

Legislative Oversight Committee
South Carolina House of Representatives
Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811



Extension Request Guidelines

Restructuring & Seven-Year Plan Report

March 11, 2015

EXTENSION REQUEST GUIDELINES

Background

Section 1-30-10(G) requires agencies to submit an Annual Restructuring Report and Seven-Year Plan. Legislative Oversight Standard Practices 4.1 and 6.1 state the Legislative Oversight Committee (“Committee”) shall provide agencies with a uniform format for submitting their Annual Restructuring Report and Seven-Year Plan to the House.

The Committee provided agencies the uniform format for these reports. The correspondence with the Report Guidelines, and the actual Report Guidelines, stated the deadline for agencies to submit their completed reports.

The Committee has received a request from the agency for an extension in which to provide the agency’s completed report. Pursuant to the Committee’s Standard Practice 1.2 and Committee Rule 7.1, the following procedures apply to these types of Requests for Extension:

4.1.1 The Chairman may, for reasons he determines as good cause, provide an agency an extension to submit its Annual Restructuring Report.

4.1.2 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

4.1.3 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

6.1.1 The Chairman may, for reasons he determines as good cause, provide an agency an extension to submit its Seven-Year Plan.

6.1.2 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

6.1.3 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Submission Process

Please complete the Extension Request Form included on the following pages. All forms should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Word) and saved as a PDF for online reporting. The signed copy of the complete Extension Request Form should be mailed to: House Legislative Oversight Committee, Post Office Box 11867, Columbia, South Carolina 29211. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

Note the Extension Request Forms will be published online.

EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT

Department of Alcohol and Other Drug Abuse Services

I. Extension Requested

1. List the Sections for which the Agency is Requesting an Extension:	<i>Entire Report</i>
2. State the date the agency originally received the report guidelines:	<i>March 17, 2015 – Received Initial Request as forwarded from internal staff; Received Charts week of March 19, 2015.</i>
3. State the date the agency submitted this request for an extension:	<i>March 25, 2015</i>
4. State the original deadline for the report:	<i>March 31, 2015</i>
5. State the number of additional days the agency is requesting:	<i>36</i>
6. State the new deadline if the additional days are granted:	<i>May 1, 2015</i>

II. History of Extensions

1. List the years in which the agency previously requested an extension, putting the years the extension was granted in bold:	<i>Not Applicable</i>
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EXTENSION REQUEST FORM

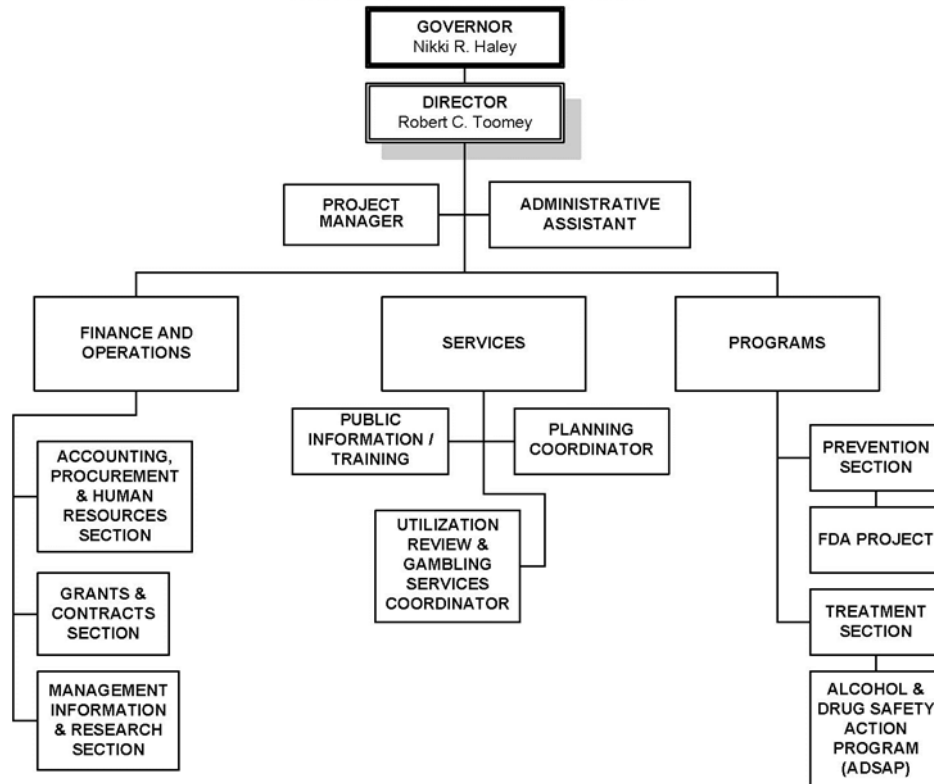
RESTRUCTURING & SEVEN-YEAR PLAN REPORT

III. Organizational Knowledge

Please attach an agency organization structure. Below, and if needed attach additional pages, list all individuals considered upper management at the agency with the section(s) of the agency they oversee and their date of hire.

Position	Section of Agency	Date of Hire	Name
Agency Director	Entire Agency	January 2011	Robert C. Toomey
Manager	Services / External Affairs	September 1993	Stephen L. Dutton
Manager	Finance and Operations	November 1992	Lillian Roberson

South Carolina Department of Alcohol and Other Drug Abuse Services
ORGANIZATIONAL STRUCTURE - 1/22/15



IV. Good Cause

Please state below good cause as to why the Committee should grant the extension requested by the agency. Please limit the response to two (2) pages.

The South Carolina Department of Alcohol and Other Drug Abuse Services is requesting an extension on filing the *Restructuring and Seven Year Plan Report* due to the following reasons:

1. The initial request to complete the report was received by a newly hired administrative assistant and it was not forwarded to the appropriate staff member until March 16, 2015. In addition, complete instructions were not received until March 19, 2015.
2. The requested information is extensive and will require legal, program and data elements that will have to be updated and/or researched for accuracy. This will involve a range of staff members who have duties outside the reporting milieu.
3. The lead staff member who will complete the report not only serves as the Governmental Affairs liaison, but also serves as the Assistant Director with varying duties to fulfill outside the office, including working with General Assembly as well as representing the Director

at a range of meetings. In addition, the department has a small staff and thus resources must be marshalled in order to meet guideline requests.

4. The department has several mandates that are pressing, including working with the Governor's Task Force on Domestic Violence, Chairing the Governor's Prescription Drug Abuse Council and assisting Council members in implementing over 50 recommendations, presenting before the legislature on budgetary matters, as well as legislative issues and providing oversight and technical assistance to 33 substance abuse providers across South Carolina.

EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT


V. Verification

I have reviewed and approved the information provided in this Extension Request Form. The information contained in this form is complete and accurate to the extent of my knowledge.

Current Agency Director

(Sign/Date):

(Type/Print Name):


Robert C. Toomey

VI. Committee Response

Leave this Section blank. The Chairman will complete this Section after fully considering the agency's request.

Sections for which an Extension is Granted:	Entire Report
Number of Additional Days Granted:	31 Days
New Deadline for Agency Response:	May 1, 2015 (As Requested)

Legislative Oversight Committee

South Carolina House of Representatives

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Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Fax: (803) 212-6811



Restructuring & Seven-Year Plan Report Guidelines

February 27, 2015

COMMITTEE INFORMATION

Committee Information

House Legislative Oversight Committee

Post Office Box 11867
Columbia, South Carolina 29211

Telephone 803-212-6810

Fax 803-212-6811

Also, the agency may visit the South Carolina General Assembly Home Page (<http://www.scstatehouse.gov>) and click on "*Citizens' Interest*" then click on "*House Legislative Oversight Committee Postings and Reports*". This will list the information posted online for the Committee; click on the information the agency would like to review.

<http://www.scstatehouse.gov/citizens.php> (Click on the link for "*House Legislative Oversight Committee Postings and Reports*.")

OVERVIEW: RESTRUCTURING & SEVEN-YEAR PLAN

Background

Pursuant to Section 1-30-10(G)(1), state department and agency governing authorities must submit the following to the Governor and General Assembly:

- “reports giving detailed and comprehensive recommendations for the purposes of merging or eliminating duplicative or unnecessary divisions, programs, or personnel within each department to provide a more efficient administration of government services.” (Annual Restructuring Report, Restructuring Report or ARR)

Pursuant to Section 1-30-10(G)(2), state department and agency governing authorities must submit the following to the Governor and General Assembly:

- “a seven-year plan that provides initiatives and/or planned actions that implement cost savings and increased efficiencies of services and responsibilities within the projected seven-year period.” (Seven-Year Plan)

These questions and instructions are provided for the purposes of fulfilling the agency’s requirement to the House Legislative Oversight Committee under these statutes. **Please note the agency’s response will be published on the General Assembly’s website.**

In completing these documents, having a copy of the Fiscal Year 2012-13 Accountability Report and Fiscal Year 2013-14 Accountability Report the agency submitted to the Executive Budget Office will be helpful.

Submission Process

Please complete the information and answer the questions included on the following pages. Please note at the end there is a request to complete an Excel document with the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e., searched the agency documents, asked for information because they are in charge of the department, etc.). Therefore, for efficiency purposes, the agency may want to keep track of this information while answering the questions instead of waiting until the end.

All forms should be submitted electronically by **March 31, 2015**, to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Word and Excel) and saved as a PDF for online reporting. The signed copy of the Submission Form with a hard copy of the forms and attachments should be mailed to: House Legislative Oversight Committee, Post Office Box 11867, Columbia, South Carolina 29211. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

OVERVIEW: RESTRUCTURING & SEVEN-YEAR PLAN

Efforts to Avoid Duplication

Please note at the end of each page in this report, the Committee includes the following:

Does the agency already provide the information requested on this page, or similar information, in a report required by a legislative entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency look in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

In the Excel document attached, there is a template to complete any questions which ask for the same information under the tab labeled, “Similar Information Requested.” The Committee asks this at the end of every page because if the questions on that page seek information similar to information sought in another report to a legislative entity, we want to know so we may communicate with the legislative entity who requires the other report and determine the most efficient way to avoid duplication in the future.

