

<b>AGENCY NAME:</b>	South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)		
<b>AGENCY CODE:</b>	J20	<b>SECTION:</b>	Section 37



## Fiscal Year 2013-14 Accountability Report


### SUBMISSION FORM

<b>AGENCY MISSION</b>	<p><i>"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."</i></p>
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Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
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I have reviewed and approved the enclosed FY 2013-14 Accountability Report, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN/DATE):</b>	
<b>(TYPE/PRINT NAME):</b>	Robert C. Toomey

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<b>BOARD/CMSN CHAIR (SIGN/DATE):</b>			
<b>(TYPE/PRINT NAME):</b>			

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## **AGENCY'S DISCUSSION AND ANALYSIS**

THE USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS (ATODs) AFFECTS SOUTH CAROLINIANS OF ALL AGES AND FROM ALL WALKS OF LIFE. PROBLEMS RESULTING FROM THESE SUBSTANCES SURFACE IN OUR HOMES AND SCHOOLS, ON OUR ROADS AND HIGHWAYS, AND IN OUR WORKPLACES AND CRIMINAL JUSTICE SYSTEM. AS A RESULT, THE SOCIAL COST IN THE UNITED STATES IS \$120 BILLION AND TO SOUTH CAROLINIANS IN BOTH DIRECT AND INDIRECT COSTS IS APPROXIMATELY \$2.5 BILLION PER YEAR.

RECOGNIZING THE NEED FOR DIRECT SERVICES FOR THE GENERAL PUBLIC, AS WELL AS FOR SPECIFIC HIGH-RISK GROUPS, THE SOUTH CAROLINA DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES (DAODAS) PURCHASES A WIDE ARRAY OF PREVENTION, INTERVENTION, AND TREATMENT SERVICES THROUGH A COMMUNITY-BASED SYSTEM OF CARE. DAODAS SUBCONTRACTS WITH 33 COUNTY ALCOHOL AND DRUG ABUSE AUTHORITIES TO PROVIDE THE MAJORITY OF DIRECT SERVICES TO CITIZENS IN ALL 46 COUNTIES OF THE STATE. THE DEPARTMENT ALSO CONTRACTS WITH A RANGE OF PUBLIC AND PRIVATE SERVICE PROVIDERS TO ADDRESS SUBSTANCE ABUSE SERVICES THROUGHOUT SOUTH CAROLINA. SINCE THE COUNTY ALCOHOL AND DRUG ABUSE AUTHORITIES WERE CREATED IN 1973, THEY HAVE PROVIDED INTERVENTION AND TREATMENT SERVICES TO MORE THAN 2.49 MILLION SOUTH CAROLINIANS AND TOUCHED THE LIVES OF COUNTLESS INDIVIDUALS AND FAMILIES THROUGH THE MANY PREVENTION ACTIVITIES COORDINATED AND PROVIDED BY THIS SYSTEM.

DAODAS ESTIMATES THAT APPROXIMATELY 315,000 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 2013 (FY13) (NOTE: 2014 DATA INCOMPLETE), DAODAS AND ITS PROVIDER NETWORK MET THIS NEED FOR ANOTHER 47,000 SOUTH CAROLINIANS.

### **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.

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#### **DAODAS STRATEGIC DIRECTION**

CAPITALIZING ON MORE THAN 55 YEARS OF SUCCESS IN ENSURING ACCESS TO SUBSTANCE ABUSE SERVICES FOR THE CITIZENS OF SOUTH CAROLINA, AND CONTINUING THROUGH FY14, THE DEPARTMENT'S DIRECTOR CONTINUED TO PROVIDE THE NECESSARY LEADERSHIP TO RE-VISION THE STRATEGIC DIRECTION OF THE AGENCY, AS WELL AS THE DIRECTION OF THE SUBSTANCE ABUSE FIELD, WHICH INCLUDES THE IMPROVEMENT OF THE EFFECTIVENESS OF THE PUBLIC AND PRIVATE PROVIDER SYSTEM STRIVING FOR LONG-TERM CLIENT OUTCOMES AND RECOVERY. SYSTEM-WIDE, THE GOAL FOR 2015 IS TO CONTINUE IMPLEMENTING A COORDINATED SYSTEM OF CARE, TO IMPLEMENT RESEARCH- AND SCIENCE-BASED PROTOCOLS THAT INCREASE CHANCES FOR RECOVERY, AND TO REFINE THE FEDERAL AND STATE BLOCK GRANT PROCESS TO RATIONALIZE FUNDING DECISIONS, TO ENHANCE PERFORMANCE OF PROVIDERS, AND ULTIMATELY TO ACHIEVE IMPROVED HEALTH OUTCOMES FOR CLIENTS. WITH AN EMPHASIS ON PREVENTION, ACCESS, CAPACITY, TREATMENT QUALITY, AND RECOVERY, THE DEPARTMENT HAS PLACED AT THE FOREFRONT THE ISSUES OF MAINTAINING LEGACY PROGRAMS OF SUCCESS, HEALTHCARE INTEGRATION, AND ADMINISTRATIVE COMPLIANCE AND TRANSPARENCY

#### **KEY STRATEGIC GOALS**

*"CLIENTS IN TREATMENT WILL ACHIEVE SUSTAINABLE RECOVERY."*

#### **DAODAS PRIORITIZED 2015 STRATEGIC GOALS:**

- 1) INCREASE THE CAPACITY OF SERVICE PROVIDERS TO SERVE SOUTH CAROLINIANS IN NEED OF SUBSTANCE ABUSE PREVENTION, INTERVENTION AND TREATMENT SERVICES THEREBY IMPACTING ACCESS DISPARITIES, ENHANCING INDIVIDUAL, FAMILY AND COMMUNITY OUTCOMES, AND INCREASING COORDINATION EFFORTS.
- 2) IMPLEMENT RECOVERY SYSTEMS OF CARE.
- 3) IMPLEMENT SYSTEM INTEGRATION WITH PRIMARY HEALTHCARE AND BEHAVIORAL HEALTHCARE SYSTEMS.

