

AGENCY NAME:	DAODAS		
AGENCY CODE:	J20	SECTION:	37

**Fiscal Year 2016-2017
Accountability Report**

SUBMISSION FORM

AGENCY MISSION	<p>DAODAS MISSION STATEMENT:</p> <p>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.</p>
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AGENCY VISION	<p>DAODAS VISION STATEMENT:</p> <p>DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.</p>
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Please select yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.

RESTRUCTURING RECOMMENDATIONS:	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please identify your agency's preferred contacts for this year's accountability report.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	Stephen L. Dutton	803-896-1142	sldutton@daodas.sc.gov
SECONDARY CONTACT:	Sharon Peterson	803-896-1145	speterson@daodas.sc.gov

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I have reviewed and approved the enclosed FY 2016-2017 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	<i>Sara Goldsby</i>		9/20/17
	(TYPE OR PRINT NAME): Sara Goldsby, Interim Director		

BOARD/CMSN. CHAIR (SIGN AND DATE):			
	(TYPE OR PRINT NAME):		

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AGENCY’S DISCUSSION AND ANALYSIS

The use of alcohol, tobacco, and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. Abuse of tobacco, alcohol, and illicit drugs is costly to our nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity, and healthcare costs; the costs for South Carolinians are estimated at approximately \$5 billion per year.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention, treatment, and recovery services through a community-based system of care. DAODAS subcontracts with 32 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state. The department also contracts with a range of public and private service providers to address substance use disorder services throughout South Carolina. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 2.59 million South Carolinians and touched the lives of countless individuals and families through the many prevention activities coordinated and provided by this system.

DAODAS estimates that approximately 386,000 individuals in South Carolina are suffering from substance-related problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network), as well as other public and private contractors. During fiscal year 2017 (FY17), DAODAS and its service network provided services to 52,831 South Carolina citizens.

Mission and Values

The DAODAS mission statement focuses on achieving positive health outcomes and increasing the quality of life of South Carolinians:

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

At the heart of this statement are the agency’s core values of Accountability, Collaboration, Integrity, Leadership, Trust, Respect, and Accomplishment.

DAODAS Strategic Direction

Capitalizing on 60 years of success in ensuring access to substance use disorder services for the citizens of South Carolina, and throughout FY17, the department continued to provide the necessary leadership toward a refined strategic direction for the agency, as well as the direction of the substance abuse field. DAODAS set three goals for 2017, which were to increase and improve collaborative efforts, promote community engagement, and integrate healthcare systems for both physical and behavioral health – the right service at the right time in the right environment. In addition, DAODAS made it a priority to increase system performance and service quality by supporting service innovation and increasing stakeholder participation. Finally, the department and its contractors worked to increase access to a service continuum across the state by improving key DAODAS and provider processes.

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Specific areas of focus included: increased capacity of service providers to serve the state’s citizens in need of substance use disorder prevention, intervention, treatment, and recovery services, thereby impacting access disparities; enhancing individual, family, and community outcomes; increasing coordination efforts; primary healthcare / behavioral health integration; and addressing the agency’s overarching goal of achieving sustainable recovery for the patients it serves.

2017 Major Achievements

To meet the continuing demand for substance use disorder services, DAODAS took a proactive approach to serving its key customers during FY17, continuing to reach the agency’s overarching goal of achieving sustainable recovery for its patients, while reducing use, abuse, and harm and thereby improving healthcare outcomes. In keeping with the agency’s strategic plan and visionary goals, the following achievements are highlighted:

Prescription Drug Abuse

On March 14, 2014, Governor Nikki Haley signed an Executive Order establishing the Governor’s Prescription Drug Abuse Prevention Council charged with developing a comprehensive state plan to combat and prevent prescription drug abuse. In 2015, the council, co-chaired by former DAODAS Director Bob Toomey, released more than 50 recommendations in eight priority areas, with a focus on prescribers, the South Carolina Prescription Drug Monitoring Program (PDMP), pharmacies, third-party payers, law enforcement, treatment, education and advocacy, and data and analysis.

Work continued during FY17 to implement a majority of the recommendations. Working with council partners, notable successes include:

- The number of prescribers and pharmacists now registered and using the PDMP increased (estimated at 85%, up from 22% two years ago).
- Two major insurance carriers (South Carolina Public Employee Benefit Authority and South Carolina Healthy Connections – Medicaid) are requiring contracted prescribers to use the PDMP.
- In June, Governor Henry McMaster signed H3824 that required healthcare practitioners to review a patient’s controlled substance prescription history maintained in the state’s PDMP before prescribing a Schedule II controlled substance.
- Also in June, the Governor signed S179, commonly known as the Good Samaritan Law, which provides important protections to caregivers, families, friends, and South Carolina citizens who seek help when a person needs medical care due to an overdose.

In FY17, the department was provided \$1.75 million to develop and expand a program of medication-assisted treatment (MAT) throughout South Carolina. Funds were expended to increase the capacity to serve individuals abusing opiates, with the department contracting with 13 county alcohol and drug abuse authorities for medications, physician services, and counselor therapies. All county authorities had access to coverage for medications and ancillary medical services. During FY17, DAODAS continued its contract with a departmental Medical Director to assist in the development and expansion of MAT across the behavioral healthcare system and to work with Federally Qualified Health Centers on behavioral health models.

During FY17, the department continued to implement the South Carolina Overdose Prevention Grant, a federal grant sponsored through the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant includes three main goals: to identify high-need communities so that prevention efforts could be targeted in rank order of highest need; to train law enforcement officers (first responders), patients, caregivers, and firefighters to recognize an overdose, administer naloxone, and monitor a person’s response

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until EMS arrive; and to increase the number of prescribers in the state who are informed on the risk factors associated with opioid overdose and partner with the South Carolina Pharmacy Association to disseminate overdose prevention messages to prescribers across the state. More than 3,000 law enforcement officers have been trained in overdose prevention and administration of Narcan® (the form of naloxone being used), resulting in 100 Narcan® deployments and 91 lives saved.

Most importantly, in April 2017, the department was awarded a \$6.5 million State Targeted Response (STR) Grant from SAMHSA to expand its capacity to meet the opioid epidemic head on. Broadly, the grant was awarded to increase capacity of current programmatic efforts, to increase public awareness and prevent opioid deaths (a charged echoed by the South Carolina General Assembly in awarding state opioid funding), to expand clinical services, to provide financial assistance to patients, to enhance offender re-entry services, and to enhance recovery-support services.

DAODAS began work immediately upon receiving the federal grant. Funds have been contracted to:

- increase the number of prescribers who are eligible to provide buprenorphine;
- fund a partnership with the Medical University of South Carolina to:
 - expand telehealth-covered services,
 - increase capacity within the public substance use disorder system (as well as with pregnant women receiving methadone in both public and private opioid treatment programs), and
 - implement workforce development training initiatives;
- expand best practice opioid programs in the state’s drug court system;
- increase naloxone access points across the state; and
- expand recovery-support services by providing peer support specialists in 19 locations across the state.

