



DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

Budget Request Fiscal Year 2016-2017

Prepared for:

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

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

***Budget Request
Fiscal Year 2016-2017***

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

January 20, 2016

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South Carolina Department of Alcohol and Other Drug Abuse Services

NIKKI R. HALEY
Governor

BOB TOOMEY
Director

January 20, 2016

The Honorable G. Murrell Smith Jr., Chairman
The Honorable William Clyburn
The Honorable Jimmy C. Bales
The Honorable J. Derham Cole Jr.

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 2016-2017 budget plan for your consideration.

For the upcoming fiscal year, DAODAS is requesting \$1.75 million in state general recurring funds for the expansion of substance use disorder services to address the opiate epidemic sweeping the nation. This request is a direct result of the agency's participation in the Governor's Prescription Drug Abuse Prevention Council and included recommendations to expand therapy and medically managed opioid abuse treatment. The agency is also requesting \$3 million from the Capital Reserve Fund to address deferred maintenance for Act 301 alcohol and drug treatment facilities.

As outlined in Governor Haley's Executive Budget, DAODAS is requesting an increase in budget authorization in the agency's "Federal" line of \$3.064 million, in the "Other Funds" authorization for a total of \$1.282 million, and an increase in the "State" authorization line of \$1.75 million to address the new request in general funds. In addition, the department is requesting 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

Vision

DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.

We will be a force that leverages a statewide system-based interagency collaborative in which our providers are leaders in advancing community wellbeing. We will promote and facilitate innovation along with comprehensive and seamless integration of a continuum of substance use services, the benefits of which are acknowledged by all.

Our funding decisions and relationships will maximize positive impact on clients, families, and communities. We will foster workforce alignment and development to facilitate the availability of and access to a menu of services. Our funders will be confident in the value of our interagency and provider-coordination role.

Mission

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 a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.”

Values

At the heart of this statement are the agency’s core values of:

Accountability

Collaboration

Effectiveness

Integrity

Leadership

Respect

Trust

Major Program Areas

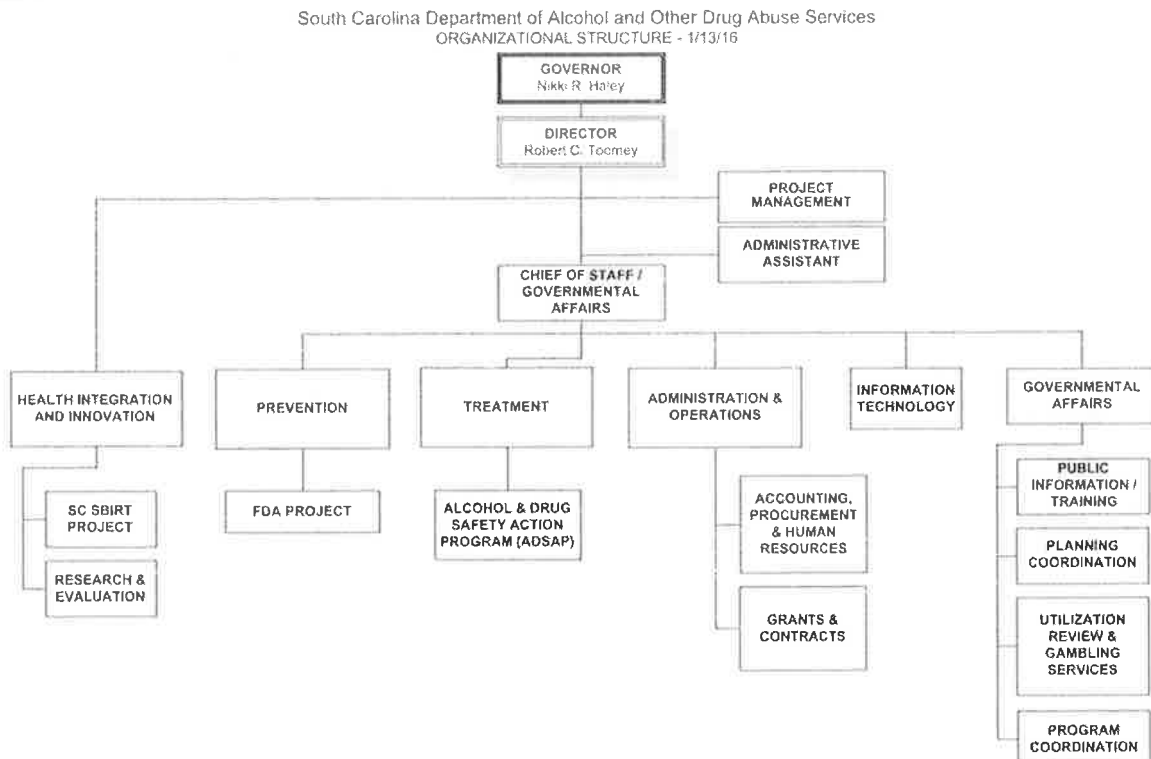
Four major products are offered by the department and are delivered by contracting with 33 certified substance abuse service providers and a range of state agencies and community partners:

- *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.*)
- *Recovery Services* focus not only on an individual client's "completion of treatment" but also on an individual's recovery assets in the community and family participation in the client's active recovery.

Organizational Chart



Source: DAODAS Division of Governmental Affairs

Key Agency Officials

- Bob Toomey – Director
- Lee Dutton – Chief of Staff / Manager, Division of Governmental Affairs
- Sharon Peterson – Manager, Division of Administration and Operations / Budget Director

South Carolina Department of Alcohol and Other Drug Abuse Services Fiscal Year 2015 Accountability Report Summary

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 annual social cost in the United States is \$467 billion and in South Carolina is approximately \$3.12 billion per year in both direct and indirect costs.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention, treatment, and recovery 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 2.5 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 386,000 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment. 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 2015 (FY15), DAODAS and its service network provided more than 41,000 episodes of care.

DAODAS Prioritized Strategic Goals for Fiscal Year 2016

Beginning in 2014 and continuing through FY15, departmental staff began a rigorous process to update the agency's strategic plan in order to prepare the organization to meet the challenges in planning, coordinating, and delivering addiction services in a new healthcare environment. Using various strategies, including SWOT analyses, strategic mapping, and implementation science, staff began the process of refining the agency's strategic alignment while also learning effective ways to build capacity to identify and accomplish the major goals of the organization.

Emerging from these activities are six strategic visionary goals that will guide the agency over the next several years. The six strategic visions include: **A) collaboration** – moving the agency and its provider network toward a more holistic system of care; **B) integration** of physical and behavioral health care to improve outcomes for clients, families, and communities; **C) a focus on continuous quality improvement** to create basic quality measures and baseline requirements; **D) to maximize funding decisions** as tied to the positive impact on client, family, and community outcomes; **E) to create and or expand access to a full service continuum**; and **F) to focus on internal workforce** and organizational alignment to ensure high employee morale and staff support for the agency's core philosophy, thereby accomplishing the agency's mission.

Fiscal Year 2015 Major Achievements

To meet the continuing demand for substance abuse services, DAODAS took a proactive approach to serving its key customers during FY15, continuing to reach the agency's overarching goal of achieving sustainable recovery for substance-abusing clients, while reducing use, abuse, and harm and thereby improving healthcare outcomes. In keeping with the strategic plan and the visionary goals, the following achievements are highlighted:

Capacity / Collaboration /Continuum of Care

Prevention

DAODAS continues to emphasize prevention programs associated with the reduction of underage drinking. The Alcohol Enforcement Team (AET) effort 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 addition, the department continued to implement the Community Action for a Safer Tomorrow (CAST) grant with the goal of reducing underage drinking and DUI traffic crashes among this population.

