horry County greatly affect substance use. According to kidscount.org data, 25% of children in Horry County are in poverty. 50% of the births in Horry County are to single mothers. According to Exploring South Carolina's Social Determinants of Health from SC HealthViz, Horry County has high property crime. The data shows the statewide property crime rate was 324.4 per 10,000 residents. In Horry County, the rate was 449.3, which is significantly higher than the state rate. Incidence of poor health indicators influenced by social determinants of health. Lack of access to proper healthcare, job loss, health concerns, and more from the COVID pandemic have assisted in creating an increase in overdose deaths. SC Health Viz also indicates that more than one in ten U.S. adults covered by Medicaid have a substance use disorder. 22% of Horry County's population are enrolled in Medicaid's full benefits program and 30% of the population lives in a rural area. 18% of the population in Horry County are uninsured. The number of children in South Carolina that have an adverse childhood experience is about 17%. Adverse Childhood Experiences are key indicators in determining future addiction to substances. (americashealthranking.org). According to data from that same website, South Carolina has a high prevalence of frequent mental distress and a high percentage of household food insecurity. According to the 2022 county level profiles, Horry County's Social Domain Rank is 16th. Horry County ranks 21st for drug law violations, 8th for DUI arrests, 16th for the graduation rate, and 16th for unemployment.

For all substances, there are risk and protective factors. Risk factors include the following: chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children with difficult temperaments or conduct disorders; lack of parent-child attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations with peers displaying deviant behaviors; and perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments. Protective factors include the following: strong and positive family bonds; parental monitoring of children's activities and peers; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; strong bonds with

institutions, such as school and religious organizations; and adoption of conventional norms about drug use. (drugabuse.gov)

Populations most impacted in these disorders are those that have high risk factors and low protective factors and typically fall into the category of those with health disparities.

3. Applicant Question: 3. Using quantitative and qualitative data, describe your county's needs as they relate to opioid use disorder.

Using quantitative and qualitative data, describe your county's needs as they relate to opioid use disorder.

Applicant Response:

Needs Assessment for Opioid Use Disorder

Horry County continues to rank among the highest counties within SC for overdose deaths related to opioid use. Fentanyl was present in many of the overdose deaths provided from the coroner's report in FY23. Using evidence-based approaches to combat the opioid epidemic is one of the primary ways in which progress is being made. Harm reduction is at the forefront of the approaches utilized with our most vulnerable clients. Medication Assisted Treatment Services help many people with the ability to regain a sense of normalcy and return to a stable life. At Shoreline, we have a robust MAT program totaling close to 450 clients. Shoreline has an onsite provider who is able to see clients who are in crisis and in need of immediate attention. We continue to partner with Dr. Emmel and his team of providers for tele-health treatment. The ability to see clients through telehealth has allowed MAT treatment access to many people who would otherwise never receive services. Shoreline also continues to partner with OVP Health in the Forestbrook area of Myrtle Beach. Many of our MAT clients live in the Myrtle Beach area, and this provides a convenient location. The medication provided by OVP is paired with counseling from one of our experienced providers at the time of the medical appointment. This same model is being used at Shoreline to capture more actual face to face time with the patient when they are here for their medical visit. Another harm reduction strategy widely used in the provision of Narcan and Fentanyl Testing Strips. Narcan and Fentanyl Testing Strips are offered to each client at their point of entry. These supplies are discussed with the client throughout treatment and offered at intervals. In addition, HIV testing is offered for free as well as Nicotine Replacement Strategies, provided through DAODAS. With the potential expansion of the MAT program to include Methadone, many more community members will have access to a much-needed service. With the inclusion of Methadone as a treatment strategy, Shoreline will offer multiple levels of care available for patients depending on their severity and need.

Horry County is ranked #4 in the state for naloxone administrations, #1 in the state for opioid-involved overdose deaths, and #2 in the state for opioid-related hospitalizations (county level profiles, 2022). In 2021, Horry County had 287 overdose deaths, which was about 90 more than the year before (according to data from Horry County Coroner's Office). Most overdose deaths involved poly-substance use. 78 of those deaths were females and 206 were males. 29 were Black, which is 10% of the total overdose deaths. According to the Communities that Care survey that is implemented in Horry County Schools, the top place where students surveyed got their prescription drugs/pain relievers were from a family member for free and a friend for free. 27% of students believe it is easy to obtain prescription drugs. The Just Plain Killers website indicates that there were 188 of the deaths from 2021 involved fentanyl, there were 687 patients with an opioid use disorder under the state-funded treatment, 1,432 patients with an opioid use

disorder under Medicaid, and 16% of inmates screened for usage indicated opioid use for Horry County.

