



DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

Budget Request Fiscal Year 2015-2016

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 2015-2016***

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

January 27, 2015

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South Carolina Department of Alcohol and Other Drug Abuse Services

NIKKI R. HALEY
Governor

BOB TOOMEY
Director

January 27, 2015

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 2015-2016 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 budget authorization in the agency's "Other Funds" authorization for a total of \$3.12 million. Additionally, the department is requesting a \$100,000 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:

“The mission of the Department of Alcohol and Other Drug Abuse Services is to support healthy individuals, healthy families and healthy 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.

Major Program Areas

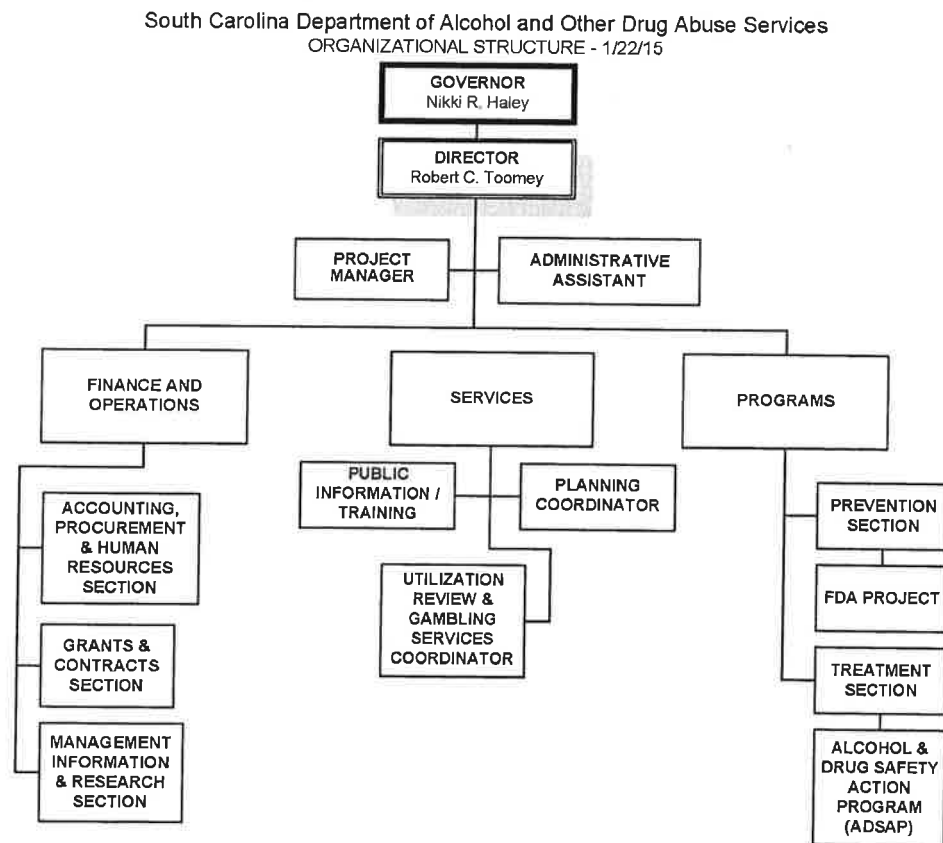
Four major products are offered by the department and are delivered by contracting with 33 certified substance abuse providers and a range of state agencies and community partners:

- *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.*)

- *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 External Affairs and Provider Support

Key Agency Officials

- Bob Toomey – Executive Director
- Lee Dutton – Manager, Division of External Affairs and Provider Support
Legislative Liaison
- Lillian Roberson – Manager, Division of Operations / Budget Director

South Carolina Department of Alcohol and Other Drug Abuse Services

Fiscal Year 2014 Accountability Report Summary

Capitalizing on more than 55 years of success in ensuring access to substance abuse services for the citizens of South Carolina, and continuing through Fiscal Year 2014, 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 improving the effectiveness of the public and private provider system striving for long-term client outcomes and recovery.

