

Healthcare and Regulatory Subcommittee Meeting

Tuesday, November 12, 2019

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AGENDA

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman John Taliaferro (Jay) West, IV

The Honorable Robert L. Ridgeway, III

The Honorable Bill Taylor

The Honorable Chris Wooten

Tuesday, November 12, 2019

10:00 a.m.

Blatt Building Room 410

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes**
- II. Discussion of the Study of the Department of Alcohol and Other Drug Abuse Services**
- III. Adjournment**

MINUTES FROM PREVIOUS MEETING

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Micajah P. (Micah) Caskey, IV
Neal A. Collins
Patricia Moore (Pat) Henegan
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Marvin R. Pendarvis
Tommy M. Stringer
Bill Taylor
Robert Q. Williams*



South Carolina House of Representatives

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Mandy Powers Norrell
Robert L. Ridgeway, III
Edward R. Tallon, Sr.
John Taliaferro (Jay) West, IV
Chris Wooten*

*Jennifer L. Dobson
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Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

**Healthcare and Regulatory Subcommittee Meeting
Monday, October 28, 2019, at 10:00 am
Blatt Building Room 410**

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV is allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. Chair Jay West calls the Healthcare and Regulatory Subcommittee to order on Monday, October 28, 2019, in Room 410 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.
- II. Representative Taylor moves to approve the meeting minutes from the September 16, 2019, meeting. The motion passes.

Representative Taylor's motion to approve the meeting minutes from the September 16, 2019, meeting.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway	✓			
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Discussion of the Department of Mental Health (DMH)

- I. Chair West explains this is the Subcommittee's fourteenth meeting with DMH and the purpose is to continue to discuss Subcommittee recommendations.
- II. Chair West presents a number of potential recommendations:
 1. The Department of Mental Health should develop a complete organizational flow chart which includes position descriptions, scope of responsibility for each position, and scope of responsibility for each area of the organization. The position descriptions should include lines of communication, the chain of command, and responsibilities assigned to each position. The organizational flow chart should depict the specific areas of care which include medical services and psychiatric services.
 2. The Department of Mental Health shall update policy and training manuals to include all necessary training, competencies, and continuing education for each position and disciplinary measures for employees who fail to employ policy and procedural mandates.
 3. The South Carolina Mental Health Commission should develop a procedure to determine policies and promulgate regulations governing the operation of the department and the employment of professional and staff personnel, as required of it in S.C. Code Ann. Section 44-9-30(c).
 4. The South Carolina Mental Health Commission should comply with S.C. Code Ann. Section 1-23-120(J) by conducting a formal review of the agency's regulations at least every five years and submitting a report of that review to the Code Commissioner.
 5. The South Carolina Department of Mental Health should provide public online access to directives applicable to patients and the general public.

6. The Vulnerable Adult Fatalities Review Committee should submit a detailed annual report to the Governor and General Assembly as statutorily required by SC Code Ann. § 43-35-570 and based on the process described in S.C. Code Ann. § 2-1-230. In addition to statutorily required sections, the report should include a summary of non-confidential portions of minutes, member attendance records, statistical information on cases reported and reviewed, identified systemic deficiencies in care, and trending issues facing vulnerable adults.
7. The Department of Mental Health, more specifically the Clinical Competency Oversight Committee (CCOC) or any departmental committee with similar duties, through the Director of the Department of Mental Health, should provide a quarterly update to the House Legislative Oversight Committee for a period of two years which shall begin on the date of approval of the full committee study. The report shall include the following: current processes and systems to monitor employee training, compliance, and competency; the guidelines, membership and stated meeting times of the CCOC; meeting minutes; and the review of the sufficiency and efficiency of all training programs with appropriate indicators as approved by the subcommittee. In concert, the report of the CCOC should delineate responsibilities for training, competency of employees following training and inclusion of an assessment mechanism to ensure employees understand and rely upon training. An internal random employee training effectiveness audit is advisable. All information submitted to the committee shall be in compliance with state law.
8. The Department of Mental Health should ask each new employee how he or she learned about the position and use that data to determine which recruitment strategies work the best to recruit eventual employees.
9. The Department of Mental Health should randomly test employee knowledge of DMH policies and procedures. Random testing should include both written tests and hands-on strategies to determine whether employees are aware of and employing appropriate care techniques.
10. The Department of Mental Health should implement a method to determine which of the trainings it offers can be linked to better patient outcomes.
11. The Department of Mental Health, in collaboration with relevant state agencies and the state's higher education institutions, should study existing education and training paths for mental health professionals to determine if the capacity exists to meet future estimated needs for mental health professionals at all levels.
12. The Department of Mental Health should seek funding to maintain mean salaries at or above the midpoint for each classification, particularly the GA50 (Human Service Coordinator I) and GA60 (Human Services Coordinator II) classifications.
13. The General Assembly should consider re-establishing the Classification and Compensation Study Committee, originally created in Proviso 93.33 of the 2015-16 General Appropriations Act, for the purpose of examining findings and recommendations of the Department of Administration, Human Resources Division on the state's classification and compensation system.

14. The Department of Mental Health should continue to employ current retention strategies, implement a method to determine which ones are most effective, and research new or evolving retention strategies.
15. The Department of Mental Health should review mental health salaries in Georgia and North Carolina counties bordering South Carolina in order to maintain a competitive market for the recruitment and retention of mental health professionals.
16. The Department of Mental Health should continue efforts to increase local government contributions to community mental health services. A year following approval of the full Committee study, DMH should report to the Legislative Oversight Committee local contributions to community mental health centers, and note if a center has experienced a shortfall in the year between study approval and this follow up report.
17. The Department of Mental Health should annually review services available in each community and determine if they are adequate to serve the needs of the community.
18. The Departments of Mental Health and Education should determine a desired clinician to student ratio, in addition to the goal of two schools per clinician and report this determination to the Committee within one year after the approval of the full Committee study.
19. In requesting additional funding for school-based mental health services, the Department of Mental Health should report on each district's financial contributions and the outcomes of the Magill school-based mental health services certificate program.
20. The Department of Mental Health Commission should allow public input at commission meetings.
21. The Department of Mental Health should ensure that a range of employee levels are represented on agency-wide committees impacting employee onboarding, training, and retention.
22. The Department of Mental Health should continue to review and update its performance measures for the Fiscal Year 2019-20 Accountability Report. In doing so, the agency may wish to avail itself of resources available from the Department of Administration's Executive Budget Office (EBO), including but not limited to consulting with EBO's performance and accountability manager. The agency should also determine whether the current set of performance measures would assist agency management in determining if the agency is accomplishing its mission.
23. The Department of Mental Health and the Department of Corrections should form a committee constituted of professionals of each agency to devise a plan to provide a seamless transition for inmates who are under the care of a mental health professional upon the release of the inmate.

III. Subcommittee members discuss the potential recommendations. Mark Binkley, DMH Interim Director, and Rochelle Caton, DMH Director of the Office of Client Advocacy, respond to questions from members.

IV. Subcommittee members make and vote on the following motions. All motions pass.

Representative Taylor's motion to approve potential recommendation #1 (see above).	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway	✓			
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Representative Taylor's motion to amend potential recommendation #7 (see above) to remove any references to the Clinical Competency Oversight Committee.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway	✓			
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Representative Wooten's motion to approve potential recommendations #2-23, including potential recommendation #7 as amended.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway	✓			
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

V. Chair West directs staff to draft the Subcommittee report of the study of DMH and provide a copy to all Subcommittee members by Wednesday, November 27, 2019. He states that unless he receives an alternative request by noon on Friday, December 6, 2019, he will provide notice to the full Committee that the report is ready for consideration.

Discussion of the Department of Alcohol and Other Drug Abuse Services (DAODAS)

- I. Chair West explains this is the Subcommittee's first meeting with DAODAS and the purpose is for agency personnel to present an overview of the agency and its operations.
- II. Chair West reminds DAODAS Director Sara Goldsby that she remains under oath and places the following additional DAODAS representatives under oath:
 - a. Stephen L. Dutton, Chief of Staff
 - b. Angela Outing, Human Resource Director
 - c. Sharon Peterson, Manager of Finance and Operations
- III. Director Goldsby and Ms. Peterson present information on the following topics:
 - a. Agency purpose and history
 - b. Role of state alcohol and drug agencies
 - c. Mission
 - d. Strategic vision
 - e. Governing body and agency head
 - f. Agency counterparts (federal and local)
 - g. Federal grants
 - h. Ensuring effectiveness
 - i. How residents can access services
 - j. Promoting coordination across state government
 - k. Organizational structure
 - l. Employee demographics, turnover, and training
 - m. Agency divisions
 - n. Risk mitigation/internal auditing
 - o. Records, regulations, and reports compliance
 - p. Successes
 - q. Challenges
 - r. Emerging issues

During and after the presentation, Director Goldsby and Ms. Peterson respond to questions from Subcommittee members.

- IV. There being no further business, the meeting is adjourned.

DAODAS STUDY TIMELINE

2018

December 5 At **Meeting 1**, the **full Committee votes** to make DAODAS the next agency for the Healthcare and Regulatory Subcommittee to study. [Video](#) and [minutes](#) of the meeting are available online.

2019

January 9 The Committee provides the agency with [notice](#) about the oversight process.

February 27 - April 1 The Committee solicits input from the public about the agency in the form of an **online public survey**. The [results of the public survey](#) are available online.

August 13 The full Committee holds **Meeting 2** with the agency to receive **public input**.

October 28 The Subcommittee holds **Meeting 3** with the agency to discuss an overview of its **mission, history, resources, major programs, successes, challenges, and emerging issues**.

November 12 (TODAY) The Subcommittee holds **Meeting 4** with the agency to discuss the **deliverables of its Prevention & Intervention Services Division**.

Ongoing Public may submit written comments on the Oversight Committee's webpage, accessed from www.scstatehouse.gov.

DAODAS SNAPSHOT

Department of Alcohol and Other Drug Abuse Services

Mission and Services

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

Coordinates a statewide system of local substance abuse agencies that provide prevention, treatment, and recovery services

Organizational Units

Administration
Services/External Affairs
Program
Accountability/Treatment
Program
Accountability/Prevention
Finance & Operations
Information Technology
Health Integration & Innovation

History

Initially created in 1957 as the S.C. Alcoholic Rehabilitation Center and granted treatment authority, the agency opened the first state-funded facility for alcoholism in 1962. In 1993, the agency was established as a cabinet agency, becoming the Department of Alcohol and Other Drug Abuse Services (DAODAS), and charged with ensuring quality services to prevent or reduce the negative consequences of substance use.

Resources (FY 17-18)

Employees

38
filled FTE positions at the end of the year

Funding

\$55,666,679
appropriated and authorized

Successes

Identified by the agency

- Obtaining a \$28 million state opioid response grant that will assist with increasing access to medication-assistant treatment; reducing unmet needs; and reducing opioid overdose-related deaths

- Emphasizing prevention programs associated with the reduction of underage drinking

- Impacting health of South Carolinians as patients' past 30-day use of alcohol decreased by 27.6%; patients past 30-day use of *any* substance decreased by 37.5%; and patients' past 30-day employment status rose by 7.7%

Challenges

Identified by the agency

Current:

- Addressing stigma associated with substance use disorders
- Increasing the number and quality of recovery residences in South Carolina
- Sustaining capacity and providing financial assistance for treatment services to indigent South Carolinians long-term

Emerging:

- Increasing trends in cocaine and methamphetamine use
- Educating healthcare providers, parents, and educators about the risks of marijuana use among youth and women who are pregnant and nursing
- Filling vacancies in public addiction service provider system as anticipated turnover is over 25% in next five years

Sources: Agency PER (July 2019), Accountability Report (September 2018), and [website](#).

FOLLOW-UP LETTER FROM SUBCOMMITTEE

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

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Legal Counsel*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

October 31, 2019

Via Email

Sara Goldsby, Director
South Carolina Department of Alcohol and Other Drug Abuse Services
P.O. Box 48268
Columbia, South Carolina 29202

RE: Follow-up from Subcommittee meeting on October 28, 2019

Dear Director Goldsby:

The Healthcare and Regulatory Subcommittee appreciates the information you and your team provided at our first meeting on October 28, 2019. As follow-up from that meeting, please provide the following information by Wednesday, November 6, 2019:

1. Details on which types of deaths are included in the DUI-related deaths data cited during the meeting
2. Budget overviews for the county alcohol and drug abuse authorities, including the amount of funding provided by each county authority
3. Summary list of legislation related to the opioid crisis that has already been enacted and involves DAODAS, along with a brief update on the agency's progress toward implementation of each


In addition, as noted by Subcommittee members during the meeting, we hope to learn more about the following issues during subsequent meetings:

- The recidivism rate of convicted DUI offenders who successfully complete the Alcohol and Drug Safety Action Program
- Medical marijuana and related issues
- Vaping, including the regulation of the sale of related products
- The evolution and impact of synthetic drugs
- Drug courts

- Updates on lawsuits related to the opioid crisis
- How you determine what issues are funding priorities, especially in the wake of significant funding cuts during the recession
- The agency's ability to perform research for the state

We look forward to our next meeting on November 12, 2019.

Sincerely,

A handwritten signature in black ink that reads "Jay West". The signature is written in a cursive, slightly slanted style.

Jay West
Subcommittee Chair

cc: The Honorable Robert L. Ridgeway, III
The Honorable Bill Taylor
The Honorable Chris Wooten

DAODAS RESPONSE TO FOLLOW-UP



South Carolina Department of Alcohol and Other Drug Abuse Services

HENRY McMASTER
Governor

SARA GOLDSBY
Director

November 6, 2019

Via E-mail

The Honorable Jay West, Chair
Healthcare and Regulatory Subcommittee
Legislative Oversight Committee
South Carolina House of Representatives
Post Office Box 11867
Columbia, South Carolina 29211

RE: Follow-up from Subcommittee meeting on October 28, 2019

Dear Representative West:

Thank you for the opportunity to provide information on the Department of Alcohol and Other Drug Abuse Services during our meeting on October 28, 2019. As requested in your letter dated October 31, 2019, I am pleased to provide the following information:

1. Details on which types of deaths are included in the DUI-related deaths data cited during the meeting.

According to the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA), in 2017 South Carolina had the second highest rate of impaired driving deaths per capita. The rate was 6.22 deaths per 100,000 people in the state. These deaths in that year accounted for 32% of all traffic fatalities in South Carolina. NHTSA's National Center for Statistics and Analysis uses the Fatality Analysis Reporting System (FARS) for data collection from states.

NHTSA counts the number of fatalities in crashes involving at least one driver with a blood alcohol concentration (BAC) of .08% or higher. These fatalities include drivers with a BAC of .08% or higher; passengers riding with a driver who has a BAC of .08% or higher; occupants of other vehicles; and non-occupants (pedestrians, pedal-cyclists, other).

For additional information, see the accompanying documents: *Drunk Driving in SC (CDC-2014)*; *2017 Alcohol-Impaired Driving Traffic Safety Fact Sheet*; and *Alcohol-Related Fatalities HLOC*.

2. Budget overviews for the county alcohol and drug abuse authorities, including the amount of funding provided by each county authority.

See the accompanying Excel file titled *FY16-19 Counties Funding Sources*.

3. Summary list of legislation related to the opioid crisis that has already been enacted and involves DAODAS, along with a brief update on the agency's progress toward implementation of each.

See the accompanying Excel file titled *Enacted Opioid Legislation*.

In addition, I would like to take this opportunity to provide information on the following item referenced in your letter:

- Updates on lawsuits related to the opioid crisis

Lawsuit Against Purdue Entities

In 2017, the South Carolina Attorney General filed suit against opioid manufacturers Purdue Pharma L.P., Purdue Pharma Inc., and Purdue Frederick Company Inc. in Richland County. The case number is 2017-CP-40-04872, and the trial was scheduled for March 2020.

On September 15, 2019, the Purdue entities filed Chapter 11 bankruptcy cases in the U.S. Bankruptcy Court for the S.D.N.Y. The vast majority of their debt is associated with opioid lawsuits filed against them by states, cities, and counties. Prior to filing bankruptcy, the Purdue entities and their owners/former directors – the Sackler family – were engaged in settlement discussions with a number of states and had worked out a rough settlement framework that was being discussed, but more due diligence was needed to ascertain whether it was a good proposal.

The bankruptcy judge entered a temporary injunction staying all lawsuits through November 6, during which time the Purdue entities and the Sackler family are producing financial information to creditors, including South Carolina. South Carolina is part of the ad hoc committee of states working on this settlement framework, and the state's bankruptcy lawyers in New York and their financial consultants are currently reviewing and analyzing this information. The bankruptcy judge may well extend the injunction beyond November 6 if good progress is being made to see if an agreement can be reached in the bankruptcy.

Lawsuit Against McKesson Corporation; Cardinal Health, Inc., AmerisourceBergen Drug Corporation

On August 15, 2019, the South Carolina Attorney General filed suit in Richland County against the nation's three largest opioid distributors (case number 2019-CP-40-04521). On September 30, McKesson Corporation filed a notice removing the case to district court. The Attorney General's Office has opposed the removal and transfer and filed a motion to remand, and the Attorney General has obtained an order from the district court for expedited briefing/consideration. These issues are fully briefed, and the Attorney General's Office is waiting for a hearing date or decision from the court.

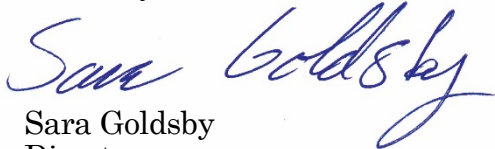
There has been a lot of discussion in some media outlets about national "settlements" of cases brought by states, cities, and counties against Purdue and these distributors. However, while there have been settlement discussions in these cases, there is no binding settlement.

November 6, 2019

Page 3

Please feel free to contact me if you have any questions about the information provided with this letter, and I look forward to our next meeting on November 12.

Sincerely,

A handwritten signature in blue ink that reads "Sara Goldsby". The signature is fluid and cursive, with the first name "Sara" and last name "Goldsby" clearly distinguishable.

Sara Goldsby
Director

cc: DAODAS Executive Management



Sobering Facts: Drunk Driving in SOUTH CAROLINA



Keep South Carolina safe. Keep drunk drivers off the road.