Data shows that both the AET and CAST efforts are positively impacting the goal of reducing underage drinking in South Carolina. Data highlights show that both programs have resulted in a reduction of underage drinking. Activities include public safety checkpoints, up in Fiscal Year 2014 (FY14) to 1,382 (FY15 data yet to be finalized). During FY14, over 360 DUIs were recorded during these checkpoints, and more than 550 youth participated in a diversion program for alcohol.

Treatment

The department continues to work with the Department of Social Services (DSS) to identify clients within the social services system who may need substance abuse services and to ensure a workable referral system. During FY15, DAODAS continued to partner with DSS to develop mechanisms for increasing the effectiveness of programs administered by that agency by leveraging the resources of DAODAS and its partners and signing a contract to fund alcohol and drug abuse counselors who are co-located in DSS offices to identify and assess clients for substance use and abuse. This included drug testing, screening, and assessment services for DSS-involved families. To date, 27 county authorities have hired staff and received orientation. During Fiscal Year 2016 (FY16), plans are to complete hiring, provide additional training, and begin services and evaluation.

During FY15, the department established a federal block grant-funded payment mechanism for providing assessments for the uninsured. In short, funding was contracted to provide priority treatment for uninsured individuals and to reduce financial barriers to treatment. DAODAS projected more than 4,000 assessments would be provided. Through June 30, 2015, over 5,300 assessments were provided to the uninsured. This effort ties directly to the agency's goal of increasing the capacity of service providers to treat South Carolinians in need of services. The

effort will continue during FY16 with a planning effort to expand to other service provision during the fiscal year.

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 an SBIRT initiative for pregnant women who are currently receiving Medicaid services. DAODAS continues to emphasize the effort to implement the SBIRT initiative for not only pregnant women, but all populations who may benefit from the screening process. SC SBIRT was implemented in October 2011 with a focus on pregnant and parenting women, and was operated throughout the state in 2015 in association with DHHS, the Department of Health and Environmental Control, Department of Mental Health, and the S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA). A core improvement strategy is to encourage all ob/gyn providers in the state that treat pregnant (or 12-months post-partum) Medicaid clients to use the SBIRT screening tool to gauge substance abuse, tobacco use, depression, and domestic violence, and then to refer those individuals to treatment when warranted. During FY15, more than 8,300 patients were provided 12,000 screens. Data show that there is a positive connection between SBIRT participation and improved birth outcomes, including higher rates of preventive care, significantly higher rates of access to preventive health services, higher rates of timeliness in prenatal and postpartum care, and higher frequencies of ongoing prenatal care.

Augmenting the DHHS efforts, the department applied for and won an SBIRT grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Implemented during FY14, and in association with 14 partners that include Federally Qualified Health Centers (FQHCs), Rural Health Centers, hospital emergency departments (EDs), and local alcohol and drug abuse sites, an estimated 117,000 initial screens for alcohol, tobacco, and other drugs have been completed on 42,000 patients. The grant is expanding during FY16 to include installing brief intervention curricula, expansion of telehealth and health information technology efforts, expansion into additional EDs, continued implementation of substance use disorder (SUD) treatment service provision at partnering healthcare sites, and obtaining substantial outcome data to help guide SBIRT'S future use and expansion.

Prescription Drug Abuse

In November 2011, the Centers 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 lacked a statewide strategy to address this problem for the many South Carolinians who struggle with prescription drug abuse, pointing out 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.

During 2015, the council released more than 50 recommendations in eight priority areas, with a focus on prescribers, the South Carolina Prescription Drug Monitoring Program (SCPDMP), pharmacies, third-party payors, law enforcement, treatment, education and advocacy, and data and analysis.