DAODAS IS 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. DAODAS FOCUSES ON EFFICIENCY AND EFFECTIVENESS.

#### **2014 MAJOR ACHIEVEMENTS**

TO MEET THE CONTINUING DEMAND FOR SUBSTANCE ABUSE SERVICES, DAODAS TOOK A PROACTIVE APPROACH TO SERVING ITS KEY CUSTOMERS DURING FY14, CONTINUING TO REACH THE AGENCY'S STRATEGIC GOALS AND ITS OVERARCHING GOAL OF ACHIEVING SUSTAINABLE RECOVERY FOR SUBSTANCE-ABUSING CLIENTS, WHILE REDUCING USE, ABUSE, AND HARM AND THEREBY IMPROVING HEALTHCARE OUTCOMES.

- COST EFFICIENCIES/EFFECTIVENESS.

**ACHIEVEMENT:** DURING FY14, DAODAS SPENT \$38.1 MILLION ON PREVENTION, INTERVENTION, AND TREATMENT SERVICES, THEREBY SAVING THE CITIZENS OF SOUTH CAROLINA AN ESTIMATED \$284.22 MILLION IN ASSOCIATED COSTS. ACCORDING TO THE INSTITUTE FOR RESEARCH, EDUCATION AND TRAINING IN ADDICTIONS, FOR EVERY DOLLAR INVESTED IN ADDICTIONS TREATMENT, TAXPAYERS SAVE AT LEAST \$7.46 IN COSTS TO SOCIETY, INCLUDING THE COSTS OF INCARCERATION, DRUG-RELATED CRIME, HOSPITALIZATIONS, AND OTHER SOCIETAL ILLS.

**ACTION:** DAODAS CONTINUES TO ENSURE THAT QUALITY TREATMENT AND RECOVERY SERVICES ARE AVAILABLE TO THE CITIZENS OF SOUTH CAROLINA.

- OUTCOMES/QUALITY OF LIFE/ECONOMIC DEVELOPMENT/EFFICIENCY.

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**ACHIEVEMENT - TREATMENT:** 73.6% OF CLIENTS SURVEYED AT 90-110 DAYS FOLLOWING DISCHARGE REPORT NO ALCOHOL USE, AN INCREASE OF 38.6% FROM THOSE WHO REPORTED NO USE AT ADMISSION; 96.3% OF CLIENTS SURVEYED AT 90-110 DAYS FOLLOWING DISCHARGE REPORT NO USE OF ALCOHOL TO THE POINT OF INTOXICATION, AN INCREASE OF 20.5%; 47.3% OF CLIENTS SURVEYED AT 90-110 DAYS FOLLOWING DISCHARGE REPORT THAT THEY WERE SMOKE-FREE, A DECREASE OF 6.3%; 76.7% OF CLIENTS SURVEYED AT 90-110 DAYS FOLLOWING DISCHARGE REPORT THAT THEY WERE GAINFULLY EMPLOYED, AN INCREASE OF 6.6%; AND 97.1% OF STUDENTS SURVEYED AT 90-110 DAYS FOLLOWING DISCHARGE REPORT A REDUCTION IN SUSPENSIONS, EXPULSIONS, OR DETENTION, AN INCREASE OF 13.4%. (NOTE: FY14 DATA HAS NOT BEEN FINALIZED.) THESE OUTCOMES SHOW THAT TREATMENT WORKS AND 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.

**ACTION:** THE DEPARTMENT MAINTAINS A FOCUS ON CLIENT OUTCOMES AND CONTINUES TO EMPHASIZE THE STATEWIDE CLIENT-OUTCOME SYSTEM AS REQUIRED BY THE FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION. DAODAS USES THE FOLLOWING FEDERAL "GOLD STANDARD" SURVEY INDICATORS TO ACQUIRE OUTCOME DATA, AS INCLUDED IN THE GOVERNMENTAL PERFORMANCE AND RESULTS ACT (GPRA) AND THE NATIONAL OUTCOME MEASURES (NOMS). CLIENTS RECEIVING SERVICES AT THE LOCAL LEVEL "GOT BETTER" – REDUCING THEIR ALCOHOL AND OTHER DRUG USE, GOING BACK TO WORK, AND STAYING IN SCHOOL. THESE ARE THE KEY MEASURES OF MISSION ACCOMPLISHMENT AND PARTNER PERFORMANCE.

**ACHIEVEMENT - PREVENTION:** OUTCOMES (\* INDICATES SIGNIFICANCE) FOR MULTI-SESSION PREVENTION EDUCATION PROGRAMS FOR YOUTH AGES 10 TO 20 DURING FY14 INCLUDED: 31.2% REDUCTION IN THE NUMBER OF MARIJUANA USERS\*; 11.2% IMPROVEMENT IN PERCEIVED RISK\*; AND 5.1% IMPROVEMENT IN DECISION-MAKING SKILLS\*.

**ACTION:** 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; THIS INDICATOR IS NORMALLY ASSOCIATED WITH INTERVENTION ACTIVITIES.

