

From: Jimjneal@aol.com
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Proposed Department of Behavioral Health Services
Date: Thursday, September 24, 2009 7:10:25 AM

While on the surface merging the Department of Mental Health and the Department of Alcohol and Other Drug Abuse Services seems to make sense, please consider that most of the problems caused by the use of alcohol and other drugs are not caused by persons who fit the diagnosis of alcoholism or drug addiction.

This means the emphasis should be on preventing the host of problems resulting from the non-medical use of psychoactive drugs, including alcohol and nicotine. Alcohol, nicotine and other drug use is one of the major causes of health and social problems as reflected in the adverse physiological effects of use (overdoses, dependence, alcohol cirrhosis, drug-related birth defects, etc.); behavior while under the influence (impaired driving, domestic violence, crime, etc); and consequences inherent in administration (carcinogens in tobacco smoke, human immunodeficiency virus and other serious infections transmitted through shared injection equipment), to name a few examples.

If the proposed new agency does not have a mandate to deliver evidence-based prevention policies, programs and practices, there is a significant risk that the need to provides treatment services will leave our State with ineffective prevention leadership and planning at the State level.

In addition, such a merger as proposed would be strengthened if the responsibility for nicotine (tobacco control) was transferred from DHEC to the new agency.

Having the responsibility for nicotine addiction at DHEC and all the other drugs including alcohol in another agency is inefficient and confusing.

Thank you for the opportunity to provide comments on this proposed merger.

James A. Neal
620 Ashwood Circle
West Columbia, SC 29169
803-739-0896
803-530-4184

From: [Aimee Potter](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: [Brooke Holcombe;](#)
Subject: proposed bills
Date: Wednesday, September 30, 2009 10:55:53 AM

I am not in favor of H.3314 (DDSN).

The reason being that the DDSN will be directly under the governor's control. The person he / she appoints is not necessarily going to be an advocate for people w/ special needs, and since he / she will report directly to the governor, the decisions that he/she makes may not necessarily be in the interest of our kids.

I am also not in favor of H.3199

The reason being that this proposes that they dissolve the current DDSN and lump Behavioral Health, Mental Health, and Special needs all together. There is a huge variation in behavioral health, mental health, and special needs. These children need and deserve to be treated specifically for their individually needs.

From: [Pastor Lynn Kirkland](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: Merger of Drug & Alcohol Services with Mental Health Services
Date: Thursday, October 01, 2009 9:18:53 AM

Sirs: Please know that as a longtime Board Member and current Chair of the Aiken Center I am strongly opposed to merging drug and alcohol services with mental health services.

The large majority of the agencies in the DAODAS system are private not for profit agencies

who employ over 1,500 employees statewide, few of which are considered 'state funded

employees.' Placing DAODAS under this new agency will increase the number of state

employees, thereby adding administrative layers, and

greatly increasing the administrative

costs to the state

• Successful treatment of addictions ensures that the patients are able to return to the their jobs,

their families, and becoming a prosperous member of the community once again. Many times,

chronically mentally ill patients receive services from DMH over a long period of time,

sometimes for a lifetime. In fact, the Substance Abuse and Mental Health Services

Administration (SAMHSA) estimates that less than 15% of patients have co-occurring

disorders and need to be served by both mental health and substance abuse systems.

Serving the other 85% under both systems is an ineffective form of treatment and

is a drain on state dollars.

- *Currently, each \$1.00 invested in substance abuse services saves SC taxpayers \$7.46, including*

the costs of incarceration, drug-related crime, hospitalizations and other societal problems.

- *SC's current alcohol and drug abuse system serves as a national role model and has been*

recognized by Federal officials because of its accountability of both federal and state funds, its

dedication to ensuring that public funds go to services, and the state office's ability to be

efficient with low overhead.

- *In states like Georgia, North Carolina and Florida where substance abuse systems have been*

merged with other healthcare agencies, the Federal Substance Abuse Prevention and

Treatment (SAPT) Block Grant funds are siphoned off to assist those states in filling budgetary

holes to pay for mental health and special needs patients.

--

baie dankie !

Pastor Lynn Kirkland
EVANGELIST / REVIVALVIST
Impact Ministries International, Inc.
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<http://www.ImpactMinistriesInt.org>

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From: [Mick Henry](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: DHEC/other agency reviews
Date: Thursday, October 01, 2009 9:48:04 AM

This is regarding the recent news articles indicating your intent to "review" several state agencies. I may have a unique perspective on some of those agencies as I was, at retirement, assistant deputy commissioner for public health services with DHEC (responsible for policy for all programs on the health services side of the organization); before that, I was with the Continuum of Care, serving as executive assistant to the director and for seven months before I left was the director of the agency; I went to the private sector as state director for the largest program in S.C. that provided residential treatment to the SED population; and, in 1991, was appointed by the governor to a citizens' panel which reviewed and recommended changes (many of which were adopted) to the state mental health code. In the absence of the appointed legislator who was, usually, not available, I chaired statewide meetings to gather information and hear suggestions (complaints) toward this purpose. So, I have relatively intimate "overlapping" knowledge of several of the agencies/operations you may be reviewing. Also, I was a regional vice president and general manager for many state programs dealing with the SED and (what was then termed) the DMR populations. Also, I'm a retired USAF field grade officer with several graduate degrees. I include this not for self aggrandizement but to establish that my experience in these programs and my related opinions were formed at a senior management level. If you are interested, I do have some suggestions about organizational issues and internal "oddities". In any event, whatever changes you recommend/make should allow for the development of "real" accountability measures in each of these agencies. Please note that I am not qualified to discuss details about the environmental side of DHEC. And, your leaving the Medicaid agency, aka, the finance commission, out of any consideration for reorganization would be very short-sighted. I can be reached at 803-894-9515 or through this email address should you wish further discussion with me.

Mick Henry
720 Pond Branch Rd
Lexington, S.C. 29073

From: [Jake McKinney](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Behavioral Act Or 2009
Date: Thursday, October 01, 2009 4:02:41 PM

I am writing to give my feedback on the above act as I understand it.

I believe that joining the two agencies of Mental Health and Addictions is not necessarily a bad thing. However I am concerned about the agencies becoming cabinet agencies. These two organizations require the ownership of the local communities to be effective. These populations are generally neglected by our society. I believe that in part this is due to embarrassment and misunderstanding. It is important for the patients and their families to be able to have a responsive governing body. I believe that a Columbia or central governing agency will remove this from happening. I am presently serving on the Board of Directors for the Anderson-Oconee-Pickens Mental health center. I have ongoing contact with the community and am of the opinion that it is important for the community to have direct input with the governing body.

I thank you for all you do in an atmosphere that is greatly doubting and unthankful. Please let me know if there is anything I can do to be supportive of you as a committee.

Sincerely Yours,

Jake S. McKinney, Ph.D.

From: Cox68@aol.com
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: H-3199
Date: Thursday, October 01, 2009 4:14:35 PM

I request to leave AOD out of H-3199. I am opposed to H-3199.

RCox

From: Cox68@aol.com
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: H-3199
Date: Thursday, October 01, 2009 4:16:22 PM

I request to leave AOD out of H-3199. I am opposed to H-3199.

SWebster

From: [janet bunch](#)
To: [Senate Medical Affairs Committee Mailbox](#)
Subject: H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health
Date: Thursday, October 01, 2009 8:31:01 PM

I am writing to express my concern and strong objection to placing our State's substance abuse services under a reorganized Department of Behavioral Health.

South Carolina all too often lags behind the rest of the nation in education, health and human services, yet our State's provider system for the treatment of substance abuse disorders is actually a role model for the nation and has been federally recognized for providing quality services in a fiscally responsible and productive manner.

This is, in large part, due to the unique delivery system of private, non-profit providers overseen by The Department of Alcohol and Other Substance Abuse Services. Combining this department with Mental Health and Continuum of Care could very well endanger the structure of the system currently in place, and will most certainly add layers of bureaucracy that will actually increase costs and damage the quality of services currently provided. It will "muddy" a system that has garnered national recognition for strong outcomes and accountability. When this organizational approach was implemented in the states of North Carolina, Florida and Georgia the result was the re-appropriation of federal block grant funds meant for addiction treatment to fill holes in mental health services. This would be a tragedy for the state of South Carolina, which brings me to the most important reason why I am against placing Substance Abuse Services under a new Department of Behavioral Health. The citizens of our state who suffer from the disease of addiction.

Did you know that for every \$1 spent on substance abuse treatment, the taxpayers of SC save \$7.46 on the related costs of incarceration, hospitalizations and drug related crime? In York County alone, 79 healthy, drug-free babies have been born as the result of just ONE of the treatment programs available, potentially saving millions of dollars. For every dollar saved, there are the immeasurable gifts of families becoming whole again, children growing up in healthy environments, workers becoming productive, and citizens contributing to the betterment of their community and our state.

Please do not put one of South Carolina's shining stars at risk. Let The Department of Alcohol and Other Substance Abuse Disorders continue to operate as the nationally recognized leader that it is.

Sincerely,

Janet Bunch
414 Nims St.
Fort Mill, SC 29715

(803)322-1652

From: [Dave Seward](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: opposition to h.3199
Date: Friday, October 02, 2009 4:56:06 AM

I am writing to express my opposition to H. 3199.

Placing DAODAS under this proposed new agency will increase, rather than decrease, administrative costs to the taxpayers of SC.

Fewer than 15% of the population served by DMH have both mental illness and substance use disorders. Treating the other 85% within a single department would be inefficient and a drain on state dollars.

South Carolina's current system is a national model for effective and efficient treatment provision and each \$1.00 invested in substance abuse services saves SC taxpayers \$7.46, including the costs of incarceration, drug-related crime, hospitalizations and other societal problems.

In other states where restructuring efforts merged Mental Health and Substance abuse services, the experience has been that Federal dollars are siphoned off to assist those states in paying for mental health and special needs patients.

Thank you for your consideration in this matter.

*David L. Seward, M.Ed. LPC
Executive Director
The Hazel Pittman Center
130 Hudson Street, PO Box 636
Chester SC 29706*

From: [Annie F Richardson](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: "H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health"
Date: Friday, October 02, 2009 8:56:32 AM

My name is Annie Richardson, a citizen of York County, SC and member of the Board of Directors for Keystone Substance Abuse of York County.

This email is a request for you to oppose placing Substance Abuse Services under the Department of Behavior Health. I request for support because adding Substance Abuse under the Department of Behavior Health would create added cost to the State's operations by increase the number of state employees, thereby adding administrative layers, and greatly increasing the administrative costs to the state. Our citizens need care that will allow them to be productive and return to the community and their families and should be treated for their addictions without adding additional burdens on the states budget.

As a Member of the Board, I have learned about the great work that the SC's alcohol and drug abuse system has accomplished and it is very impressive. Clearly, the fact that the current SC alcohol and drug abuse system serves as a national role model and has been recognized by Federal officials because of its accountability of both federal and state funds Health should be reason to oppose placing Substance Abuse Services Under the Department of Behavioral Health.

I also know that each \$1.00 invested in substance abuse services saves SC taxpayers \$7.46, including the costs of incarceration, drug related crime, hospitalizations and other societal problems.

As a citizen of SC and a supporter of my states growth it is important for me that you oppose placing Substance Abuse Services under the Department of Behavioral Health, it should be import for you.

Best Regards,

Annie Richardson

From: [River Watcher](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: H.3199
Date: Friday, October 02, 2009 9:57:41 AM

Dear Medical Subcommittee Members,

I have been in long-term recovery from alcoholism and substance abuse for 33 years and have worked in the treatment field in both private and public sectors for 31 of those years. I oppose the restructuring bill (H.3199) for several reasons.

1. Adding management layers above DMH and DAODAS will increase costs not decrease them and additional organizational bureaucracy will decrease efficiencies.
2. Collaboration is essential but combining DMH and DAODAS will decrease the public's understanding of differences between addiction and other mental illnesses. They are related, of course, but addiction has only been recognized as a chronic disease since 1954 and too many people still don't understand it.
3. DMH is a top-down organization and DAODAS is a bottom-up organization. Each county has its own AOD agency which answers to the unique problems of the county in which it resides. Although H.3199 maintains the local control of AOD agencies, this is one step toward weakening that critical element. As representatives of your hometown constituents, I would hope you would think carefully before any step that moves toward weakening local control.
4. Although H.3199 protects current funding streams, it is, again, one step toward changing that in the future. Mental Health is a large monolith that, over time, will likely weaken alcohol and drug agencies.
5. The experience of states like Georgia shows that mergers of this nature can destroy the effectiveness of both agencies.

Finally, I want to add that I do believe that sometime in the future, a closer partnership or even merger, between mental health and addiction may be effective, particularly in the treatment of people with co-occurring illnesses. But counselors who currently work in either of these agencies still lack crucial understanding of evidence-based practices in the "other" agency. A huge amount of cross-training and even shared staffing needs to be done before throwing them together. A merger at this time will create a political nightmare that overwhelm clinicians and be a disservice to clients.