This fact sheet provides a snapshot of **alcohol-involved deaths and drunk driving** and an overview of proven strategies to reduce or prevent drunk driving. The information can help local public health decisionmakers and community partners see gaps and identify relevant strategies to address the problem of drunk driving.

Fast Facts

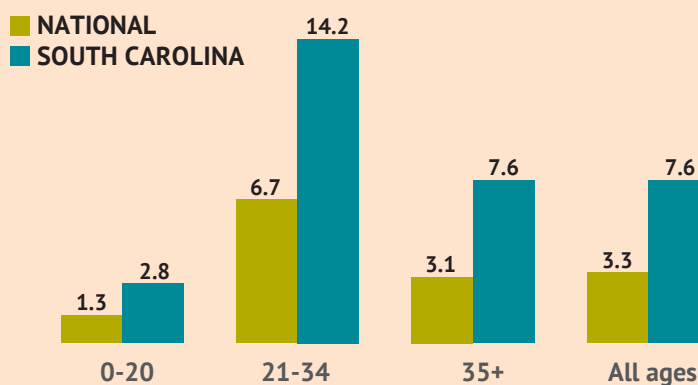
- Drivers with a blood alcohol concentration (BAC) of 0.08% or higher (i.e., drunk drivers) are considered alcohol-impaired by law.
- About one in three traffic deaths in the United States involve a drunk driver.
- Thanks to dedicated efforts, rates of drunk driving and alcohol-involved fatal crashes have gone down in recent years.
- Still, drunk drivers got behind the wheel millions of times in 2010.
- These data show what's happening in your state.

ALCOHOL-INVOLVED DEATHS

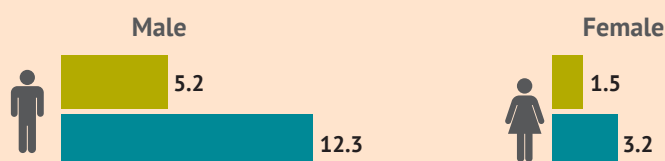
Persons Killed in Crashes Involving a Drunk Driver†



Rate of Deaths by Age (per 100,000 population), 2012



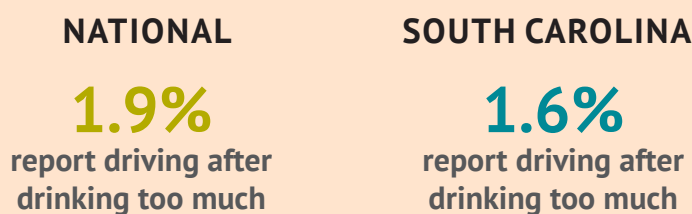
Rate of Deaths by Gender (per 100,000 population), 2012



†Deaths in crashes involving a driver with BAC $\geq 0.08\%$.
Source: Fatality Analysis Reporting System (FARS).

DRUNK DRIVING

Percentage of Adults Who Report Driving After Drinking Too Much
(in the past 30 days)



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Working together, we can help keep people safe on the road—every day.
11/12/19 H&R Meeting
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DRUNK DRIVING LAWS

- All 50 states and the District of Columbia have laws in place to protect the public from drunk drivers (e.g., driving is illegal with BAC at or above 0.08%).
- In South Carolina, sobriety checkpoints are allowed.
- Ignition interlock laws and license suspensions vary by state. For up-to-date information on your state, check with the Insurance Institute for Highway Safety at www.iihs.org.



For More Information

Visit the Centers for Disease Control and Prevention Web site at www.cdc.gov/motorvehiclesafety for:

- Injuries, costs, and other data related to drunk driving
- Detailed information on effective strategies to reduce or prevent drunk driving

What Works

The strategies in this section are effective for reducing or preventing drunk driving. They are recommended by *The Guide to Community Preventive Services* and/or have been demonstrated to be effective in reviews by the National Highway Traffic Safety Administration.* Different strategies may require different resources for implementation or have different levels of impact. Find strategies that are right for your state.

Strategies to reduce or prevent drunk driving

- 🔑 **Drunk driving laws** make it illegal nationwide to drive with a BAC at or above 0.08%. For people under 21, **“zero tolerance” laws** make it illegal to drive with any measurable amount of alcohol in their system. These laws, along with laws that maintain the **minimum legal drinking age** at 21, are in place in all 50 states and the District of Columbia, and have had a clear effect on highway safety, saving tens of thousands of lives since their implementation.
- 🔑 **Sobriety checkpoints** allow police to briefly stop vehicles at specific, highly visible locations to see if the driver is impaired. Police may stop all or a certain portion of drivers. Breath tests may be given if police have a reason to suspect the driver is intoxicated.
- 🔑 **Ignition interlocks** installed in cars measure alcohol on the driver's breath. Interlocks keep the car from starting if the driver has a BAC above a certain level, usually 0.02%. They're used for people convicted of drunk driving and are highly effective at preventing repeat offenses while installed. Mandating interlocks for all offenders, including first-time offenders, will have the greatest impact.
- 🔑 **Multi-component interventions** combine several programs or policies to prevent drunk driving. The key to these comprehensive efforts is **community mobilization** by involving coalitions or task forces in design and implementation.
- 🔑 **Mass media campaigns** spread messages about the physical dangers and legal consequences of drunk driving. They persuade people not to drink and drive and encourage them to keep other drivers from doing so. Campaigns are most effective when supporting other impaired driving prevention strategies.
- 🔑 **Administrative license revocation or suspension laws** allow police to take away the license of a driver who tests at or above the legal BAC limit or who refuses testing. States decide how long to suspend the license; a minimum of 90 days is effective.
- 🔑 **Alcohol screening and brief interventions** take advantage of “teachable moments” to identify people at risk for alcohol problems and get them treatment as needed. This combined strategy, which can be delivered in health care, university, and other settings, helps change behavior and reduces alcohol-impaired crashes and injuries.
- 🔑 **School-based instructional programs** are effective at teaching teens not to **ride with** drunk drivers. More evidence is needed to see if these programs can also reduce drunk driving and related crashes.

*Sources: The Guide to Community Preventive Services (The Community Guide), Motor Vehicle-Related Injury Prevention, at www.thecommunityguide.org, and National Highway Traffic Safety Administration. (2013). Countermeasures that work: a highway safety countermeasures guide for State Highway Safety Offices, 7th edition, at www.nhtsa.gov/staticfiles/nti/pdf/811727.pdf.

Traffic Safety Facts

2017 Data

November 2018

DOT HS 812 630



Key Findings

- In 2017 there were 10,874 fatalities in motor vehicle traffic crashes involving drivers with BACs of .08 g/dL or higher. This totaled 29 percent of all traffic fatalities for the year. (Note: It is illegal in every State to drive with a BAC of .08 g/dL or higher.)
- An average of 1 alcohol-impaired-driving fatality occurred every 48 minutes in 2017.
- The estimated economic cost of all alcohol-impaired crashes (involving alcohol-impaired drivers or alcohol-impaired nonoccupants) in the United States in 2010 (the most recent year for which cost data is available) was \$44 billion.
- Of the traffic fatalities in 2017 among children 14 and younger, 19 percent occurred in alcohol-impaired-driving crashes.
- The 21- to 24-year-old age group had the highest percentage (27%) of drivers with BACs of .08 g/dL or higher in fatal crashes compared to other age groups in 2017.
- The percentage of drivers with BACs of .08 g/dL or higher in fatal crashes in 2017 was highest for motorcycle riders (27%), compared to drivers of passenger cars (21%), light trucks (20%), and large trucks (3%).
- The rate of alcohol impairment among drivers involved in fatal crashes in 2017 was 3.6 times higher at night than during the day.
- In 2017 among the 10,874 alcohol-impaired-driving fatalities, 68 percent (7,368) were in crashes in which at least one driver had a BAC of .15 g/dL or higher.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, DC 20590

Alcohol-Impaired Driving

Drivers are considered to be alcohol-impaired when their blood alcohol concentrations (BACs) are .08 grams per deciliter (g/dL) or higher. Thus, any fatal crash involving a driver with a BAC of .08 g/dL or higher is considered to be an alcohol-impaired-driving crash, and fatalities occurring in those crashes are considered to be alcohol-impaired-driving fatalities. The term “drunk driving” is used instead of alcohol-impaired driving in some other NHTSA communication and material. The term “driver” refers to the operator of any motor vehicle, including a motorcycle.

Estimates of alcohol-impaired driving are generated using BAC values reported to the Fatality Analysis Reporting System (FARS) and BAC values imputed when they are not reported. In this fact sheet, NHTSA uses the term “alcohol-impaired” in evaluating the FARS statistics. **In all cases throughout this fact sheet, use of the term does not indicate that a crash or a fatality was caused by alcohol impairment, only that an alcohol-impaired driver was involved in the crash.** This document also includes BACs of .00 g/dL (no alcohol), .01+ g/dL, and .15+ g/dL solely for comparison purposes.

In this fact sheet for 2017 the alcohol-impaired-driving information is presented as follows:

- [Overview](#)
- [Economic Cost for All Traffic Crashes](#)
- [Children](#)
- [Environmental Characteristics](#)
- [Time of Day and Day of Week](#)
- [Drivers](#)
- [Fatalities by State](#)

This fact sheet contains information on fatal motor vehicle crashes and fatalities based on data from the FARS. FARS is a database containing information on every fatal crashes in the 50 States, the District of Columbia, and Puerto Rico (Puerto Rico is not included in U.S. totals).

Overview

All 50 States, the District of Columbia, and Puerto Rico have by law set a threshold making it illegal to drive with a BAC of .08 g/dL or higher. In 2017 there were 10,874 people killed in alcohol-impaired-driving crashes, an average of 1 alcohol-impaired-driving fatality every 48 minutes. These alcohol-impaired-driving fatalities accounted for 29 percent of all motor vehicle traffic fatalities in the United States in 2017.

Of the 10,874 people who died in alcohol-impaired-driving crashes in 2017, there were 6,618 drivers (61%) who had BACs of .08 g/dL or higher. The remaining fatalities consisted of 3,075 motor vehicle occupants (28%) and 1,181 nonoccupants (11%). The distribution of fatalities in these crashes by role is shown in Table 1.



Table 1

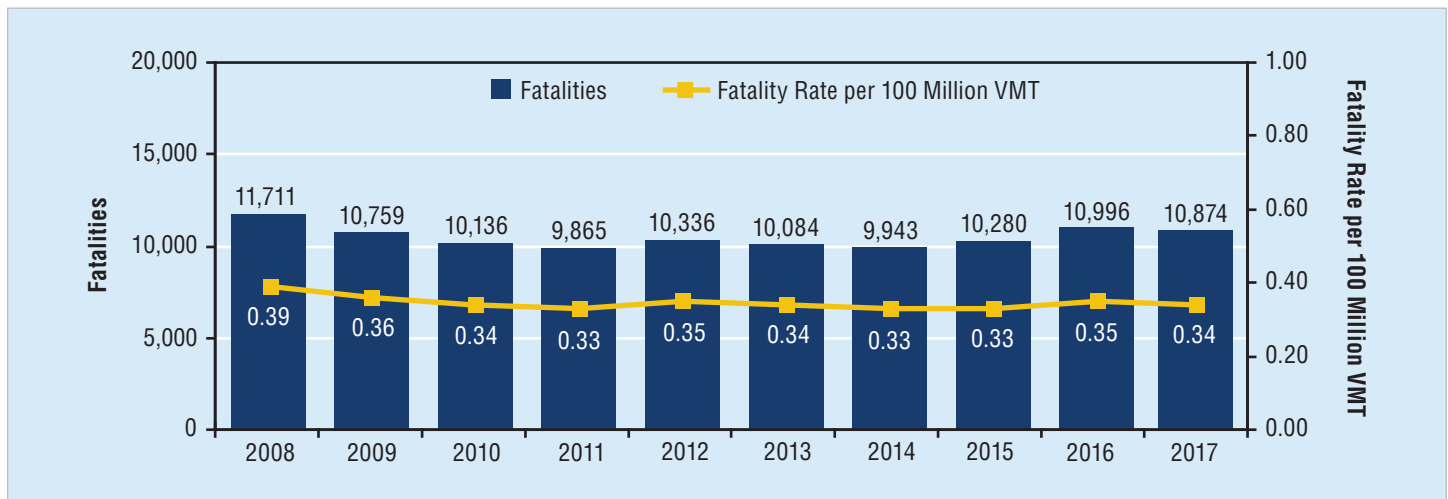
Fatalities, by Role, in Crashes Involving at Least One Driver With a BAC of .08 g/dL or Higher, 2017

Role	Number	Percent of Total Fatalities
Drivers With BAC=.08+ g/dL	6,618	61%
Passengers Riding With Driver With BAC=.08+ g/dL	1,492	14%
Subtotal	8,110	75%
Occupants of Other Vehicles	1,583	15%
Nonoccupants (pedestrians/pedalcyclists/other)	1,181	11%
Total Alcohol-Impaired-Driving Fatalities	10,874	100%

Source: FARS 2017 Annual Report File (ARF).

Note: Percentages may not equal sum of components due to independent rounding.

Figure 1

Fatalities and Fatality Rate per 100 Million VMT in Alcohol-Impaired-Driving Crashes, 2008–2017

Sources: Fatalities – FARS 2008–2016 Final File, 2017 ARF; 2008–2016 VMT – Federal Highway Administration's (FHWA) Annual Highway Statistics; 2017 VMT – FHWA's Traffic Volume Trends (May 2018)

Economic Cost for All Traffic Crashes

The estimated economic cost of all motor vehicle traffic crashes in the United States in 2010 (the most recent year for which cost data is available) was \$242 billion, of which \$44 billion resulted from alcohol-impaired crashes (involving alcohol-impaired drivers or alcohol-impaired nonoccupants). Included in the economic costs are:

- Lost productivity,
- Workplace losses,
- Legal and court expenses,
- Medical costs,
- Emergency medical services,
- Insurance administration,
- Congestion, and
- Property damage.

These costs represent the tangible losses that result from motor vehicle traffic crashes. However, in cases of serious injury or death, such costs fail to capture the relatively intangible value of lost quality-of-life that results from these injuries. When quality-of-life valuations are considered, the total value of societal harm from motor vehicle traffic crashes in the United States in 2010 was an estimated \$836 billion, of which \$201.1 billion resulted from alcohol-impaired crashes. For further information on cost estimates, see *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)*.¹

¹ Blincow, L. J., Miller, T. R., Zaloshnja, E., & Lawrence, B. A. (2014). *The economic and societal impact of motor vehicle crashes, 2010 (Revised)* (Report No. DOT HS 812 013). Washington, DC: National Highway Traffic Safety Administration. Available at <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812013>

Children

A total of 1,147 children 14 and younger were killed in motor vehicle traffic crashes in 2017. Of these 1,147 fatalities, 220 children (19%) died in alcohol-impaired-driving crashes. Of these 220 child deaths:

- 118 (54%) were occupants of vehicles with drivers who had BACs of .08 g/dL or higher;
- 71 (32%) were occupants of other vehicles;
- 29 (13%) were nonoccupants (pedestrians, pedalcyclists, or other nonoccupants); and
- 2 (1%) were drivers.

Environmental Characteristics

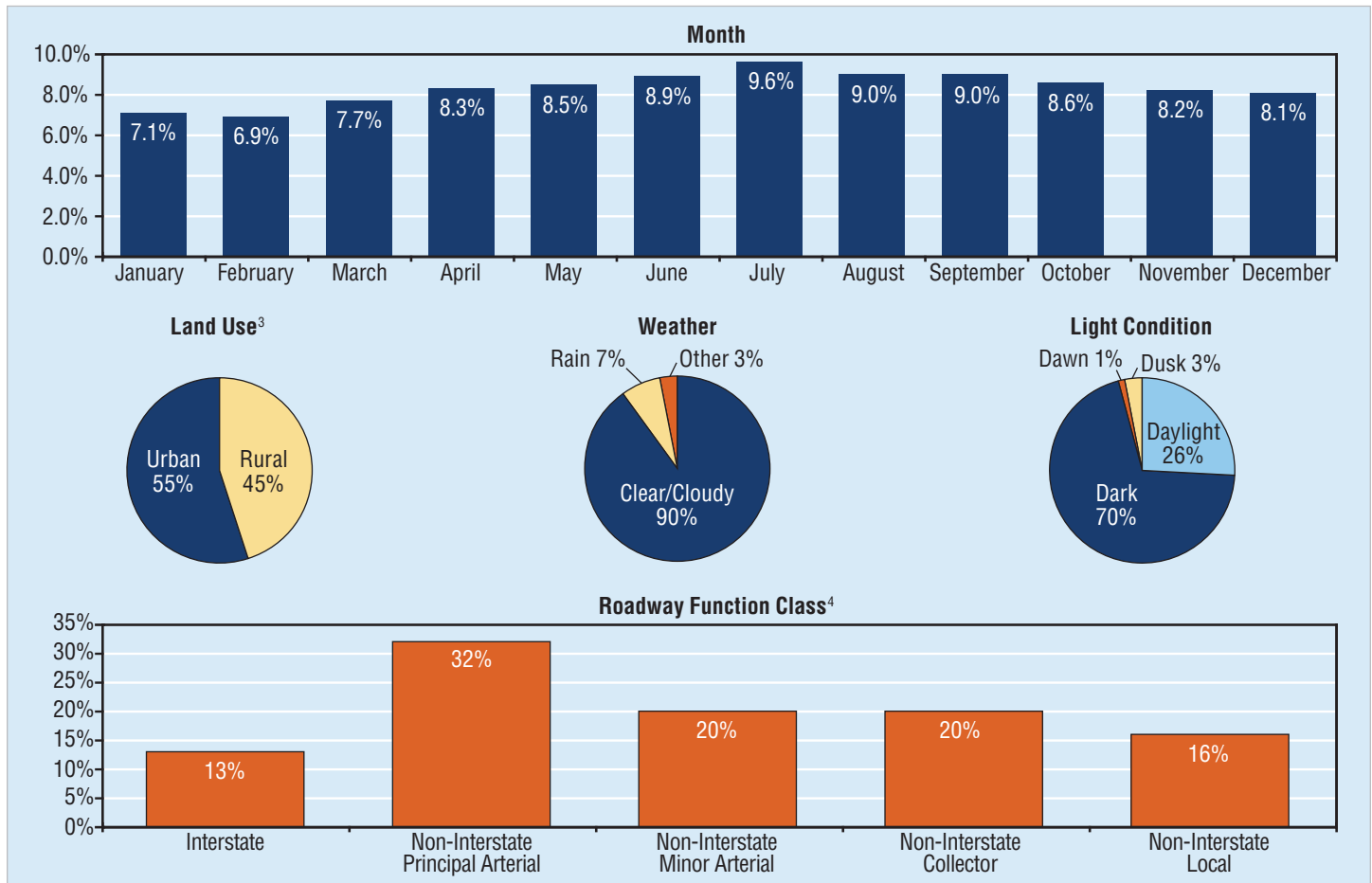
Figure 2 displays information about the setting surrounding alcohol-impaired drivers involved (killed or survived) in fatal

crashes in 2017 including month, land use,³ weather, light condition, and roadway function class.⁴ In 2017 based on known values² of alcohol-impaired drivers involved in fatal crashes:

- More occurred in July (9.6%), August (9.0%), and September (9.0%) than the other months;
- 55 percent occurred in urban areas, and 45 percent occurred in rural areas;
- 90 percent occurred in clear/cloudy conditions compared to 7 percent in rainy conditions and 3 percent in other conditions;
- 70 percent occurred in the dark compared to 26 percent in daylight, 3 percent in dusk, and 1 percent in dawn; and
- 87 percent occurred on non-interstate roads compared to 13 percent on interstate roads.