**ACHIEVEMENT – EFFICIENCY MEASURES:** DURING FY13, THE LAST YEAR FOR WHICH COMPLETE DATA IS AVAILABLE, 87.3% OF ALL CLIENTS RECEIVED AN ASSESSMENT WITHIN TWO DAYS OF FIRST CONTACT WITH A LOCAL SERVICE PROVIDER, AND 53% RECEIVED A QUALIFYING SERVICE WITHIN SIX DAYS OF THE ASSESSMENT. (NOTE: FY14 DATA HAS NOT BEEN FINALIZED.)

**ACTION:** DAODAS INSISTS ON ACCOUNTABILITY, REQUIRING LOCAL PROVIDERS TO MEET CERTAIN EFFICIENCY MEASURES THAT ENHANCE ACCESS TO TREATMENT, CLIENT RETENTION AND, AS A RESULT, SUSTAINABLE RECOVERY.

#### **CAPACITY**

**SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT):** THE DEPARTMENT HAS PARTICIPATED IN AN EFFORT WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) TO IMPLEMENT A SBIRT INITIATIVE FOR PREGNANT WOMEN WHO ARE CURRENTLY RECEIVING MEDICAID SERVICES THROUGH THE MEDICAL HOME NETWORK (MHN) PROGRAM. DURING FY14, OVER 370 HEALTH CARE PROFESSIONALS WERE TRAINED IN THE USE OF THE SBIRT TOOL. AS A RESULT OF THIS COLLABORATION, DAODAS DIRECTLY PROVIDED SUBSTANCE SERVICES TO ADDITIONAL 153 PREGNANT OR POST-PARTUM WOMEN (A 42% INCREASE), AND IN CONJUNCTION WITH ITS LOCAL PROVIDER NETWORK, INCREASED OVERALL SERVICES TO PREGNANT WOMEN BY 15% (NOTE: FY14 DATA NOT YET FINALIZED).

AUGMENTING THE DHHS EFFORTS, THE DEPARTMENT APPLIED AND WON AN SBIRT GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). IMPLEMENTED DURING FY14, AND IN ASSOCIATION WITH 10 FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), ONE RURAL HEALTH CENTER AND FIVE LOCAL ALCOHOL AND DRUG ABUSE SITES, AN

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ESTIMATED 20,000 INITIAL SCREENS FOR ALCOHOL, TOBACCO AND OTHER DRUGS HAVE BEEN COMPLETED. OVER 800 SCREENS WERE ALCOHOL AND DRUG INDICATED.

PLANS FOR 2015 INCLUDE ADDITIONAL TRAINING FOR HEALTH EDUCATORS TO PROVIDE BRIEF INTERVENTION TREATMENT ON-SITE IN THE HEALTH CARE LOCATIONS AND TO ADDRESS MEDICAID REIMBURSEMENT DISPARITY FOR SCREENINGS WITH DHHS AND WILL EXPAND EFFORTS ACROSS A MIX OF SIX URBAN AND RURAL COUNTIES FOCUSING ON ADULTS IN PRIMARY CARE PHYSICIAN OFFICES AND IN FEDERALLY QUALIFIED HEALTH CENTERS.

**FAMILY CARE CENTERS (FCCs):** DAODAS HAS WORKED CLOSELY WITH THE DEPARTMENT OF SOCIAL SERVICES (DSS) TO BETTER IDENTIFY CLIENTS WITHIN THEIR SERVICE NETWORK WHO MAY NEED SUBSTANCE ABUSE SERVICES. CHIEF AMONG THE SUCCESSFUL EFFORTS IN WORKING WITH DSS IS THE DEVELOPMENT OF PROGRAMMING TO DESIGN A MORE COMPREHENSIVE PACKAGE OF FAMILY SERVICES FOR SUBSTANCE-ABUSING CLIENTS. WORKING TO REDUCE FOSTER CARE AND TO TARGET FAMILIES, DAODAS AND DSS HAVE ENTERED A PARTNERSHIP TO ESTABLISH FCCs TO PREVENT AND REDUCE THE SEPARATION OF CHILDREN FROM THEIR FAMILIES IN CASES WHERE SUBSTANCE ABUSE IS THE PRIMARY ISSUE. FCCs ARE LONG-TERM RESIDENTIAL SUBSTANCE TREATMENT FAMILIES, WHERE SERVICES ARE FOCUSED ON REUNIFICATION AND THERAPEUTIC INTERVENTIONS, AS WELL AS THE TREATMENT OF SUBSTANCE ABUSE DISORDERS.

DURING FY14, TWO FCCs WERE SUCCESSFULLY OPENED. LOCATED IN COLUMBIA AND ROCK HILL, 12 FAMILIES HAVE PARTICIPATED IN THE FCC PROGRAM. TWO ADDITIONAL FCCs ARE SLATED TO OPEN DURING FY15 IN CHARLESTON AND SPARTANBURG.

**PRESCRIPTION DRUG ABUSE:** IN NOVEMBER 2011, THE NATIONAL CENTER FOR DISEASE CONTROL AND PREVENTION CLASSIFIED PRESCRIPTION DRUG ABUSE AS A NATIONAL EPIDEMIC. IN MAY 2013, SOUTH CAROLINA'S INSPECTOR GENERAL PUBLISHED A REPORT HIGHLIGHTING THE FACT THAT SOUTH CAROLINA LACKS A STATEWIDE STRATEGY TO ADDRESS THIS PROBLEM FOR THE MANY SOUTH CAROLINIANS THAT STRUGGLE WITH PRESCRIPTION DRUG ABUSE ILLUSTRATING THAT THE STATE RANKED 23RD HIGHEST PER CAPITA IN BOTH OPIOID PAINKILLER PRESCRIPTIONS AND IN OVERDOSE DEATHS (2011). ON MARCH 14, 2014, GOVERNOR HALEY SIGNED AN EXECUTIVE ORDER ESTABLISHING THE GOVERNOR'S PRESCRIPTION DRUG ABUSE PREVENTION COUNCIL CHARGED WITH DEVELOPING A COMPREHENSIVE STATE PLAN TO COMBAT AND PREVENT PRESCRIPTION DRUG ABUSE.