Ensuring Accessible Services

Prevention

Prevention services are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces that protect individuals from substance abuse and help them develop personal decision-making skills to reduce the risk of alcohol-, tobacco-, and other drug-related problems.

In FY17, DAODAS continued to emphasize prevention programs associated with the reduction of underage drinking. The Alcohol Enforcement Team (AET) effort focuses on community coalition maintenance and development, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. In FY17, there were 6,696 compliance checks, resulting in 574 purchases for an effective buy rate of 8.6%. In addition, and attendant to tobacco compliance checks, AET teams completed 543 purchases, with 30 purchases made for a buy rate of 5.5%.

As a result of intensive prevention programming throughout the state, survey data show that alcohol use among high school students has decreased by 18.4%; use of alcohol in the past 30 days has decreased by 34.3%; and binge drinking is down 50.4%.

DAODAS and its local partners have also participated in the federally required Youth Access to Tobacco Study to measure South Carolina youths’ ability to purchase tobacco products. Continuing a steady decline in the rate of youth access to tobacco, the agency documented a purchase rate of 5.3% in federal fiscal year (FFY) 2016, falling from 11.7% in FFY13. In addition, the department operates the South Carolina FDA Tobacco

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Data show that prevention efforts are positively impacting the department’s goal of reducing underage drinking in South Carolina. Data highlights that, under the agency’s leadership, community programs have resulted in a reduction of underage drinking.

Treatment Outcomes and Collaboration

Through treatment and recovery programs in South Carolina, patient past-30-day use of substances decreased by 34.9%; patient past-30-day use of alcohol decreased by 24%; and patient past-30-day employment status rose by 9.1%. During FY17, only 7.9% of patients visited a hospital emergency department following their discharge from treatment services. Patient satisfaction with services was constant at 92%, with 96% stating that they would recommend the agency’s local provider network for services. DAODAS is action oriented in positively impacting the health of South Carolina citizens, as well as impacting the economy as patients seek and find employment.

During FY17, DAODAS continued to partner with the South Carolina Department of Social Services (DSS) to develop mechanisms for increasing the effectiveness of programs administered by that agency by leveraging the resources of DAODAS and its partners, and a contract was signed to fund alcohol and other drug abuse counselors who were collocated in DSS offices to identify and assess their clients for substance use and abuse (which included drug testing, screening, and assessment services for DSS-involved families). This interface exponentially increased the number of unduplicated clients referred for substance use disorder services. In addition, outcome measures reported an 8% increase in DSS clients gaining employment, a 36% decrease in past-30-day substance use, and a 6.2% decrease in arrest status.

DAODAS continued to work with the South Carolina Department of Corrections (SCDC) to better serve individuals involved in the justice system and to provide substance use disorder services to youthful offenders released from prison to help reduce recidivism and substance use disorders. The program is a first step in re-integrating offenders back into the community. A total of 274 clients were served over a three year period, with more than 4,420 individual services provided. DAODAS expects further expansion, as it partners with SCDC during FY18 on a new effort to further expand services to inmates with an opioid use disorder.

Recovery

Recovery-Oriented Systems of Care in local communities are the cornerstone of achieving sustained recovery and encompass a focus on creating infrastructure with resources to effectively address the full range of substance use disorder problems within the community.

DAODAS continued to take an active role in supporting behavioral health advocacy groups, including the local and state chapters of Faces and Voices of Recovery (FAVOR). Six FAVOR chapters exist across the state, all with the goal of recovery support. Notably, the FAVOR chapter in Greenville continued to operate a comprehensive crisis and referral line, conduct recovery interventions, provide recovery telephone support and outreach, and host recovery-based support meetings.

FAVOR South Carolina continues to assist in the expansion of peer support services within the system of county alcohol and drug abuse authorities. Peer support is aimed at training individuals to assist patients

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new to recovery in order to remove obstacles to recovery that often prohibit long-term success. DAODAS spearheads the peer support trainings in association with FAVOR South Carolina.

The department continued to focus on recovery through the support of transitional housing that increases recovery prospects for substance-abusing individuals. A contract with Oxford House Inc. continued during FY17. Oxford House is an organization that establishes self-sustaining residences for individuals in recovery from substance use disorders. In partnership with Oxford House, an Outreach Coordinator continued to work to increase these housing opportunities. To date, there are 29 Oxford Houses in South Carolina, with 278 available beds.

Block Grant Assessment and Service Reimbursement

During FY17, DAODAS continued to cover assessments for the uninsured. In short, dollars were contracted to fund priority treatment for uninsured individuals and to reduce financial barriers to treatment. Through June 30, 2017, more than 8,900 assessments were provided to 4,900 uninsured individuals. This effort ties directly to the agency’s goal of increasing the capacity of service providers to treat South Carolinians in need of services. Since the inception of the block grant assessment program, over 23,000 assessments have been provided to the uninsured.

Additionally, in FY17 the agency implemented coverage of services for the uninsured also funded through the federal Substance Abuse Prevention and Treatment Block Grant (SABG). Both SAMHSA and the South Carolina Senate Oversight Committee had recommended that DAODAS utilize a more defined methodology for the allocation of SABG funds. DAODAS implemented just such a methodology to use a portion (20%) of unrestricted SABG funding to cover additional services delivered through outpatient and intensive outpatient programs. Allocating additional SABG dollars to fund services for the uninsured brings DAODAS in line with the fundamental purposes of the federal block grant. Over 3,500 unduplicated patients were served during FY17. The department has increased the percentage of unrestricted funds that will be dedicated to this effort in FY18 from 20% to 23%.

Risk Management and Mitigation Strategies

Capitalizing on more than 60 years of success in ensuring access to substance use disorder services for the citizens of South Carolina, throughout FY17 the department continued to improve of the effectiveness of the public and private provider system, striving for long-term patient outcomes and recovery. System-wide, the goals for FY17 were to continue implementing a coordinated system of care, to implement research- and science-based protocols that increase chances for recovery, and to move toward a formula-based federal block grant funding process that will enhance the performance of providers and ultimately achieve improved health outcomes for patients.

Should the agency not reach its goals in delivering efficient and effective prevention, treatment, and recovery services – and/or fail to meet the opioid crisis head-on – the negative impact on the citizens of South Carolina would include an increase in overall healthcare costs and a rise in addiction that would impact the workforce – the economic engine of this state – and ultimately the quality of life of all South Carolinians. Collateral impacts would include a rise in underage drinking and DUI crashes, a shortened life span, and increased co-morbidities in chronic disease. Unfortunately, if the state does not address the opioid crisis, South Carolinians will continue to die, despite the availability of resources for prevention, treatment, and recovery.