Figure 2

Percentage of Alcohol-Impaired Drivers Involved in Fatal Crashes in 2017, by Month, Land Use,³ Weather, Light Condition, and Roadway Function Class⁴



Source: 2017 FARS ARF

Note: Unknowns were removed before calculating percentages. Percentages may not add up to 100 percent due to individual rounding.

² Unknowns were removed before calculating percentages.

³ See the U.S. Census Bureau link to define urban and rural areas: www.census.gov/geo/reference/ua/urban-rural-2010.html

⁴ Definitions for the different roadway function class can be found at www.fhwa.dot.gov/planning/processes/statewide/related/highway_functional_classifications/fcauab.pdf

Time of Day and Day of Week

Table 2 presents information on drivers involved (killed or survived) in fatal crashes in 2008 and 2017 by time of day and day of week, as well as single-vehicle and multiple-vehicle crash data. In 2017:

- The rate of alcohol impairment among drivers involved in fatal crashes was 3.6 times higher at night than during the day (32% versus 9%);

- 32 percent of all drivers involved in single-vehicle fatal crashes were alcohol-impaired, compared to 12 percent in multiple-vehicle fatal crashes; and
- 15 percent of all drivers involved in fatal crashes during the week were alcohol-impaired, compared to 28 percent on weekends.

The biggest drop was alcohol-impaired drivers involved in single-vehicle nighttime crashes from 49 percent in 2008 to 42 percent in 2017 (7% difference).

Table 2

Drivers Involved in Fatal Crashes With BACs of .08 g/dL or Higher, by Crash Type, Time of Day and Day of Week, 2008 and 2017

Drivers Involved in Fatal Crashes	2008			2017			Change in Percentage With BAC=.08+ g/dL 2008–2017
	Total Number of Drivers	BAC=.08+ g/dL		Total Number of Drivers	BAC=.08+ g/dL		
		Number	Percent of Total		Number	Percent of Total	
Total	50,416	10,898	22%	52,274	10,344	20%	-2
Drivers by Crash Type and Time of Day							
Single-Vehicle Crash							
Total*	20,563	7,559	37%	19,441	6,274	32%	-5
Daytime	7,997	1,426	18%	7,773	1,338	17%	-1
Nighttime	12,338	6,014	49%	11,431	4,823	42%	-7
Multiple-Vehicle Crash							
Total*	29,853	3,339	11%	32,833	4,070	12%	+1
Daytime	18,380	844	5%	19,725	1,160	6%	+1
Nighttime	11,422	2,489	22%	13,060	2,905	22%	0
Drivers by Time of Day							
Daytime	26,377	2,270	9%	27,498	2,497	9%	0
Nighttime	23,760	8,503	36%	24,491	7,728	32%	-4
Drivers by Day of Week and Time of Day							
Weekday*	30,294	4,533	15%	32,049	4,752	15%	0
Daytime	19,217	1,265	7%	20,291	1,545	8%	+1
Nighttime	10,972	3,231	29%	11,645	3,162	27%	-2
Weekend*	20,046	6,335	32%	20,152	5,566	28%	-4
Daytime	7,160	1,005	14%	7,207	952	13%	-1
Nighttime	12,788	5,272	41%	12,846	4,566	36%	-5

Source: FARS 2008 Final File, 2017 ARF

*Includes drivers involved in fatal crashes when time of day was unknown.

Daytime – 6 a.m. to 5:59 p.m.

Nighttime – 6 p.m. to 5:59 a.m.

Weekday – Monday 6 a.m. to Friday 5:59 p.m.

Weekend – Friday 6 p.m. to Monday 5:59 a.m.

Drivers

Table 3 provides information on alcohol-impaired drivers involved (killed or survived) in fatal crashes by the age of the driver as well as gender and vehicle type. In fatal crashes in 2017 the highest percentage of drivers with BACs of .08 g/dL or higher was for 21- to 24-year-old drivers (27%), followed by 25- to 34-year-old drivers (26%). The 10-year trend of alcohol-impaired drivers involved increased for older drivers when compared to younger drivers.

The percentages of drivers with BACs of .08 g/dL or higher involved in fatal crashes in 2017 were 21 percent among males and 14 percent among females. In 2017 there were 4 male alcohol-impaired drivers involved for every female alcohol-impaired driver involved (8,022 versus 1,944).

The percentages of drivers involved in fatal crashes with BACs of .08 g/dL or higher in 2017 by vehicle type were 27 percent for motorcycles, 21 percent for passenger cars, and 20 percent for the

“light trucks” category (22% for pickup trucks, 19% for SUVs, and 13% for vans). The percentage of drivers with BACs of .08 g/dL or higher in fatal crashes was the lowest for drivers of large trucks (3%).

Table 3

Drivers With BACs of .08 g/dL or Higher Involved in Fatal Crashes, by Age Group, Gender, and Vehicle Type, 2008 and 2017

Drivers Involved in Fatal Crashes	2008			2017			Change in Percentage With BAC=.08+ g/dL 2008 and 2017
	Total Number of Drivers	BAC=.08+ g/dL		Total Number of Drivers	BAC=.08+ g/dL		
		Number	Percent of Total		Number	Percent of Total	
Total	50,416	10,898	22%	52,274	10,344	20%	-2
Drivers by Age Group (Years)							
16–20	5,750	995	17%	4,278	648	15%	-2
21–24	5,342	1,830	34%	5,007	1,347	27%	-7
25–34	9,800	2,989	31%	10,876	2,843	26%	-5
35–44	8,806	2,234	25%	8,217	1,862	23%	-2
45–54	8,355	1,712	20%	8,118	1,539	19%	-1
55–64	5,717	704	12%	7,271	1,114	15%	+3
65–74	2,927	187	6%	4,107	387	9%	+3
75+	2,672	99	4%	3,120	191	6%	+2
Drivers by Gender							
Male	37,061	9,169	25%	37,654	8,022	21%	-4
Female	12,627	1,623	13%	13,555	1,944	14%	+1
Drivers by Vehicle Type							
Passenger Cars	20,379	4,679	23%	20,895	4,297	21%	-2
Light Trucks*	19,095	4,311	23%	19,847	3,962	20%	-3
–Pickup Trucks	9,040	2,316	26%	8,709	1,932	22%	-4
–SUVs	7,278	1,651	23%	8,833	1,721	19%	-4
–Vans	2,745	337	12%	2,179	284	13%	+1
Large Trucks	4,040	63	2%	4,600	116	3%	+1
Motorcycles	5,405	1,561	29%	5,316	1,454	27%	-2

Source: FARS 2008 Final File, 2017 ARF.

Note: Numbers shown for groups of drivers do not add to the total number of drivers due to unknown/not reported or other data not included.

*Includes other/unknown light-truck vehicle types.

In 2017 there were 5,054 passenger vehicle drivers killed with BACs of .08 g/dL or higher (“passenger vehicles” include passenger cars as well as light trucks such as vans, SUVs, and pickup trucks). Of these driver fatalities for which restraint use was known, 64 percent

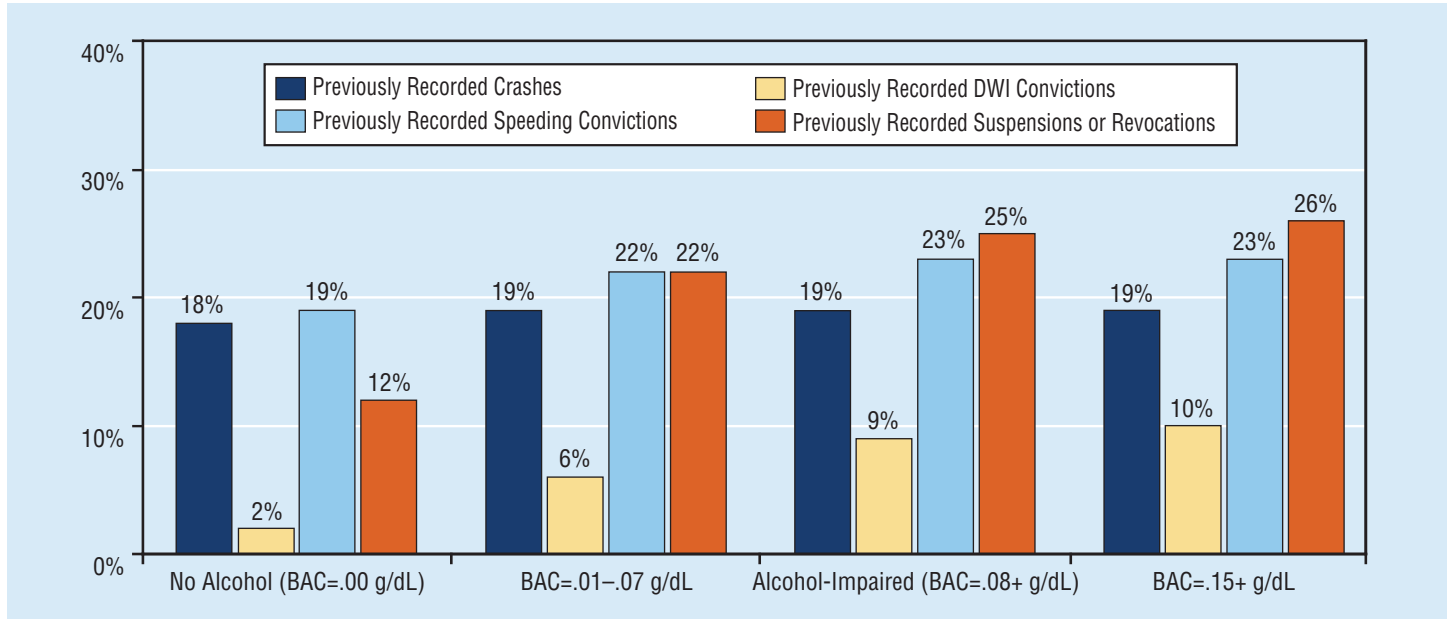
were unrestrained. Based on known restraint use, 51 percent of passenger vehicle drivers killed who had BACs of .01 to .07 g/dL were unrestrained, and 39 percent of passenger vehicle drivers killed who had no alcohol (.00 g/dL) were unrestrained.

Figure 3 shows information on the driving record of drivers in fatal crashes in 2017 at different BAC levels. There was little difference by BAC level in the percentage of drivers with previously recorded crashes. Drivers with BACs of .08 g/dL or higher involved in fatal

crashes were 4.5 times more likely to have prior convictions for driving while impaired (DWI) than were drivers with no alcohol (9% and 2%, respectively).

Figure 3

Previous 5-Year Driving Records of Drivers Involved in Fatal Crashes, by BAC, 2017



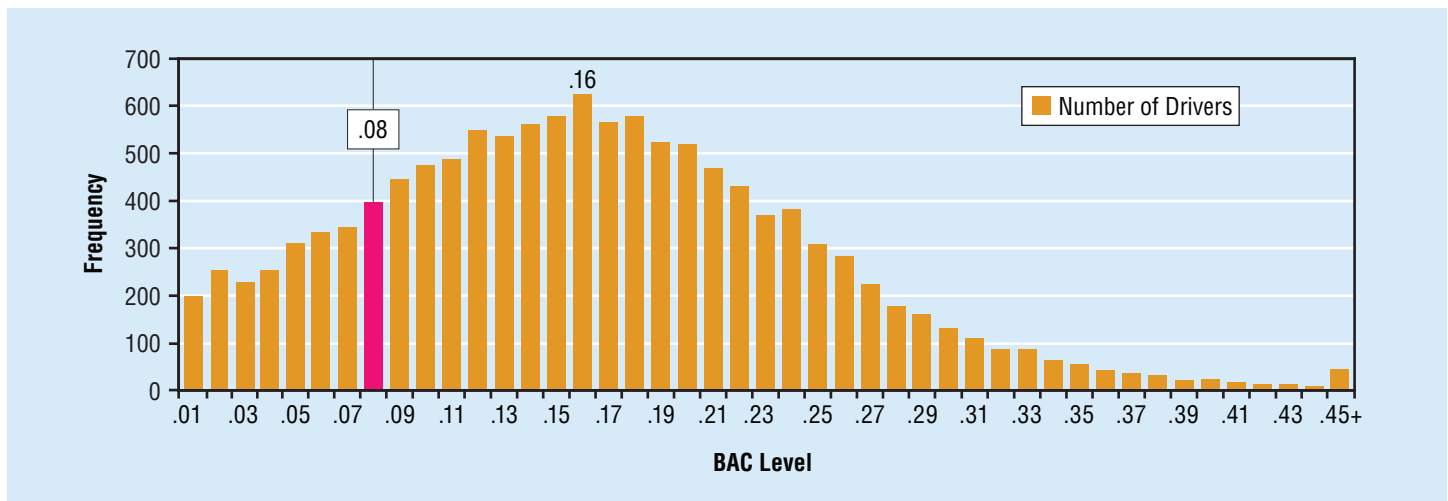
Source: FARS 2017 ARF

While a BAC of .08 g/dL is considered to be impaired in all States, the large majority of drivers in fatal crashes with any measurable alcohol had levels far higher. Eighty-four percent (10,344) of the 12,253 drivers with BACs of .01 g/dL or higher who were involved in fatal crashes in 2017 also had BAC levels at or above .08 g/dL, and 56 percent (6,904) also had BAC levels at or above .15 g/dL.

Among the 10,874 alcohol-impaired-driving fatalities in 2017, sixty-eight percent (7,368) were in crashes in which at least one driver in the crash had a BAC of .15 g/dL or higher. Figure 4 presents the distribution of BACs for those drivers with any alcohol in their systems. The most frequently recorded BACs among drinking drivers in fatal crashes was at .16 g/dL.

Figure 4

Distribution of BACs for Drivers With BACs of .01 g/dL or Higher Involved in Fatal Crashes, 2017



Source: FARS 2017 ARF

Fatalities by State

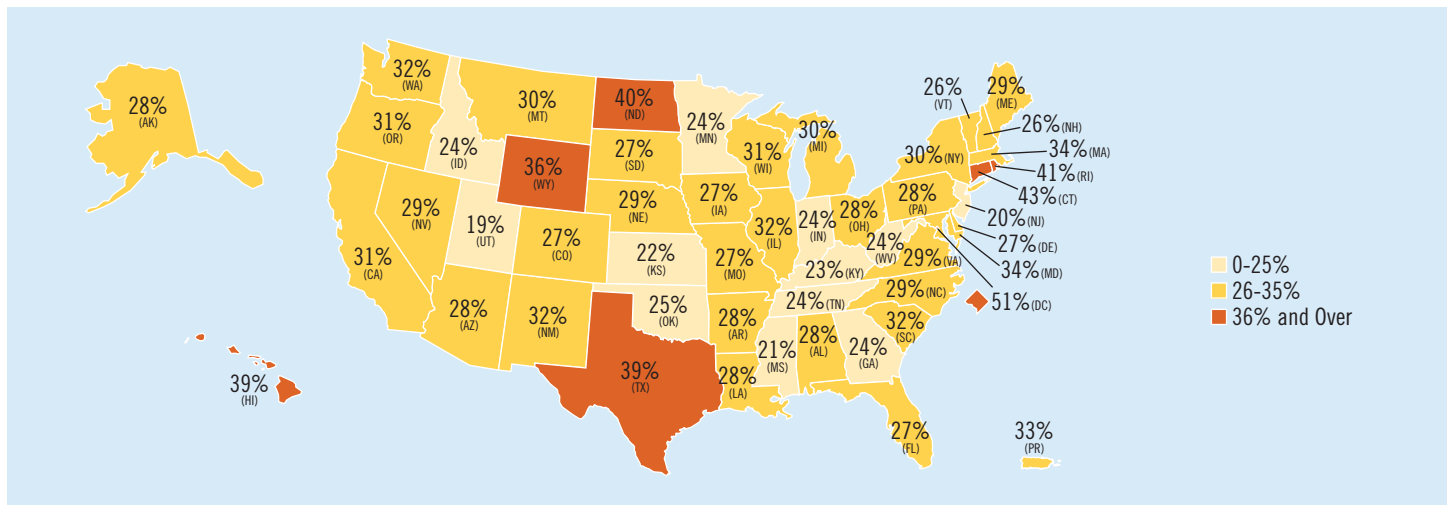
Table 4 shows motor vehicle traffic fatalities by State and the highest driver BAC in the crashes in 2017. Figure 5 contains a color-coded map of the percentage of alcohol-impaired-driving fatalities by State in 2017.

- Among all States, the number of fatalities in motor vehicle traffic crashes ranged from 31 (District of Columbia) to 3,722 (Texas), depending on the size and population of the State.
- Alcohol-impaired-driving fatalities were highest in Texas (1,468), followed by California (1,120) and Florida (839), and lowest in the District of Columbia (16).

