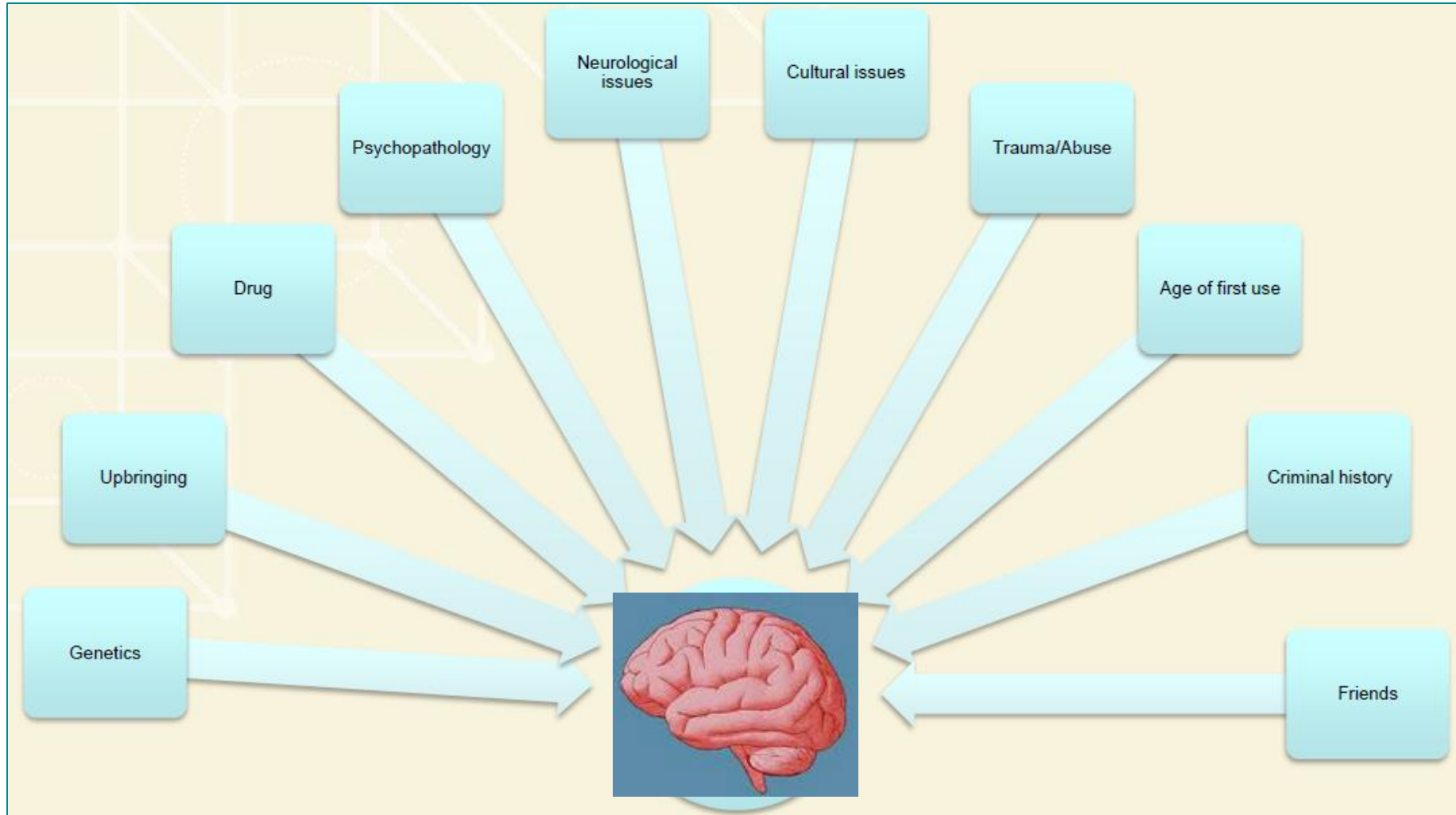




Overview of Treatment and Recovery Services Division

**South Carolina Legislative Oversight
Healthcare and Regulatory Subcommittee
December 17, 2019**

Substance Use Disorder Is an Extremely Complex Disease



What Is Treatment?

- Assessment
- Medical Care (including medication)
- Treatment Plan
- Group/Individual Counseling
- Education
- Life Skills Training
- Testing for Alcohol and Other Drug Use
- Relapse Prevention Training
- Orientation to Self-Help Groups
- Family Education and Counseling
- Follow-up Care/Peer Support

Treatment

is

one

path

on the road to **recovery**



American Society of Addiction Medicine (ASAM)

Six Dimensions of Multidimensional Assessment

Six Dimensions

1. Acute Intoxication and Withdrawal
2. Bio-Medical Conditions and Complications
3. Cognitive, Behavioral, and Emotional Conditions
4. Readiness / Motivation
5. Relapse, Continued Use, Continued Problem
6. Recovery Environment

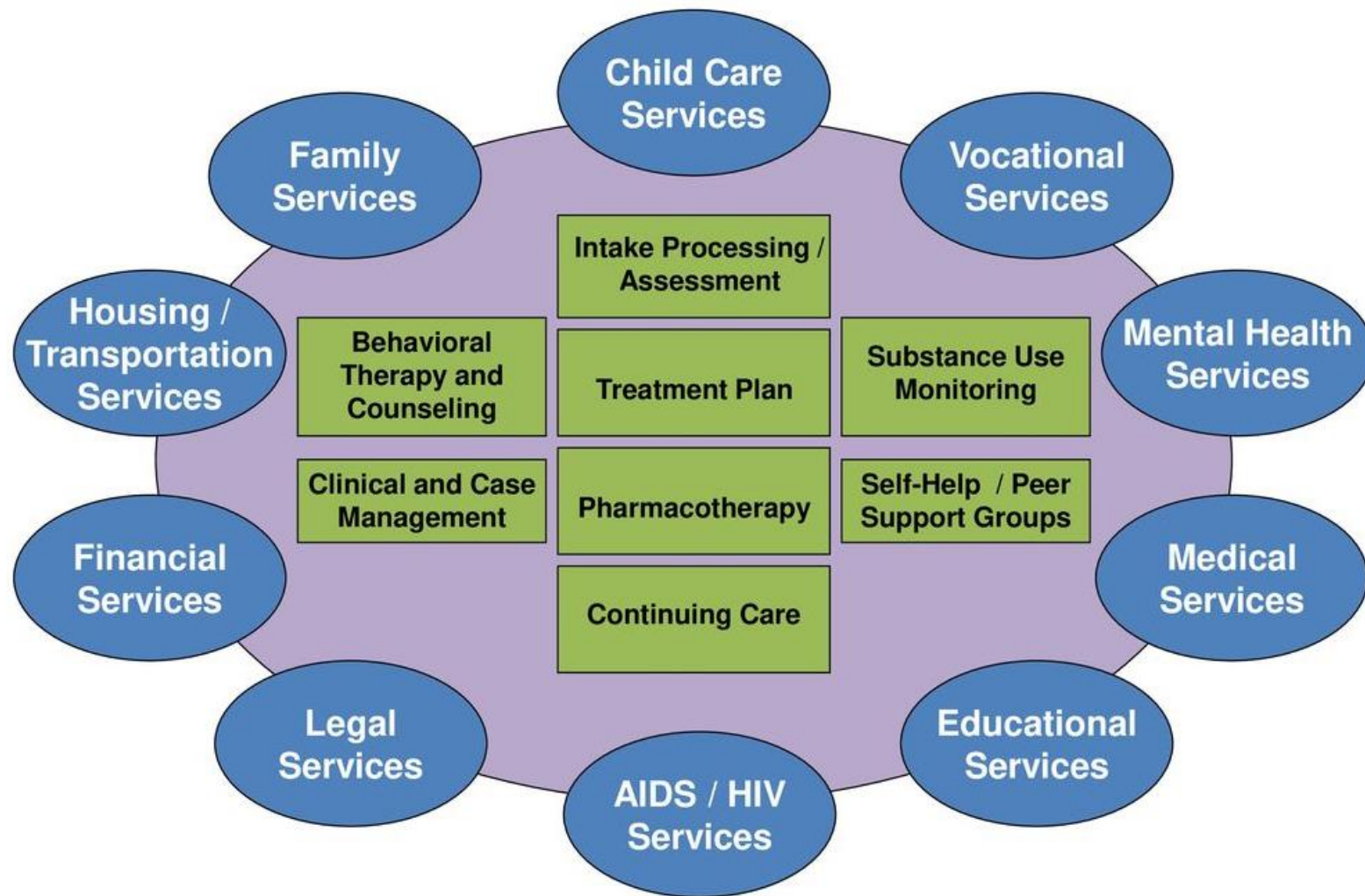
Level of Care

- Level 1 – Outpatient
- Level 2.1 – Intensive Outpatient Services
- Level 2.5 – Partial Hospitalization Services
- Level 3 – Residential Services
- Level 4 – Hospital Setting

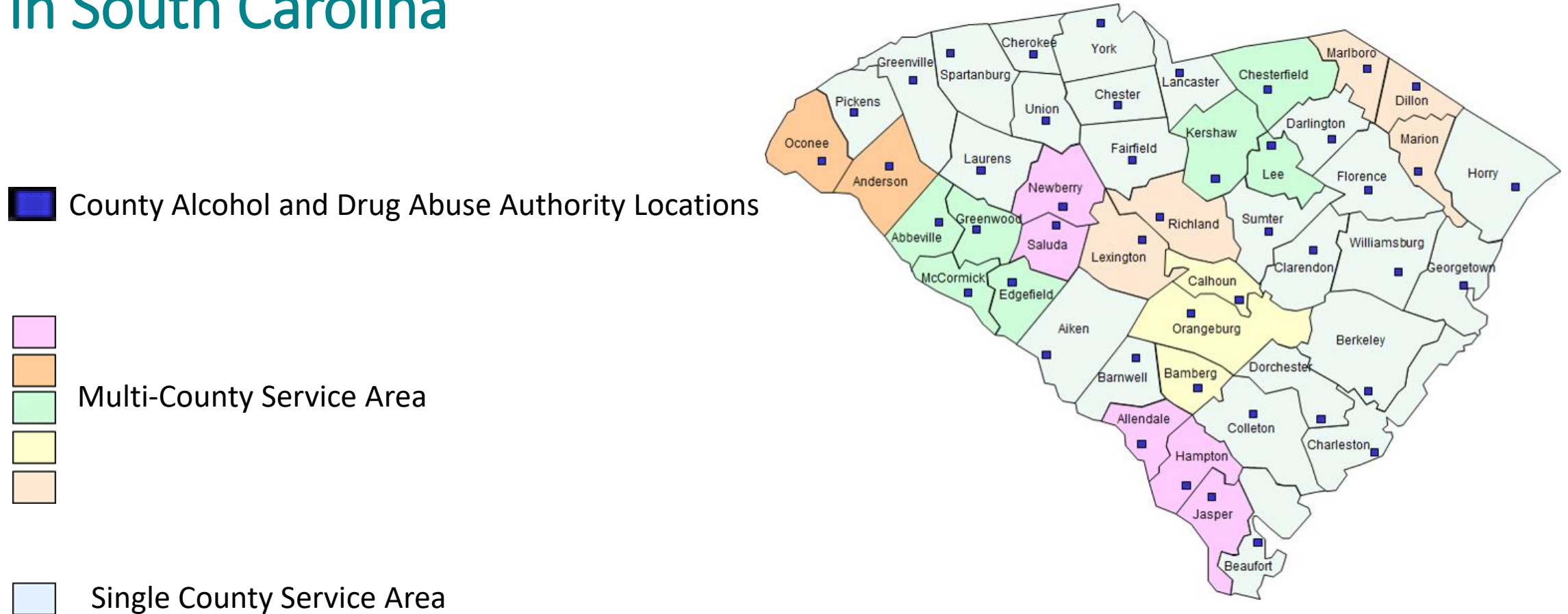


ASAM American Society of
Addiction Medicine

Components of Comprehensive Substance Use Treatment



Substance Use Treatment & Recovery Services in South Carolina



Statewide Treatment Services

Outpatient Services

- May be delivered in an office setting, healthcare facility, or addiction treatment facility by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a pre-determined schedule
- Intensive outpatient (IOP) treatment
- Group counseling and therapy
- Skill development
- Family counseling or therapy
- Self-help group orientation
- Multi-family therapy (women's IOP [WIOP] only)
- Best practices trauma curriculum (WIOP only)



Evidence-Based Treatment Models Offered

- Motivational Interviewing (MI)
- Motivational Enhancement Therapy (MET)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Matrix Model
- Cognitive Behavioral Therapy (CBT)
- Adolescent Community Reinforcement Approach / Assertive Continuing Care (A-CRA/ACC)

Strategic Goal

- Expand trauma-informed care to all providers to incorporate in all treatment

Staff Requirements for Clinical Patient Services

Minimum Qualifications: To provide treatment services for substance use disorders as an employee of a county alcohol and drug abuse authority, an individual must (at a minimum):

- Have a bachelor's degree in a health or human service-related field from an accredited college or university; and
- Be certified by the SCAADAC Certification Commission as a CAC I, CAC II, or CCS.

Licensure:

Staff who are independently licensed by a professional licensing board will not be required to be certified or credentialed by the SCAADAC Certification Commission.

Licensed individuals are required to maintain core competencies and substance use disorder experience by maintaining a written training plan that includes trainings approved by the SCAADAC Certification Commission.