Work has already begun to implement several of the recommendations. Working with council partners, notable successes include an increase in the number of prescribers and pharmacists now registered and using the SCPDMP (estimated at 30%, up from 22%); two major insurance carriers (South Carolina Public Employee Benefit Authority and South Carolina Health Connections – Medicaid) requiring contracted prescribers to use the SCPDMP beginning in January 2016; and several partners – including DAODAS, DHHS, Department of Labor, Licensing and Regulation, Blue Cross/Blue Shield, S.C. Medical Association, and the U.S. Drug Enforcement Administration – collaborating to create a statewide public campaign and provider toolkit that will include a consistent message of education regarding best practices for prescribing opioids and pain management, with information on identifying substance use disorders and referral options for treatment.

The Governor's Council on Prescription Drug Abuse Prevention recommended an expansion of medication-assisted treatment (MAT) to address rising opioid addiction in the state. This expansion would include not only the use of medications, but also providing behavioral health therapy in tandem with medication. This use of MAT can increase the retention rate in treatment, improve social functioning, decrease substance abuse, reduce infectious disease transmission, reduce criminal activity, and reduce the risk of overdose and death.

Recovery

Recovery-oriented systems of care in local communities are the cornerstone of achieving sustained recovery and encompass a focus on creating infrastructure with resources to effectively address the full range of substance abuse problems within the community.

DAODAS continues to lead a statewide strategic planning effort to develop and implement such a system of care, and focused in 2015 on developing a vision and mission statement, along with researching systems transformation with a national expert. In 2016, the department will engage in further consultation specific to the planning and implementation of three demonstration projects for a system-transformation initiative. These sites will act as a learning collaborative for a recovery-oriented system of care through the local substance abuse provider system.

The department takes an active role in supporting behavioral health advocacy groups, including the local and state chapters of Faces and Voices of Recovery (FAVOR). Six chapters exist cross the state, all with the goal of recovery support. Notably, the Pee Dee FAVOR chapter has initiated a telephone recovery-support program that began receiving referrals in February 2015. In a similar effort with Greenville FAVOR, more than 538 individuals enrolled in telephone recovery coaching services, and 128 of these individuals were referred for engagement in service with the local substance abuse provider. These efforts relate directly to achieving long-term recovery.

FAVOR South Carolina 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 spearheads the peer-support training in association with FAVOR South Carolina. During FY15, an additional 32 individuals were certified as Peer Support Specialists. As of July 2015, 130 Peer Support Specialists had been certified and were employed by county

alcohol and drug abuse authorities or were volunteering with FAVOR chapters across the state. Recovery is a main priority of the departmental mission.

The department has also focused on recovery through the support of transitional housing that will increase recovery prospects for individuals with substance use disorders (SUDs). A contract continued during FY15 with Oxford House Inc., an organization that establishes self-sustaining houses for individuals in recovery from SUDs. In partnership with Oxford House, an Outreach Coordinator continued working to increase these housing opportunities. To date, there are 28 Oxford Houses in South Carolina with 185 residents. Plans for 2016 include the addition of a second Outreach Manager who will work to establish homes for women.

Healthcare Integration

During FY14, the department successfully contracted 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 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. Known as the Recovery Program Transformation & Innovation Fund (RPTIF), three priority areas were funded: improving access to services; service engagement; and collaboration/integration of services. Ten contracts were awarded in mid-2014 for 18 months. The University of South Carolina School of Social Work has been evaluating these efforts in the three priority areas. As these projects come to a close, the evaluation has revealed success in improving access to services by using SBIRT in hospitals and jails, improving service engagement utilizing community supports, and enhancing collaboration by providing services to women and families.

DHHS agreed to contract \$3 million in RPTIF funds again 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. These awards were contracted in calendar year 2015. Evaluation is expected in early 2016.

A third round of funding has been announced for 2016. Areas of focus include medication-assisted treatment, prescription drug abuse, integration of behavioral health services, adolescent and family services, and infrastructure development. Awards will also be made to those organizations that apply to continue the successes of the 2014 cohort.