Sincerely,

Mark Cowell
1224 Wynnwood Court
Mount Pleasant, SC 29466

From: [Robert Hudspeth](#)
To: [Senate Medical Affairs Committee Mailbox](#)
Subject: H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health
Date: Friday, October 02, 2009 10:04:53 AM

Honorable Senators,

As a member of the Board of Directors of Keystone Substance Abuse Services of York County, I write to you of my disappointment that we will not have an opportunity to speak at public hearing on our system's behalf to maintain DOADOS independence as a cabinet level agency directly reporting to the Governor. It is important that you recognize the importance and value to our State and citizens from the present organization in delivering substance abuse prevention and treatment, and the likelihood that including DAODAS in the proposed Department of Behavioral Health will compromise our historical and present success.

I believe that our ability to successfully prevent and treat addictions will be compromised if DAODAS is included under the proposed Department of Behavioral Health. My belief is based in part on the experience in Georgia, North Carolina, and Florida where substance abuse systems have been merged with other healthcare agencies with the result that Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds were transferred to assist those states in filling budgetary holes to pay for mental health and special needs patients. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that a majority [more than 85%] of patients do not have co-occurring disorders that need to be served by both mental health and substance abuse systems. Serving the other 85% under both systems is an ineffective form of treatment and is a drain on state dollars.

Our achievement of successful treatment of addictions ensures that our patients are able to return to their jobs, their families, and become prosperous members of the community once again. Studies show that for each dollar invested in substance abuse services saves SC taxpayers \$7.46, including the costs of incarceration, drug related crime, hospitalizations and other societal problems.

The large majority of the agencies in the DAODAS system are private not for profit agencies who employ over 1,500 employees statewide, few of which are considered 'state funded employees.' Placing DAODAS under this new agency will increase the number of state employees, thereby adding administrative layers, and greatly increasing the administrative costs to the state, and a corresponding decrease in funds for prevention and treatment of substance abuse illness.

Please, do not include DAODAS in the proposed Department of Behavioral Health.

Respectfully,

Robert S. Hudspeth
203 Fairway Drive

Fort Mill, SC 29715 USA
803 547 5404

From: [Ronald Rickenbaker](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: ahunter@capconsc.com; rdavis@capconsc.com; [Laura Stuckey;](#)
Subject: Yes to Exempt Substance Abuse Services from Proposed Dept of Behavioral Health
Date: Friday, October 02, 2009 12:05:10 PM

I recently presented to my legislative delegation the opposition I and two lowcountry Substance Abuse Commission Boards have to restructuring substance abuse services under the proposed Department of Behavioral Health (part of H. 3199) as well as any attempt to 'merge' mental health services and substance abuse services into one centralized governmental entity.

Here are a few points that I professionally and personally believe.

1. In regard to cost: I have yet to figure cost savings to the State by putting SCDAODAS and the SCDept of Mental Health under the umbrella of a Division of Behavioral Health where a future 'merger' and/or 'absorption' of one entity into the other may occur administratively and not legislatively. My hope is that this is not the intent of the legislative or future executive branch of the State. Currently there are 33 organizations in the State that provide locally driven and identifiable substance abuse services and programs to SC citizen-clients. These local substance abuse service providers are, for the most part, not State funded employees, but work for the citizen-client through local governmental arrangements. Additionally, all providers must adhere to specific State and Federal guidelines for the delivery of mandated services and programs. This is accomplished under the watchful eye of a single state authority, the SC DAODAS, whose mission is to ensure that core and extended community based substance use and abuse services are provided in every community in the State with consistent, persistent and nationally accepted practices that is data driven. Restructuring them would only weaken their and our local provider systems resolve to maintain identifiable and accessible substance abuse services and programs in their local community.

2. In regard to treating the co-occurring citizen-client: I reported during my presentation that only 10% of all clients served in our statewide substance abuse service association is co-occurring. (Federal authorities think 15% or less) Whereas local mental health offices and local substance abuse offices can and should make a better effort to serve the true co-occurring citizen client, it makes no sense to use this disorder as the 'cattle call' to merge mental health and substance abuse provider systems! (In my opinion, the looming issue re: the co-occurring population is, what is the true definition of co-occurring? Until that is firmly decided, then this population may never be

adequately served by either entity.)

3. As an active behavioral health surveyor for an international accreditation body, I have had the opportunity to apply nationally approved mental health and substance abuse standards to mental health and substance abuse organizations throughout the United States. Knowing that SC is one of a few States that have kept mental health and substance abuse entities separate except for serving small client populations such as the co-occurring citizen, I have been interested in how other States with combined services and programs fair. It has been my experience that in the areas of administration and direct clinical services identifiable and accessible substance abuse services are hidden, limited, non-existent, or so tightly wound into mental health services that the substance abuse client becomes even more stigmatized than they already are. Interviews that I have had with persons served sound something like this. "I'm not crazy, I'm just a drunk." The State of Georgia and Florida, two States I have surveyed in, come to mind when trying to find adequate examples with merger whoa's. Further and in this regard, there are a number of states that have non-centralized mental health services. In other words, there are States that have multiple mental health providers and multiple substance abuse provider systems that do not talk to one another period nor share the same or similar missions. In South Carolina we are fortunate to have two specific entities, substance abuse and mental health that cares for specifically ill citizens.

The Senate Medical Affairs sub-committee is commended for their efforts to come to a clear direction without negatively impacting two viable systems of service in the SC. In the end, I believe that the sub-committee will recommend that it would be in the best interest of the citizens of SC to leave the current substance abuse services structure intact and out of the proposed division of Behavioral Health Services and from any effort in the future to merge the SC DAODAS and the SC Dept of Mental Health.

Ronald Rickenbaker, Director
Colleton Commission on Alcohol and Drug Abuse
Interim Director of the New Life Center on Alcohol and Drug Abuse

From: [Donny Brock](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: H.3199 Government Restructuring Bill
Date: Friday, October 02, 2009 12:09:32 PM

Your Honors,

I have concerns about the bill under consideration. As a recovering professional it is clear to me that the benefits of a stand along Substance Abuse Treatment and Prevention System far exceed the presumed cost benefits of merging it into a larger State healthcare system. From a clinical view the current 301 System supports and holds providers accountable to deliver substance abuse services that are empirically based. Most often the treatment and prevention approaches have been researched by the Federal Government and proven to be effective.

It is not clear that merging the 301 System into a larger State Government system would be cost effective. Currently the 301 System is a loosely linked system of providers operating independently and in many cases competing for funding. One could view the system as a privatized provider system and compared to the state government departments such as Mental Health, I believe the 301 System is far more cost effective. Perhaps public policy makers should consider modeling other state healthcare agencies to mirror the more privatized 301 System.

Before making a decision on this matter, I implore you to put aside politics and simplistic sound-bite based solutions and consider which current State systems of healthcare delivery are providing services most cost effectively. If you do, I am confident that most will agree that merging these varied healthcare systems into one large state bureaucracy will result in fewer, less effective services for our citizens at a cost to South Carolina taxpayers that will be equal to or more than the current State funding levels.

I for one cannot afford a more expensive huge bureaucracy just so some law makers can say they have restructured government. If I were in your place I would consider converting many of the State Healthcare Agencies into more of a privatized type system then decide if the separate funding departments should report to the Governor or Legislature.

William Brock
30 Commissioners Ct.
Hanahan, SC 29410

From: [Ron Wall](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: H.3199
Date: Friday, October 02, 2009 2:37:53 PM

I have been associated with Clarendon County Behavioral Health Services over the last twenty-two years. We have had an employee referral contract for the last fifteen years. I have found them to be extremely responsive to our needs. I believe this agency is well run and very fiscally conservative. I feel this local agency can be more responsive to local needs than a large bureaucratic organization. The community can be better served the local agency and I am opposed to combining this agency with any other agency.

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From: [Gloria Prevost](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: FW: Comments on H3199 and H 3314
Date: Friday, October 02, 2009 11:48:06 AM
Attachments: [H3199 and H 3314.pdf](#)

Julie, please provide to Senator Verdin and share with the other Subcommittee members. A hard copy is also being mailed today. Thank you so much for your assistance. Gloria

Gloria M. Prevost
Executive Director
Protection and Advocacy for People with Disabilities, Inc
3710 Landmark Drive Suite 208
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**PROTECTION AND
ADVOCACY FOR
PEOPLE WITH
DISABILITIES, INC.**

The Protection & Advocacy System for South Carolina

October 2, 2009

Hon. Danny Verdin
404 Gressette Building
Columbia, SC 29201

EMAIL AND UNITED STATES MAIL

Re: H. 3199, H. 3314

Dear Senator Verdin and Subcommittee Members:

As the entity designated by state and federal laws to advocate for the legal and human rights of people with disabilities in South Carolina, Protection and Advocacy for People with Disabilities, Inc. (P&A) supports the need for accountability, efficiency, and transparency in the delivery of services to people with disabilities addressed in H. 3199 and H. 3314.

South Carolinians with Disabilities Need Better Service Delivery

South Carolinians with disabilities now face a confusing, inefficient “system” of service delivery. Consider individuals such as these:

- A person with substance abuse and mental illness;
- A person with a head injury and substance abuse;
- A person with a developmental disability and mental illness;
- A person with a developmental disability and substance abuse.

These individuals now would receive services from at least two different agencies, each with its own management structure, eligibility criteria, and local service providers. The problems are even greater for children, whose treatment needs must be integrated with their education.

The difficulty individuals experience is exacerbated by the fragmentation at the local level, where there is a patchwork of disabilities and special needs boards, mental health centers, and substance abuse treatment centers. These multiple layers of administration increase costs and are a particular burden to the many low income individuals who have limited access to transportation.

H. 3199, creating the Department of Behavioral Health Services, is an important step towards truly integrated services, despite the omission of DDSN. P&A urges the Committee to include DDSN as part of a meaningful reform of delivery of services to people with disabilities. H. 3414 would improve DDSN's accountability, but it is a partial measure that does not address the fact the many recipients of DDSN services need services from more than one agency.

P&A suggests that H. 3199 not require that specific divisions be established within the new department. Department management should be free to align resources in the most effective manner. Requiring specific divisions is only likely to continue existing practice. P&A also suggests that the proposed advisory committee specifically address co-locating services when feasible.

P&A strongly supports proposed Section 44-8-40. The Administrative Procedures Act (APA) contemplates that the public will have participation in the development of agency rules and that those rules will be readily available. Even if no other part of the bill passes, an amendment requiring DDSN, DMH and DAODAS to comply with this section would be a significant improvement in accountability.

Accountability for DDSN

Although P&A supports consolidation of DDSN with DMH and DAODAS, even H. 3414 would bring more accountability to DDSN. While the Governor appoints the DDSN Commission members, the Commission members alone choose the Director. The Commission system places responsibility for an agency with a budget of hundreds of millions of dollars on unelected Commission members. The Governor cannot replace the Director if dissatisfied with his or her performance. Instead, the Governor's only option is to terminate Commission members and appoint new ones until a satisfactory Director is hired, obviously causing significant delays. Public involvement would be protected by retaining citizens in an advisory role and, as discussed below, complying with the Administrative Procedures Act.

For the last several years, DDSN and its contractor agencies have received unfavorable audits. A 2008 Legislative Audit Council report was highly critical of virtually every aspect of the Department's operations. In 2006 a South Carolina Department of Health and Human Services (HHS) audit found that DDSN must repay the federal share of Medicaid \$422,077 for services that could not be properly documented. A 2003 HHS audit of the Babcock Center, Inc., a major contractor of DDSN's, required repayment to consumers of \$88,745.63 of embezzlement from clients. This audit also made numerous findings of violations, including failure to report abuse, neglect and exploitation.

At a minimum, H. 3414 should be amended to include the language from proposed Code Section 44-8-40 to require that DDSN promulgate regulations. P&A is a plaintiff in a

Hon. Danny Verdin

October 2, 2009

Page 3

lawsuit against DDSN seeking compliance with the APA. P&A and its clients have long believed that DDSN's failure to have publicly and legislatively reviewed regulations for,

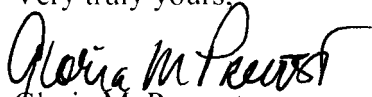
among other items, eligibility, standards for licensing and operation of community facilities, and hearings and appeals, violates state law and sound public policy. While DDSN now posts its directives and standards on its website, they are not developed through the public and due process requirements in the APA, nor is there any legislative oversight.

DDSN's lack of regulations has become especially pressing as DDSN has transferred inspections of community facilities to DHEC. DHEC has regulations for operation of facilities it licenses, but it is inspecting DDSN-licensed facilities whose operations are governed only by DDSN "Standards" developed without formal public participation and subject to change at any time. There is no logical reason why residents of facilities operated by DDSN or its contractors, including local DSN Boards, should have less protection than residents of Community Residential Care Facilities.

P&A also strongly recommends amending S.C. Code § 44-7-2910(A)(1), extending criminal records checks to staff of DDSN day programs. Many recipients of DDSN services spend much of their time in day programs, where there is as much risk of abuse as in DDSN funded facilities.

Based upon years of experience with the "system," P&A strongly supports 1) creation of a department of behavioral health services that includes DMH, DDSN, DAODAS, and the Continuum of Care and 2) at a minimum, making DDSN a cabinet agency and requiring comprehensive compliance with the APA. Please contact me at 803.217.6713 or prevost@pandasc.org if I may provide you with any additional information. P&A appreciates your support for South Carolinians with disabilities.

