

***SOUTH CAROLINA DEPARTMENT OF  
ALCOHOL AND OTHER DRUG ABUSE SERVICES  
(DAODAS)***

***Budget Request  
Fiscal Year 2013-2014***

***Healthcare Budget Subcommittee  
House Ways and Means Committee***

***January 29, 2013***

## Table of Contents

### **TAB 1**

Transmittal Letter.....	2
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### **TAB 2**

Departmental Overview .....	3
<i>Mission and Values</i> .....	3
<i>Main Products and Services</i> .....	3
<i>Organizational Chart</i> .....	4
<i>Key Agency Officials</i> .....	4

### **TAB 3**

Key Strategic Goals .....	5
Key Strategic Challenges .....	5

### **TAB 4**

Outcome Highlights .....	7
<i>Treatment and Prevention Outcomes / Quality of Life / Economic Development</i> .....	7
<i>Efficiency and Effectiveness Measures</i> .....	8
<i>Substance Abuse Treatment and Retention</i> .....	9
<i>Prevention Outcomes</i> .....	9

### **TAB 5**

Program Focus .....	11
---------------------	----

### **TAB 6**

Direction for Fiscal Year 2014 .....	13
--------------------------------------	----

### **TAB 7**

Budget Request 2013-2014.....	14
Other Fund Authorization Increase.....	15
Gambling Services .....	16
<i>Mandates</i> .....	16
<i>Funding History</i> .....	16
<i>Services Provided</i> .....	16
<i>Outcomes</i> .....	16
Total Budgeted Revenue Sources for FY13 .....	17
Total Budgeted <i>Federal</i> Revenue Sources for FY13 .....	18
Total Budgeted <i>Other</i> Revenue Sources for FY13 .....	19
Total Budgeted Revenue Sources for FY14 .....	20
Total Budgeted <i>Federal</i> Revenue Sources for FY14.....	21
Total Budgeted <i>Other</i> Revenue Sources for FY14.....	22

### **TAB 8**

Proviso 37.1 .....	23
Proviso 37.2 .....	24
Proviso 37.3 .....	25
Proviso 37.4 .....	26
Proviso 37.5 .....	27



## South Carolina Department of Alcohol and Other Drug Abuse Services

NIKKI R. HALEY  
Governor

BOB TOOMEY  
Director

January 29, 2013

The Honorable G. Murrell Smith Jr., Chairman  
The Honorable Harry L. Ott Jr.  
The Honorable Tracy R. Edge  
The Honorable William G. "Bill" Herbkersman

Healthcare Budget Subcommittee  
Ways and Means Committee  
South Carolina House of Representatives  
Columbia, South Carolina 29211

Dear Representatives:

The Department of Alcohol and Other Drug Abuse Services (DAODAS) respectfully submits the following fiscal year 2013-2014 budget plan for your consideration.

For the upcoming fiscal year, DAODAS is requesting no increase in recurring General Funds.

As outlined in Governor Haley's Executive Budget, DAODAS is requesting an increase in the agency's "Other Funds" authorization of \$3,000,000 and a \$50,000 allocation from the unclaimed prize fund of the Lottery Expenditure Account for gambling addiction, as required by State statute.

Thank you for your consideration of these items. If you have any questions concerning this request, please do not hesitate to call on me.

Sincerely,

Robert C. Toomey  
Director

RCT/jmm

**DAODAS**

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# **South Carolina Department of Alcohol and Other Drug Abuse Services**

## **Departmental Overview**

### **Mission and Values**

The DAODAS mission statement focuses on achieving positive health outcomes and increasing the quality of life of South Carolinians:

*“To ensure the availability and quality of substance abuse prevention, treatment, and recovery services in South Carolina, thereby improving the health status and quality of life of individuals, families, and communities.”*

At the heart of this statement are the agency’s core values of respect, integrity, and dedication. DAODAS adheres to guiding principles that outline how the agency and its employees conduct business. Among others, these principles include:

- the belief that addiction is a primary and chronic disease that is preventable and treatable;
- the understanding that the individual client is the priority;
- DAODAS’ commitment to providing statewide leadership on all substance use and addiction issues;
- DAODAS’ willingness to work collaboratively with both public and private providers of substance abuse services, as well as universal healthcare providers; and
- DAODAS’ commitment to collaborate more effectively to achieve positive health outcomes for South Carolinians who may be involved in multiple healthcare systems.

### **Main Products and Services**

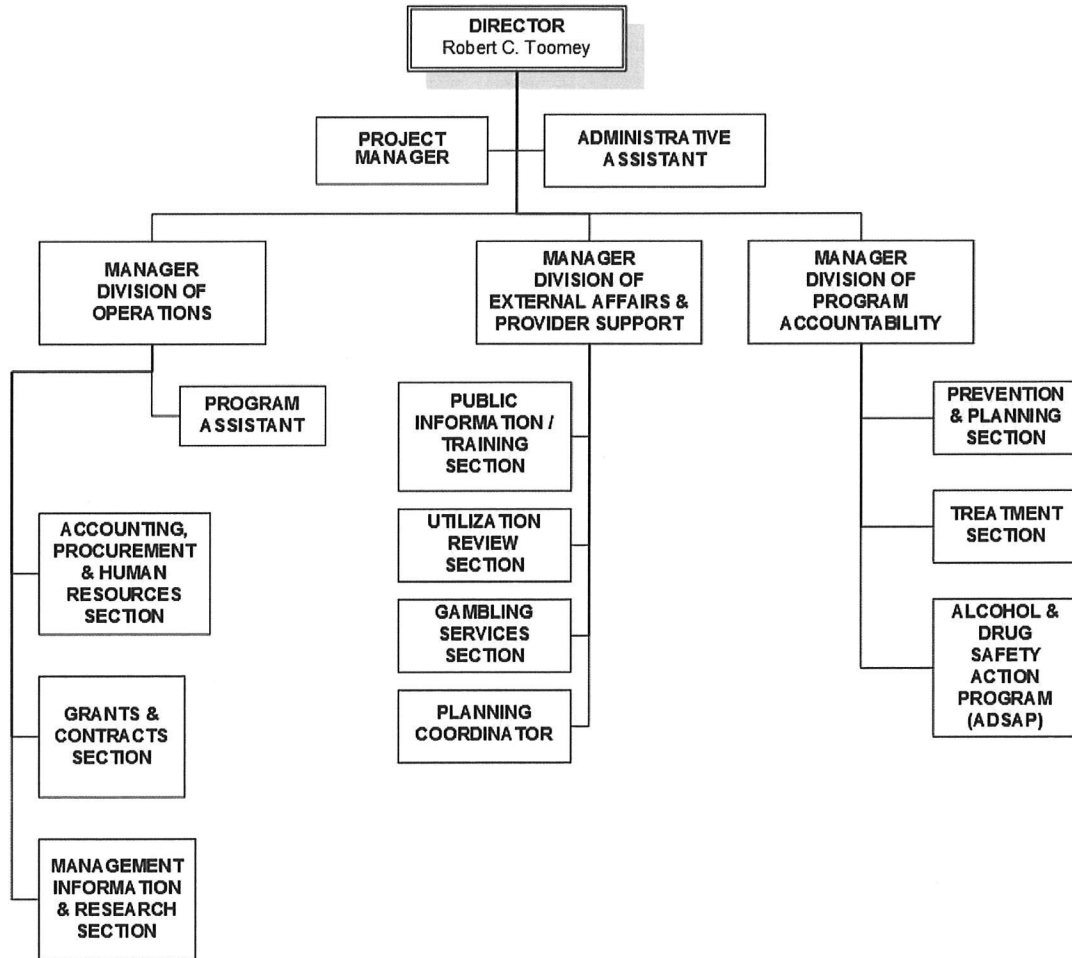
Three major products are offered by the department and are delivered by contracting with 33 certified substance abuse providers and a range of state agencies and community partners:

- *Prevention services* are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of alcohol-, tobacco- and other drug-related problems. Services are implemented in communities and schools throughout South Carolina, and are delivered by a local network of state-licensed and nationally accredited providers.
- *Intervention services* work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco and other drugs. The Alcohol and Drug Safety Action Program (ADSAP), the state’s DUI offender initiative, is the most recognizable intervention program and is delivered by a local network of state-licensed and nationally accredited providers.
- *Treatment services* are designed to improve the lives of individuals and families affected by substance abuse through the provision of individualized care to reduce the health and human service costs, as well as the economic cost, to our communities and state. Specific substance abuse services range from outpatient treatment, which is available in every



county, to specialized treatment services, such as detoxification, adolescent inpatient treatment, and/or other residential services. Specialized services are available on a county, regional, and/or statewide basis, and are delivered by a local network of state-licensed and nationally accredited providers. These include specialized services for women and children that are provided through four long-term residential treatment programs and one long-term transitional housing program; services to adolescents; and services to incarcerated and paroled individuals. *(Note: This list is not inclusive of all the innovative programs offered.)*

### **Organizational Chart**



*(Source: DAODAS Division of External Affairs and Provider Support)*

### **Key Agency Officials**

- Bob Toomey – Director
- Lee Dutton – Manager, Division of External Affairs and Provider Support  
Legislative Liaison
- Lillian Roberson – Manager, Division of Operations  
Budget Director
- George Crosland – Manager, Division of Program Accountability

## **South Carolina Department of Alcohol and Other Drug Abuse Services**

### **Key Strategic Goals**

The overall strategic goal for DAODAS states that:

*“Clients in treatment will achieve sustainable recovery; and client attitudes and behaviors will change, leading them to refrain from use, refrain from abuse, and reduce harm.”*

DAODAS will achieve the following strategic goals:

- 1) improve the effectiveness of treatment and intervention programs;
- 2) improve the effectiveness of prevention programs;
- 3) improve the efficiency of the service-delivery system;
- 4) ensure that all clients and the citizenry are stimulated and engaged;
- 5) collaborate more effectively with service providers and stakeholders; and
- 6) make available the necessary resources to improve the agency’s capacity to provide efficient and effective services.