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DAODAS would rely on its partnerships with the Governor’s Office, the General Assembly, sister state agencies, law enforcement, and the entire behavioral and medical healthcare community to mitigate these impacts. DAODAS suggests the following:

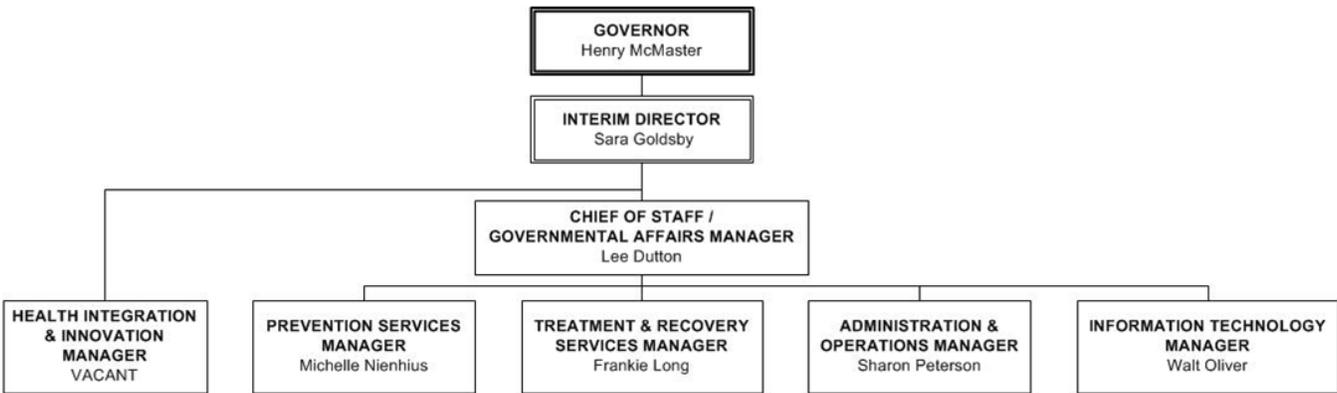
1. Continued attention to the disease of addiction and the possible rise in substance use disorders and needed services if a medical marijuana bill is enacted. Funding should be increased to address diversion of medical marijuana and to provide for the prevention of youth access to marijuana and treatment for those who become addicted.
2. Continued attention to the disease of addiction as a result of the opioid crisis. Funding should be elevated to address increasing capacity for services, medications, training of prescribers, and working with first responders to reverse overdoses.
3. A focus on DUI policy to decrease drunken driving and car crashes. South Carolina ranks in the “Top 5” states for alcohol-related highway car crashes and deaths. Mandatory server training should be reviewed.
4. A focus on telehealth expansion and allowing reimbursement for a range of medical and behavioral health services provided through this technology.

Restructuring Recommendations

DAODAS believes this decision rests within the jurisdiction of the General Assembly, and the agency will work with the Governor’s Office and the General Assembly to develop and outline a plan for restructuring, as directed, if legislation is enacted. As the single state authority for substance use disorders, and as a member of the executive branch of government, DAODAS is highly aware of the visibility that being a member of the Governor’s cabinet brings to the issue of addiction. As the state faces the opioid epidemic, DAODAS feels it is best situated within the cabinet to address addiction issues across the spectrum and acts as a true partner in healthcare integration, ensuring the right care, at the right time, in the right environment.

Organizational Chart

South Carolina Department of Alcohol and Other Drug Abuse Services (9/13/17)



Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services

**Fiscal Year 2016-2017
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Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
SAMHSA	Federal Government	Federal Block Grant Authority	All Objectives Listed
Medicaid (DHHS)	State Government	Major Payor of SUD Services / Policy Development	1.2.1; 1.2.2; 1.2.3, 1.2.5; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 3.1.1; 3.1.3; 3.3.1; 3.5.1, 3.5.2
DAODAS Staff	State Government	Intergral to achieving agency vision, mission and goals.	All Objectives Listed
Local SUD Providers	Local Government	Delivers direct SUD services to individuals, families and communities.	1.1.1 through 1.1.8; 1.2.1 through 1.2.5; 1.3.1; 1.3.2; 1.3.3; 1.3.5; 1.3.8; 2.1.2; 2.1.3; 3.1.1 through 3.1.3; 3.2.1 through 3.2.4; 3.3.1 through 3.3.4; 3.4.1, 3.5.1; 3.5.2
South Carolina General Assembly	State Government	Appropriates funding for SUD Services.	1.1.7; 1.3.1; 1.3.9; 2.2.3; 3.3.1
Governor's Office	State Government	Provides Leadership / Cabinet Agency	All Objectives Listed
DSS	State Government	Major Client Partner	1.2.1; 1.2.2; 1.2.3; 3.1.3; 3.3.3; 3.5.3
DOC	State Government	Major Client Partner	1.2.1; 1.2.4; 1.2.5; 1.3.6; 3.1.1; 3.1.3; 3.3.3; 3.5.1; 3.5.2
DMH	State Government	Major Client Partner	1.2.1; 1.3.1; 1.3.6; 3.1.1; 3.3.3; 3.5.1; 3.5.2
DHEC	State Government	Major Health Partner	1.2.1; 1.3.1; 1.3.4; 2.1.5; 3.4.2
South Carolina Health Care Coalition	Non-Governmental Organization	Implement a multi-sector coalition to improve the availability and access to mental health and/or substance use disorders services for all South Carolina residents.	1.3.1 through 1.3.9; 2.2.1; 3.3.4; 3.5.1; 3.5.2; 3.5.3
South Carolina Institute of Medicine and Public Health	Non-Governmental Organization	Working to achieve joint behavioral health goals.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.3; 3.1.5; 1.3.6; 3.1.1; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2
Birth Outcomes Initiative (BOI)	State Government	Development of policy to reduce adverse birth outcomes.	1.2.1; 1.2.2; 1.2.3; 1.3.1; 1.3.2; 3.1.1; 3.1.3; 3.3.3; 3.4.1; 3.4.2
Healthy Outcomes Program	State Government	Targeting chronic disease among Medicaid recipients.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.4.2
Primary and Emergency Room Physicians	Private Business Organization	Identifying SUD Clients.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 1.3.5; 3.1.1; 3.4.1; 3.4.2; 3.5.1; 3.5.2

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Data show that prevention efforts are positively impacting the department’s goal of reducing underage drinking in South Carolina. Data highlights that, under the agency’s leadership, community programs have resulted in a reduction of underage drinking.

Treatment Outcomes and Collaboration

Through treatment and recovery programs in South Carolina, patient past-30-day use of substances decreased by 34.9%; patient past-30-day use of alcohol decreased by 24%; and patient past-30-day employment status rose by 9.1%. During FY17, only 7.9% of patients visited a hospital emergency department following their discharge from treatment services. Patient satisfaction with services was constant at 92%, with 96% stating that they would recommend the agency’s local provider network for services. DAODAS is action oriented in positively impacting the health of South Carolina citizens, as well as impacting the economy as patients seek and find employment.

During FY17, DAODAS continued to partner with the South Carolina Department of Social Services (DSS) to develop mechanisms for increasing the effectiveness of programs administered by that agency by leveraging the resources of DAODAS and its partners, and a contract was signed to fund alcohol and other drug abuse counselors who were collocated in DSS offices to identify and assess their clients for substance use and abuse (which included drug testing, screening, and assessment services for DSS-involved families). This interface exponentially increased the number of unduplicated clients referred for substance use disorder services. In addition, outcome measures reported an 8% increase in DSS clients gaining employment, a 36% decrease in past-30-day substance use, and a 6.2% decrease in arrest status.