THE DEPARTMENT IS PROVIDING LEADERSHIP TO THE COUNCIL, WITH THE DIRECTOR ACTING AS CO-CHAIR AND DEPARTMENTAL STAFF AIDING TO STAFF THE COUNCIL. TO DATE, THE COUNCIL HAS DEVELOPED A PROPOSED COMPREHENSIVE OUTLINE TO FOCUS ON THE FOLLOWING AREAS; CLINICAL, PHARMACY, EDUCATION, PRESCRIPTION DRUG MONITORING, THIRD PARTY PAYERS, TREATMENT, LAW ENFORCEMENT AND DATA/ANALYSIS. GOALS ARE BEING ESTABLISHED. THE COUNCIL WILL BE MAKING RECOMMENDATIONS THAT MAY REQUIRE LEGISLATION TO FURTHER ADDRESS REPORTING TO THE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) AS WELL AS IN THE OTHER AREAS LISTED ABOVE. THE DIRECTOR WILL CONTINUE TO WORK WITH THE COUNCIL PARTNERS TO IMPLEMENT RECOMMENDATIONS AND AS DIRECTOR OF THE DEPARTMENT FOCUSING ON SUBSTANCE ABUSE, WORK TO ENSURE TREATMENT OPTIONS ARE AVAILABLE TO SOUTH CAROLINIANS IN NEED OF PRESCRIPTION DRUG TREATMENT.

**PREVENTION SERVICES:** 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. THE DEPARTMENT HAS FOCUSED ON TWO EFFORTS TO REDUCE UNDERAGE DRINKING, TO INCLUDE THE IMPLEMENTATION OF ALCOHOL ENFORCEMENT TEAMS (AET) AND THE IMPLEMENTATION OF A FEDERAL GRANT EFFORT KNOWN AS THE COMMUNITY FOR A SAFER TOMORROW (CAST).

DATA SHOWS THAT BOTH THE AET AND CAST EFFORTS ARE IMPACTING POSITIVELY THE GOALS OF REDUCING UNDERAGE DRINKING IN SOUTH CAROLINA AS WELL AS REDUCING CAR CRASHES. ON SUCH OUTCOME CAN BE FOUND IN EDGEFIELD, WHERE THE CAST EFFORTS RESULTED A REDUCTION OF TRAFFIC DEATHS. IN FACT, THE COUNTY HAD NO TRAFFIC DEATHS FROM DECEMBER 2012

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THROUGH MARCH OF 2014. THIS WAS A JOINT EFFORT BETWEEN THE DEPARTMENT, LOCAL SUBSTANCE ABUSE AGENCIES AND LOCAL LAW ENFORCEMENT.

ACTIVITIES INCLUDE PUBLIC SAFETY CHECKPOINTS, UP FROM 1,011 IN FY13 TO 1081 IN FY14 (YET TO BE FINALIZED). DURING FY13, OVER 405 DUIS WERE RECORDED DURING THESE CHECKPOINTS, WITH 25 DUIS OF UNDERAGE INDIVIDUALS. THIS DATE IS COMPARABLE WITH FY12. BOTH AET AND CAST PROGRAMS WILL CONTINUE THROUGH 2015.

#### **RECOVERY**

**RECOVERY ORIENTED SYSTEMS OF CARE (ROSC):** RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC) IN LOCAL COMMUNITIES ARE THE BACKBONE OF ACHIEVING SUSTAINED RECOVERY. DAODAS CONTINUES TO LEAD A STATEWIDE STRATEGIC PLANNING EFFORT TO DEVELOP AND IMPLEMENT SUCH A SYSTEM OF CARE. DURING FY14, TRAINING WAS PROVIDED TO LOCAL AND STATE PARTNERS AS "THE LANGUAGE OF RECOVERY" WAS ROLLED-OUT TO COMMUNITY STAKEHOLDERS. WORK CONTINUED ON REVISING THE GOALS OF THE ROSC STRATEGIC PLAN TO REDUCE STIGMA AND TO SUPPORT INTEGRATION OF RECOVERY PRINCIPLES IN SERVICE SYSTEMS. IN 2015, THE DEPARTMENT WILL COMMIT TO USE GRANT FUNDING TO FURTHER EXPAND RECOVERY SERVICES, TO INCLUDE THE DEVELOPMENT OF COMMUNITY-BASED RECOVERY COALITIONS, PEER SUPPORT SERVICES, SAFE HOUSING AND OTHER RECOVERY SUPPORT SERVICES THAT IMPROVE TREATMENT OUTCOMES.

THE DEPARTMENT WORKS CLOSELY WITH BEHAVIORAL HEALTH ADVOCACY GROUPS, INCLUDING THE LOCAL AND STATE CHAPTERS OF FACES AND VOICES OF RECOVERY (FAVOR), WHICH WERE INSTRUMENTAL IN DEVELOPING AND TRAINING ON "THE LANGUAGE OF RECOVERY" CURRICULUM. FAVOR IS ALSO ASSISTING IN THE EXPANSION OF PEER-SUPPORT SERVICES WITHIN THE SUBSTANCE ABUSE PROVIDER NETWORK. PEER SUPPORT IS AIMED AT TRAINING INDIVIDUALS TO ASSIST CLIENTS NEW TO RECOVERY IN ORDER TO REMOVE BARRIERS AND OBSTACLES TO RECOVERY THAT OFTEN PROHIBIT LONG-TERM SUCCESS. DAODAS NOW SPEARHEADS THE PEER SUPPORT TRAINING IN ASSOCIATION WITH FAVOR. DURING FY14, AN ADDITIONAL 28 INDIVIDUALS HAVE BEEN CERTIFIED AS SPECIALISTS IN PEER SUPPORT. RECOVERY IS PRIORITY ONE OF THE DEPARTMENTAL MISSION. RECOVERY SUPPORT TRAININGS WILL CONTINUE DURING 2015.