### **Key Strategic Challenges**

#### **#1 Reducing Administrative Costs and Duplication of Services**

##### *Related Goals of DAODAS Strategic Plan*

- To consistently make available the necessary resources to improve the department’s capacity to provide efficient and effective services.
  1. Implement system integration with primary healthcare and behavioral healthcare systems.
  2. Increase electronic recordkeeping and information technology capabilities.
  3. Identify and address internal process-improvement actions to achieve better response times. Focus on complying with federal block grant application requirements and strategic initiatives.
- To improve the efficiency of the service-delivery system.
  1. Focus on Recovery-Oriented Systems of Care.
  2. Expand Peer Support Services.
- To collaborate more effectively with service providers and stakeholders.
  1. Focus on capability for treating clients with co-occurring disorders.
  2. Focus on increasing access to services for veterans and their families.
  3. Focus on increased services for pregnant women and children by implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs with Medicaid populations and across the physician community.
  4. Work with the Department of Social Services to identify clients in need of substance abuse services and ensure seamless referrals.
  5. Increase service capacity for populations with high rates of readmission.

- To ensure that all clients and the citizenry-at-large are stimulated and engaged.
  1. Focus on families.
  2. Work closely with advocacy groups to better identify recovery needs.
- Ensure consistent funding and fiscal and programmatic accountability.

## #2 Increasing Evidence-Based Prevention Programming

### *Related Goal of DAODAS Strategic Plan*

- To improve the effectiveness of prevention programs.
  1. Capitalize on success in current prevention efforts and expand program efforts to address underage drinking and reduce car crashes that involve underage drinking.
  2. Develop and implement a plan to reduce Fetal Alcohol Syndrome and increase healthy birth outcomes.

## #3 Increasing Evidence-Based Treatment Programming

### *Related Goal of DAODAS Strategic Plan*

- To improve the effectiveness of treatment and intervention programs.
  1. Work with the Clinical Trials Network at the Medical University of South Carolina to further integrate research-based “best practices” into treatment protocols.
  2. Continue focusing on systems change to increase access to services for adolescents, adults, and families seeking health and human services.

## #4 Focusing on Statewide Infrastructure Needs

### *Related Goal of DAODAS Strategic Plan*

- To improve the efficiency of the service-delivery system.
  1. Implement business protocols across the local provider system to access public and private insurance products.
  2. Increase service capacity.

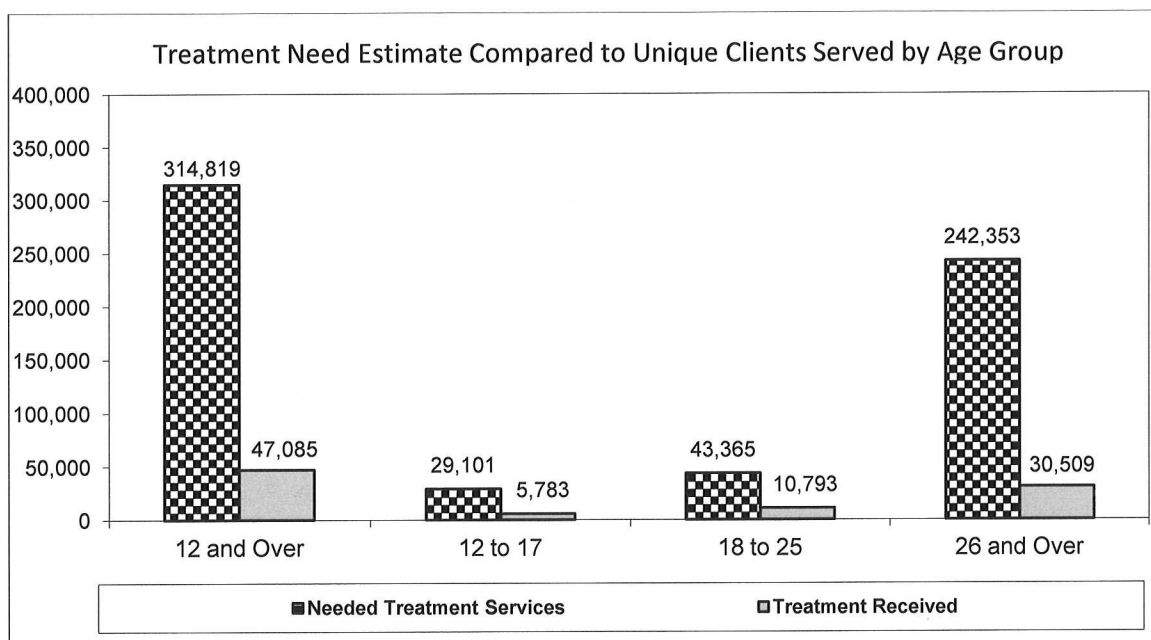
## #5 Performance Data Decision-Making

### *Related Goal of DAODAS Strategic Plan*

- To provide the necessary resources to improve the agency’s capacity to provide efficient and effective services.
  1. Develop and implement incentive contract processes based on service benchmarks.
  2. Reduce organizational risk by implementing alternative data management systems.

## South Carolina Department of Alcohol and Other Drug Abuse Services Outcome Highlights

DAODAS estimates that approximately 362,000 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment; that is one in 10 South Carolinians. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network), as well as other public and private contractors. During fiscal year 2012 (FY12), DAODAS and its provider network met this need for 48,077 South Carolinians.



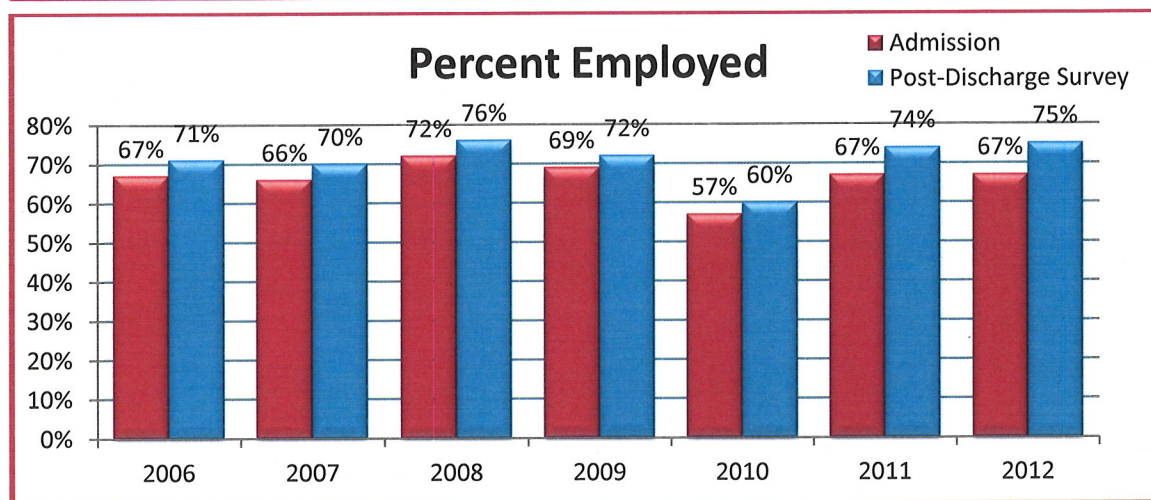
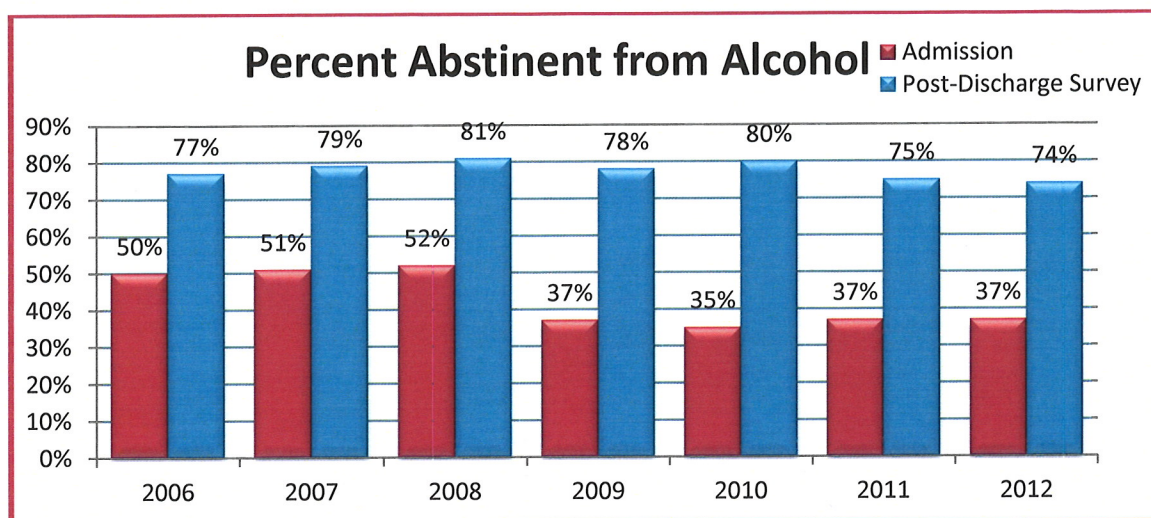
*Chart 1. (Source: DAODAS Division of Operations, Management Information and Research Section; FY12 Unique Unduplicated Clients, DCSL Based, Special Demographics; Estimates are based on the 2008-2009 National Survey of Drug Use and Health (NSDUH, State Level Estimates)*

