Empowering Communities for Healthy Outcomes (ECHO)
Coordinator Guidebook

April 2017
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Introduction

Thank you for your service as an ECHO Coordinator. We want to support your efforts to help increase the safety and health of citizens in the county where you serve. This guidebook will provide you with an overview of the Strategic Prevention Framework (SPF), ECHO project expectations and requirements, and the South Carolina prevention and treatment system.

Achievement of population-level change is at the heart of the ECHO project. Specific project goals and objectives are listed by priority in Table 1. The S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) funds ECHO through a five-year discretionary grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). South Carolina is in Cohort 4, and its PFS grant became effective on October 1, 2015. The federal project title is Partnerships for Success (PFS) 2015.

Table 1. ECHO Goals and Objectives

| Goal 1: Reduce the Prevalence of Impaired Driving in South Carolina. (Fulfilling Outcomes) |
| NOM Domain Three: Decreased involvement with the criminal justice system |
| Objective 1.1: By the end of the grant period, implementation communities will reduce alcohol-related car crashes by 10%. |
| Objective 1.2: By the end of the grant period, implementation communities will reduce drug-related car crashes by 10%. |
| NOM Domain Ten: Use of evidence-based practices |
| Objective 1.3: By the end of the grant period, implementation communities will use at least two evidence-based programs, policies, or practices in response to local strategic plans. |
| Objective 1.4: By the end of the grant period, implementation communities will adopt at least two practices as recommended in the S.C. Impaired Driving Countermeasures Plan. |

| Goal 2: Prevent the Onset and Reduce the Progression of Prescription Drug Abuse and Misuse in South Carolina. (Fulfilling Outcomes) |
| NOM Domain One: Abstinence from drug use and alcohol abuse |
| Objective 2.1: By the end of the grant period, implementation communities will reduce past-30-day use of non-prescribed prescription drugs by youth by 10%. |
| NOM Domain Ten: Use of evidence-based practices |
| Objective 2.2: By the end of the grant period, implementation communities will use at least two evidence-based programs and/or promising practices in response to local strategic plans. |
| Objective 2.3: By the end of the grant period, implementation communities will adopt at least two practices as recommended in the State Plan to Prevent and Treat Prescription Drug Abuse. |

| Goal 3: Build Prevention Capacity and Infrastructure at the State and Community Levels. (Realizing Community Empowerment) |
| NOM Domain Six: Increased access to services |
| Objective 3.1: By the end of the grant period, implementation communities will increase the number of persons reached by 10%. |
| NOM Domain Seven: Retention in services for substance abuse |
| NOM Domain Ten: Use of evidence-based practices |
| Objective 3.2: By the end of the grant period, implementation communities will use at least two evidence-based programs, policies, or practices/promising practices in response to the state and local strategic plans. |
Each ECHO site (county) is slated to receive $90,000 to $120,000 per year, based on their total county population size. Nine counties are funded to reduce the prevalence of impaired driving or to prevent the onset and reduce the progression of prescription drug abuse and misuse (see Table 2).

Table 2. ECHO Funded Counties by Priority Type

<table>
<thead>
<tr>
<th>Impaired Driving</th>
<th>Prescription Drug Abuse &amp; Misuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnwell</td>
<td>Berkeley</td>
</tr>
<tr>
<td>Chester</td>
<td>Darlington</td>
</tr>
<tr>
<td>Jasper</td>
<td>Dorchester</td>
</tr>
<tr>
<td>Marlboro</td>
<td>Greenville</td>
</tr>
<tr>
<td>Orangeburg</td>
<td></td>
</tr>
</tbody>
</table>

Funds were awarded based on two criteria: 1) rank among all counties based on key data indicators for each priority; and 2) receipt of discretionary funds to address the priority under the PFS grant’s predecessor, the Strategic Prevention Framework State Incentive Grant (SPF SIG). The SPF SIG was also a five-year project. It was known as Community Action for a Safer Tomorrow (CAST).

Strategic Prevention Framework Overview

SAMHSA’s Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse (see Image 1). The SPF offers prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

The steps and two guiding principles of the SPF include:

- Step 1: Assess Needs – What is the problem, and how can I learn more?
- Step 2: Build Capacity – What do I have to work with?
- Step 3: Plan – What should I do, and how should I do it?
- Step 4: Implement – How can I put my plan into action?
- Step 5: Evaluate – Is my plan succeeding?
- Cultural Competence: The ability to interact effectively with members of diverse population
- Sustainability: The process of achieving and maintaining long-term results

Image 1. Strategic Prevention Framework Process
The SPF’s Distinctive Features

The SPF planning process has several distinctive features. The SPF is:

**Data-driven:** Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions – from identifying which substance misuse issues/problems to address in their communities, to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.

**Dynamic:** Assessment is more than just a starting point. Practitioners will return to this step again and again, as the prevention needs of their communities change and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.

**Focused on population-level change:** Earlier prevention models often measured success by looking at individual program outcomes or changes among small groups. But effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse in a given community. A population may be the general population living in a particular geographic area such as a county, town, college campus, all sixth-graders and seventh-graders at a school, or young adults ages 12 to 25. In this way, we are more likely to create an environment that helps people support healthy decision-making.

**Intended to guide prevention efforts for people of all ages:** Substance misuse prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.

**Reliant on a team approach:** Each step of the SPF requires – and greatly benefits from – the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant. This is why collaboration with coalitions or task forces is so important.
Primary Expectations for ECHO Coordinators

The overall expectation is that ECHO Coordinators will use the SPF to work with their local coalitions or task forces to achieve desired population-level outcomes. Coordinators are also required to meet state and federal deliverables each fiscal year (see Appendix A). Key responsibilities are:

1. Work with a county coalition to address prevention issues (impaired driving or non-medical use/abuse of prescription drugs for youth ages 12 to 25); promote linkage and collaboration among prevention systems/partner agencies throughout the county.
2. Strengthen existing partnerships and build new partnerships that will help produce population-level change.
3. Develop a comprehensive strategic plan that addresses the five SPF steps and incorporates cultural competency and sustainability in each step.
4. Develop a logic model that is integrated with the strategic plan.
5. Develop a Management Information System (MIS) to serve as a dashboard for key indicators; update and review the MIS as often as possible to monitor for trends and make adjustments to interventions as needed.
6. Select and implement at least two evidence-based interventions that will produce population-level change.
7. Participate in the outcome and process evaluation as designed by and with the assistance of the ECHO Evaluation Team (complete the Community-Level Instrument – Revised [CLI-R], ECHO evaluation plan, and participate in periodic evaluation interviews); evaluate results of the interventions and make adjustments as needed.
8. Enter ECHO-related goals, objectives, programs, and activities in MOSAIX IMPACT SAPT.
9. Attend at least two national conferences per fiscal year to increase knowledge and awareness of substance abuse strategies, lessons learned, techniques, and tools being used around the country to support improved prevention outcomes.
10. Participate in required ECHO meetings, webinars, conference calls, etc.