Myrtle Beach, South Carolina, has some of the highest overdose rates in the nation. In Horry County in 2021, city and county areas of Myrtle Beach accounted for 50% of drug overdoses (according to overdose data DHEC Bureau of EMS and Trauma). What was once known as a family destination has been transitioning to an area with high drug use and crime rates. Of all the zip codes in Horry County, Myrtle Beach had two of the top three highest rates of all drug and opioid overdoses. 16% of high school students surveyed in Horry County indicate using marijuana in their lifetime. 43% believe it is very easy or sort of easy to obtain marijuana. (CTC Survey)

13% of Horry County's population are African American (census bureau). African Americans are the second largest group in Horry County that live below the poverty line and African Americans make up 21% of the student body in the public school system. In the United States, there was a 19% increase in the number of African Americans who started or increased substance use to cope with pandemic-related stress or emotions.

Health disparities in Horry County greatly affect substance use. According to kidscount.org data, 25% of children in Horry County are in poverty. 50% of the births in Horry County are to single mothers. According to Exploring South Carolina's Social Determinants of Health from SC HealthViz, Horry County has high property crime. The data shows the statewide property crime rate was 324.4 per 10,000 residents. In Horry County, the rate was 449.3, which is significantly higher than the state rate. Incidence of poor health indicators influenced by social determinants of health. Lack of access to proper healthcare, job loss, health concerns, and more from the COVID pandemic have assisted in creating an increase in overdose deaths. SC Health Viz also indicates that more than one in ten U.S. adults covered by Medicaid have a substance use disorder. 22% of Horry County's population are enrolled in Medicaid's full benefits program and 30% of the population lives in a rural area. 18% of the population in Horry County are uninsured. The number of children in South Carolina that have an adverse childhood experience is about 17%. Adverse Childhood Experiences are key indicators in determining future addiction to substances. (americashealthranking.org). According to data from that same website, South Carolina has a high prevalence of frequent mental distress and a high percentage of household food insecurity. According to the 2022 county level profiles, Horry County's Social Domain Rank is 16th. Horry County ranks 21st for drug law violations, 8th for DUI arrests, 16th for the graduation rate, and 16th for unemployment.

For all substances, there are risk and protective factors. Risk factors include the following: chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children with difficult temperaments or conduct disorders; lack of parent-child attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations

with peers displaying deviant behaviors; and perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments. Protective factors include the following: strong and positive family bonds; parental monitoring of children's activities and peers; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; strong bonds with institutions, such as school and religious organizations; and adoption of conventional norms about drug use. (drugabuse.gov)

Populations most impacted in these disorders are those that have high risk factors and low protective factors and typically fall into the category of those with health disparities.

4. Applicant Question: 4. Using quantitative and qualitative data, describe any additional substance use disorders that are impacting your county.

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Applicant Response:

Needs Assessment for Additional Substance Use Disorders

Cannabis use still tends to be prevalent among many clients, with adolescents often receiving this diagnosis. Currently our records show that there are roughly 225 active clients with a cannabis diagnosis. 16% of students surveyed in the 2022 CTC survey indicated lifetime marijuana use, 9% indicate current marijuana use, 57% find it easy or sort of easy to obtain marijuana, and 43% believe there is no risk from using marijuana. Methamphetamine use has also been on the rise within the last year. Stimulant use is often found to be a co-occurring diagnosis with many MAT clients also experiencing opioid dependence. The concern with many additional substances is the risk for Fentanyl to be present without the person's knowledge. Fortunately, tools such as FTS are available to assist with detection of unwanted substances.

New information continues to develop regarding the rise of Xylazine. There has been an Official DHEC Health Advisory related to the increase of cases in SC. DHEC states that there is an increase in overdose deaths and health hazards associated with Xylazine in South Carolina. 7% of the overdose deaths from the 2021 coroner's report indicated that there was xylazine present. Currently there are no test kits available, such as with Fentanyl. Drug screens do not currently detect the presence of this substance, which ultimately means client education and identification of necrotic skin at injection sites are the only options for intervention at this point in time. There will be increased efforts on site at Shoreline in terms of screening and possible use of this substance.