### **Treatment and Prevention Outcomes / Quality of Life / Economic Development**

**Achievement - Treatment:** 75.3% of surveyed clients report no alcohol use at 90 to 110 days following discharge from services, an increase of 36.9% from admission; 73.7% of surveyed clients report that they were gainfully employed at 90 to 110 days following discharge, an increase of 7.3%. These outcomes show that treatment works and that substance abuse services have a positive impact on the quality of life of South Carolina communities, thereby improving health outcomes, impacting the economic capacity of residents, and leading to clients' ability to maintain health, home, purpose, and community.

From the above federal National Outcome Measures (NOMs) results, it is clear that clients receiving services at the local level are "getting better," reducing their alcohol and other drug use, going back to work, and staying in school. Specifically, clients are using less, abusing less, and achieving certain levels of sustainable recovery. These are the key measures of mission accomplishment and partner performance. In terms of comparison to other organizations, no

other outcome measures are made available by private substance abuse service providers in South Carolina that track with the NOMs. Nationally, the state ranks ahead of other states in achieving these measures.



(Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Unmatched Clients. **Note:** FY12 data)

### **Efficiency and Effectiveness Measures**

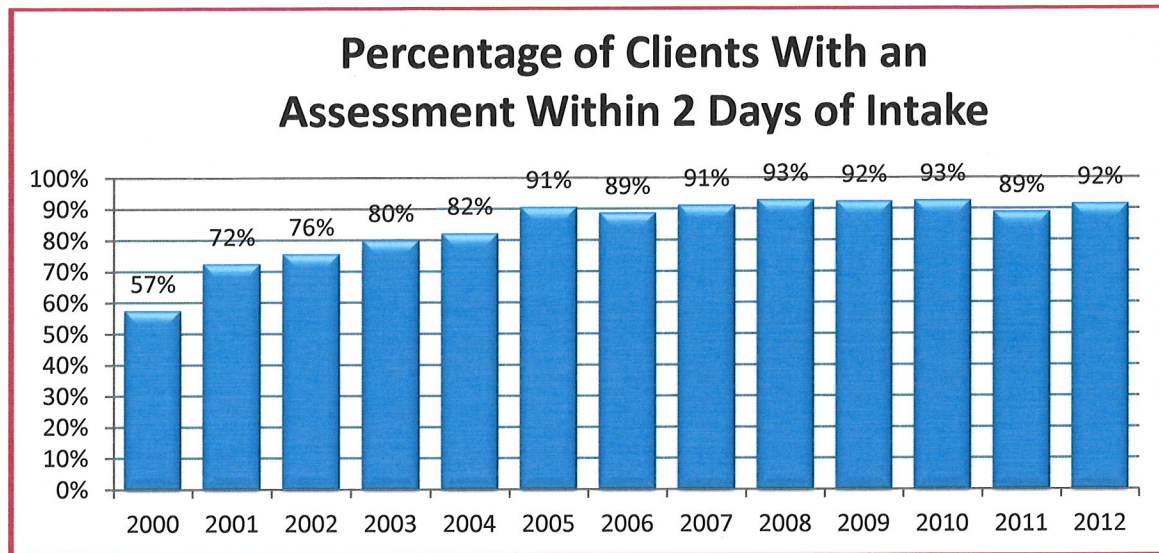
Specific client-retention data include: 1) assessment provided within two working days of intake; and 2) clinical service provided within six working days of assessment. The department also requires that local providers meet two objectives on the client's completion-of-treatment-services and completion-of-outcome surveys, which provide the raw numbers for the NOMs outcomes.

Trends in these efficiency measures have shown measured accomplishments throughout the six years on client treatment and retention, and thus positive results in achieving sustainable recovery, reducing harm, and reducing abuse. In terms of comparison to other organizations, no outcome measures are provided by private substance abuse service providers in South Carolina

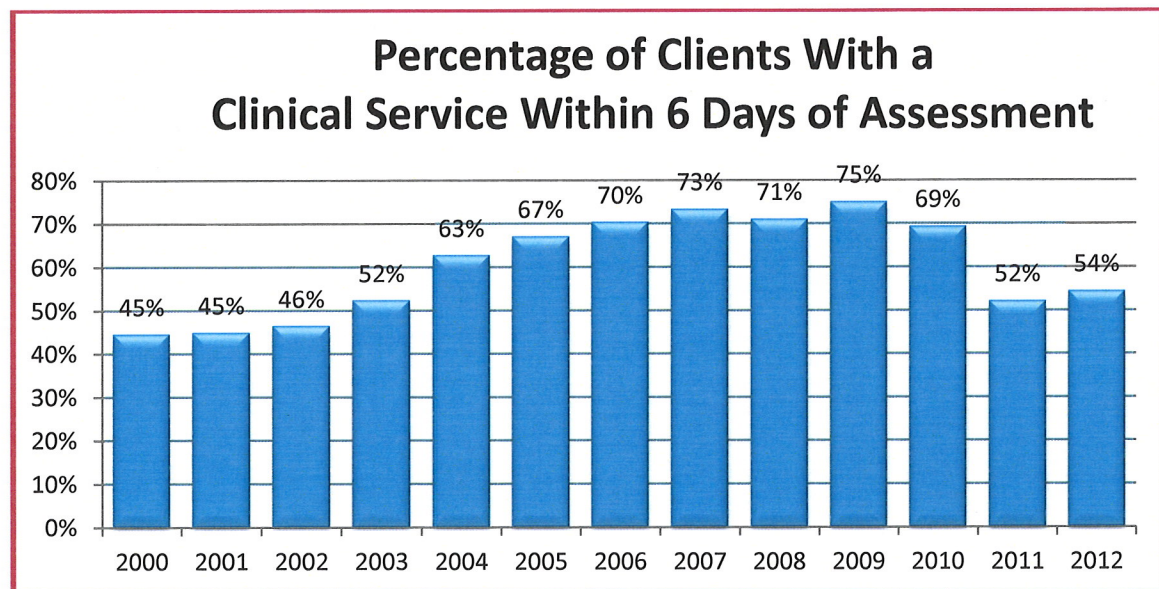


that track these data points. However, nationally, the state ranks ahead of other states in achieving these measures.

### Substance Abuse Treatment and Retention



(Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients – FY12)



(Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients – FY12)

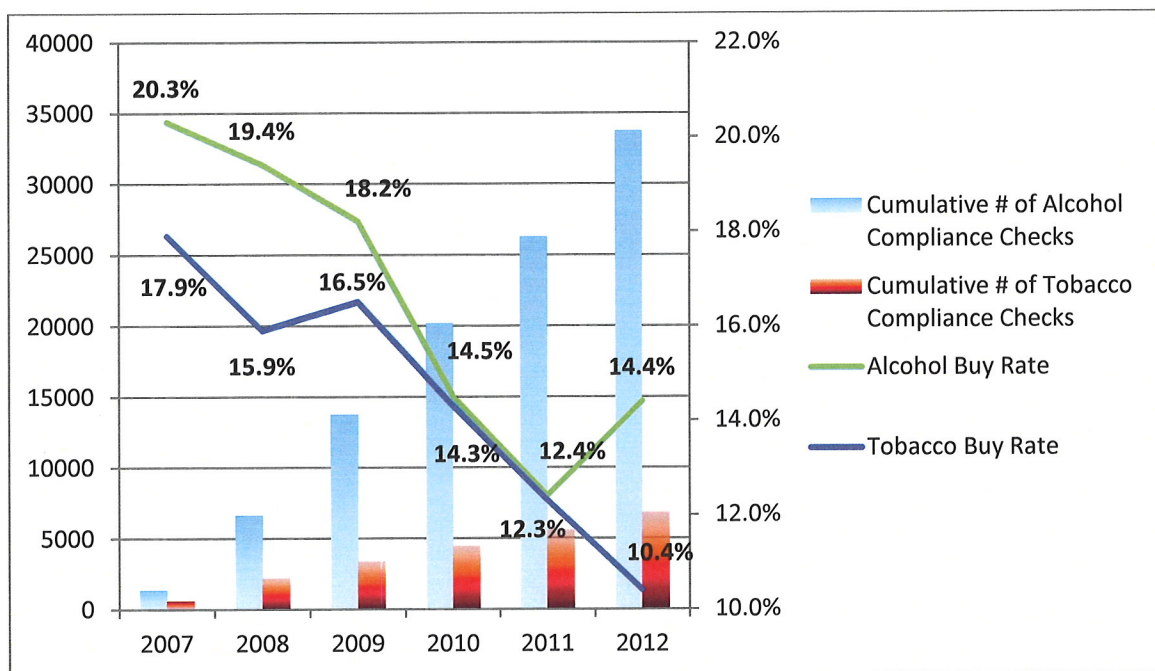
### Prevention Outcomes

- *Achievement - Prevention:* Outcomes (\* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 during FY12 included: 1.9% reduction in the number of alcohol users\*; 10.8% reduction in the number of inhalant

users\*; and 2.9% improvement in decision-making skills\*. DAODAS increased evidence-based programming, from 54 activities in fiscal year 2004 to 290 in FY12.