Here are important details about each primary responsibility:

Work With or Form a County Coalition to Address Prevention Issues

You are expected to work with or create a county coalition or task force to prevent impaired driving and prescriptions drug abuse / misuse. Form standing committees and ad hoc committees as needed to work through the SPF process. Regularly conduct informal or formal assessment of coalition capacity to help generate intended project outcomes. Keep coalition meeting agendas, meeting minutes, and record of meeting attendance on file; electronic or hard copy are acceptable.

Strengthen/Build Partnerships to Help Produce Population-Level Change

Primary responsibilities #2 and #3 collectively require you to recruit agencies, organizations, and groups to collaborate with/for the ECHO project. Understand the strengths of each individual and partner organization and request assistance to complete project goals and objectives. Building the coalition so that members are participants in the work will increase the likelihood that you will have sustainable processes and outcomes to sustain.
Develop a Comprehensive Strategic Plan

Use SPF guidance to develop a strategic plan. The plan ideally outlines the five SPF steps. Cultural competence and sustainability planning should be evident throughout. The plan should demonstrate that risk and protective factors have been prioritized and that you have selected at least two evidence-based interventions, programs, or practices to prevent impaired driving or prescription drug abuse.

Develop a Logic Model

In general, logic models can be created in Microsoft Word, PowerPoint, etc. However, ECHO logic models have been developed using DoView software. If this program is not already downloaded on your computer/laptop, it can be purchased at http://www.doview.com/. Logic models can be updated as often as needed.

Develop a Management Information System (MIS)

You will need to create or maintain the already established ECHO data dashboard in Excel for your county. Use the dashboard to monitor data trends and adjust facets of implementation as needed. We recommend you add new data as often as it becomes available (e.g., monthly, quarterly, annually). Some data will be provided to you from the ECHO evaluation team; other data you will be able to collect from your partners. Each ECHO site will provide a data dashboard update once every two to four months via project webinars.

Select and Implement at Least Two Evidence-Based Interventions for Population-Level Change

You will need to review your priority’s state plan (see Attachment A for the impaired driving plan and Attachment B for the prescription drug prevention plan) to view recommended strategies. Implement at least two evidence-based programs or promising practices in your county. Implement programs and practices with fidelity and consider how much of each particular activity needs to be implemented to reach desired outcomes. For example, if you select public safety checkpoints or a media campaign, determine the frequency and/or intensity with which you will implement. A critical question to ask is, “How often do we need to implement this program/practice (each week, month, quarter, year, etc.) in order to reach significant change in consequences and consumption patterns of the target population?”

Participate in the Outcome and Process Evaluation

Evaluation services for the ECHO project are provided by the Pacific Institute for Research and Evaluation (PIRE). The ECHO project evaluator, outcome data manager, and process data manager will communicate with you to schedule technical assistance to complete the Community-Level Instrument – Revised (CLI-R) twice per year and to complete periodic process evaluation interviews (see Appendix A). They will also work with you to complete a county evaluation plan, and when possible will provide updated data for several MIS indicators.

Enter ECHO-Related Goals, Objectives, Programs, and Activities in MOSAIX IMPACT SAPT

MOSAIX IMPACT SAPT is the South Carolina prevention system’s database. Prevention professionals across the state use it to show which substance abuse-related problems exist in their counties, risks and protective factors, outcomes they strive to achieve, what they will do to achieve desired outcomes, and dates by which they plan to achieve their goals. For each problem behavior that you identify in MOSAIX IMPACT SAPT, you will be able to assign goals, objectives, programs, and activities. You can make edits as needed; DAODAS will request an annual/bi-annual update on objectives, programs, and activities to give you an opportunity to demonstrate any percentage of change achieved (outcomes) and actual
number of implementation events/people served (process) compared to intended numbers. Additional guidance will be provided on how to make these updates.

You will need to enter activities data in the system on at least a monthly basis; activities data entry for the previous month is always due on the eighth working day of the following month (e.g., December’s data will be due in January). We recommend more frequent data entry, but it is not required. As a courtesy, the DAODAS ECHO project coordinator will, however, provide you with a weekly update (as of 1/6/17) that offers constructive and positive feedback on activities’ service code accuracy.

Attend at Least Two National Conferences per Fiscal Year

Each ECHO Coordinator is required to attend a minimum of two national conferences each year while on the project. One of the conferences is mandated: the Lifesavers Conference for impaired driving sites and the Prescription Drug Summit for prescription drug sites. Coordinators (or their coalitions) may choose the second conference. You and others affiliated with your coalition may attend additional conferences if your budget allows.

You will also need to recruit a minimum of one coalition member to attend the two conferences with you. A list of approved national conferences was provided in your annual ECHO contract. You may also find national conferences listed on the list of prevention conferences, trainings, and meetings that is provided at each Prevention Quarterly Meeting. If you see a conference that you want to attend that is not on the approved list, please contact the DAODAS ECHO Project Director or ECHO Project Coordinator to request approval.

Participate in Required ECHO Meetings, Webinars, and Conference Calls

In addition to attendance of national conferences, the ECHO project also hosts two workshops each year. Attendance of these workshops is mandatory. Other meetings, webinars, and conference calls may be designated as “mandatory” as needed. As a general rule, please plan to participate in as many project-related meetings, webinars, and conference calls as possible. When you are not available, it is acceptable to ask someone from your agency or coalition to represent your county.

We hope this overview provides key insights of what is expected of you as an ECHO coordinator. We encourage ECHO coordinators to reach out to DAODAS, ECHO evaluation staff, and their respective Regional Capacity Coaches as often as needed. We view questions as a sign of interest, and we welcome them! Please let us know when you have questions or need assistance. We will try to provide the most accurate, beneficial – and timely – responses possible.

Key Support Staff for ECHO Coordinators

There are three groups that work together to provide technical assistance and training for ECHO sites: 1) DAODAS, 2) Regional Capacity Coaches, and 3) PIRE (the ECHO evaluation team). Some responsibilities overlap, but in general we have identified a primary, secondary, and tertiary contract for common technical assistance and training needs of ECHO Coordinators (see Table 3).

DAODAS

As the SAMHSA/CSAP grantee, DAODAS is responsible for awarding PFS 2015 (ECHO) funds to sub-recipients (ECHO counties), as well as overall vision setting and coordination of technical assistance / training services. As a general rule, DAODAS staff will provide guidance and support on (non-evaluation related) deliverables, budgets and spending requests, national training, MOSAIX IMPACT SAPT, PEP-C MRT login, and opportunities to collect and analyze data (i.e., South Carolina Communities That Care Survey via the State Epidemiological Outcomes Workgroup [SEOW]).
To encourage routine information sharing, DAODAS conducts bi-monthly team calls with ECHO Coordinators by priority area (impaired driving and prescription drug abuse/misuse), and also provides a weekly update to ECHO Coordinators related to MOSAIX IMPACT SAPT data entries, upcoming deliverables, and miscellaneous details that are useful.

DAODAS contracts with Regional Capacity Coaches and PIRE to provide additional assistance to ECHO counties.

**Regional Capacity Coaches**

The primary objective of Regional Capacity Coaches is to ensure that ECHO counties receive needed support to implement the SPF process. Coaches provide technical assistance and training related to each SPF step, as well as SPF’s cross-cutting principles of cultural competence and sustainability.