Very truly yours,



Gloria M. Prevost
Executive Director

From: [Bruce Lawrence](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Written comments for hearing
Date: Friday, October 02, 2009 2:16:26 PM

This op-ed expresses my concerns better than I could even begin to write.

September 29, 2009

Push state government restructuring

State Senate Majority Leader Harvey Peeler, a Gaffney Republican, has given some much-needed momentum to a renewed restructuring push of South Carolina's outdated, inefficient and often unaccountable state government. He has appointed a medical affairs subcommittee to begin work on three bills that would restructure state health-related agencies in ways that make good sense.

Peeler, who also is chairman of the Medical Affairs Committee, wants the subcommittee to begin its work this fall in advance of the Legislature's return in January. The process will be open to debate and to amendments, he said in an interview carried by S.C. Radio Network, "so hopefully we'll come up with a product that the people of South Carolina can enjoy."

South Carolina's structure of state government is, for the most part, outdated and impractical, as Gov. Mark Sanford has been saying since he ran for office seven years ago. But the governor tests the bounds of believability with his claim that his recent personal problems have helped to both make him a stronger leader and create an environment in which the Legislature is more open to restructuring state government.

The governor is a wounded chief executive. He has picked unnecessary fights with legislators since taking office in 2003, and he seems to have gone out of his way to make enemies in the very body that must sign off on any restructuring ideas.

Sanford was probably closer to the truth in January when he told a number of editorial writers that legislators perhaps would be more open to restructuring now that he was approaching the end of his second term and another governor, not Sanford, would be the beneficiary of any changes in state government.

Regardless of why some key lawmakers may be warmer to the idea, the upshot is South Carolina would be the winner if more agencies were consolidated under the executive branch, costly duplication was avoided and the lines of accountability became much clearer.

To this end, Sen. Peeler is picking a great place to focus on restructuring. His

subcommittee will consider three bills, and two already have cleared the House. Those are bills that would create the Department of Behavioral Services as a Cabinet agency and in doing so would merge the Department of Mental Health, the Continuum of Care, and the Department of Alcohol and Other Drug Abuse Services. The second bill would make the Department of Disabilities and Special Needs a Cabinet agency.

The third bill, which would need Senate and House approval, would make the huge and unwieldy Department of Health and Environmental Control a Cabinet agency that would be led by a secretary appointed by the governor. And because the agency now has two distinct missions that sometimes seem in conflict, it would be divided into two boards: a Board of Health and a Board of Environmental Control. Each board would have three members appointed by the governor.

The Senate subcommittee will be taking up significant proposals for changing state government for the better. Such reform is absolutely essential for improving how state government functions.

Restructuring state government, even if it's done in small pieces, will help ensure limited tax dollars are being spent more effectively and state residents are getting the best service possible.

[http://www.greenvilleonline.com/apps/pbcs.dll/article?
AID=2009909290303](http://www.greenvilleonline.com/apps/pbcs.dll/article?AID=2009909290303)

Bruce M. Lawrence, Jr.
1520 Senate Street, Unit #117
Columbia, SC 29201
704.576.5828 cell
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"The tragedy of life is not found in failure but complacency. Not in you doing too much, but doing too little. Not in you living above your means, but below your capacity. It's not failure but aiming too low, that is life's greatest tragedy." –Benjamin E. Mayes (S.C. Native & Mentor to MLK Jr.)

From: jroof16@aol.com
To: [Senate Medical Affairs Committee Mailbox:](#)
Date: Friday, October 02, 2009 3:36:28 PM

Dear Senator [Verdin](#), [Senator Jackson](#), [Senator Thomas](#), [Senator Cleary](#) and [Senator Hutto](#):

Please exempt alcohol and substance abuse services (DAODAS) from being placed under the proposed Department of Behavioral Health Services (H3199). As a person in recovery, I understand first-hand the need for prevention and treatment services to be visible to the community and the families affected by alcohol and substance abuse. We do not want to see the need for alcohol and substance abuse services be placed in an agency where it must compete with and be identified with services for the chronically mentally ill. As you know, the majority of those affected by the negative consequences of alcohol and substance abuse are not mentally ill. Most are functioning in the community or will be able to function well within the community after treatment, while in recovery. Alcoholism is a chronic disease, however with treatment and community support the potential for relapse is diminished. If anything, the State should spotlight the excellent job that the local community service providers with such limited resources. For every dollar spent on alcohol and substance abuse services the taxpayers save in the costs of incarceration, crime, hospitalization, traffic accidents and other problem.

Alcohol and substance abuse problems impact our community, across all geographic, racial and economic strata. The prevention efforts of the local alcohol and substance abuse programs are another major reason for having DAODAS remain an independent agency. The targeting of local community coalitions, the work with local law enforcement through the Alcohol Enforcement Teams (AET) and the other programs such as the work with jail and Solicitors make the alcohol and drug system unique. The majority of the local councils are private entities, designated by the County Council to serve their County. They bill insurance, they collect from clients and they operate as a business. They do not assume that the State will provide a safety-net if they don't run their business appropriately. The business model offered through DAODAS is a good one and should not be disrupted just for the sake of "reorganization." DAODAS holds these entities accountable, the Counties hold these entities accountable and their community holds them accountable. Their data collection and evaluation,

their community driven planning efforts and their fiscal responsibility make the argument that this system should remain as it is now functioning and not be included in the Department of Behavioral Health Services as proposed in H3199.

I want to thank you for the opportunity to comment on this bill.

John Roof

From: ashirley@sc.rr.com
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Restructuring
Date: Friday, October 02, 2009 3:38:09 PM

Please exempt alcohol and substance abuse services (DAODAS) from being placed under the proposed Department of Behavioral Health Services (H3199).

As a person in recovery who completed treatment in one of the local 301 agencies, I am deeply committed to making sure treatment services are available to the community and the families affected by alcohol and substance abuse. If they are placed under the same agency that treats chronically mentally ill patients, those who need the services will be less likely to seek treatment. Most people seeking AOD treatment are not mentally ill. Most are functioning in the community or will be able to return to be productive members of society when they complete treatment or while they are in treatment. The State should recognize the excellent job that the local community service providers with very limited resources.

While I know less about the prevention efforts of the local alcohol and substance abuse programs are another major reason for having DAODAS remain an independent agency. I do know my children have benefited from the prevention/education efforts provided in the local school systems. The targeting of local community coalitions, the work with local law enforcement through the Alcohol Enforcement Teams (AET) and the other programs such as the work with jail and Solicitors make the alcohol and drug system unique.

Successful treatment of addictions ensures that the patients are able to return to their jobs,

their families, and becoming a prosperous member of the community once again. Many times,

chronically mentally ill patients receive services from DMH over a long period of time,

sometimes for a lifetime. In fact, the Substance Abuse and Mental Health Services

Administration (SAMHSA) estimates that less than 15% of patients have co-occurring

disorders and need to be served by both mental health and substance abuse systems.

Serving the other 85% under both systems is an ineffective form of treatment and

is a drain on state dollars.

The large majority of the agencies in the DAODAS system are private not for profit agencies

who employ over 1,500 employees statewide, few of which are considered 'state funded employees.' Placing DAODAS under this new agency will increase the number of state employees, thereby adding administrative layers, and greatly increasing the administrative costs to the state. These local agencies bill insurance, collect from clients and they operate as a business. They do not rely on the State to provide a safety-net if they don't run their business appropriately. These entities are held accountable by the state office (DAODAS), as well as by their communities. Their data collection and evaluation, their community driven planning efforts and their fiscal responsibility make the argument that this system should remain as it is now functioning and not be included in the Department of Behavioral Health Services as proposed in H3199.

From: [Cathy Skelley](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: H3199
Date: Friday, October 02, 2009 3:42:39 PM
Attachments: [Behavioalrestruct.docx](#)

Senate Medical Affairs Committee Members,
Please see the attached letter opposing the restructuring of Substance Abuse agencies under the proposed Department of Behavioral Health.
Thank you.
Cathleen W. Skelley

19 South Dukes Street

Summerton, S.C. 29148

October 2, 2009

Dear Senator Hutto:

I strongly oppose the merger of DAODAS into the Department of Behavioral Health as proposed under H3197. I am presently serving on the Clarendon County Behavioral Health Services Board and have over fifteen years of experience observing and serving on advisory boards and multidisciplinary committees in close relationship with this agency. They have continuously achieved outstanding statistics on low recidivism, immediate access to a counselor, exemplary financial audits and success in obtaining prevention and community grants that benefit the entire county. This agency under its present structure provides more immediate help to our Clarendon County citizens with greater success than the mental health agency. Throughout the years survey results of the clients and national accreditation audits indicate the staff is well credentialed and the agency meets all national criteria for accreditation.

I certainly understand your desire for a unified approach to the health needs of our citizens, but I do not believe this restructuring will benefit our clients. Substance abuse and treatment in our state is recognized nationally for having an exemplary system that works efficiently and with the client as the center of immediate attention. The professional credentialing requirements are quite stringent and are in addition to the educational and clinical degrees. I believe adding additional administrative and bureaucratic layers will reduce the time clients are seen, lead to more stigma and longer treatment periods and reduce the strong prevention efforts presently occurring through liaisons with the courts, law enforcement, schools and other community agencies.

Thank you for all you do for South Carolina and its citizens. Please convey my feelings to the other subcommittee members.

Sincerely,

Cathleen W. Skelley

From: [Debbie Francis](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: H3199
Date: Friday, October 02, 2009 4:28:43 PM

Dear Senator Verdin, Senator Jackson, Senator Thomas, Senator Hutto and Senator Cleary:

As the President and CEO of LRADAC, I would like to express my concern for the inclusion of DAODAS and alcohol and substance abuse services in the Department of Behavioral Health Services. Alcohol and substance abuse has a negative impact on our communities, our businesses, and our families. The effect is widespread and does not discriminate by economic status, place in the community or race. Our jails and prisons are full of people that either are incarcerated for alcohol or substance abuse violations or it is the secondary reason for their crimes. Crimes as domestic violence, robbery, and burglary oftentimes have alcohol or substance abuse as the impetus. And the effect of substance abuse on our youth and our workforce can rob us of our future economic development opportunities. For every dollar spent on alcohol and substance abuse treatment, over \$7 is saved by the State in dealing with the issues, instead of in a proactive way, in a reactive or defensive way. We need to keep the voice for alcohol and substance abuse at the Cabinet level – reporting directly to the Governor as DAODAS does now. By including DAODAS in the Department of Behavioral Health Services, this voice will be diminished and the proactive nature of the service delivery system will suffer. Additionally, when this combining of mental health and substance abuse services has occurred in other states, alcohol and substance abuse services have suffered financially.

The statewide system of primarily private providers also gives the State a model system. We are designated, as required by statute, by our respective County Council. We are responsive to their needs and the needs of the community we serve. My Board, for instance, is a 12 member board of which 6 members are appointed by Richland County and 6 members are appointed by Lexington County. We submit to the Councils and DAODAS a planning document that must be approved by DAODAS that outlines the services we provide, our accomplishments, and the outcomes of our services. We survey the individuals that receive our services to evaluate how well we are doing to assist them to become sober and to maintain recovery. The Plan also includes funding accountability and requests for additional funding or adding services. We maintain a specialized workforce that is credentialed in substance abuse counseling and render evidence based services to enhance and guarantee the highest quality services. Additionally, we have a strong prevention effort that “gets the message out” about the negative

consequences of alcohol and substance abuse.

We believe that our current structure is the best way to move forward and continue the momentum in decreasing the negative impact of alcoholism and substance abuse has on our state. The discussion about these services should be on the forefront so as to encourage those that need services to seek them, to offer assistance to families that are ravaged by alcohol or substance abuse, and to prevent individuals from having to suffer from this chronic disease. Please remove alcohol and substance abuse services from inclusion in the Department of Behavioral Health Services as specified in H3199.

Debbie Francis, President / CEO
LRADAC

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From: [Fitzpatrick's](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: FW: H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health
Date: Saturday, October 03, 2009 4:44:47 PM

Dear Senate Medical Affairs Subcommittee:

I am a CPA that has chosen to make a career supporting the important work of Keystone Substance Abuse Services. Keystone has been designated annually since 1969 by York County Council, under the 301 Act, to deliver substance abuse prevention, intervention and treatment services. Because of the unique way that South Carolina's system of providers is designed, we -- as is each of our sister agencies statewide -- are able to meet the specific needs of our citizens in a cost effective and efficient way. The following are specific reasons why the current system should be maintained with DAODAS as a stand alone cabinet agency, providing targeted state and federal funding, critical training and oversight, to each 301 agency.