In addition, notice that one section of this report requests the agency list all other reports it has to submit. The Committee is seeking this information to analyze and determine whether there are any recommendations the Committee may make, in collaboration with the other entities which require reports, in an effort to minimize the burden of all the reporting requirements on the agency while still ensuring all appropriate information is provided.

Looking Ahead

The Restructuring Report, Seven-Year Plan and Oversight Study process are new for 2015. Each year the Committee will review information sought from agencies, the methods through which it is sought and any feedback received from agencies. Through this review, it is the Committee’s goal to continually improve its processes and obtain greater effectiveness and efficiency for agencies and the Committee through revisions and updates both in the information it receives and way in which it is collected. The Committee looks forward to working with agencies to provide the most effective and efficient state government for the people of South Carolina.

RESTRUCTURING & SEVEN-YEAR PLAN

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

Date of Submission: *May 7, 2015*

Please provide the following for this year's Restructuring and Seven-Year Plan Report.

	Name	Date of Hire	Email
Agency Director	Robert C. Toomey	January 2011	btoomey@daodas.sc.gov
Previous Agency Director	W. Lee Catoe	January 2003	lcatoe@columbiachamber.com

	Name	Phone	Email
Primary Contact:	Stephen L. Dutton	803.896.1142	sldutton@daodas.sc.gov
Secondary Contact:	Lillian Roberson	803.896.1145	lroberson@daodas.sc.gov

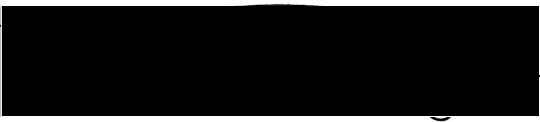
Is the agency vested with revenue bonding authority? (re: Section 2-2-60(E))	No
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I have reviewed and approved the enclosed 2015 Restructuring and Seven-Year Plan Report, which are complete and accurate to the extent of my knowledge.

Current Agency Director

(Sign/Date):

(Type/Print Name):

 May 5, 2015
Robert C. Toomey

**If applicable,
Board/Commission
Chair**

(Sign/Date):

(Type/Print Name):

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Insert the appropriate page numbers once the agency has completed the report.

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EXECUTIVE SUMMARY

I. Executive Summary

A. Historical Perspective

1. Please complete the **Historical Perspective Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Historical Perspective." In this chart the Committee is asking the agency to provide a bullet style list of any major changes in the agency's purpose or mission and any restructuring that occurred (i.e., combining with or taking on other agency responsibilities, etc.) during the last ten years.

B. Purpose, Mission and Vision

1. Please complete the **Purpose/Mission/Vision Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Purpose, Mission." The other specifics are included in the template.

C. Key Performance Measure Results

1. After completing the Key Performance Measurement Processes Section of this Report, please come back to this question and provide a summary of the results (bullet style results only, explanations should be included in the Key Performance Measurement Processes Section).

ORGANIZATIONAL PROFILE

II. Organizational Profile

This section asks for a fact based description of the agency. Please provide information in the stated Excel template. If an Excel template is not referenced, provide the information in bullet style.

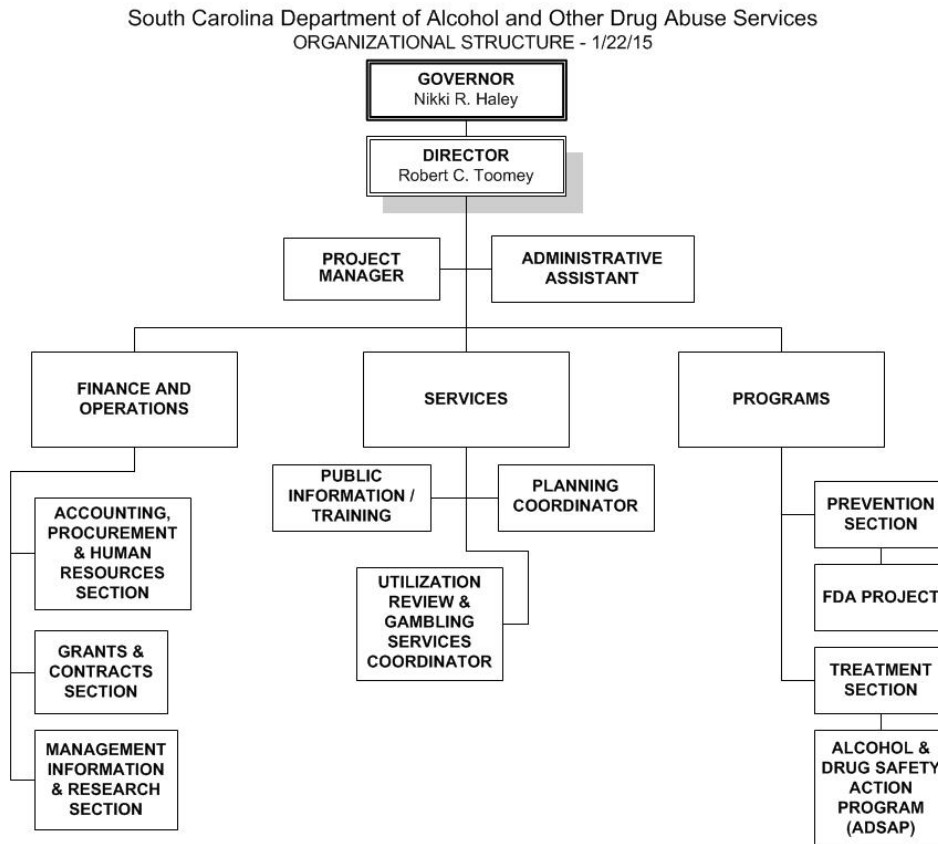
1. The agency's main deliverables (i.e., products or services) and the primary methods by which these are provided;
 - a. Complete the **Key Deliverables Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Deliverables."
2. The agency's key customers and their requirements and expectations;
 - a. Complete the **Key Customers Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Customers;"
3. The agency's key stakeholders (other than customers);
 - a. Complete the **Key Stakeholders Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Stakeholders;"
4. Other state agencies which have the biggest impact on the agency's mission success;
 - a. Complete the **Key Partner Agency Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Key Partner Agencies."
5. The agency's performance improvement system(s);

Performance Improvement Systems

- Federal Government Performance and Results Act (GPRA) / National Outcome Measures (NOMs) – Prevention and Treatment Requirements
- Federal Block Grant Set-Aside / Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Regulations
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- DAODAS Quality Assurance Standards
- Governor's Executive Budget Process
- State-Mandated Provider Contract Objectives / "Goals of Effectiveness"
- Statewide Strategic-Planning Process / County Planning
- Performance-Based Funding
- Coordinated County Review Process
- County Assistance Program / Mandated Improvement Program
- Medicaid Utilization Review / Medicaid Rehabilitation Requirements
- Employee Performance Management System
- Employee Training and Professional Development System

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

6. The agency's organizational structure in flow chart format;



7. Details about the body to whom the Agency Head reports;

- a. Complete the **Overseeing Body Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Overseeing Body-General" and "Overseeing Body-Individual Member."

8. Please complete the **Major Program Areas Chart**. In the Excel document attached, there is a template to complete under the tab labeled, "Major Program Areas."

See Appendix A.

9. Please identify any emerging issues the agency anticipates may have an impact on its operations in the upcoming five years.

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 FY2015, the department's director continues to provide the necessary leadership to re-vision the strategic direction of the agency, as well as the direction of the substance abuse field,

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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 processes 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:

Increase the capacity of local 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 a Recovery-Oriented System of Care.

Implement systems integration with primary healthcare and behavioral healthcare systems.

Emerging Issues: Prescription Drug Abuse and Criminal Domestic Violence (Treatment)

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

ORGANIZATIONAL PROFILE

III. Laws (Statutes, Regulations, Provisos)

This section asks for state and federal statutes, regulations and provisos (“Laws”) which apply to the agency.

1. Please complete the **Legal Standards Chart**. In the Excel document attached, there is a template to complete under the tab labeled, “Legal Standards.” In this Chart, please list all state and federal statutes, regulations and provisos that apply to the agency (“Laws”). The other specifics are included in the template.

IV. Reports and Reviews

This section asks for information about reports the agency is required to submit to a legislative entity and the agency’s internal review process.

1. Please complete the **Agency Reporting Requirements Chart**. In the Excel document attached, there is a template to complete under the tab labeled, “Agency Reporting Requirements.” In this Chart, please list all reports, if any, the agency is required to make to a legislative entity. The specifics as to each report are included in the template.
2. Please complete the **Internal Audit Chart**. In the Excel document attached, there is a template to complete under the tab labeled, “Internal Audits.”

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

RESTRUCTURING REPORT

V. Key Performance Measurement Processes

This category examines the agency's performance and improvement in key areas. Performance levels are examined relative to those of competitors and other organizations providing similar programs and services. Information is typically displayed by the use of performance measures. Quantitative measures may be supplemented by a discussion of qualitative measures where appropriate; however, every effort should be made to use appropriate quantitative measures that can be charted to show trends and comparisons to benchmarks.

Address only top-level results showing aggregate measures of agency-wide performance that are reflective of the value added to customers. Please include comparative data as applicable. These results are typically captured in performance goals and planning documents. When determining which processes are "key processes" consider the business impacts, and select those processes that are most important to the customer (both internal and external) to satisfy their requirements and/or those processes with problem areas identified by management.

Note: Results information (i.e., each chart, graph, table) reported for this category should be referenced to the specific question number (Ex. Chart 5.1-1, Graph 5.1-2, Table 5.1-3). The third digit identifies the sequential position of the specific chart, graph or table included in the agency's responses to each questions.