DAODAS continued to work with the South Carolina Department of Corrections (SCDC) to better serve individuals involved in the justice system and to provide substance use disorder services to youthful offenders released from prison to help reduce recidivism and substance use disorders. The program is a first step in re-integrating offenders back into the community. A total of 274 clients were served over a three year period, with more than 4,420 individual services provided. DAODAS expects further expansion, as it partners with SCDC during FY18 on a new effort to further expand services to inmates with an opioid use disorder.

Recovery

Recovery-Oriented Systems of Care in local communities are the cornerstone of achieving sustained recovery and encompass a focus on creating infrastructure with resources to effectively address the full range of substance use disorder problems within the community.

DAODAS continued to take an active role in supporting behavioral health advocacy groups, including the local and state chapters of Faces and Voices of Recovery (FAVOR). Six FAVOR chapters exist across the state, all with the goal of recovery support. Notably, the FAVOR chapter in Greenville continued to operate a comprehensive crisis and referral line, conduct recovery interventions, provide recovery telephone support and outreach, and host recovery-based support meetings.

FAVOR South Carolina continues to assist in the expansion of peer support services within the system of county alcohol and drug abuse authorities. Peer support is aimed at training individuals to assist patients

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new to recovery in order to remove obstacles to recovery that often prohibit long-term success. DAODAS spearheads the peer support trainings in association with FAVOR South Carolina.

The department continued to focus on recovery through the support of transitional housing that increases recovery prospects for substance-abusing individuals. A contract with Oxford House Inc. continued during FY17. Oxford House is an organization that establishes self-sustaining residences for individuals in recovery from substance use disorders. In partnership with Oxford House, an Outreach Coordinator continued to work to increase these housing opportunities. To date, there are 29 Oxford Houses in South Carolina, with 278 available beds.

Block Grant Assessment and Service Reimbursement

During FY17, DAODAS continued to cover assessments for the uninsured. In short, dollars were contracted to fund priority treatment for uninsured individuals and to reduce financial barriers to treatment. Through June 30, 2017, more than 8,900 assessments were provided to 4,900 uninsured individuals. This effort ties directly to the agency’s goal of increasing the capacity of service providers to treat South Carolinians in need of services. Since the inception of the block grant assessment program, over 23,000 assessments have been provided to the uninsured.

Additionally, in FY17 the agency implemented coverage of services for the uninsured also funded through the federal Substance Abuse Prevention and Treatment Block Grant (SABG). Both SAMHSA and the South Carolina Senate Oversight Committee had recommended that DAODAS utilize a more defined methodology for the allocation of SABG funds. DAODAS implemented just such a methodology to use a portion (20%) of unrestricted SABG funding to cover additional services delivered through outpatient and intensive outpatient programs. Allocating additional SABG dollars to fund services for the uninsured brings DAODAS in line with the fundamental purposes of the federal block grant. Over 3,500 unduplicated patients were served during FY17. The department has increased the percentage of unrestricted funds that will be dedicated to this effort in FY18 from 20% to 23%.

Risk Management and Mitigation Strategies

Capitalizing on more than 60 years of success in ensuring access to substance use disorder services for the citizens of South Carolina, throughout FY17 the department continued to improve of the effectiveness of the public and private provider system, striving for long-term patient outcomes and recovery. System-wide, the goals for FY17 were to continue implementing a coordinated system of care, to implement research- and science-based protocols that increase chances for recovery, and to move toward a formula-based federal block grant funding process that will enhance the performance of providers and ultimately achieve improved health outcomes for patients.

Should the agency not reach its goals in delivering efficient and effective prevention, treatment, and recovery services – and/or fail to meet the opioid crisis head-on – the negative impact on the citizens of South Carolina would include an increase in overall healthcare costs and a rise in addiction that would impact the workforce – the economic engine of this state – and ultimately the quality of life of all South Carolinians. Collateral impacts would include a rise in underage drinking and DUI crashes, a shortened life span, and increased co-morbidities in chronic disease. Unfortunately, if the state does not address the opioid crisis, South Carolinians will continue to die, despite the availability of resources for prevention, treatment, and recovery.

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DAODAS would rely on its partnerships with the Governor’s Office, the General Assembly, sister state agencies, law enforcement, and the entire behavioral and medical healthcare community to mitigate these impacts. DAODAS suggests the following:

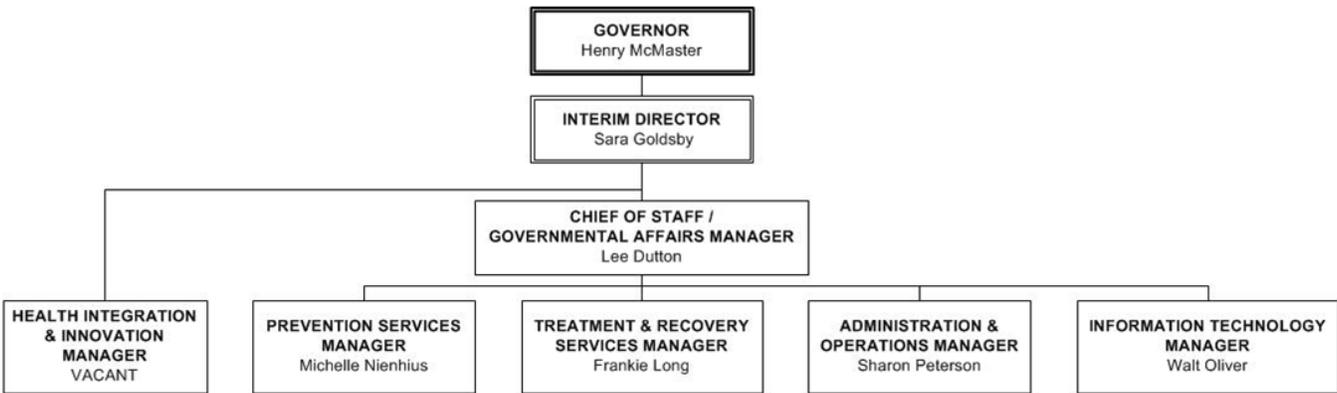
1. Continued attention to the disease of addiction and the possible rise in substance use disorders and needed services if a medical marijuana bill is enacted. Funding should be increased to address diversion of medical marijuana and to provide for the prevention of youth access to marijuana and treatment for those who become addicted.
2. Continued attention to the disease of addiction as a result of the opioid crisis. Funding should be elevated to address increasing capacity for services, medications, training of prescribers, and working with first responders to reverse overdoses.
3. A focus on DUI policy to decrease drunken driving and car crashes. South Carolina ranks in the “Top 5” states for alcohol-related highway car crashes and deaths. Mandatory server training should be reviewed.
4. A focus on telehealth expansion and allowing reimbursement for a range of medical and behavioral health services provided through this technology.