1. Innovation is encouraged. Keystone, like many 301 agencies, is a private non-profit corporation that contracts with DAODAS to receive state and federal funding to provide certain base services (including prevention, education, DUI relicensing). Keystone's Board of Directors and management staff can add additional services to meet specific needs of our citizens. Many additional services Keystone provides beyond required base services are substantially funded by program fees, grants from foundations, local public funding, and charitable gifts from individuals and corporations. An example is our Adolescent Intensive Outpatient Program, one of only a few in South Carolina, where adolescents that are clinically dependent on drugs or alcohol can receive intensive services while living at home and staying in school. This program started with seed funding from the Springs Close Foundation in Fort Mill, South Carolina and continues to serve area youth, regardless of ability to pay. With the seed grant period over, this program now is self sustaining with program fees including Medicaid, private pay and third party insurance -- as well as charitable gifts and other grants from foundations. Less than 15% of the program's funding comes from DAODAS. The current 301 system allows us to meet the needs of our community in innovative ways with the advice, consultation and approval of DAODAS. Should DAODAS be merged into the Department of Behavioral Health, I feel sure that innovation of this kind at the local level will be stifled from a loss of focus on the particular issues on delivery of substance abuse services -- to the detriment of real people who need treatment services.

2. The current 301 system of providers is model in the United States. DAODAS and the network of providers has been recognized for consistent data collection that allows DAODAS to be accountable not only to the state of SC, but to the federal government that public funds are being put to good use. To merge our system into the Department of Behavioral Health -- would stifle and marginalize the talent of the career public servants at DAODAS whose efforts are recognized nationally and who continue to refine and improve accountability in the name of providing critical care to the tens of thousands of people in South Carolina who are tangled in alcohol and substance abuse issues. Recently Keystone was visited by members of a Federal Site visit team as part of effort to to see how Federal SAPT block grant dollars are working in our state. The team of auditors that visited us stated that they have done surveys in all fifty states, and that our unified state-wide data collection system is unique in the nation and is a credit to the State of South Carolina. If it a'int broke, don't fix it!!

3. Substance Abuse and Mental Health service delivery models not compatible. The average client who receives treatment at an agency like Keystone might receive services for a time period of roughly 2 to 12 weeks, depending on their circumstance. While it is true that many

clients will relapse and return for additional services months or years later, each treatment episode for that person is distinct. Contrasting is the treatment length of many mental health patients, who are in services continually for months, years, and often for a lifetime. Studies show that no more than 15% of substance abuse clients have a co-occurring mental health disorder. To merge substance abuse into the Department of Behavioral Health would benefit only 15% of the citizens receiving substance abuse services. That is an unacceptably inefficient service delivery model.

4. Substance Abuse and Mental Health business models are not compatible. Keystone and many other 301 agencies have led the state in re-inventing themselves as a private provider of valuable health services. Our clients who have an ability to pay, should *and do* pay for their care, Fifteen years ago when I started work at Keystone, we were perceived by staff, clients, and our local stakeholders as a "free clinic". Clients weren't asked to pay and didn't get bills. This was obviously bad for business, but is also is bad therapeutically. Clients who sacrifice something for their treatment care will value it more, and will expect it to be higher quality. While we do not (and can not under the terms of our contract with DAODAS) deny services to folks who are unable to pay, those who do have an ability to pay -- there are lots of them -- enter into financial agreements to be responsible financially for their care. Other 301 agencies, and DAODAS as well, have taken notice of our success and are working to move in the same direction. To put our agencies back into a state funded "free clinic" business model that could result from merging DAODAS into the Department of Behavioral Health, would undo efforts of local agencies to bill and collect from clients receiving care at the local level. A loss of self-pay revenue would mean the loss of jobs at 301 agencies, and would harm our ability to provide care to citizens needing life saving treatment.

Thank you for your careful consideration of this critical matter. I urge you to Oppose placing Substance Abuse services under the Department of Behavioral Health and retain DAODAS as a stand-alone cabinet level department. The current system is a nationally recognized model that allows innovative services to be delivered to citizens under efficient and effective service delivery and business models that provide vital health care services to South Carolina citizens.

Very respectfully,
Susan S. Fitzpatrick CPA
Director of Finance
Keystone Substance Abuse Services
Rock Hill, SC

From: [Amanda Trueworthy](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: [Ahunter@capconsc.com;](mailto:Ahunter@capconsc.com)
Subject: H. 3199
Date: Saturday, October 03, 2009 5:48:10 PM

To The Subcommittee Members,

Regarding H. 3199, I implore the committee members to exempt substance abuse services from being placed under the Department of Behavioral Health. Placing Substance abuse services under mental health would cause an increase in administrative cost due to needed restructuring, increase the cost of these services for the taxpayer and decrease the number of those successfully treated due to a decrease in the funding. As a counselor in the substance abuse field, I totally oppose this restructuring. Necessary funds would be taken away from those who truly need it in order to fill the void for other budgetary issues. Not to mention the number of individuals who have both a mental health issue and a substance abuse issue is only 15% of the population that seeks treatment. This proposed merger will do more damage to the substance abuse services system than it would help it. Please feel free to contact me by email if you have any questions.

Sincerely
Amanda Trueworthy

From: [Yolanda Gordon](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Restructuring
Date: Saturday, October 03, 2009 8:29:53 PM

Dear Ma'am and Sir:

My name is Yolanda Gordon and I am a resident of Fort Mill, South Carolina. I have read House Bill 3199, Senate Bill 384, and House Bill 3314. I do not believe that an agency should be controlled by the Governor of the State of South Carolina. That leaves the organizations open to have a different person running it every time a new governor is elected. This will lead to turn over. With House Bill 3314, Breaking down each division is a great idea, but there should be a director and a sub committee for each division. One person should not carry the weight of all of the divisions. Again the governor needs to be taken out of the equation. The commission not the director should be the deciding voice when it comes to obligations and to improvements. The director should be the facilitator to what the commission decides.

I feel that there is a lot of turn over, alot of waste in these agencies, but putting the governor in charge to decide on who gets tot he job goes back tot he Good Old Boy network, its about who you know, not about what you know or your experiences. I would hope that before any restructuring is finalized that it will be brought to the attention to the families that these organizations serve and that DDSN will be run in a more efficent manner than it is now. Thank you.

--

Yolanda M. Gordon
P.O. Box 12065
Rock Hill, South Carolina 29731

Home: 803-547-6730
Cell: 803-389-2002

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you have received the message in error, then delete it. Thank you!

From: [Becky](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: Concern for Possible Changes in Medical Bills
Date: Sunday, October 04, 2009 8:03:21 AM

I am very concerned that the following bills are being introduced into the Senate-- Bill S.0384, Bill H.3199, and Bill H.3314—and that the majority of South Carolina citizens are not even aware of the consequences of these bills for our special needs communities. I am so grateful to my daughter, Brooke Hartig, who is an advocate for the special needs citizens of South Carolina. I thought I was an informed citizen until I read these bills. It also concerns me that the educators of special needs children, whom I spoke with, were not aware of these possible changes either. Is this the policy of our state legislators to try to pass something that will be so devastating to our special needs community?

How can adequate services be administered if behavioral health, mental health, and special needs all be lumped in the same category and be named “Department of Behavioral Health Services?” I see no indicator that special needs citizens are even included in this (Bill H.3199). Please reconsider this and honor our special needs citizens.

Bill H.3314 proposes that the governor control rather than a commission, appointing someone to oversee these areas and be in complete control of budget concerns. The problem here is that our governor is elected and changes every 4-8 years which could mean a revamping of these services every time there is a change in our state leadership. What a waste of time of tried and true interventions—a huge waste of tax-payers money. This appointed person may not even be an advocate for people with special needs, a problem with decisions which may be made that are not in the best interest of the special needs community.

Please read these possible bills and consider your vote against these changes.

Respectfully yours,
Rebecca G. Phillips
308 Claybrooke Drive
Greer, SC 29650

From: [Debee Early](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: [Debee Early;](#)
Subject: H3199
Date: Sunday, October 04, 2009 10:20:10 AM

Dear Senator Verdin, Senator Thomas, Senator Jackson, Senator Hutto and Senator Cleary:

I am writing to request you to please exempt alcohol and substance abuse services (DAODAS) from being placed under the proposed Department of Behavioral Health Services (H3199). I am someone who has seen first hand the work of prevention and treatment services in our community and know that they must be visible in order to support all affected by the ravages of substance abuse. Please do not put substance abuse services in a situation where they must compete with and be identified with services for the chronically mentally ill. As I know you are aware, most persons affected by substance abuse are not mentally ill. Due to recovery efforts, most are functioning in the community or will be able to function well in the community after treatment. Although alcoholism is a chronic disease, the potential for relapse is diminished when treatment is supported by the community. The State of South Carolina should be proud of the work that is being done by local community providers despite diminishing resources. For every dollar spent on alcohol and substance abuse services the taxpayers save in the costs of incarceration, crime, hospitalization, traffic accidents and other associated problems.

The impact from alcohol and substance abuse problems reaches across all geographic, racial and socio-economic strata. Prevention efforts of the local alcohol and substance abuse programs are exemplary in South Carolina and illustrate why DAODAS should remain an independent agency. The work of local community coalitions, the Alcohol Enforcement Teams (AET) in partnership with local law enforcement and other environmental efforts aimed at changing the norm of alcohol and substance abuse are working to demonstrate just how unique our current alcohol and drug system is. Most of the local councils are private entities, designated by the County Council to serve the County, and they operate as a business. They do not look to the State to provide a safety-net should their businesses not be run adequately. In addition, the business model offered through DAODAS is working. Please don't make a change just for the sake of "reorganization." These entities are held accountable by DAODAS, their County and their community. Reasons for this system remaining as it is now organized include the data collection system and evaluation processes, the community driven

planning efforts, and fiscal responsibility - things that are currently working well. Please do not include DADOAS in the Department of Behavioral Health Services as proposed in H3199.

I want to thank you for the opportunity to comment on this bill.

Debee Early
136 Silverstone Rd
Lexington, SC 29072
wse8888@msn.com

Debee Early

Hotmail: Free, trusted and rich email service. [Get it now.](#)

From: bdawkins@comporium.net
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: Problems will arise.....
Date: Sunday, October 04, 2009 4:18:51 PM

.....if you place Substance Abuse Services under the Department of Mental Health. We are primarily private non profit commissions and to merge would increase the number of State employees and would significantly increase State administrative costs.

Services under Substance Abuse ensure clients and their families' future (including re-unification of families). These folks return to work and into the mainstream of life. This is not so with mentally ill patients who require on-going closely monitored services (sometimes throughout their lives). Serving under both systems is an ineffective form of treatment and a drain on state dollars.

Did you know that for each \$1.00 invested in the Alcohol and Other Drug System saves the taxpayer over \$7.00 and that does not include avoiding the need for incarceration and hospitalization.

Have you looked into NC, Ga. and Florida who have merged these services? I worked in Florida and know that Federal grant funds were actually siphoned off to fill budgetary holes to assist with mental health and special needs clients?

I am asking that you not make the decision to put Substance Abuse Services under the Department of Mental Health.

From: [Janet Martini](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health
Date: Sunday, October 04, 2009 4:37:59 PM

Dear Senator Verdin, Senator Jackson, Senator Thomas, Senator Hutto and Senator Cleary:

As Executive Director of Keystone Substance Abuse Services in York County, I am writing to express concern for including DAODAS and the local alcohol and substance abuse providers in the Department of Behavioral Health Services. The clients of the DAODAS system are representative of all walks of life and in all social strata. The structure of our current system most recently received national recognition by the Center for Substance Abuse Treatment for its proven outcomes:

- Our clients go to work
- Families are reunited
- Communities are healthier.

Our clients are your neighbors, co-workers, friends, sons and daughters or other members of your family-who have remained or have returned to the workplace, pay taxes, and return to self sufficiency. Our clients enter our services and either remain connected or are re-connected to the community. Whereas, DMH has a specific focus meaning that their clients are chronically mentally ill and in need of DMH services over a longer period of time-sometimes in services for a lifetime. Clients in the DAODAS system are not chronically mentally ill-77.5% of our clients are employed and 98% have not used the Emergency Room for healthcare at discharge from our services. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that less than 15% of patients have co-occurring disorders and need to be served by both mental health and substance abuse systems. Serving the other 85% under both systems is an ineffective form of treatment and is a drain on state dollars. By maintaining DAODAS as an independent direct Cabinet level agency, alcohol and substance abuse prevention and treatment services would continue to have a strong, unfiltered voice both on the state and federal level with funding purely for the intent the system was established-alcohol and drug services.

SC's current alcohol and other drug abuse system serves as a role model for the country-DAODAS is recognized nationally as a leader by Federal officials, is commended for its accountability of both federal and state funds, its dedication to

ensuring public funds get to clients, its efficiency and low overhead. For every dollar SC invests in addictions treatment, the taxpayer saves at least \$7.46 in costs to society including the costs of incarceration, drug-related crime, hospitalizations and other societal ills-it is imperative we maintain our focus on direct service needs in our local communities. Including DAODAS and the local alcohol and drug abuse providers as specified in H3199 could impact the cost savings realized today-increasing the burden on our criminal justice system, hospitals and other healthcare; and our clients would not get the attention they need to remain or return to self sufficiency.

In surrounding states like Georgia, North Carolina and Florida where these systems have been merged, two key consequences have been observed:

- First, the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are siphoned off to assist in paying for services such as mental health and special needs patients;
- Second, merging substance abuse services with these other systems, which are principally governed by physician oversight, superimposes these medical costs on alcohol and drug abuse services, where such intense oversight is not needed as our system employs clinical addiction specialists.