For each performance measurement included in response to the questions on the next page under Subsection A, please provide the following information:

- a. The performance goal(s)/benchmark(s) for the overall process output, and/or critical activities that produce the output.
 - i. Three agency/government entities in other states or non-government entities the agency considers the best in the country in this process or similar process and why.
 - ii. If the agency did not use results from an entity the agency listed in response to "i" as a performance goal/benchmark, why not and why did the agency choose the goal/benchmark it did?
 - iii. Individual(s) who are not employed by the agency (government or non-government, located anywhere in the country) whom the agency considers an expert in the process or similar process and their contact information, or if deceased, name of books authored.
- b. List the senior leaders who review the performance measure, their title and frequency with which they monitor it.
- c. Trends the agency has seen and the method by which it analyzes trends in these results.
- d. Whether the agency has reasonable control over this result (i.e., more than 50% or enough to be able to influence and accurately measure the result).
 - i. If the agency does not have reasonable control over this result, the other one or more agencies, who when combined with the agency, together have reasonable control over the result and names of those other agencies.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

V. Key Performance Measurement Processes (cont.)

A. Results of Agency's Key Performance Measurements

Mission Effectiveness

1. What are the agency's actual performance levels for two to four of the agency's key performance measurements for mission effectiveness (i.e., a process characteristic indicating the degree to which the process output (work product) conforms to statutory requirements (i.e., is the agency doing the right things?))?
 - a. Senior leaders review performance data that detail how the citizen-client is recovering in his/her addiction. DAODAS tracks statewide client-outcome measures (as required by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and now known as the National Outcome Measures [NOMs]) for prevention, intervention, and treatment programs. Prevention measures include 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; 30-day inhalant use; 30-day medical prescription drug use; favorable attitudes toward alcohol, tobacco, and other drug (ATOD) use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. Intervention and treatment measures include abstinence/frequency of use, health status, educational/employment advances, criminal justice status, aftercare participation, and client satisfaction.

TREATMENT

In FY13, 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%. 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.

The department maintains a focus on client outcomes and continues to emphasize the statewide client-outcome system as required by SAMHSA. 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 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.

- i. National Benchmark. All states must comply with this federal reporting requirement.
 - ii. Federally Required.
 - iii. A. Thomas McLellan, Treatment Research Institute (www.tresearch.org).
- b. Executive Management Team – Quarterly.
 - c. 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.
 - d. The agency does not have reasonable control over the result. Addiction is a co-morbid disease that is life-long. Relapse is part of the disease. The agency works with local, state, and federal partners to implement evidence-based treatment approaches to improve the recovery prospects for individuals in treatment programs.

PREVENTION

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 use disorders and to help them develop personal decision-making skills to reduce the risk of ATOD-related problems.

In terms of prevention, DAODAS uses evidence-based approaches to prevent or reduce the misuse, use, and abuse of ATODs. The DAODAS Standard Survey focuses on core measures and includes measuring 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; 30-day inhalant use; 30-day non-medical prescription drug use; favorable attitudes toward ATOD use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. Outcomes (* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 during FY13 included: 23.8% reduction in the number of alcohol users*; 20.4% reduction in the number of inhalant users*; and 4.6% improvement in decision-making skills*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 332 in FY13. This increase in evidence-based prevention programming is directly related to one of the agency’s five directive goals (to increase evidence-based programming).

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

Significance Chart

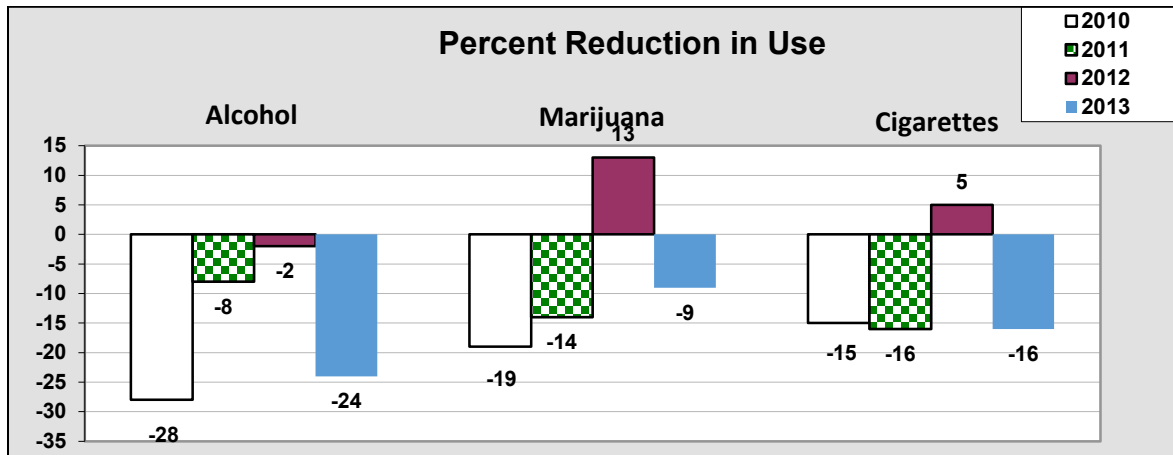


Chart 5.1-1 (Source: DAODAS Division of Program Accountability, Prevention Section – PIRE Evaluation – FY13).

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.

- i. State Benchmark based on federal guidelines.
 - ii. Federal law directs states to set their own benchmarks. South Carolina is comparable to other Southeastern states.
 - iii. Fran Harding, Director, Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (www.samhsa.gov/csap).
- b. Executive Management Team – Quarterly.
 - c. 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.
 - d. The agency does not have reasonable control over the result. The agency works with local, state, and federal partners to implement evidence-based prevention approaches to improve the prospects of individuals, especially youth and adolescents, from underage use of illegal substances.

Mission Efficiency

2. What are the agency’s actual performance levels for two to four of the agency’s key performance measurements for mission efficiency (i.e., a process characteristic indicating the degree to which the process produces the required output at minimum resource cost (i.e., is the agency doing things right?)) including measures of cost containment, as appropriate?

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

a. **EFFICIENCY METRICS**

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. Specific client-retention data include: 1) assessment provided within two working days of intake; and 2) clinical service provided within six working days of assessment.

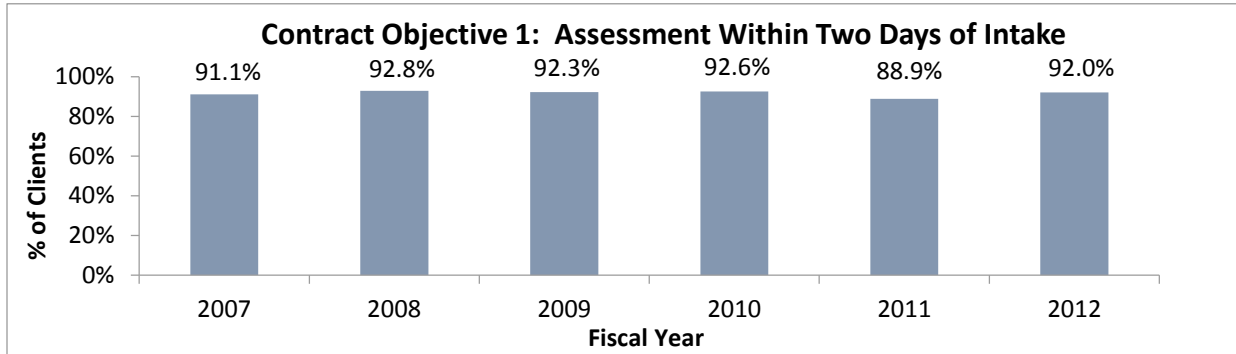


Chart 5.2-1. (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients).

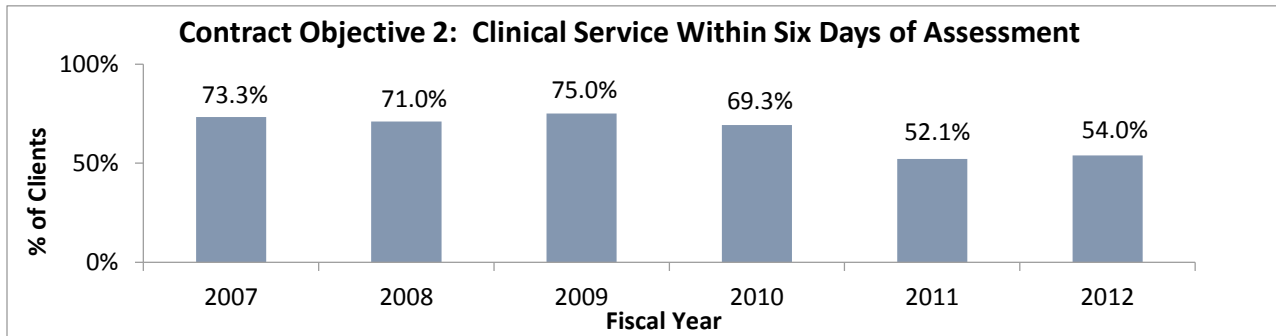


Chart 5.2-2. (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients).

During FY13, 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.

- i. Federal Benchmark. These measures were based on clinical evidence-based practices as outlined by the U.S. Department of Health and Human Services (now the U.S. Department of Medicare and Medicaid Services), the U.S. Department of Public Health, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, American Society of Addiction Medicine, Canadian Best Practices, and Kaiser Permanente.
- ii. Federal Benchmark.
- iii. A. Thomas McLellan, Treatment Research Institute (www.tresearch.org).

b. Executive Management Team – Quarterly

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

- c. Trends in these efficiency measures have shown measured accomplishments throughout the years on client treatment and retention, and thus positive results in achieving sustainable recovery, reducing harm, and reducing abuse. In terms of comparison to other organizations, no outcome measures are provided by private substance abuse service providers in South Carolina that track these data points. However, nationally, South Carolina ranks ahead of other states in achieving these measures.
- d. The agency does have reasonable control over these measures and has worked with the county alcohol and drug abuse authorities to set a standard for access and retention.