Health disparities in Horry County greatly affect substance use. According to kidscount.org data, 25% of children in Horry County are in poverty. 50% of the births in Horry County are to single mothers. According to Exploring South Carolina's Social Determinants of Health from SC HealthViz, Horry County has high property crime. The data shows the statewide property crime rate was 324.4 per 10,000 residents. In Horry County, the rate was 449.3, which is significantly higher than the state rate. Incidence of poor health indicators influenced by social determinants of health. Lack of access to proper healthcare, job loss, health concerns, and more from the COVID pandemic have assisted in creating an increase in overdose deaths. SC Health Viz also indicates that more than one in ten U.S. adults covered by Medicaid have a substance use

disorder. 22% of Horry County's population are enrolled in Medicaid's full benefits program and 30% of the population lives in a rural area. 18% of the population in Horry County are uninsured. The number of children in South Carolina that have an adverse childhood experience is about 17%. Adverse Childhood Experiences are key indicators in determining future addiction to substances. (americashealthranking.org). According to data from that same website, South Carolina has a high prevalence of frequent mental distress and a high percentage of household food insecurity. According to the 2022 county level profiles, Horry County's Social Domain Rank is 16th. Horry County ranks 21st for drug law violations, 8th for DUI arrests, 16th for the graduation rate, and 16th for unemployment.

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Populations most impacted in these disorders are those that have high risk factors and low protective factors and typically fall into the category of those with health disparities.

Section Name: Capacity

Sub Section Name: Capacity Questions

1. Applicant Question: 1. Discuss the internal and external resources available to provide prevention services in your agency.

Discuss the internal and external resources available to provide prevention services in your agency.

Include the following:

- Overview of your agency's current capacity to address priority populations, priority substances and service areas, both internal and external;
- Unmet service needs/gaps in your catchment area; and
- Plan to build your agency's capacity to meet the above stated unmet service needs and gaps, with a focus on diverse racial and ethnic minorities as well as your agency's underserved populations.

Applicant Response:

Prevention Capacity

The prevention department at Shoreline is made up of either employees who cover and implement services for the block grant prevention, Drug Free Communities grant, Partnership for Success grant, Alcohol Enforcement Team grant, the Prevention Enhancement Grant and more. The department participates in trainings regularly to maintain or achieve certifications (such as SCAPPA). The department is very capable of implementing prevention services in Horry County. Skills are learned from trainings such as prevention ethics, cultural diversity, substance education, strategic prevention framework training, Narcan training, evidence-based program training, and more. The department also is a part of, or runs, multiple coalitions and boards. Being a part of these groups gives the agency strength by having resources and relationships built to be able to provide quality prevention and treatment services in the county. The agency has strong involvement in the Horry County CAST Coalition, which consists of sectors such as law enforcement, representatives from the local university, counselors, prevention staff, and more. This is the strongest relationship for a group that exists in the prevention department. The agency is also a part of the Coordinated Effort in Myrtle Beach (which is a group that works to reduce homelessness and opioid use/overdoses in Myrtle Beach), and a Harm Reduction coalition that the agency created. Shoreline also started the Overdose Fatality Review Committee in Horry County, but it is currently being run by the City of Myrtle Beach Police Department. It consists primarily of law enforcement, along with Shoreline staff and the Horry County Coroner's Office. Lastly, Shoreline has a Law Enforcement subcommittee of the Horry County CAST Coalition that works with prevention staff on AET activities, the Drug Free Communities grant activities, and the Partnership for Success grant activities. This committee is made up of law enforcement agencies that conduct environmental strategies in Horry County. There are contracts in place with the majority of these partners.

While staff have been able to mostly get back to normal after the pandemic, there are still some programs that are difficult to rebuild. For example, the ropes course has not seen even remotely close to the amount of people for implementation as before the pandemic. Also, the youth advisory board has had a difficult time being rebuilt since the pandemic. Staff are working to rebuild the youth advisory board, as this is an important component of prevention work at the agency.

An on-going gap of the county is being able to provide multi-session evidence-based educational programming. Shoreline staff understand the importance and effectiveness of this strategy, but are not able to get school district buy-in on the level that would make change. That being said, even if the school district would allow this in the schools, the agency really doesn't have the capacity to do it on the scale that would be necessary to make change in Horry County. There are more than 40,000 students in Horry County.