- The percentage of alcohol-impaired-driving fatalities among total traffic fatalities in States ranged from a high of 51 percent (the District of Columbia) to a low of 19 percent (Utah), compared to the national average of 29 percent as shown in Figure 5.
- The percentage of fatalities in crashes involving a driver with a BAC of .15 g/dL or higher ranged from a high of 43 percent (the District of Columbia) to a low of 12 percent (Utah), compared to the national average of 20 percent.

Additional State/county-level data is available at NHTSA's State Traffic Safety Information website at <https://cdan.nhtsa.gov/stsi.htm>.

Figure 5
Percentage of Alcohol-Impaired-Driving Fatalities by State, 2017



Source: FARS 2017 ARF

The suggested APA format citation for this document is:

National Center for Statistics and Analysis. (2018, November). *Alcohol-impaired driving: 2017 data* (Traffic Safety Facts. Report No. DOT HS 812 630). Washington, DC: National Highway Traffic Safety Administration.

For more information:

Information on traffic fatalities is available from the National Center for Statistics and Analysis, NSA-230, 1200 New Jersey Avenue SE., Washington, DC 20590. NCSA can be contacted at 800-934-8517 or by e-mail at NCSARequests@dot.gov. General information on highway traffic safety can be found at www.nhtsa.gov/research-data. To report a safety-related problem or to inquire about motor vehicle safety information, contact the Vehicle Safety Hotline at 888-327-4236

Other fact sheets available from the National Center for Statistics and Analysis are *Bicyclists and Other Cyclists*, *Children, Large Trucks, Motorcycles*, *Occupant Protection in Passenger Vehicles*, *Older Population*, *Passenger Vehicles*, *Pedestrians*, *Rural/Urban Comparison of Traffic Fatalities*, *School Transportation-Related Crashes*, *Speeding*, *State Alcohol-Impaired-Driving Estimates*, *State Traffic Data*, *Summary of Motor Vehicle Crashes*, and *Young Drivers*. Detailed data on motor vehicle traffic crashes are published annually in *Traffic Safety Facts: A Compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and the General Estimates System*. The fact sheets and annual Traffic Safety Facts report can be found at <https://crashstats.nhtsa.dot.gov/>.

Table 4

Motor Vehicle Traffic Fatalities, by State and Highest Driver BAC in the Crash, 2017

State	Total Fatalities*	No Alcohol (BAC=.00 g/dL)		BAC=.01+ g/dL		Alcohol-Impaired (BAC=.08+ g/dL)		BAC=.15+ g/dL	
	Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alabama	948	629	66%	317	33%	268	28%	188	20%
Alaska	79	55	70%	24	30%	22	28%	17	22%
Arizona	1,000	641	64%	337	34%	278	28%	195	20%
Arkansas	493	336	68%	157	32%	140	28%	93	19%
California	3,602	2,275	63%	1,316	37%	1,120	31%	721	20%
Colorado	648	439	68%	208	32%	177	27%	117	18%
Connecticut	278	142	51%	134	48%	120	43%	88	32%
Delaware	119	82	69%	37	31%	32	27%	23	20%
District of Columbia	31	15	47%	16	53%	16	51%	13	43%
Florida	3,112	2,126	68%	974	31%	839	27%	560	18%
Georgia	1,540	1,102	72%	435	28%	366	24%	248	16%
Hawaii	107	58	54%	50	46%	42	39%	27	25%
Idaho	244	168	69%	74	30%	60	24%	50	20%
Illinois	1,097	677	62%	418	38%	349	32%	240	22%
Indiana	914	658	72%	256	28%	220	24%	142	15%
Iowa	330	226	68%	103	31%	88	27%	47	14%
Kansas	461	349	76%	112	24%	102	22%	67	14%
Kentucky	782	563	72%	213	27%	181	23%	122	16%
Louisiana	760	490	65%	264	35%	212	28%	157	21%
Maine	172	113	65%	60	35%	50	29%	33	19%
Maryland	550	343	62%	206	37%	186	34%	123	22%
Massachusetts	350	213	61%	136	39%	120	34%	88	25%
Michigan	1,030	656	64%	371	36%	311	30%	223	22%
Minnesota	357	253	71%	104	29%	85	24%	60	17%
Mississippi	690	517	75%	173	25%	148	21%	100	14%
Missouri	930	622	67%	304	33%	254	27%	174	19%
Montana	186	121	65%	63	34%	56	30%	36	19%
Nebraska	228	153	67%	73	32%	67	29%	38	17%
Nevada	309	207	67%	101	33%	89	29%	65	21%
New Hampshire	102	70	69%	32	31%	27	26%	15	15%
New Jersey	624	460	74%	165	26%	125	20%	87	14%
New Mexico	379	234	62%	145	38%	120	32%	85	22%
New York	999	657	66%	342	34%	295	30%	197	20%
North Carolina	1,412	933	66%	477	34%	413	29%	286	20%
North Dakota	115	61	53%	50	44%	46	40%	33	29%
Ohio	1,179	794	67%	381	32%	333	28%	235	20%
Oklahoma	655	462	71%	193	29%	165	25%	116	18%
Oregon	437	278	64%	160	36%	137	31%	95	22%
Pennsylvania	1,137	777	68%	357	31%	314	28%	210	18%
Rhode Island	83	46	55%	35	42%	34	41%	20	24%
South Carolina	988	615	62%	374	38%	313	32%	202	20%
South Dakota	129	82	64%	47	36%	35	27%	24	18%
Tennessee	1,040	730	70%	310	30%	251	24%	164	16%
Texas	3,722	2,003	54%	1,715	46%	1,468	39%	990	27%
Utah	273	213	78%	61	22%	53	19%	32	12%
Vermont	69	48	69%	21	31%	18	26%	13	19%
Virginia	839	560	67%	279	33%	246	29%	169	20%
Washington	565	355	63%	211	37%	178	32%	125	22%
West Virginia	303	218	72%	85	28%	72	24%	43	14%
Wisconsin	613	380	62%	232	38%	190	31%	139	23%
Wyoming	123	78	63%	45	37%	44	36%	36	29%
U.S. Total	37,133	24,280	65%	12,747	34%	10,874	29%	7,368	20%
Puerto Rico	290	169	58%	119	41%	96	33%	71	24%

*Total includes fatalities in crashes in which there was no driver (includes motorcycle riders) present.

Source: 2017 FARS ARF

In 2017, South Carolina had the second highest rate of impaired driving deaths per capita. The rate was 6.22 deaths per 100,000 people in the state. These deaths in that year accounted for 32% of all traffic fatalities in South Carolina.

The U. S. Department of Transportation National Highway Traffic Safety Administration National Center for Statistics and Analysis uses the Fatality Analysis Reporting System (FARS) for data collection from states. The FARS Analytical Manual defines the following for how alcohol-involved fatalities are recorded:

Definition: *This data element records whether the driver was drinking.*

Additional Information: *This data element is derived from data elements in the Vehicle and Person data files. Data are analyzed and if there is "sufficient information" to conclude that a driver was drinking, i.e., positive BAC data or police-reported alcohol involvement, then a driver is classified as drinking.*

A driver is classified as drinking (alcohol-involved) if the driver has (1) police-reported alcohol involvement, or (2) a positive alcohol test result.

A driver who is charged with an alcohol violation does not by itself make the driver a "drinking driver" by this definition.

Note that alcohol data is often missing. For that reason this data element may under-count the actual number of drinking drivers.

FY19 South Carolina Alcohol and Drug Abuse Authorities Funding

Counties	DAODAS			DAODAS Total	Client fees - self pay	Client Fees Medicaid	Client Fees Insurance	Client Fees MCO	County Government	Fed & state Government	Other Local	Misc.	Total	DAODAS % of total	County % of total
	federal	state	other												
Aiken	581,283.26	157,336.33	9,566.99	748,186.58	200,921.17	7,215.03	7,863.81	73,009.21	243,300.00	57,453.00	42,842.00	12,530.18	1,393,321	54%	21%
And/OCO	1,017,988.80	337,511.17	5,564.71	1,361,064.68	502,243.47	102,336.92	66,409.63	320,853.00	555,590.19	72,065.00	2,714.96	-	2,983,278	46%	19%
Barnwell	320,049.21	100,158.85	18,494.00	438,702.06	38,336.33	5,916.39	1,743.30	23,609.02	57,000.00	35,309.64	91,058.29	54,687.14	746,362	59%	20%
Beaufort	399,750.70	47,149.87	7,111.26	454,011.83	333,577.74	20,082.35	-	-	863,819.99	47,286.00	-	-	1,718,778	26%	50%
Berkeley	1,132,493.93	259,214.74	1,503.90	1,393,212.57	173,347.88	16,537.62	27,826.66	138,394.11	202,639.68	240,297.16	-	8,923.21	2,201,179	63%	9%
Charleston	2,282,593.81	462,960.55	251.00	2,745,805.36	1,522,757.00	291,013.00	993,403.00	1,569,805.00	593,024.00	858,753.00	-	204,880.00	8,779,440	31%	7%
Cherokee	289,524.95	24,304.67	925.95	314,755.57	119,879.53	14,096.12	-	47,794.03	266,307.00	68,927.15	-	14,689.98	846,449	37%	31%
Chester	332,927.73	137,469.16	180.00	470,576.89	40,945.99	11,017.27	3,365.20	22,527.57	50,346.82	29,797.00	7,500.00	2,973.83	639,051	74%	9%
Clarendon	382,095.13	73,927.20	360.00	456,382.33	83,971.48	29,067.12	8,902.33	104,148.62	93,847.16	-	13,719.12	30,525.60	820,564	56%	13%
Colleton	317,047.14	186,998.40	873.13	504,918.67	36,782.25	4,091.19	4,414.80	28,969.69	133,804.70	17,460.76	-	12,897.19	743,339	68%	18%
Darlington	724,094.79	139,009.29	2,022.07	865,126.15	35,199.25	14,072.63	4,828.57	74,555.05	104,341.36	40,011.00	-	12,558.05	1,150,692	75%	9%
Dorchester	933,825.81	128,221.46	2,273.52	1,064,320.79	488,361.16	22,296.46	34,255.96	125,876.37	230,592.57	39,553.00	45,000.00	122,017.97	2,172,274	49%	13%
Fairfield	276,676.11	54,906.47	-	331,582.58	38,271.03	6,508.60	5,410.90	38,735.35	97,233.74	566,419.00	-	245,829.55	1,329,991	25%	7%
Florence	1,575,383.51	332,187.09	103,184.18	2,010,754.78	282,221.84	227,491.83	73,721.92	829,640.10	209,358.12	592,741.45	-	709,643.79	4,935,574	41%	4%
Georgetown	365,412.87	56,993.96	2,509.62	424,916.45	49,363.43	2,549.92	5,780.08	41,525.00	188,826.85	26,595.00	309,157.63	-	1,048,714	41%	47%
Greenville	2,744,771.61	705,287.93	4,575.29	3,454,634.83	1,952,525.90	1,047,638.67	208,420.64	2,581,517.43	1,345,522.38	256,189.12	101,649.96	1,247,057.80	12,195,157	28%	12%
GEMA	820,273.64	131,146.32	1,803.05	953,223.01	199,544.19	17,131.68	-	70,489.91	273,333.82	53,516.40	-	158,974.40	1,726,213	55%	16%
Lowcountry	474,232.21	175,776.31	501.42	650,509.94	59,596.54	2,066.76	-	22,960.62	116,113.43	29,249.00	-	50,209.26	930,706	70%	12%
Horry	2,474,913.32	289,060.49	-	2,763,973.81	446,004.15	232,075.98	104,011.04	880,656.75	307,868.08	243,552.84	-	291,918.44	5,270,061	52%	6%
Kershaw	1,217,922.48	195,135.02	80.00	1,413,137.50	377,408.29	22,283.50	175,409.95	-	267,975.02	1,296,280.00	177,716.38	7,160.22	3,737,371	38%	12%
Lancaster	461,187.51	98,851.99	-	560,039.50	75,526.47	14,134.64	16,774.03	61,835.00	73,282.61	59,412.00	-	13,541.96	874,546	64%	8%
Laurens	843,860.52	169,846.33	2,448.00	1,016,154.85	90,020.55	21,291.93	3,244.21	66,991.77	117,939.62	28,815.00	-	33,998.42	1,378,456	74%	9%
Mar/Dil/Mar	1,315,378.75	265,861.19	-	1,581,239.94	128,770.93	29,209.68	4,113.92	162,124.16	212,888.74	51,344.84	56,375.00	166,173.23	2,392,240	66%	11%
Newberry	477,172.84	68,470.15	-	545,642.99	87,710.32	19,608.61	8,201.41	84,054.88	89,185.94	510,045.42	121,819.20	12,792.29	1,479,061	37%	14%
Tricounty	1,619,740.25	246,233.74	5,724.80	1,871,698.79	271,369.39	2,172,694.30	95,465.48	190,799.00	333,230.34	70,602.45	15,000.00	236,343.82	5,257,204	36%	7%
Pickens	929,958.87	265,187.36	1,005.71	1,196,151.94	338,354.55	77,725.47	59,203.90	373,592.72	135,845.40	452,055.10	54,600.00	211,145.88	2,898,675	41%	7%
LRADAC	3,113,454.84	687,280.08	6,460.59	3,807,195.51	1,828,945.85	241,751.30	220,952.22	963,904.22	1,380,040.37	1,575,925.25	225,718.11	116,911.54	10,361,344	37%	15%
Spartanburg	1,223,315.48	391,968.16	2,262.84	1,617,546.48	431,871.06	43,097.24	73,852.56	249,029.99	250,509.55	205,495.96	26,000.04	26,877.02	2,924,280	55%	9%
Sumter	983,463.60	104,129.16	850.34	1,088,443.10	441,344.93	-	-	-	122,436.78	913,284.00	6,081.50	2,999.28	2,574,590	42%	5%
Union	308,528.67	62,373.71	-	370,902.38	27,712.78	4,072.50	579.64	25,239.89	66,111.00	16,777.00	-	1,241.76	512,637	72%	13%
Williamsburg	302,349.40	67,428.29	-	369,777.69	71,081.79	6,644.07	3,174.24	34,015.25	143,699.04	52,779.70	-	820.83	681,993	54%	21%
York	1,646,686.95	564,140.20	1,881.61	2,212,708.76	743,928.93	237,023.25	217,900.24	915,024.10	540,999.96	-	536,143.35	30,693.56	5,434,422	41%	20%
TOTAL	31,888,358.69	6,986,525.64	182,413.98	39,057,298.31	11,517,896	4,962,742	2,429,230	10,121,678	9,667,014	8,507,992	1,833,096	4,041,016	92,137,962	42%	12%

sources: REBA run date 10/30/19, FY19 Schedule of Disbursements

* County Government includes Alcohol Excise Tax, county appropriations, drug courts, other

* Other Local includes revenues from city/local governments (local cities, towns, municipalities, and incorporated areas), drug diversion/smuggling bills (property seized in drug raids)

* Miscellaneous includes payments received from BHSA, interest (on agency accounts or special funds), United Way, donations, Tobacco Collaborative, sale of assets, income from Employee Assistance Program contracts