The outcomes show that prevention works and has a significant impact on quality-of-life indicators, as well as forestalling chronic disease in South Carolina. Prevention data also show that children and youth are using harmful substances less as a result of receiving prevention services, an indicator that is normally associated with intervention activities.

- Achievement -Prevention of Underage Drinking:** The department continues to implement provisions of the Prevention of Underage Drinking and Access to Alcohol Act of 2007. In FY12, DAODAS supported the Alcohol Enforcement Team (AET) effort, which focuses on community coalition maintenance and development, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. Specific activities include alcohol compliance checks at retail outlets, bars, and restaurants; public safety checkpoints; and party dispersals. Merchant training is also a priority. In FY12, 7,421 compliance checks were conducted under the auspices of the AET effort. Law enforcement prevented or dispersed 302 underage parties, and 929 checkpoints were set up on South Carolina's highways, with more than 1,500 tickets being written, including 214 underage violations.



(Source: DAODAS Division of Program Accountability, Prevention Section / PIRE Evaluation, FY12)

DAODAS believes that the dissemination of its underage-drinking prevention messages is the most important effort undertaken by the department, with great strides being made toward the goal of halting underage drinking and the disastrous impact such behavior can have on individuals, their families, and innocent victims. In fact, according to the 2011 National Survey on Drug Use and Health, South Carolina ranks the third lowest in underage drinking rates for the age cohorts 12-20. This is evidence that prevention efforts in South Carolina are working.



## **South Carolina Department of Alcohol and Other Drug Abuse Services Program Focus**

### **1. Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model With Pregnant Women**

The department is participating in an effort with the Department of Health and Human Services (DHHS) to implement an SBIRT initiative for pregnant women who are currently receiving Medicaid services through the Medical Home Network (MHN) program and throughout the Managed Care Organization (MCO) network. During FY12, DAODAS, in conjunction with the local substance abuse provider network, increased services to pregnant women by 5.4%. The department has also partnered with DHHS on efforts to implement the Birth Outcomes Initiative, which seeks to ensure full-term births for Medicaid recipients.

Beginning February 1, 2013, the department will be implementing a “carve-in” of substance abuse services within the Medicaid managed care arena. The goal of this effort to better coordinate care for substance abusing clients across systems, to expand access to inpatient services by re-establishing bundled rates for those services, and to create opportunities for long-term recovery.

### **2. Low DUI Recidivism Rates for ADSAP Participants**

Only 6.6% of individuals who complete the state’s Alcohol and Drug Safety Action Program (ADSAP) for DUI offenders are re-arrested for a DUI offense within the next 12 months. DAODAS is entering into an agreement with the Department of Motor Vehicles to expand our ability to demonstrate ADSAP’s effectiveness data using driving record information from the DMV.

### **3. Success of Alcohol Enforcement Teams (AETs)**

As a result of the partnership between law enforcement and prevention groups through the statewide AET effort, the rate at which minors are able to obtain alcoholic beverages in South Carolina has reached an all-time low of 12.4%. In fact, according to the 2011 National Survey on Drug Use and Health, South Carolina ranks third lowest in underage drinking rates for the age cohorts 12-20.

### **4. Efforts to Reduce Number of Children in Foster Care**

DAODAS is working with the Department of Social Services and other agencies to develop and implement three family care programs – focused on front-end services, expedited family permanency, and post-permanency family stability – that will improve child well-being through increased parental capacity and individual resiliency. Among the major desired outcomes of this effort are decreases in the number of children placed in foster homes or out-of-home placements, the amount of time that children spend in foster care, and the number of children who re-enter foster care.

### **5. DAODAS Dashboard Measures**

The creation of the “DAODAS Dashboard Measures” enables the agency to readily provide up-to-date counts of all clients entering services; pregnant clients entering services; clients



with co-occurring disorders entering services; and alcohol compliance checks designed to prevent alcohol sales to minors.

During FY12, data show positive results in all indicators. The agency will continue tracking the dashboard measures as key indicators of access-to-service success.

<b>DAODAS</b>	<b>FY12</b>	<b>FY11</b>	<b>Annual Change</b>
<b>Count of Total Admissions</b>	30,195	30,476	-0.9%
<b>Count of Pregnant Clients</b>	628	596	5.4%
<b>Count of Co-Occurring Clients</b>	5,542	5,410	2.4%
<b>Count of Alcohol Compliance Checks</b>	7,380	6,103	20.9%
<b>Fiscal year time frame: July 1 through June 30</b>			

#### 6. Computer Security

DAODAS has also worked to address security since the breach occurred at the South Carolina Department of Revenue. The department currently contracts with the South Carolina Division of State Information Technology (DSIT). DSIT has verified the agency's firewalls and reviewed user access levels. The agency is rolling out new computers with full disk encryption, using Microsoft tools for encrypting communications between servers and desktops, revising information technology policies and procedures, and changing all system accounts to single purpose. In addition, the agency has requested from DSIT:

- 24-Hour Network Event Monitoring
- Talon Network Intrusion and Monitoring Systems

## South Carolina Department of Alcohol and Other Drug Abuse Services

### Direction for Fiscal Year 2014

During fiscal year 2013 (FY13), the department's director continues to provide the necessary leadership to re-vision the strategic direction of the agency. Capitalizing on more than 55 years of success in ensuring access to substance abuse services for the citizens of South Carolina, DAODAS remains mission-focused as it works to maintain existing services while partnering to develop new strategies for providing services, including an emphasis on management, accountability, and performance. While focusing on efficiency and effectiveness, DAODAS continues to:

- assess internal processes to better serve its customers;
- work with the public and private provider networks to **increase health outcomes** and – through collaboration with other state systems – better serve all South Carolinians;
- collaborate more closely with primary healthcare, behavioral healthcare, and universal healthcare providers to **increase capacity** for serving individuals with substance abuse disorders; and
- meet “head on” the **challenges** that face other state entities and provider agencies: DAODAS is facing a rapidly changing healthcare industry, as the Affordable Care Act (ACA) will be implemented across the nation beginning in 2014 and continuing through 2020. A major challenge for the department will be to maintain operating resources (human capital) and an essential range of covered services in a time of potential budget cuts (financial) from the federal level, along with proposed stringent regulatory changes in the management of the Substance Abuse Prevention and Treatment (SAPT) Block Grant that is provided to the states through the Substance Abuse and Mental Health Services Administration (SAMHSA). Part of the new requirements associated with the ACA is the emphasis on the provision of services by licensed individuals, which will impact provider budgets with increased human resources costs; and
- develop plans to address the delivery of the agency's core mission through **service integration** as well as tapping underutilized private and public resources.

## **South Carolina Department of Alcohol and Other Drug Abuse Services Budget Request 2013-2014**

### **Recommended Appropriations**

The Governor's Fiscal Year 2014 Executive Budget recommends:

- No increase from FY13 levels of operating support
- Current Recurring State Base: \$6,498,081 (includes Local Salary Supplement)
- "Other Funds" Authorization Increase of \$3 Million
- A \$50,000 Allocation from the Unclaimed Lottery Prize Fund [**Section 59-150-230(I)**]
- No capital or nonrecurring funds

## Other Fund Authorization Increase

The Department of Health and Human Services (DHHS) has agreed to invest a percentage of funds received from the Attorney General's Office as a result of various legal action awards (i.e., settlements) won against pharmaceutical firms. Some \$3.0 million would be transferred to DAODAS.

DHHS has adopted a policy of investing these funds to mitigate the long-term and economic costs of addictive disorders, and to reduce the liability associated with those disorders represented by a disproportionately high rate of co-occurring chronic physical disease. DHHS and DAODAS recognize that long-term improvement in South Carolina health status will require investments in access to addictions treatment and recovery-support services and significant improvements in treatment quality.

DHHS and DAODAS have tentatively agreed on priority areas for the first set of investments, which are slated to begin in fiscal year 2014 (FY14). These include health information technology (electronic health records), Family Care Center development (DSS – Foster Care Focus), a prescription drug initiative, transitional housing, and training and professional development.