CRIME & PUBLIC SAFETY

Ridgeland man arrested in accident that killed 2 Beaufort women in October

BY LISA WILSON

NOVEMBER 25, 2019 04:44 PM



WMBF

Woman charged with DUI after head-on crash on S.C. 22

HORRY COUNTY, S.C. (WMBF) – A woman has been charged with DUI following a head-on crash early Wednesday morning in Horry County, ...
4 weeks ago



A South Carolina Trooper holds an empty can of beer during a traffic stop that resulted in a high speed chase on Friday night, Aug. 17, 2018, near Camden, S.C.
(Photo: Sean Rayford/The State)



CRIME

Lancaster driver was drunk in crash that left 3 dead. She's heading to prison

BY ANDREW DYS



CRIME

Rock Hill man, 21, charged with felony DUI after passenger, 20, dies in I-77 crash

BY ANDREW DYS

NOVEMBER 12, 2019 04:09 PM



15 wpde.com

Man charged with felony DUI in deadly Florence Co. crash

FLORENCE COUNTY, S.C. (WPDE) - A man is in jail after driving on the wrong side of the road and crashing into a tractor-trailer.

4 days ago



DUI Laws and Penalties

Penalties Found in S.C. Code 56-5-2990

A range of penalties can be assessed, from a first DUI offense to a fourth and subsequent offenses:

- Driver's license suspensions
- Mandatory treatment (ADSAP)
- Option to immediately end license suspension and allow an individual to drive using an ignition interlock device (IID) or a mandatory directive to drive using an IID pending conviction.

Alcohol and Drug Safety Action Program (ADSAP)

ADSAP is a statewide program that includes education and treatment services for individuals charged with **driving under the influence (DUI)**, **boating under the influence (BUI)**, and other **related administrative offenses**.

The county authorities provided ADSAP to over 9,000 patients in fiscal year 2019.

ADSAP Provides Services for...

- Individuals who are convicted of DUI (S.C. Code Ann. Section 56-5-2930)
- Individuals convicted of driving with an unlawful alcohol concentration (a blood alcohol concentration [BAC] of .08% or greater) (S.C. Code Ann. Section 56-5-2933)
- Individuals who fail a blood, breath, or urine test for the presence of alcohol or other drugs that is administered under the “implied consent” statute (S.C. Code Ann. 56-5-2950)
- Individuals who refuse a blood, breath, or urine test for the presence of alcohol or other drugs (as provided for under the “implied consent” statute) (S.C. Code Ann. 56-5-2951)
- Individuals who are required to have an ignition interlock device on their vehicle and drive with a BAC of .02% or greater as measured by the device (S.C. Code Ann. 56-5-2941)
- Individuals convicted of BUI and referred by the S.C. Department of Natural Resources

ADSAP Also Provides Services for...

Drivers whose licenses are suspended through the state's **Administrative License Revocation (ALR)** process. Individuals fall in this category if they are charged under one of the following provisions:

- “Zero Tolerance” (which targets drivers under age 21) (S.C. Code 56-1-286)
- “.15” (which is in addition to a charge of DUI or driving with an unlawful alcohol concentration for drivers of any age who operate a vehicle with a BAC of .15% or greater) (S.C. Code Ann 56-5-2951)
- “Implied Consent” (refusal to take a blood, breath, or urine test for the presence of alcohol or other drugs) (S.C. Code Ann. 56-5-2951)

ADSAP Education Services Are Assessment-Based

- Each ADSAP provider offers a continuum of care in accordance with the American Society of Addiction Medicine (ASAM) Levels of Care.
- The required minimum service to be provided through the continuum of care is the PRIME FOR LIFE curriculum.
- Clients are required to attend all sessions (16 hours) of the ADSAP group.
- A higher level of treatment care (e.g., group counseling, intensive outpatient services), as defined by the American Society of Addiction Medicine (ASAM), may be appropriate.
- Clients with multiple DUI offenses or who have a more severe substance use disorder (i.e., dependence diagnosis) may be eligible for ADSAP treatment services.

ADSAP Fees

The cost of ADSAP services cannot exceed \$500 for education services or \$2,000 for treatment services and cannot exceed \$2,500 in total for all services in accordance with the law.

If a client is declared indigent and is unable to pay for services, he/she must perform 50 hours of community services in accordance with the law.

Each year, DAODAS is required to report the number of first-time DUI offenders vs. second and subsequent offenders, as well as the amount of ADSAP revenue and expenses, to the Senate Finance Committee and the House Ways and Means Committee.

ADSAP Trends

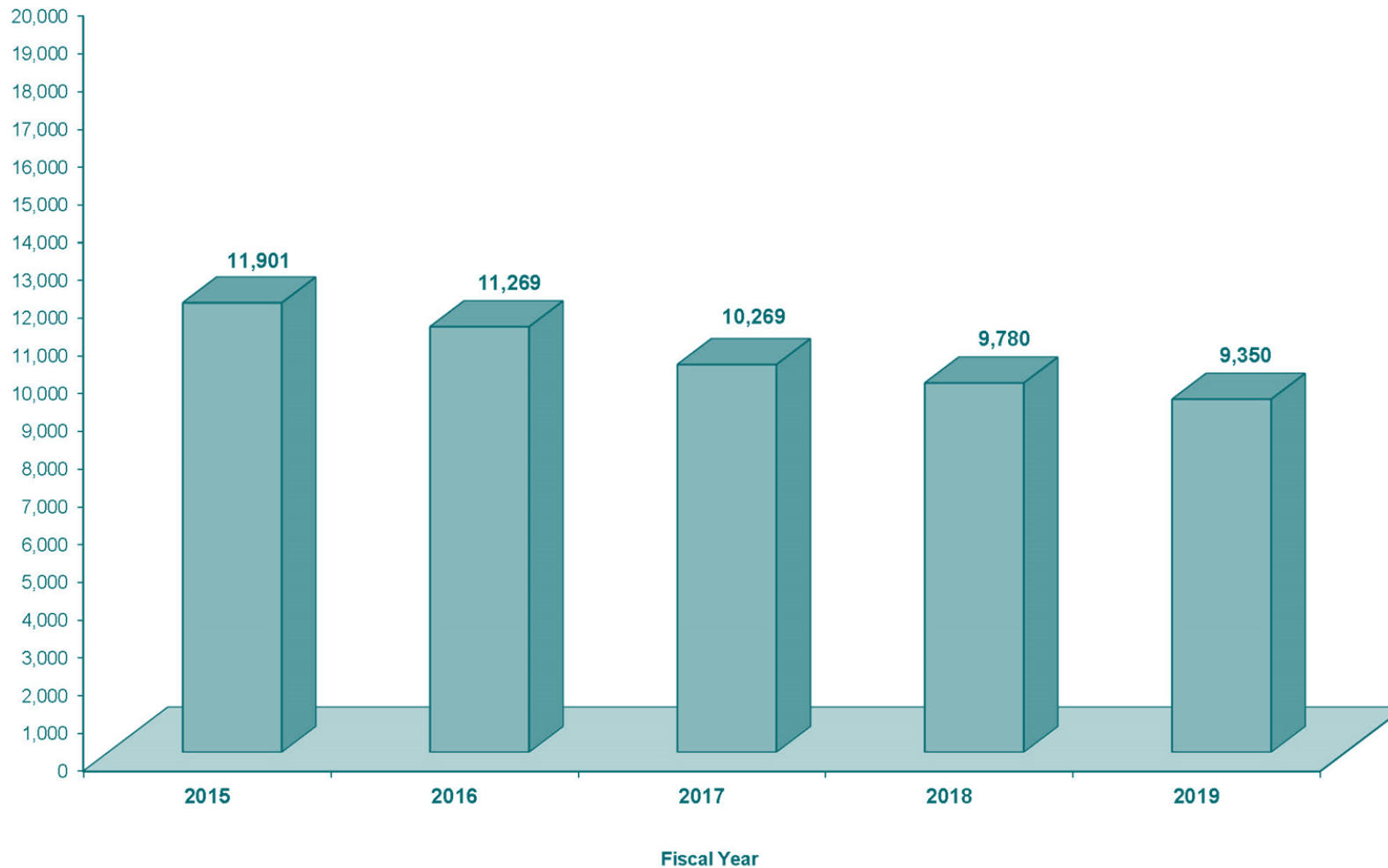
Over the past few years, overall ADSAP enrollment has declined statewide, along with the associated costs :

- Fiscal Year 2015 – **11,901** clients
- Fiscal Year 2016 – **11,269** clients
- Fiscal Year 2018 – **9,780** clients
- Fiscal Year 2019 – **9,350** clients

Of the ADSAP clients seen in FY19, **4,997** went through the Prevention Research Institute (PRI)'s risk-reduction curriculum, and **2,981** of those clients successfully completed the program.

Of those ADSAP clients, **4,421** were treated in higher levels of care, and **2,124** of those clients successfully completed the program.

Unique-Unduplicated ADSAP Clients by Fiscal Year



DUI Arrests and Convictions Have Decreased

Arrests are down 32%.

2010 – 26,532 arrests

2018 – 17,969 arrests

Convictions are down 45%.

2013 – 13,449 convictions

2018 – 7,357 convictions

Source: MADD 2019 Law Enforcement Survey

Reasons for the Decrease in DUI Arrests and Convictions

- The statute regulating dash-cam videos makes arrests and convictions far too difficult.
- Plea agreements lead to lesser charges.
- Law enforcement officers have to act as attorneys, and DUI case are often so complex that many officers feel they are at a disadvantage.
- There are too many loopholes that work in favor of the defendant.
- Breath test refusals have increased, so evidence is weaker.

Source: MADD 2019 Law Enforcement Survey (n=317 respondents)

Substance Use Disorder Services for Adolescents

- Family-centered substance use disorder and co-occurring services.
- ASAM admission, continued stay, and discharge criteria
- Individualized and culturally competent services that meet the needs of a diverse population
- Clinical supervision to adolescent treatment staff per the agency's policies and procedures
- Ongoing recovery support services
- Periodic reviews to ensure quality of care is being provided appropriately to adolescents



Substance Use Disorder Services for Adolescents

The Bridge

The Bridge is a comprehensive, individualized, family-centered service primarily designed for adolescents who are preparing to leave an alcohol and other drug inpatient program; a juvenile justice facility; or some other residential setting.

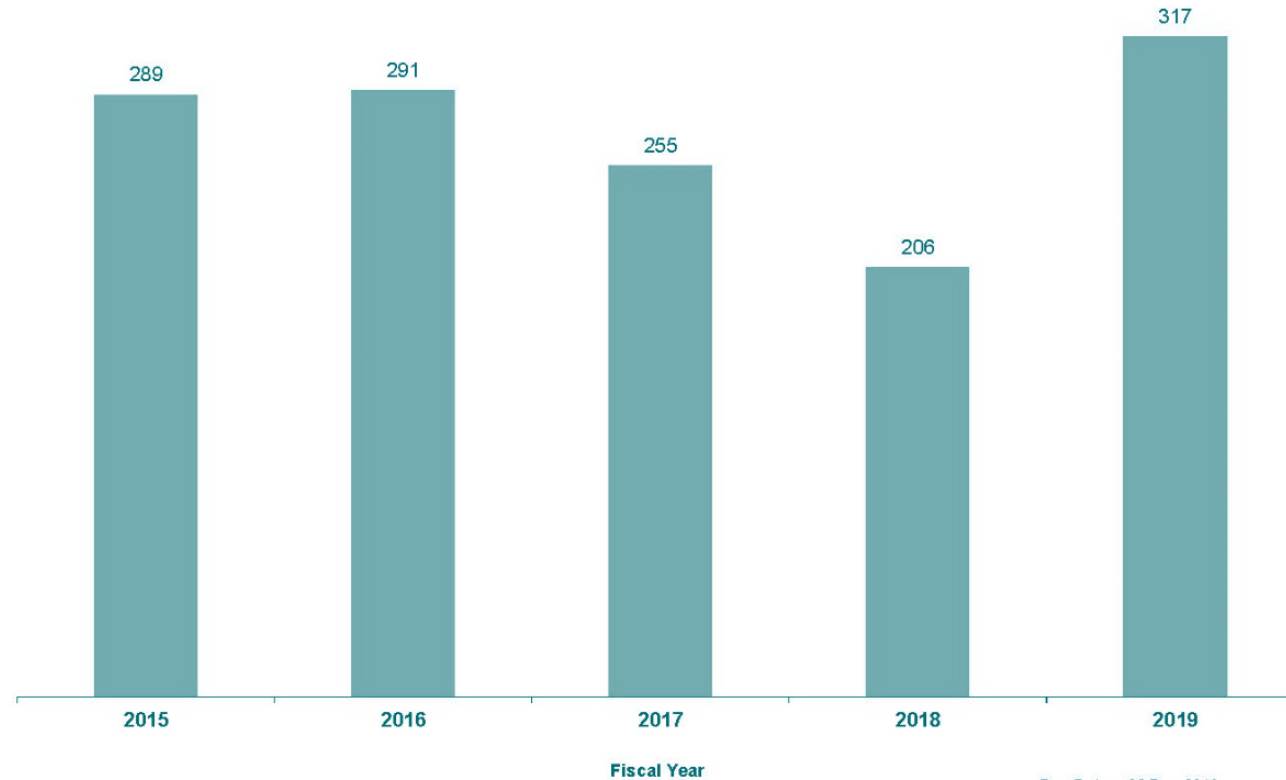
The program provides a gradual “step-down” transition into the community by providing a comprehensive array of specialized services, including family-based counseling, intensive case management, and continuing care, as well as general attention to primary healthcare needs.

Following an intensive assessment to determine individual strengths and needs, a comprehensive plan is tailored to meet the needs of the adolescent and family.

The Bridge is offered in Orangeburg, Bamberg, Calhoun, Berkeley, Charleston, Lexington, Richland, and Spartanburg counties.