These states have indicated that after merging the mental health agency and the alcohol and substance abuse agency, the services for alcohol and substance abuse are diminished and the issues become less visible.

SC's current system of Alcohol and Drug Abuse has a strong focus on prevention, unlike DMH; if the agencies are combined, the limited funding in the Alcohol and Drug Abuse system could result in these funds being re-directed from preventing the problem to waiting on the problem to occur. This could result in SC's children no longer being taught **how to make healthy choices** through one of the many evidence based prevention programs currently being taught in classrooms to thousands of youth statewide. Our current system's Prevention efforts have raised awareness of the dangers of alcohol and substance abuse in communities across the state-in schools, through local coalition building, and public service efforts. These efforts have been rigorously studied and have been shown to be effective.

Substance abuse is one of the most prominent root causes of many of the concerns in our state and has both a financial and personal cost for the taxpayers of SC. Since SC's current Alcohol and Drug Abuse system and its structure is known nationally for its accomplishments, including it within the Department of Behavioral Health would risk diluting or breaking a system that is saving lives and working so well for our state. It is for these reasons and many more that I respectfully request that alcohol and substance abuse services be removed from inclusion in the Department of Behavioral Health Services as specified in H3199.

Thank you for your time and serious consideration,

Janet F. Martini
Executive Director
Keystone Substance Abuse Services
(803) 324-1800
www.keystoneyork.org

From: [Bonnie Gladden](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: Behavioral Health Restructuring Bill
Date: Sunday, October 04, 2009 4:45:54 PM

I appreciate the opportunity to express my concerns about placing substance abuse services under the proposed Department of Behavioral Health Services. Having worked at my local addictions treatment provider (Keystone Substance Abuse Services) for 27 years now I have knowledge of and have witnessed first hand the absolutely incredible benefit that Keystone has provided to thousands and thousands of individuals and familie members of York and surrounding counties. I have devoted almost my entire adult career working as the Associate Director of the 14 bed inpatient unit of Keystone. Continually, I witness the "miracles" of recovery (successful outcomes, babies being born healthy and sober, families re-united, jobs found/returned to and contributing members of our community.) I have the pleasure of seeing so many in recovery "giving back" to our community. This alone has kept me in the substance abuse treatment field for so many years. Our community has benefited tremendously!

It is true that a small percentage (estimated by the Substance Abuse and Mental Health Services Administration) to be less than 15% of patients are affected by co-occurring disorders and need to be served by both mental health and substance abuse systems. It is also a fact that many of these chronically mentally ill end up being consumers of mental health services for years and some for lifetimes. The large majority of our clients do not require mental health services and it scares me to think of how they could be served (both effectively and efficiently) under a merged system, not to even mention the potential huge drain on our already limited resources.

Our state current alcohol and drug abuse system under the leadership of DAODAS (as a cabinet level agency) has long been a role model nationally in our ability to sustain and provide services in a most efficient manner. I plead with you to re-consider this restructuring bill and to support efforts for our provider system to continue working in the manner that has worked so well for so many years.

Thank you very much for your consideration of my request as we continue to work hard to save "one life at a time" at Keystone Substance Abuse Services in Rock Hill.

From: jdoudalexsc@windstream.net
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: H3199
Date: Sunday, October 04, 2009 6:53:01 PM

Dear Senator Verdin, Senator Thomas, Senator Jackson, Senator Hutto and Senator Cleary:

Please do not include (DAODAS) and alcohol and substances abuse services from being included in the proposed Department of Behavioral Health Services (H3199). As the child of alcoholic, I have a first-hand understanding of the need for prevention and treatment services to be visible to the community. I really feel that if alcohol and substance abuse services are placed in an agency where they must compete with and be identified with services for the chronically mentally ill will further stigmatize the addicted population. Persons dealing with addictions are not mentally ill --most are functioning in the community or will be able to function well within the community after treatment, while in recovery. Alcoholism is a chronic disease that can be effectively addressed through treatment and community support. I believe, rather than "hide" these services within a much larger state agency, the State should spotlight the outstanding work done by the local community service providers. Taxpayers save valuable funds earmarked for incarceration, crime, hospitalization, traffic accidents and other problem when funding is dedicated to alcohol and substance abuse services.

Alcohol and substance abuse problems impact all communities regardless of geographic, racial and economic strata. The local community coalitions, along with the work with local law enforcement through the Alcohol Enforcement Teams (AET) and the other programs such as the work with jail and Solicitors make the alcohol and drug system unique. The majority of the local alcohol and drug abuse councils are private entities, designated by their County Council to serve their County. They bill insurance, they collect from clients and they operate as a business and they have not been able to rely on the State to keep their services funded, operable, and relevant to their individual communities. "Reorganization" could change all of that. The business model offered through DAODAS is working and should not be disrupted. These entities are held accountable by DAODAS, the Counties they serve, and by their local community. Effective data collection, evaluation, community-driven planning efforts, and fiscal responsibility make the argument that this system should remain as it is now functioning and not be included in the Department of Behavioral Health Services as proposed in H3199.

I want to thank you for the opportunity to comment on this bill.

J. Douda

From: majones1102@comcast.net
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: Ahunter@capconsc.com; Rdavis@capconsc.com; [Allan, Harold;](#)
[Sanders, Ann;](#)
Subject: Exempt substance abuse services from Dept. of Behavioral Health
Date: Sunday, October 04, 2009 7:50:13 PM

Dear Subcommittee members:

My name is Martha Jones. I am a citizen of Clarendon County and serve on the Board of Directors of Clarendon Behavioral Health Services. This organization, under the leadership of Ann Kirven Sanders, has been extremely effective in providing substance abuse services to people in our county who suffer from the terrible disease of addiction and/or alcoholism. Getting these suffering citizens to regain their ability to care for and provide for their families and return to the status of being a contributing member of society provides incalculable assistance not just to the suffers and their families but also to the communities in which they live. The value of the services is not just in the area of human relationships, but also in the economy of the community as well. I petitioned to become a member of the board as a way of giving back to the organization and the community to repay for the assistance I received as a family member in bringing a loved one into full recovery from alcohol and prescription drug abuse. Under Ms. Sanders visionary leadership, Clarendon Behavioral Health Services leads the state in delivering services that achieve a lower than usual recidivism rate when compared to national statistics. Ms. Sanders and her staff have a strong working relationship with all facets of the community through a community advisory council. In particular they work closely with schools and local law enforcement in delivering strong prevention programs to youth and other

constituencies in the county. These treatment and prevention programs make a strong contribution to our community's public safety and economic well being.

I am gravely concerned about the continued viability and success of the programs currently being offered by Clarendon Behavioral Health Services if the organization is placed under the proposed state Department of Behavioral Health. Specifically, my concerns are:

1. Clarendon Behavioral Health Services and other DAODAS agencies are private not for profit agencies and their employees are not state employees. By placing these organizations under a new state Department, many additional layers of administrative bureaucracy will be added to the delivery of substance abuse services, thus increasing costs to the states and to the citizens of Clarendon County, not to mention slowing the delivery of services.

2. Mental Health Services patients often require a lifetime of services as opposed to substance abuse treatment which is short term, often a matter of a few months with some follow and monitoring for a period of time. It has been shown in other states that mixing the two widely divergent treatment methodologies under the same management and administration usually adds costs particularly to the substance abuse systems and is a much less effective system of treatments.

3. Currently, each \$1.00 invested in substance abuse services saves SC taxpayers \$7.46, including the costs of

incarceration, drug related crime, hospitalizations, and other societal problems. I have grave concerns, based on all the information I have seen, that this ratio of investment \$ to taxpayer funds saved will be drastically impacted - moving in a negative direction. Of course, this also means that there would be a comensurate increase in suffering by family members/citizens of our county.

4. SC's current alcohol and drug abuse system serves as a national role model and has been recognized by Federal officials because of its accountability of both federal and state funds, its dedication to ensuring that public funds go to services, and the state office's ability to be efficient with low overhead. In other words, if it ain't broke, why do we want to try to fix it or change it? Especially since studies that I am aware of have shown that results are generally less successful and cost effective when combined with mental health services.

5. In states where substance abuse systems have been merged with other health care agencies (Ga, NC, FI) federal grants funds are siphoned from substance abuse treatment to assist those states in providing \$\$\$ for mental health and other special needs patients.

6. Lastly, Clarendon Behavioral Health Services is viewed in the community as an independent agency that provides help when people are mandated to get treatment by the courts. But it is also viewed as a source of help by people who are voluntarily seeking help for themselves or family members (as was my case). I believe that if substance abuse services are combined with Mental Health services,

many of the people who would otherwise trust Clarendon Behavioral health Services and seek them out for help, will not do so because of the association with Mental Health. And those mandated to seek treatment will likewise be less inclined to comply with the mandated treatment thus causing additional expense to the state and local community in rearrests, etc. This is my personal opinion, but I know for a fact in my own case, this would have been true.

I am trusting in advance that you will give my concerns careful consideration and will agree with me that combining substance abuse services with Mental Health services will be a big mistake for South Carolina citizens.

If you have any questions or comments and would like to contact me, you may email me at majones1102@comcast.net or call me at 803-478-2664.

Respectfully,
Martha Jones
A Concerned South Carolina Citizen

From: WaltSan7@aol.com
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: Opposition to H.3199
Date: Sunday, October 04, 2009 8:26:13 PM
Attachments: [alcohol and drug abuse letter October 4, 2009.doc](#)

please see attached letter of opposition to H.3199.

October 4, 2009

Dear Senator Verdin:

I have worked in substance abuse in Clarendon County for the past 34 plus years. I believe our programs are much more effective because we are not State employees and are accountable to local boards and county councils.

We are able to respond to needs immediately and make decisions quickly and with local input.

We must operate efficient programs if we are to survive, because we are not state employees and do not receive compensation for services unless we are effective.

Our program has been recognized as a national role model because of our accountability of both state and federal funds and our dedication to utilizing these funds to assure good client care.

I believe that placing the counties Alcohol and Other Drug Abuse Services with State Mental Health would actually jeopardize our ability to continue to meet the critical needs facing our clients. People with serious substance problems who enter services quickly do much better in treatment.

Our systems have worked well for over 36 years and why fix a system if its not broken??? I hope you will vote no to H.3199.

Thank you for your serious consideration to this request.

Sincerely,

A. Ann Kirven
Director

From: karen.rawls@wachovia.com
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health
Date: Monday, October 05, 2009 9:51:08 AM

To whom it may concern:

I am sending this email to express my opposition to House Bill 3199 which will merge DAODAS under the Department of Behavioral Health. Placing DAODAS under this State Agency, not only will be a new and large financial burden to the SC taxpayers, but most importantly will be an injustice for SC citizens who need substance abuse assistance. Outlined below are some of the most critical reasons to oppose this Bill:

* The large majority of the agencies in the DAODAS system are private not for profit agencies who employ over 1,500 employees statewide, few of which are considered 'state funded employees.' Placing DAODAS under this new agency will increase the number of state employees, thereby adding administrative layers, and greatly increasing the administrative costs to the state.

* Successful treatment of addictions ensures that the patients are able to return to their jobs, their families, and becoming a prosperous member of the community once again. Many times, chronically mentally ill patients receive services from DMH over a long period of time, sometimes for a lifetime. In fact, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that less than 15% of patients have co-occurring disorders and need to be served by both mental health and substance abuse systems. Serving the other 85% under both systems is an ineffective form of treatment and is a drain on state dollars.

* Currently, each \$1.00 invested in substance abuse services saves SC taxpayers \$7.46, including the costs of incarceration, drug related crime, hospitalization and other societal problems.

* SC's current alcohol and drug abuse system serves as a national role model and has been recognized by Federal officials because of its accountability of both federal and state funds, its dedication to ensuring that public funds go to services, and the state office's ability to be efficient with low overhead.

* In states like Georgia, North Carolina and Florida where substance abuse systems have been merged with other healthcare agencies, the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are siphoned off to assist those states in filling budgetary holes to pay for mental health and special needs patients.

Please think about the people that DAODAS serves on a day to day basis and oppose Bill H3199.

Thank you for your consideration.

Karen Rawls
803-367-4041 office

From: [Tommy Geddings](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: Movement of substance abuse treatment to Department of Behavioral Health proposal
Date: Monday, October 05, 2009 9:56:01 AM

Dear Senators:

My name is Tommy Geddings and I practice law in Manning, South Carolina. I have served on the board of Clarendon Behavioral Health Sciences (CBHS) for many years and whether through my work in Family Court, Drug Court, Common Pleas Court or General Sessions Court, have had a lot of involvement with substance abusers and the treatments available to them. I understand that there is current consideration of placing substance abuse treatment services under a Behavioral Health Department. I ask that you please reject that proposal.