GOVERNOR’S GOALS

In conjunction with the Governor’s Office, DAODAS has developed create “State Dashboard Measures.” The creation of the DAODAS Dashboard Measures enables the agency to readily provide up-to-date counts of clients entering services; pregnant clients entering services; clients with co-occurring disorders entering services; and alcohol compliance checks designed to prevent alcohol sales to minors.

	Current Month	-1 Month	Monthly Change	FY 13 (YTD)	FY 12 (YTD Comparison)	Annual Change
Count of Total Admissions	2,341	2,573	-9.0%	29,865	30,196	-1.1%
Count of Pregnant Clients	55	50	10.0%	652	631	3.3%
Count of Co-Occurring Clients	440	512	-14.1%	5,656	5,542	2.1%
Count of Alcohol Compliance Checks	839	787	6.6%	8,317	7,380	12.7%

Table 5.2-3. (Source: DAODAS Division of Operations, Management Information and Research Section. FY13 data reported through May 2013.)

- i. State Benchmark
 - ii. Not applicable. No other state has developed.
 - iii. National Association of State Alcohol and Drug Abuse Directors (www.nasadad.org)
- b. Executive Management Team – Monthly
 - c. Indicators show positive results in certain indicators, including increases in services to pregnant women, a priority for the agency, and services to clients with co-occurring disorders. The agency will continue tracking the dashboard measures as key indicators of access to service success.
 - d. The agency does have reasonable control over the result, setting benchmarks and priorities for certain service cohorts.

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Quality (Customer Satisfaction)

3. What are the agency’s actual performance levels for two to four of the agency’s key performance measurements for quality (i.e., degree to which a deliverable (product or service) meets customer requirements and expectations (a customer is defined as an actual or potential user of the agency’s products or services)) for the agency as a whole and for each program listed in the agency’s Major Program Areas Chart?

a. **CLIENT SATISFACTION**

The department currently uses the federally required National Outcome Measures (NOMs) to measure client satisfaction. In FY13, 98% of all clients were satisfied with the services received. These measures are particular to the Finance and Operations section of the Major Program Areas, as it comprises 92% of the funding that flows to the local providers for prevention, intervention, treatment, and recovery services.

Client Satisfaction

Client Satisfaction/GPRA									(YTD)
FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13
97%	96%	96%	96%	96%	96%	97%	98%	98%	98%

Table 5.3-1 (Source: DAODAS Division of Operations, Management Information and Research Section, Client Satisfaction – FY04-13 Analysis.)

- i. National Benchmark – All states must comply with this federal reporting requirement.
 - ii. Federally required.
 - iii. Substance Abuse and Mental Health Services Administration (www.samhsa.gov).
- b. Executive Management Team – Annually
- c. Although there are no comparable systems in South Carolina measuring substance abuse client satisfaction rates, studies on these measures have been conducted in other parts of the nation. By comparison, in a study of four alcohol and drug abuse programs within the Kaiser Permanente system in northern California, more than 80% of patients reported being “very satisfied” or “delighted” with virtually all aspects of their substance abuse treatment. (McLellan, A.T., Hunkeler, E. 1998. “Alcohol & Drug Abuse: Patient Satisfaction and Outcomes in Alcohol and Drug Abuse Treatment.” Psychiatric Services, Vol. 49, No. 5). A study of eight drug treatment programs in Maryland revealed that more than half (54%) of clients stated that they were “very satisfied” with the service received in an overall, general sense. (Lee, A., Arria, A., Hsu, M., Wish, E. 2003. Patient Satisfaction With Drug Treatment in Maryland: A Pilot Study – Final Report). Finally, a national panel survey of patients in 62 methadone, outpatient, short-term

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residential, and long-term residential programs showed that two-thirds of patients gave their treatment episode a high satisfaction rating. (Zhang, Z., Gerstein, D., Friedmann, P. 2008. "Patient Satisfaction and Sustained Outcomes of Drug Abuse Treatment." Journal of Health Psychology, April 2008.)

- d. The department does have reasonable control through the contractual authority to ensure citizens receive quality services.

NATIONAL ACCREDITATION / STATE LICENSURE

DAODAS requires that each county alcohol and drug abuse authority be nationally accredited through CARF and state licensed by the S.C. Department of Health and Environmental Control (DHEC). Each county authority has maintained CARF accreditation. In fact, South Carolina was the first state to have all of its public providers receive national accreditation on their first attempt. This effort is ongoing and is a key requirement for contracting with DAODAS to provide substance abuse services. In addition, each county authority is surveyed by DHEC to ensure the health and safety of its facilities and that the programs offered are of adequate quality.

In terms of the major program areas, citizens expect high-quality and licensed facilities and professionals in providing health care. Similarly, these measures are particular to the Finance and Operations section of the Major Program Areas, as it comprises 92% of the funding that flows to the local providers for prevention, intervention, treatment, and recovery services.

- i. Other states that require National Accreditation include Florida, Michigan, and New York.
 - ii. South Carolina was the first state in the nation to require each local service provider to be nationally accredited. Therefore, the state led all states in setting this benchmark.
 - iii. CARF International (www.carf.org).
- b. Executive Management Team – Annually
 - c. South Carolina has set the trend of National Accreditation.
 - d. DAODAS has reasonable control through its contractual authority to ensure that service providers are accredited and state licensed.

Workforce Engagement

- 4. What are the agency's actual performance levels for two to four of the agency's key performance measurements for workforce engagement, satisfaction, retention and development of the agency's workforce, including leaders, for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

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a. **WORKFORCE ENGAGEMENT (Applies to All Major Program Areas)**

As a result of an exhaustive review of the agency’s core mission and its federal and state requirements, staff needs are based on function and recognition of customer and stakeholder needs, new and emerging practices in the substance abuse field, and other market and regulatory determinants. Currently, staff-development plans are tied to employees’ planning documents and to the strategic plan, but also include the agency’s core values of respect, integrity, and dedication. In addition, DAODAS staff are widely cross-trained so that employees may step in to perform job duties as needed, or when emergency situations arise. This is an essential empowerment tool, and it is also the hallmark of organizing and managing work – and professional development – and exemplifies the team approach that has been fostered as the agency reduced administrative costs, while maintaining services to the public. Innovation is embedded in the implementation of evidence-based prevention and treatment programming, as staff maintain an “edge” in identifying such practices and implementing these science-to-practice activities. Here again, organizing and managing work, plus training needs, are directly tied to the agency strategic direction, the strategic plan, budget realities, and the changing healthcare environment.

DAODAS has focused over the past several years on building credibility among collaborative state partners and with the county alcohol and drug abuse authorities through a range of effective communication strategies. The department has implemented a range of evidence-based prevention and treatment programs across South Carolina in the substance abuse field, utilizing assistance from its federal partners and through the acquisition of federal grants to accomplish systems change. For example, the use of a common screening instrument within the adolescent population has been implemented across systems; more than 6,400 were administered during FY13. The systems involved included DAODAS, the Department of Mental Health, and the Department of Juvenile Justice – all of which are using the tool to implement a “no wrong door” policy and removing barriers to services in a range of state systems. The screening tool has now been implemented statewide in the substance abuse field. This is being accomplished through the Joint Council on Children and Adolescents, which is composed of state agency heads and community representatives, including families who use public or private services.

In association with the county alcohol and drug abuse authorities, DAODAS has embarked on the creation and implementation of a workforce-development plan for prevention and treatment professionals. These plans include detailing core competencies needed to perform job activities, but also address activities to recruit, hire, and retain competent staff. These workforce-development plans also assess workforce capabilities and capacity needs, required skill levels, and staffing patterns. The barrier here is attracting graduating professionals into a market-driven system in which private employers may offer higher salaries. In addition, many local providers initially employ competent individuals and provide

them with training opportunities, only to find that the individuals leave for higher-paying positions in various state and/or private systems. During FY14, DAODAS worked with the Department of Labor, Licensing and Regulation to create a license for alcohol and drug counselors within the Licensing Professional Counselor Board, with the goal of allowing sister licensing boards to apply for the license, which may mitigate difficulties in hiring and retaining licensed staff who will be in demand as the Affordable Care Act is implemented.

From the state perspective, the department has done well in recruiting and retaining its employees. The hiring process includes a comprehensive round of interviews held to ensure that the knowledge, skills, and abilities are evident, plus that the individual fits into the agency culture. Core competencies are emphasized. Once hired, orientation is provided, a comprehensive Employee Performance Management System (EPMS) planning document is developed, and cross-training begins. The average time of service for a DAODAS full-time equivalent (FTE) employee is 16.8 years; this indicates that retention activities for state departmental employees do work.

While supervisors are responsible for completing EPMS evaluations, the employee plays an essential role by providing feedback to ensure that his/her evaluation captures all major accomplishments and effectively describes the employee's performance. As a result of year-to-year evaluations, employees also go through a planning stage to look at their actual job duties and what is expected of them, thereby allowing employees to maximize their potential to achieve positive performance ratings. The EPMS, and thus identified training, is tied to the success of the agency' action plans, strategic goals, budget request, and budget activities. Employees are internal customers of the agency, and as such, assist in the development of the agencies' strategic direction.

In regard to professional development, the department understands committed employees are the essential ingredients of its success in mission accomplishment in a time of scarce financial resources. The agency continues to offer trainings and workshops for employees. In addition, online learning via the Internet provides the most accessible means of training and updating employees in their respective fields. A unique strength of the DAODAS approach to education and training is to include DAODAS staff members in all training initiatives offered for the local providers. This model ensures that DAODAS staff members receive the same information on evidence-based practices and encourages the sharing and transfer of knowledge on a regular basis. In addition, employees and supervisors are expected to address future training needs in connection with the EPMS process. This can involve either a supervisor identifying an area of improvement for his/her employee or an employee identifying a specific area of professional development related to his/her job function.