In the prevention department, specifically for block grant purposes, the agency primarily focuses on alcohol and tobacco (respectively) use among youth. Tobacco has become even more of a focus because of vaping. Opioids are addressed as well, but other

prevention staff with separate grants focus more on that particular substance. Regarding other substances, prevention staff give out information, such as brochures, on other substances like marijuana, street drugs, meth, etc. This is done regularly, but the request for this information isn't as high as with alcohol, tobacco, and opioids. Shoreline has the capacity to fulfill almost any request made by the community for prevention services. For example, if someone calls for a presentation, prevention staff implement the presentation. If an organization calls needing brochures, prevention staff deliver the brochures. If the school district needs tobacco education, prevention staff provide this regularly.

Prevention services are offered throughout Horry County to many different groups, including underserved populations. For example, the SOAR Academy, which is the county's alternative school, receives multiple services from Shoreline. The alternative school is comprised of many at-risk students. Staff will provide the Tobacco Education Program on site in order to eliminate transportation issues and because many of the students who have violated the tobacco policy are located at the alternative school. Prevention staff will also provide presentations to students and/or parents at this school for information dissemination. These services will continue so that this population is able to receive necessary prevention services. Also, staff will respond to requests made from various organizations that have underserved groups (such as schools, churches, etc.).

2. Applicant Question: 2. Discuss the internal and external resources available to provide intervention services in your agency.

Discuss the internal and external resources available to provide intervention services in your agency.

Include the following:

- Overview of your agency's current capacity to address priority populations, priority substances and service areas, both internal and external;
- Unmet service needs/gaps in your catchment area; and
- Plan to build your agency's capacity to meet the above stated unmet service needs and gaps, with a focus on diverse racial and ethnic minorities as well as your agency's underserved populations.

Applicant Response:

Intervention Capacity:

There have been significant efforts to provide outreach to underserved and at-risk communities. Peer support worked very closely with the prevention department to serve the community in multiple ways through close collaboration. Narcan distribution has been the most successful when all points of contact with a particular client encourage and provide this strategy. The client is offered and educated on Narcan, along with Fentanyl testing supplies, tobacco cessation and HIV testing at intervals throughout their treatment episode. This has proven to be a successful way to ensure the intervention strategies are being offered and provided. As of March 31st, 2023, 1350 boxes of Narcan have been given out to clients and concerned community members. All staff are required to receive Narcan education training to know how to administer properly if the situation were to arise. Narcan is made readily available for anyone to have quick

access if needed. There are designated staff members who are the Narcan point people if anyone has any questions or concerns.

The NRT program through DAODSAS continues to be a huge benefit to clients. Many active clients have a tobacco use disorder diagnosis and greatly benefit from receiving education on the consequences of continued tobacco and nicotine use. Many clients take advantage of the free NRT resources and receive a referral to the SC Quit Line for continued information and support. In FY24, while continuing as a pilot site, Shoreline is also interested in partnering with MUSC for a study aimed at reducing tobacco use.

Pairing peer support with harm reduction efforts has proven to be a fruitful endeavor. Collaboration on outreach events and community activities brings a wholistic approach when meeting people where they currently are.

Shoreline also has a staff member dedicated to providing intervention/harm reduction strategies, which include HIV testing, Narcan distribution/saturation, FTS distribution, developing and maintaining a harm reduction coalition, and more. Shoreline staff are also heavily involved in the Overdose Fatality Review Committee for Horry County. This committee details overdose deaths and an analysis are done to identify gaps from each case. Law Enforcement Departments rotate months to address an overdose death at each agency. The committee is currently in the process of compiling data from each of the meetings so far.

Unmet Needs-Occasionally, Shoreline has the opportunity to distribute large amounts of Narcan but has a difficult time getting access to that amount of Narcan. Also, there have been a couple of situations where the agency has almost run out of Narcan and had a hard time getting more in stock. Another unmet need is lack of education and community readiness regarding harm reduction. Many organizations and community members have thoughts and ideas of what harm reduction does to citizens and the community but lack the education to understand the benefits.

To address these unmet needs, Shoreline will work with partner community groups, stakeholders, and agencies to distribute Narcan when Shoreline does not have the capacity to do so. To address organizations that lack education and community readiness for harm reduction, Shoreline plans to work on educating the community through awareness and by hosting a harm reduction conference.