In particular, coaches are a useful resource for logic model development/revisions and ongoing capacity development in general. Related to capacity development in general, coaches can also work with ECHO Coordinators to help them identify priorities and strategic goals. This assistance can be provided at both the individual and coalition levels for improved confidence and ability to implement the SPF process.

Also, the coaches have provided primary support for the development of MOSAIX IMPACT SAPT in South Carolina. They have a great deal of expertise related to this database and can offer assistance to help ECHO meet data-reporting requirements.

**PIRE (ECHO Evaluation Team)**

SAMHSA/CSAP requires that the state and ECHO sub-recipients participate in cross-site evaluation to gauge the effectiveness of SPF implementation across sites funded in our cohort nationwide. In general, the evaluation team at PIRE will provide technical assistance on logic models, evaluation plans, fidelity assessment, surveys, data interpretation, and completion of cross-site data requirements.

PIRE’s main technical assistance and training role is to provide support to ECHO counties for the completion of 1) county evaluation plan, 2) Community Level Instrument - Revised (CLI-R), and 3) data for county management information systems that is not readily available at the county level.

PIRE also will conduct periodic community-level key informant interviews and site visits with ECHO Coordinators.
Table 3. Key Support Staff by Common Technical Assistance and Training Need

<table>
<thead>
<tr>
<th>Common Technical Assistance / Training Need</th>
<th>Primary Contact</th>
<th>Secondary Contact</th>
<th>Tertiary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>Lagenia McEachin-Session, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
<td>Crystal Gordon, DAODAS</td>
</tr>
<tr>
<td>CAPT and national training</td>
<td>Crystal Gordon, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
<td>Regional Capacity Coach</td>
</tr>
<tr>
<td>Deliverables in general</td>
<td>Crystal Gordon, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
<td>Regional Capacity Coach</td>
</tr>
<tr>
<td>Epidemiological data in general (i.e., SC CTC Survey, state/county profile)</td>
<td>Andrew Fogner, DAODAS</td>
<td>Dan Walker, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
</tr>
<tr>
<td>Evaluation in general</td>
<td>Al Stein-Seroussi, PIRE</td>
<td>Michael George, PIRE</td>
<td>Elaine Dowdy-Melvin, PIRE</td>
</tr>
<tr>
<td>Evaluation – process deliverables</td>
<td>Elaine Dowdy-Melvin, PIRE</td>
<td>Al Stein-Seroussi, PIRE</td>
<td>Crystal Gordon, DAODAS</td>
</tr>
<tr>
<td>Evaluation – outcomes data</td>
<td>Michael George, PIRE</td>
<td>Al Stein-Seroussi, PIRE</td>
<td>Andrew Fogner, DAODAS</td>
</tr>
<tr>
<td>General training and capacity/skills building</td>
<td>Regional Capacity Coach</td>
<td>Crystal Gordon, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
</tr>
<tr>
<td>Logic models</td>
<td>Al Stein-Seroussi, PIRE</td>
<td>Regional Capacity Coach</td>
<td>Crystal Gordon, DAODAS</td>
</tr>
<tr>
<td>MIS</td>
<td>Al Stein-Seroussi, PIRE</td>
<td>Elaine Dowdy-Melvin, PIRE</td>
<td>Michael George, PIRE</td>
</tr>
<tr>
<td>MOSAIX IMPACT SAPT</td>
<td>Crystal Gordon, DAODAS</td>
<td>Regional Capacity Coach</td>
<td>Michelle Nienhius, DAODAS</td>
</tr>
<tr>
<td>PEP-C MRT in general</td>
<td>Michelle Nienhius, DAODAS</td>
<td>Crystal Gordon, DAODAS</td>
<td>Al Stein-Seroussi, PIRE</td>
</tr>
<tr>
<td>PEP-C MRT password and/or username</td>
<td>PEP-C MRT technical assistance form or call 866-558-0724</td>
<td>Crystal Gordon, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
</tr>
<tr>
<td>Strategic Prevention Framework</td>
<td>Regional Capacity Coach</td>
<td>Crystal Gordon, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
</tr>
<tr>
<td>Other</td>
<td>Crystal Gordon, DAODAS</td>
<td>Michelle Nienhius, DAODAS</td>
<td>Regional Capacity Coach</td>
</tr>
</tbody>
</table>
Table 4. Contact Information for Key Support Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email Address</th>
<th>Telephone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Nienhius</td>
<td>Project Director</td>
<td><a href="mailto:mnienhius@daodas.sc.gov">mnienhius@daodas.sc.gov</a></td>
<td>803-896-1184</td>
</tr>
<tr>
<td>Crystal Gordon</td>
<td>Project Coordinator</td>
<td><a href="mailto:cgordon@daodas.sc.gov">cgordon@daodas.sc.gov</a></td>
<td>803-896-7228</td>
</tr>
<tr>
<td>Lagenia McEachin-Session</td>
<td>Contracts Coordinator</td>
<td><a href="mailto:lmceachin@daodas.sc.gov">lmceachin@daodas.sc.gov</a></td>
<td>803-896-1243</td>
</tr>
<tr>
<td>Al Stein-Seroussi</td>
<td>Project Evaluator</td>
<td><a href="mailto:stein@pire.org">stein@pire.org</a></td>
<td>919-265-2616</td>
</tr>
<tr>
<td>Andrew Fogner</td>
<td>Epidemiologist</td>
<td><a href="mailto:afogner@daodas.sc.gov">afogner@daodas.sc.gov</a></td>
<td>803-896-4556</td>
</tr>
<tr>
<td>Michael George</td>
<td>Outcome Data Manager</td>
<td><a href="mailto:mgeorge@pire.org">mgeorge@pire.org</a></td>
<td>803-479-3628</td>
</tr>
<tr>
<td>Elaine Dowdy-Melvin</td>
<td>Process Data Manager</td>
<td><a href="mailto:edowdymelvin@pire.org">edowdymelvin@pire.org</a></td>
<td>803-315-0892</td>
</tr>
<tr>
<td>Dan Walker</td>
<td>Data Support</td>
<td><a href="mailto:dwalker@daodas.sc.gov">dwalker@daodas.sc.gov</a></td>
<td>803-896-1206</td>
</tr>
<tr>
<td>Lou Anne Johnson</td>
<td>Region 1 Regional Capacity Coach</td>
<td><a href="mailto:lojohnson@phoenixcenter.org">lojohnson@phoenixcenter.org</a></td>
<td>864-467-3778 (o) or 864-360-4822 (c)</td>
</tr>
<tr>
<td>Ashley Bodiford</td>
<td>Region 2 Regional Capacity Coach</td>
<td><a href="mailto:abodiford@lradac.org">abodiford@lradac.org</a></td>
<td>803-726-9443 (o) or 803-201-9092 (c)</td>
</tr>
<tr>
<td>Dawn Blackmon</td>
<td>Region 3 Regional Capacity Coach</td>
<td><a href="mailto:dawn.blackmon@circlepark.com">dawn.blackmon@circlepark.com</a></td>
<td>843-664-3963 (o) or 843-229-3911 (c)</td>
</tr>
<tr>
<td>Jacqulynn Martinez</td>
<td>Region 4 Regional Capacity Coach</td>
<td><a href="mailto:jmartinez@ekcenter.org">jmartinez@ekcenter.org</a></td>
<td>843-797-7871, ext. 112 (o) or 843-312-7542 (c)</td>
</tr>
</tbody>
</table>
ECHO Peer Support

In addition to key support staff, you may want to talk with fellow ECHO Coordinators to share information and learn how they are implementing the SPF in their counties. Although formal opportunities exist for information sharing through the bi-monthly team calls, by priority, you can reach out to peers informally as needed (see Table 5).