Restructuring Recommendations

DAODAS believes this decision rests within the jurisdiction of the General Assembly, and the agency will work with the Governor’s Office and the General Assembly to develop and outline a plan for restructuring, as directed, if legislation is enacted. As the single state authority for substance use disorders, and as a member of the executive branch of government, DAODAS is highly aware of the visibility that being a member of the Governor’s cabinet brings to the issue of addiction. As the state faces the opioid epidemic, DAODAS feels it is best situated within the cabinet to address addiction issues across the spectrum and acts as a true partner in healthcare integration, ensuring the right care, at the right time, in the right environment.

Organizational Chart

South Carolina Department of Alcohol and Other Drug Abuse Services (9/13/17)



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Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
SAMHSA	Federal Government	Federal Block Grant Authority	All Objectives Listed
Medicaid (DHHS)	State Government	Major Payor of SUD Services / Policy Development	1.2.1; 1.2.2; 1.2.3, 1.2.5; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 3.1.1; 3.1.3; 3.3.1; 3.5.1, 3.5.2
DAODAS Staff	State Government	Intergral to achieving agency vision, mission and goals.	All Objectives Listed
Local SUD Providers	Local Government	Delivers direct SUD services to individuals, families and communities.	1.1.1 through 1.1.8; 1.2.1 through 1.2.5; 1.3.1; 1.3.2; 1.3.3; 1.3.5; 1.3.8; 2.1.2; 2.1.3; 3.1.1 through 3.1.3; 3.2.1 through 3.2.4; 3.3.1 through 3.3.4; 3.4.1, 3.5.1; 3.5.2
South Carolina General Assembly	State Government	Appropriates funding for SUD Services.	1.1.7; 1.3.1; 1.3.9; 2.2.3; 3.3.1
Governor's Office	State Government	Provides Leadership / Cabinet Agency	All Objectives Listed
DSS	State Government	Major Client Partner	1.2.1; 1.2.2; 1.2.3; 3.1.3; 3.3.3; 3.5.3
DOC	State Government	Major Client Partner	1.2.1; 1.2.4; 1.2.5; 1.3.6; 3.1.1; 3.1.3; 3.3.3; 3.5.1; 3.5.2
DMH	State Government	Major Client Partner	1.2.1; 1.3.1; 1.3.6; 3.1.1; 3.3.3; 3.5.1; 3.5.2
DHEC	State Government	Major Health Partner	1.2.1; 1.3.1; 1.3.4; 2.1.5; 3.4.2
South Carolina Health Care Coalition	Non-Governmental Organization	Implement a multi-sector coalition to improve the availability and access to mental health and/or substance use disorders services for all South Carolina residents.	1.3.1 through 1.3.9; 2.2.1; 3.3.4; 3.5.1; 3.5.2; 3.5.3
South Carolina Institute of Medicine and Public Health	Non-Governmental Organization	Working to achieve joint behavioral health goals.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.3; 3.1.5; 1.3.6; 3.1.1; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2
Birth Outcomes Initiative (BOI)	State Government	Development of policy to reduce adverse birth outcomes.	1.2.1; 1.2.2; 1.2.3; 1.3.1; 1.3.2; 3.1.1; 3.1.3; 3.3.3; 3.4.1; 3.4.2
Healthy Outcomes Program	State Government	Targeting chronic disease among Medicaid recipients.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.4.2
Primary and Emergency Room Physicians	Private Business Organization	Identifying SUD Clients.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 1.3.5; 3.1.1; 3.4.1; 3.4.2; 3.5.1; 3.5.2

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Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
O			1.3.1		Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%.
O			1.3.2		Increase the number of pregnant women who have access to methadone and therapy services during 2018.
O			1.3.3		Increase the Number of Physicians and Prescribers of medications to opioid disorder patients.
O			1.3.4		Increase the Number of First Responders Trained in Opioid Reversal Protocols using Narcan.
O			1.3.5		Expand Opioid Service provider and coordination of service options with public and private provider networks in 2018.
O			1.3.6		Increase coordination with the Departments of Correction (DOC) and Mental Health for inmates and patients to access opioid services in the community.
O			1.3.7		Implement a Opioid Public Awareness Campaign during FY2018
O			1.3.8		Increase the number of Prescription Drug Drop Boxes by 16 Across South Carolina in areas currently without disposal outlets during 2018.
O			1.3.9		Pursue legislation as coordinated with the House Opioid Committee during the 2018 Legislative Session.
G	2			Public Infrastructure and Economic Development	Become a Leader in the Delivery of World Class Quality Services by 2020
S		2.1			Reduce Substance Abuse Disorder in South Carolina
O			2.1.1		Increase the use of Federal Block Grant funds to provide services for the uninsured seeking SUD services to 23% in 2018.
O			2.1.2		Increase stakeholder satisfaction with Service Delivery Experience.
O			2.1.3		Ensure Accurate Electronic Record Data Reporting.
O			2.1.4		Redefine Quality Assurance and Implement Recommended Strategic Plan Change in 2018.
O			2.1.5		Expand utilization of SCHIEX For Reimbursement for the Provider Network in 2018.

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Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
S		2.2			Focus Work Force Development to Increase Health Outcomes
O			2.2.1		Continue to integrate research based practices into treatment protocols in 2018.
O			2.2.2		Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%.
O			2.2.3		Introduce and enact a licensure bill for alcohol and drug abuse professionals in 2018.
O			2.2.4		Increase DAODAS Employee Workforce Development and Continuing Education Opportunities by 5%.
G	3			Government and Citizens	Become a Leader in Collaboration and Integration
S		3.1			Increase Integration Efforts with Local and State Partners
O			3.1.1		Increase the number of state and local private and public partnerships targeting substance use disorder by 3%.
O			3.1.2		Increase the number of collaborations revising local policies targeting underage alcohol access/use by 5%.
O			3.1.3		Increase the Referral Service Volume and Diversity.
S		3.2			Increase the Efficiency and Effectiveness of Treatment Programs
O			3.2.1		Increase the number of individuals who report sustained recovery in 2018.
O			3.2.2		Increase the number of individuals who report employment as a result of completing treatment in 2018.
O			3.2.3		Increase the number of individuals who access treatment within two working days of intake in 2018.
O			3.2.4		Increase the number of individuals who access service within six working days after an assessment in 2018.
S		3.3			Increase Services to the Uninsured
O			3.3.1		Support funding for local substance abuse providers as safety net providers; increase referrals in 2018 by 3%.
O			3.3.2		Increase the number of uninsured individuals receiving state funded assessments in 2018.
O			3.3.3		Identify local plans that execute community engagement for all SUD services.