In addition to the numerous regularly scheduled trainings, DAODAS also sponsors various quarterly meetings for specific populations, including prevention coordinators, financial managers, treatment directors, ADSAP coordinators, and youth coordinators. Each of these specific quarterly meetings includes a training

component. The topics addressed are identified through the collaborative input of DAODAS staff members in cooperation with the county alcohol and drug abuse authorities. This approach strengthens the level of knowledge statewide, as well as provides a structured setting to ensure an ongoing exchange of knowledge and evidence-based practices. This is accomplished not only through the formal training component but also as a result of the informal networking and sharing that occurs during each meeting. Knowledge and skills learned from the various trainings are expected to be transferred among the internal customer population.

Many of these trainings offered opportunities for the sharing of evidence-based practices among DAODAS staff members, employees of the 33 county authorities, and representatives from a variety of state agencies including the Departments of Health and Environmental Control; Health and Human Services; Mental Health; Probation, Parole and Pardon Services; Social Services; Disabilities and Special Needs; and the Vocational Rehabilitation Department, as well as many of the institutions of higher education throughout South Carolina. The department also sponsored a range of training opportunities in conjunction with law enforcement agencies throughout South Carolina that focused on the prevention of underage drinking through the Alcohol Enforcement Team (AET) concept.

It is important to note that, in order to reach key populations/customers, DAODAS emphasized specific training initiatives on services for children, adolescents, women, and individuals with co-occurring disorders. The skills gained and utilized by direct providers increase the potential for positive healthcare outcomes.

A myriad of opportunities exist on an ongoing basis to assess training needs. For internal needs, employees and supervisors are expected to address future training needs in connection with the EPMS process. This can involve either a supervisor identifying an area of improvement for his/her employee or an employee identifying a specific area of professional development related to his/her job function.

Trainings are developed through a combination of factors including: feedback through the evaluation processes of previous training-related initiatives; the identification of evidence-based practices; and technical assistance available through federal and staff/program development and training resources. These include the site visits by and technical-assistance requests of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, and Center for Substance Abuse Prevention. Other major resources include the Southeast Addiction Technology Transfer Center, Pacific Institute for Research and Evaluation, and the Clinical Trials Network based at the Medical University of South Carolina.

Resources on evidence-based practices – as documented by approved researchers related to the prevention of alcohol, tobacco, and other drug abuse – are available on the DAODAS web site. A similar “toolbox” is being developed for treatment-

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related issues supported by comparable research. The effectiveness of these trainings results in improved outcomes as measured through the National Outcome Measures.

The department evaluates the effectiveness of the workforce using the measure of mission accomplishment and the range of outcomes that are achieved noted in the FY13 Accountability Report. These include federal and state requirements, accountability measures, and transparency measures. Clearly, staff retention is tied to the success of meeting these requirements.

Today's employees want more information from management; therefore, division managers continue to conduct regular meetings with their employees to provide information, elicit feedback, recognize accomplishments, and encourage and motivate employees as members of a team. The agency continues to offer flexible work schedules to allow for maximum individual productivity, job satisfaction, and to accommodate the needs of those employees who are pursuing degrees.

Once an employee goes through orientation, he/she is involved in numerous agency activities that deal with employee morale and motivation. Teamwork plays a very important part as it relates to working together to achieve goals in the workplace. The agency encourages employees to submit concerns to their supervisors. In addition, the director encourages an "open-door" policy. The director and managers use Fridays, the agency's "casual-dress day," to "visit" employees and gauge the agency's overall morale and employees' disposition. In addition, the staff meets as a "committee of the whole" to participate in organized staff luncheons, which help motivate employees through recognition of their hard work. The informality and closeness of the small agency has allowed for open feedback across supervisory lines of authority, as well as assisted the department in determining priorities.

- i. State Benchmark – Office of Human Resources
- ii. State Identified
- iii. Not Applicable
- b. Executive Management – Quarterly
- c. The average time of service for a DAODAS FTE employee is 16.8 years; this indicates that retention activities for state departmental employees do work.
- d. The department does have reasonable control over workforce engagement.

Operational/Work System Performance

5. What are the agency's actual performance levels for two to four of the agency's key performance measurements for operational efficiency and work system performance (includes measures related to the following: innovation and improvement results; improvements to cycle or wait times; supplier and partner performance; and results related to emergency drills or exercises) for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

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a. **WORK SYSTEMS (Applies to All Major Program Areas)**

The agency determined its core competencies as based on federal and state law that DAODAS act as the Single State Agency for the delivery of alcohol and other drug abuse prevention, intervention, and treatment services. These laws and regulations directly defined the mission as delineated in the *Executive Summary* of this report and set the running theme of determining the strategic direction plus setting action plans. The core competencies are those needed to address the six strategic goals developed by the department and any challenges. The core competencies broadly include a well-trained and committed state and local workforce; a continuum of accredited and quality prevention, intervention, and treatment providers; collaborations with stakeholders to reduce barriers to services; and most important, a dialogue with the citizenry of South Carolina. The expertise that the substance abuse delivery system develops in the provision of alcohol and other drug abuse services is core to the production of healthy outcomes in primary, secondary, and tertiary care provided through the entire healthcare system in South Carolina.

There are three design-and-delivery processes that DAODAS utilizes to meet its broader mission of achieving sustainable recovery for clients and reducing use, abuse, and harm. These include the statewide strategic planning process; the federal block grant application and disbursement process; and the contractual process with direct service providers, which is the key process for funding the delivery of alcohol and other drug abuse services. These were updated in FY13 in the prevention arena, and treatment funding was addressed in FY14.

The provider committee structure is fundamental in meeting changing customer needs and developing and communicating mission requirements, as well as supporting key partner interactions and processes to improve performance and further increasing value for customers. Key processes are developed and changed according to customer input and needs. Overall technical assistance and training are identified and provided to meet customer needs through the department's core competencies. This, again, creates value for the customer.

On a daily basis, key delivery and support processes help meet key performance requirements. These include the state strategic plan, as guided by customer input. The department sees these processes as intertwined and ongoing. The Coordinated County Review process also ensures that providers are adhering to a range of performance indicators and measures, including the contractual "Goals of Effectiveness" and the National Outcome Measures – an agency core competency. Standing and issue-specific committees meet on a monthly basis that allows an opportunity for problem resolution and to gain feedback. Financial Quarterly Meetings are an example of a key support process that provides opportunities to meet crucial financial performance requirements through focused presentations, discussions, and customer feedback. This creates value for the customer.

Key support processes are evaluated, updated, and/or improved by focusing on the customer segments and identification of new requirements and market expectations. For example, during FY13, the department re-issued the state-mandated county plan guidelines to better meet state and federal strategic plan requirements.

In addition, the Division of Program Accountability acts as a key point of contact for providing business management, consultation, and technical assistance. These are important points of contact that directly impact the achievement of key performance measures and act as a link in managing essential partner interactions on a daily basis. This creates value for the customer.

The department also works with its sister state agencies to improve their performance. DAODAS has worked at length with the Department of Social Services (DSS) to provide services to chronic welfare recipients who may be suffering from addiction. The department, through its contracts with its local provider network, has been able to maintain wrap-around services for chronic welfare recipients and also expand alcohol and other drug abuse services to this population. The end result has been a successful effort to reach this population, thus addressing the need of DSS to further impact welfare rolls in South Carolina. Additionally, DAODAS is working with the Department of Mental Health to provide services to those clients who are diagnosed as having both a mental health and substance abuse issue, as well as with the Department of Probation, Parole and Pardon Services to provide assistance to individuals who are released from the corrections system and who have a substance abuse problem. This creates value for the customer.

For FY15, the department's continuing challenge is to better define and map its key daily and support processes, to set expectations (measures), and to track performance and make adjustments. This may include the processes of future funding methodologies and integration with primary and behavioral healthcare providers, thus impacting healthcare outcomes for all South Carolinians. Each of the identified processes are so integral to the department's success that to not follow them in practice would result in decreased outcomes for clients and decreased partner performance.

- i. Federal/State Benchmarks
 - ii. Federal/State Benchmarks
 - iii. Not Known.
- b. Executive Management – Monthly
 - c. Process improvement is ongoing.
 - d. The agency does have reasonable control over process improvement.

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RESTRUCTURING REPORT

V. Key Performance Measurement Processes (cont.)

B. Most Critical Performance Measures

1. Of the key performance measurement processes listed in Subsection A., which are the three most critical to achieving the overall mission of the agency?

National Outcome Measures (Treatment)
Prevention Outcomes
Effectiveness and Efficiency Measures
Governor's Dashboard Measures

C. Databases/Document Management

1. List all electronic databases/document management/business intelligence systems or programs utilized by the agency, including, but not limited to all relational database management systems.

The department maintains a client outcome data base known as the Management and Information System. DAODAS is working with the county alcohol and drug abuse authorities on a newly implemented Electronic Health Record system and with the Office of Research and Statistics to further mine outcome and patient data.

D. Recommended Restructuring

Consider the process taken to review the agency's divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report ("Process").

1. Yes or **No**, based on the information obtained and analysis performed during the Process, does the agency have any recommendations for restructuring (either that it could do internally or that would need the assistance of revised or new legislation) that would merge or eliminate duplicative or unnecessary divisions, programs, or personnel within each department of the agency to provide a more efficient administration of government services?
 - a. If yes, please provide the agency's suggestions.

VI. Seven-Year Plan

A. General

1. **Yes** or No, does the agency have a plan that provides initiatives and/or planned actions the agency will take during the next seven fiscal years that implement cost savings and increased efficiencies of services and responsibilities in order to continually improve its ability to respond to the needs of the state's citizens?

If yes, go to Current/Recommended Actions Section.

If no, skip Current/Recommended Actions Section and go to Additional Questions.

B. Current/Recommended Actions

1. Describe all of the actions the agency is currently taking and plans it has for initiatives and actions during the next seven fiscal years to work to achieve greater efficiency in its operations in order to continually improve its ability to respond to the needs of the state's citizens? In this description, provide the names of all personnel who are responsible for overseeing the actions and plans.