Healthy Outcomes Plan (HOP)

Continuing through FY15, DAODAS worked with DHHS to ensure that the substance abuse treatment system was included in efforts to reduce chronic disease under the auspices of a DHHS budget proviso (Hospital and Clinic Innovation / Medicaid Accountability and Quality Improvement – Healthy Outcomes Plan). Several of the county alcohol and drug abuse authorities are currently working closely with local hospitals to treat uninsured patients identified as HOP clients who are also diagnosed with a substance use disorder. During FY15, the county authorities, now defined as “safety net providers,” received \$2 million to further provide substance abuse services for identified HOP clients and also low-income uninsured clients.

Plans for 2016 include efforts to work more closely with the HOP programs across the state to develop stronger referral linkages for identified clients.

Telehealth

With the rapid technological advances in the recovery field, DAODAS has supported efforts to investigate how local service providers may invest in these advances to support recovery. During FY15, the department participated in a SAMHSA-sponsored technical assistance opportunity (Innovative Uses of Technology in Addiction Care Collaborative) to investigate possible technology options for implementation in South Carolina. The team chose to further investigate the use of mobile phone applications that help individuals in recovery avoid behaviors that might threaten recovery.

In addition, and under the auspices of the agency's federally funded SC SBIRT initiative to improve access to services, a telehealth initiative is in the beginning stages in two counties: Barnwell County (Axis I Center of Barnwell, Southern Palmetto Hospital, and Healthwise Family Medicine) and Horry County (Shoreline Behavioral Health Services and five Little River Medical Center FQHC sites). In addition, SC SBIRT has funded one year of "myStrength" for Shoreline Behavioral Health Services and The Phoenix Center in Greenville County to enhance treatment and recovery support for clients. Both of these initiatives are proof-of-concept projects that, if successful, could contribute to effectiveness and efficiency of the state's provider network.

During 2015, the department also developed and issued a Request for Proposals to implement a 24-hour on-call telephone service to assist South Carolinians in need of access to care outside normal business hours. This service will enable individuals to speak with a clinician, be screened, and then referred to a local substance abuse provider for care. The contract has been awarded and will be operational during FY16.

South Carolina Department of Alcohol and Other Drug Abuse Services

Total Fund Authorizations and Expenditures

Program/Title	FY 2012-13 Expenditures						FY 2013-14 Expenditures					
	Recurring General	Non-Recurring	Earmarked	Other	Federal	TOTAL	Recurring General	Non-Recurring	Earmarked	Other	Federal	TOTAL
Administration	\$ 95,791	\$ -	\$ 16,203	\$ -	\$ 99,907	\$ 211,901	\$ 81,822	\$ -	\$ 16,203	\$ -	\$ 111,428	\$ 209,453
Finance and Operations	\$ 6,075,586	\$ -	\$ 1,691,836	\$ 4,994	\$ 23,722,343	\$31,494,758	\$ 6,193,725	\$ 1,150,000	\$ 3,033,382	\$ 2,362	\$ 24,762,097	\$35,141,566
MGMT Info & Research	\$ 52,645	\$ -	\$ 96,224	\$ -	\$ 340,047	\$ 488,916	\$ 43,905	\$ -	\$ 64,283	\$ -	\$ 282,570	\$ 390,758
Services	\$ 42,975	\$ -	\$ 288,794	\$ 31,770	\$ 30,525	\$ 394,064	\$ 69,970	\$ -	\$ 124,532	\$ 25,704	\$ 44,593	\$ 264,800
Programs	\$ 61,844	\$ -	\$ 46,083	\$ -	\$ 758,827	\$ 866,754	\$ 34,828	\$ -	\$ 49,714	\$ -	\$ 1,272,387	\$ 1,356,929
Employee Benefits	\$ 107,977	\$ -	\$ 163,652	\$ 12,181	\$ 354,330	\$ 638,140	\$ 114,904	\$ -	\$ 84,346	\$ 6,140	\$ 508,044	\$ 713,434
Total	\$ 6,436,817	\$ -	\$ 2,302,791	\$ 48,945	\$ 25,305,981	\$34,094,534	\$ 6,539,155	\$ 1,150,000	\$ 3,372,460	\$ 34,206	\$ 26,981,120	\$38,076,940