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Strategic Planning Template

Type	Goal	<u>Item #</u> Strat	Object	Associated Enterprise Objective	Description
-					
-					
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Performance Measurement Template

Item	Performance Measure	Last Value	Current Target Value	Current Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)	Meaningful Use of Measure
1	Increase the Number of Prevention Services provided to South Carolinians	5,177,033	5,200,000	5,177,033	5,200,100	July 1- June 30	Impact / DAODAS Prevention Data System	Single Service Count	1.1.1 through 1.1.8; 3.1.2	Prevention Services provided to youth and adults reduces first use of among youth and arrest use among adults.
2	Reduce Underage Alcohol Use	28%	24.6%	24.6%	24.0%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	1.1.1 through 1.1.8; 3.1.2	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse.
3	Reduce Underage Alcohol Buy Rate	12.0%	11.0%	11.10%	11.0%	July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Prevention Activity elements are entered daily into Mosaic / Calculated Quarterly	1.1.1 through 1.1.8; 3.1.2	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse.
4	Reduce Underage Car Crashes	40.0%	38.0%	40.0%	38.0%	July 1- June 30	Fatality Analysis Reporting System (FARS) / NHTSA Database	Measures deaths in crashes where BAC is .08% or greater	1.1.1 through 1.1.8; 3.1.2	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.
5	Increase AET Public Safety Checkpoints	1,250	1,000	715	1000	July 1- June 30	DAODAS Mosaic Reporting	Measures local participation in Safety Checkpoints	1.1.1; 3.1.2	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.
6	Reduce Underage Tobacco Use / Access	10.6%	7.7%	5.3%	5.0%	October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Retailer Violation Rate calculated using sample size approved by the federal government	1.1.7; 1.1.8	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
7	Reduce Underage Tobacco Use	6%	9.0%	9.6%	9.0%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	1.1.7; 1.1.8	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
8	Reduce FDA Vendor Violation Rate	10.0%	8.97%	11.82%	10.00%	October 1 - September 30	FDA Contract Reporting	Federal Contract Requires Reporting of Citations Written Locally	1.1.7; 1.1.8	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
9	Increase Services for Pregnant Women	774	815	709	775	July 1- June 30	DAODAS EHR / Monthly	Data Reported Monthly / Annual Calculation - 3 Month Lag	1.2.1; 1.2.2; 1.2.3; 1.2.6; 1.3.1; 1.3.2; 1.3.5; 1.3.7; 2.1.1; 3.1.1; 3.1.3; 3.2.1 through 3.2.4; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.5.1; 3.5.2	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increase recovery rates.
10	Increase DSS Admissions	4,802	6,761	6,761	7,000	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1; 1.2.2; 1.2.3; 1.3.1; 1.3.2; 1.3.5; 1.3.7; 2.1.1; 3.1.1; 3.1.3; 3.2.1 through 3.2.4; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increases recovery rates.
11	Increase the Number of Patients Served	50,322	55,000	52,831	55,000	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1 through 1.2.6; 1.3.1; 1.3.2; 1.3.3; 1.3.5; 1.3.6; 2.1.1; 3.1.1; 3.1.3; 3.2.1 through 3.2.4; 3.3.1; 3.3.2; 3.3.3; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2; 3.5.3	Provision of treatment services to South Carolinians of all ages increases recovery rates and impacts a range of morbidity and mortality statistics, as well as economic output indicators.
12	Increase Patients Services through the Department of Corrections programming.	108	150	143	150	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.4; 1.2.5; 1.3.1; 1.3.6; 2.1.1; 3.1.1; 3.1.3; 3.2.3; 3.2.4; 3.3.1; 3.3.2; 3.5.1	Provision of treatment services to inmates and parolees increases changes of recovery and decreases recidivism.
13	Train Peer Support Specialists	130	140	140	158	July 1- June 30	DAODAS Division of Treatment / Monthly	Evaluation Data Reported Annually	1.2.5; 1.3.6; 2.2.1; 3.1.1; 3.2.1; 3.3.3	Peer Support Services is an industry standard the assists individuals in learning recovery principles and maintain sobriety; increases recovery outcomes.
14	Increase Recovery Housing Opportunities	29	37	29	37	July 1- June 30	DAODAS Division of Treatment / Quarterly	Recovery Team / Oxford House Contract	1.2.5; 1.2.6; 3.2.1; 3.2.2; 2.5.2; 3.5.3	Expanding Recovery Support Housing increases recovery outcomes; impacts local communities and increases the ability for an individual to become gainfully employed.
15	Increase the Number of Patients Experiencing Opiate Use Disorder	5,179	5,000	5,179	5,462	July 1- June 30	DAODAS Division of Health Care Integration / Monthly	Entered Electronic Health Record / Monthly	1.2.1; 1.2.2; 1.2.4; 1.3.1; 1.3.2; 1.3.3; 1.3.5; 1.3.6; 3.1.1; 3.1.3; 3.2.3; 3.2.4; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2;	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.

16	Increase the Number of Patients Receiving MAT Services	695	695	695	730	July 1- June 30	DAODAS Division of Health Care Integration / Monthly	Entered Electronic Health Record / Monthly	1.2.1; 1.2.2; 1.2.4; 1.3.1; 1.3.2; 1.3.3; 1.3.5; 1.3.6; 3.1.1; 3.1.3; 3.2.3; 3.2.4; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2;	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
17	Increase the Number of Pregnant Women Receiving Methadone and Therapy Services	0	0	0	175	July 1- June 30	DAODAS Division of Treatment / Division of Governmental Affairs - MAT / Quarterly	Contract Deliverables / Monthly	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.5; 3.1.1; 3.1.3; 3.2.1; 3.2.2; 3.3.1; 3.4.1; 3.5.2	Expanding methadone service coverage to pregnant women is the most effective treatment for pregnant opiate substance abusers; increases the change of a health live birth; increases recovery opportunities.
18	Increase the Number of First Responders Trained in Opioid Reveal Protocols	3,000	3,000	3,000	6,000	October 1 - September 30	DAODAS Division of Prevention / LEON Project	Grant Deliverable / Quarterly	1.1.1.; 1.1.6; 1.2.1; 1.3.1; 1.3.4; 1.3.5; 3.1.1; 3.2.3; 3.2.4; 3.3.4; 3.4.1; 3.5.1; 3.5.3	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
19	Increase Participation of Inmates in Opioid Recovery Programs	0	0	0	50	July 1- June 30	DAODAS Division of Treatment / Division of Governmental Affairs - MAT / Quarterly	Contract Deliverables / Monthly	1.2.1; 1.2.4; 1.2.5; 1.3.1; 1.3.5; 1.3.6; 2.1.1; 2.1.2; 3.1.3; 3.2.1 through 3.2.4; 3.3.3; 3.5.1;	Increases Treatment Referrals; Increases Recovery Prospects.
20	Increase the Number of Prescription Drop Boxes Located Across the State	83	83	83	100	July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Quarterly	1.1.1; 1.1.6; 1.3.8; 3.1.1; 3.3.3; 3.5.3	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmfull Drugs; Decreases Demand for Opiates.
21	Increase Effectiveness of Treatment Programs / Decrease Use	37.0%	40.0%	34.9%	40.0%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	1.2.1 through 1.2.6; 1.3.1; 1.3.2; 1.3.6; 2.1.1; 3.1.3; 3.2.1; 3.3.3; 3.4.1; 3.3.4; 3.5.2	Increases Recovery Prospects for long term recovery.
22	Increase Effectiveness of Treatment Programs / Increase Employment	7.3%	9.1%	7.3%	10.0%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	3.2.2	Impacts individual and family economic stability; Impacts South Carolina economic outputs.
23	Increase Efficiency of Treatment Access	92.0%	95.0%	92.0%	95.0%	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	3.2.3	Indicator of Increased Access to treatment impacts treatment and recovery prospects.
24	Increase the Efficient of Treatment Retention	54%	55%	54.0%	65.0%	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	2.1.1, 2.1.2; 3.2.4	Retention in treatment leads to long term recovery.
25	Increase Services to the Uninsured	3,517	3,517	3,517	3,700	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	1.2.1; 1.2.3; 1.2.4; 1.3.1; 1.3.2; 1.3.5; 1.3.6; 2.1.1; 3.1.1; 3.1.3; 3.2.1; 3.2.3; 3.2.4; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.5.1; 3.5.2;	Provides Coverage for uninsured individuals increasing access to treatment and recovery assets.
26	Increase Services to Co-Occurring Clients	7,788	8,000	7,788	8,000	July 1- June 30	DHHS / DAODAS EHR / Monthly	Entered Monthly / Reported Annually	3.3.4	Increases access to SUD and behavioral health services not specifically provided in the mental health system.
27	Implement Tele-Health Services	4	34	4	50	July 1- June 30	DAODAS Division of Governmental Affairs / MAT Report	Evaluation Data Reported at 6 Months	1.2.1; 1.2.,2; 1.2.3; 1.3.1; 1.3.2; 1.3.5; 2.1.4; 2.1.5; 2.2.1; 2.2.2; 3.1.1; 3.1.3; 3.2.3; 3.2.4; 3.3.4; 3.4.1; 3.5.1; 3.5.2; 3.5.3	Telehealth Services Increases Access, Diagnosis and Treatment options for a range of SUD clients and telehealth capable health care entities.