Table 5. ECHO County Coordinators Contact List

<table>
<thead>
<tr>
<th>County</th>
<th>Region</th>
<th>Priority</th>
<th>Name</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnwell</td>
<td>4</td>
<td>Impaired Driving</td>
<td>Pamela Rush</td>
<td><a href="mailto:prush@axis1.org">prush@axis1.org</a></td>
<td>803-541-1247</td>
</tr>
<tr>
<td>Chester</td>
<td>2</td>
<td>Impaired Driving</td>
<td>Lamont Broughton</td>
<td><a href="mailto:lamont@hazelpittman.org">lamont@hazelpittman.org</a></td>
<td>803-209-2451</td>
</tr>
<tr>
<td>Jasper</td>
<td>4</td>
<td>Impaired Driving</td>
<td>Nicole Smith</td>
<td><a href="mailto:nsmith@nlcbhsa.org">nsmith@nlcbhsa.org</a></td>
<td>803-584-4238</td>
</tr>
<tr>
<td>Marlboro</td>
<td>3</td>
<td>Impaired Driving</td>
<td>Renee Wiley</td>
<td><a href="mailto:rwiley@trinitybehavioralcare.org">rwiley@trinitybehavioralcare.org</a></td>
<td>843-423-8292</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>4</td>
<td>Impaired Driving</td>
<td>Tony Ackiss</td>
<td><a href="mailto:tackiss@tccada.state.sc.us">tackiss@tccada.state.sc.us</a></td>
<td>803-536-4900, ext. 45</td>
</tr>
<tr>
<td>Berkeley</td>
<td>4</td>
<td>Prescription Drug Misuse / Abuse</td>
<td>Sarah Halse</td>
<td><a href="mailto:shalse@ekcenter.org">shalse@ekcenter.org</a></td>
<td>843-797-7871, ext. 119</td>
</tr>
<tr>
<td>Darlington</td>
<td>3</td>
<td>Prescription Drug Misuse / Abuse</td>
<td>Cindy Shipman</td>
<td><a href="mailto:cshipman@rubiconsc.org">cshipman@rubiconsc.org</a></td>
<td>843-332-4159</td>
</tr>
<tr>
<td>Dorchester</td>
<td>4</td>
<td>Prescription Drug Misuse / Abuse</td>
<td>Leah Reason</td>
<td><a href="mailto:lreason@dadc.org">lreason@dadc.org</a></td>
<td>843-871-8579</td>
</tr>
<tr>
<td>Greenville</td>
<td>1</td>
<td>Prescription Drug Misuse / Abuse</td>
<td>Brandi Simmons</td>
<td><a href="mailto:bsimmons@phoenixcenter.org">bsimmons@phoenixcenter.org</a></td>
<td>864-467-3927</td>
</tr>
</tbody>
</table>
Overview of the South Carolina Substance Abuse Prevention and Treatment System

SAMHSA

The South Carolina substance abuse prevention and treatment system, which is operated through long-term collaboration between DAODAS and the state’s county alcohol and drug abuse authorities, exists in large part due to block grant and discretionary grant funding provided by SAMHSA. Online, you can visit https://www.samhsa.gov to learn more about the federal substance abuse prevention and treatment initiatives. In addition to funds, SAMHSA provides technical assistance and training to DAODAS. For prevention services, SAMHSA/CSAP provides assistance to states through the Center for Applied Prevention Technologies (CAPT).

DAODAS

DAODAS, a state government cabinet-level agency, contracts with the state’s county-designated alcohol and drug abuse authorities to implement prevention and treatment services. DAODAS’ earliest predecessor dates back to 1957. DAODAS, in its current form, was created by Act 265, “The Government Accountability and Reform Act of 1993.”

DAODAS is the single state authority for alcohol and other drug abuse programming as originally authorized by Public Law 91-616 of 1970 and Public Law 92-255 of 1972. The department reports directly to the Governor and is responsible for advising the executive branch of state government, the General Assembly, and other state agencies regarding alcohol and other drug abuse issues.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the department provides funding, project coordination, data, and other technical support and training to support high-quality, effective prevention and treatment services.

Each year, thousands of South Carolinians receive prevention and treatment services through the county authorities. Since their creation in 1973, these local agencies have provided intervention and treatment services to more than 1 million South Carolinians and touched the lives of millions of additional individuals and families through the many prevention activities coordinated by this system.

The primary source of funding for prevention and treatment programs managed by DAODAS is the Substance Abuse Prevention and Treatment Block Grant. This grant is provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

In accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, DAODAS and the county authorities are committed to ensuring and maintaining the confidentiality, privacy, and security of all protected health information related to their patients.

County Alcohol and Drug Abuse Authorities

The county alcohol and drug abuse authorities were created by South Carolina Act 301 of 1973 to provide mandated services in cooperation with DAODAS. Currently, there are 32 county authorities that provide direct services to citizens in all 46 South Carolina counties. The county authorities are organized into four regions by geographic location: Region 1 - Upstate, Region 2 - Midlands, Region 3 - Pee Dee, and Region 4 - Low Country (see Table 5). The county authorities employ staff to prevent, intervene in, and treat substance use disorders. Local prevention professionals must earn certification through the South Carolina Association of Prevention Professionals and Advocates (SCAPPA) (see Resources). Treatment professionals are certified through the South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC). To ensure the quality of these services, each agency is also accredited by CARF, a nationally recognized authority on and promoter of quality services for people with disabilities.
Table 5. County Alcohol and Drug Abuse Authorities by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, Union</td>
</tr>
<tr>
<td>Region 2</td>
<td>Chester, Chesterfield, Fairfield, Kershaw, Lancaster, Lee, Lexington, Richland, York</td>
</tr>
<tr>
<td>Region 3</td>
<td>Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro, Sumter, Williamsburg</td>
</tr>
<tr>
<td>Region 4</td>
<td>Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg</td>
</tr>
</tbody>
</table>

Conclusion

We appreciate all of your efforts to improve the health and safety of people in your county. The SPF is a significant asset as you work to implement a comprehensive, evidence-based approach to the prevention of impaired driving and prescription drug abuse. Please use available resources and tools, as needed, to help you and your coalition succeed and produce desired outcomes. Let us know how we can help. We look forward to serving you and celebrating your ECHO successes.
## APPENDIX A. FY17 ECHO STATE AND FEDERAL DELIVERABLES