Substance Use Disorder Services for Adolescents

Unique-Unduplicated Bridge Clients Served by Fiscal Year



Step UP!

The “youthful offender” population consists of young adults – male and female – who are sentenced to the S.C. Department of Corrections (SCDC) between the ages of 17 and 25 through the state’s Youthful Offender Act.

Through the joint *Step UP!* project, DAODAS and SCDC provide education and treatment resources to youthful offenders with substance use disorders as they leave SCDC and transition into the community.



Step UP!

Through the *Step UP!* project, DAODAS contracts with all 32 county authorities to provide medication-assisted treatment (MAT) in conjunction with psychosocial treatment.

Project participants with opioid or alcohol use disorders are recommended for one of the U.S. Food & Drug Administration's three approved MAT drugs:

- Buprenorphine
- Methadone
- Vivitrol



Step UP!

Other benefits of the *Step UP!* project are:

- Promotes access to increased employment opportunities
- Provides structure to assist participants in becoming productive law-abiding citizens
- Uses cognitive behavioral therapy
- Provides group and individual substance use disorder counseling, life skills training, etc.



Step UP!

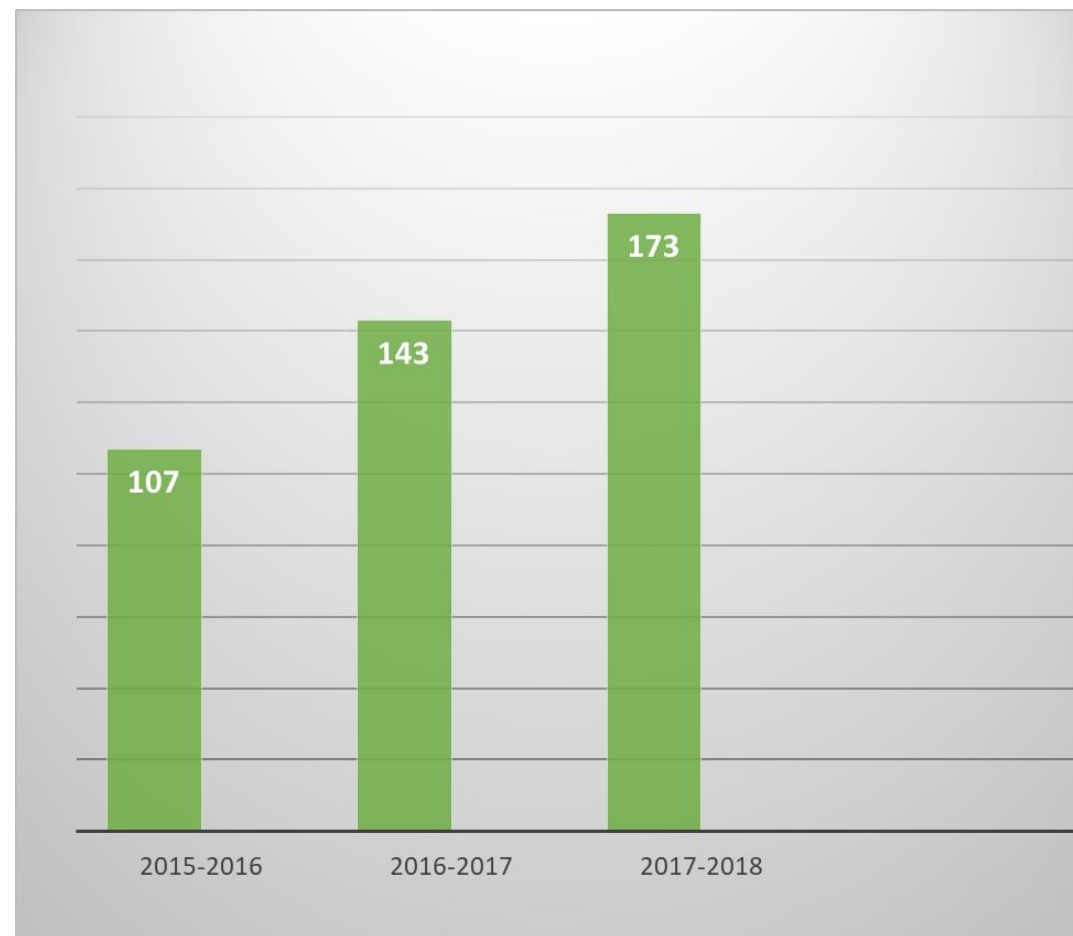
Youthful Offenders Served and Associated Costs*:

2015-2016 – **107** - \$29,216

2016-2017 – **143** - \$54,779

2017-2018 – **173** - \$74,092

* The costs include prevention, intervention, and treatment services mentioned earlier, along with administration expenses in 2017-2018 of \$15,000.



DSS/DAODAS Drug Screening and Testing

The S.C. Department of Social Services (DSS) and DAODAS were engaged in a contract from April 1, 2015, to September 30, 2017, to:

- Identify the number of persons involved in DSS child welfare services who were in need of substance use disorder (SUD) treatment and provide appropriate referrals
- Provide funding for SUD treatment staff who were co-located at local DSS offices
- Provide Initial drug testing and screening, including on-site testing and confirmatory (lab) services when needed
- Provide hair follicle testing at fixed reimbursement rates



DSS/DAODAS Drug Screening and Testing

DAODAS provided 30 county authorities with treatment staff to be physically co-located at local DSS offices for the purpose of screening and assessment of individuals who are involved in DSS child welfare cases in the following counties:

Abbeville, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Horry, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York

DSS/DAODAS Drug Screening and Testing

DAODAS also provided:

- Technical assistance
- Training for DSS Liaisons on Motivational Interviewing
- Webinars
- Site visits
- Quarterly meetings of the 32 county authorities



DSS/DAODAS Drug Screening and Testing

Individuals Served by County Authorities and Related Costs:

2015-2016 – 7,546 parents - \$2,885,618

2016-2017 – 4,510 parents - \$2,844,277

2017-2018 – \$565,650 (only one quarter)

120 DSS children served



Treatment Goal – Increase Admissions of DSS Clients

16	Increase Department of Social Services Admissions					
Goal:	Meet or exceed					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	4167	4574	4574	6761	6761	6761
Actual	4375	4802	4802	6761	5119	
Goal Achieved?	Yes	Yes	Yes	Yes	No	
Changes in Target		Increased from prior year	Same as prior year	Increased from prior year	Same as prior year	Same as prior year
Additional Comments	Due to a change in vendor, reporting was restricted in 2015-2016, so the values did not change from 2014 until 2017. The contract with the Department of Social Services ended on September 30, 2017. Target and actual numbers are from the DAODAS accountability reports submitted annually.					

Temporary Assistance for Needy Families (TANF)

DAODAS and the S.C. Department of Social Services (DSS) participate in the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) project, which uses federal TANF funds to provide:

- Substance use disorder services
- Room and board costs
- Transitional services
- Case management services



Temporary Assistance for Needy Families (TANF)

Family Reunification/Support

This aspect of the PAIRS project targets DSS clients who are in need of substance use disorder treatment, as well as their families.

Through this initiative, many patients have been able to access treatment services, been reunited with their children, found gainful employment, and reduced their reliance on entitlement programs.



Temporary Assistance for Needy Families (TANF)

PAIRS Eligibility

- DSS-identified woman leaving residential treatment
- Community-based Family Independence (i.e., TANF) recipient with a substance use disorder (SUD) diagnosis
- Community-based parents with dependent children who are assessed as having an SUD diagnosis
- Verified income that is less than 185% of the federal poverty level and an active Child Protective Services case

Temporary Assistance for Needy Families (TANF)

PAIRS Patient Updates / Staffing With DAODAS

- County authority staff work with local DSS offices to identify clients in need of substance use disorder (SUD) treatment services.
- County authorities offer intervention assistance to these SUD patients in crisis.
- County authorities provide weekly updates to local DSS by:
 - Telephone
 - E-mail
 - Conference call
 - Face-to-face staffing

Temporary Assistance for Needy Families (TANF)

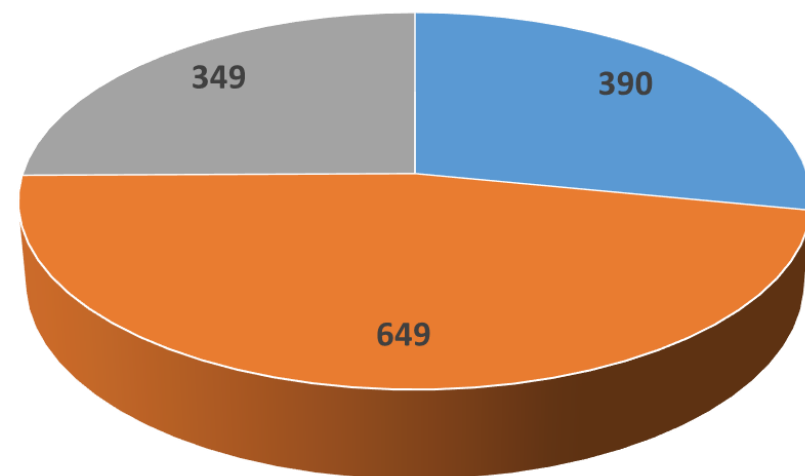
DSS Clients Served:

2015-2016 – **390** - \$1,807,609

2016-2017 – **649** - \$1,707,060

2017-2018 – **349** - \$1,637,421

The client count was high in 2016-2017 because DAODAS also had a drug screening contract that referred DSS clients to treatment. Unfortunately, that contract ended in September 2017.



■ 2015-2016 ■ 2016-2017 ■ 2017-2018

Substance Abuse Prevention and Treatment Block Grant (SABG) – Treatment

The federal Substance Abuse Prevention and Treatment Block Grant provides funds and technical assistance to the state to plan, implement, and evaluate activities that:

- Prevent **and treat** substance use disorders
- Promote public health



Substance Abuse Prevention and Treatment Block Grant (SABG) – Treatment

DAODAS provides technical assistance through:

- Coordinated County Reviews to evaluate activities conducted by the county authorities to improve the quality of treatment services they provide
- Trainings on evidence-based treatment models to the county authorities' Treatment Directors and opioid treatment programs' staff
- Quarterly Treatment Directors' meetings

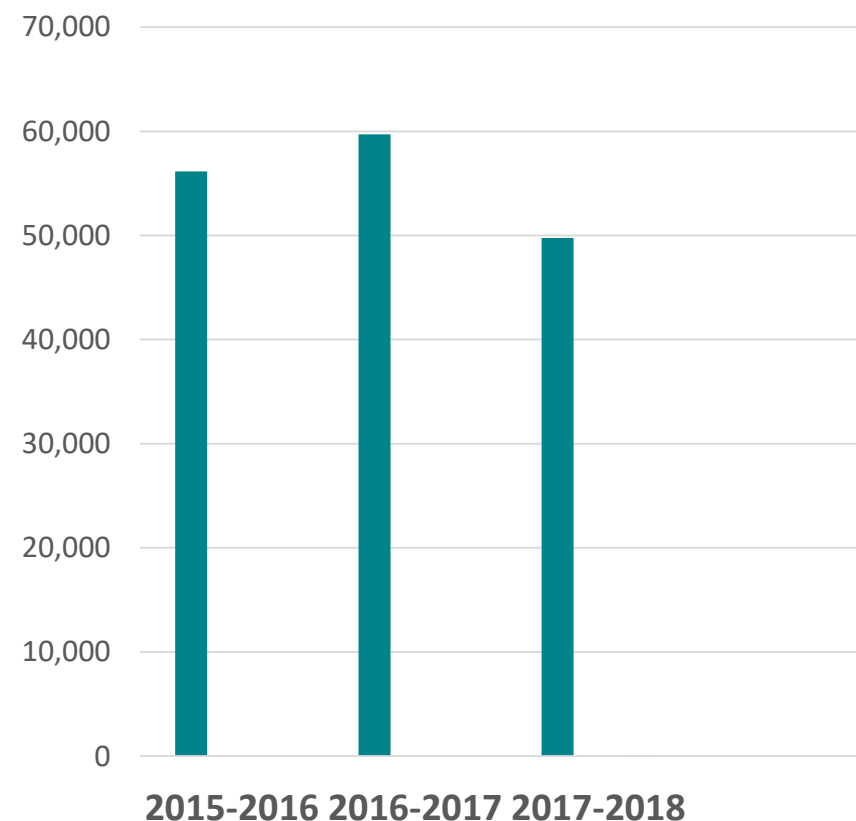
Substance Abuse Prevention and Treatment Block Grant (SABG) – Treatment