### Proposed Expenditures

Electronic Health Records (Up-Front Costs & One Year's

Annual Costs for AOD System):

\$ 700,000

Family Care Centers (6 Sites x \$250,000):

\$1,500,000

Contractual Services (Prescription Drug Initiative,

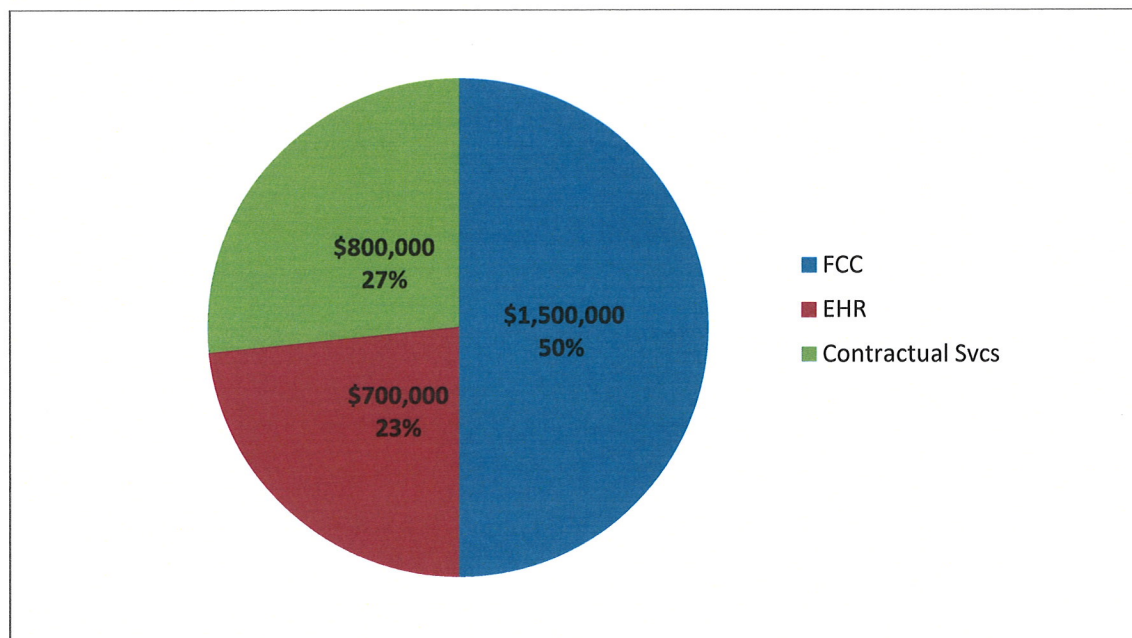
Recovery Support [Housing & Training],

Professional Development):

\$ 800,000

**TOTAL**

**\$3,000,000**



## **Gambling Services**

### **Mandates**

**Section 59-150-230(I)** of the **South Carolina Education Lottery Act** directs that a portion of **unclaimed prize money** – *to be determined through the annual appropriations process* – be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling “hotline,” prevention programming, and – in part or in total – mass communications efforts.

**DAODAS Proviso 37.2** (Renumbered Base) positions DAODAS as the primary resource for services related to compulsive gambling and directs the department to provide information, education, and referral services.

### **Funding History**

DAODAS has received funding through the unclaimed prize fund per Section 59-150-230(I) twice in the first 10 years of the lottery. The General Assembly provided appropriations for Gambling Services in fiscal year 2002, with funding awarded to DAODAS in January 2004 through a grant process overseen by the South Carolina Budget and Control Board. This funding (\$1 million) was depleted in July 2008.

DAODAS also was appropriated dollars in fiscal year 2008 (FY08) from the unclaimed prize fund to continue its efforts to provide education and treatment services for problem and pathological gamblers. These funds (\$500,000) were provided to the agency in April 2008.

During the past two fiscal years (FY12 and FY13), the agency received \$50,000 of the certified unclaimed prize fund to operate gambling addiction services.

### **Services Provided**

Funding for gambling services is used for the prevention, intervention, and treatment of problem and pathological gambling. Specifically, the products and services provided include:

a) operation of a 24/7 telephone crisis-intervention and referral “helpline”; b) sub-contracts for the screening and treatment of problem and pathological gambling; c) no-cost training for gambling counselors employed by county alcohol and drug abuse authorities; d) a Gambling Registry of Qualified Providers; e) identifying and approving outcome instruments used at assessment, discharge, and 90-day follow-up; f) authorizing problem and pathological gambling services through a utilization-review process; g) providing field technical assistance; and h) developing and implementing a marketing plan that includes the production of print, television, and radio public service messages.

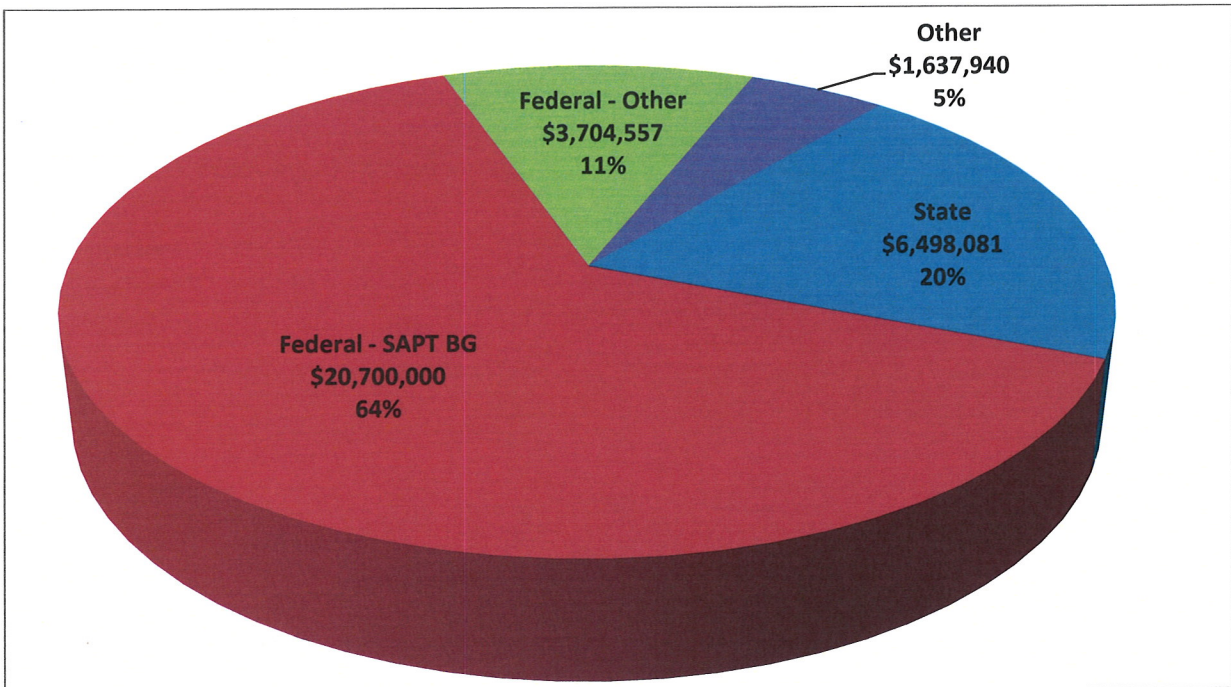
### **Outcomes**

Since calendar year 2004, when services began, approximately 2,600 individuals have received crisis intervention and/or treatment for problem and pathological gambling.



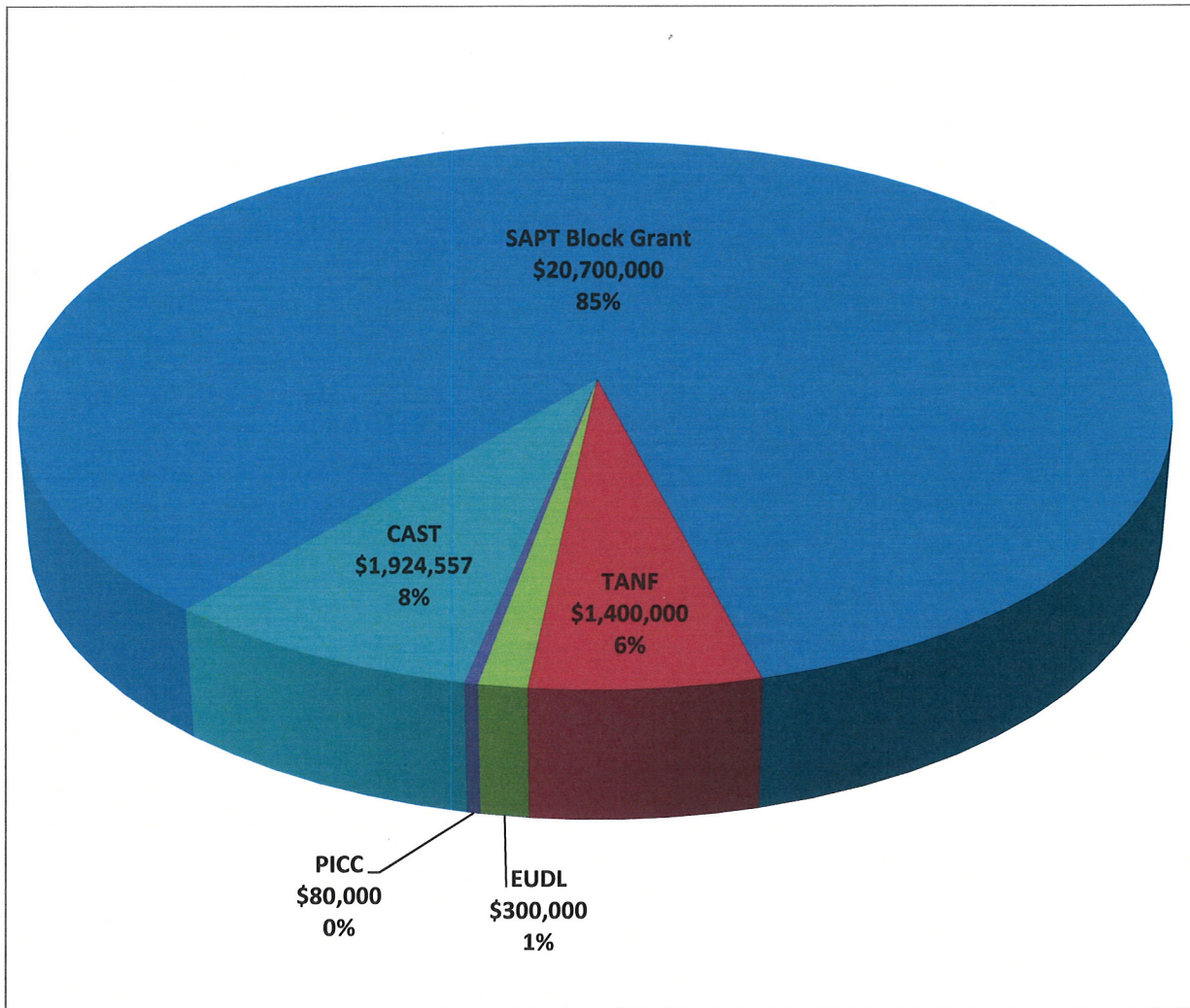
### Total Budgeted Revenue Sources for FY13