3. Applicant Question: 3. Discuss the internal and external resources available to provide treatment services in your agency.

Discuss the internal and external resources available to provide treatment services in your agency.

Include the following:

- Overview of your agency's current capacity to address priority populations, priority substances and service areas, both internal and external;
- Unmet service needs/gaps in your catchment area; and
- Plan to build your agency's capacity to meet the above stated unmet service needs and gaps, with a focus on diverse racial and ethnic minorities as well as your agency's underserved populations.

Applicant Response:

Treatment Capacity

There has been significant turnover within the clinical department within the last fiscal year. While we were fortunate to not lose many staff during the height of Covid, many ultimately left while transitioning back to a hybrid telehealth/in person model. Currently we have 18 clinical staff, comprised of 15 full-time and 3 part-time assessment clinicians. We are hoping to add two additional peer support specialists on site at Shoreline, as well as hiring a Community Health Worker/MTCM position. Hiring more part-time assessment counselors has been very helpful in managing the demand of new clients and allowing the staff to provide effective treatment services. There are also openings for 1-2 more full-time clinicians.

In the future the ideal strategy would be to have a fully functional MAT department that operates separately from Outpatient. The MAT program has grown considerably and now substantiates having its own system in place to make it the most efficient as possible.

The clinical staff have had the opportunity to participate in many conferences and training courses throughout the past year. Some of the opportunities have included the Cross-Cultural Conference, APSC Annual Conference, TREM, MI and CBT Trainings. In addition, the Georgi's have continued to provide virtual trainings and consultation for our clinicians for BPSSEM and MIGP. These models remain at the foundation of how we train new clinical staff and acculturate the clinical department. The ability to allow the clinical staff to participate in training sessions to expand their knowledge is certainly a privilege we hope to continue in the future.

As always Shoreline strives to be culturally inclusive and competent. Focusing on areas of the population that have unmet needs is always a top priority. The clinical team completes annual cultural diversity training as well as receiving additional training on cultural humility within FY22. The goal is to continue receiving regular training on cultural humility and racial diversity to better serve the clients.

4. Applicant Question: 4. Discuss the internal and external resources available to provide recovery services in your agency.

Discuss the internal and external resources available to provide recovery services in your agency.

Include the following:

- Overview of your agency's current capacity to address priority populations, priority substances and service areas, both internal and external;
- Unmet service needs/gaps in your area; and
- Plan to build your agency's capacity to meet the above stated unmet service needs and gaps, with a focus on diverse racial and ethnic minorities as well as your agency's underserved populations catchment.

Applicant Response:

Recovery Services:

The continued use of peer support has consistently yielded positive results in all levels of treatment service. For outpatient there are currently two full time peer support specialists who are available to the clients in person and by phone. Peer support services continue to provide huge value to treatment services at Shoreline. They have been instrumental in assisting counselors with managing their high-risk caseloads and helping to re-engage clients that have left treatment AMA. A full time PSS continues to be located in J Reuben Long Detention Center. The decision was made to place a PSS in the jail full time after listening to the needs of leadership. This partnership has proven to be successful in terms of strengthening our relationship with the detention center but has not produced many referrals for treatment. The peers engage our highest risk clients and provide much needed support and resources. Our peers are very knowledgeable regarding best practices for vulnerable populations and assist with distribution of Narcan and other harm reduction activities. For the past year, Peer Support have been involved with "Outreach Wednesday", which is an event hosted by the Myrtle Beach Police Department. Several Shoreline staff members consistently participate in the event to serve the community and provide support and resources.

The MUST Fast Track ED Project has continued throughout FY23. Peer recovery coaches are back in Grand Strand and Tidelands Waccamaw Community Hospital full time and continue to make a large impact. A lead peer position was hired to assist with the on the ground supervision of the peers at both hospital locations. This position has helped to ensure the peer recovery coach needs are being met as well as to ensure coverage is maintained for all hospital shifts. The SBIRT initiative with Tidelands Waccamaw began in May of 2022. This continues on site at Tidelands and has yielded successful referrals into treatment.

A peer was hired as a Community Health Worker, however left the position earlier this year. There are plans to hire another CHW as soon as possible. We envision this position as working very closely with DSS involved clients at risk of losing custody of their children. The CHW will assist in all areas of case management while using their lived experience as a commonality and motivator. The hope is to increase the success rate of women successfully completing their DSS treatment plan.