**TRANSITIONAL HOUSING:** THE DEPARTMENT HAS ALSO FOCUSED ON RECOVERY THROUGH THE SUPPORT OF TRANSITIONAL HOUSING THAT WILL INCREASE RECOVERY PROSPECTS FOR SUBSTANCE-ABUSING INDIVIDUALS. THE CONTRACT WITH OXFORD HOUSE INC. CONTINUED DURING FY14; OXFORD HOUSE IS AN ORGANIZATION THAT ESTABLISHES SELF-SUSTAINING HOUSES FOR INDIVIDUALS IN RECOVERY FROM SUBSTANCE USE DISORDERS. IN PARTNERSHIP WITH OXFORD HOUSE, THE OUTREACH COORDINATOR, HIRED IN APRIL 2013 CONTINUED TO WORK TO INCREASE THESE HOUSING OPPORTUNITIES. TO DATE, THERE ARE 19 OXFORD HOUSES WITH 135 RESIDENTS. PLANS FOR 2015 INCLUDE THE ADDITION OF AN OUTREACH MANAGER TO WORK WITH CRIMINAL JUSTICE REFERRALS.

#### **HEALTH CARE INTEGRATION.**

DAODAS SUCCESSFULLY CONTRACTED IN FY14 WITH DHHS 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. DHHS AGREED TO TRANSFER \$3 MILLION DURING TO MITIGATE THE LONG-TERM AND ECONOMIC COSTS OF ADDICTIVE DISORDERS, AND TO REDUCE THE LIABILITY ASSOCIATED WITH THESE DISORDERS REPRESENTED BY A DISPROPORTIONATELY HIGH RATE OF CO-OCCURRING CHRONIC PHYSICAL DISEASE. DHHS AND DAODAS SEEK IMPROVEMENT IN SOUTH CAROLINIANS HEALTH STATUS THROUGH INVESTMENTS IN ACCESS TO ADDICTIONS TREATMENT AND RECOVERY-SUPPORT SERVICES, AS WELL AS SIGNIFICANT IMPROVEMENTS IN TREATMENT QUALITY, THUS MOVING CLIENTS FROM AN ACTIVE CHRONIC DISEASE STATE INTO RECOVERY. KNOWN AS THE RECOVERY PROGRAM TRANSFORMATION & INNOVATION FUND (RPTIF), THREE PRIORITY AREAS WERE FUNDED, TO INCLUDE IMPROVING ACCESS TO SERVICES, SERVICE ENGAGEMENT AND COLLABORATION/INTEGRATION OF SERVICES. TEN CONTRACTS WERE AWARDED IN MID-2014 FOR 18 MONTHS. OUTCOME DATA IS EXPECTED DURING FY15.

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DHHS HAS AGAIN AGREED TO CONTRACT \$3 MILLION IN RPTIF FUNDS IN FY15 TO COVER THE FOLLOWING PROGRAM AREAS; INCREASED ACCESS VIA TECHNOLOGY INVESTMENTS; COLLABORATION AND DISPARITY REDUCTION WITH A FOCUS ON PRESCRIPTION DRUG ABUSE; WORKFORCE DEVELOPMENT; RECOVERY SUPPORT AND THE CONTINUATION OF EXPANDING INPATIENT SERVICES FOR PREGNANT WOMEN AND FAMILY SERVICES.

**HEALTHY OUTCOMES PROGRAM (HOP):** IN OCTOBER OF 2013, DHHS IMPLEMENTED THE HEALTHY OUTCOMES PROGRAM (HOP) TO SUPPORT HOSPITALS WHO WOULD WORK WITH COMMUNITY PARTNERS TO PROPOSE SERVICE DELIVERY MODELS TO COORDINATE CARE FOR THE CHRONICALLY ILL, UNINSURED HIGH UTILIZER OF EMERGENCY DEPARTMENT SERVICES. THE DEPARTMENT JOINED WITH DHHS IN THE DEVELOPMENT OF THE INITIATIVE TO INCLUDE SUBSTANCE ABUSE DISORDERS AS A CHRONIC DISEASE THAT SHOULD BE ADDRESSED BY LOCAL HOSPITAL BASED COMMUNITY COALITIONS. TEN OF THE LOCAL SUBSTANCE ABUSE PROVIDERS ARE NOW PARTICIPATING WITH THE HOP PROGRAMS CURRENTLY OPERATING.

DURING THE FY15 BUDGET PROCESS, THE LEGISLATURE FURTHER DEFINED THE LOCAL SUBSTANCE ABUSE PROVIDER SYSTEM AS 'SAFETY NET' PROVIDERS, WHICH WORK DIRECTLY WITH THE HOP EFFORT, AS WELL AS PROVIDED FUNDING FOR THE PROVIDER SYSTEM TO CONTRACT TO SERVE ADDITIONAL UNINSURED INDIVIDUALS RECEIVING SERVICES WITHIN THE HEALTHY OUTCOME PROGRAM GUIDELINES. THIS LEADERSHIP WILL EXPAND ACCESS ACROSS THE SUBSTANCE ABUSE SYSTEM FOR UNINSURED INDIVIDUALS SUFFERING FROM THIS CHRONIC ILLNESS AND WHO ARE HIGH UTILIZERS OF THE SERVICE CONTINUUM.