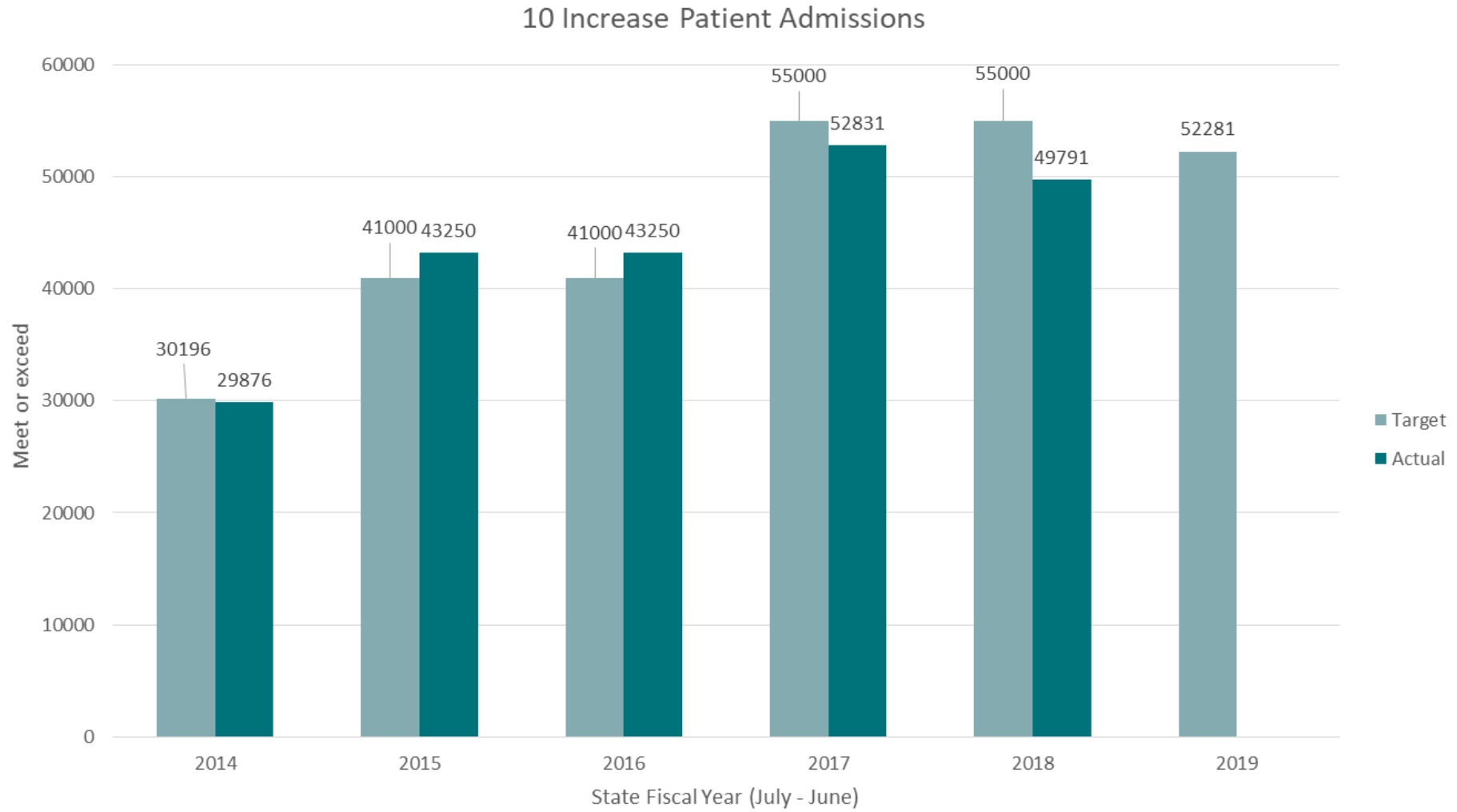
Individuals Served by County Authorities and Associated Costs:

2015-2016 – 56,158 patients - \$13,928,435

2016-2017 – 59,712 patients - \$13,857,718

2017-2018 – 49,742 patients - \$14,067,176





Treatment Goal – Increase Provision of Services to the Uninsured

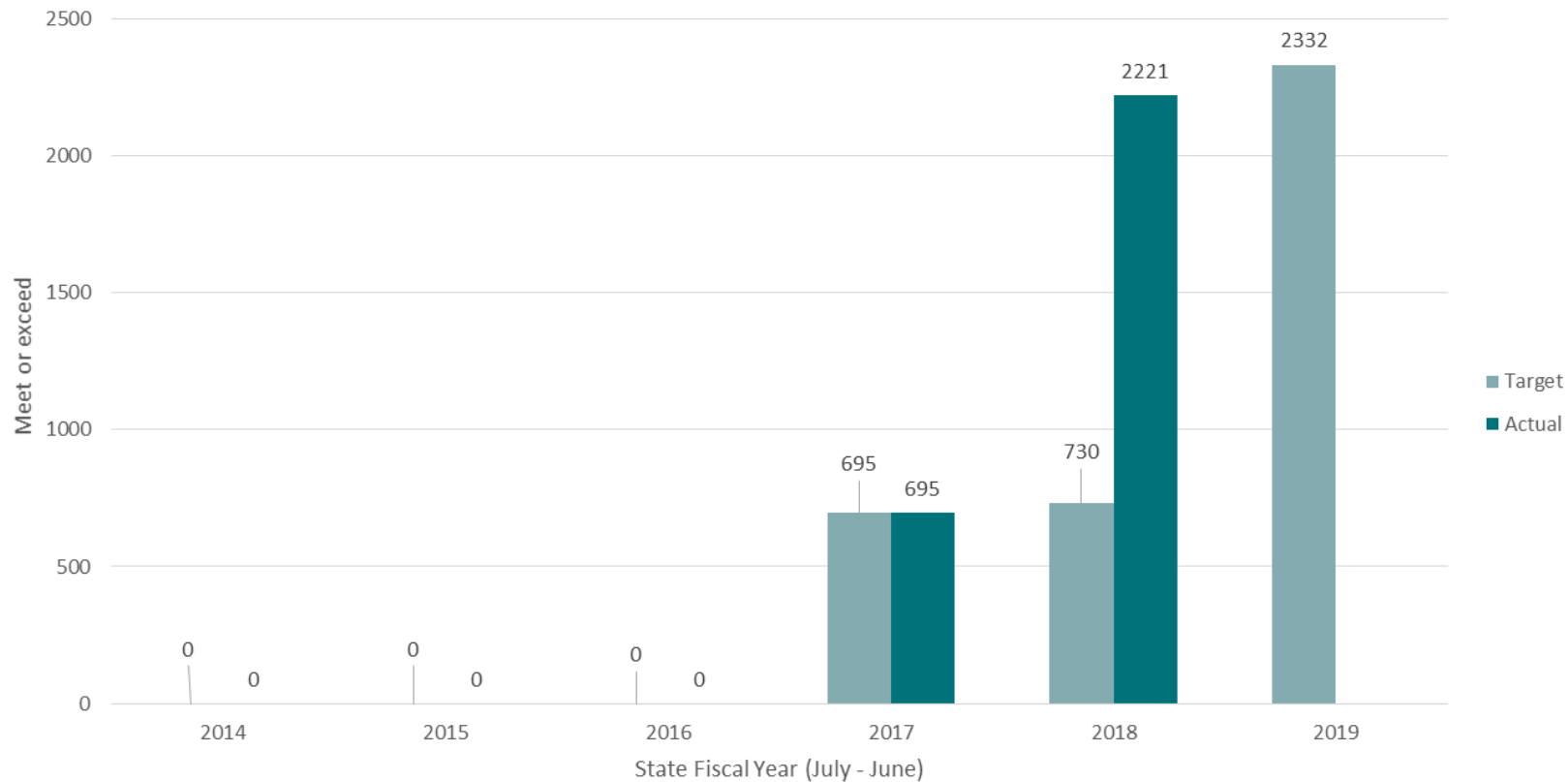
17	Increase Services to the Uninsured					
Goal:	Meet or exceed					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	11000	5250	5250	3517	3517	5145
Actual	11000	5512	5512	3517	4900	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		Decreased from prior year	Same as prior year	Decreased from prior year	Same as prior year	Increased from prior year
Additional Comments	Due to a change in the Electronic Health Record vendor, reporting was restricted in 2015-2016, so the values did not change from 2014 until 2017. What was reported are estimates based on the best data available at the time. These estimates are likely under-reporting of actual numbers. Target and actual numbers are from the DAODAS accountability reports submitted annually.					

Treatment Goal – Increase Efficiency of Treatment Retention

14	Increase Efficiency of Treatment Retention					
Goal:	Meet or exceed					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	52.0%	52.0%	52.0%	54.0%	54.0%	65.0%
Actual	54.0%	54.0%	54.0%	55.0%	54.0%	
Goal Achieved?	Yes	Yes	Yes	No	Yes	
Changes in Target		Same as prior year	Same as prior year	Increased from prior year	Same as prior year	Increased from prior year
Additional Comments	Due to a change in the Electronic Health Record vendor, reporting was restricted in 2015-2016, so the values did not change from 2014 until 2017. What was reported are estimates based on the best data available at the time. These estimates are likely under-reporting of actual numbers.					

Treatment Goal – Increase Patients Receiving Medication-Assisted Treatment Services

22 Increase the Number of Patients Receiving Medication-Assisted Treatment Services
*Started in 2017



SAMHSA Priority Populations for SABG

- ***Pregnant women who misuse substances***
- ***Women who misuse substances with dependent children***

DAODAS provides a variety of services to reach women, ranging from prevention services that educate the community to residential treatment services for those who are experiencing a greater level of need.

- ***Pregnant women who inject drugs***
- ***Other individuals who inject drugs***

Individuals with or at risk of HIV infection

Assessment processes for all patients in the DAODAS system include a screening for behavioral risks and symptoms associated with communicable diseases such as HIV/AIDS, hepatitis, sexually transmitted diseases, and tuberculosis.

SABG Set-Aside for Pregnant Women and Women With Dependent Children

SAMHSA requires that states expend not less than 10% of their federal Substance Abuse Prevention and Treatment Block Grant allotments on substance use disorder programs and services designed for women, especially pregnant women and women with dependent children.



SABG Set-Aside for Pregnant Women and Women With Dependent Children

Gender-Specific Treatment and Other Therapeutic Interventions for Women...

- Maintain a gender-responsive treatment environment
- Use a strengths-based model
- Incorporate an integrated, multidisciplinary approach
- Address women's unique health concerns
- Incorporate a trauma-informed care in treatment services

SABG Set-Aside for Pregnant Women and Women With Dependent Children

States must ensure that programs that receive these funds provide or arrange for all of the following:

- Primary medical care
- Prenatal care
- Primary pediatric care
- Child care to eliminate a barrier to treatment



SABG Set-Aside for Pregnant Women and Women With Dependent Children

Therapeutic Interventions for Children to Address:

- Developmental needs
- Sexual and physical abuse
- Neglect
- Adverse Childhood Experiences (ACEs)



SABG Set-Aside for Pregnant Women and Women With Dependent Children

Promote Culturally Competent Services That Are Specific to Women:

- Recognize the role and significance of relationships in women's lives, including various caretaker roles that women assume throughout life
- Acknowledge the importance and role of the socioeconomic conditions of women compared to men



SABG Set-Aside for Pregnant Women and Women With Dependent Children

Case Management Connects Patients to Needed Community Resources:

- Housing
- Employment
- Life Skills
- Education
- Community Support Organizations



SABG Set-Aside for Pregnant Women and Women With Dependent Children

DAODAS Provides...

- Staff development trainings
- Women-specific trainings during the quarterly Women's Coordinators Meetings
- Technical assistance
- Site visits to the county authorities



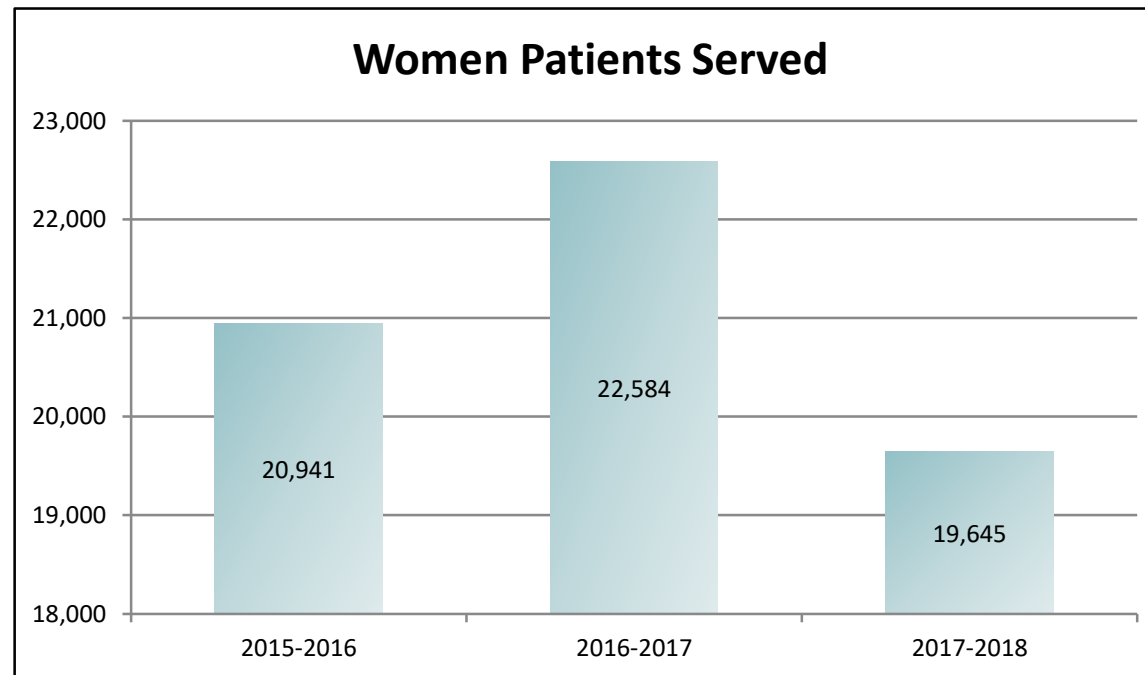
SABG Set-Aside for Pregnant Women and Women With Dependent Children

Women Patients Served by the County Authorities and Associated Costs:

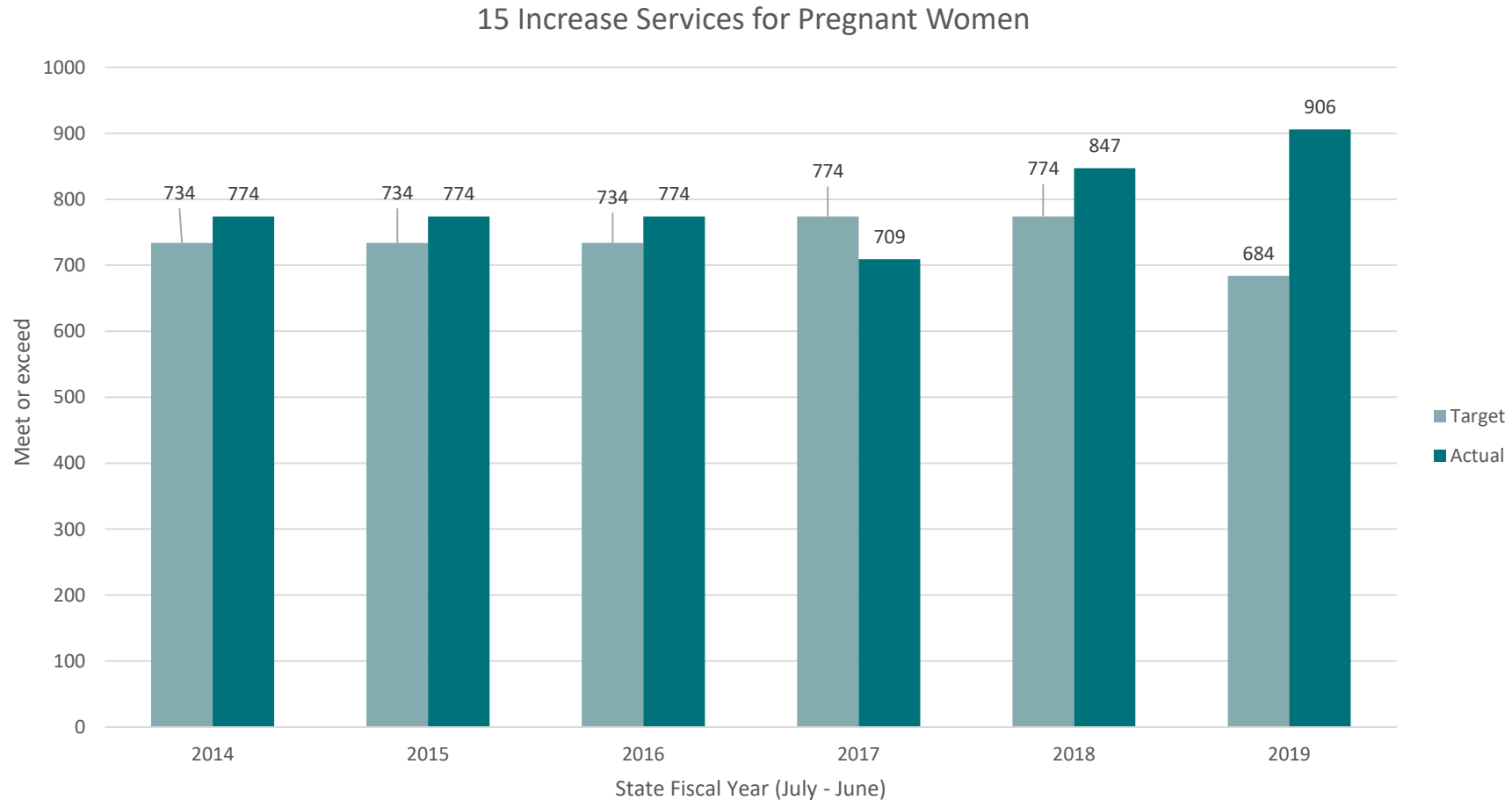
2015-2016 – **20,941** - **\$2,384,676**

2016-2017 – **22,584** - **\$2,472,053**

2017-2018 – **19,645** - **\$2,448,876**

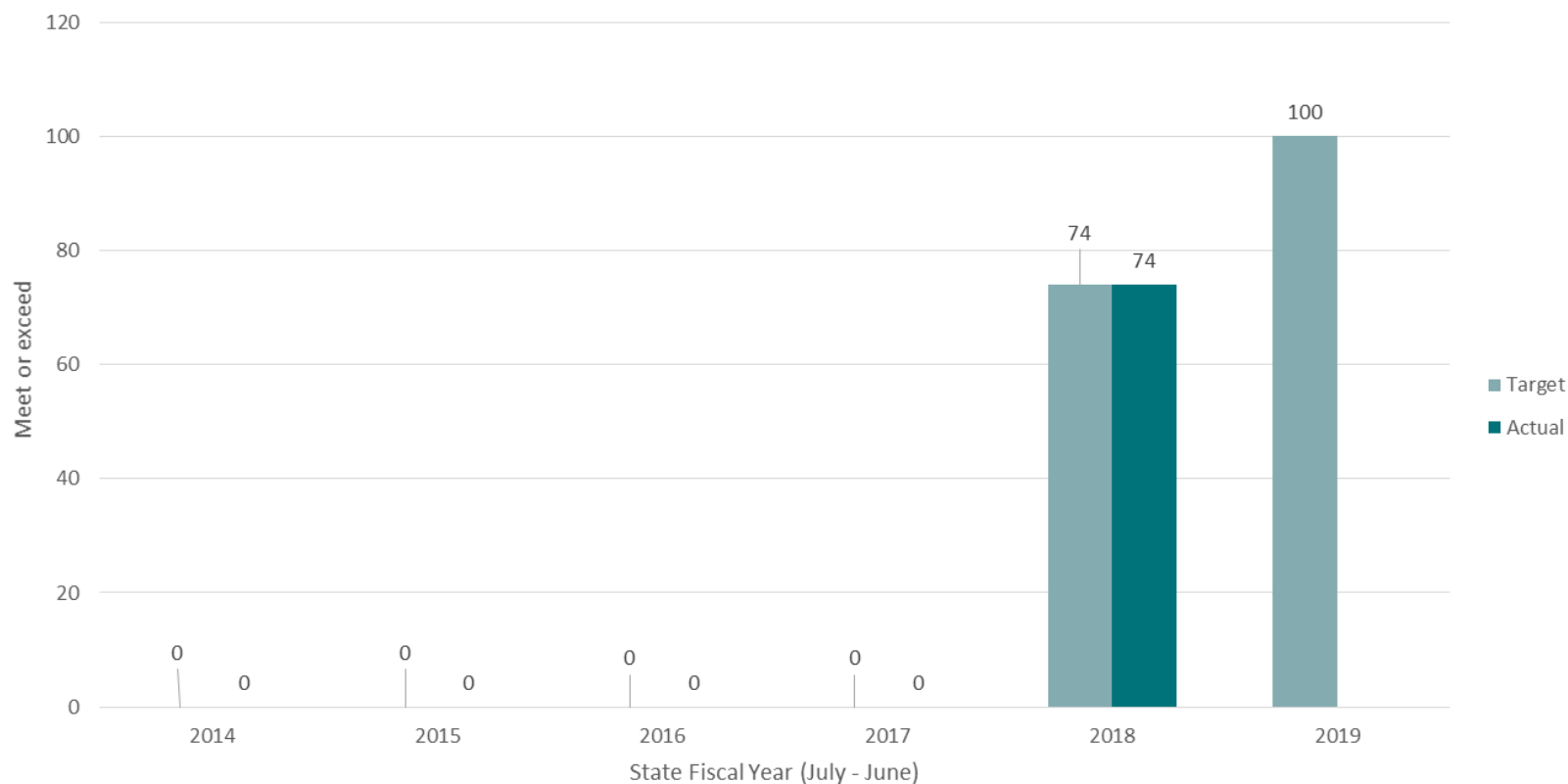


Treatment Goal – Increase Services for Pregnant Women



Treatment Goal – Increase Access to Methadone and Therapy for Pregnant Patients

20 Increase the Number of Pregnant Women Who Have Access to Methadone and Therapy Services *Started in 2018



SABG Set-Aside for Individuals Who Inject Drugs

The federal Substance Abuse Prevention and Treatment Block Grant requires states to give admissions preference to individuals who inject drugs as follows:

- Pregnant women who inject drugs (**first preference**)
- Pregnant women who misuse substances in other ways (**second preference**)
- Other individuals who inject drugs (**third preference**)



SABG Set-Aside for Individuals Who Inject Drugs

DAODAS contracted with the 32 county authorities to serve this population and also provided:

- Technical assistance
- Training for DSS Liaisons on Motivational Interviewing
- Webinars with county authorities and opioid treatment programs
- Site visits
- Quarterly meetings with the county authorities
- Coordinated County Reviews for the county authorities



SABG Set-Aside for Individuals Who Inject Drugs

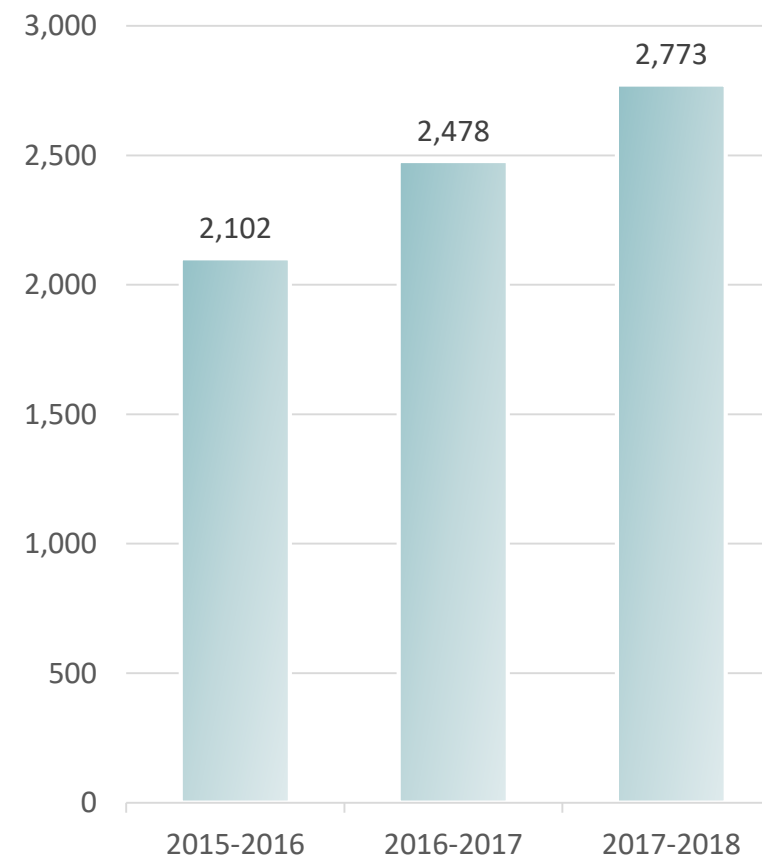
Individuals Who Inject Drugs Served by the County Authorities:

2015-2016 – **2,102**

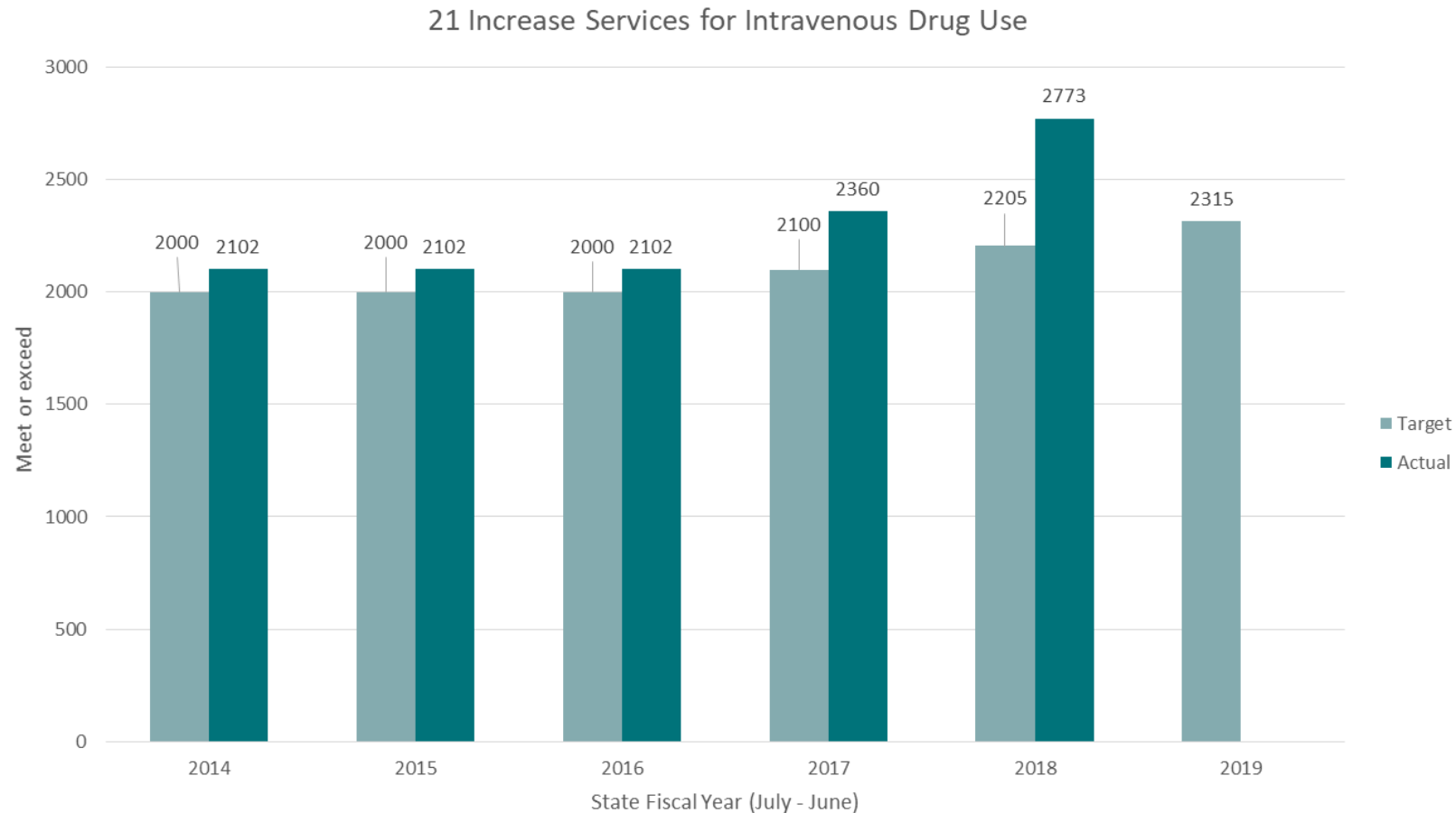
2016-2017 – **2,478**

2017-2018 – **2,773**

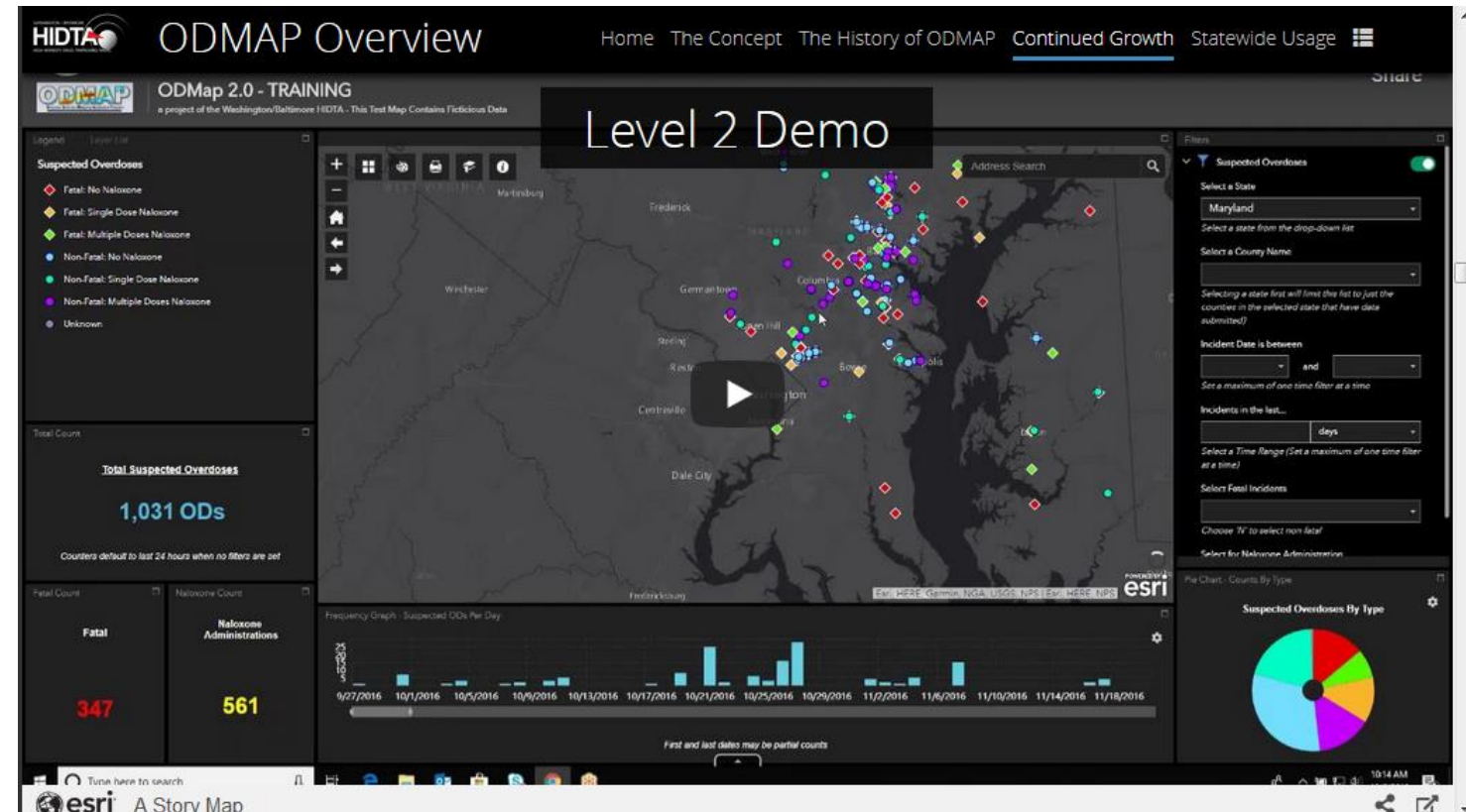
***The agency does not track associated costs.**



Treatment Goal – Increase Services for Intravenous Drug Users



Impact of Synthetic Drugs



State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Grant

The purpose of the SAT-ED grant was to leverage state agency resources and strengthen system infrastructure to increase provider capacity for evidence-based treatment and recovery-support services for youth with a substance use disorder (SUD) or an SUD with a co-occurring mental health disorder.

As its measurable goal, DAODAS sought to improve the conditions of 440 adolescents ages 12 to 18 who were experiencing an SUD or co-occurring disorders, as well as to improve conditions for the adolescents' families.

State Adolescent Treatment Enhancement and Dissemination (SAT-ED)

Adolescents Served and Associated Costs:

2015-2016 – 225 - \$496,560



State Youth Treatment - Implementation (SYT-I)

The State Youth Treatment - Implementation (SYT-I) grant was awarded to South Carolina after the SAT-ED grant ended.

The purpose of the grant was to improve the infrastructure for providing direct treatment services and increasing youth's access to care.

State Youth Treatment - Implementation (SYT-I)

Four county authorities were selected to use A-CRA with adolescents ages 12-18. They were:

- Tri-County Commission on Alcohol and Drug Abuse (Bamberg, Calhoun and Orangeburg counties) through its William J. McCord Adolescent Treatment Facility
- Keystone Substance Abuse Services (York County)
- Ernest E. Kennedy Center (Berkeley County)
- Trinity Behavioral Care (Dillon, Marion and Marlboro counties)

DAODAS once again contracted with Chestnut Institute to provide training on A-CRA for local staff.

State Youth Treatment -Implementation (SYT-I)

Outcomes resulting from improved access to treatment included:

- Reductions in using behaviors
- Increases in abstinence
- Improvements in education and social connectedness
- Reduced juvenile justice referrals



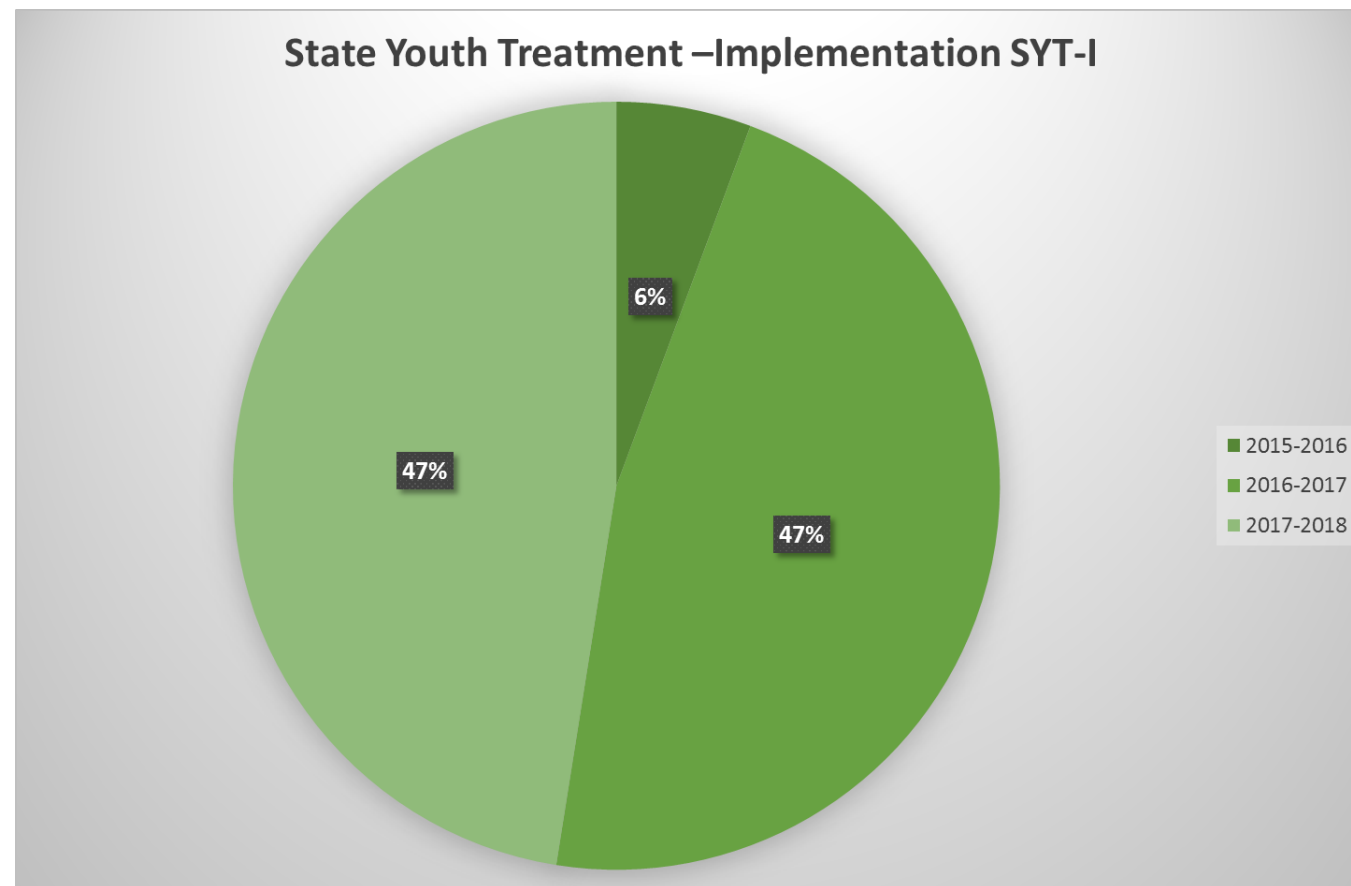
State Youth Treatment -Implementation (SYT-I)

Adolescents Served by the County Authorities and Associated Costs:

2015-2016 – 34 - \$448,869

2016-2017 – 280 - \$816,956

2017-2018 – 284 - \$862,102



Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grants

The SBIRT model is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is used for persons with substance use disorders and those whose use is at moderate and higher levels of risk.

Through federal grants, DAODAS has sought to ensure that SBIRT is utilized as the standard of care in South Carolina's healthcare settings through state-level systems and policy change.

The first grant ran October 1, 2013 - September 30, 2018.

The current grant began November 30, 2018, and will run through November 29, 2023.



Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grants

The goals of the SC SBIRT project are to:

- Improve health and behavioral outcomes
- Increase access to SBIRT for adults in primary care and community health settings, especially individuals who have been traditionally underserved in behavioral health care
- Improve health and behavioral outcomes among adults with substance use disorders or substance use with co-occurring mental illness



SBIRT Reduces Alcohol and Other Drug Misuse

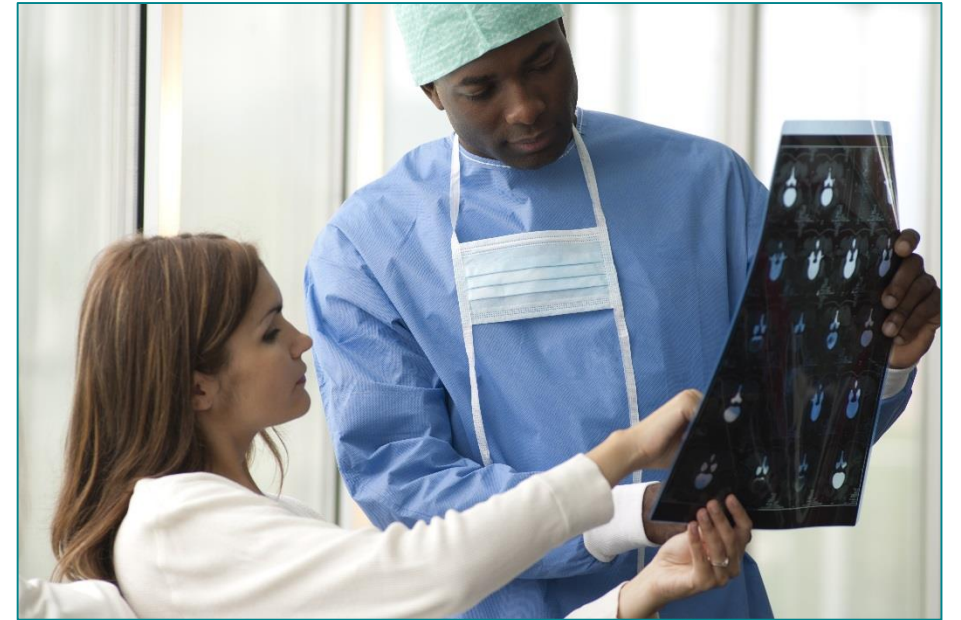
The U.S. Preventive Services Task Force (2009) found that SBIRT effectively reduced heavy drinking episodes in adults and resulted in:

- reduced weekly alcohol consumption;
- 12% fewer adults reported heavy drinking episodes; and
- 11% of adults reported drinking less than the recommended limits over a 12-month period.