The use of alcohol, tobacco, and other drugs 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 it is approximately \$2.5 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, DAODAS purchases a wide array of prevention, intervention, and treatment services through a community-based system of care. The department 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. 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.

Key Strategic Goal

"Clients in treatment will achieve sustainable recovery."

DAODAS Prioritized Fiscal Year 2015 Strategic Goals

- 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.
- Implement Recovery-Oriented Systems of Care.
- Implement system integration with primary healthcare and behavioral healthcare systems.

Fiscal Year 2015 Department Direction

System-wide, the goals for Fiscal Year 2015 are to continue implementing a coordinated system of care; to continue implementing research- and science-based processes to increase recovery; to distribute funding on a rational, data-driven basis; to enhance the performance of providers; and ultimately to achieve increased outcomes for clients.

South Carolina Department of Alcohol and Other Drug Abuse Services

Key Result Areas and Outcome Highlights

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 2014 (FY14), DAODAS and its provider network met this need for 49,000 South Carolinians.

Fiscal Year 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.**

Achievement: Treatment – In Fiscal Year 2013, 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: DAODAS 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. The department 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 Fiscal Year 2013, 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.

Strategic Goals

- *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 an SBIRT initiative for pregnant women who are currently receiving Medicaid services through the Medical Home Network (MHN) program. During FY14, more than 370 healthcare professionals were trained in the use of the SBIRT tool. As a result of this collaboration, DAODAS directly provided substance abuse services to an additional 153 pregnant or postpartum women (a 42% increase), and in conjunction with its local provider network, increased overall services to pregnant women by 15%.

Augmenting the DHHS efforts, the department applied for and won an SBIRT grant from the Substance Abuse and Mental Health Services Administration. 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 estimated 25,000 initial screens for alcohol, tobacco, and other drugs have been completed.

Plans for Fiscal Year 2015 included additional training for health educators to provide brief intervention treatment on-site in the healthcare locations; to address Medicaid reimbursement disparity for screenings with DHHS; to implement telehealth services in the participating sites; and to expand efforts across a mix of six urban and rural counties focusing on adults in primary care physician offices and in FQHCs.

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 DSS 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 abuse treatment facilities, where services are focused on reunification and therapeutic interventions, as well as the treatment of substance use disorders.

Currently, two FCCs are in operation – one in Columbia and one in Charleston. An additional FCC is slated to open during Fiscal Year 2015 in Sumter.

Prescription Drug Abuse: In November 2011, the National 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 lacks a statewide strategy to address this problem for the many residents 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 prescription drug abuse.

The department is providing leadership to the Council, with the DAODAS Director serving as co-chair and departmental employees serving as staff for the council. In December 2014, the council finalized its work and issued more than 50 recommendations in the following areas: prescribers, pharmacy, education and advocacy, prescription drug monitoring, third-party payers, treatment, law enforcement, and data/analysis. Goals are now being established in these areas. The Council made a recommendation that will require legislation to further address reporting to the Prescription Drug Monitoring Program, as well as in other areas listed above. DAODAS will continue to work with the Council partners to implement recommendations and will strive to ensure that service options are available to South Carolinians in need of prescription drug abuse 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 – implementation of Alcohol Enforcement Teams (AETs) and implementation of a federal grant effort known as Community Action for a Safer Tomorrow (CAST).

Data shows that both the AET and CAST efforts are positively impacting the goals of reducing underage drinking in South Carolina as well as reducing car crashes. One such outcome can be found in Edgefield County, where CAST efforts resulted in a reduction of traffic deaths. In fact, the county had no traffic deaths from December 2012 through March 2014. This was a joint effort between DAODAS, local substance abuse agencies, and local law enforcement.

Activities include public safety checkpoints, up from 1,011 in Fiscal Year 2013 (FY13) to 1,081 in FY14 (*data yet to be finalized*). During FY13, more than 405 DUIs were recorded during these checkpoints, with 25 DUIs involving underage individuals. This date is comparable with that for Fiscal Year 2012. Both AET and CAST programs are continuing through Fiscal Year 2015 (FY15).