Program/Title	FY 2014-15 Expenditures						FY 2015-16 Appropriation/Authorization					
	Recurring General	Non-Recurring General	Earmarked	Other	Federal	TOTAL	Recurring General	Non-Recurring General	Earmarked	Other	Federal	TOTAL
Administration	\$ 96,420	\$ -	\$ 16,203	\$ -	\$ 133,639	\$ 246,262	\$ 106,715	\$ -	\$ -	\$ -	\$ 131,627	\$ 238,342
Finance and Operations	\$ 6,345,560	\$ 1,700,000	\$ 2,811,948	\$ 11,045	\$ 27,245,042	\$38,113,595	\$ 6,288,586	\$ 2,250,000	\$ 7,231,515	\$ 30,000	\$ 26,392,845	\$42,192,946
MGMT Info & Research	Restructured - Combined with Finance & Operations	Restructured - Combined with Finance & Operations	Restructured - Combined with Finance & Operations	Restructured - Combined with Finance & Operations	Restructured - Combined with Finance & Operations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services	\$ 72,175	\$ -	\$ 146,615	\$ 59,892	\$ 48,282	\$ 326,964	\$ 75,984	\$ -	\$ 108,547	\$ 77,221	\$ 51,976	\$ 313,728
Programs	\$ 33,620	\$ -	\$ 95,975	\$ -	\$ 1,445,503	\$ 1,575,098	\$ 26,075	\$ -	\$ 255,611	\$ -	\$ 1,751,124	\$ 2,032,810
Employee Benefits	\$ 128,621	\$ -	\$ 100,798	\$ 11,980	\$ 557,201	\$ 798,600	\$ 146,309	\$ -	\$ 110,459	\$ 10,280	\$ 546,834	\$ 813,882
Total	\$ 6,676,396	\$ 1,700,000	\$ 3,171,539	\$ 82,917	\$ 29,429,667	\$41,060,519	\$ 6,643,669	\$ 2,250,000	\$ 7,706,132	\$ 117,501	\$ 28,874,406	\$45,591,708

South Carolina Department of Alcohol and Other Drug Abuse Services Summary Budget Request for Fiscal Year 2017

Recommended Appropriations

The Governor's Fiscal Year 2017 Executive Budget recommends:

- \$1.75 Million for Medically Managed Opioid Abuse Treatment
- \$3 Million for Deferred Maintenance – County Alcohol and Drug Abuse Authorities
- Authorization Increases
 - Federal Funds - \$3.064 Million
 - Grant Funding
 - State Funds - \$1.75 Million
 - New State Program Authority (if awarded)
 - Other Funds - \$1.282 Million
 - To address DHHS, DSS, and Other Contract Awards
- \$50,000 Allocation from the Lottery's Unclaimed Prize Fund [**Section 59-150-230(I)**]

South Carolina Department of Alcohol and Other Drug Abuse Services Medication-Assisted Treatment

Scope of the Opioid Problem

Nonmedical use of prescription drugs, opioids in particular, continues to be classified as a “national epidemic” by policy agencies and the media alike (1). The federal Drug Enforcement Administration’s *2015 National Drug Threat Assessment Summary* cites the misuse of prescription opiates as one of the nation’s most prevalent illicit drug problems, second only to marijuana. Data suggest the abuse of these drugs is greater than abuse of cocaine, heroin, methamphetamine, MDMA, and PCP combined (2). In 2012, it was estimated that misuse of prescription opioid pain relievers had led 2.1 million people in the United States to suffer from a substance use disorder, particularly opioid use disorder (3,4). The problem is deeply impacting individuals and families, and is accounting for growing social costs evidenced in the workforce, criminal justice, and child welfare systems (1). Some studies estimate national societal costs of prescription opioid abuse exceed \$55.6 billion per year (1,2).