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Due Date</th>
<th>Period Covered (Month/Year)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17 ECHO Contract</td>
<td>10/14/2016</td>
<td>10/16 - 9/17</td>
<td></td>
</tr>
<tr>
<td>IMPACT</td>
<td>10/12/2016</td>
<td>9/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/10/2016</td>
<td>10/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12/12/2016</td>
<td>11/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/12/2017</td>
<td>12/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/10/2017</td>
<td>1/17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/10/2017</td>
<td>2/17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4/12/2017</td>
<td>3/17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5/11/2017</td>
<td>4/17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6/12/2017</td>
<td>5/17</td>
<td></td>
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<tr>
<td></td>
<td>7/13/2017</td>
<td>6/17</td>
<td></td>
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<tr>
<td></td>
<td>8/10/2017</td>
<td>7/17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9/13/2017</td>
<td>8/17</td>
<td></td>
</tr>
<tr>
<td>CLI-R</td>
<td>1/6/2017</td>
<td>4/16 - 9/16</td>
<td>External Due Date - 1/16/17; See CLI-R Guidance Manual</td>
</tr>
<tr>
<td>Evaluation Plan Part 1</td>
<td>2/24/2017</td>
<td>10/16 - 9/17</td>
<td></td>
</tr>
<tr>
<td>Evaluation Plan Part 2</td>
<td>TBD</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>CLI-R</td>
<td>5/2017</td>
<td>10/16 - 3/17</td>
<td>External Due Date 6/1/17; See CLI-R Guidance Manual</td>
</tr>
<tr>
<td>Attend at least two national conferences</td>
<td>9/30/2017</td>
<td>10/16 - 9/17</td>
<td>1. Attend your mandated national conference – Impaired Driving Sites: Lifesavers National Conference on Highway Safety Priorities; Prescription Drug Sites: National Rx Drug Abuse &amp; Heroin Summit; 2. Attend at least one additional national conference</td>
</tr>
<tr>
<td>Other meetings (e.g., conference calls, webinars, in-person meetings)</td>
<td>TBA</td>
<td>10/16 - 9/17</td>
<td>Dates to be scheduled</td>
</tr>
</tbody>
</table>
APPENDIX B. SAMPLE ECHO COUNTY CONTRACT

SOUTH CAROLINA DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

Empowering Communities for Healthy Outcomes (ECHO)

Cooperative Agreement Acceptance Package
**ECHO Overview**

**Funding Source:**

The funding source is the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA) through a cooperative agreement with the South Carolina Governor’s Office. Empowering Communities for Healthy Outcomes (ECHO) is administered by the South Carolina Department of Alcohol and Drug Abuse Services (DAODAS). The CFDA number is 93.243.

**ECHO Initiative Elements:**

11. Develop capacity of county-level coalition to address prevention issues (impaired driving or non-medical use/abuse of prescription drugs for youth ages 12-25)
12. Promote linkage and collaboration among prevention systems/partner agencies throughout the county
13. Strengthen existing partnerships and build new partnerships that will help produce population level change
14. Develop comprehensive strategic plan addressing the five steps of the strategic prevention framework (assessment, capacity, planning, implementation and evaluation) ensuring to incorporate cultural competency and sustainability in each of the five steps of the process
15. Select evidence-based interventions
16. Implement interventions that will produce population level change
17. Evaluate results of the interventions

**Eligibility for funding:**

1. **Applicant must form or work with an existing county-level coalition.** A coalition is a formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal.

2. The coalition must be the key decision-making entity.

3. Impaired driving sites will be required to engage two core partners (bolded and underlined below) to be committed (at the time of acceptance). **Upon completion of the needs assessment, both sites (prescription drug abuse/misuse and impaired driving) must engage at a minimum at least three new partners identified through the assessment to participate in the work of the coalition.**

Potential Coalition Partners:

- **County Alcohol and Drug Abuse Authority**
- Education (if you have multiple school districts, there must be commitment from each district due to the fact that this grant has a countywide focus)
- **AET Coordinator and Law Enforcement** (at least one representative for law enforcement must be from the county sheriff’s office due to the fact that this grant has a countywide focus)
• Judicial (magistrates, solicitor’s office, probation/pardon/parole, etc.)
• Youth
• Parents
• Business Community
• Media
• Youth-serving Organizations
• Religious or Fraternal Organizations
• Civic and Volunteer Groups (MADD)
• Healthcare Professionals (pharmacists, doctors, nurses, dentists, psychiatrists, etc.)
• Local/Tribal Government
• Elected Officials (Coroner, Council Member, Sheriff, Mayor, etc.)

4. If a coalition within the county is funded by an ONDCP Drug Free Community (DFC) grant, the county coalition identified as the lead coalition for the ECHO project is required to establish a formal agreement with the DFC coalition to ensure the two entities will work together and not duplicate the efforts in the county.

5. If the DFC coalition intends to also manage ECHO funds, a formal agreement must be signed acknowledging the current strategies funded through the DFC funds and that ECHO funds cannot be used to supplant existing funds. **Monies disbursed under ECHO must be used to fund new projects, or expand or enhance existing projects.**

**Defining "Supplant" and "Supplement"**

“Supplant” means to “build upon” or “add to”; “supplement” means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Existing funds for a project and its activities may not be displaced by federal funds and reallocated for other organizational expenses. This is illegal. On the other hand, federal agencies encourage supplementing—that is, adding federal funds to what is available in state, local, or agency funds.

**Reporting Requirements:** Grantee will submit all grant activity information into IMPACT over the internet in accordance with the guidelines of the IMPACT Grants Management System (GMS). The Grantee will supply adequate computers and internet access to allow staff to submit data into IMPACT GMS System in a timely manner. Proper internet connections and equipment will also be needed for the site to access required web-based meetings/trainings.

Grantee should enter data by the end of each day. However, minimal standards for timeliness are:

- All data must be entered monthly, with reporting complete by the eighth (8th) day of the subsequent month.

Some data collection components will occur outside of IMPACT GMS as specified by DAODAS staff. All grantees will be required to build a data management system. Trainings and technical assistance will be offered throughout the year to help ECHO sites build and maintain their individual data management systems.

ECHO grantees will also be required to submit data as requested by DAODAS for the federal requirements of the cross-site evaluation of the PFS grant. Grantees will be given ample notice and training by the ECHO evaluation team to
complete these requirements. Grantees will also be required to participate in other evaluation activities as requested by DAODAS and the ECHO evaluation team throughout the grant period.

Grantees are required to attend all ECHO meetings and trainings that will be held at the state and regional level. DAODAS will provide ample notice to grantees on dates for trainings and meetings.

Financial Guidelines:

Grantees will receive up to $120,000 on a reimbursement basis.

The financial reporting (expenses & revenue) must be submitted on a monthly basis to DAODAS and is due along with REBA data submission as promulgated by paragraph 400. Specific Terms and Conditions, 401. Reporting Systems and Deliverables incorporated by reference. Administrative costs will be reimbursed at up to 5% of the total of Personnel Services charged to DAODAS.

Agencies are welcome to supplement the state funding with other appropriate agency funds.

Award Period:

The effective dates for awards will be October 1, 2016 to September 30, 2017. Funding for subsequent years will be based on the continued availability of these federal funds and the progress of the ECHO counties in meeting the contractual requirements and deliverables.

Submission Information

What to Submit:

- The completed and signed packet must be submitted to DAODAS via e-mail no later than October 7, 2016. Packets must be e-mailed to Crystal Gordon (cgordon@daodas.sc.gov)

- It is the responsibility of each applicant to ensure that the submission package arrives at the DAODAS office by the deadline indicated below.