State	\$ 6,498,081
Federal - SAPT BG	\$ 20,700,000
Federal - Other	\$ 3,704,557
Other	\$ 1,637,940
<b>TOTAL</b>	<b>\$ 32,540,578</b>



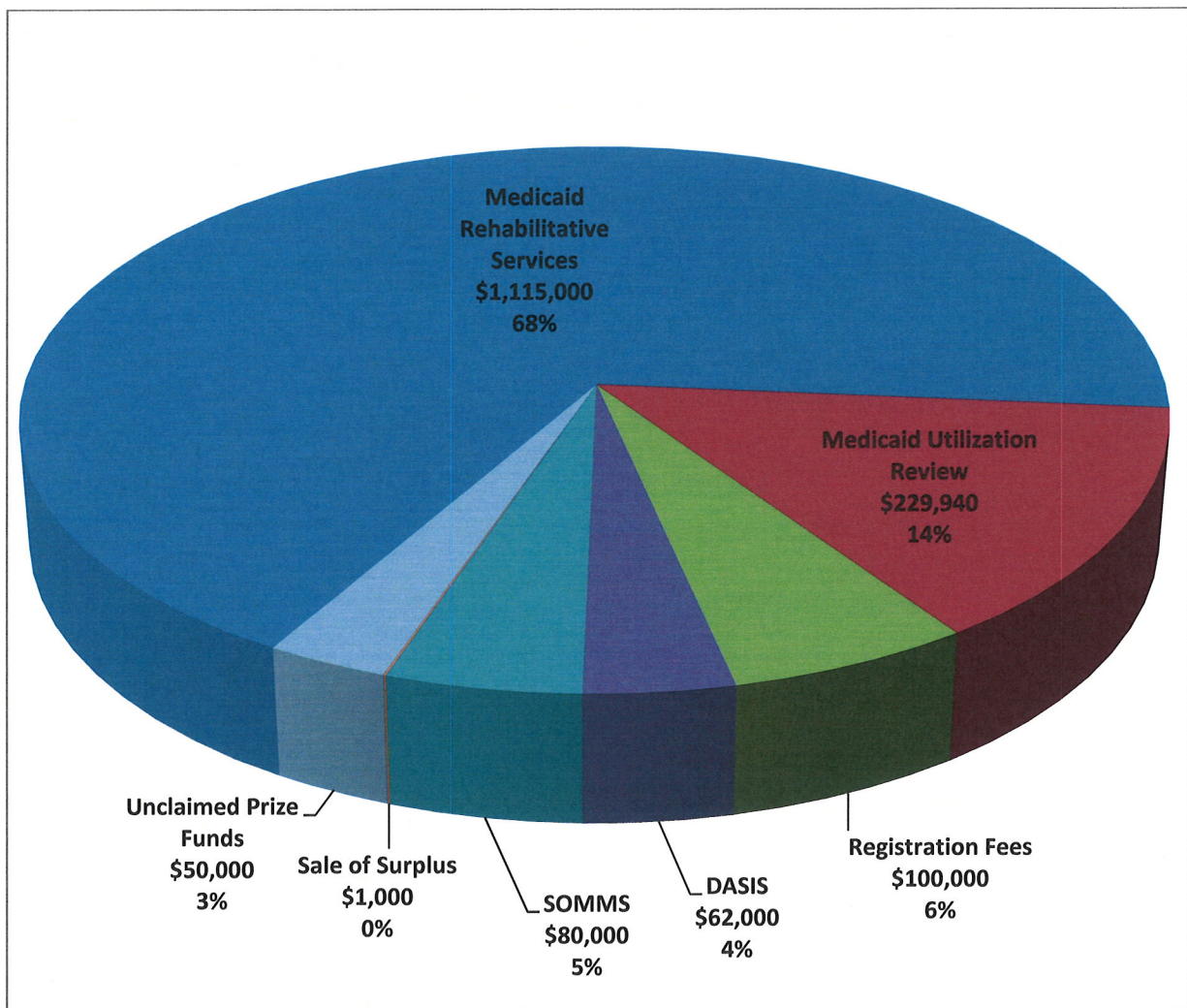
### Total Budgeted *Federal* Revenue Sources for FY13

SAPT Block Grant	\$ 20,700,000
TANF	\$ 1,400,000
EUDL	\$ 300,000
PICCC	\$ 80,000
CAST	\$ 1,924,557
<b>TOTAL FEDERAL REVENUE</b>	<b>\$ 24,404,557</b>



### Total Budgeted *Other* Revenue Sources for FY13

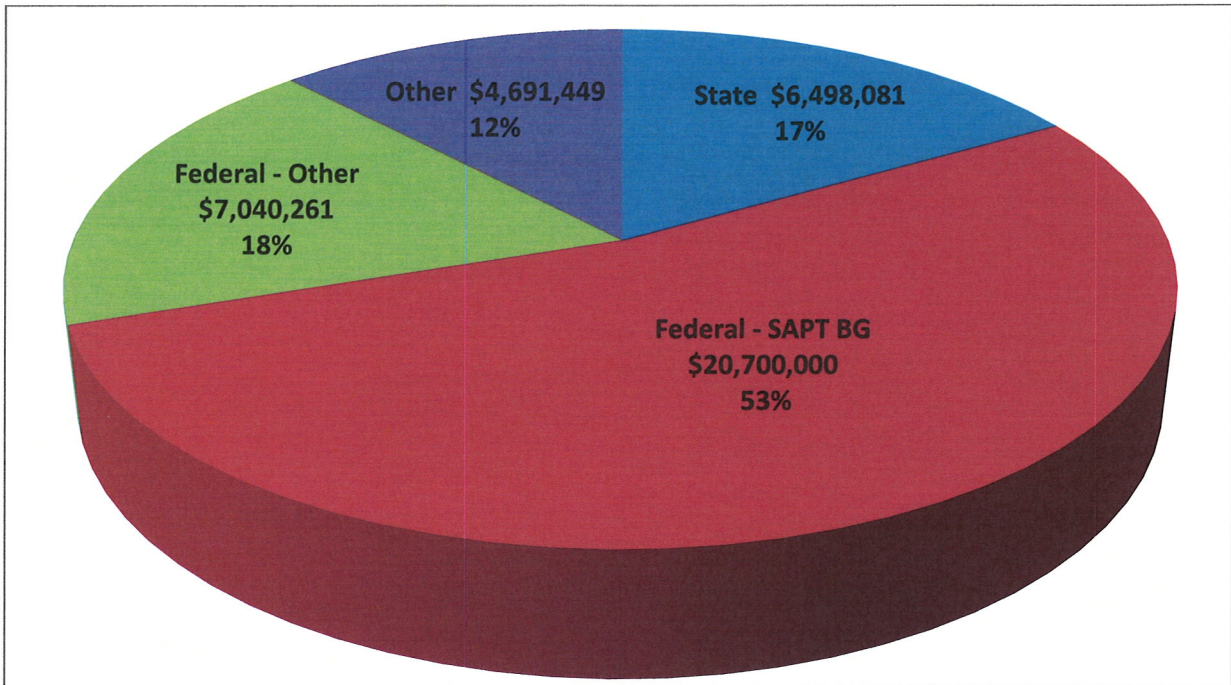
Medicaid Rehabilitative Services	\$ 1,115,000
Medicaid Utilization Review	\$ 229,940
Registration Fees	\$ 100,000
DASIS	\$ 62,000
SOMMS	\$ 80,000
Sale of Surplus Property	\$ 1,000
Unclaimed Prize Funds	\$ 50,000
<b>TOTAL OTHER REVENUE</b>	<b>\$ 1,637,940</b>