FY18 South Carolina Alcohol and Drug Abuse Authorities Funding

Counties	DAODAS			DAODAS Total	Client fees - self pay	Client Fees Medicaid	Client Fees Insurance	Client Fees MCO	County Government	Fed & state Government	Other Local	Misc.	Total County funding	DAODAS % of total	County % of total
	federal	state	other												
Aiken	586,881.28	152,054.96	11,183.46	750,119.70	219,229.27	15,354.83	12,401.18	88,792.26	288,671.88	53,099.16	32,842.00	4,688.58	1,465,199	51%	22%
And/Oco	1,053,010.85	222,688.97	22,752.03	1,298,451.85	558,415.93	93,113.19	66,813.56	328,666.47	542,583.79	72,065.00	-	1,743.08	2,961,853	44%	18%
Barnwell	321,704.45	94,764.06	18,333.32	434,801.83	36,681.19	4,071.32	3,402.76	34,579.18	58,834.49	52,355.30	91,701.60	40,990.37	757,418	57%	20%
Beaufort	409,020.88	44,306.80	22,161.24	475,488.92	211,067.08	14,803.14	-	-	584,846.43	47,286.00	6,000.00	-	1,339,492	35%	44%
Berkeley	1,122,820.97	158,055.62	17,734.80	1,298,611.39	233,443.29	15,934.72	46,654.60	126,486.98	202,636.68	236,912.03	-	7,462.79	2,168,142	60%	9%
Charleston	2,099,038.19	612,996.18	-	2,712,034.37	1,715,750.00	445,716.00	903,408.00	1,528,675.00	1,587,150.00	717,259.00	-	209,872.00	9,819,864	28%	16%
Cherokee	272,788.68	19,025.47	18,539.23	310,353.38	105,580.85	13,202.49	-	40,768.13	206,538.35	44,611.06	-	10,692.22	731,746	42%	28%
Chester	343,954.37	108,292.35	17,932.15	470,178.87	45,290.80	1,812.63	5,412.80	25,840.22	50,346.84	32,717.00	18,300.00	3,489.20	653,388	72%	11%
Clarendon	337,485.22	58,877.20	18,619.03	414,981.45	66,191.92	29,501.31	6,478.58	121,771.81	88,333.17	11,969.81	-	35,180.29	774,408	54%	11%
Colleton	210,043.93	51,578.77	18,988.03	280,610.73	41,884.65	4,745.18	2,093.08	26,750.28	123,400.24	21,733.00	-	7,331.96	508,549	55%	24%
Darlington	575,534.05	98,453.78	20,115.87	694,103.70	58,630.99	15,204.36	6,968.48	95,189.30	104,341.36	54,203.00	500.00	19,176.12	1,048,317	66%	10%
Dorchester	755,326.12	117,477.48	18,949.03	891,752.63	531,357.87	52,369.33	59,829.96	158,068.17	307,792.58	39,543.00	30,000.00	27,682.77	2,098,396	42%	16%
Fairfield	222,304.16	29,265.28	18,744.74	270,314.18	49,967.41	13,216.25	7,710.62	32,830.47	79,583.74	-	-	591,276.05	1,044,899	26%	8%
Florence	1,323,040.15	300,033.94	120,314.15	1,743,388.24	265,028.53	249,364.30	63,462.21	986,990.22	209,120.12	316,303.63	-	597,938.90	4,431,596	39%	5%
Georgetown	342,441.98	52,415.33	17,585.33	412,442.64	63,236.43	16,076.39	5,648.33	21,439.02	153,573.12	26,595.00	-	6,690.52	705,701	58%	22%
Greenville	2,948,531.57	425,599.54	20,862.27	3,394,993.38	1,908,472.77	1,471,301.95	262,824.89	2,575,379.71	1,274,376.29	234,221.05	101,649.96	966,491.35	12,189,711	28%	11%
GEMA	772,993.67	124,458.35	18,121.38	915,573.40	199,271.11	27,859.24	-	90,358.95	276,015.24	-	-	129,469.84	1,638,548	56%	17%
Lowcountry	445,344.23	110,693.25	345.71	556,383.19	29,727.73	1,820.69	-	12,191.31	112,569.80	29,249.00	-	10,138.84	752,081	74%	15%
Horry	1,607,566.00	274,970.76	20,234.74	1,902,771.50	347,056.13	207,827.35	76,367.00	893,592.08	309,376.11	239,537.86	-	121,270.03	4,097,798	46%	8%
Kershaw	658,338.87	179,203.35	15,875.12	853,417.34	477,656.55	28,777.46	87,298.71	-	248,617.61	46,030.00	241,468.78	20,823.27	2,004,090	43%	24%
Lancaster	384,769.04	91,139.92	18,333.32	494,242.28	67,453.29	18,743.78	9,983.30	48,671.31	148,534.95	39,634.00	-	8,090.93	835,354	59%	18%
Laurens	344,471.42	150,055.39	23,377.03	517,903.84	96,496.53	34,139.57	3,906.67	48,349.69	75,813.15	28,505.00	-	50.00	805,164	64%	9%
Mar/Dil/Mar	854,974.01	326,038.51	12,214.03	1,193,226.55	146,001.90	41,084.09	7,111.87	160,843.92	150,941.44	30,945.00	94,378.00	28,710.53	1,853,243	64%	13%
Newberry	474,272.95	64,682.30	36,360.90	575,316.15	89,012.09	12,962.02	9,985.71	80,827.77	77,387.00	392,200.73	76,127.81	15,690.75	1,329,510	43%	12%
Tricounty	1,656,935.79	213,683.76	19,800.07	1,890,419.62	324,615.57	1,841,263.95	144,583.65	186,184.45	319,803.89	104,816.93	15,000.00	165,841.43	4,992,529	38%	7%
Pickens	726,074.70	216,970.55	20,980.47	964,025.72	270,333.93	112,244.55	87,055.99	473,308.98	135,845.40	436,397.47	47,500.00	91,344.45	2,618,056	37%	7%
LRADAC	3,354,226.92	631,861.26	41,526.20	4,027,614.38	2,081,681.68	274,233.22	229,824.23	1,040,487.37	1,278,039.05	1,200,945.23	172,887.38	142,933.84	10,448,646	39%	14%
Spartanburg	1,015,793.61	345,258.25	18,585.32	1,379,637.18	481,444.95	66,101.41	86,964.29	327,558.64	140,975.29	132,680.65	14,166.70	4,667.03	2,634,196	52%	6%
Sumter	744,550.88	96,700.72	14,137.20	855,388.80	345,354.94	-	-	-	122,436.78	38,284.00	6,000.00	16,266.98	1,383,732	62%	9%
Union	297,506.31	61,264.76	18,333.32	377,104.39	28,557.32	19,634.14	2,124.94	25,328.98	32,998.53	16,777.00	-	2,260.80	504,786	75%	7%
Williamsburg	297,410.05	65,128.94	18,158.69	380,697.68	61,206.40	10,524.21	1,382.71	36,076.58	161,662.03	27,929.74	25.00	629.00	680,133	56%	24%
York	1,557,724.39	372,284.83	21,924.07	1,951,933.29	822,494.09	224,673.64	198,726.95	971,430.59	541,500.40	-	612,221.13	40,696.48	5,363,677	36%	22%
TOTAL	28,116,879.69	5,870,280.63	701,122.25	34,688,282.57	11,978,593	5,377,677	2,398,425	10,587,438	9,994,646	4,724,806	1,560,768	3,329,590	84,640,226	41%	14%

sources: REBA run date 8/29/2018, FY18 Schedule of Disbursements

* County Government includes Alcohol Excise Tax, county appropriations, drug courts, other

* Other Local includes revenues from city/local governments (local cities, towns, municipalities, and incorporated areas), drug diversion/smuggling bills (property seized in drug raids)

* Miscellaneous includes payments received from BHSA, interest (on agency accounts or special funds), United Way, donations, Tobacco Collaborative, sale of assets, income from Employee Assistance Program contracts

FY17 South Carolina Alcohol and Drug Abuse Authorities Funding

Counties	DAODAS			DAODAS Total	Client fees - self pay	Client Fees Medicaid	Client Fees Insurance	Client Fees MCO	* County Government	Fed & state Government	* Other Local	Misc.	Total	DAODAS % of total
	federal	*state	other											
Barnwell	299,063	93,806	54,549	447,418	50,371	6,837	4,722	37,992	49,366	53,444	62,454	152,425	865,030	52%
Beaufort	438,111	43,829	60,594	542,535	238,045	19,728	-	-	714,368	50,446	12,000	-	1,577,122	34%
Berkeley	1,246,633	156,422	158,809	1,561,864	204,233	48,841	49,201	135,540	202,637	175,008	12,000	-	2,389,323	65%
Charleston	1,864,623	599,494	3,197	2,467,314	1,844,897	481,306	444,728	1,300,000	1,650,537	686,730	-	291,640	9,167,152	27%
Cherokee	291,365	18,978	57,334	367,676	111,880	7,602	-	60,080	219,865	-	-	16,738	783,842	47%
Chester	333,471	174,197	39,991	547,659	36,632	2,085	-	13,626	50,347	19,851	17,500	18,765	706,466	78%
Clarendon	308,410	58,265	52,176	418,851	72,420	31,165	5,862	103,516	108,335	-	11,886	35,487	787,522	53%
Colleton	150,599	111,828	126,158	388,585	40,780	5,696	13,315	35,876	83,240	22,727	-	11,028	601,247	65%
Darlington	452,053	81,805	69,586	603,443	73,373	32,299	2,694	99,075	104,341	52,582	13,000	18,267	999,076	60%
Dorchester	725,957	116,254	121,825	964,036	561,607	73,978	69,098	147,900	369,559	42,028	15,000	24,240	2,267,446	43%
Fairfield	212,485	778,961	57,426	1,048,872	42,553	16,174	8,890	48,534	88,682	16,963	-	120,939	1,391,607	75%
Florence	1,219,646	972,526	141,689	2,333,862	293,195	22,389	29,148	1,079,376	209,391	161,959	1,739	520,127	4,651,184	50%
Georgetown	342,373	181,868	36,336	560,577	63,975	10,812	4,174	39,321	146,544	28,002	-	11,748	865,153	65%
Greenville	2,689,482	410,171	598,973	3,698,626	2,155,912	1,568,189	227,449	2,730,470	977,229	408,371	120,000	1,472,037	13,358,283	28%
GEMA	754,599	219,458	61,481	1,035,538	173,758	26,345	-	89,229	240,904	49,173	-	131,599	1,746,546	59%
Lowcountry	454,378	109,571	41,423	605,372	55,935	2,633	-	15,869	124,423	30,880	-	3,788	838,898	72%
Horry	1,159,731	211,193	89,158	1,460,083	534,643	282,610	128,818	874,044	474,859	247,223	-	112,216	4,114,496	35%
Kershaw	559,034	169,936	90,886	819,857	544,071	34,936	55,783	-	233,718	49,083	209,339	2,131	1,948,918	42%
Lancaster	333,205	90,252	61,507	484,963	76,816	12,551	7,773	74,353	117,736	53,002	-	12,333	839,528	58%
Laurens	301,134	72,297	170,804	544,235	96,539	42,426	4,599	35,040	121,160	30,073	-	2,765	876,837	62%
Mar/Dil/Mar	721,983	834,520	87,765	1,644,268	187,693	60,120	4,790	175,624	179,553	43,102	53,701	28,789	2,377,638	69%
Newberry	455,786	63,960	128,448	648,194	108,966	28,891	13,688	81,486	82,354	449,292	-	8,178	1,421,048	46%
Tricounty	1,551,337	218,419	159,309	1,929,065	269,322	1,765,194	190,331	143,203	299,006	70,131	15,000	119,757	4,801,009	40%
Pickens	510,396	239,171	318,521	1,068,089	279,040	243,597	86,556	508,803	135,845	271,087	17,500	179,937	2,790,454	38%
LRADAC	2,905,290	592,965	357,540	3,855,794	1,991,745	298,217	215,427	1,044,755	1,222,320	1,430,984	189,177	759,086	11,007,506	35%
Spartanburg	997,805	337,451	150,267	1,485,523	465,701	70,904	75,511	410,028	338,943	255,822	30,000	11,806	3,144,238	47%
Sumter	805,331	95,680	60,228	961,239	345,103	-	-	-	81,625	40,681	5,070	12,303	1,446,021	66%
Union	220,062	125,726	64,504	410,291	35,736	25,136	1,009	29,387	32,999	17,352	-	3,972	555,881	74%
Williamsburg	240,386	314,458	47,600	602,444	77,840	8,407	1,233	28,029	220,052	28,736	-	0	966,741	62%
York	1,354,659	388,000	166,698	1,909,356	846,624	260,964	197,578	927,903	515,000	-	400,749	23,490	5,081,665	38%
TOTAL	23,899,387	7,881,460	3,634,781	35,415,628	11,879,405	5,490,033	1,842,374	10,269,059	9,394,939	4,784,732	1,186,115	4,105,593	84,367,877	42%

sources: REBA run date 8/23/2017, FY17 Schedule of Disbursements

* DAODAS Other funds include Capital Reserve funds for Infrastructure of \$3,000,000

* County Government includes Alcohol Excise Tax, county appropriations, drug courts, other

* Other Local includes revenues from city/local governments (local cities, towns, municipalities, and incorporated areas), drug diversion/smuggling bills (property seized in drug raids)

* Miscellaneous includes payments received from BHSA, interest (on agency accounts or special funds), United Way, donations, Tobacco Collaborative, sale of assets, income from Employee Assistance Program contracts

FY16 South Carolina Alcohol and Drug Abuse Authorities Funding

Counties	DAODAS			DAODAS Total	Client fees - self pay	Client Fees Medicaid	Client Fees Insurance	Client Fees MCO	County Government	Fed & state Government	Other Local	Misc.	Total	DAODAS % of total	County % of total
	federal	state	other												
Aiken	612,281	143,836	188,764	944,881	249,828	9,735	6,497	99,336	243,300	65,085	34,667	15,506	1,668,835	57%	17%
And/Oco	919,262	210,029	93,405	1,222,696	505,914	86,000	46,073	432,988	580,405			1,450	2,875,526	43%	20%
Barnwell	581,993	129,603	113,642	825,238	36,106	10,190	2,085	37,586	54,817	18,465	89,609	38,075	1,112,170	74%	13%
Beaufort	445,390	41,804	83,230	570,424	217,974	12,727	-	-	581,513	60,866	6,000	-	1,449,503	39%	41%
Berkeley	1,104,645	149,190	169,974	1,423,808	139,220	45,846	71,887	148,846	205,596	149,640	14,248	6,656	2,205,748	65%	10%
Charleston	1,795,742	314,810	77,022	2,187,574	1,999,942	781,650	319,718	1,157,776	10,832	410,693	-	195,216	7,063,401	31%	0%
Cherokee	294,775	18,016	59,132	371,923	121,225	13,193	151	59,435	115,082	20,305	-	9,886	711,200	52%	16%
Chester	289,430	162,464	56,286	508,180	33,690	5,971	1,284	19,996	50,347	39,525	15,000	1,547	675,539	75%	10%
Clarendon	307,875	120,302	141,352	569,529	74,421	63,423	5,144	70,996	113,208	18,723	15,136	32,403	962,984	59%	13%
Colleton	250,722	26,533	176,597	453,852	44,819	8,007	12,381	38,806	56,734	36,039	-	5,580	656,219	69%	9%
Darlington	386,310	77,599	87,525	551,434	79,470	70,250	3,761	69,688	104,341	62,572	-	29,964	971,481	57%	11%
Dorchester	632,157	110,757	57,807	800,721	537,546	45,960	46,703	101,492	267,693	56,970	30,000	18,153	1,905,237	42%	16%
Fairfield	210,527	27,563	256,161	494,251	49,799	10,273	6,001	39,408	79,584	-	-	131,278	810,594	61%	10%
Florence	1,095,297	708,695	400,876	2,204,868	330,537	655,874	35,802	688,144	233,992	204,901	-	519,028	4,873,148	45%	5%
Georgetown	360,167	49,397	59,271	468,835	87,550	23,685	4,877	32,524	115,740	41,445	-	1,729	776,385	60%	15%
Greenville	2,671,954	1,062,796	346,591	4,081,340	2,146,895	1,893,368	242,020	2,237,430	977,220	296,752	156,841	1,029,385	13,061,251	31%	9%
GEMA	738,961	118,868	324,808	1,182,638	193,884	24,259	-	91,485	223,407	85,170	-	127,905	1,928,748	61%	12%
Lowcountry	320,136	104,730	76,072	500,938	57,825	4,246	-	11,464	78,352	60,709	-	858	714,393	70%	11%
Horry	1,456,402	145,898	82,870	1,685,169	492,287	379,333	90,144	693,356	454,749	174,230	-	68,797	4,038,065	42%	11%
Kershaw	498,666	112,454	81,387	692,507	520,200	18,951	23,524	-	249,594	74,286	145,141	2,534	1,726,738	40%	23%
Lancaster	331,114	86,209	71,811	489,134	66,020	9,215	7,043	42,308	129,442	51,137	-	1,476	795,775	61%	16%
Laurens	299,723	44,918	110,186	454,827	84,278	41,040	1,631	32,947	120,082	42,659	-	26	777,490	58%	15%
Mar/Dil/Mar	607,767	130,068	84,497	822,331	199,319	60,570	2,993	130,422	141,066	15,246	62,414	12,377	1,446,739	57%	14%
Newberry	289,600	21,239	128,841	439,680	51,827	8,871	14,757	20,879	56,983	329,651	3,959	23,496	950,103	46%	6%
Tricounty	1,553,080	227,130	105,616	1,885,827	336,569	1,291,350	182,036	130,545	288,334	93,968	15,000	115,682	4,339,311	43%	7%
Pickens	559,383	151,377	293,604	1,004,364	357,499	325,979	-	264,293	135,845	409,111	17,500	335,089	2,849,680	35%	5%
LRADAC	2,931,350	423,057	230,588	3,584,994	2,189,271	393,191	131,442	918,231	1,238,706	1,383,371	223,839	133,563	10,196,609	35%	14%
Saluda	142,658	39,442	200,865	382,965	32,366	16,943	-	10,131	30,732	52,293	-	54,190	579,621	66%	5%
Spartanburg	946,392	234,630	55,424	1,236,446	596,314	78,153	27,447	281,666	323,943	197,411	36,327	6,341	2,784,048	44%	13%
Sumter	905,369	841,161	243,327	1,989,857	415,804	441	-	-	122,437	-	-	2,164	2,530,703	79%	5%
Union	238,298	57,854	62,875	359,026	47,049	23,231	3,495	18,924	32,999	39,164	-	2,600	526,488	68%	6%
Williamsburg	241,596	61,465	75,716	378,777	80,791	19,344	1,327	23,194	212,722	44,738	-	2,500	763,394	50%	28%
York	1,568,257	233,212	203,720	2,005,189	739,727	309,980	174,764	954,214	477,000	-	313,616	22,126	4,996,617	40%	16%
TOTAL	25,587,278	6,387,104	4,799,844	36,774,226	13,115,966	6,741,249	1,464,988	8,858,512	8,106,797	4,535,125	1,179,298	2,947,581	83,723,742	44%	11%

sources: REBA run date 9/1/2016, FY16 Disb. Schedule

* DAODAS State Funds include Infrastructure of \$2,250,000

* County Government includes Alcohol Excise Tax, county appropriations, drug courts, other

* Other Local includes revenues from city/local governments (local cities, towns, municipalities, and incorporated areas), drug diversion/smuggling bills (property seized in drug raids)

* Miscellaneous includes payments received from BHSA, interest (on agency accounts or special funds), United Way, donations, Tobacco Collaborative, sale of assets, income from Employee Assistance Program contracts

Enacted Opioid Legislation

	Bill Number / Effective Date	Language	State Agency Jurisdiction	Updated Implementation
1)	H.3083 / Effective June 2015	South Carolina Overdose Prevention Act	DHEC	Allows for standing orders by physicians for the overdose-reversal drug Narcan® and allows pharmacists to implement and first responders and caregivers to administer and implement.
2)	H.4600 / Effective May 2018	Defines a community distributor as an organization, either public or private, that provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment to individuals at risk of experiencing an opioid-related overdose.	DAODAS	To date, approximately 50 organizations have been designated by DAODAS as Community Distributors.
3)	H.4601 / Effective May 2018	Provides for the inclusion of addiction counselors on the Board of Licensure of Professional Counselors, Marriage and Family Therapists, and PsychoEducational Specialists of the South Carolina Department of Labor, Licensing and Regulation.	LLR	To date, more than 700 counselors have been licensed.
4)	H.3819 / Effective November 2018	Established informed consent requirements that must be met prior to prescribing opioid medications to minors. Certain exceptions are provided including, but not limited to, medical emergency, surgery, pain management treatment for palliative care, cancer care, or hematological disorders, such as sickle cell disease, and treatment of neonatal abstinence syndrome.	State Board of Medical Examiners	No Impact on DAODAS
5)	S.302 / Effective May 2018	H.3820, included in S.302, requires instruction in prescription opioid abuse prevention as part of private and public institutions of higher education's Comprehensive Health Education Program beginning with the 2018-2019 school year.	Commission on Higher Education / Board of Medical Examiners / Board of Dentistry / Board of Nursing	No Impact on DAODAS
6)	H.3822 / Effective May 2018	H.3822 established reporting requirements that allow for the updating of controlled substance drug schedules to reflect changes made by the S.C. Department of Health and Environmental Control.	DHEC	No Impact on DAODAS
7)	H.3825 & S.918 / Effective November 2018	S.918 requires the S.C. Department of Health and Environmental Control to provide prescription report cards to practitioners utilizing the prescription monitoring program that includes data relevant to a practitioner’s prescribing practices.	DHEC	No Impact on DAODAS
8)	H.3826 / Effective July 2018	H.3826 requires that written prescriptions for controlled substances be written on tamper-resistant prescription pads to prevent unauthorized copying of a completed or blank prescription form.	DHEC	No Impact on DAODAS
9)	H.4117 / Effective May 2018	H.4117 authorized the S.C. Department of Health and Environmental Control to provide data in the prescription monitoring program pertaining to a specific case involving a designated person to a presiding drug court judge.	DHEC	No Impact on DAODAS

10)	H.4487 / Effective May 2018	H.4487 required that when a substance is added or rescheduled, the S.C. Department of Health and Environmental Control will provide copies of the change to the Chairmen of the Medical, Military, Public and Municipal Affairs Committee and the Judiciary Committee of the House of Representatives, and to the Code Commissioner.	DHEC	No Impact on DAODAS
11)	H.4488 / Effective May 2018	H.4488 authorized the S.C. Department of Health and Environmental Control's Bureau of Drug Control to provide data in the prescription monitoring program to a coroner, deputy coroner, medical examiner, or deputy medical examiner who is involved in a specific inquiry into the cause and manner of death of a designated person.	DHEC	No Impact on DAODAS
12)	S.918 / Effective May 2018	S.918 established a seven-day supply limit for initial opioid prescriptions, except when clinically indicated for cancer pain, chronic pain, hospice care, palliative care, major trauma, major surgery, treatment of sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new opioid prescription. The limitation does not apply to opioid prescriptions issued by a practitioner who orders an opioid prescription to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility.	Board of Medical Examiners	No Impact on DAODAS
13)	H.3728 / Effective January 2021	H.3728 requires emergency department physicians and pharmacists to report to the prescription monitoring program the use of Narcan® and requires first responders and certain healthcare providers to report to the monitoring program the use of Narcan® on individuals.	DHEC	The four state-funded withdrawal management units operated by county alcohol and drug abuse authorities will report Narcan® administration to the prescription monitoring program.
14)	H.3732 / Effective April 2019	H.3732 requires veterinarians to have continuing education for prescribing controlled substances.	DHEC	No Impact on DAODAS

DELIVERABLES TO BE DISCUSSED

DAODAS has identified the following deliverables to be presented as part of its Prevention & Intervention Services Division. The details on the following pages were provided in the agency's [Program Evaluation Report](#).