ASSURANCES AND CERTIFICATIONS

By signing below, the Grantee agrees to comply with all applicable federal and state laws and regulations including Constitutional provisions regarding due process and equal protection of the laws and including, but not limited to:

(1) This grant is subject to the provisions of the Office of Management of Budget (OMB) Circulars, as applicable; A-87 Cost Principles for State and Local Governments; A-110 form Administration of Grants to Institutions of Higher Education, Hospitals and Nonprofit Organizations; Part 75.561-75568 Direct Grant Programs; Part 76 State-administered Programs; Part 77 Definitions that apply to Department Regulations; Part 78; Part 79 Intergovernmental Review of Department of Education Programs and Activities; Part 80 Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments; and Parts 98 and 99. Copies may be obtained free of charge by calling (202) 395-7332.

(2) All applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970, as amended (U.S.C. 7401, et seq.).


Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance, and regulations issued pursuant thereto (45 CFR Part 84, 1994).

The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.), which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.

The Omnibus Budget Reconciliation Act of 1981, P.E. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.

Grantee shall ensure that its facilities and/or programs are accessible to persons with handicapped conditions, pursuant to δ 504 of the Rehabilitation Act of 1973, as amended in 29 US δ 791, et seq.

Americans with Disabilities Act (42 U.S.C. Sections 12101 et seq., and regulations issued pursuant thereto, 42 CFR Parts 35 and 36).


Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328), as amended, that limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

Public Law 102-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, imposes restrictions on smoking where federally funded children's services are provided.

Certifications Regarding Debarment and Supervision

Certification Regarding Program Fraud Civil Remedies Act

I hereby certify that the Applicant will comply with the above Assurances. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the Applicant to these requirements; that costs incurred prior to grant approval may result in the expenses being absorbed by the Applicant; and, that the receipt of grantor funds through the State Funding Agency will not supplant federal, state or local funds.

Applicant’s Legal Name:

Name of Authorized Representative:

Signature:

Date Signed:
SPECIAL CONDITIONS

By signing below, the Grantee agrees to comply with all the following special conditions:

(1) **Incorporations of FY16 DAODAS Block Grant**

The following terms and conditions from the Governing Terms of the grantee’s FY16 DAODAS Block Grant are incorporated into this grant by this reference:

102. **Client Non-Discrimination**

105. **Personnel**

114. **HIPAA and 42 CFR, Part 2**

116. **Quality Assurance**

117. **Notification of Federal Dollars Used to Supplement Program Operations**

119. **Allowable Costs**

120. **Non-Supplantation of Existing Program**

121. **Procurement Policy**

122. **Equipment**

123. **Travel**

124. **Records Retention**

125. **County Coordinated Reviews**

126. **Confidentiality of Specific Work Products**

127. **Copyrights**

128. **Political Activity**

129. **Reporting of Fraudulent Activity**

130. **Conflict of Interest**

121. **County Assistance Program**

132. **Applicable Laws and Regulations**

300. **Certifications**

401. **Reporting Systems and Deliverables including Accuracy of Data and Reports, Recording and Documenting of Receipts and Expenditures, and Audits and Audit Standards:**

   **County agency to report in Cost Center Code: 8011 - ECHO, Revenue Code:1826**

For this Grant, Grantee will adhere to these provisions as if they were stated in full herein.
(2) **Non-allowable Cost:** Unless authorized in writing by DAODAS, the costs of the following items or activities shall be unallowable as direct or indirect costs: rent and acquisition, by purchase or lease, of any interest in real property; construction, rearrangement or alternation of facilities to include payments of such loans (except for minor remodeling needed to accomplish the purposes of this part); equipment purchases (equipment is defined as an article of tangible property that has a useful life of more than one year and an acquisition cost of five thousand dollars ($5,000) or more); purchases of weapons and/or related supplies (guns, ammunition, stun guns/tasers, pepper spray etc.), radar equipment, vehicles, boats, aircraft and their maintenance and insurance; meals that are not an integral part of the approved activities; “buy money” used in narcotics enforcement; association fees; administrative cost in excess of five percent of personnel costs (total of salaries and fringe of DAODAS share) and any costs incurred prior to or after the Grant period.

(3) **Budget Adjustments:** The contract manager must approve budget adjustments that will cause a line item to increase or decrease by more than 15 percent. A revised budget with an explanation of the revision must be submitted to DAODAS for approval.

(4) **Non-Waiver of Breach:** The failure of DAODAS at any time to require Grantee’s performance of any provision of this GRANT PROGRAM or other DAODAS funded grant/contract or the continued payment of GRANTEE by DAODAS in the event of such failure shall in no way affect the right of DAODAS to enforce any provision of this GRANT PROGRAM or other DAODAS funded grant/contract; nor shall the waiver by DAODAS of any breach of any provision hereof be taken or held to be a waiver of any succeeding breach of such provision or as a waiver of the provision itself.

(5) **Severability:** Any provision of this Grant prohibited by the laws of the State of South Carolina shall be ineffective to the extent of such prohibition without invalidating the remaining provisions of this Grant.

(6) **Arbitration:** If at any time the parties to this Grant in their rightful capacity cannot reach a decision based on the guidelines and stipulations within this operating agreement, a disinterested independent person shall be appointed to resolve the issue in accordance with the Uniform Arbitration Act (SC Code Ann. § 15-48-10, as amended).

(7) **Appeals Procedures:** Administrative appeals shall be performed in accordance with the South Carolina Administrative Procedures Act (SC Code Ann. § 1-23-310, et seq., as amended.) If any dispute shall arise subsequent to inconclusive arbitration, either party shall have the right to appeal within thirty (30) days of receiving written notice of arbitration conclusion that forms the basis of the appeal.

(8) **Venue of Actions:** Any and all suits or actions for the enforcement of the obligations of this GRANT PROGRAM and for any and every breach thereof, or for the review of a DAODAS final agency decision with respect to this Grant or audit disallowances, and any judicial review sought thereon and brought pursuant to the SC Code § 1-23-380, as amended, shall be instituted and maintained in any court of competent jurisdiction in the County of Richland, State of South Carolina.

(9) **Suspension of Work and/or Modification of Funding**

a. DAODAS will inform Grantee of pending suspension of work and/or modification of funding in whole or in part for failure of Grantee to comply with any of the requirements and deliverables of this Grant. Grantee will be given thirty (30) days to cure performance problem.

b. Upon written notice, DAODAS may order a compliance review to suspend the work and/or modification of funding in whole or in part for such time as it deems necessary because of failure of Grantee to comply with any of the requirements of this grant to include, but not limited to the failure to meet outlined deliverables, inadequate staffing provided for this grant in the time specified in the deliverables, failure to attend mandated ECHO national, state and
regional training, failure to work with the Regional Capacity Coach and failure to provide DAODAS and the ECHO evaluation team with information as requested throughout the grant period.