#### **RECAPITULATION**

THE DEPARTMENT IS DIRECTED TOWARD EXPANDING SERVICE CAPACITY BY UTILIZING AVAILABLE RESOURCES AND BY WORKING WITH PUBLIC AND PRIVATE PARTNERS TO INTEGRATE SUBSTANCE ABUSE SERVICES WITH PRIMARY HEALTHCARE AND OTHER HEALTHCARE ENTITIES.

SYSTEM-WIDE, THE GOALS FOR FY15 ARE TO CONTINUE IMPLEMENTING A COORDINATED SYSTEM OF CARE, IMPLEMENTING RESEARCH- AND SCIENCE-BASED PROCESSES TO INCREASE RECOVERY, AND DISTRIBUTE FUNDING ON RATIONAL, DATA DRIVEN BASIS, TO ENHANCE PERFORMANCE OF PROVIDERS, AND ULTIMATELY TO ACHIEVE INCREASED OUTCOMES FOR CLIENTS. WITH AN EMPHASIS ON PREVENTION, ACCESS, TREATMENT QUALITY, AND RECOVERY, THE DEPARTMENT HAS PLACED AT THE FOREFRONT THE ISSUES OF MAINTAINING LEGACY SUCCESS, HEALTH CARE INTEGRATION, AND ADMINISTRATIVE COMPLIANCE AND TRANSPARENCY.



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Agency Code: J200 Section: 037



Fiscal Year 2013-14  
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Program Template

Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Administration	Provides leadership for the agency	\$ 97,202	\$ -	\$ 100,664	\$ 197,866	\$ 81,822	\$ 16,203	\$ 111,428	\$ 209,453	1.3.6, 1.4.3, 1.5.3, 1.5.5, 1.6.1, 1.6.2, 1.6.3, 2.1.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.3.3, 3.4.1,
Finance and Operations	Provides financial and other operational services for the agency to include contracts, procurement, and Human Resources	\$ 6,075,586	\$ 1,709,531	\$ 23,722,343	\$ 31,507,460	\$ 6,203,944	\$ 4,185,695	\$ 24,763,093	\$ 35,152,732	1.3.6, 1.6.3, 2.2.2, 2.3.4, 3.2.1, 3.2.4, 3.4.1
MGMT Info & Research	Provides collection, maintenance, and analysis of client and other administrative data to support reporting and decision making. Additionally, provides IT support.	\$ 53,819	\$ 119,572	\$ 344,094	\$ 517,485	\$ 43,905	\$ 74,554	\$ 282,618	\$ 401,077	1.1.1, 1.2.1, 1.3.2, 1.4.1, 1.4.4, 1.5.1, 1.5.5, 1.6.3, 2.3.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.4, 3.3.2, 3.4.2
Services	Provides support to the Alcohol and Drug Abuse System through consultation with policy, legislation, public relations. Additionally, provides support through training efforts and to ensure purchase of services are proper and necessary care for clients.	\$ 42,975	\$ 321,573	\$ 30,525	\$ 395,074	\$ 69,970	\$ 152,599	\$ 44,593	\$ 267,162	1.1.3, 1.2.3, 1.3.3, 1.4.1, 1.4.2, 1.4.4, 1.5.1, 1.5.2, 1.5.4, 1.5.5, 1.5.6, 1.6.3, 2.1.3, 2.1.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.2, 3.3.1, 3.3.2, 3.3.3, 3.3.4, 3.4.1, 3.4.2, 3.4.3, 3.4.4, , 3.5.3, 3.5.4
Programs	Provides oversight and monitoring of projects and activities of AOD Authorities and other vendors to ensure achievement of goals.	\$ 61,844	\$ 46,083	\$ 773,316	\$ 881,243	\$ 34,828	\$ 51,793	\$ 1,283,310	\$ 1,369,931	1.1.1, 1.1.2, 1.1.4, 1.2.1, 1.2.2, 1.2.4, 1.3.1, 1.3.2, 1.3.4, 1.3.5, 1.3.6, 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.5.1, 1.5.2, 1.5.3, 1.5.5, 1.6.3, 2.1.1, 2.1.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.4, 3.3.2, 3.3.4, 3.4.1, 3.4.2, 3.5.1, 3.5.3,
Employee Benefits	Associated benefits for agency staff	\$ 107,977	\$ 175,833	\$ 354,330	\$ 638,140	\$ 114,904	\$ 90,486	\$ 508,044	\$ 713,434	NA
					\$ -				\$ -	

Agency Name: Department of Alcohol and Other Drug Abuse Services

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Fiscal Year 2013-14  
Accountability Report