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		5
Associated laws		S.C. Code Ann. Section 17-22-510(D), 44-49-40(A), (C)(1), (C)(5), (C)(6)
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		1) Consultation with the S.C. Commission on Prosecution Coordination before the Commission approves the administrative procedures for the state's alcohol education programs. 2) Arrangements for the exchange of information between government officials concerning use and abuse of controlled substances, and action based on results, information, and evidence regarding controlled substances that are received from the S.C. Department of Health and Environmental Control.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		Yes
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Approval of administrative procedures.
Associated performance measure item numbers from the Performance Measures Chart, if any		No Associated Performance Measure
Customer Details		
Customer description		State agency
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	0
Number of customers served in last completed FY	2017-18	0
Percentage change in customers served predicted for current FY	2018-19	0.00%
Maximum number of potential customers, if unlimited resources available to the agency		0
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		One consultation session
Number of units provided	2017-18	0
	2016-17	0
	2015-16	0
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.00
	2016-17	0.00
	2015-16	0.00
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	Agency does not track the total expense of providing the deliverable.
	2016-17	Agency does not track the total expense of providing the deliverable.
	2015-16	Agency does not track the total expense of providing the deliverable.
Agency expenditures per unit of the deliverable	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from charging customers and non-state sources	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

5

Alcohol Education Program (AEP) administrative oversight was enacted in 2007. At the time, administrative procedures for the curriculum were shared with the Commission on Prosecution Coordination. No updates to the procedures have been provided to the Commission since that time. AEPs are provided by solicitor's offices and county alcohol and drug abuse authorities. In FY18, 334 youth were served by AEPs offered by the state's county alcohol and drug abuse authorities.

The enabling legislation needs updating to accurately reflect the actual activities provided by the agency as the single state authority for the delivery of substance use disorder services (prevention, intervention, treatment, and recovery) to the citizens of South Carolina.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		Item number	8
		Associated laws	S.C. Code Ann. Sections 44-49-40(C)(1), (C)(5), (C)(6), (C)(8), (9), (10), (D), (E)
Does state or federal law specifically require this deliverable?			Yes
Deliverable description			1) Encouragement of research on misuse and abuse of controlled substances. 2) Cooperation in establishing methods to accurately assess the effects of controlled substances and to identify and characterize controlled substances with potential for abuse. 3) Cooperation in making studies and undertaking programs of research to: (a) develop new or improved approaches, techniques, systems, equipment, and devices for strengthening the enforcement of Sections 44-49-10, 44-49-40, 44-49-50, and Article 3 of Chapter 53, and (b) determine patterns of misuse and abuse of controlled substances and the resulting social effects. 4) Contracts with public agencies, institutions of higher education, and private organizations or individuals for the purpose of conducting research, demonstrations, or special projects that bear directly on misuse and abuse of controlled substances. 5) Contracts for educational and research activities without performance bonds.
Responsible organizational unit (primary)			Prevention
Results Sought			
Does the legislature state intent, findings, or purpose?			Yes
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?			Improve the State's understanding of the paths for misuse and abuse of controlled substances and their effects on users and society.
Associated performance measure item numbers from the Performance Measures Chart, if any			No Associated Performance Measure
Customer Details			
Customer description			
Does the agency evaluate customer satisfaction?	2017-18		No
Counties served in last completed fiscal year	2017-18		Unknown
Number of customers served in last completed FY	2017-18		Unknown
Percentage change in customers served predicted for current FY	2018-19		Unknown
Maximum number of potential customers, if unlimited resources available to the agency			Unknown
Units Provided and Amounts Charged to Customers			
Description of a single deliverable unit			Research on substance misuse and abuse
Number of units provided	2017-18		Unknown
	2016-17		Unknown
	2015-16		Unknown
Does law prohibit charging the customer for the deliverable?	2017-18		No
If yes, provide law			
	2016-17		No
If yes, provide law			
	2015-16		No
If yes, provide law			
Amount charged to customer per deliverable unit	2017-18		\$0.00
	2016-17		\$0.00
	2015-16		\$0.00
Costs			
Total employee equivalents required (37.5 hour per week units)	2017-18		0.00
	2016-17		0.00
	2015-16		0.00
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18		\$0.00
	2016-17		\$0.00
	2015-16		\$0.00
Total deliverable expenditures as a percentage of total agency expenditures	2017-18		0.00%
	2016-17		0.00%
	2015-16		0.00%
Agency expenditures per unit of the deliverable	2017-18		\$0.00
	2016-17		\$0.00
	2015-16		\$0.00
Amount generated from providing deliverable			
Total collected from charging customers	2017-18		\$0.00
	2016-17		\$0.00
	2015-16		\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18		\$0.00
	2016-17		\$0.00
	2015-16		\$0.00
Total collected from charging customers and non-state sources	2017-18		\$0.00
	2016-17		\$0.00
	2015-16		\$0.00
Agency Comments			
Additional comments from agency (optional)			The enabling legislation needs updating to accurately reflect the actual activities provided by the agency as the single state authority for the delivery of substance use disorder services (prevention, intervention, treatment, and recovery) to the citizens of South Carolina.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		23
Item number		Federal Discretionary Grant, S.C. Code Ann. Section 44-49-40(F)
Associated laws		
Does state or federal law specifically require this deliverable?		No
Deliverable description		Provision of training and technical assistance to selected county coalitions through a five-year Partnership for Success grant to build the coalitions' capacity to conduct comprehensive needs assessments; to select evidence-based strategies to reduce impaired driving or the misuse/abuse of prescription drugs by youth/young adults ages 12-25; and to evaluate the outcome of the selected strategies' implementation.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Reduction in alcohol-related crashes in funded counties and reduction in past-30-day use of non-prescribed prescription drugs by youth in funded counties
Associated performance measure item numbers from the Performance Measures Chart, if any		Reduce Underage Car Crashes (3)
Customer Details		
Customer description		DAODAS-funded county coalition
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	Barnwell; Berkeley; Chester; Darlington; Dorchester; Greenville; Horry; Jasper; Marlboro; Orangeburg
Number of customers served in last completed FY	2017-18	10
Percentage change in customers served predicted for current FY	2018-19	Unknown
Maximum number of potential customers, if unlimited resources available to the agency		Unknown
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		1) Contract with county coalitions. Total contract amounts were based on the population of the county and ranged from \$90,000 to \$120,000. 2) Contract for program evaluation with Pacific Institute for Research and Evaluation. 3) Regional contract (total of four) for training and technical assistance with Greenville, Lexington, Florence, and Berkeley counties.
Number of units provided	2017-18	15
	2016-17	15
	2015-16	15
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	1.50
	2016-17	1.50
	2015-16	1.50
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$1,835,197.28
	2016-17	\$1,649,918.84
	2015-16	\$689,068.79
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	3.95%
	2016-17	3.55%
	2015-16	1.55%
Agency expenditures per unit of the deliverable	2017-18	\$122,346.49
	2016-17	\$109,994.59
	2015-16	\$45,937.92
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$1,835,197.28
	2016-17	\$1,649,918.84
	2015-16	\$689,068.79
Total collected from charging customers and non-state sources	2017-18	\$1,835,197.28
	2016-17	\$1,649,918.84
	2015-16	\$689,068.79
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

23

DAODAS is required to report quarterly to the Substance Abuse and Mental Health Services Administration (SAMHSA) on implementation of the grant and the services being implemented through the 10 county coalitions. National cross-site evaluation data is also required as part of the quarterly reports to SAMHSA. A final evaluation report is due once the five-year grant concludes in September 2020.

Per the federal guidelines from the Center for Substance Abuse Prevention (CSAP), 85% of the Partnership for Success funding was distributed to the local entities for prevention program implementation of evidence-based strategies to achieve the following outcomes: a reduction in alcohol-related fatalities in the five counties and a reduction in past-30-day use of non-prescribed prescription drugs by youth in the other five counties. 15% of the award can be utilized by the state to provide administration of the grant (through DAODAS personnel). A portion of the administrative costs also included contracts with entities to provide evaluation services at the state and local levels and to entities that assisted the state in the provision of training and technical assistance to the county coalitions. During the first year of the grant (2015-2016), counties received the award and completed the following: built a coalition, conducted a needs assessment, and used the assessment to develop a plan for strategy implementation and evaluation. There were no direct service-implementation activities recorded for that fiscal year. In 2016-2017, the funded counties served 4,233,627 South Carolinians, and in 2017-2018 the counties served 9,293,903 citizens. The numbers are high based on the implementation of media campaigns as a component of implementing high-visibility enforcement strategies such as public safety checkpoints and saturation patrols and implementing environmental strategies to reduce access to unused prescription drugs and to educate youth and adults in the community about the dangers of taking prescription drugs improperly. Strategies being implemented to reduce access are take-back events with law enforcement, providing Detera bags to community members for safe disposal, and installing more permanent "drop box" receptacles throughout the counties. Outcomes related to the grant thus far: From 2015-2017, the rate of crashes that were alcohol-related decreased across the three years and -- in the first full year of strategy implementation in the five counties -- showed a substantial decrease. Percent of traffic crashes that were alcohol-related went from 5.5 % in 2015 to 5.4% in 2016, down to 4.6% in 2017 in the five selected counties as compared to the state levels, which were 4.7% in 2015, 4.4% in 2016, and 4.1% in 2017. The measure relating to past-30-day use will not be available until the final survey period, which will occur next spring (March 2020). In 2017-2018, the number of trainings/technical assistance events went up significantly due to the fact that the state received permission from CSAP to allocate underruns from the first two years of the grant to provide funding for 17 additional counties (Allendale, Barnwell, Charleston, Chester, Chesterfield, Clarendon, Edgefield, Fairfield, Florence, Greenwood, Hampton, Jasper, Kershaw, Laurens, Lee, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union, Williamsburg) to increase the awareness of and number of permanent drop boxes across the state.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		24
Associated laws		Federal Discretionary Grant, S.C. Code Ann. Sections 44-49-40 (C)(7), (F)
Does state or federal law specifically require this deliverable?		No
Deliverable description		Reduction in the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of these overdose-related deaths and by implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders, through the five-year Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) grant awarded to DAODAS by the federal Center for Substance Abuse Prevention.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Increase the number of first responders (law enforcement and fire fighters), patients, caregivers, and community members trained to carry and administer naloxone across the state.
Associated performance measure item numbers from the Performance Measures Chart, if any		Increase the Number of First Responders Trained in Opioid Reversal Protocols using Narcan (23), Increase the Number of Narcan Administrations by Trained First Responders (24)
Customer Details		
Customer description		S.C. Department of Health and Environmental Control; county alcohol and drug abuse authority
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	All
Number of customers served in last completed FY	2017-18	33
Percentage change in customers served predicted for current FY	2018-19	Unknown
Maximum number of potential customers, if unlimited resources available to the agency		Unknown
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		1) Contract with S.C. Department of Health and Environmental Control (DHEC) Bureau of EMS to provide training to first responders. 2) Contract with DHEC Bureau of Statistics to provide evaluation of the project as required by the funder.
Number of units provided	2017-18	2
	2016-17	2
	2015-16	0
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	1.10
	2016-17	1.00
	2015-16	0.00
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$772,151.39
	2016-17	\$198,938.19
	2015-16	\$0.00
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	1.66%
	2016-17	0.43%
	2015-16	0.00%
Agency expenditures per unit of the deliverable	2017-18	\$386,075.70
	2016-17	\$99,469.10
	2015-16	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$772,151.39
	2016-17	\$198,938.19
	2015-16	\$0.00
Total collected from charging customers and non-state sources	2017-18	\$772,151.39
	2016-17	\$198,938.19
	2015-16	\$0.00
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

24

The Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) initiative is a five-year grant awarded to DAODAS by the Center for Substance Abuse Prevention (CSAP). The purpose of the grant is to reduce the number of opioid-related overdose deaths and adverse events among individuals 18 years of age and older through the use of Opioid Overdose Prevention Toolkit developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The program aims to educate key community sectors and implement secondary prevention strategies, such as the distribution of naloxone.

There was no data for 2015-2016, as the grant did not start until September 1, 2016. The first several months were spent hiring staff, issuing a contract to the S.C. Department of Health and Environmental Control (DHEC), and developing/submitting required documents to CSAP for the approval of a naloxone distribution plan, needs assessment, and health disparities statement. The naloxone purchased with funds from the grant are distributed to two distinct populations in slightly varying manners. The first population is first responders (law enforcement and fire fighters). This population is trained by DHEC Emergency Medical Services staff and provided naloxone to administer, if needed, according to state law. The second population is uninsured patients and caregivers of individuals who seek treatment for opioid use disorder at the county authorities. This population is trained to administer naloxone, if needed, according to state law. For distribution to uninsured patients and caregivers, naloxone is purchased directly from Adapt Pharma by DAODAS. The product is then shipped to four of DHEC's regional dispensing pharmacies, where it is briefly stored before being shipped to the county authorities to give to patients and caregivers who have completed training. DAODAS staff also provide the training and technical assistance needed to equip county authority employees with the support needed to conduct the training. Prior to receiving this grant, a pilot program was in place (since ended) to train officers from 16 law enforcement agencies. The pilot program initially received naloxone product donations from Kaleo Pharma and Adapt Pharma through the request of the Fifth Circuit Solicitor's Office. The pilot program began in the Fifth Circuit and trained officers in three law enforcement agencies as pilot programs in the Columbia area. Once the initial training was developed and provided to law enforcement agencies in the Columbia area, the project began to expand. As of October 15, 2016, when the initial supply of naloxone was exhausted, the pilot program had trained 759 officers from 16 law enforcement agencies, equipping 508 officers with naloxone kits. In 2016-2017, 4,153 first responders and patients/caregivers were trained and provided with naloxone. In 2017-2018, 3,299 first responders and patient/caregivers were trained.

DAODAS is required to report bi-annually to SAMHSA on the grant implementation, to include: the number of people trained to carry/administer naloxone, the number of naloxone kits purchased through grant funds, the number and location of kits distributed through the grant, the number of administrations, and the number of overdose reversals. National cross-site evaluation data is also required as part of the bi-annual reports to SAMHSA. A final evaluation report is due at the conclusion of the grant in 2020.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		25
Item number		Federal Discretionary Grant
Associated laws		
Does state or federal law specifically require this deliverable?		No
Deliverable description		Collaboration with Charleston Center (the county alcohol and drug abuse authority) and Joint Base Charleston to implement information dissemination activities, alternative events, and increased environmental strategies as part of the federally funded Project Safety Through Alcohol Responsibility (Project STAR).
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Decrease alcohol-related harm and access to alcohol for underage military personnel at Joint Base Charleston
Associated performance measure item numbers from the Performance Measures Chart, if any		Reduce Underage Alcohol Use (1), Reduce Underage Car Crashes (3)
Customer Details		
Customer description		Charleston Center; Ernest E. Kennedy Center; Joint Base Charleston
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	Berkeley; Charleston
Number of customers served in last completed FY	2017-18	3
Percentage change in customers served predicted for current FY	2018-19	Unknown
Maximum number of potential customers, if unlimited resources available to the agency		Unknown
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		Contracts with Charleston Center, Ernest E. Kennedy Center, and a media firm to implement the strategies required under the grant.
Number of units provided	2017-18	0
	2016-17	0
	2015-16	3
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.00
	2016-17	0.00
	2015-16	1.00
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$95,181.93
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	0.00%
	2016-17	0.00%
	2015-16	0.21%
Agency expenditures per unit of the deliverable	2017-18	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
	2016-17	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
	2015-16	\$31,727.31
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$95,181.93
Total collected from charging customers and non-state sources	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$95,181.93
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

25

Project Safety Through Alcohol Responsibility (Project STAR) was a federal grant received by DAODAS from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the U.S. Department of Justice. DAODAS staff worked with Charleston Center (the county alcohol and drug abuse authority) and Joint Base Charleston to decrease alcohol-related harm and access to alcohol for underage military personnel through implementation of information dissemination activities, alternative events, and increased environmental strategies such as policy changes, public safety checkpoints, alcohol compliance checks, etc.