Expenditure goals are Grantee’s estimated expenditures for services covered by this Grant. Progress towards expenditure goals will be reviewed by DAODAS on a quarterly basis, and reimbursement requests must reflect consistent effort throughout the Grant period to prevent a suspension of work or modification of funding. The Grant’s completion date shall not be extended on account of any such suspension of work and/or modification of funding.

c. When DAODAS orders a suspension of the work under this section, Grantee shall not be entitled to any payment for work with respect to the period during which such work is suspended and shall not be entitled to any costs or damages resulting from such suspension.

d. When DAODAS orders a modification to the funding level of a Grantee, such an order will reflect anticipated expenditures throughout the completion of this Grant as determined by DAODAS.

(10) Termination of Grant

a. Termination for Breach of Grant

Either party may terminate this Grant at any time within the Grant period whenever it is determined by such party that the other party has materially breached or otherwise materially failed to comply with its obligations. The terminating party must give the other party thirty (30) days written notice explaining the nature of the alleged breach. The party receiving notification shall have the thirty-day period, running from the date of notification, or any further period in which the parties may agree to cure the alleged breach. This Grant will automatically terminate upon expiration of the cure period if the notifying party is not satisfied that the alleged breach has been remedied, which shall be deemed a default.

(1) In the event of an automatic termination, Grantee shall not be entitled to any costs or damages resulting from a termination under this Section.

(2) Grantee and its sureties shall be liable for any damage to DAODAS resulting from the Grantee’s default. Any wrongful termination for default shall be deemed by the parties as a termination for convenience.

b. Termination for Convenience

DAODAS, with thirty (30) days advance written notice, may terminate this Grant when it is in the best interests of the South Carolina Department of Alcohol and Other Drug Abuse Services. If this Grant is so terminated, Grantee shall be compensated for all necessary and reasonable costs of performing the work actually accomplished. Grantee will not be compensated for any other costs in connection with a termination for convenience. Grantee will not be entitled to recover any damages in connection with a termination for convenience.

c. Termination for Lack of Available Funds

The parties hereto covenant and agree that their liabilities and responsibilities, one to another, shall be contingent upon the availability of federal, state, and local funds for the funding of services and that this grant may be reduced or terminated immediately if such funding ceases to be available. DAODAS will determine the availability of such funds and notify Grantee in writing if this grant must be terminated under this provision.

d. Unilateral Termination

Either party may terminate this Grant without cause by giving the other party thirty (30) days written notice.

(11) Notice: Notice to either party will be sent by certified mail, return receipt required, and postage prepaid to the address stated in the introductory paragraph of this Grant.
(12) **Independent Contractor:** Grantee shall not be deemed as the agent or employee of DAODAS for any purpose whatsoever. Neither Grantee nor any of its members, employees, or agents identifies themselves as an employee of DAODAS. Grantee shall have no power or authority to bind or obligate DAODAS in any manner, except the DAODAS shall make payments to the Grantee for the work provided under this grant. The Grantee shall obtain and maintain all licenses and permits required by law for performance of any DAODAS funded grant by themselves or their employees, contractors, agents, and servants. The Grantee shall be liable for and pay all taxes required by local, state, or federal governments, including but not limited to Social Security, Workman’s Compensation, Employment Security, and any other taxes and licenses or insurance premiums required by law unless specified in the Grant.

(13) **Indemnification:** Grantee shall be solely responsible, to the extent permitted by South Carolina law, for the payment of any and all claims for loss, personal injury, death, property damage, or otherwise arising out of any act or omission of its employees or agents acting within the scope of their employment in connection with the performance of work under this grant.

(14) **Force Majeure:** Both parties will not be liable for any loss or delay resulting from causes, including but not limited to acts of God, vandalism, burglary, defective hardware, personal injury of either party or their agents, civil commotion, or any other causes beyond either party’s control.

(15) **Assignment:** Grantee shall not assign this Grant without the prior written consent of DAODAS.

(16) **Reporting Requirements:**

Grantee will submit all grant activity information into IMPACT over the internet in accordance with the guidelines of the IMPACT Grants Management System (GMS). The Grantee will supply adequate computers and internet access to allow staff to submit data into IMPACT GMS System in a timely manner. Proper internet connections and equipment will also be needed for the site to access required web-based meetings/trainings.

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Grantees are required to attend all ECHO meetings and trainings that will be held at the state and regional level. DAODAS will provide ample notice to grantees on dates for trainings and meetings.

(b) Grantee must submit the following deliverables during year one of the ECHO grant in addition to monthly reporting and federal reporting outlined above:

- October 7, 2016 - Complete and return the ECHO Year Two Acceptance Package, including the FY17 ECHO Budget
- TBA – Complete the county-level ECHO Evaluation Plan, with the assistance of the ECHO evaluation team
• National Trainings/Conferences- Each site will be required to attend two national training/conference during the award period.

  o Impaired Driving sites will be required to send at least two representatives (one staff/one coalition member-has to be from an outside organization-not another agency staff member) to the 2017 Lifesavers Conference, March 26 – 28, 2017, Charlotte, NC. [http://www.lifesaversconference.org/](http://www.lifesaversconference.org/)

  o Prescription Drug Sites will be required to send at least two representatives (one staff/one coalition member-has to be from an outside organization-not another agency staff member) to the 2017 National Prescription Drug Abuse Summit, April 17 – 20, 2017, Atlanta, GA. [http://nationalrxdrugabusesummit.org/](http://nationalrxdrugabusesummit.org/)

  o Other beneficial conferences (list not exhaustive) may include:
    - CADCA National Leadership Forum, February 6 – 9, 2017, in National Harbor, MD
    - CADCA Mid-Year Training Institute, Summer 2017
    - 2017 Lancaster Prevention Conference, Summer, 2017
    - National Liquor Law Enforcement Association (NLEA) Annual Conference
    - National Prevention Network Conference, August 2017

Interest in attending a conference not listed above requires approval from DAODAS.

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I hereby certify that the Applicant will comply with the above Special Conditions. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the Applicant to these requirements; that costs incurred prior to grant approval may result in the expenses being absorbed by the Applicant; and, that the receipt of grantor funds through the State Funding Agency will not supplant other federal, state or local funds.

<table>
<thead>
<tr>
<th>Applicant’s Legal Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Typed Name of Authorized Representative:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Signed:</th>
</tr>
</thead>
</table>
Additional Information or Technical Assistance

Those requiring additional information or technical assistance should contact:

ECHO Budget-Related Questions:
Tina Nichols, Grants and Contracts Officer, DAODAS
Phone: (803) 896-1243  Fax: (803) 896-5557
E-mail: tnichols@daodas.sc.gov

ECHO Program-Related Questions:
Michelle Nienhius, ECHO Project Director, DAODAS
Phone: (803) 896-1184 Fax: (803) 896-5557
E-mail: mnienhius@daodas.sc.gov

Crystal Gordon, ECHO Project Coordinator, DAODAS
Phone: (803) 896-7228 Fax: (803) 896-5557
E-mail: cgordon@daodas.sc.gov

Region One Capacity Coach
Lou Anne Johnson, Phoenix Center, Greenville
Phone: 864-467-3778
E-mail: lojohnson@phoenixcenter.org

Region Two Capacity Coach
Ashley Bodiford, LRADAC, Columbia
Phone: 803.726.9443 (O)
E-mail: abodiford@lradac.org

Region Three Capacity Coach
Dawn Blackmon, Circle Park, Florence
Phone: 843-664-3963
E-mail: dawn.blackmon@circlepark.com