Our current system in South Carolina of having each county form or contract with a private entity to provide the treatment services has worked extremely well. Through the oversight from DAODUS, the State has been able to ensure quality services while also minimizing costs. Here in Clarendon County, our Board is appointed by the County Council and we apply for some funds from the County but otherwise we are required to manage our own revenue and expenses. This gives us the best elements of privatization and competition while still ensuring that we are meeting the public need with services that are available to every person, regardless of ability to pay. We are able to react quickly in almost all circumstances while I have watched more state centered organizations like Department of Mental Health, Department of Social Services and such have to deal with overburdened case loads thus allowing too many people to slip through the cracks. Having been involved with some of those boards as well, I know that I wish we could have more agencies organized the way that substance abuse treatment is organized now.

In addition to the efficiency and cost effectiveness of the current system, I am extremely proud of the success rate and customer services satisfaction we receive at CBHS. We constantly strive to maintain accurate records of client satisfaction with services and of client's relapse rates. The data we receive shows that our clients are among the most satisfied I have ever seen, in either a public or private entity. Our rate of relapse is much lower than I would have thought. There is no doubt in my mind that CBHS is working and is making important changes in the lives of real people. If I compare that to the effectiveness, efficiency, customer satisfaction and relapse (or recurrence) rate in other agencies, it surely does not make me desire to see our rates move to be in line with them.

I respectfully ask that you reject any proposal to place substance abuse treatment services under a Department of Behavioral Health with the other agencies and that

you allow our highly successful programs to continue unfettered.

Thank you.

W. T. Geddings, Jr.
20 S Brooks Street
Manning, South Carolina 29102
(803) 435-4770

From: [Rose Dangerfield](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Comment on bill H3199
Date: Monday, October 05, 2009 9:58:15 AM

Dear Senator Verdin, Senator Thomas, Senator Jackson, Senator Hutto and Senator Cleary:

I am writing to ask that you please exempt alcohol and substance abuse services (DAODAS) from being placed under the proposed Department of Behavioral Health Services (H3199). I do not understand the logic that places alcohol and substance abuse services in an agency where it must compete with and be identified with services for the chronically mentally ill. Most people affected by the negative consequences of alcohol and substance abuse are functioning in the community or will be able to function well within the community after treatment, while in recovery. Alcoholism is a chronic disease, however with treatment and community support the potential for relapse is diminished. For every dollar spent on alcohol and substance abuse services the taxpayers save in the costs of incarceration, crime, hospitalization, traffic accidents and other problem.

Alcohol and substance abuse problems impact our community, across all geographic, racial and economic strata. The prevention efforts of the local alcohol and substance abuse programs are another major reason for having DAODAS remain an independent agency. The majority of the local councils are private entities, designated by the County Council to serve their County. They bill insurance, they collect from clients and they operate as a business. They do not assume that the State will provide a safety-net if they don't run their business appropriately. The business model offered through DAODAS is a good one and should not be disrupted just for the sake of reorganization.²I feel the argument is strong that this system should remain as it is now functioning and not be included in the Department of Behavioral Health Services as proposed in H3199.

I want to thank you for the opportunity to comment on this bill.

~Rose Dangerfield
rosied@sc.rr.com
803-331-4491

From: [Ray Dockery](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: Restructuring Bill
Date: Monday, October 05, 2009 10:01:26 AM

Dear Senator Peeler:

As a member of the Keystone Drug and Alcohol Board of Directors I am greatly concerned about the consideration to place DAODAS under the direction of the Department of Mental Health. Both agencies have huge responsibilities and like many state agencies are struggling with funding issues. As a member of Keystone's Board of Directors we have seen the impact of the loss of dollars in the past few years as has the Department of Mental Health. To combine this agencies will increase the administrative layers which will slow down decision making and increase costs to the state. The agencies have very different expectations for its cliental. Mental Health is usually a life long concern with constant recurring costs for its clients. The drug and alcohol agencies have shorter commitments and the intent is to enable the clients to develop tools to avoid relapsing. The percent of relapse is quite low for those that stay in AA and NA programs. Should DAODAS lose additional funding as a result of restructuring the number of clients being served will drop significantly which will increase the costs due to drug and alcohol related crimes. This is one time when bigger is definitely not better. Long term costs will increase and the burden on the state will increase.

Your attention in this matter is critical to the lives of thousands of drug and alcohol addicted clients in this state.

Sincerely

E. Ray Dockery
Member of the Keystone Board of Directors

From: [Tracy Vann](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: H3199:
Oppose Placing Substance Abuse Services Under the Department of Behavioral Health
Date: Monday, October 05, 2009 10:10:17 AM

To Whom It May Concern,

I am writing concerning House Bill 3199—the behavioral health restructuring bill.

It has recently come to my attention that that the Senate Medical Affairs Committee will not be taking public testimony concerning bill and as such I am writing to express my concerns regarding any potential merger of substance abuse services with the Department of Behavioral Health. Initially, from a taxpayer standpoint, the large majority of the agencies in the DAODAS system are private not for profit agencies. Collectively, these not for profits employ well over 1,500 employees statewide, very few of whom are considered “state funded employees.” Placing DAODAS under the Dept. of Behavioral Health will either require significant cuts in jobs in one of the worst economic and job climates in history, or will necessarily increase the number of state employees, thereby adding administrative layers, and greatly increasing the administrative costs to the state and consequently, the taxpayers.

From a treatment standpoint, successful treatment requires that after treatment patients are able to return to their jobs, their families, and become prosperous and productive members of the community. This often requires that patients receive treatment and services over a long period of time, sometimes a lifetime, as they struggle to adapt to become productive members of society. Currently, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that less than 15% of patients have co-occurring disorders that need to be served by both mental health and substance abuse systems. Serving the other 85% under both systems is an ineffective form of treatment and is a drain on state dollars.

Finally, I’ll close with this—if it isn’t broke don’t fix it. For every \$1.00 invested in substance abuse services SC taxpayers save \$7.46, including the costs of incarceration, drug related crime, hospitalizations and other societal problems. South Carolina’s current alcohol and drug abuse system serves as a national role model and has been recognized by Federal officials because of its accountability of both federal and state funds, its dedication to ensuring that public funds go to services, and the state office’s ability to be efficient with low overhead. This is not the case in other states. In particular, in states like Georgia, North Carolina and Florida, where substance abuse systems have been merged with other healthcare agencies, the Federal Substance Abuse Prevention and Treatment (SAPT) Block

Grant funds are siphoned off to assist those states in filling budgetary holes to pay for mental health and special needs patients. This is unacceptable.

Thank you for your consideration of this matter. I urge you to reject placing DAODAS under the Department of Mental Health.

Respectfully,

Tracy T. Vann

Hamilton Martens & Ballou, LLC

130 East Main Street

Post Office Box 10940

Rock Hill, South Carolina 29731

Direct Dial: 803-329-7620

Fax: 803-329-7678

www.hmandb.com

please note-- effective July 1, 2009, we are now Hamilton Martens & Ballou, LLC and my new e-mail address is tvann@hmandb.com. Please update your contact information accordingly.

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From: [Gayle Aycock](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: H3199 comment
Date: Monday, October 05, 2009 10:13:21 AM

Dear Senator Verdin, Senator Thomas, Senator Jackson, Senator Hutto and Senator Cleary:

I am writing to express my thoughts and to ask that you please exempt alcohol and substance abuse services (DAODAS) from being placed under the proposed Department of Behavioral Health Services (H3199). As a person in recovery, I understand first-hand the need for prevention and treatment services to be visible to the community and the families affected by alcohol and substance abuse. Those struggling with alcohol and substance abuse do not need to be placed in an agency where it must compete with and be identified with services for the chronically mentally ill. The majority of those affected by the negative consequences of alcohol and substance abuse are not mentally ill. Most are functioning in the community or will be able to function well within the community after treatment, while in recovery.

Alcoholism is a chronic disease, however with treatment and community support the potential for relapse is diminished. If anything, the State should spotlight the excellent job that the local community service providers do with such limited resources. For every dollar spent on alcohol and substance abuse services the taxpayers save in the costs of incarceration, crime, hospitalization, traffic accidents and other problem.

Alcohol and substance abuse problems impact our community, across all geographic, racial and economic strata. The prevention efforts of the local alcohol and substance abuse programs are another major reason for having DAODAS remain an independent agency. The targeting of local community coalitions, the work with local law enforcement through the Alcohol Enforcement Teams (AET) and the other programs such as the work with jail and Solicitors make the alcohol and drug system unique.

The majority of the local councils are private entities, designated by the County Council to serve their County. They bill insurance, they collect from clients and they operate as a business. They do not assume that the State will provide a safety-net if they don't run their business appropriately. The business model offered through DAODAS is a good one and should not be disrupted just for the sake of "reorganization." DAODAS holds these entities accountable, the Counties hold these entities accountable and their community holds them accountable. Their data collection and evaluation, their community driven planning efforts and their fiscal responsibility make the argument that this system should remain as it is now functioning and not be included in the Department of Behavioral Health Services as proposed in H3199.

Thank you for the opportunity to comment on this bill.

Gayle Aycok
517 Woodrow Street
Columbia, SC 29205

From: [Dan Ballou](#)
To: [Senate Medical Affairs Committee Mailbox](#)
Subject: H3199: Restructuring to place DAODAS under the Dep't of Behavioral Health
Date: Monday, October 05, 2009 10:21:53 AM

Dear Committee Members;

I am writing in opposition to House Bill 3199, proposing to consolidate the Department of Alcohol and Other Drug Abuse Services along with the Department of Mental Health under a single entity to be called the Department of Behavioral Services. While there may be some initial appeal to consolidating governmental services in general, this proposal threatens to do harm to those in our state least able to bear it, and will be a setback for persons struggling with substance abuse as well as chronic mental health problems.

The nature of services currently provided to these two communities of citizens will be compromised by this short sighted effort to achieve short term savings. While the DMH predominantly serves South Carolinians with long term, chronic mental health diseases, a small fraction of those persons also suffer from substance abuse or dependency. Placing these disparate communities under a single administrative budget will result in less services to both, and will compromise the ability of the countless local non-profit agencies to serve the thousands of families in our State struggling with alcohol and other substance abuse issues. The local agencies provide high quality services with a high return on the investment of public dollars, and are a model for efficient government in a critical area of social need.

Please reject this proposal, and focus on better, more effective ways of realizing long-term savings for the people of South Carolina.

Thank you.

Daniel J. Ballou
Hamilton Martens & Ballou, LLC
Post Office Box 10940 (29731)
130 East Main Street
Rock Hill, South Carolina 29730
Direct Dial: 803.329.7609
Fax:803.329.7678
dballou@hmandb.com
www.hmandb.com

Effective July 1, 2009, we are now Hamilton Martens & Ballou, LLC. Please update your contact information accordingly.

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From: mattocksh@atlanticbb.net
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: H. 3199
Date: Monday, October 05, 2009 10:41:32 AM
Attachments: [Impact of the Consolidation of Service System#4.doc](#)

Hello--

I wish to express my opposition to the the consolidation of the substance abuse treatment programs in South Carolina with the SC Department of Mental Health. In other surrounding states where this action has been taken, substance abuse services have suffered dramatically. Please review the attached analysis that I did last year about the effects of this consolidation. Conditions have even worsened in Georgia and North Carolina since this analysis was done.

Thank you.

Herb Mattocks

1332 South Boundary Avenue

Aiken, South Carolina

Impact of the Consolidation of Service Systems On the Provision of Alcohol and Drug Abuse Services A Comparison of Southeastern States

April 2008

**Prepared
By
Herb Mattocks**

- In Florida, Georgia, North Carolina and Alabama, alcohol and drug abuse services have been merged with other service systems, including mental health, special needs, social services and others. These actions have been taken in hopes of creating greater efficiency and effectiveness in service provision.
- In addition, the belief that the preponderance of persons who have substance abuse problems also present diagnosable mental health or developmental problems leads decision makers to the conclusion that the merging of systems will create better coordination of services. In fact, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that less than 15% of persons served nationally by both mental health and substance abuse systems have co-occurring disorders. These persons need to be served, but not at the cost of abandoning the primary group of substance abusers.
- Also, in surrounding states where these systems have been merged, two key consequences have been observed: First, the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are siphoned off to assist in paying for services that have much more vocal advocacy groups than substance abusers, such as mental health and special needs patients; Second, merging substance abuse services with these other systems, which are principally governed by physician oversight, superimposes these medical costs on alcohol and drug abuse services, where such oversight is not needed.
- **In our neighboring states, the effect of these mergers has been to significantly reduce the efficiency and effectiveness of alcohol and other drug abuse services (see table on reverse side):**
 - **Per 100K of population, fewer addicted persons are admitted to services in these states than in South Carolina (SC):**
 - **Georgia serves 25% fewer persons than in SC**
 - **Alabama serves 51% fewer persons than in SC**
 - **Florida serves 191% fewer persons than in SC**
 - **North Carolina serves 126% fewer persons than in SC**
 - **The cost of these services (per admission) is significantly higher in these states than in SC:**
 - **Georgia is 75% more expensive than in SC**
 - **Florida is 286% more expensive than in SC**
 - **North Carolina is 213% more expensive than in SC**
 - **Alabama is 27% more expensive than in SC**

CONCLUSION:

Decisions regarding how publicly-funded health, human and social services are structured and funded rest with the Legislature of the State of South Carolina. However, as the data above indicate, the merger of alcohol and other drug abuse services with other service systems leads to thousands of substance abusers being denied access to help and to the cost of available services being increased to intolerable levels.