The grant ran from October 1, 2012, through September 30, 2015. Outcomes achieved during the grant period were: 1) 43% reduction in underage DUIs during the grant period; 2) no underage alcohol-related car crashes reported in 2014 and 2015; 3) 45% reduction from 78 DUIs during the baseline period to 42 DUIs during the grant period on Joint Base Charleston. The total number of underage airmen and sailors reached through briefings and awareness events on Joint Base Charleston from January 1, 2015, to September 20, 2015, was 1,176.

DAODAS was required to report bi-annually to the OJJDP on the implementation of the grant and the services provided to Joint Base Charleston through the contractors. National cross-site evaluation data was also required as a part of the reports to the OJJDP. A final evaluation report was produced at the conclusion of the grant.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		26
Item number		Federal Discretionary Grant
Associated laws		
Does state or federal law specifically require this deliverable?		No
Deliverable description		Provision of training and technical assistance to selected county coalitions through a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) to build their capacity to conduct comprehensive needs assessments; to select evidence-based strategies to reduce impaired driving or underage alcohol use; and to evaluate the outcome of the selected strategies' implementation.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking, and reduce the percent of fatal motor vehicle crashes involving alcohol-impaired drivers.
Associated performance measure item numbers from the Performance Measures Chart, if any		Reduce Underage Alcohol Use (1), Reduce Underage Alcohol Buy Rate (2), Reduce Underage Car Crashes (3)
Customer Details		
Customer description		DAODAS-funded county coalition
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	Abbeville; Berkeley; Cherokee; Colleton; Darlington; Edgefield; Greenwood; Horry; Kershaw; Laurens; Lexington; Newberry; Saluda; Williamsburg
Number of customers served in last completed FY	2017-18	0
Percentage change in customers served predicted for current FY	2018-19	Unknown
Maximum number of potential customers, if unlimited resources available to the agency		Unknown
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		Contract with evaluator to complete the required final federal report.
Number of units provided	2017-18	0
	2016-17	0
	2015-16	0
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.00
	2016-17	0.00
	2015-16	0.05
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$3,379.13
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	0.00%
	2016-17	0.00%
	2015-16	0.01%
Agency expenditures per unit of the deliverable	2017-18	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
	2016-17	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
	2015-16	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$3,379.13
Total collected from charging customers and non-state sources	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$3,379.13
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

26

DAODAS was required to report quarterly to the Substance Abuse and Mental Health Services Administration (SAMHSA) on the implementation of the grant and the services provided through 18 county coalitions. National cross-site evaluation data was also required as part of the quarterly reports to SAMHSA.

The grant ended in September 2014, and a final evaluation report was produced in May 2015. The report was developed by the Chapel Hill Center of the Pacific Institute for Research and Evaluation (PIRE) as the final assessment of the South Carolina Strategic Prevention Framework State Incentive Grant (SPF SIG). It provided a summary of major project-related activities at the state and county levels for the period July 2009 through June 30, 2014. The report also provided outcome data on underage drinking and DUI crashes and factors that contributed to those issues in each of the local sites that were funded through this effort. Prevalence rates of both any alcohol use and binge drinking among high school students increased in comparison communities. Both measures decreased in the SPF SIG-funded communities that targeted underage drinking (using the adjusted prevalence rates). The differences between funded and comparison communities in the changes over time for both measures were statistically significant. Furthermore, three additional outcomes related to underage drinking (regular drinking by age 13, disapproval of alcohol use, and parental disapproval of alcohol use) all exhibited changes that were more favorable in the SPF SIG communities and attained at least marginal ($p < .10$) levels of statistical significance. Purely based on the descriptive data analysis, in which monthly motor vehicle crash data were aggregated into pre- and post-intervention phases, no consistent and compelling evidence for SPF SIG effects on DUI crashes emerged from the findings. Although decreases were observed among funded communities in either one or both cohorts for all three outcome measures examined, the decreases were either not statistically significant (as in the case of alcohol-related motor vehicle crashes), or they were significant but not notably greater (and sometimes less) than the decreases experienced in either or both of the comparison groups (as in the case of both alcohol-related motor vehicle crash deaths and single-vehicle nighttime crashes).

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		28
Associated laws		US Public Law 114-255, S.C. Code Ann. Sections 44-49-40(F)
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		Enhanced and expanded provision of peer support and other recovery-support services through the State Targeted Response (STR) for Recovery grant. Funding under STR also includes grant administration costs and grant management activities such as, but not limited to, technical assistance, webinars, site visits, or quarterly meetings involving county alcohol and drug abuse authorities. Through this initiative, the recovery community served 53,173 individuals in 2016-2017 and 80,715 individuals in 2017-2018.
Responsible organizational unit (primary)		Treatment
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Increase and enhance referrals from treatment to peer support and other recovery-support services
Associated performance measure item numbers from the Performance Measures Chart, if any		Increase Coordination With the S.C. Department of Corrections to Enroll Inmates in Opioid Recovery Services (25), Train Peer Support Specialists (26), Increase Recovery Housing Opportunities (27)
Customer Details		
Customer description		County alcohol and drug abuse authority or recovery community organization (i.e., Faces and Voices of Recovery - Greenville, Midlands; Courage Center - Lexington) contracted to provide peer support services by DAODAS
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	All
Number of customers served in last completed FY	2017-18	35
Percentage change in customers served predicted for current FY	2018-19	0.00%
Maximum number of potential customers, if unlimited resources available to the agency		Unknown
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		Contract with entity to provide peer support and/or other recovery support services.
Number of units provided	2017-18	60
	2016-17	0
	2015-16	0
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.10
	2016-17	0.00
	2015-16	0.00
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$960,728.06
	2016-17	\$0.00
	2015-16	\$0.00
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	2.07%
	2016-17	0.00%
	2015-16	0.00%
Agency expenditures per unit of the deliverable	2017-18	\$16,012.13
	2016-17	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
	2015-16	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$960,728.06
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from charging customers and non-state sources	2017-18	\$960,728.06
	2016-17	\$0.00
	2015-16	\$0.00
Agency Comments		
Additional comments from agency (optional)		DAODAS provided funding to Oxford House to help ensure adequate housing for individuals in recovery. Training was provided to 43 S.C. Department of Corrections inmates to become Certified Peer Support Specialists. Trainings were offered by Faces and Voices of Recovery. Three Peer Support Specialists were deployed to county jails. Through this initiative, the recovery community served 53,173 individuals in 2016-2017 and 80,715 individuals in 2017-2018.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		29
Associated laws		US Public Law 114-255, S.C. Code Ann. Sections 44-49-40(C)(1), (C)(5), (C)(6), (F)
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		Through the State Targeted Response grant, development by DAODAS of a statewide education campaign designed to raise community awareness and reduce the stigma surrounding the issue of opioid-related drug misuse/abuse in South Carolina. During the first year (January 10 - June 30, 2018), a total of 433 messages were sent from "Just Plain Killers" (JPK) social channels, resulting in a total of 2,894,243 impressions, 13,689 engagements, and 905 link clicks with 4,087 fans. A total of 1,548 bonus spots ran on broadcast television stations, and 9,120 bonus spots ran on cable, for a total added value of \$141,012. The paid digital accounted for 4,464 sessions on the JPK microsite (justplainkillers.com) and 52% of total traffic. Throughout the campaign, over 7.85 million video impressions were served, accounting for over 1.5 million completed video views. During the campaign, 9,171 users visited the microsite, resulting in 20,872 page views and 199 redirects to the DAODAS website.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		
Associated performance measure item numbers from the Performance Measures Chart, if any		No Associated Performance Measure
Customer Details		
Customer description		State of South Carolina
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	All
Number of customers served in last completed FY	2017-18	1
Percentage change in customers served predicted for current FY	2018-19	0.00%
Maximum number of potential customers, if unlimited resources available to the agency		1
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		Contract to media firm awarded through the state procurement process to develop and assist DAODAS with the administration of the campaign.
Number of units provided	2017-18	1
	2016-17	1
	2015-16	0
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.20
	2016-17	0.00
	2015-16	0.00
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$1,042,036.01
	2016-17	\$5,006.89
	2015-16	\$0.00
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	2.24%
	2016-17	0.01%
	2015-16	0.00%
Agency expenditures per unit of the deliverable	2017-18	\$1,042,036.01
	2016-17	\$5,006.89
	2015-16	There were no units provided, no cost, or the agency does not track the number of units provided and/or total cost.
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$1,042,036.01
	2016-17	\$5,006.89
	2015-16	\$0.00
Total collected from charging customers and non-state sources	2017-18	\$1,042,036.01
	2016-17	\$5,006.89
	2015-16	\$0.00
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

29

The State Targeted Response grant was provided to DAODAS by the federal Substance Abuse and Mental Health Services Administration. The grant aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder, including prescription opioids and illicit drugs such as heroin.

DAODAS' primary activity was development of a statewide education campaign designed to raise community awareness and reduce the stigma surrounding the issue of opioid-related drug misuse/abuse in South Carolina. The campaign focuses on the following: prevention messages for youth, young adults, and parents/guardians warning of the dangers of opioid misuse/abuse; provision of information on treatment options available throughout the state for opioid-related drug misuse/abuse; provision of information on recovery initiatives in South Carolina; and provision of information on the prevention of opioid overdose deaths through the availability and use of naloxone. The media campaign is being implemented through television PSAs, social media, a website, community events, and provision of information through handouts, brochures, and presentations across the state through the 32 county alcohol and drug abuse authorities. The initial year of the Just Plain Killers (JPK) campaign launched January 10, 2018. During that first year (January 10 - June 30, 2018), a total of 433 messages were sent from the JPK social channels, resulting in a total of 2,894,243 impressions, 13,689 engagements, and 905 link clicks with 4,087 fans. A total of 1,548 bonus spots ran on broadcast television stations and 9,120 bonus spots ran on cable, for a total added value of \$141,012. The paid digital accounted for 4,464 sessions on the website and 52% of total traffic. Throughout the campaign, over 7.85 million video impressions were served, accounting for over 1.5 million completed video views. During the campaign, 9,171 users visited the microsite, justplainkillers.com, resulting in 20,872 page views and 199 redirects to the DAODAS website. Pre and post surveys were conducted for the first year of the campaign, and the results indicated that 47% of South Carolina residents recalled one or more statements from the campaign, and 52% recalled one or more visual elements from the campaign.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		32
Associated laws		US Public Law 102-321; US Public Law 91-666; US Public Law 255
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		Oversight of statewide unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors and submission of an annual report detailing activities to enforce the underage tobacco sales requirements of the federal Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Conduct the annual Synar Study to ensure retail establishments are not selling tobacco products to minors under the age of 18, to achieve a retail violation rate of 10% or less
Associated performance measure item numbers from the Performance Measures Chart, if any		Reduce Underage Tobacco Access (6)
Customer Details		
Customer description		County alcohol and drug abuse authority
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	All
Number of customers served in last completed FY	2017-18	32
Percentage change in customers served predicted for current FY	2018-19	0.00%
Maximum number of potential customers, if unlimited resources available to the agency		32
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		Inspection of retail outlets in South Carolina that sell tobacco products
Number of units provided	2017-18	256
	2016-17	553
	2015-16	453
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.25
	2016-17	0.25
	2015-16	0.25
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$41,943.08
	2016-17	\$44,985.23
	2015-16	\$43,382.27
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	0.09%
	2016-17	0.10%
	2015-16	0.10%
Agency expenditures per unit of the deliverable	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$41,943.08
	2016-17	\$44,985.23
	2015-16	\$43,382.27
Total collected from charging customers and non-state sources	2017-18	\$41,943.08
	2016-17	\$44,985.23
	2015-16	\$43,382.27
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

32

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321), which includes an amendment (Section 1926) aimed at decreasing youth access to tobacco. This amendment, named for its sponsor, Congressman Mike Synar of Oklahoma, requires states (that is, all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions) to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) is charged with implementing the Synar Amendment. In January 1996, SAMHSA issued the Synar regulation to provide guidance to the states. The regulation requires that states: enact laws prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 18; enforce these laws; conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors; negotiate interim targets and a date to achieve a noncompliance rate of no more than 20%; and submit an annual report detailing activities to enforce the law. States must comply with the Synar Amendment in order to receive their full Substance Abuse Prevention and Treatment Block Grant awards.

As per the federal Synar regulation, in South Carolina, DAODAS contracts with the 32 county alcohol and drug abuse authorities to conduct annual, unannounced inspections of a valid probability sample of tobacco outlets that are accessible to minors. This study, known in South Carolina as the Youth Access to Tobacco Study (YATS) or simply the "Synar Study," is designed to determine the extent to which people younger than 18 can successfully buy cigarettes from retail outlets. Although similar in nature and scope to the county alcohol and drug abuse authorities' tobacco compliance checks, the YATS is a distinct operation that occurs during a specific time period each year, and uses a scientifically developed and SAMHSA-approved sampling frame. Between January 1 and February 28, 2016, 150 youth volunteers ages 15-17, under trained adult supervision, conducted unannounced cigarette purchase attempts in 453 randomly selected retail outlets in all 46 counties. These outlets were randomly sampled from the estimated 9,000 outlets in the state. For 2016, the estimated overall sales rate, also known as a Retailer Violation Rate (RVR) was 5.3%. This rate is far better than the federal standard of 20.0% and substantially lower than the RVR of 63.2% in 1994, the first year of the study. The 2015 rate was 7.7%. Between January 1 and February 28, 2017, 215 youth volunteers ages 15-17, under trained adult supervision, conducted unannounced cigarette purchase attempts in 553 randomly selected retail outlets in all 46 counties. These outlets were randomly sampled from the estimated 7,055 outlets in the state. For 2017, the estimated overall sales rate was 3.7%. Between January 1 and February 28, 2018, 133 youth volunteers ages 15-17, under trained adult supervision, conducted unannounced cigarette purchase attempts in 256 randomly selected retail outlets in all 46 counties. These outlets were randomly sampled from the estimated 6,766 outlets in the state. For 2018, the estimated overall sales rate was 4.3%.

DAODAS is required to report annually to SAMHSA on efforts to comply with the Synar Amendment.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		33
Associated laws		US Public Law 102-321; US Public Law 91-666; US Public Law 255; S.C. Code Ann. Sections 16-17-500 (E)(2), 44-49-40(F), 44-49-60, 44-49-70, 61-4-50 (C), 61-4-1515 (8)
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		1) Use of not less than 20% of the state's federal Substance Abuse Prevention and Treatment Block Grant to fund primary prevention strategies directed at individuals not identified as being in need of treatment. 2) Appointment and support of an Adult Alcoholic Education Program Supervisor for the prevention or reduction of alcoholism in South Carolina and the creation of recognition and understanding of the problem. 3) Approval of a merchant tobacco enforcement education program for individuals who sell tobacco products and who violate laws related to underage sale.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		1) Reduce underage alcohol use in South Carolina, alcohol-related car crashes in South Carolina, and tobacco use among youth in South Carolina; provide primary prevention programs and strategies to prevent substance use and improve the well-being of youth and families in South Carolina. 2) Part of the agency's seven-year oversight study and investigation conducted pursuant to Chapter 2, Title 2.
Associated performance measure item numbers from the Performance Measures Chart, if any		Reduce Underage Alcohol Use (1), Reduce Underage Alcohol Buy Rate (2), Reduce Underage Car Crashes (3), Increase AET Public Safety Checkpoints (4), Reduce Underage Tobacco Use (5), Reduce Underage Tobacco Access (6)
Customer Details		
Customer description		County alcohol and drug abuse authority
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	All
Number of customers served in last completed FY	2017-18	32
Percentage change in customers served predicted for current FY	2018-19	0.00%
Maximum number of potential customers, if unlimited resources available to the agency		32
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		1) Contract with each of the 32 county alcohol and drug abuse authorities to provide primary prevention services for South Carolina citizens. 2) Seven-year report to be submitted no later than the first day of the 2015 Legislative Session. 3) An approved merchant tobacco enforcement education program.
Number of units provided	2017-18	32
	2016-17	32
	2015-16	32
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	1.50
	2016-17	1.50
	2015-16	1.50
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$4,737,708.05
	2016-17	\$4,539,836.74
	2015-16	\$4,505,706.44
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	10.19%
	2016-17	9.76%
	2015-16	10.11%
Agency expenditures per unit of the deliverable	2017-18	\$148,053.38
	2016-17	\$141,869.90
	2015-16	\$140,803.33
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$4,737,708.05
	2016-17	\$4,539,836.74
	2015-16	\$4,505,706.44
Total collected from charging customers and non-state sources	2017-18	\$4,737,708.05
	2016-17	\$4,539,836.74
	2015-16	\$4,505,706.44
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

33

The Substance Abuse and Mental Health Services Administration (SAMHSA) states that Substance Abuse Prevention and Treatment Block Grant (SABG) funds must be directed toward the following four purposes: 1) to fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; 2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; 3) to fund universal, selective, and targeted prevention activities and services; and 4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment, and recovery-support services. SAMHSA requires that grantees spend no less than 20% of their SABG allotment on substance abuse primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment. DAODAS has a funding formula that is based on population levels of the counties and the number of counties covered by the agency in order to determine the amount of the contract each year.

The federal SABG requires states to provide comprehensive primary prevention services in a variety of settings. The services must target both the general population and sub-groups that are at high risk for substance abuse. The services must include, but are not limited to, the following strategies: 1) "Information Dissemination" that provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two. 2) "Education" builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants in Education than there is in Information Dissemination. 3) "Alternatives" provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities. 4) "Problem Identification and Referral" aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment. 5) "Community-Based Process" provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. 6) "Environmental" establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

In 2017-2018, 5,195,164 South Carolinians were served by the 32 county alcohol and drug abuse authorities through the strategies listed above utilizing the SABG primary prevention set-aside. In 2016-2017, 5,100,349 South Carolinians were served by the 32 county authorities through the strategies listed above utilizing the SABG primary prevention set-aside. In 2015-2016, 4,615,946 South Carolinians were served by the 32 county authorities through the strategies listed above utilizing the SABG primary prevention set-aside.