As always Shoreline strives to be culturally inclusive and competent. Focusing on areas of the population that have unmet needs is always a top priority. The clinical team completes annual cultural diversity training as well as receiving additional training on cultural humility within FY22. The goal is to continue receiving regular training on cultural humility and racial diversity to better serve the clients.

Section Name: Behavioral Health Equity

Sub Section Name: Behavioral Health Equity Questions

1. Applicant Question: 1. Describe your current agency capabilities to address health disparities of your area's underserved populations.

Describe your current agency capabilities to address health disparities of your area's underserved populations.

Applicant Response:

In FY24, a greater emphasis will be placed on addressing the unmet needs of underserved populations. Training aimed at educating and implementing changes within the agency to target

these vulnerable populations will be a priority. During FY23 all peer support specialists engaged in the Whole Health Action Management training provided by the National Health Council. This training promoted a whole health approach that encompasses looking at social determinants of health when assessing the best treatment for an individual.

There have been significant efforts within this fiscal year to provide outreach to underserved and at-risk communities. Prevention and Intervention efforts in particular locations, such as Loris, SC represent areas that are historically underserved. Loris is predominantly an African American community, with a relatively low socioeconomic status. Because of these factors, there are many social determinants of health that come into consideration. Partnering with Fyrebird Recovery in this location has helped serve many people and provide resources and education regarding treatment and recovery services. Members of the prevention department in combination with peer support often provide education and training in certain “hotspot” locations of the county.

LGBTQ+ trainings being offered by DAODAS, will be taken advantage of in the upcoming months by clinical staff. The topic of these trainings are Sexual Orientation and Gender Identification are the relevance in treatment. Additional staff will be receiving training on inclusiveness and education in the area of social awareness. Excellent training provided at the Cross-Cultural Conference on the topic of sexual identity, identifying racism and the concept of inclusiveness gives leadership a renewed perspective on how to best approach these areas. One of the initiatives for FY24 will be becoming reestablished with Grand Strand Pride and participating in the upcoming events. Securing a trainer that will be provide a comprehensive, trauma informed whole staff approach on allyship with the LGBTQ+ community will greatly benefit those that we serve.

Equity and Underserved Population:

Large emphasis has been placed on better serving and addressing the specific needs of the housing insecure. Through our harm reduction coalition, outreach events targeted towards identifying and addressing these needs have been underway throughout FY23. Successful outreach events began at the beginning of 2023, providing the Myrtle Beach community with needed resources and supplying help with immediate needs. More events are planned for the remainder of the fiscal year with the goal of continuing and growing the outreach activities. Expanding to other high risk, underserved areas in the county would be the next logical step.

As the Horry County community continues to diversify, it is important for staff at Shoreline Behavioral Health Services to provide quality services to meet various populations. Some of the steps taken to ensure staff are properly trained and all-inclusive include the following: staff participate in annual in-services on cultural diversity; the agency has a cultural diversity committee that meets regularly throughout the year to ensure inclusivity and also to ensure services are provided to diverse populations; emphasis is put on diversity when creating marketing material (to include visual representation of various populations); specific training occurs periodically on the LGBTQIA+ community; staff make accommodations for persons with disabilities through the accessibility committee and by making accommodations in counseling sessions; Shoreline covers many treatment costs for those suffering from poverty or low-income; Shoreline provides translation opportunities for clients or prevention service recipients as needed (most commonly among Latino and Indian populations); Shoreline provides transportation services for those living in rural areas and provide telehealth services for those in rural areas; Shoreline has multiple locations which allows easier access to services; and services are

provided in minority communities regularly.

2. Applicant Question: 2. Discuss the unmet needs and service gaps (including health disparities) identified in the delivery of services to your area's underserved populations. Discuss the unmet needs and service gaps (including health disparities) identified in the delivery of services to your area's underserved populations.