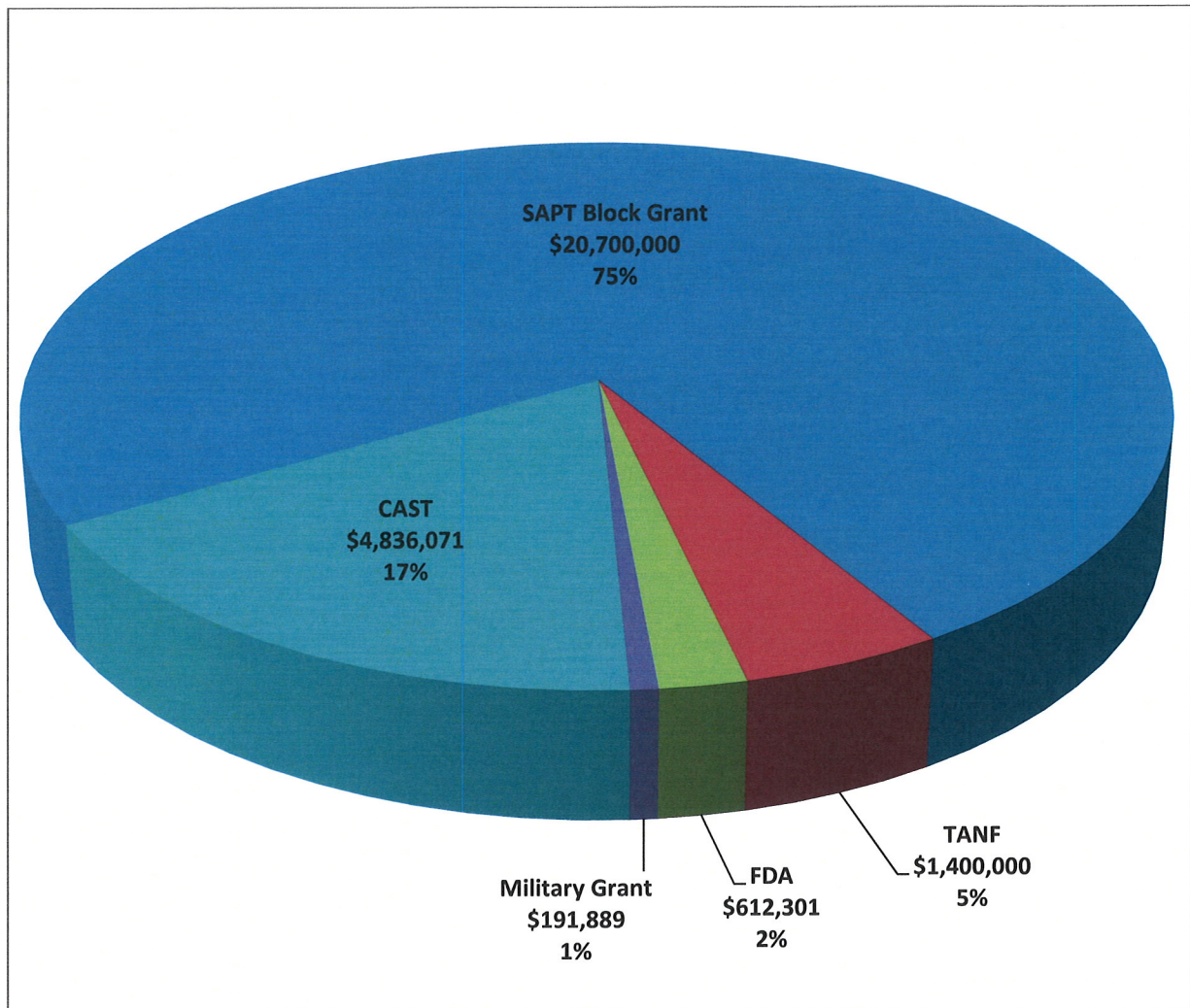
### Total Budgeted Revenue Sources for FY14

State	\$ 6,498,081
Federal - SAPT BG	\$ 20,700,000
Federal - Other	\$ 7,040,261
Other	\$ 4,691,449
<b>TOTAL</b>	<b>\$ 38,929,791</b>



### Total Budgeted *Federal* Revenue Sources for FY14

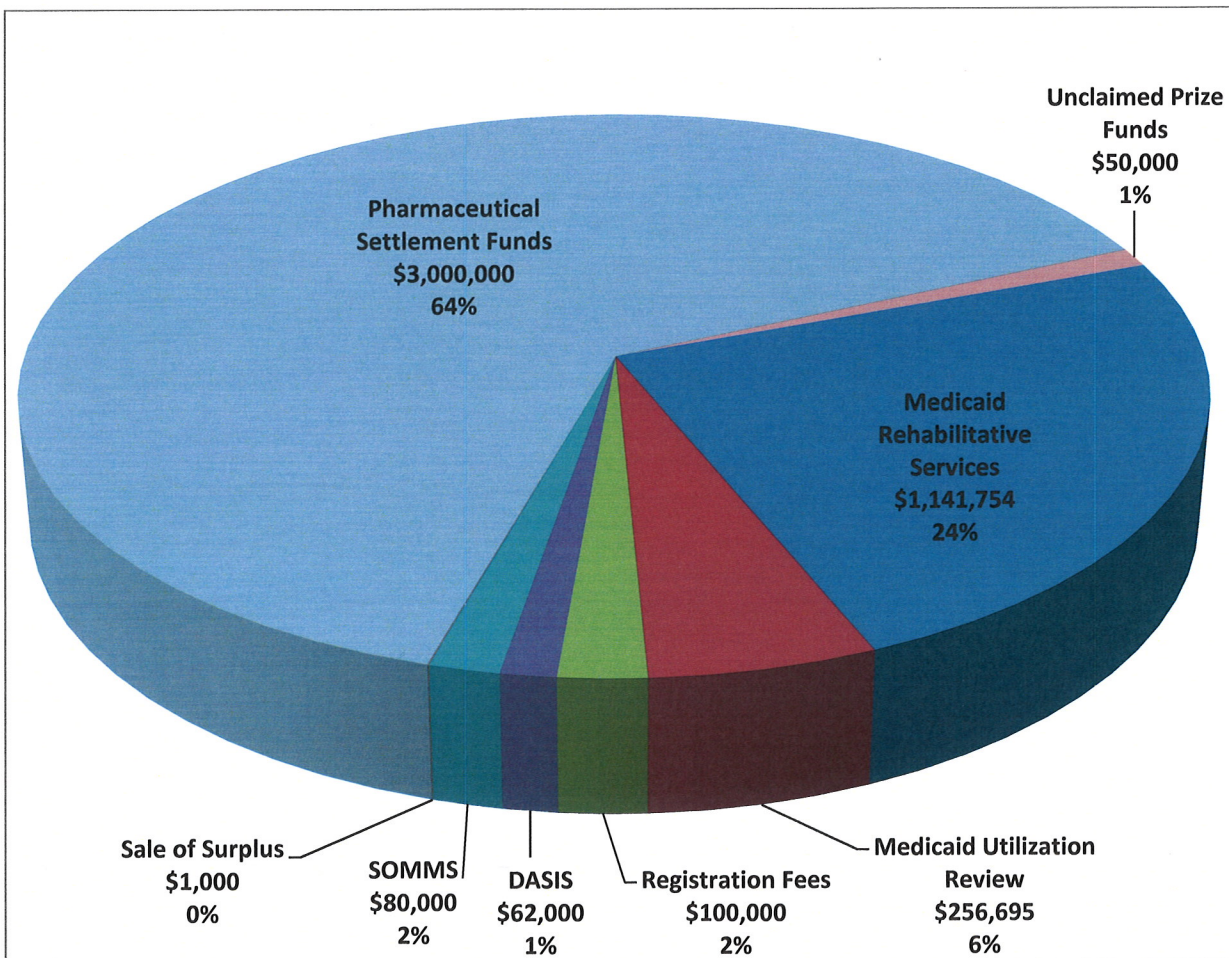
SAPT Block Grant	\$ 20,700,000
TANF	\$ 1,400,000
FDA	\$ 612,301
Military Grant	\$ 191,889
CAST	\$ 4,836,071
<b>TOTAL FEDERAL REVENUE</b>	<b>\$ 27,740,261</b>





## Total Budgeted *Other* Revenue Sources for FY14

Medicaid Rehabilitative Services <i>Contractual Services with DHHS</i>	\$ 1,141,754
Medicaid Utilization Review <i>Contractual Services with DHHS</i>	\$ 256,695
Registration Fees	\$ 100,000
DASIS <i>Federal Funds for DAODAS to Produce and Submit Treatment Episode Data Sets (TEDS) to SAMHSA</i>	\$ 62,000
SOMMS <i>Federal Funds for DAODAS to Produce and Submit TEDS, National Outcome Measures, and Supplemental Data Sets</i>	\$ 80,000
Sale of Surplus Property	\$ 1,000
Pharmaceutical Settlement Funds	\$ 3,000,000
Unclaimed Prize Fund <i>South Carolina Education Lottery</i>	\$ 50,000
<b>TOTAL OTHER REVENUE</b>	<b>\$ 4,691,449</b>