The department is open to achieving greater efficiencies in the delivery of services and for achieving greater cost savings in the provision of its core services. Several service areas are listed below, that if fully implemented, would save the state in social costs applicable to a range of societal ills and would increase efficiencies in creating access to services.

Capacity

Screening, Brief Intervention, and Referral to Treatment (SBIRT): DAODAS 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 post-partum women (a 42% increase), and in conjunction with the county alcohol and drug abuse authorities, 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 (SAMHSA).

Implemented during FY14 in association with 10 Federally Qualified Health Centers (FQHCs), one Rural Health Center, and five county authority sites, an estimated 20,000

initial screens for alcohol, tobacco, and other drugs were completed. More than 800 screens were alcohol and drug indicated.

Plans for 2015 included additional training for health educators to provide brief intervention treatment on-site in the healthcare locations and to address Medicaid-reimbursement disparity for screenings with DHHS, as well as expanding 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 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 were slated to open during FY15 in Charleston and Spartanburg.

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, illustrating that the state ranked 23rd highest per capita in both opioid painkiller prescriptions and in overdose deaths (2011). On March 14, 2014, Governor Nikki 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.

DAODAS is providing leadership to this council, with the Director acting as co-chair and departmental employees helping 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 DAODAS Director will continue to work with the council partners to implement recommendations, and as head of the department focusing on substance abuse, will work to ensure 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 – Alcohol Enforcement Teams (AETs) and the 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, where CAST efforts resulted in a reduction in traffic deaths. In fact, the county had no traffic deaths from December 2012 through March 2014. This was a joint effort between DAODAS, county alcohol and drug abuse authorities, and local law enforcement.

Activities included public safety checkpoints, up from 1,011 in FY13 to 1,081 in FY14. During FY13, more than 405 DUIs were recorded during these checkpoints, with 25 DUIs involving underage individuals. This data is comparable with FY12. Both AET and CAST programs will continue through 2015.

Recovery

Recovery-Oriented Systems of Care (ROSC): In local communities, ROSCs 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 committed to use grant funding to further expand recovery services, including the development of community-based recovery coalitions, peer-support services, safe housing, and other recovery-support services that improve treatment outcomes.

DAODAS 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 were certified as specialists in peer support. Recovery is a top priority 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. A 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. To date, there are 19 Oxford Houses with 135 residents. Plans for 2015 included the addition of an Outreach Manager to work with criminal justice referrals.

Health Care Integration

DAODAS successfully contracted in FY14 with the Department of Health and Human Services (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 & 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 by the close of FY15.

DHHS then 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 2013, DHHS implemented HOP to support hospitals that would work with community partners to propose service-delivery models to coordinate care for the chronically ill, uninsured high utilizer 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 county alcohol and drug abuse authorities are now participating with the HOP projects currently operating.

During the FY15 budget process, the legislature further defined the county alcohol and drug abuse authorities as "safety net" providers, which work directly with the HOP effort, as well as provided funding for the county authorities to contract to serve additional uninsured individuals receiving services within the HOP 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.

2. What are the anticipated cost savings and/or efficiencies that would be achieved by each action?

For every dollar invested in addiction prevention, intervention, and treatment, taxpayers save at least \$7.46 in costs to society, including the costs of incarceration, drug-related crime, hospitalizations, and other societal ills.

3. Is legislative action required to allow the department/agency to implement the current or recommended actions?

At present, no legislative action is required.

4. If legislative action is required, please explain the constitutional, statutory or regulatory changes needed.

Not applicable.

5. Describe the agency actions that will be implemented to generate the desired outcomes for each recommendation.

Please see Attachment B for Performance Measures included in the FY14 Accountability Report.

6. What is the timeline for implementation of the change and realization of the anticipated benefits for each recommended action/change?

DAODAS is working on a year-to-year timeline to accomplish service and cost efficiencies.

Now go to Additional Questions.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

VI. Seven-Year Plan (cont.)

C. Additional Questions

1. What top three strategic objectives of the agency will have the biggest impact on the agency's effectiveness in accomplishing its mission?

Key Strategic Goal

"Clients in treatment will achieve sustainable recovery."

DAODAS Prioritized 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 Systems of Care:

Implement systems integration with primary healthcare and behavioral healthcare systems.

2. What are the fundamentals required to accomplish the objectives?

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.

3. What links on the agency website, if any, would the agency like listed in the report so the public can find more information about the agency?

www.daodas.sc.gov

4. Is there any additional information the agency would like to provide the Committee or public?

Please see previous Accountability Reports located on the State Budget Website for a clearer picture of past agency goals and objectives, and future direction.

5. Consider the process taken to review the agency’s divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report and Seven-Year Plan (“Process”). State the total amount of time taken to do the following:
 - a. Complete the Process
Not Applicable – Process is ongoing.
 - b. Complete this Report
30 Days

6. Please complete the **Personnel Involved Chart**. In the Excel document attached, there is a template to complete under the tab labeled, “Personnel Involved.” Please list the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in the Restructuring and Seven-Year Plan Report and their title and their specific role in answering the question (i.e., searched the agency documents, asked for information because they are in charge of the department, etc.).

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

CHARTS APPENDIX

VII. Excel Charts

Please send an electronic copy of the entire Excel Workbook and print hard copies of each of the Charts to attach here. Please print the charts in a format so that all the columns fit on one page. Please insert the page number each chart begins on below.

Similar Information Requested Chart _____	29
Historical Perspective Chart _____	30
Purpose, Mission Chart _____	31
Key Deliverables Chart _____	32
Key Customers Chart _____	33
Key Stakeholders Chart _____	34
Key Partner Agency Chart _____	35
Overseeing Body Chart (General and Individual Member) _____	36
Major Program Areas Chart _____	38
Legal Standards Chart _____	39
Agency Reporting Requirements Chart _____	41
Internal Audits Chart _____	42
Personnel Involved Chart _____	43

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

INSTRUCTIONS: Please provide details about other reports which investigate the information requested in the Restructuring Report. This information is sought in an effort to avoid duplication in the future. In the columns below, please list the question number in this report, name of the other report in which the same or similar information is requested, section of the other report in which the information is requested, name of the entity that requests the other report and frequency the other report is required. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Restructuring Report Question #	Name of Other Report	Section of Other Report	Entity Requesting Report	Freq. Other Report is Required

INSTRUCTIONS: Please provide information about any restructuring or major changes in the agency's purpose or mission during the last ten years. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Year	Description of Restructuring that Occurred	Description of Major Change in Agency's Purpose or Mission
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	NA	NA	NA

INSTRUCTIONS: Provide information about the date the agency, in its current form, was initially created and the present purpose, mission and vision of the agency, with the date each were established in paranthesis. The Legal Standards Cross Reference column should link the purpose, mission and vision to the statutes, regulations and provisos listed in the Legal Standards Chart, which they satisfy.

Agency Submitting Report	Date Agency created	Purpose	Mission	Vision	Legal Standards Cross References
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	1993	To provide substance abuse prevention, intervention, treatment, and recovery services across South Carolina.	To support healthy individuals, healthy families, and healthy communities.	Achieve positive health outcomes and improve the quality of life for all South Carolina citizens.	Purpose: All Specified on the Legal Standards Chart Mission: All Specified on the Legal Standards Chart Vision: All Specified on the Legal Standards Chart

INSTRUCTIONS: Provide information about the agency's key deliverables (i.e. products or services); primary methods by which these are delivered; and, as applicable, actions that may reduce the general public and/or other agencies initial or repetitive need for the deliverable. List each deliverable on a separate line. If there are multiple ways in which the deliverable is provided, list the deliverable multiple times with each delivery method on a separate line. In the "Three Greatest" column, indicate and rank the three most significant deliverables the agency brings to the people of South Carolina with #1 being the most significant. For the deliverables which are not one of three most significant, do not put anything in this column. The Major Program Areas Cross References Column should link the deliverable to the major program area, in the Major Program Areas Chart, within which that product or service is provided. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Deliverable (i.e. product or service)	Three Most Significant (#1, #2, #3)	Primary Method of Delivery	What can be done to reduce the general public and/or other agencies initial need for this deliverable? (i.e. preventive measures before the citizen or agency needs to come to the agency)	What can be done to reduce the general public and/or other agencies need to return for this deliverable? (i.e. preventive measures to ensure they do not need to come back to the agency for this service or product after already receiving it once)	If deliverable is identified as one of the three most significant, what would allow the agency to focus on it more?	Major Program Areas Cross Reference
South Carolina Department of Alcohol and Other Drug Abuse Services (DADDAS)	1	Prevention Services	2	System of County Alcohol and Drug Abuse Authorities	By definition, prevention services are delivered to the general public to reduce the negative effects of the use and abuse of alcohol and other drugs. Prevention services should be increased, not reduced.	By definition, prevention services are delivered to the general public to reduce the negative effects of the use and abuse of alcohol and other drugs. Prevention services should be increased, not reduced.	Increased resources and increasing public awareness of prevention outcomes and effectiveness.	Finance and Operations / Services / Programs
	2	Prevention Services		Community Coalitions	See Above.	See Above.	See Above.	Finance and Operations / Services / Programs
	3	Prevention Services		Local Law Enforcement	Increased enforcement of statutes aimed at reducing underage drinking and underage access to alcohol and tobacco.	Prevention services by definition should be provided to the population on an ongoing and regular basis, especially within the child and youth age cohorts.	See Above.	Finance and Operations / Services / Programs
	4	Intervention Services	3	System of County Alcohol and Drug Abuse Authorities	Increased enforcement of DUI statutes and associated laws.	Increased enforcement of DUI statutes and associated laws. Also, increased education and prevention programming.	Coalitions involving law enforcement and grass-roots organizations to raise awareness of drinking and driving. Working with the General Assembly to pass strict DUI laws.	Finance and Operations / Services / Programs
	5	Treatment Services	1	System of County Alcohol and Drug Abuse Authorities	By definition, addiction is a disease, similar to heart disease and diabetes, with similar comorbidities. While prevention measures are aimed at our youth, once an individual has the disease, it is for life, with the possibility of relapse.	By definition, addiction is a disease, similar to heart disease and diabetes, with similar comorbidities. While prevention measures are aimed at our youth, once an individual has the disease, it is for life, with the possibility of relapse.	Increased resources along with integration of physical healthcare services delivered in a range of healthcare settings.	Finance and Operations / Services / Programs
	6	Recovery Services		System of County Alcohol and Drug Abuse Authorities	Recovery is lifelong. It is not a "one-stop" or "one-visit" issue.	Recovery is lifelong. It is not a "one-stop" or "one-visit" issue.	Increased community supports and wrap-around services to assist those in recovery maintain sobriety, thereby reducing healthcare costs and enabling individuals to return to work and to their families.	Finance and Operations / Services / Programs
	7	Recovery Services		Faces and Voices of Recovery (FAVOR)	Recovery is lifelong. It is not a "one-stop" or "one-visit" issue.	Recovery is lifelong. It is not a "one-stop" or "one-visit" issue.	Increased community supports and wrap-around services to assist those in recovery maintain sobriety, thereby reducing healthcare costs and enabling individuals to return to work and to their families.	Finance and Operations / Services / Programs