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Program Template

Program/Title	Purpose	FY 2016-17 Expenditures (Actual)				FY 2017-18 Expenditures (Projected)				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Administration	Provides leadership for the agency.	\$ 130,594	\$ 133,461	\$ 334,393	\$ 598,448	\$ 148,936	\$ 25,200	\$ 191,528	\$ 365,664	1.1.1; 1.2.1; 1.2.3; 1.2.4; 1.2.5; 1.3.1 through 1.3.9; 2.1.1; 2.1.4; 2.1.5; 2.2.1 through 2.2.4; 3.1.1; 3.3.1; 3.3.2; 3.3.3; 3.4.1; 3.5.1; 3.5.2
Finance and Operations	Provides financial and other operational services for the agency to include grants administration, contracts, procurement, accounts payable and receivable functions, and evaluation of policies and procedures.	\$ 8,014,373	\$ 7,018,975	\$ 28,022,078	\$ 43,055,427	\$ 8,337,013	\$ 6,292,531	\$ 34,763,551	\$ 49,393,095	2.1.1, 2.1.4; 2.1.5; 2.2.4; 3.5.3
Services	Provides support to the Alcohol and Drug Abuse System through consultation with policy, legislation, public relations. Additionally, provides support through training efforts and to ensure purchase of services are proper and necessary care for clients.	\$ 80,270	\$ 185,265	\$ 95,561	\$ 361,095	\$ 99,462	\$ 188,487	\$ 134,236	\$ 422,185	1.1.1; 1.2.1; 1.2.3; 1.2.4; 1.2.5; 1.3.1 through 1.3.9; 2.1.1; 2.1.4; 2.1.5; 2.2.1 through 2.2.4; 3.1.1; 3.3.1; 3.3.2; 3.3.3; 3.4.1; 3.5.1; 3.5.2
Programs	Provides oversight and monitoring of projects and activities of AOD Authorities and other vendors to ensure achievement of goals.	\$ 82,631	\$ 160,261	\$ 1,406,033	\$ 1,648,925	\$ 124,596	\$ 254,762	\$ 2,497,876	\$ 2,877,234	1.1.1 through 1.1.8; 1.2.1 through 1.2.6; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 1.3.5; 1.3.8; 2.1.1; 2.1.4; 3.1.1 through 3.1.3; 3.2.1 through 3.2.4; 3.3.1 through 3.3.4; 3.4.1; 3.4.2, 3.5.1 through 3.5.3
Health Integration	Focuses on building partnerships between local substance use disorder treatment providers and physical healthcare providers in the communities; supporting clinical treatment initiatives through the use of implementation science; and carrying out broad agency data collection, analysis, and evaluation with the goal of improving programs.				\$ -	\$ 19,700	\$ 132,621	\$ 189,290	\$ 341,611	2.2.1; 3.4.1; 3.4.2

Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services

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Agency Code: J20 **Section:** Section 37

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Legal Standards Template	
					Does this law specify who (customer) the agency must or may serve? (Y/N)	Does the law specify a deliverable (product or service) the agency must or may provide? (Y/N)
1	US Public Law 91-616 of 1970.	Federal	Statute	Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	Yes	Yes
2	US Public Law 92-255 of 1972.	Federal	Statute	Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	Yes	Yes
3	US Public Law 102-321	Federal	Statute	Establishes the federal Substance Abuse Prevention and Treatment Block Grant with administration requirements.	Yes	Yes
4	Code of Laws of South Carolina 1976, as amended, Section 1-30-10.	State	Statute	Establishes the South Carolina Department of Alcohol and Other Drug Abuse Services as a department of the Executive Branch.	Yes	No
5	Code of Laws of South Carolina 1976, as amended, Section 1-.30-20.	State	Statute	Implements Name Change	No	No
6	Code of Laws of South Carolina, 1976, as amended, Section 44-49-10 et.seq.	State	Statute	Agency Enabling Legislation	Yes	Yes
7	Code of Laws of South Carolina, 1976, as amended, Section 61-12-10 et.seq.	State	Statute	Local Excise Tas Funding Distribution / County Planning Required	Yes	Yes
8	Code of Laws of South Carolina, 1976, as amended, Section 56-1-286 et. seq.	State	Statute	Underage DUI / Zero Tolerance / Administrative License Revocation / Mandated Treatment	Yes	Yes
9	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2930 et. seq.	State	Statute	DUI / Mandated Treatment	Yes	Yes
10	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2933 et. seq.	State	Statute	DUAC / Mandated Treatment	Yes	Yes
11	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2951 et. seq.	State	Statute	Refusal to Submit to BAC / Administrative License Revocation / Mandated Treatment	Yes	Yes
12	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2990.	State	Statute	Mandated Treatment for Convicted DUI Offenders	Yes	Yes
13	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (j).	State	Statute	Authorizes funding for Gambling Addiction Services	Yes	Yes
14	Code of Laws of South Carolina, 1976, as amended, Section 56-1-400 and 56-5-2941	State	Statute	Requires mandatory treatment for Ignition Interlock Drivers who fail to follow the Ignition Interlock Law.	Yes	Yes
15	Code of Laws of South Carolina, 1976, as amended, 44-52-10 et. seq.	State	Statute	Involuntary committment procedures for those experiencing substance abuse.	Yes	Yes
16	Code of Laws of South Carolina, 1976, as amended, Section 44-75-10 et. seq.	State	Statute	Requires the Department of Labor, License and Regulation and DAODAS to work promulate regulations for the licensure of alcohol and drug abuse counselors.	Yes	Yes
17	Code of Laws of South Carolina, 1976, as amended, Section 16-25-20 (G).	State	Statute	Criminal Domestic Violence / Offender Referral to Substance Abuse programs Coordinated through DAODAS.	Yes	Yes
18	Code of Laws of South Carolina, 1976, as amended, Section 24-13-1910 et.seq.	State	Statute	Coordination with the Department of Corrections (DOC) for Substance Abuse Services delivered to rehabilitate alcohol and drug offenders, as determined by DOC.	Yes	No
19	Code of Laws of South Carolina, 1976, as amended, Section 16-17-500.	State	Statute	Courts may order minors to undergo a tobacco education program certified by DAODAS.	Yes	Yes