Misuse of prescription opioids is a significant risk factor for heroin use. Recent studies show three out of four people who used heroin in the past year misused opioids first. And seven out of 10 people who used heroin in the past year also misused opioids in that same year (5). We also know that people who are addicted to opioid painkillers are 40 times more likely to be addicted to heroin (6).

Drug overdose deaths are the leading cause of injury deaths in the United States, ahead of deaths from motor vehicle accidents and firearms. The most recent national information available, from 2013, shows more than 46,000 people in the United States died from a drug overdose, and more than half of those were caused by prescription painkillers and heroin (7).

South Carolina is seeing increasing numbers of patients in emergency rooms with issues related to opioid dependence. Outside of drug-seeking behavior, South Carolinians made 13,461 visits to emergency departments from 2012 to 2014 for opioid abuse, dependence, or overdose (8). Last year, 516 South Carolinians died of an opioid overdose (9).

South Carolina’s Response

In May 2013, Inspector General Patrick Maley published a report to highlight South Carolinians’ struggle with prescription drug abuse and noted the lack of a statewide strategy to address this problem. In response, on March 14, 2014, Governor Nikki Haley signed Executive Order No. 2014-22, establishing the Governor’s Prescription Drug Abuse Prevention Council. This body developed a comprehensive state plan to combat and prevent prescription drug abuse, which was published in December 2014 (10).

Whereas South Carolina has one of the highest rates of painkiller prescriptions, with somewhere between 96 and 143 per 100 people statewide, significant progress has been made on the Council’s recommendations targeting the supply of prescription drugs (11). The Department of Health and Environmental Control, Department of Labor, Licensing and Regulation, and others have worked diligently to improve the state’s prescription drug monitoring program, and to educate and increase the number of prescribers who use it. As prescribers reduce the number of unnecessary prescriptions, we must have appropriate interventions and treatment readily

available to prevent incidence of heroin use, to prevent overdose death, and to support people into recovery from opioid use disorder.

Opioid dependence is widely recognized as a chronic disease, not a defect of character. It is known to be the most difficult substance use disorder to overcome. As with other diseases, there is scientifically based evidence that certain treatment modalities are more effective than others. Medication-assisted treatment (FDA-approved medication in combination with evidence-based counseling therapy) is highly effective at treating and managing opioid use disorder (12).

DAODAS Capacity

As a recommendation of the Council, and with support of the Governor, DAODAS is working to increase the capacity to treat individuals and families so that every person in our state who needs help has every option available to them to successfully reach recovery. Advancing access to medication-assisted treatment in South Carolina will involve education and training for all board and staff members of the 33 local providers that DAODAS funds. These providers will be assisted in building partnerships with physicians. They also will be assisted in coordinating care for patients who require clinical services from multiple practices (e.g., counseling, medical, pharmacy). Counseling and recovery-support services will be enriched for the specific needs of individuals and families dealing with opioid use disorder and medication maintenance. Telehealth infrastructure will be used to reach individuals in our rural communities, and of course, costs of counseling, medical consultation, and prescriptions will be covered for those individuals who ask for help returning to self-sufficiency, but truly have no means to pay.

1. Baldasare, A. The cost of prescription drug abuse: A literature review. (2011)
2. Birnbaum et al. Societal costs of prescription opioid abuse, dependence, and misuse in the United States. (2001)
3. U.S. Department of Justice Drug Enforcement Administration, 2015 National Drug Threat Assessment Summary, DEA-DCT-DIR-008-16
4. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. (2013)
5. America's Addiction to Opioids: Heroin and prescription drug abuse. National Institute on Drug Abuse. (2014)
6. National Survey on Drug Use and Health. (2011-2013)
7. Jones, C.M. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – U.S. (2013)
8. S.C. Revenue and Fiscal Affairs Office, Health and Demographics Section. (2015)
9. Division of Biostatistics, PHSIS, S.C. Department of Health and Environmental Control. (2015)
10. Governor's Prescription Drug Abuse Prevention Council, South Carolina. State Plan to Prevent and Treat Prescription Drug Abuse. (2014)
11. Centers for Disease Control and Prevention. Vital Signs. (2014)
12. Substance Abuse and Mental Health Services Administration. Detoxification and Substance Abuse Treatment, A Treatment Improvement Protocol. (2015)