Region Four Capacity Coach
Jacquylnn Martinez, Kennedy Center, Berkeley
Phone: (843) 797-7871, Ext. 112
E-mail: JMartinez@ekcenter.org
## Echo Budget with Narrative

**Award Period:** October 1, 2016 - September 30, 2017

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Brief Description/Narrative</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total Personnel</td>
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<tr>
<td>Admin</td>
<td>(5% of Salary &amp; Fringe)</td>
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</tr>
<tr>
<td>Contractual:</td>
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<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
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<td></td>
</tr>
<tr>
<td>Sub-total Contractual</td>
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<td></td>
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<tr>
<td>Supplies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel: Please specify</td>
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<td></td>
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<tr>
<td>Sub-total Travel</td>
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<tr>
<td>Fixed Charges (please specify)</td>
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<tr>
<td>Sub-total Fixed Charges</td>
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<td></td>
</tr>
<tr>
<td>Other Expenses: Please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total Other Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. ECHO Coordinator and Financial Contacts:

List the contact information for the ECHO Coordinator below (or person to contact until ECHO coordinator is hired). Include name, telephone, fax and e-mail.

NAME: ________________________________________________________
AGENCY: ______________________________________________________
TELEPHONE #: ________________________________________________
FAX #: ________________________________________________________
E-MAIL ADDRESS: ______________________________________________

Fiscal Contact:

Identify the name, address, telephone number, fax number, and e-mail address of the individual who will be processing claims for reimbursement and receiving checks from DAODAS.

Contact Person

Name: ________________________________________________________
Agency: ________________________________________________________
Address: ________________________________________________________

Telephone #: ________________________________________________
Fax #: ________________________________________________________
E-Mail: ________________________________________________________
B. County Coalition Information:

a. List the county coalition name, address, telephone, fax, e-mail
b. List officers of the coalition
c. Signatures of the required partners by category (Impaired Driving Sites)
d. Attach a list of partners and affiliation (as of October 1, 2016) immediately behind this page
e. Memorandum of Understanding between the coalition and the agency to work together to implement ECHO throughout the county
f. Memorandum of Understanding between DFC and County Coalition (if applicable) or
g. Letter from the DFC Coalition Chairman and the County Agency Director if the DFC coalition is also going to serve as the coalition for ECHO. The letter must include the program/strategies currently being funded through the DFC grant, target area/population for the DFC and the statement acknowledging that ECHO funds cannot be used to supplant DFC funds.

**If the county has not established a coalition, please complete only letter c and a brief Coalition Plan. The Coalition Plan is a short description of the plans to engage to the sectors outlined on page 2-3 of the application package to form a county coalition. Please include a timeline along with the narrative description.**

A. Coalition Name: _______________________________________________
Address: _________________________________________________________
Telephone #: _____________________________________________________
E-Mail: __________________________________________________________

B. Coalition Officers:

C. Signatures of Required Partners by Category

(#1 and #2 for Impaired Driving sites)

(1) County Alcohol and Drug abuse Authority: ______________________

(2) AET Coordinator: _____________________________________________
Law Enforcement: _________________________________________________

D. Current List of Members is ATTACHED: _____Yes _____No

E. Memorandum of Understanding ATTACHED: _____Yes _____No

F. Coalition/Agency Letter Attached: _____Yes _____No

C. Agency Commitments
As an ECHO site, this county agrees to the following elements when awarded ECHO funding:

1. Commitment to work with the county coalition through each of the 5 steps of the Strategic Prevention Framework with guidance from DAODAS ECHO team and the Regional Capacity Coaches.

2. Participation in outcome and process evaluation as designed by ECHO Evaluation Team DAODAS will contract with an outside entity to provide process and outcome evaluation for the ECHO grant. ECHO awardees will be required to share their data and associated data documentation with the evaluation team, DAODAS, and CSAP/SAMHSA as soon as the data are cleaned, coded and ready for analyses. Please note that both the state and sub-recipient levels will participate in cross-site evaluation conducted by CSAP/SAMHSA.

3. Participation in required national, state and regional meetings and training events. ECHO awardees (staff and coalition) will be required to participate in training events to address program wide needs and to address specific needs that may be identified for the project.

4. Completion of all ECHO deliverables as outlined in the reporting requirements section of this acceptance package.

Agency Director: ____________________________ Date: ________________
APPENDIX C. ECHO COORDINATOR JOB DESCRIPTION

Summary: The ECHO County Coordinator will plan, organize, and coordinate substance abuse prevention activities and programs with groups and other agencies by performing the duties listed below. This position requires strong interpersonal, written and oral communication.

Essential responsibilities include the following; other duties may be assigned.

1. Implement the ECHO strategic plan under the guidelines of the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) which entails comprehensive community level assessment, capacity building, planning, implementation and evaluation.

2. Collaborate with Coalition members and coordinate substance abuse prevention activities of agencies, groups and individuals to meet identified needs.

3. Maintain knowledge of existing substance abuse prevention resources and services.

4. Provide and coordinate professional development trainings on substance abuse prevention practices and strategies, as appropriate.

5. Prepare required reports and submit all ECHO deliverables to DAODAS in a timely manner.

6. Attend regional, state, and national trainings as required by the ECHO grant.

7. Supervision of volunteers, college interns and others as assigned.

8. Maintain consistent office hours to accomplish responsibilities listed above.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and/or Experience

Applicant must have a Master’s degree in human service field; or bachelor’s degree and 5 years related experience. Previous experience working with coalitions or community mobilization efforts preferred.

Language Skills

Ability to read, analyze, interpret, and prepare professional, technical or financial reports. Ability to respond to inquiries from the general public, coalition members, government agencies, businesses, and other entities. Ability to write speeches that conform to prescribed styles and formats as needed. Ability to effectively present information to top management, public groups, and/or board of directors.
Mathematical Skills

Ability to work with mathematical concepts such as probability and statistical inference. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

Reasoning Ability

Ability to define problems, collect data, establish facts, and draw valid conclusions.

Certificates, Licenses, Registrations

Certified prevention professionals preferred; or applicant must be able to complete the certification process within 24 months of becoming in-process for prevention certification.
RESOURCES

1. Community Anti-Drug Coalitions of America (CADCA) has a variety of SPF-friendly primers (guides) to help build your and your coalition’s capacity to successfully implement programs and practices in your community:  http://www.cadca.org/resource-types/primer

2. Community Tool Box provides tools for community development:  http://ctb.ku.edu/en


4. SAMHSA’s Center for the Application of Prevention Technologies offers training and decision-support tools:  https://www.samhsa.gov/capt/capt/

5. South Carolina Association of Prevention Professionals and Advocates (SCAPPA) helps guide prevention professionals through the process to become an internationally certified prevention professional:  http://www.scappaonline.org/

6. South Carolina Department of Alcohol and Other Drug Abuse Services provides contact information for each agency that receives SAMHSA block grant funds:  http://www.daodas.sc.gov/treatment/local-providers/

SOURCES

1. Impaired driving state plan:  State of South Carolina 2017 Impaired Driving Countermeasures Plan, South Carolina Department of Public Safety Office of Highway Safety and Justice Programs, July 1, 2016