INSTRUCTIONS: Provide information about the key customer segments identified by the agency and each segment's key requirements/expectations. A customer is defined as an actual or potential user of the agency's deliverables. Please be as specific as possible in describing the separate customer segments (i.e. do not simply put "public.") The Deliverables Cross References column should link customer groups to the deliverable listed in the Key Deliverables Chart, which they utilize. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Customer Segments	Requirements/Expectations	Deliverables Cross References
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	1	Women	Expects access to quality services	1
	2	Families	Expects access to quality services	1,2,3
	3	Children and Adolescents	Expects access to quality services	1,2,3
	4	Clients with Co-Occurring Disorders	Expects access to quality services	1
	5	Incarcerated/Paroled Individuals	Expects access to quality services	1,3
	6	Juvenile Justice Detainees/Parolees	Expects access to quality services	1,2,3
	7	ADSAP (DUI) Clients	Expects access to quality services / driver risk-reduction	3
	8	Returning Veterans	Expects access to quality services	1
	9	Faith Community	Expects collaboration to refer for prevention, intervention, and treatment services.	1,2,3
	10	Primary Care Providers	Expects collaboration to identify and refer individuals in need of services.	1,3
	11	Hospitals	Expects collaboration to identify and refer individuals in need of services.	1,3
	12	Individuals Suffering Consequences of Prescription Drug Abuse	Expects access to quality services	1,3
	13	Domestic Violence Victims/Perpetrators	Expects access to quality services	1,3

INSTRUCTIONS: Provide information about the agency's key stakeholder groups and their key requirements and expectations. A stakeholder is defined as a person, group or organization that has interest or concern in an agency. Stakeholders can affect or be affected by the agency's actions, objectives and policies. Please be as specific as possible in describing the separate stakeholder groups (i.e. please do not simply put "the public.") The Deliverables Cross References column should link stakeholder groups to the deliverable, listed in the Key Deliverables Chart, for which they group has the most interest or concern. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report: South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	Item #	Stakeholder Group	Requirements/Expectations	Deliverables Cross References
	1	DAODAS Employees	Integral to the successful delivery of the agency mission.	1,2,3
	2	South Carolina Legislature	Requires accountability and transparency in the expenditure of public funds.	1,2,3
	3	Clients / Family Members	Expect open access to prevention, intervention, and treatment services.	1,2,3
	4	County Alcohol and Drug Abuse Authorities	Expect leadership on substance abuse issues / Expects partnerships to accomplish key goals.	1,2,3
	5	Federal Funding Partners	Expect accountability and transparency in the expenditure of public funds.	1,2,3
	6	State Agency Partners	Expect collaboration on shared clients / achievement of health outcomes	1,2,3
	7	Citizenry-At-Large	Expects a higher quality of life	1,2,3

INSTRUCTIONS: Provide information about the agency's key stakeholder groups and their key requirements and expectations. A stakeholder is defined as a person, group or organization that has interest or concern in an agency. Stakeholders can affect or be affected by the agency's actions, objectives and policies. Please be as specific as possible in describing the separate stakeholder groups (i.e. please do not simply put "the public.") The Deliverables Cross References column should link stakeholder groups to the deliverable, listed in the Key Deliverables Chart, for which they group has the most interest or concern. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report: South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	Item #	Stakeholder Group	Requirements/Expectations	Deliverables Cross References
	1	DAODAS Employees	Integral to the successful delivery of the agency mission.	1,2,3
	2	South Carolina Legislature	Requires accountability and transparency in the expenditure of public funds.	1,2,3
	3	Clients / Family Members	Expect open access to prevention, intervention, and treatment services.	1,2,3
	4	County Alcohol and Drug Abuse Authorities	Expect leadership on substance abuse issues / Expects partnerships to accomplish key goals.	1,2,3
	5	Federal Funding Partners	Expect accountability and transparency in the expenditure of public funds.	1,2,3
	6	State Agency Partners	Expect collaboration on shared clients / achievement of health outcomes	1,2,3
	7	Citizenry-At-Large	Expects a higher quality of life	1,2,3

INSTRUCTIONS: List the names of the other state agencies which have the biggest impact on the agency's mission success (list a minimum of three); partnership arrangements established and performance measures routinely reviewed with the other entity. The Major Program Areas Cross References Column should link the Partner Agency to the major program area, in the Major Program Areas Chart, on which it has the biggest impact. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable and a minimum of three.

Agency Submitting Report:	Agency w/ Impact on Mission Success	Partnership Arrangement Established	Performance Measures Routinely Reviewed Together	Major Program Areas Cross Reference
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	Department of Health and Human Services	Contractual and MOA - Medicaid reimbursement for services.	National Outcomes Measures / Quality Measures	Finance and Operations / Services / Programs
	Department of Social Services	Contractual and MOA - Services for clients experiencing addictions.	National Outcomes Measures / Quality Measures	Finance and Operations / Services / Programs
	Department of Mental Health	MOA - Services for clients experiencing both substance use and mental health disorders.	National Outcomes Measures	Services / Programs
	Department of Juvenile Justice	Contractual and MOA - Services for youth experiencing substance use disorders.	National Outcomes Measures / Bridge-Specific Accomplishments	Services / Programs
	Department of Corrections	Contractual and MOA - Treatment services for clients with addictions, and aftercare services upon release.	National Outcomes Measures	Services / Programs
	Department of Health and Environmental Control	MOA - Licensing agency; services for public health clients experiencing substance use disorders; partner in the Governor's Prescription Drug Abuse Prevention Council.	State Licensure / National Outcomes Measures / Implementation of Recommendations	Services / Programs

INSTRUCTIONS: Provide information about the body that oversees the agency and to whom the agency head reports including what the overseeing body is (i.e. board, commission, etc.); total number of individuals on the body; whether the individuals are elected or appointed; who elects or appoints the individuals; the length of term for each individual; whether there are any limitations on the total number of terms an individual can serve; whether there are any limitations on the number of consecutive terms an individual can serve; and any other requirements or nuances about the body which the agency believes is relevant to understanding how the agency performs and its results.

Agency Submitting Report	Type of Body (i.e. Board, Commission, etc.)	# of Times per Year Body Meets	Total # of Individuals on the Body	Are Individuals Elected or Appointed?	Who Elects or Appoints?	Length of Term	Limitations on Total Number of Terms	Limitations on Consecutive Number of Terms	Challenges imposed or that Agency staff and the Body have faced based on the structure of the overseeing body	Other Pertinent Information
South Carolina Department of Alcohol and Other Drug Abuser Services (DAODAS)	Cabinet Agency. Reports to the Governor.	Various	Various	Elected	South Carolina Citizens	4 Years	2	2	None.	NA

INSTRUCTIONS: Provide information about the body that oversees the agency and to whom the agency head reports including what the overseeing body is (i.e. board, commission, etc.); total number of individuals on the body; whether the individuals are elected or appointed; who elects or appoints the individuals; the length of term for each individual; whether there are any limitations on the total number of terms an individual can serve; whether there are any limitations on the number of consecutive terms an individual can serve; and any other requirements or nuances about the body which the agency believes is relevant to understanding how the agency performs and its results.

Agency Submitting Report	Type of Body (i.e. Board, Commission, etc.)	# of Times per Year Body Meets	Total # of Individuals on the Body	Are Individuals Elected or Appointed?	Who Elects or Appoints?	Length of Term	Limitations on Total Number of Terms	Limitations on Consecutive Number of Terms	Challenges imposed or that Agency staff and the Body have faced based on the structure of the overseeing body	Other Pertinent Information
South Carolina Department of Alcohol and Other Drug Abuser Services (DAODAS)	Cabinet Agency. Reports to the Governor.	Various	Various	Elected	South Carolina Citizens	4 Years	2	2	None.	NA

INSTRUCTIONS: Provide information about the agency's Major Program Areas as those are defined in the Appropriations Act. When completing columns B - K, the agency can copy and paste the information the agency submitted in the Program Template of the FY 2013-14 Accountability Report, just make sure of the following:
 a) List only the programs that comprise at least 80% of the total budget and include the % of total budget. The remainder of the programs should be "listed ONLY" in the box labeled "Remainder of Programs", with those program expenditures detailed in the box labeled "Remainder of Expenditures." If the agency has trouble understanding what is requested, refer to the 2012-13 Accountability Report, Section II, number 11.
 b) The "Associated Objective(s)" column in the Program Template of the FY 2-13-14 Accountability report has been changed to "Key Performance Measures Cross References." The Key Performance Measures Cross References column should link major programs to charts/graphs in the Key Performance Measurement Processes Section (ex. Chart 5.2-1 or Graph 5.2-2). If the agency has trouble understanding what is requested, refer to the 2012-13 Accountability Report, Section II, number 11; and
 c) An additional column, titled "Legal Standards Cross References," has been added at the end. The Legal Standards Cross Reference column should link major programs to the statutes, regulations and provisos listed in the Laws Section of this report, which they satisfy. Included below is an example, with a partial list of past Major Program Areas from the Department of Transportation. The example does not include information in the columns under expenditures, key performance measures cross reference, legal standards cross references or remainder of expenditures, however the agency must complete these columns when submitting this chart in final form. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Note:
 -Key Performance Measures Cross References Column links major programs to the charts/graphs in the Key Performance Measurement Processes Section of the Restructuring Report.
 -Legal Standards Cross References Column links major programs to the statutes, regulations and provisos they satisfy which are listed in the Laws Section of the Restructuring Report.