A 2009 article in the *Journal of Drug and Alcohol Dependence* found a 68% reduction in illicit drug use over a six-month period among individuals who had received SBIRT services.

SBIRT Is Cost Effective.

- **SBIRT reduces short-and long-term healthcare costs.**
- The Substance Abuse and Mental Health Services Administration has reported that multiple studies have shown investing in SBIRT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each dollar spent.



From October 1, 2013, through September 30, 2018,
SBIRT was implemented in four hospitals across South Carolina.

Three individual hospital emergency departments:

- Medical University of South Carolina
- Grand Strand Hospital
- Tidelands Waccamaw Medical Center

One hospital clinic system:

- Greenville Hospital System

In addition, four county authorities provided treatment services in the following counties: Charleston, Greenville, Horry, and Spartanburg.



SBIRT Clients by Year

Grand Totals:

- 80,726 unduplicated patients received initial screens
- 9,392 received full screens
- 11% positive rate for endorsing use of alcohol, tobacco, drugs

	Number Unduplicated Initial Screens (FQHC SBIRT)	Number Full Screens (FQHC SBIRT)	% Positive	Number Unduplicated Initial Screens (Hospital SBIRT)	Number Full Screens (Hospital SBIRT)	% Positive
12/3/13-6/30/14	3426	188	5.5%	n/a	n/a	n/a
7/1/14-6/30/15	40,373	3641	9%	n/a	n/a	n/a
7/1/15-6/30/16+	11,860	1778	15%	n/a	n/a	n/a
Total FQHC SBIRT	55,659	5,607	10%			
7/1/16-6/30/17*	n/a	n/a	n/a	2454	152	6%
7/1/17-6/27/18**	n/a	n/a	n/a	22613	3213	14%
Total Hospital SBIRT	n/a	n/a	n/a	25067	3785	15%

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grants

8	Screening, Brief Intervention and Referral to Treatment					
Goal:	Meet or exceed					
Federal Fiscal Year (Oct. - Sept.)	2014	2015	2016	2017	2018	2019
Target	3000	10000	10000	20000	30000	31500
Actual	3426	40373	11860	25000	22613	
Goal Achieved?	Yes	Yes	Yes	Yes	No	
Changes in Target		Increased from prior year	Same as prior year	Increased from prior year	Increased from prior year	Increased from prior year
Additional Comments	*Number of unduplicated Initial Screens; The Screening, Brief Intervention, and Referral to Treatment (SBIRT) initiative switched from Federally Qualified Health Centers to hospitals in FY17; FY17 only included Grand Strand Medical Center (10.20.16); Medical University of South Carolina and Greenville Hospital System began in FY18.					

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grants

Initial Grant – Associated Costs:

2015-2016 – **\$1,807,046**

2016-2017 – **\$1,100,237**

2017-2018 – **\$2,013,319**

Expansion of Current SBIRT Grant (November 2018–November 2023)

DAODAS' current SBIRT grant expands into two hospital emergency departments.

Why This Is Important:

Unhealthy and unsafe alcohol and other drug use are major preventable public health problems resulting in more than **100,000 deaths** each year.

Can cut re-injury and re-hospitalization in half and save billions of treatment dollars.

The costs to society are more than **\$600 billion** annually.

Less than 1 in 20 of the 1.5 million patients admitted for trauma caused by substance use has any medical notation that substance use was assessed.

Can decrease the incidence and severity of alcohol and other drug use.

Alcohol, tobacco, and other drug use is serious, common, and expensive.

State Targeted Response (STR) Grant – Treatment

To support these goals, DAODAS has:

- Contracted with the 32 county authorities (with offices in all 46 counties) and the state's 21 opioid treatment programs to provide opioid use disorder (OUD) treatment.
- Supported the advancement of medical practices' treatment of OUD through Data Waiver training and academic detailing.
- Supported the advancement of telehealth for the treatment of OUDs in rural communities.



State Targeted Response (STR) Grant – Treatment

The purpose of the federal State Targeted Response (STR) grant for treatment is to address the opioid crisis in South Carolina by:

- ✓ Increasing access to and capacity in treatment across South Carolina
- ✓ Expanding recovery activities for opioid use disorder (OUD)
- ✓ Providing evidence-based treatment for OUD

The STR grant also supports use of the U.S. Food & Drug Administration's three approved medications for OUD:

- ✓ Buprenorphine
- ✓ Methadone
- ✓ Naltrexone



State Targeted Response (STR) Grant – Treatment

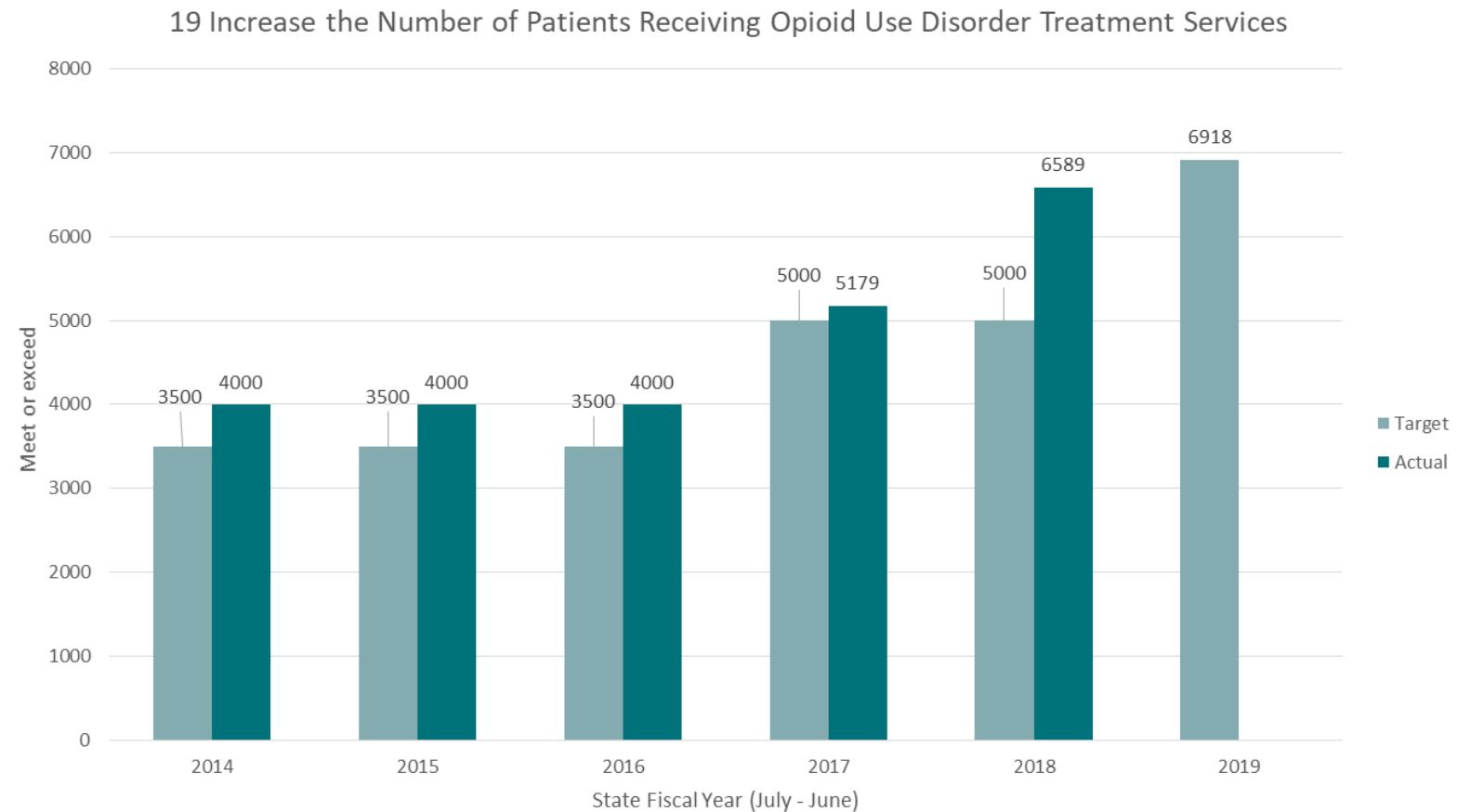
**Opioid Use Disorder Patients Served by
the County Authorities and Associated
Costs:**

2016 – Administrative Costs Only - \$18,923

2017-2018 – 7,772 - \$2,221,751



Treatment Goal – Increase Patients Receiving Opioid Use Disorder Treatment



What Is Recovery?

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- *SAMHSA's definition of recovery*



Recovery Services in South Carolina

Recovery services are person-centered services with a recovery focus that allow individuals the opportunity to direct their own recovery and advocacy.

The services promote skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

Recovery services are provided by Peer Support Specialists in a variety of settings:

- County Alcohol and Drug Abuse Authorities
- Hospital Emergency Departments
- County Jails and State Prisons
- Recovery Community Organizations

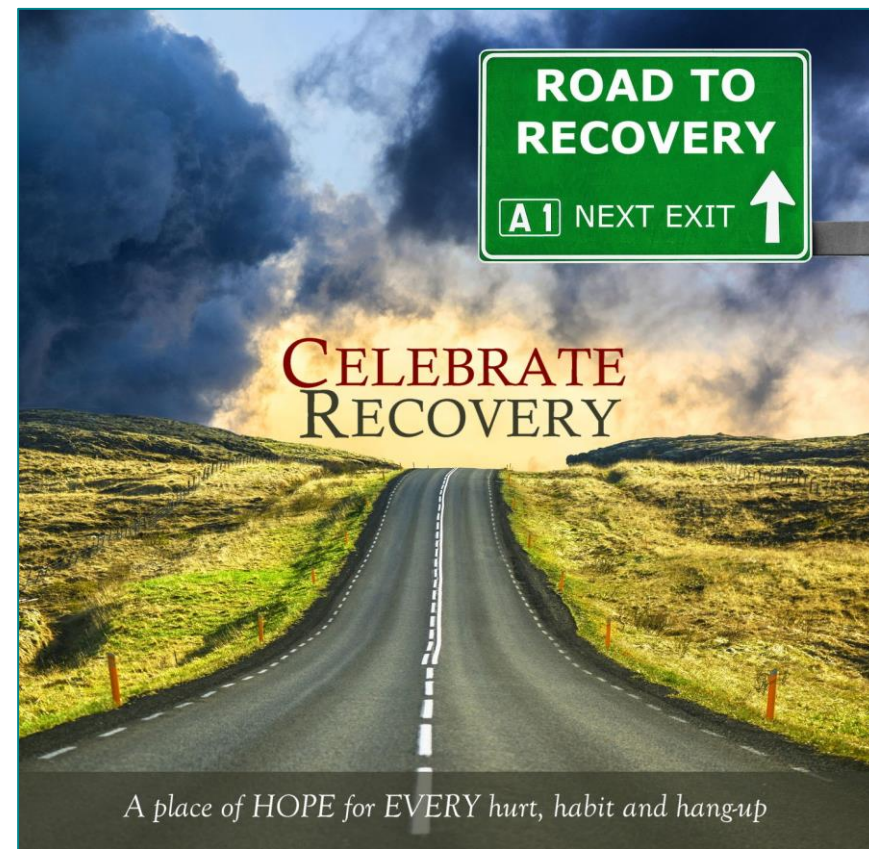
State Targeted Response (STR) Grant – Recovery

Individuals Served by the Recovery Community:

2016-2017 – 53,173

2017-2018 – 80,715

Total Associated Costs: \$960,728

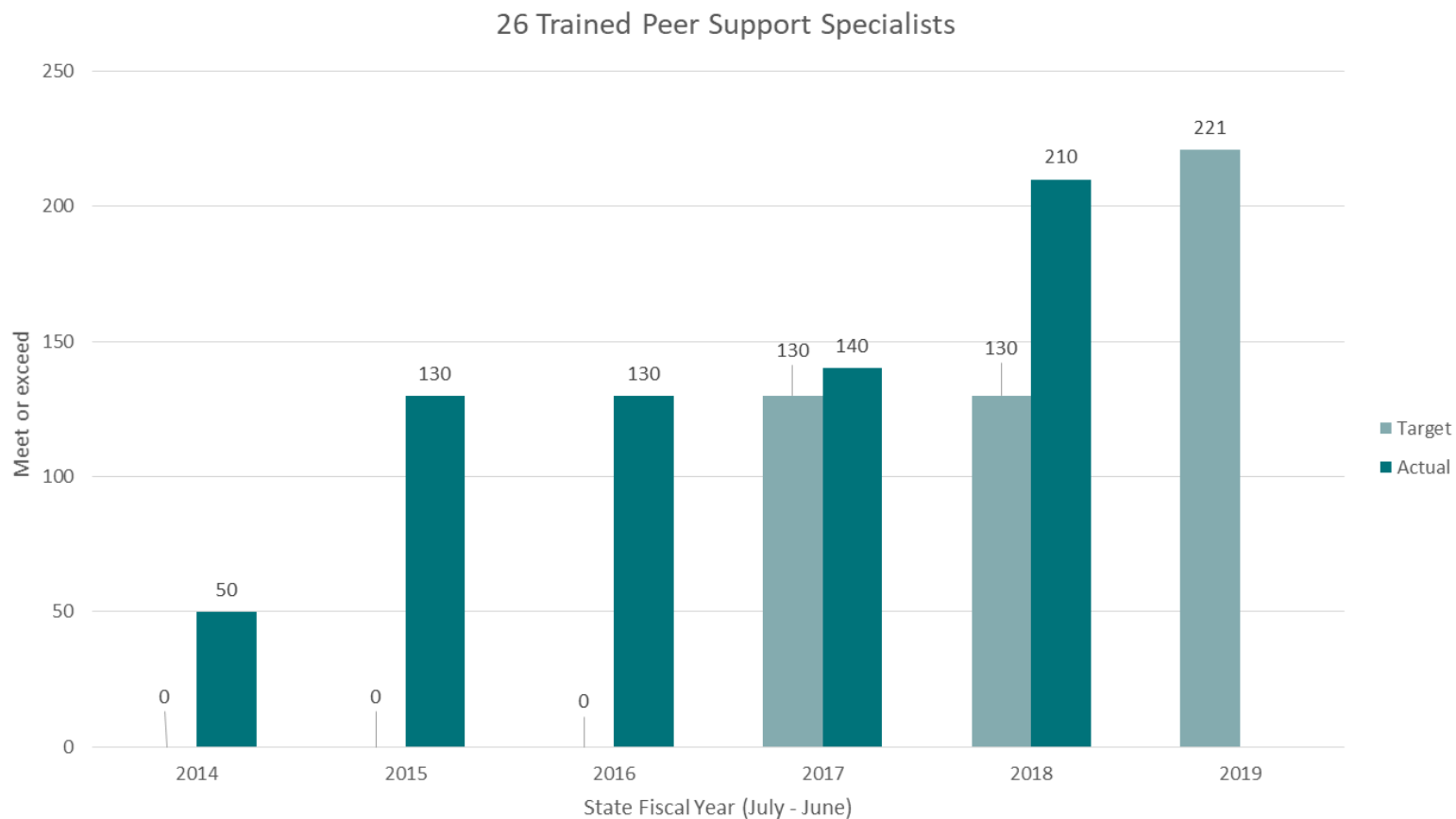


State Targeted Response (STR) Grant – Recovery

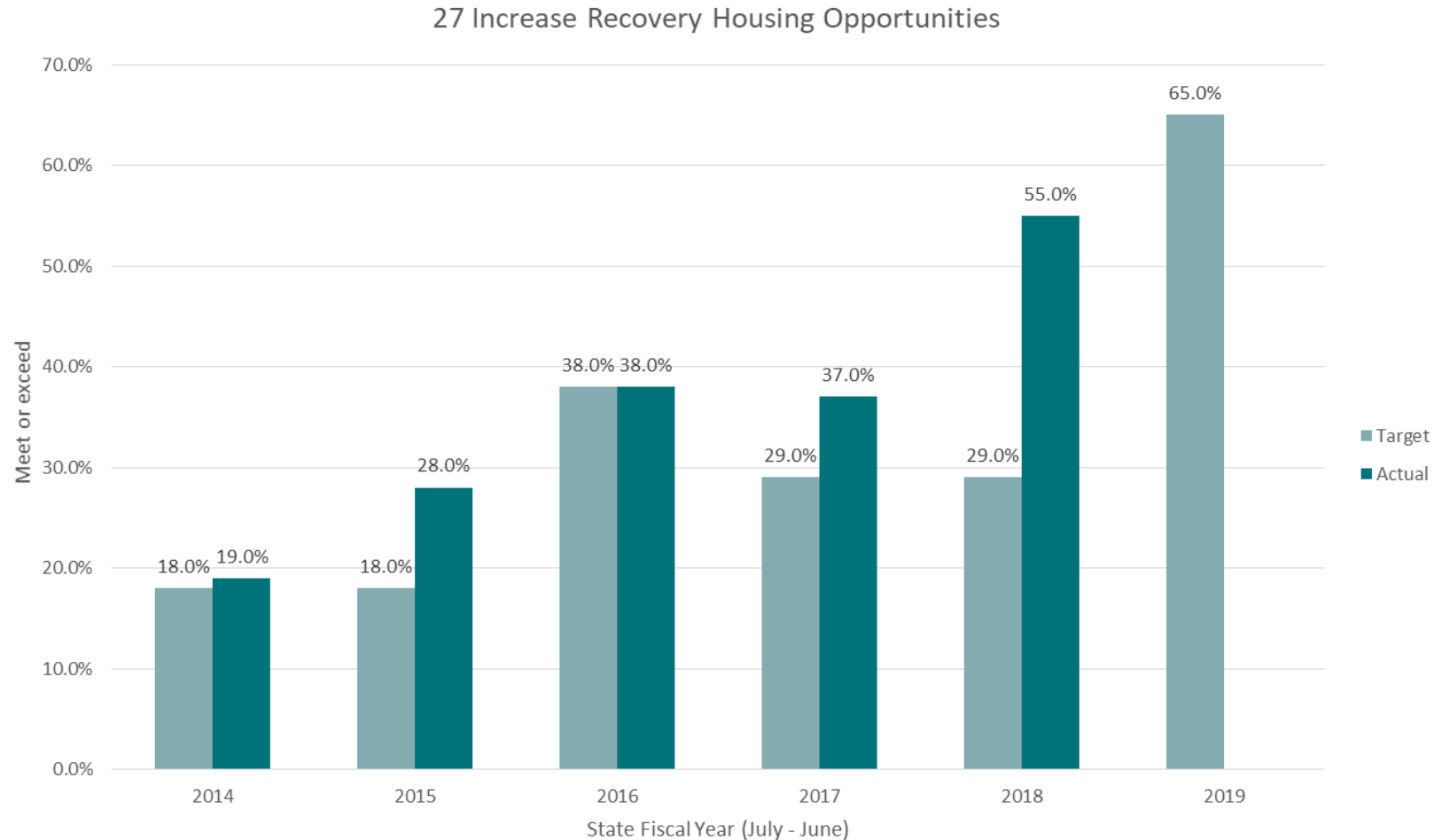
The federal State Targeted Response (STR) grant allowed for the development and support of recovery services, including:

- ✓ Faces and Voices of Recovery (FAVOR) work to enhance and expand peer support and other recovery-support services, such as:
 - peer support trainings
 - peer support certification
 - peer support in county authorities, jails, and hospital emergency departments
- ✓ Funding for Oxford House to provide adequate housing for individuals in recovery.

Recovery Goal – Increase Number of Trained Peer Support Specialists



Recovery Goal – Increase Recovery Housing Opportunities



State Targeted Response (STR) Grant – Recovery

The federal State Targeted Response (STR) grant allowed for the provision of medication-assisted treatment and peer support services to inmates at the S.C. Department of Corrections:

- Peer Support Services – **645 inmates**
- Vivitrol Injections – **42 inmates** (*to date*)
- Certification as
Peer Support Specialists – **43 inmates**



Contracts and Agreements

Medicaid Contract

The facilitation of administrative services to Medicaid-sponsored county authorities for services provided through the South Carolina Medicaid Program. The following components of the contracts include:

- Utilization Review and Prior Authorization Services for Eligible Medicaid Recipients
- Enhancement to Electronic Health Records
- Workforce Development – Ongoing Training & Consultation to County Authorities
- Technical Assistance and Training on Screening, Brief Intervention, and Referral to Treatment (SBIRT)

✓ Associated Costs of the Medicaid Contract:

- ✓ 2015-2016 – **\$507,042**
- ✓ 2016-2017 – **\$549,765**
- ✓ 2017-2018 – **\$527,211**

DSS/DAODAS Medicaid Administrative Activities Task Order #1

The purpose of this Task Order is to continue to identify and provide funding for those administrative activities provided by DAODAS and one of its partners (The Phoenix Center, Greenville County's alcohol and drug abuse authority) that are most central to the successful implementation of South Carolina's Medicaid State Plan. The contract with the Phoenix Center includes:

- Provision of Medical Administrative Activities in accordance with Title XIX of the Social Security Act.
- ✓ **Associated Costs of the Medicaid Administrative Activities:**
- ✓ 2015-2016 – **\$79,556**
 - ✓ 2016-2017 – **\$366,534**

Recovery Program Transformation and Innovation Fund (RPTIF)

The S.C. Department of Health and Human Services was granted the authority to expend funds to DAODAS for the procurement and provision of access to substance use disorder treatment and recovery-support services for improvement of treatment quality. It consisted of monies awarded to the State of South Carolina as a result of legal settlements with pharmaceutical firms.

- FY16 initiatives were a continuation of FY15 objectives: Technology Investment (increased telehealth capacity); Collaboration/Disparity; Workforce Development; and Family Care Services.
- FY17 initiatives included Medication-Assisted Treatment Expansion; Integration of Services; Adolescent/Family Care Services; and Infrastructure Investments.
- ✓ **Associated Costs of the RPTIF Contract:**
 - ✓ 2015-2016 – **\$2,458,435**
 - ✓ 2016-2017 – **\$758,197**

Discussion of Remaining Deliverables

Deliverable #3

DAODAS is required by state law to submit to the Governor and the General Assembly a seven-year plan that provides initiatives and/or planned actions that implement cost savings and increased efficiencies of services and responsibilities within the projected seven-year period.

Deliverable #6

DAODAS is required by state law (S.C. Code Ann. Sections 24-13-1920 and 1940 to establish a program to provide alcohol and other drug abuse intervention, prevention, and treatment services for offenders within the S.C. Department of Corrections (SCDC); to provide staff and support necessary to administer the program; and to consult with the director of SCDC on policies and procedures for the program.

Deliverable #7

State law requires DAODAS to promote better recognition of the problem of misuse and abuse of controlled substances within regulated industries such as the alcoholic beverage industry and the tobacco industry, and among interested groups and organizations. DAODAS is also required to assist the regulated industries, interested groups, and organizations in contributing to reduction of misuse and abuse of controlled substances. Finally, DAODAS is required to consult with interested groups and organizations to help them solve administrative and organizational problems.

Deliverable #8

State law requires DAODAS to engage in a number of activities related to **research** on the misuse and abuse of controlled substances, including contracting 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.

Deliverable #10

DAODAS is required by state law to submit to the S.C. Department of Administration a semi-annual report on the programs to address compulsive gambling disorder implemented by DAODAS using unclaimed prize money from the Education Lottery Account.

Deliverable #13

Proviso 37.1 allows DAODAS to collect fees for training events and conferences and to use these fees to increase education and professional development initiatives related to substance use disorders and other behavioral health issues.

Collected from Training Participants

FY16 – \$14,890

FY17 – \$15,410

FY18 – \$44,390

Deliverable #14

Proviso 37.2 requires DAODAS to provide gambling addiction information, education, and referral services through the county alcohol and drug abuse authorities.

Deliverable #17

Proviso 117.42 (D) of the 2018 Appropriations Act required DAODAS to assist DHEC with funding required to implement necessary programmatic enhancements to the Prescription Drug Monitoring Program.

Deliverable #18

Proviso 117.42 (D) of the 2018 Appropriations Act requires implementation of a Medication-Assisted Treatment (MAT) Court in at least one of the state's judicial circuits.

York County, 16th Judicial Circuit Solicitor's Office – MAT Drug Court

- 18-month-long program, designed to mirror the requirements of the circuit's non-MAT Drug Court
- 8 participants – 6 naltrexone, 2 buprenorphine
- All 8 receive outpatient services at Keystone
- Successes:
 - 6 are employed
 - 1 regained custody of children
- Challenges:
 - 1 re-arrested for possession of methamphetamine (scheduled for termination from the program).



Deliverable #19

Proviso 117.42 (D) of the 2018 Appropriations Act required the establishment of two collegiate recovery programs.

Deliverable #31

State and federal laws require DAODAS to provide financial technical assistance, administrative support, and fiscal management for those organizations under contract with DAODAS to provide services.

Deliverable #44

The Behavioral Health Service Information System State Agreement requires DAODAS to provide data access and funding.

Deliverable #45

The Capital Reserve Fund Act of 2017 provides for the pass-through of funds to county alcohol and drug abuse authorities for building renovation, construction, or refurbishment.

Deliverable #46

South Carolina law allows for the use of State General Funds to fund: the operation of DAODAS; workforce development; and a range of prevention, treatment, and recovery services throughout South Carolina. It also allows DAODAS to use legal services furnished by the S.C. Attorney General to assist in carrying out the department's functions. Finally, the code requires DAODAS to provide technical assistance to any state agency to assist with implementation of the Drug-Free Workplace Act.

In Conclusion...

Recommendation for Change in Law

Update the law requiring the General Assembly to allocate unclaimed prize funds to the department annually for problem or pathological gambling:

S.C. Code Ann. Section 59-150-230(I)

Unclaimed prize funds are now directly appropriated to the department.

Recommendation for Change in Law

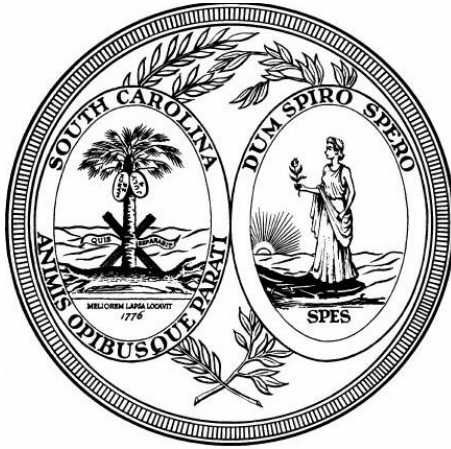
Update the agency's enabling legislation:

S.C. Code Ann, Section 44-49-10 – Section 44-49-80

The agency's enabling legislation should accurately reflect the department's current role and functions, with its wide scope of substance use disorder service, finance, and programmatic oversight.



Questions?



South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services

1801 Main Street, 4th Floor • Columbia, South Carolina 29201
telephone: 803-896-5555 • fax: 803-896-5557
www.daodas.sc.gov