These prevention-funded programs include the Palmetto Retailer Education Program (PREP), which is the curriculum approved as the merchant education program for alcohol sales, as well as for underage sales of tobacco products. This is the deliverable provided by contract with county alcohol and drug abuse authorities. More than 1,400 (unique count) retail employees were trained on alcohol and tobacco material in FY18. Fees charged by the county authorities range from \$0 to \$50 per training per person.

DAODAS is required to report annually to SAMHSA.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		34
Associated laws		US Public Law 102-321; US Public Law 91-666; US Public Law 255; S.C. Code Ann. Sections 44-49-40 (C)(1), (C)(5), (C)(6), (F); 44-49-80
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		Use of not less than 5% of the state's federal Substance Abuse Prevention and Treatment Block Grant to provide information on Early Intervention Services for the Human Immunodeficiency Virus.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		No
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Increase access to HIV testing for patients served by the alcohol and drug abuse authorities in high-risk counties.
Associated performance measure item numbers from the Performance Measures Chart, if any		No Associated Performance Measure
Customer Details		
Customer description		County alcohol and drug abuse authority; S.C. Department of Health and Environmental Control
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	Aiken; Anderson; Beaufort; Berkeley; Charleston; Clarendon; Dillon; Dorchester; Florence; Georgetown; Greenville; Greenwood; Horry; Jasper; Kershaw; Orangeburg; Richland; Spartanburg; Sumter; Williamsburg; York
Number of customers served in last completed FY	2017-18	22
Percentage change in customers served predicted for current FY	2018-19	-100.00%
Maximum number of potential customers, if unlimited resources available to the agency		33
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		1) Contract with a county alcohol and drug abuse authority to provide early testing and intervention for high-risk behaviors related to HIV for patients receiving treatment services. 2) Contract with the S.C. Department of Health and Environmental Control to provide training and technical assistance to the county authorities related to HIV testing and referral for follow-up care.
Number of units provided	2017-18	22
	2016-17	22
	2015-16	22
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	0.25
	2016-17	0.25
	2015-16	0.70
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$1,040,640.53
	2016-17	\$1,359,624.96
	2015-16	\$1,171,989.69
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	2.24%
	2016-17	2.92%
	2015-16	2.63%
Agency expenditures per unit of the deliverable	2017-18	\$47,301.84
	2016-17	\$61,801.13
	2015-16	\$53,272.26
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$1,040,640.53
	2016-17	\$1,359,624.96
	2015-16	\$1,171,989.69
Total collected from charging customers and non-state sources	2017-18	\$1,040,640.53
	2016-17	\$1,359,624.96
	2015-16	\$1,171,989.69
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

34

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires designated states, as defined in Section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)), to spend at a minimum 5% of Substance Abuse Prevention and Treatment Block Grant funds to provide information on Early Intervention Services (EIS) regarding the Human Immunodeficiency Virus (HIV).

DAODAS contracts with 21 county alcohol and drug abuse authorities to provide early testing and intervention for high-risk behaviors related to HIV for patients receiving treatment services. DAODAS also contracts with the S.C. Department of Health and Environmental Control to provide training and technical assistance to the county authorities related to HIV testing and referral for follow-up care.

SAMHSA lifted the requirement for states to spend a minimum of 5% of grant funds for EIS in 2016, allowing South Carolina to continue the programming with funds until 2019, but not after. HIV testing and referral for care with this funding source ended July 1, 2019.

While the agency maintains an FTE to oversee programming for child and adolescent treatment, the School Intervention Program (SciP) is defunct. Funding is no longer provided through the Education Improvement Act, and general state appropriations are provided to the agency for youth and adolescent services. County alcohol and drug abuse authorities do work with schools, but mainly in the prevention arena. A minority of these local agencies have counselors in schools. The enabling legislation is outdated and should be amended to reflect existing programming.

Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of 7/2/2019

Deliverable		
Item number		37
Associated laws		US Public Law 111-31
Does state or federal law specifically require this deliverable?		Yes
Deliverable description		Execution of undercover buy inspections (with minors under the age of 18) and inspections of advertising and labeling in retail establishments that sell tobacco products through a contract with the U.S. Food & Drug Administration.
Responsible organizational unit (primary)		Prevention
Results Sought		
Does the legislature state intent, findings, or purpose?		Yes
What is specific outcome sought in law OR, if not in law, specific outcome agency seeks by providing the deliverable?		Decrease access of tobacco products to those under the age of 18 and ensure tobacco products are labeled and advertised according to the regulations set forth in federal law.
Associated performance measure item numbers from the Performance Measures Chart, if any		Reduce FDA Vendor Violation Rate (7)
Customer Details		
Customer description		U.S. Food & Drug Administration
Does the agency evaluate customer satisfaction?	2017-18	No
Counties served in last completed fiscal year	2017-18	All
Number of customers served in last completed FY	2017-18	1
Percentage change in customers served predicted for current FY	2018-19	Unknown
Maximum number of potential customers, if unlimited resources available to the agency		Unknown
Units Provided and Amounts Charged to Customers		
Description of a single deliverable unit		Inspection of a retail establishment that sells tobacco products in one of the 46 counties
Number of units provided	2017-18	10,062
	2016-17	11,125
	2015-16	11,915
Does law prohibit charging the customer for the deliverable?	2017-18	No
If yes, provide law		
	2016-17	No
If yes, provide law		
	2015-16	No
If yes, provide law		
Amount charged to customer per deliverable unit	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Costs		
Total employee equivalents required (37.5 hour per week units)	2017-18	10.20
	2016-17	10.50
	2015-16	8.20
Total deliverable expenditures each year (operational and employee salary/fringe)	2017-18	\$1,384,593.32
	2016-17	\$1,141,240.34
	2015-16	\$840,704.60
Total deliverable expenditures as a percentage of total agency expenditures	2017-18	2.98%
	2016-17	2.45%
	2015-16	1.89%
Agency expenditures per unit of the deliverable	2017-18	\$137.61
	2016-17	\$102.58
	2015-16	\$70.56
Amount generated from providing deliverable		
Total collected from charging customers	2017-18	\$0.00
	2016-17	\$0.00
	2015-16	\$0.00
Total collected from non-state sources as a result of providing the deliverable (federal and other grants awarded to agency to provide deliverable)	2017-18	\$1,384,593.32
	2016-17	\$1,141,240.34
	2015-16	\$840,704.60
Total collected from charging customers and non-state sources	2017-18	\$1,384,593.32
	2016-17	\$1,141,240.34
	2015-16	\$840,704.60
Agency Comments		
Additional comments from agency (optional)		See additional agency comments on next page.

Additional Comments about Deliverables

Agency

Department of Alcohol and Other Drug Abuse Services

Accurate as of

July 2, 2019

Deliverable Number:

37

Section 702 (B) of The Family Smoking Prevention and Tobacco Control Act, instructs that the Food & Drug Administration (FDA) contracts, where feasible, with states to carry out inspections of retailers in connection with the enforcement of the law.

The U.S. Food and Drug Administration (FDA) required the State to have FDA-commissioned inspectors who conducted two different types of compliance inspections at retail outlets throughout the state. The first type of compliance inspection (undercover buys) were undercover purchase attempts by an FDA-commissioned inspector and minor to determine whether retailers are checking identification and if they are selling regulated tobacco products to minors. The second type of compliance inspection (advertising and labeling) involved only FDA-commissioned inspectors. This inspection determined compliance with other retail provisions in effect, such as the restrictions on impersonal modes of sales (i.e., vending machines and self-service displays), the ban on cigarettes with certain characterizing flavors, and the ban on the sale of packages containing fewer than 20 cigarettes. FDA-commissioned inspectors recorded potential violations observed during the compliance inspection and data was submitted to the FDA for review. The evidence collected by the inspection determined the action taken by the FDA. The FDA utilized several administrative and enforcement tools provided for in the Tobacco Control Act and the FD&C Act, to include: warning letters, civil money penalties, no-tobacco-sale orders, seizures, injunctions, and/or criminal prosecutions.

The FDA-commissioned inspectors in South Carolina were required by the FDA to complete a series of follow-up inspections (compliance follow-ups) in a defined period of time at establishments where violations occurred. Breakdown of the numbers above by inspection type are as follows:

October 2015 - September 2016: Undercover Buy: 7,474; Advertising and Labeling: 2,501; and Compliance Follow-Up/Other FDA Directed: 1,940.

October 2016 - September 2017: Undercover Buy: 7,23; Advertising and Labeling: 2,086; and Compliance Follow-Up/Other FDA Directed: 1,616.

October 2017 - September 2018: Undercover Buy: 6,968; Advertising and Labeling: 1,773; and Compliance Follow-Up/Other FDA Directed: 1,321.

DAODAS was required to submit monthly invoices and data to the FDA to receive payment for services rendered.

DAODAS did not exercise the option to renew the contract for the three-year period that would have begun in October 2018. During the month of September 2018, the FDA worked with DAODAS to close out the program, and therefore no inspections were completed that month.

PERFORMANCE MEASURES TO BE DISCUSSED

DAODAS has identified the following performance measures as being related to the deliverables of its Prevention & Intervention Services Division. The details on the following pages were provided in the agency's [Program Evaluation Report](#).

Performance Measures

Agency

Department of Alcohol and Other Drug Abuse
Services

Accurate as of

July 2, 2019

Performance Measure			
Item #	1	2	3
Description	Reduce (Self-Reported) Past-30-Day Use of Alcohol by SC High School Students	Reduce Underage Alcohol Buy Rate	Reduce Rate of Alcohol-Related Car Crashes Where the Driver Is Under the Age of 21
Time applicable	Calendar Year (Jan. - Dec.)	State Fiscal Year (July - June)	State Fiscal Year (July - June)
Results Summary			
Is the goal to meet, exceed, or obtain a lower value than the target?	Meet or obtain lower value	Meet or obtain lower value	Meet or obtain lower value
Did the agency achieve its goal			
2018	Yes	Yes	Yes
2017	Yes	Yes	Yes
2016	Yes	Yes	Yes
2015	Yes	Yes	Yes
2014	Yes	Yes	Yes
Changes in target			
2019	Decreased from prior year	Decreased from prior year	Decreased from prior year
2018	Same as prior year	Same as prior year	Same as prior year
2017	Increased from prior year	Decreased from prior year	Decreased from prior year
2016	Same as prior year	Same as prior year	Same as prior year
2015	Decreased from prior year	Decreased from prior year	Decreased from prior year
Result details for year ending... (Note: DNE means "did not exist")			
2019			
Target	24.0%	10.0%	33.0%
2018			
Target	28.0%	12.0%	40.0%
Actual	25.4%	6.9%	33.0%
2017			
Target	28.0%	12.0%	40.0%
Actual	25.4%	8.6%	40.0%
2016			
Target	26.0%	13.0%	42.1%
Actual	24.6%	11.1%	40.0%
2015			
Target	26.0%	13.0%	42.1%
Actual	24.6%	11.7%	40.0%
2014			
Target	36.0%	14.5%	44.1%
Actual	28.9%	11.4%	43.0%
Agency Comments			
Additional comments from agency (optional)	Past-30-day use among high school students; the reporting frequency is bi-annual; some years will have the same actual and target values from previous year depending on reporting cycle. Source: Youth Risk Behavior Survey (conducted bi-annually)		Measures deaths in crashes where Blood Alcohol Concentration is .08% or greater; two-year lag in reporting; some years will have the same actual and target values from previous year depending on reporting cycle. Source: Pacific Institute for Research and Evaluation

Performance Measures

Agency

Department of Alcohol and Other Drug Abuse

Services

Accurate as of

July 2, 2019

Performance Measure			
Item #	4	5	6
Description	Increase Alcohol Enforcement Team Public Safety Checkpoints	Reduce (Self-Reported) Past-30-Day Use of Tobacco by SC High School Students	Reduce Retail Availability of Cigarettes to Those Under the Age of 18 as Measured Through the Mandated Synar Study (Federal Requirement)
Time applicable	State Fiscal Year (July - June)	Calendar Year (Jan. - Dec.)	Federal Fiscal Year (Oct. - Sept.)
Results Summary			
Is the goal to meet, exceed, or obtain a lower value than the target?	Meet or exceed	Meet or obtain lower value	Meet or obtain lower value
Did the agency achieve its goal			
2018	No	Yes	Yes
2017	No	Yes	Yes
2016	Yes	Yes	Yes
2015	Yes	Yes	Yes
2014	Yes	Yes	Yes
Changes in target			
2019	Same as prior year	Decreased from prior year	Decreased from prior year
2018	Decreased from prior year	Same as prior year	Same as prior year
2017	Increased from prior year	Same as prior year	Decreased from prior year
2016	Same as prior year	Same as prior year	Decreased from prior year
2015	Decreased from prior year	Decreased from prior year	Decreased from prior year
Result details for year ending... (Note: DNE means "did not exist")			
2019			
Target	550	9.0%	5.0%
2018			
Target	550	10.0%	7.7%
Actual	434	10.0%	3.7%
2017			
Target	1,250	10.0%	7.7%
Actual	715	10.0%	5.3%
2016			
Target	1,000	10.0%	10.0%
Actual	1,125	9.6%	7.7%
2015			
Target	1,000	10.0%	11.7%
Actual	1,250	9.6%	10.6%
2014			
Target	1,011	20.0%	12.0%
Actual	1,382	16.0%	11.7%
Agency Comments			
Additional comments from agency (optional)	Measures local participation in Alcohol Enforcement Team (AET) safety checkpoints; there has been a decrease in checkpoints due to a change in funding stream and limited number of counties funded for impaired driving prevention. Source: Fatality Analysis Reporting System (FARS)	Past-30-day use among high school students; the reporting frequency is bi-annual; some years will have the same actual and target values from previous year depending on reporting cycle. Source: Youth Risk Behavior Survey (conducted bi-annually)	Youth Access to Tobacco Study (also known as the Synar Study)

Performance Measures

Agency

Department of Alcohol and Other Drug Abuse
Services

Accurate as of

July 2, 2019

Performance Measure	
	Item # 7
Description	Reduce Retail Availability of Tobacco Products to Those Under the Age of 18 as Measured by the Food & Drug Administration Vendor Violation Rate *Started in 2015
Time applicable	Federal Fiscal Year (Oct. - Sept.)
Results Summary	
Is the goal to meet, exceed, or obtain a lower value than the target?	Meet or obtain lower value
Did the agency achieve its goal	
2018	Yes
2017	Yes
2016	Yes
2015	There was no target
2014	There was no target
Changes in target	
2019	Decreased from prior year
2018	Same as prior year
2017	Same as prior year
2016	No prior year target
2015	No prior year target
Result details for year ending... (Note: DNE means "did not exist")	
2019	
Target	9.0%
2018	
Target	10.0%
Actual	9.8%
2017	
Target	10.0%
Actual	8.3%
2016	
Target	10.0%
Actual	6.9%
2015	
Target	DNE
Actual	DNE
2014	
Target	DNE
Actual	DNE
Agency Comments	
Additional comments from agency (optional)	<div style="display: flex;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;">Federal contract with the Food & Drug Administration (FDA)</div> <div style="flex: 2; background-color: #d9ead3; min-height: 150px;"></div> </div>

Performance Measures

Agency

Department of Alcohol and Other Drug Abuse
Services

Accurate as of

July 2, 2019

Performance Measure	
Item #	24
Description	Increase the Number of Narcan Administrations Through the Law Enforcement Officer Naloxone (LEON) Program (Number of Lives Potentially Saved) *Started in 2017
Time applicable	State Fiscal Year (July - June)

Results Summary	
Is the goal to meet, exceed, or obtain a lower value than the target?	Meet or exceed

Did the agency achieve its goal	
2018	Yes
2017	Yes
2016	There was no target
2015	There was no target
2014	There was no target

Changes in target	
2019	Increased from prior year
2018	Increased from prior year
2017	No prior year target
2016	No prior year target
2015	No prior year target

Result details for year ending... (Note: DNE means "did not exist")	
2019	
Target	500
2018	
Target	450
Actual	496
2017	
Target	400
Actual	451
2016	
Target	DNE
Actual	DNE
2015	
Target	DNE
Actual	DNE
2014	
Target	DNE
Actual	DNE

Agency Comments	
Additional comments from agency (optional)	

Performance Measures

Agency

Department of Alcohol and Other Drug Abuse
Services

Accurate as of

July 2, 2019

Performance Measure			
Item #	25	26	27
Description	Increase Coordination With the Department of Corrections to Enroll Inmates in Opioid Recovery Services *Started in 2018	Trained Peer Support Specialists	Increase Recovery Housing Opportunities
Time applicable	State Fiscal Year (July - June)	State Fiscal Year (July - June)	State Fiscal Year (July - June)
Results Summary			
Is the goal to meet, exceed, or obtain a lower value than the target?	Meet or exceed	Meet or exceed	Meet or exceed
Did the agency achieve its goal			
2018	There was no target	Yes	Yes
2017	There was no target	Yes	Yes
2016	There was no target	Yes	Yes
2015	There was no target	Yes	Yes
2014	There was no target	Yes	Yes
Changes in target			
2019	No prior year target	Increased from prior year	Increased from prior year
2018	No prior year target	Same as prior year	Same as prior year
2017	No prior year target	Increased from prior year	Decreased from prior year
2016	No prior year target	Same as prior year	Increased from prior year
2015	No prior year target	Same as prior year	Same as prior year
Result details for year ending... (Note: DNE means "did not exist")			
2019			
Target	20	221	65.00%
2018			
Target	DNE	130	29.00%
Actual	17	210	55.00%
2017			
Target	DNE	130	29.00%
Actual	DNE	140	37.00%
2016			
Target	DNE	0	38.00%
Actual	DNE	130	38.00%
2015			
Target	DNE	0	18.00%
Actual	DNE	130	28.00%
2014			
Target	DNE	0	18.00%
Actual	DNE	50	19.00%
Agency Comments			
Additional comments from agency (optional)	Actual numbers only reflect inmates receiving naltrexone injections for opioid use disorder pre-release.	Actual numbers reflect the number of Certified Peer Support Specialists specializing in substance use in South Carolina. From 2014 to 2016, training was offered on demand when there were enough interested and qualified individuals for a cohort. No targets were set.	This measure is the increase in Oxford House Recovery Residences. DAODAS contracts yearly with Oxford House to increase the number of residences statewide.