Supporting Data

State	Structure	Population (2000)	AOD Treatment Admissions FY2005 (3)	AOD Average Treatment Admissions Per 100K of Pop	Variance From SC Level	Total Funds (Fed/State Only)*+	Cost Per AOD Admission	Variance From SC Level
	(1)	(2)				(3)		
South Carolina	AOD Stand-Alone AOD-MH-Special Needs	4,012,012	27,407	683	N/A	\$33,504,589	\$1,222	N/A
Florida	AOD-MH-Special Needs	15,982,378	37,498	235	-191%	\$177,150,460	\$4,724	286%
Georgia	AOD-MH-Special Needs	8,186,453	44,890	548	-25%	\$96,249,490	\$2,144	75%
North Carolina	AOD-MH-Special Needs	8,049,313	24,305	302	-126%	\$93,146,862	\$3,832	213%
Alabama	AOD-MH-Special Needs	4,447,100	20,081	452	-51%	\$31,154,502	\$1,551	27%

SOURCES:

(1) South Carolina Department of Alcohol and Other Drug Abuse Services

(2) US Census Bureau-2000

(3) SAMHSA---www.samhsa.gov/statesummaries/index.aspx and www.dasis.samhsa.gov/webt

* Medicaid funds are excluded from comparison, due to the fact that only two of the states report these funds.

+The data are the latest available from each state and reflect that reported in the FY2006 SAPT Block Grant applications.

From: [Kristin Dawsey](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: [brooke0228@hotmail.com;](mailto:brooke0228@hotmail.com)
Subject: Senate bills s.384, H.3199, and H.3314
Date: Monday, October 05, 2009 1:51:49 PM

I am writing in regards to senate bills s.384, H.3199, and H.3314 involving the restructuring of DHEC as well as the county disabilities boards. I have a dear friend who is a mother of a child with special needs. She and her family work daily to help Olivia reach her full potential. One of our biggest fears is that the 'system will fail' Olivia. They actively participate in her therapies and work with her on their own to reiterate what each of the therapists do with her. Currently, the children in this population have their services coordinated through the early intervention department of the local disabilities board. According to the information I have received, the aforementioned bill along with H.3199 and H.3314 would involve integrating the special needs boards into a department which would also include behavioral health and mental health and would also place this newly formed department under the control of the governor via the department's named commissioner. This brings about concern 1) because each of these areas of health is broad enough in scope individually that placing them together would likely result in each of them not getting the required attention/funding that it needs, and 2) because more control by the governor will likely lead to instability and/or inconsistency. By this I mean, each time a new governor is elected, the funding for this department will most likely change depending on his/her opinion on the importance of this board. Even our current governor has just signed a bill to replace Babynet with Firststeps. This alone is an example of how the governor would have too much control. My friend's daughter receives services from Babynet, and they were not told about this until after it had already happened.

There are currently 700,000 people with disabilities in South Carolina, but very few advocates for their well-being. Even this year, the only daycare in the Low Country capable of taking care of children with disabilities was closed due to all of the recent 'budget cuts'. Please do not take even more away from our children.

Please take these thoughts into consideration when reviewing these bills, but most of all, please listen to the families. Thank you for your time and attention in this matter.

Sincerely,
Kristin Dawsey

From: [Margie Lane](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: Emailing: scan0001
Date: Monday, October 05, 2009 2:42:31 PM
Attachments: [scan0001.pdf](#)

The message is ready to be sent with the following file or link attachments:

scan0001

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



CLARENDON COUNTY SHERIFF'S OFFICE

P.O. Box 1289 - 217 Commerce Street
Manning, South Carolina 29102

RANDY GARRETT, Sheriff

Office: (803) 435-4411

Fax: (803) 435-0106

October 2, 2009

Senate Medical Affairs Subcommittee:

I have worked in law enforcement for the past thirty plus years and have had the privilege of working with the Alcohol and Drug commission in Clarendon County both as the Chief of Police of Manning and now as the Sheriff of Clarendon County. Clarendon Behavioral Health Services has always supported law enforcement efforts in working closely with us on grants and are now partnering with them on our Alcohol Enforcement Teams. It is an efficient and a well run organization and I believe it would be of no benefit to restructure under H 3199. The office has a local board and I believe that makes them more accountable to the citizens of Clarendon County. Because they are locally run, they are able to make more efficient decisions and funding for our programs are not delayed through a bureaucratic process. I ask that you vote to oppose the restructuring of state alcohol and drug abuse services under H. 3199.

Sincerely,

A handwritten signature in black ink that reads "Randy Garrett, Jr." with a stylized flourish at the end.

Randy Garrett, Jr.
Sheriff, Clarendon County

From: [Allan Stalvey](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: SCHA Comments on Restructuring Bills
Date: Monday, October 05, 2009 3:06:32 PM
Attachments: [Verdin subcommittee.doc](#)
[bhdhec1009.doc](#)

Please find attached letters reflecting SCHA's comments on legislation regarding restructuring DHEC as well as behavioral health services. Thank you for the opportunity to provide this input.



ALLAN E. STALVEY | *Senior Vice President*



O 803.744.3522 | C 803.351.5119 | astalvey@scha.org
1000 Center Point Road | Columbia, SC 29210 | www.scha.org

October 5, 2009

Senator Danny Verdin, Subcommittee Chairman
Senate Medical Affairs
308 Gressette Building
Columbia, SC 29201

Dear Senator Verdin,

South Carolina's behavioral health system is in crisis. State budget cuts have led to reductions in the number of psychiatric beds in state-run mental health facilities. Community-based services are inadequate. Consumers who need care do not easily fit into categories such as "mentally ill" or "addicted"—many suffer both maladies and have many other needs, but under the current system must seek care from separate state agencies for mental illness, addiction, and disability. Advocates have long argued that our health care system, where clients can and often do have multiple case workers, needs to be better organized around clients' needs. Because of our fractured health care system, too many of our state's citizens must undergo multiple interviews, redundant services, and an overall disjointed system of providing them with their needed services. As a result, people with behavioral health issues often present themselves at hospital emergency rooms ill prepared to handle their special needs. Many individuals are held in jail cells. Many go without proper care.

SCHA supported legislation (H.4928) introduced three years ago that we believe held much greater promise than the two separate bills (H. 3199 and H. 3314) currently before this subcommittee. H. 4928 would have created a new Cabinet level Department of Behavioral Health Services by consolidating three separate agencies and relevant services currently provided by three additional agencies. Key features of this redesigned system included:

1. Uniform criteria for both public and private providers to insure minimum levels of competency and to encourage greater participation of private providers
2. A more comprehensive range of services coordinated to better meet needs of all South Carolinians
3. Streamlined case management for cost savings that can be reinvested in service delivery
4. Greater accountability in cases of abuse or neglect of patients
5. Most importantly, fewer people falling between the cracks and receiving no care.

SCHA urges you to take a broader view of the pressing problems facing both public and private providers of services to some of our state's most disadvantaged citizens and consider expanding the scope, and potential for success, of the separate bills currently before this subcommittee.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kirby". The signature is fluid and cursive, with a large loop at the end.

J. Thornton Kirby
President & CEO
South Carolina Hospital Association

From: [Beulah Roberts](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: FW: Restructing of state substance abuse services under h.3199
Date: Monday, October 05, 2009 4:02:11 PM

From: Beulah Roberts [mailto:clerkofcourt@clarendoncountygov.org]
Sent: Monday, October 05, 2009 3:54 PM
To: 'smedicomm@scsneate.gov'
Subject: Restructing of state substance abuse services under h.3199

Dear Subcommittee Members:

As a broad member of Clarendon Behavioral Health Services, I was shocked to hear that efforts were being made to place DAODAS under a new state agency along with Mental Health.

As a broad member for over twenty (20) years I have seen what Behavioral Health Services has done for this community. The lives it has touched, and the wonderful job it is doing to keep our community safe and to help those with abuse problems. To place this agency under a large umbrella of other agencies will only lessen the service this organization can provide the community.

At present, the large majority of these agencies are not for profit agencies who employ over 1,500 people statewide. Adding them to a state agency would increase the number of state employees, which the state seems not to be able to afford at this time and in this economic, as well as creating another agency the state would have to monitor. Wouldn't this create more bureaucracy and less service to the people that need it the most.

Often times we think that we are fixing something, when we are only breaking it. Please think long and hard about what impact this would have on the citizens of South Carolina if this new agency is created. Why tamper with an agency that is doing its job well and have the statistics to prove it.

Respectfully yours,

Beulah G. Roberts
Clerk of Court

Clarendon County

From: [TINA HARTIG](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
Subject: s.384, H.3199 and H3314
Date: Monday, October 05, 2009 4:26:16 PM

Please seriously consider the possible detrimental effects that the passage of the above bills could have on the disabled population of our state. I don't understand why a department should be created that would lump Mental and Behavioral Health Services with those of Individuals with Special Needs. Those are totally different populations with totally different needs. Christine Hartig

From: [Leland Nelson](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: H. 3199
Date: Monday, October 05, 2009 5:17:52 PM
Attachments: [Letter.H 3199.doc](#)

Dear Senator Verdin:

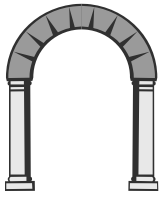
I respectfully request that you exempt substance abuse services delivered through the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) from being placed under the Department of Behavioral Health. The legislation is being proposed under H. 3199. I have attached a letter outlining some of the reasons for my request.

Leland Nelson
Executive Director
GateWay Counseling Center
219 Human Services Road
Clinton, SC 293245

864.923.5706 Cell
864.833.6526 Office

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GateWay Counseling Center

219 Human Services Road • Clinton, SC 29325
864.833.6500 (telephone) • 864.833.6905 (fax)

October 5, 2009

The Honorable Daniel B. Verdin, III
404 Gressette Building
Columbia, South Carolina 29201

Dear Senator Verdin:

I respectfully request that you exempt substance abuse services delivered through the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) from being placed under the Department of Behavioral Health. The legislation is being proposed in H. 3199.

South Carolina's current alcohol and drug (AOD) abuse system, which includes Laurens County, has been a leader and role model nationally for many years in the delivery of AOD services. Each county agency in the state is accredited by CARF, the leading accrediting body in the United States for health care services. Our agency, GateWay Counseling Center, just completed its 5th accreditation survey and was awarded a three-year accreditation. That is the highest award CARF gives. When CARF returns in 2012 we will have been accredited nationally for 15 consecutive years.

My greatest concern is that the proposed legislation could result in a major portion of our funding, the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, to eventually end up being used to assist the state in filling budgetary holes to pay for mental health and needs other than substance abuse. This has happened in states such as GA, NC and FL. Treatment services provided in our state (and county) saves tax payers \$7.42 for every \$1.00 spent on services. It is vitally important that those funds be protected for our citizens.

Any consideration you could give my request would be greatly appreciated.

Please contact me at your convenience with any questions or concerns you may have.

Yours truly,

Leland J. Nelson
Executive Director

From: [Harold Allan](#)
To: [Senate Medical Affairs Committee Mailbox;](#)
cc: ["Ashley Hunter Ahunter"@capconsc.com;](#)
Subject: Exempt substance abuse services from Behavioral Health
Date: Monday, October 05, 2009 6:17:50 PM

Dear Committee Members,

Being a member of the services of the current system we have in place of which is one of the best in the country,if not the best. I ask you to support our cause to exempt us from the proposed legislation.

As we operate today we are much more efficient than we would be under the Behavioral Health System.I know you are aware of all the figures so I will not take up your time with those.

As a recovering person of 25+ years,now chairmen of the Clarendon Behavioral Health Services board we ask you to support us in voting to exempt us from Behavioral Health.

I want to Thank you for your support.

Sincerely
Harold W Allan

From: [James Lightsey](#)
To: [Senate Medical Affairs Committee Mailbox](#);
Subject: "H3199: Oppose Placing Substance Abuse Services Under the Department of Behavioral Health"
Date: Monday, October 05, 2009 6:50:55 PM

To whom it may concern:

This correspondence is in regard to restructuring of state substance abuse services. As a member of the Board of Directors of Keystone Substance Abuse Services in York County, I am asking that you vote to oppose the restructuring of state substance abuse services under H. 3199.

There are numerous reasons for opposing this reconstruction plan that is under consideration. The number of state employees will increase by placing DAODAS under this new agency thus adding to the administrative costs to the state. The state office's ability to be efficient with low overhead is just one area in which South Carolina's current alcohol and drug abuse system has been recognized nationally. The current substance abuse services helps South Carolina taxpayers save the on the costs of incarceration, drug-related crime, hospitalizations and other societal problems. With each \$1.00 invested in the current services, there is a savings of \$7.46 to the taxpayers of the state. Now, just how many taxpayers do you know that want to turn away savings like that in times like these? Neighboring states have tried similar restructuring of merging with other healthcare agencies, only to find substance abuse prevention and treatment funds channeled to fill gaps in funds for other mental health and special needs patients. Let's not let that happen to our services!