- *Recovery*

Recovery Oriented Systems of Care (ROSC): In local communities, ROSC 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 FY15, the department is committed to using 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 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 a top priority of the departmental mission. Recovery-support trainings are continuing during FY15.

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, an Outreach Coordinator – hired in April 2013 – continued to work to increase these housing opportunities. As of September 2014, there were 19 Oxford Houses in South Carolina with 135 residents. In FY15, DAODAS hired an Outreach Manager to increase referrals.

- *Health Care Integration*

Recovery Program Transformation and Innovation Fund: 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 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 and 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. Outcome data is expected during FY15.

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. Contracts are now being awarded.

Healthy Outcomes Program: In October 2013, DHHS implemented the Healthy Outcomes Program (HOP) to support hospitals that would work with community partners to propose service-delivery models for coordinating care for the chronically ill, uninsured high utilizers of emergency department services. DAODAS joined with DHHS in the development of the initiative to include substance use 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 initiatives 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 HOP guidelines. This leadership will expand access across the substance abuse system for uninsured individuals who are suffering from this chronic illness and are high utilizers of the service continuum.

South Carolina Department of Alcohol and Other Drug Abuse Services

Total Fund Authorizations and Expenditures

Program/Title	FY 2011-12 Expenditures						FY 2012-13 Expenditures					
	Recurring General	Non-Recurring General	Earmarked	Other	Federal	TOTAL	Recurring General	Non-Recurring General	Earmarked	Other	Federal	TOTAL
Administration	\$ 67,765	\$ -	\$ 16,204	\$ -	\$ 76,298	\$ 160,267	\$ 95,791	\$ -	\$ 16,203	\$ -	\$ 99,907	\$ 211,901
Finance and Operations	\$ 5,890,076	\$ -	\$ 966,449	\$ 3,576	\$ 22,616,144	\$ 29,476,245	\$ 6,075,586	\$ -	\$ 1,691,836	\$ 4,994	\$ 23,722,343	\$ 31,494,758
MGMT Info & Research	\$ 50,126	\$ -	\$ 96,437	\$ -	\$ 306,637	\$ 453,200	\$ 52,645	\$ -	\$ 96,224	\$ -	\$ 340,047	\$ 488,916
Services	\$ 44,926	\$ -	\$ 173,492	\$ 31,112	\$ 108,436	\$ 357,966	\$ 42,975	\$ -	\$ 288,794	\$ 31,770	\$ 30,525	\$ 394,064
Programs	\$ 70,209	\$ -	\$ 54,777	\$ -	\$ 591,970	\$ 716,956	\$ 61,844	\$ -	\$ 46,083	\$ -	\$ 758,827	\$ 866,754
Employee Benefits	\$ 109,967	\$ -	\$ 106,039	\$ 11,251	\$ 307,134	\$ 534,391	\$ 107,977	\$ -	\$ 163,652	\$ 12,181	\$ 354,330	\$ 638,140
Total	\$ 6,233,069	\$ -	\$ 1,413,399	\$ 45,939	\$ 24,006,620	\$ 31,699,026	\$ 6,436,817	\$ -	\$ 2,302,791	\$ 48,945	\$ 25,305,981	\$ 34,094,534