Applicant Response:

While the populations listed below fall into underserved and at-risk populations, activities and strategies are in place to provide services to those specific communities. Those activities are outlined in the previous question asking about Shoreline's capacity to reach those underserved populations. Although these activities are in place for some populations, there are still some unmet needs for Horry County. Unmet needs and health disparities continue to appear in many facets of our community. Lack of affordable and appropriate housing ranks consistently at the top of the list for many individuals in the community. Specifically in the Myrtle Beach area, there is a substantial problem with stable and affordable housing. This results in a large homeless population in and around the Myrtle Beach area. For many minority populations there are a lack of resources and access to quality services. Through the prevention and intervention collaboration, in combination with community organizations aimed at providing necessary resources to these communities, there is progress being made.

- 1.Black
- 2.Latino
- 3.Indigenous and Native American persons
- 4.Asian Americans and Pacific Islanders
- 5.Other persons of color
- 6.Members of religious minorities
- 7.Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) persons
- 8.Persons with disabilities
- 9.Persons who live in rural areas
- 10.Persons otherwise adversely affected by persistent poverty or inequality

3. Applicant Question: 3. Describe your agency plans to address identified health disparities in the delivery of services to your area's underserved populations. Describe your agency plans to address identified health disparities in the delivery of services to your area's underserved populations.

Applicant Response:

By becoming more involved in the community, Shoreline has been increasing efforts dedicated to outreach for the homeless population. Increasing involvement in efforts tied to combating the lack of awareness of essential services and resources. Working more closely and increasing coordination with local leaders to ensure proper care is being delivered to those most at risk and vulnerable within Horry County. Shoreline staff have also developed relationships with key stakeholders who provide services to the homeless population and serve on a community group together with those organizations. Through this involvement, Shoreline staff are able to address substance use among the homeless population. In addition to that, staff have also been implementing quarterly resource events for the homeless community in Myrtle Beach. Through these events, staff are able to provide services immediately to the homeless population. Services provided include supplies (including needle distribution), blood pressure checks, connection to substance use treatment, on-site HIV testing, and more. Shoreline intends to continue these so

that this population is able to receive necessary services. Shoreline also intends to provide low-barrier MAT services to the homeless population via a harm reduction non-profit location in Myrtle Beach. This partnership already exists, but the location will open over the next month. Once this location is open, Shoreline will have staff onsite to provide low-barrier MAT to the low-income and homeless population in Myrtle Beach.

As mentioned in part one of the behavioral health equity questions, Shoreline staff have multi-faceted components of addressing health disparities and will continue to implement these. As a reminder, they are as follows: staff participate in annual in-services on cultural diversity; the agency has a cultural diversity committee that meets regularly throughout the year to ensure inclusivity and also to ensure services are provided to diverse populations; emphasis is put on diversity when creating marketing material (to include visual representation of various populations); specific training occurs periodically on the LGBTQIA+ community; staff make accommodations for persons with disabilities through the accessibility committee and by making accommodations in counseling sessions; Shoreline covers many treatment costs for those suffering from poverty or low-income; Shoreline provides translation opportunities for clients or prevention service recipients as needed (most commonly among Latino and Indian populations); Shoreline provides transportation services for those living in rural areas and provide telehealth services for those in rural areas; Shoreline has multiple locations which allows easier access to services; and services are provided in minority communities regularly.

4. Applicant Question: 4. Discuss your agency's plans to strive for cultural competence in the delivery of all services.

Discuss your agency's plans to strive for cultural competence in the delivery of all services.

Applicant Response:

Shoreline strives to create a welcoming and safe environment for all clients and staff. Within this trauma informed approach to treatment and services, the expectation is that all clients are treated with dignity and respect. There are many strategies implemented by our agency to ensure we always strive to be culturally competent. Staff participate in annual cultural competence trainings often through a mix of trainer based and online curriculums. Clinicians receive specific training in regard to working with people of different cultures and backgrounds. Perhaps one of the best ways Shoreline demonstrates cultural competence is through our Cultural Competency Committee.

Section Name: Overall Agency Budget

Sub Section Name: Overall Agency Budget Question

1. Applicant Question: 1. Please attach your overall agency budget from the template provided.

Please attach your overall agency budget from the template provided.

Applicant Response:

[Shoreline FY24 County Plan Budget.xlsx](#) - EXCEL DOCUMENT

Section Name: Agency Signature Page

Sub Section Name: Signature Page Attachment

1. Applicant Question: Please upload the signature page demonstrating board approval of your county plan

Please attach the signature page provided with signatures from the Executive Director and the Board Chair.

Applicant Response:

[Shoreline FY24 Signature Page.pdf](#) - PDF FILE