Strategic Planning Template

Type	Goal	Item # Strat	Object	Description
G	1			Increase prevention, intervention and treatment capacity to address substance abuse in South Carolina
S		1.1		Reduce Underage Alcohol Use
O			1.1.1	Implement Alcohol Enforcement Teams throughout the state
O			1.1.2	Implement evidence-based environmental strategies to target root causes of underage drinking
O			1.1.3	Train local law enforcement and prevention professionals on strategies to reduce underage drinking
O			1.1.4	Collaborate to create or revise local policies that may help to reduce underage drinking
S		1.2		Reduce Alcohol Related Car Crashes
O			1.2.1	Implement Alcohol Enforcement Teams through the state
O			1.2.2	Implement evidence-based environmental strategies targeting underage drinking in areas of alcohol-related crashes
O			1.2.3	Train local law enforcement and prevention professionals on strategies to reduce underage drinking
O			1.2.4	Collaborate to create or revise local policies that may help to reduce underage drinking
S		1.3		Reduce Tobacco Use Among Youth
O			1.3.1	Collaborate with local law enforcement to reduce youth access to tobacco products
O			1.3.2	Implement the Youth Tobacco Study to measure the retailer violation rate in the state
O			1.3.3	Train local law enforcement and prevention professionals on strategies to reduce youth access to tobacco
O			1.3.4	Deliver education programs to youth who have violated the underage tobacco law
O			1.3.5	Collaborate to create or revise local policies that may help to reduce underage youth access to tobacco
O			1.3.6	Implement the Food and Drug Administration Contract to reduce youth access to tobacco
S		1.4		Increase Treatment Services for Pregnant Women
O			1.4.1	Screen pregnant women using an evidence based screening tool for substance abuse (SBIRT)
O			1.4.2	Increase the number of pregnant women who access treatment and recovery services
O			1.4.3	Improve the services delivery system to address fetal alcohol spectrum disorders
O			1.4.4	Increase the number of intakes and admissions in collaboration with DSS
S		1.5		Increase Treatment Services to Adults
O			1.5.1	Increase treatment service admissions
O			1.5.2	Screen adults in primary care and community health settings for substance abuse
O			1.5.3	Implement state level system and policy change by using SBIRT as the standard of care in health care settings
O			1.5.4	Improve the health and behavioral health outcomes among adults with substance abuse disorders
O			1.5.5	Increase capacity of service for populations with high rates of readmission and to underserved populations
O			1.5.6	Train health care professionals in the use of the SBIRT tool

Agency Name: Department of Alcohol and Other Drug Abuse Services

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Fiscal Year 2013-14  
Accountability Report

Strategic Planning Template

Type	Goal	Item # Strat	Object	Description
S		1.6		<b>Increase Treatment Services to Families</b>
O			1.6.1	Establish Family Care Centers
O			1.6.2	Support and sustain funding for existing FCCs
O			1.6.3	Continue to work with Medicaid to provide coverage of substance abuse services for women, children and families
G	2			<b>Implement Recovery Systems of Care across the state</b>
S		2.1		<b>Provide a more comprehensive continuum of care that allows clients to practice recovery skills</b>
O			2.1.1	Implement the State Strategic Plan for Recovery Oriented System of Care
O			2.1.2	Mobilize communities to support the Recovery Oriented System of Care
O			2.1.3	Educate providers on working with clients us approaches that increase recovery prospects
O			2.1.4	Provide Peer Support Trainings to implement recovery support services in providers systems
S		2.2		<b>Increase Recovery Housing Opportunities</b>
O			2.2.1	Provide opportunities for transitional housing
O			2.2.2	Increase the number of Oxford Houses in South Carolina
O			2.2.3	Work to increase housing opportunities for criminal justice referrals
S		2.3		<b>Implement Recovery Technology</b>
O			2.3.1	Develop and implement tele-health services for substance abuse services
O			2.3.2	Implement internet and mobile phone applications for use with the recovery population
O			2.3.3	Develop a 24/7 call center availability for statewide triage, referral and or crisis stabilization
O			2.3.4	Maintain support for electronic health record report implementation to meet accurate data reporting requirements
G	3			<b>Increase health outcomes through the integration of care with universal health care providers</b>
S		3.1		<b>Increase the efficiency and effectiveness of treatment programs</b>
O			3.1.1	Increase the number of individuals who report sustained recovery
O			3.1.2	Increase the number of individuals who report employment as a result of completing treatment
O			3.1.3	Increase the number of individuals who access treatment within two working days of intake
O			3.1.4	Increase the number of individuals who access service within six working days after an assessment
S		3.2		<b>Increase services to the uninsured</b>
O			3.2.1	Work with DHHS to implement the Healthy Outcomes Program (HOP)
O			3.2.2	Support funding for local substance abuse providers as safety net providers
O			3.2.3	Support efforts to ensure local substance abuse providers are providers of choice under the ACA requirements
O			3.2.4	Utilize a portion of the Federal Block Grant to increase assessment services to uninsured clients

Agency Name: Department of Alcohol and Other Drug Abuse Services

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Fiscal Year 2013-14  
Accountability Report

Strategic Planning Template

Type	Goal	Item # Strat	Object	Description
S		3.3		<b>Increase services to clients with co-occurring disorders</b>
O			3.3.1	<i>Increase services to non-AOD diagnosed clients</i>
O			3.3.2	<i>Increase services to co-occurring clients</i>
O			3.3.3	<i>Work with primary care providers and other health professionals to build a referral network for services</i>
O			3.3.4	<i>Implement the SBIRT tool with health care professionals to further identify substance abuse/co-occurring issues</i>
S		3.4		<b>Increase services to clients suffering from prescription drug abuse</b>
O			3.4.1	<i>Expand Medication Assisted Treatment (MAT) options</i>
O			3.4.2	<i>Increase Capacity for numbers served with prescription drug abuse.</i>
O			3.4.3	<i>Complete the Governor's Council on Prescription Drug Abuse Prevention Council (PDAP) Report</i>
O			3.4.4	<i>Implement recommendations of the PDAP report pertinent to the substance abuse service delivery system</i>
S		3.5		<b>Focus on Work Force Development to increase health outcomes</b>
O			3.5.1	<i>Integrate research based practices into treatment protocols</i>
O			3.5.2	<i>Provide Training in implementation science to expand capacity and to achieve better health outcomes</i>
O			3.5.3	<i>Provide training opportunities in evidence based programs in prevention, treatment and recovery</i>
O			3.5.4	<i>Work with LLR to implement a license for alcohol and drug abuse professionals</i>

Agency Name: Department of Alcohol and Other Drug Abuse Services

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Fiscal Year 2013-14  
Accountability Report