South Carolina Department of Alcohol and Other Drug Abuse Services Infrastructure Funding – County Alcohol and Drug Abuse Authorities

As with any service system, attention must be paid to infrastructure needs – elements that undergird its operational objectives. As time has passed, the pursuit of expansion, the changing economy, the changing healthcare system, changes in public administration of the system that have led to an erosion of state block grant funding, and erosion in the alcohol excise tax upon which the system was founded have ultimately led to a service system stretched to meet basic infrastructure needs, including facility management.

Coupled with changing demands and requirements for accountability of the expenditure of public funds, the system must meet ever-increasing demands to show positive outcomes, human capital investment, as well as to keep abreast of the changing technology and program advances in the field of addictions.

Quality of county authority infrastructure is a factor in the level of access, engagement, and duration of treatment. DAODAS has proposed to launch an initiative to improve system infrastructure. This plan will reflect an overall priority focus on the more rural providers, and within that view, those with higher levels of need as indicated by both health status factors and substance use disorder prevalence indicators. These indicators include alcohol impairment deaths, alcohol-related emergency room discharges, opioid deaths, rate of specialty mental health care, rate of heart attacks and diabetes, and other demographic indicators.

The specific funding priority will also consider urgency as reflected by critical timing or quality issues such as DHEC, CARF, or ADA issues. Additional weight will be given to “shovel readiness” and in certain cases to the availability of local match.

DAODAS has developed a provider-need metric based on these criteria.

South Carolina Department of Alcohol and Other Drug Abuse Services 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 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 finally awarded to DAODAS in January 2004 through a grant process overseen by the Budget and Control Board. This funding (\$1 million) was depleted in July 2008.

DAODAS then was appropriated dollars in Fiscal Year 2008 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. The department utilized these funds to cover gambling services until they were expended in full in Fiscal Year 2010.

During Fiscal Years 2012 and 2013, the agency received \$100,000 from the certified unclaimed prize fund to operate gambling addiction services, and an additional \$200,000 for Fiscal Years 2014 and 2015 to continue services to this population.

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 4,350 individuals have been provided crisis-intervention and/or treatment for problem and pathological gambling.

South Carolina Department of Alcohol and Other Drug Abuse Services Funding Authorizations

\$3,064,577 – Increase in Federal Authority

Needed to cover newly awarded grants or changes in grant funding amounts

\$1,750,000 – Increase in State Authority

Needed to cover authority for new state funding (if awarded)

\$1,282,238 – Increase in “Other Funds” Authority

Needed to cover awarded contracts

South Carolina Department of Alcohol and Other Drug Abuse Services Provisos

- A. Proviso Number:** PROVISOR 37.4
Using the renumbered 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 37 - 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*): DELETE.
- E. Title**
Descriptive Proviso Title: (DAODAS – HEALTH INFORMATION TECHNOLOGY)
- F. Summary**
Summary of Existing or New Proviso: THE PROVISOR 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 DEVELOPMENT AND IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS (EHRs).
- 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*): EHR FUNDING WAS IDENTIFIED WITH DHHS ASSISTANCE. AN EHR WAS PURCHASED AND LOCAL PROVIDERS HAVE A FUNCTIONING EHR.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**
TASK COMPLETED.
- I. Justification**
Refer to the instructions for the correct question to answer in this space, based on the action you selected:
TASK COMPLETED.
- 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.