Agency Submitting Report:	Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Key Performance Measures Cross Reference	Legal Standards Cross References
			General	Other	Federal	TOTAL	General	Other	Federal	TOTAL		
*South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)											Finance and Operations / Services / Programs	Meets Legal Standards 1-7.

*Note: Please see FY2014 Accountability Expenditure Document inserted as Attachment A. This attachment fully details the Major Program Areas Chart. 92% of Expenditures in FY2014 come under the heading "Finance and Operations." This represents contractual services for direct services that include prevention, intervention, treatment, and recovery.

Remainder of Programs: List any programs not included above and show the remainder of expenditures by source of funds.

5050000	Land and Buildings
3000000	Toll Operations

Remainder of Expenditures:	% of Total Budget	% of Total Budget	% of Total Budget	% of Total Budget	% of Total Budget	% of Total Budget	% of Total Budget	% of Total Budget

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	1	US Public Law 91-616 of 1970	Federal	Directs that the department is the Single State Authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.
	2	US Public Law 92-255 of 1972	Federal	Directs that the department is the Single State Authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.
	3	Code of Laws of South Carolina, 1976, as amended, Section 44-49-10 et.seq.	State	Enabling Legislation
	4	Code of Laws of South Carolina, 1976, as amended, Section 61-12-10 et.seq.	State	Local Funding Distribution / County Planning
	5	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2990.	State	DUI Programming
	6	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i)	State	Gambling Authority / Lottery Act
	7	Act 286 of the South Carolina General Assembly, Part IB, Proviso 3.5 and 37.2	State	Gambling Funding
	8	Code of Laws of South Carolina, 1976, as amended, Section 56-1-400 and 56-5-2941	State	Requires mandatory treatment for ignition interlock drivers who fail to follow the Ignition Interlock Law.
	9	Code of Laws of South Carolina, 1976, as amended, 44-52-10 et. seq.	State	Involuntary committment procedures for those experiencing substance use disorders.
	10	Code of Laws of South Carolina, 1976, as amended, Section 44-75-10 et. seq.	State	Requires DAODAS and the Department of Labor, Licensing, and Regulation to work to promulgate regulations for the licensure of alcohol and other drug abuse counselors.
	11	Code of Laws of South Carolina, 1976, as amended, Section 16-25-20 (3)(H).	State	Criminal Domestic Violence / Substance Abuse programs coordinated through DAODAS.
	12	Code of Laws of South Carolina, 1976, as amended, Section 24-13-1910 et.seq.	State	Coordination with the Department of Corrections for substance abuse services delivered to rehabilitate alcohol and other drug offenders.
	13	Code of Laws of South Carolina, 1976, as amended, Section 16-17-500	State	Courts may order minors to undergo a tobacco education program certified by DAODAS.
	14	Code of Laws of South Carolina, as amended, 1976, Section 56-1-2110 (G)	State	Requires individuals who have their commercial driver's licenses revoked as a result of failing a urine screen to be assessed and treated, if necessary, by a substance abuse professional certified through DAODAS.

15	South Carolina Code of Laws, 1976, as amended, Section 20-7-8920	State	Requires underage individuals who violated underage drinking laws to attend an alcohol intervention program certified by DAODAS.
16	South Carolina Code of Laws, 1976, as amended, Section 61-6-480	State	Requires merchant education certified through DAODAS for vendors who violate underage drinking laws.
17	South Carolina Code of Laws, 1976, as amended, Section 17-22-510	State	Directs the South Carolina Prosecution Commission to discuss administrative requirements of an Alcohol Education Program operated by local solicitors.
18	South Carolina Code of Laws, 1976, as amended, Section 43-35-560	State	Designates DAODAS as a member of the Vulnerable Adult Fatality Review Committee.
19	South Carolina Code of Laws, 1976, as amended, Section 63-11-1930	State	Designates DAODAS as a member of the State Child Fatality Advisory Committee.

INSTRUCTIONS: List all reports. If any, the agency is required to submit to a legislative entity. Beside each include the following under the appropriate column: a) Name of the report; b) Legislative entity that requires the report; c) Law(s) that require the agency to provide the report; d) Stated legislative intent (from legislative entity, statute, regulation or other source) in providing the report; e) Frequency with which the report is required (i.e. annually, monthly, etc.); f) Approximate year the agency first started providing the report; g) Approximate cost to complete the report and any positive results from completing and submitting the report; and h) Method by which the agency receives, completes and submits the report (i.e. receive via emailed word document; log into or open program, enter data and click submit; etc.). Included below are examples of reports the agency may have to submit. The example does not include information in the columns under # of staff needed to complete the report; approx. total amount of time to complete the report and approx. total cost to complete the report, however the agency must complete these columns when submitting this chart in final form. Please delete the example figures before submitting this chart in final form, unless it applies to the agency, in which case ensure the information about those reports is complete. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Required to Complete Report	Reporting Freq.	# of Days in which to Complete Report	Month Report Template is Received by Agency	Month Agency is Required to Submit the Report	Cost to Complete Report		Positive Results of Reporting	Method in which Report Template is Sent to Agency (i.e. via email; receive notice that it is available online, etc.)	Format in which Report Template is Sent to Agency	Method in which Agency Submits Completed Report (i.e. email; mail; click submit on web based form; etc.)	Format in which Agency Submits Completed Report (word, excel; web based form; etc.)	
											# of Staff Members Needed to Complete Report	Approx. Total Amount of time to Complete Report						
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	1	Restructuring Report	House Legislative Oversight Committee	1-30-10(G)(1)	Increased Efficiency	2015	Annually	30	February	March	3	50 Hours	\$\$\$\$\$	TBD	E-mail and Hard Copy	Word and Excel	E-mail and Hard Copy	Word and Excel
DAODAS	2	Accountability Report	Executive Budget Office	1-1-820 / Proviso 117.31	Accountability and Transparency	2000	Annually	45	August	September	15	50 Hours	\$\$\$\$\$	Transparency	E-mail	Word and Excel	E-mail and Hard Copy	Word and Excel
DAODAS	3	ADSAP Report	Senate Finance Committee / House Ways and Means Committee	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2990	Number of DUI Clients Each Year and Expenditures	2004	Annually	2	NA	January	2	7.5 Hours	Negligible	Could assist in raising fees.	NA	Letter (Word)	Hard Copy	Word

INSTRUCTIONS: Identify the agency's internal audit system and policies during the past five fiscal years including the date the agency first started performing audits; individuals responsible for hiring the internal auditors; individuals to whom internal auditors report; the head internal auditor; general subject matters audited; the individual or body that makes decision of when internal audits are conducted; information considered when determining whether to conduct an internal audit; total number of audits performed in the last five fiscal years; # of months it took for shortest audit; # of months for longest audit; average number of months to complete an internal audit; and date of the most recent Peer Review of Self-Assessment by SC State Internal Auditors Association or other entity (if other entity, name of that entity).

Note: All audits are not the result of suspicious activity or alleged improper actions. Often times regular audits are required by statute regulation or an agency's standard operating procedure simply as a method of ensuring operations are staying on track.

Agency Submitting Report	Does agency have internal auditors? Y/N	Date Internal Audits Began	Individuals responsible for hiring internal auditors	Individuals to whom internal auditors report	Name and contact information for head Internal Auditor	General subject matters audited	Who makes decision of when an internal audit is conducted	Information considered when determining whether to conduct an internal audit	Do internal auditors conduct an agency wide risk assessment routinely? Y/N	Do internal auditors routinely evaluate the agency's performance measurement and improvement systems? Y/N	Total Number of Audits performed in last five fiscal years	# of months for shortest audit	# of months for longest audit	Avg. # of months needed to conduct audit	Date of most recent Peer Review of Self-Assessment by SCSAA or other entity (if other entity, name of that entity)
*South Carolina Department of Alcohol and Other Drug Abuse Services (DAOAS)	N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

*DAOAS does not have an internal auditor or internal audit systems in place. In the past five years, the department has been audited by the Office of State Audit (2012 and 2013). At the department's request, in early 2015 the Office of Inspector General conducted an extensive review of internal procedures, specifically in the area of grants and contracts. The final report is due by June 2015.

INSTRUCTIONS: List the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e. searched the agency documents, asked for information because they are in charge of the department, etc.) Please delete the example information and instructions row before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name	Phone	Email	Department/Division	Title	Question	Role in Answering Question
South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)	Stephen L. Dutton	803-896-1142	slldutton@daodas.sc.gov	External Affairs	Assistant Director	Entire Report	Authored
	Lillian Roberson	803-896-1145	lroberson@daodas.sc.gov	Finance and Operations	Manager	Internal Audit Chart	Authored
	Jimmy Mount	803-896-5562	jmount@daodas.sc.gov	External Affairs	Public Information Coordinator	Entire Report	Edited and Formatted

ATTACHMENT A

Agency Name: SC DEPT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

Agency Code: J200 Section: 037



Fiscal Year 2013-14
Accountability Report

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
					\$ -				\$ -	

ATTACHMENT B

Agency Name: Department of Alcohol and Other Drug Abuse Services

Agency Code: J20 **Section:** 037



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

ATTACHMENT B

Agency Name: Department of Alcohol and Other Drug Abuse Services

Agency Code: J20 **Section:** 037



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