Performance Measurement Template									
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1	Reduce Underage Alcohol Use	39.7%	38%	36%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Bi-Annual	Past 30 Day Use among High School Students	1.1.1, 1.2.1, 1.2.1, 1.2.2
2	Reduce Underage Alcohol Buy Rate	14.5%	14%	13.5%	July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Annual	Prevention Activity elements are entered daily into KIT. Calculated Quarterly	1.1.1, 1.1.2, 1.2.1, 1.2.2
3	Reduce Underage Car Crashes	44.1%	43%	41%	July 1- June 30	Fatality Analysis Reporting System (FARs) / NHTSA Database	2 Year Lag	Measures deaths in crashes where BAC is .08% or greater	1.1.1, 1.1.2, 1.2.1, 1.2.2
4	Reduce Underage Tobacco Use / Access	11.7%	10.6%	10%	October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Annual	Retailer Violation Rate calculated using sample size approved by the federal government	1.3.1, 1.3.2, 1.3.4, 1.3.6
5	Reduce Underage Tobacco Use	19.1%	17%	17%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Bi-Annual	Past 30 Day Use among High School Students	1.3.1, 1.3.2, 1.3.4, 1.3.6
6	Screening and Brief Intervention	6,000	7,500	9,000	October 1 - September 30	DHHS / DAODAS MMIS / Monthly	Annual	Entered Monthly / Reported Annually	1.4.1, 1.5.2, 1.5.3, 1.5.4, 1.5.5
7	Increase Services for Pregnant Women	734	774	815	July 1- June 30	DAODAS MMIS / DAODAS Dashboard Measures / Monthly	Annual	Data Reported Monthly / Annual Calculation - 3 Month Lag	1.4.2, 1.4.4
8	Increase DSS Admissions	4,167	4,375	4,584	July 1- June 30	DAODAS MMIS / Monthly	Annual	Entered Monthly / Reported Annually	1.4.4
9	Increase Client Admissions	30,196	29,876	32,500	July 1- June 30	DAODAS MMIS / DAODAS Dashboard Measures / Monthly	Annual	Entered Monthly / Reported Annually	1.5.1, 1.5.4, 1.5.5
10	Increase Family Care Centers	2	2	4	July 1- June 30	DAODAS / Monthly	Annual	Evaluation Data Reported Annually	1.6.1, 1.6.2, 1.6.3
11	Moblize Communities to Support ROSC	0	5	10	July 1- June 30	DAODAS Division of Treatment / Monthly	Annual	Evaluation Data Reported Annually	2.1.1, 2.1.2, 2.1.3
12	Train Peer Support Specialists	0	50	100	July 1- June 30	DAODAS Division of Treatment / Monthly	Annual	Evaluation Data Reported Annually	2.1.4
13	Increase Recovery Housing Opportunities	18	19	21	July 1- June 30	DAODAS Division of Administration / Monthly	Annual	Evaluation Data Reported Annually	1.6.2., 2.2.1, 2.2.2, 2.2.3
14	Implement Tele-Health Services	0	0	10	July 1- June 30	SBIRT Federal Grant / Monthly	Annual	Evaluation Data Reported Annually	2.3.1,2.3.2, 2.3.3, 2.3.4
15	Increase Effectiveness of Treatment Programs / Decrease Use	38%	37%	40%	July 1- June 30	National Outcome Measures / Monthly	Annual	Entered Monthly / Reported Annually / 6 Month Time Lag	1.5.4, 2.3.4, 3.1.1
16	Increase Effectiveness of Treatment Programs / Increase Employment	6%	7.3%	8%	July 1- June 30	National Outcome Measures / Monthly	Annual	Entered Monthly / Reported Annually / 6 Month Time Lag	1.5.4, 2.3.4, 3.1.1
17	Increase Efficiency of Treatment Access	89%	92%	95%	July 1- June 30	State Baseline Measure / Monthly	Annual	Entered Monthly / Reported Annually	1.4.2, 1.4.4, 1.5.1, 1.5.5, 1.6.3, 2.1.4, 3.1.2

<b>Agency Name:</b>	<b>Department of Alcohol and Other Drug Abuse Services</b>		
<b>Agency Code:</b>	<b>J20</b>	<b>Section:</b>	<b>037</b>



Fiscal Year 2013-14  
Accountability Report

Performance Measurement Template									
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
18	Increase the Efficient of Treatment Retention	52%	54%	55%	July 1- June 30	State Baseline Measure / Monthly	Annual	Entered Monthly / Reported Annually	1.4.2, 1.4.4, 1.5.1, 1.5.5, 1.6.3, 2.1.4, 3.1.5
19	Increase Services to the Uninsured	11,000	11,000	13,200	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Annual	Entered Monthly / Reported Annually	3.2.1, 3.2.4
20	Increase Services to the Insured	43%	43%	45%	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Annual	Entered Monthly / Reported Annually	3.2.1, 3.2.2, 3.2.3
21	Increase Services to Co-Occurring Clients / Non-AOD Clients	5,000	5,500	6,000	July 1- June 30	DHHS / DAODAS MMIS / DAODAS Dashboard Measures / Monthly	Annual	Entered Monthly / Reported Annually	3.3.1, 3.3.2, 3.3.3, 3.3.4
22	Increase Services to Prescription Drug Abuse Clients	3,500	4,000	4,200	July 1- June 30	DAODAS MMIS / Monthly	Annual	Entered Monthly / Reported Annually	3.4.1, 3.4.2, 3.4.4
23	Provide Training in Evidence Based Programming	30	30	50	July 1- June 30	DAODAS Division of Training / Monthly	Annual	Calculated Annually	3.5.1, 3.5.3