10	Code of Laws of South Carolina, as amended, 1976, Section 56-1-2110 (G)	State	Statute	Requires individuals who have a commercial drivers's license suspended due to a failed urine screen, to be assessed and treated, if necessary, by a DAODAS substance abuse professional.	Yes	Yes
21	South Carolina Code of Laws, 1976, as amended, Section 20-7-8920.	State	Statute	Requires underage individuals who violated underage drinking laws to attend a certified alcohol intervention program as certified by the department.	Yes	Yes
22	South Carolina Code of Laws, 1976, as amended, Section 61-6-480.	State	Statute	Requires merchant education certified through the department for vendors who violate underage drinking laws.	Yes	Yes
23	South Carolina Code of Laws, 1976, as amended, Section 17-22-510.	State	Statute	Directs the South Carolina Prosecution Commission to discuss administrative requirements of an Alcohol Education Program operated by local solicitors.	Yes	Yes
24	South Carolina Code of Laws, 1976, as amended, Section 43-35-560.	State	Statute	Designates the department as a member of the Vulnerable Adult Fatality Review Committee.	Yes	No
25	South Carolina Code of Laws, 1976, as amended, Section 63-11-1930.	State	Statute	Designates the department as a member of the State Child Fatality Advisory Committee.	Yes	No
26	South Carolina Code of Laws, 1976, as amended, Section 16-25-310 et.seq.	State	Statute	Designates the department as a member of the Domestic Violence Advisory Committee.	Yes	No
27	Code of Laws of South Carolina, 1976, as amended. Section 59-150-230 (i).	State	Statute	Directs the General Assembly to Fund DAODAS for Gambling Addiction Programs	Yes	Yes
28	South Carolina Code of Laws, 1976, as amended, Section 63-7-1690 (A)(1).	State	Statute	Allows a court of competent jurisdiction to order DAODAS approved treatment services before the return of a child to a home, if the child has been removed by DSS.	Yes	Yes
29	South Carolina Code of Laws, 1976, as amended, Section 44-107-80.	State	Statute	Upon request, requires DAODAS to provide technical assistance to a state agency to assist in implementing the state Drug Free Workplace Act.	Yes	No
30	South Carolina Code of Laws, 1976, as amended, Section 44-53-490.	State	Statute	Requires the Department of Health and Environmental Control to submit an annual report to DAODAS on inspected practioners who dispense or distribute controlled substances.	Yes	No
31	Act 286 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 7, Proviso 7.6.	State	Proviso	Designates the department as a member of the John De La Howe Advisory Board.	Yes	No
32	Act 286 of the South Carolina General Assembly, 2016-2017 General Appopriations Act, Part IB, Section 37, Proviso 37.1.	State	Proviso	Allows the agency to charge traning and conference fees to support educational and professional development initiatives.	No	Yes
33	Act 286 of the South Carolina General Assembly, 2016-2017 General Appopriations Act, Part IB, Section 37, Proviso 37.2.	State	Proviso	Directs the agency to provide gambling addiction services, including referral services and a mass communication campaign, pending appopriations.	No	Yes
34	Act 286 of the South Carolina General Assembly, 2016-2017 General Appopriations Act, Part IB, Section 37, Proviso 37.3.	State	Proviso	Directs the agency to transfer \$1.9 million to the Department of Health and Human Services for the purposes of Medicaid Match.	Yes	No

Agency Name: South Carolina Department of Alcohol and Other Drug Abuse Services

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Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
SAMHSA	Federal Government	Federal Block Grant Authority	All Objectives Listed
Medicaid (DHHS)	State Government	Major Payor of SUD Services / Policy Development	1.2.1; 1.2.2; 1.2.3, 1.2.5; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 3.1.1; 3.1.3; 3.3.1; 3.5.1, 3.5.2
DAODAS Staff	State Government	Intergral to achieving agency vision, mission and goals.	All Objectives Listed
Local SUD Providers	Local Government	Delivers direct SUD services to individuals, families and communities.	1.1.1 through 1.1.8; 1.2.1 through 1.2.5; 1.3.1; 1.3.2; 1.3.3; 1.3.5; 1.3.8; 2.1.2; 2.1.3; 3.1.1 through 3.1.3; 3.2.1 through 3.2.4; 3.3.1 through 3.3.4; 3.4.1, 3.5.1; 3.5.2
South Carolina General Assembly	State Government	Appropriates funding for SUD Services.	1.1.7; 1.3.1; 1.3.9; 2.2.3; 3.3.1
Governor's Office	State Government	Provides Leadership / Cabinet Agency	All Objectives Listed
DSS	State Government	Major Client Partner	1.2.1; 1.2.2; 1.2.3; 3.1.3; 3.3.3; 3.5.3
DOC	State Government	Major Client Partner	1.2.1; 1.2.4; 1.2.5; 1.3.6; 3.1.1; 3.1.3; 3.3.3; 3.5.1; 3.5.2
DMH	State Government	Major Client Partner	1.2.1; 1.3.1; 1.3.6; 3.1.1; 3.3.3; 3.5.1; 3.5.2
DHEC	State Government	Major Health Partner	1.2.1; 1.3.1; 1.3.4; 2.1.5; 3.4.2
South Carolina Health Care Coalition	Non-Governmental Organization	Implement a multi-sector coalition to improve the availability and access to mental health and/or substance use disorders services for all South Carolina residents.	1.3.1 through 1.3.9; 2.2.1; 3.3.4; 3.5.1; 3.5.2; 3.5.3
South Carolina Institute of Medicine and Public Health	Non-Governmental Organization	Working to achieve joint behavioral health goals.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.3; 3.1.5; 1.3.6; 3.1.1; 3.3.4; 3.4.1; 3.4.2; 3.5.1; 3.5.2
Birth Outcomes Initiative (BOI)	State Government	Development of policy to reduce adverse birth outcomes.	1.2.1; 1.2.2; 1.2.3; 1.3.1; 1.3.2; 3.1.1; 3.1.3; 3.3.3; 3.4.1; 3.4.2
Healthy Outcomes Program	State Government	Targeting chronic disease among Medicaid recipients.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 3.3.1; 3.3.2; 3.3.4; 3.4.1; 3.4.2
Primary and Emergency Room Physicians	Private Business Organization	Identifying SUD Clients.	1.2.1; 1.2.2; 1.3.1; 1.3.2; 1.3.3; 1.3.4; 1.3.5; 3.1.1; 3.4.1; 3.4.2; 3.5.1; 3.5.2