South Carolina's current alcohol and drug abuse system serves as a national role model in many areas and should continue to do so, but it will not be able to with the restructuring now under consideration. Please vote to oppose the restructuring of state substance abuse services under H. 3199.

Sincerely,

Cynthia Lightsey
Fort Mill, SC

From: [John and Tiina Coffin](#)
To: [Senate Medical Affairs Committee Mailbox:](#)
Subject: H3199
Date: Monday, October 05, 2009 7:23:44 PM

Dear Senators,

I am a resident of Myrtle Beach and am also the Director of Shoreline Behavioral Health Services, formerly known as the Horry County Commission on Alcohol and Drug Abuse. I moved here from Maine in 2007 and have spent over 20 years there in behavioral health services, much of it running comprehensive psychiatric and chemical dependency evaluation services in an urban hospital emergency room.

Maine went through a similar restructuring effort several years ago that resulted in placing the Department of Mental Health as a division of the Department of Social Services. At the time, the state looked at the restructuring experiences of Georgia and Florida and elected to carve the Office of Substance Abuse out of the merger and retain it as a separate cabinet agency. It was done this way because in states where substance abuse services have been merged with mental health, the federal and state dollars earmarked specifically for the treatment and prevention of substance abuse and dependency have been submerged in the huge funding needs relating to deinstitutionalization of those with serious mental illness.

Unlike those with severe mental illness, those with severe and life threatening problems with chemical dependency usually do not have insurance, are not eligible for disability and are not covered by Medicaid. Please protect the limited funds directed specifically to treat abuse and dependency for those most in need. It has been shown that investments in substance abuse treatment pay off for society in terms of increased productivity, lowered crime rates and lowered risk of injury and fatality from substance impaired driving. The 301 system here in South Carolina is also considered a national role model for efficient, evidence based and data driven services; its emphasis on decentralized decision making at the local level to respond to local priorities makes the system uniquely responsive to addressing problems that are unique to each of the South Carolina counties.

I respectfully urge

*you to exempt the
Department of
Alcohol and Other
Drugs from any
behavioral health
restructuring plan.*

Sincerely,

John Coffin
911 Old Bridge Road
Myrtle Beach SC 29572

From: [Charles Bell](#)
To: [Senate Medical Affairs Committee Mailbox; ahunter@capconsc.com; rdavis@capconsc.com; charlessambell@hotmail.com;](#)
Subject: Request to exempt Substance Abuse Services
Date: Monday, October 05, 2009 8:12:56 PM

Dear Senator Ray Cleary,

I respectfully ask you to exempt substance abuse services from being placed under the proposed Department of Behavioral Health. The rationale for my request relates to experiences that other state representatives have had when similar changes occurred in their states. Substance abuse services would suffer under a Department of Behavioral Health. If you are seeking examples where substance abuse services were exempted, and it was to the benefit of the state, Maine is a good example. The state of South Carolina's Substance Abuse Leadership (DAODAS, BHSA, and Executive Directors of county agencies are a cut above the rest and have been making great strides. SAMHSA, NIATX, COSIG and STAR-SI are methodologies that have helped South Carolina to become a national model for substance abuse services.

If I can assist in this area of importance, please do not hesitate to contact me at (843) 318-6221.

My name is Charles Bell and I am a constituent of yours.

Sincerely,

Charles S. Bell

H. 3199 will be discussed in the Senate Medical Affairs subcommittee on Wednesday, October 14th at 9:30 AM. Please contact your subcommittee member (if they are on the list below) and ask them to exempt substance abuse services from being placed under the proposed Department of Behavioral Health.

How You Can Help:

PHONE CALLS: Please call YOUR subcommittee members at their local numbers. Please make at least two attempts to call them. And be sure you don't call them on Sundays. If you do not reach them, be sure to leave several things in your message: 1) your name 2) that you are a constituent of theirs 3) that you want them to exempt substance abuse services from being placed under the proposed Department of Behavioral Health, 4) why you want them to exempt substance abuse services from being placed under the proposed Department of Behavioral Health (see attached talking points) and 5) how they can get back in touch with you if they have any questions. **If you get a negative response or you have any questions, please call or email Ashley Hunter or Richard Davis at 803-252-1087 or Ahunter@capconsc.com or RDavis@capconsc.com.**

LETTERS: In addition to calling your subcommittee member, please follow up by sending them a letter to their local offices asking them to exempt substance abuse services from being placed under the proposed Department of Behavioral Health. These letters should be on personal letterhead; and while we all want to be speaking from the same set of talking points, your letter should

never resemble a "form letter." Please use the talking points attached and pick one or two points that are most important to you. Tell your subcommittee member how this bill will have a negative impact on you, your business and the residents in your community.

Be sure to address your subcommittee member with "Dear Senator _____," on your salutation line.

WEBSITE SUBMISSION: The subcommittee members are asking for written comments to be delivered electronically to **SMEDICOMM@SCSENATE.GOV**. These comments should specifically address the concerns you have with placing substance abuse services under the proposed Department of Behavioral Health and should be submitted no later than **October 5, 2009**. Please send a copy of your submission to **Ashley Hunter or Richard Davis at Ahunter@capconsc.com or Rdavis@capconsc.com**.

Subcommittee Member Contact Information

Chairman Danny Verdin

Laurens County

Greenville County

864-984-4120

PO Box 272

Laurens, SC 29360

Senator David Thomas

Greenville County

864-271-6371

23 Wade Hampton Blvd.

Greenville, SC 29609

Senator Darrell Jackson

Richland County

803-771-0325
608 Motley Road
Hopkins, SC 29061

Senator Brad Hutto

Orangeburg County
803-534-5218
PO Box 1084
Orangeburg, SC 29116

Senator Ray Cleary

Georgetown County
Charleston County
Horry County
843-650-5100
3577 Marion Lane
Murrells Inlet, SC 29576

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South Carolina Association of Children's Homes and Family Services

Paula M. Fendley
Chief Executive Officer

September 15, 2009

The Honorable Harvey S. Peeler, Jr.
P.O. Box 742
Gaffney, South Carolina 29342

Re: House Bill 3199

Dear Chairman Peeler:

I learned today that there will be a subcommittee meeting on September 23, 2009 to discuss several bills, including House Bill 3199, the behavioral health services legislation.

The Association is a non-profit 501(c)(3) corporation. It is a membership organization composed of private providers of services to *children in out-of-home care and their families*. The Duke Endowment is also a member. The mission of SCACHFS is to serve as a united force to improve the conditions for children and families in South Carolina and to assist member agencies in the accomplishment of their missions. SCACHFS members include group homes, therapeutic foster care agencies, psychiatric treatment facilities and emergency shelters. Services are provided to children who experienced abuse or neglect, those who are medically fragile or have other physical or mental disabilities, and those who are emotionally disturbed or delinquent.

The Association and its Board of Directors are opposed to this bill as written. Specifically, we do not agree that the Continuum of Care for Emotionally Disturbed Children should be included when you contemplate the creation of a new behavioral health agency. The Continuum of Care serves multiple state entities for the purposes of care coordination. As such, it should be a neutral care coordination entity to serve as an advocate for services for children and families of severely emotionally disturbed children.

The Association has been working for almost eighteen months with our state partners to make some improvements in the foster care system. We still have more work to do in this regard. In a new behavioral health agency, we do not believe that the placement of the Continuum of Care makes sense for the foster care system.

Thank you for the opportunity to provide our concerns about the bill.

Kindest Personal Regards,

Paula M. Fendley, M. Ed., LMSW
Chief Executive Officer

Cc: Billy Boan
Merideth Strawhorn

**PROTECTION AND
ADVOCACY FOR
PEOPLE WITH
DISABILITIES, INC.**

The Protection & Advocacy System for South Carolina

October 2, 2009

Hon. Danny Verdin
404 Gressette Building
Columbia, SC 29201

EMAIL AND UNITED STATES MAIL

Re: H. 3199, H. 3314

Dear Senator Verdin and Subcommittee Members:

As the entity designated by state and federal laws to advocate for the legal and human rights of people with disabilities in South Carolina, Protection and Advocacy for People with Disabilities, Inc. (P&A) supports the need for accountability, efficiency, and transparency in the delivery of services to people with disabilities addressed in H. 3199 and H. 3314.

South Carolinians with Disabilities Need Better Service Delivery

South Carolinians with disabilities now face a confusing, inefficient "system" of service delivery. Consider individuals such as these:

- A person with substance abuse and mental illness;
- A person with a head injury and substance abuse;
- A person with a developmental disability and mental illness;
- A person with a developmental disability and substance abuse.

These individuals now would receive services from at least two different agencies, each with its own management structure, eligibility criteria, and local service providers. The problems are even greater for children, whose treatment needs must be integrated with their education.

The difficulty individuals experience is exacerbated by the fragmentation at the local level, where there is a patchwork of disabilities and special needs boards, mental health centers, and substance abuse treatment centers. These multiple layers of administration increase costs and are a particular burden to the many low income individuals who have limited access to transportation.

CENTRAL OFFICE
SUITE 208
3710 LANDMARK DRIVE
COLUMBIA, SC 29204
(803) 782-0639
(Voice and TTY)
FAX (803) 790-1946

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CHARLESTON, SC 29407
(843) 763-8571
1-800-743-2553
(Voice and TTY)
FAX (843) 571-0880

H. 3199, creating the Department of Behavioral Health Services, is an important step towards truly integrated services, despite the omission of DDSN. P&A urges the Committee to include DDSN as part of a meaningful reform of delivery of services to people with disabilities. H. 3414 would improve DDSN's accountability, but it is a partial measure that does not address the fact the many recipients of DDSN services need services from more than one agency.

P&A suggests that H. 3199 not require that specific divisions be established within the new department. Department management should be free to align resources in the most effective manner. Requiring specific divisions is only likely to continue existing practice. P&A also suggests that the proposed advisory committee specifically address co-locating services when feasible.

P&A strongly supports proposed Section 44-8-40. The Administrative Procedures Act (APA) contemplates that the public will have participation in the development of agency rules and that those rules will be readily available. Even if no other part of the bill passes, an amendment requiring DDSN, DMH and DAODAS to comply with this section would be a significant improvement in accountability.

Accountability for DDSN

Although P&A supports consolidation of DDSN with DMH and DAODAS, even H. 3414 would bring more accountability to DDSN. While the Governor appoints the DDSN Commission members, the Commission members alone choose the Director. The Commission system places responsibility for an agency with a budget of hundreds of millions of dollars on unelected Commission members. The Governor cannot replace the Director if dissatisfied with his or her performance. Instead, the Governor's only option is to terminate Commission members and appoint new ones until a satisfactory Director is hired, obviously causing significant delays. Public involvement would be protected by retaining citizens in an advisory role and, as discussed below, complying with the Administrative Procedures Act.

For the last several years, DDSN and its contractor agencies have received unfavorable audits. A 2008 Legislative Audit Council report was highly critical of virtually every aspect of the Department's operations. In 2006 a South Carolina Department of Health and Human Services (HHS) audit found that DDSN must repay the federal share of Medicaid \$422,077 for services that could not be properly documented. A 2003 HHS audit of the Babcock Center, Inc., a major contractor of DDSN's, required repayment to consumers of \$88,745.63 of embezzlement from clients. This audit also made numerous findings of violations, including failure to report abuse, neglect and exploitation.

At a minimum, H. 3414 should be amended to include the language from proposed Code Section 44-8-40 to require that DDSN promulgate regulations. P&A is a plaintiff in a

Hon. Danny Verdin

October 2, 2009

Page 3

lawsuit against DDSN seeking compliance with the APA. P&A and its clients have long believed that DDSN's failure to have publicly and legislatively reviewed regulations for,

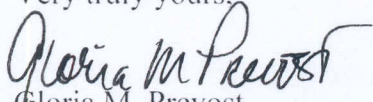
among other items, eligibility, standards for licensing and operation of community facilities, and hearings and appeals, violates state law and sound public policy. While DDSN now posts its directives and standards on its website, they are not developed through the public and due process requirements in the APA, nor is there any legislative oversight.

DDSN's lack of regulations has become especially pressing as DDSN has transferred inspections of community facilities to DHEC. DHEC has regulations for operation of facilities it licenses, but it is inspecting DDSN-licensed facilities whose operations are governed only by DDSN "Standards" developed without formal public participation and subject to change at any time. There is no logical reason why residents of facilities operated by DDSN or its contractors, including local DSN Boards, should have less protection than residents of Community Residential Care Facilities.

P&A also strongly recommends amending S.C. Code § 44-7-2910(A)(1), extending criminal records checks to staff of DDSN day programs. Many recipients of DDSN services spend much of their time in day programs, where there is as much risk of abuse as in DDSN funded facilities.

Based upon years of experience with the "system," P&A strongly supports 1) creation of a department of behavioral health services that includes DMH, DDSN, DAODAS, and the Continuum of Care and 2) at a minimum, making DDSN a cabinet agency and requiring comprehensive compliance with the APA. Please contact me at 803.217.6713 or prevost@pandasc.org if I may provide you with any additional information. P&A appreciates your support for South Carolinians with disabilities.

Very truly yours,



Gloria M. Prevost
Executive Director