Program/Title	FY 2013-14 Expenditures						FY 2014-15 Appropriation/Authorization					
	Recurring General	Non-Recurring General	Earmarked	Other	Federal	TOTAL	Recurring General	Non-Recurring General	Earmarked	Other	Federal	TOTAL
Administration	\$ 81,822	\$ -	\$ 16,203	\$ -	\$ 111,428	\$ 209,453	\$ 103,814	\$ -	\$ -	\$ -	\$ 122,703	\$ 226,517
Finance and Operations	\$ 6,193,725	\$ 1,150,000	\$ 3,033,382	\$ 2,362	\$ 24,762,097	\$ 35,141,566	\$ 6,336,149	\$ 1,700,000	\$ 4,725,563	\$ 57,632	\$ 27,802,375	\$ 40,621,719
MGMT Info & Research	\$ 43,905	\$ -	\$ 64,283	\$ -	\$ 282,570	\$ 390,758	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	\$ 69,970	\$ -	\$ 124,532	\$ 25,704	\$ 44,593	\$ 264,800	\$ 74,759	\$ -	\$ 212,285	\$ 152,853	\$ 55,401	\$ 495,298
Programs	\$ 34,828	\$ -	\$ 49,714	\$ -	\$ 1,272,387	\$ 1,356,929	\$ 34,638	\$ -	\$ 107,326	\$ -	\$ 1,491,877	\$ 1,633,841
Employee Benefits	\$ 114,904	\$ -	\$ 84,346	\$ 6,140	\$ 508,044	\$ 713,434	\$ 144,347	\$ -	\$ 138,283	\$ 13,500	\$ 426,268	\$ 722,398
Total	\$ 6,539,155	\$ 1,150,000	\$ 3,372,460	\$ 34,206	\$ 26,981,120	\$ 38,076,940	\$ 6,693,707	\$ 1,700,000	\$ 5,183,457	\$ 223,985	\$ 29,898,624	\$ 43,699,773

**South Carolina Department of Alcohol and Other Drug Abuse Services
Budget Request 2015-2016**

Recommended Appropriations

The Governor's Fiscal Year 2016 Executive Budget recommends:

- No increase from Fiscal Year 2015 levels of operating support
- Current Recurring State Base: \$6,693,707 (includes Local Salary Supplement)
- "Other Funds" Authorization Increase of \$3,120,000
 - DSS Contract for Drug Screening of Substance Abusing Clients
- \$100,000 Allocation from the Lottery's Unclaimed Prize Fund [**Section 59-150-230(D)**]

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 4,058 individuals have been provided crisis-intervention and/or treatment for problem and pathological gambling.

South Carolina Department of Alcohol and Other Drug Abuse Services Provisos

- A. Proviso Number:** PROVISO 37.1
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*): KEEP.
- E. Title**
Descriptive Proviso Title: (TRAINING AND CONFERENCE REVENUE)
- F. Summary**
Summary of Existing or New Proviso: THE PROVISO 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 PROVISO 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 STATUTE. 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 PROVISO 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)**
\$25,817 (FISCAL YEAR 2014)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
NOT APPLICABLE.

- A. Proviso Number:** PROVISOR 37.2
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*): KEEP.
- E. Title**
Descriptive Proviso Title: (GAMBLING ADDICTION SERVICES)
- F. Summary**
Summary of Existing or New Proviso: THE PROVISOR 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 PROVISOR 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 PROVISOR 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)**
\$123,985 (OTHER)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
NOT APPLICABLE.

- A. Proviso Number:** PROVISOR 37.3
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*): KEEP.
- E. Title**
Descriptive Proviso Title: (MEDICAID MATCH TRANSFER)
- F. Summary**
Summary of Existing or New Proviso: THE PROVISOR 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 PROVISOR 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 FISCAL YEAR 2008. 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 PROVISOR 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 PROVISOR, AS INCLUDED IN THE DAODAS PROVISOR 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)**
\$1,915,902 (STATE)
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
NOT APPLICABLE.

- 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*): 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: (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 IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS.
- 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 PROVISOR 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 RECORD SYSTEM FOR THE ALCOHOL AND DRUG ABUSE SERVICE SYSTEM IN SOUTH CAROLINA.
- I. Justification**
Refer to the instructions for the correct question to answer in this space, based on the action you selected:
THE PROVISOR REMAINS IN THE BUDGET AS THE TWO AGENCIES CONTINUE TO WORK TOGETHER TO FUND THE OPERATION AND MANAGEMENT OF AN ELECTRONIC HEALTH RECORD SYSTEM FOR THE SUBSTANCE ABUSE SYSTEM DURING FISCAL YEAR 2015.
- 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.