V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVISIO 37.1  
Using the renumbered 2013-14 proviso base provided on the OSB website indicates the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 25 - II – FINANCE AND OPERATIONS.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- E. Title:**  
Descriptive Proviso Title: (TRAINING AND CONFERENCE REVENUE)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVISIO ALLOWS THE DEPARTMENT TO CHARGE FEES FOR TRAINING EVENTS AND CONFERENCES AND TO RETAIN FUNDS EARNED FROM SUCH EVENTS TO PLAN FOR FUTURE EDUCATIONAL AND PROFESSIONAL-DEVELOPMENT OPPORTUNITIES IN THE SUBSTANCE ABUSE FIELD FOR PUBLIC AND PRIVATE PROVIDERS.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVISIO IS NECESSARY, AS IT DIRECTS THE EXPENDITURES OF TRAINING AND CONFERENCE FEES. IT GIVES THE AGENCY THE AUTHORITY TO CHARGE FEES NOT FOUND IN THE DAODAS ENABLING STATUTES. A WELL-TRAINED WORKFORCE OF SUBSTANCE ABUSE PREVENTION, INTERVENTION, AND TREATMENT PROFESSIONALS IS ESSENTIAL TO THE OVERALL MISSION OF THE AGENCY. DAODAS PROVIDES TRAINING OPPORTUNITIES TO A WIDE RANGE OF HEALTH PROFESSIONALS (PRIMARY CARE, DOCTORS, NURSES, BEHAVIORAL HEALTH SPECIALISTS, ETC.).
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISIO IS RECURRING BECAUSE THE ENABLING STATUTE FOR DAODAS HAS NOT BEEN AMENDED TO ALLOW THE DEPARTMENT TO CHARGE FEES FOR TRAINING EVENTS AND CONFERENCES.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
\$18,912 (OTHER)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: KEEP**

V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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**A. Proviso Number:** PROVISIO 37.2

Using the renumbered 2013-14 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): SECTION 25 - II – FINANCE AND OPERATIONS.

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.

**D. Action**

(Indicate Keep, Amend, Delete, or Add): KEEP.

**E. Title**

Descriptive Proviso Title: (GAMBLING ADDICTION SERVICES)

**F. Summary**

Summary of Existing or New Proviso: THE PROVISIO ALLOWS THE DEPARTMENT TO EXPEND APPROPRIATIONS, WHEN AVAILABLE, FOR INFORMATION, EDUCATION, AND REFERRAL TO SERVICES FOR PERSONS WITH PROBLEM OR PATHOLOGICAL GAMBLING DIAGNOSES.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.

**H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**

THE PROVISIO IS NECESSARY, AS IT GIVES THE AGENCY THE AUTHORITY TO EXPEND APPROPRIATIONS WHEN THE GENERAL ASSEMBLY APPROPRIATES FUNDING FOR GAMBLING SERVICES. THE DAODAS ENABLING STATUTE DOES NOT CONTAIN THIS AUTHORITY.

**I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISIO IS RECURRING BECAUSE THE ENABLING STATUTE FOR DAODAS HAS NOT BEEN AMENDED TO ALLOW THE DEPARTMENT TO EXPEND FUNDS FOR GAMBLING SERVICES.

**J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

\$50,000 (OTHER)

**K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**

NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: CODIFY**

V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVIS0 37.3  
Using the renumbered 2013-14 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): NONE.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- E. Title**  
Descriptive Proviso Title: (ELIGIBILITY FOR TREATMENT SERVICES)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVIS0 ENSURES THAT CLIENTS WHO PAY ALL APPLICABLE FEES ARE ELIGIBLE TO TAKE PART IN A TREATMENT PROGRAM OFFERED BY THE DEPARTMENT. IT IS AIMED AT ENSURING THAT CLIENTS WHO PAY FEES FOR THE ALCOHOL AND DRUG SAFETY ACTION PROGRAM (ADSAP), THE STATE'S PROGRAM FOR DUI OFFENDERS, ARE ADMITTED TO THE PROGRAM WITHOUT BARRIER.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVIS0 DOES NOT DIRECT AN EXPENDITURE OR AN APPROPRIATION, BUT DIRECTS THE DEPARTMENT TO ENSURE THAT ITS ADSAP PROVIDERS ACCEPT CLIENTS WHO PAY APPLICABLE FEES WITHOUT BARRIER TO TREATMENT.
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVIS0 IS RECURRING AT THE REQUEST OF SENATOR JOHN LAND. IT HAS NOT BEEN ENACTED AS PART OF SECTION 56-5-2990; THE APPLICABLE CODE CITE THAT GOVERNS ADSAP AND APPLICABLE FEES.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
NONE.
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NOT APPLICABLE.

**GOVERNOR'S RECOMMENDATION: CODIFY**

V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- A. Proviso Number:** PROVISIO 37.4.  
Using the renumbered 2013-14 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): NONE.
- C. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- D. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- E. Title**  
Descriptive Proviso Title: (MEDICAID MATCH TRANSFER)
- F. Summary**  
Summary of Existing or New Proviso: THE PROVISIO TRANSFERS THE DEPARTMENT'S DIRECT STATE APPROPRIATION DESIGNATED FOR MEDICAID MATCH TO THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS).
- G. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVISIO TRANSFERS THE DEPARTMENT'S STATE APPROPRIATION DESIGNATED FOR MEDICAID MATCH TO DHHS. THE CURRENT AMOUNT OF \$1,915,902 IS INADEQUATE TO FULLY FUND THE REQUIRED MATCH AMOUNT NEEDED TO PROVIDE ALCOHOL AND OTHER DRUG ABUSE SERVICES TO THE MEDICAID-ELIGIBLE POPULATION SERVED. THE MEDICAID MATCH LINE HAS BEEN CUT FROM \$4.1 MILLION TO \$1.9 MILLION SINCE AGENCY BUDGET REDUCTIONS BEGAN IN FY08. DHHS HAS AGREED TO PAY THE STATE MATCH ONCE THE \$1,915,902 HAS BEEN EXPENDED.
- I. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected: THE PROVISIO DOES NOT CREATE A NEW PROGRAM, BUT IS NEEDED TO ASSIST IN FUNDING THE FULL STATE MATCH FOR ALCOHOL AND OTHER DRUG SERVICES DELIVERED TO MEDICAID BENEFICIARIES. IT WILL BE NEEDED IN FUTURE YEARS. THE TRANSFER PROVISIO, AS INCLUDED IN THE DAODAS PROVISIO SECTION, MAINTAINS THE JURISDICTION OF THE FUNDING AS APPROPRIATED TO THE DEPARTMENT AND ASSISTS IN MEETING FEDERAL MAINTENANCE OF EFFORT REQUIREMENTS IN ORDER TO RECEIVE THE FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT AND TO AVOID POSSIBLE REDUCTIONS IF THE MEDICAID MATCH FUNDS WERE DIRECTLY APPROPRIATED TO DHHS.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
NONE.
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
AT THE BEGINNING OF THE FISCAL YEAR, THE SOUTH CAROLINA DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES WILL TRANSFER \$1,915,902 TO THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES TO MEET FEDERAL MEDICAID MATCH PARTICIPATION REQUIREMENTS FOR THE DELIVERY OF ALCOHOL AND OTHER DRUG ABUSE SERVICES TO THE MEDICAID BENEFICIARY POPULATION.

**GOVERNOR'S RECOMMENDATION: KEEP**



V. Proviso Justification Form	Agency Code: J20	Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services
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- L. Proviso Number:** PROVIS0 37.5.  
Using the renumbered 2013-14 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):
- M. Appropriation**  
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): NONE.
- N. Agency Interest**  
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? AGENCY SPECIFIC.
- O. Action**  
(Indicate Keep, Amend, Delete, or Add): KEEP.
- P. Title**  
Descriptive Proviso Title: (HEALTH INFORMATION TECHNOLOGY)
- Q. Summary**  
Summary of Existing or New Proviso: THE PROVIS0 DIRECTS THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) TO WORK WITH DAODAS AND LOCAL ALCOHOL AND DRUG ABUSE PROVIDERS TO ACQUIRE FUNDING FOR THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS.
- R. Explanation of Amendment to/or Deletion of Existing Proviso**  
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): NONE REQUESTED.
- S. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**  
THE PROVIS0 DOES NOT DIRECT THE EXPENDITURE OF FUNDS. IT DIRECTS COLLABORATION OF TWO STATE AGENCIES TO PURSUE FUNDING THROUGH GRANT OPPORTUNITIES OR OTHER FUNDING MECHANISMS TO PURCHASE AN ELECTRONIC HEALTH RECORDS SYSTEM FOR THE ALCOHOL AND DRUG ABUSE SERVICE SYSTEM IN SOUTH CAROLINA.
- T. Justification**  
Refer to the instructions for the correct question to answer in this space, based on the action you selected:  
THE PROVIS0 REMAINS IN THE BUDGET AS THE TWO AGENCIES FINALIZE PLANS TO FUND AN ELECTRONIC HEALTH RECORD FOR THE SUBSTANCE ABUSE SYSTEM DURING FY14.
- U. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**  
NONE.
- V. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**  
NA.

**GOVERNOR'S RECOMMENDATION: KEEP**