

AGENCY NAME:	South Carolina Department of Alcohol and Other Drug Abuse Services		
AGENCY CODE:	J20	SECTION:	Section 37

**Fiscal Year 2018–2019
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 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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Does the agency have any major or minor recommendations (internal or external) that would allow the agency to operate more effectively and efficiently?

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

Is the agency in compliance with S.C. Code Ann. § 2-1-230, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? See also S.C. Code Ann. § 60-2-30.

	Yes	No
REPORT SUBMISSION COMPLIANCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).

RECORDS MANAGEMENT COMPLIANCE:	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

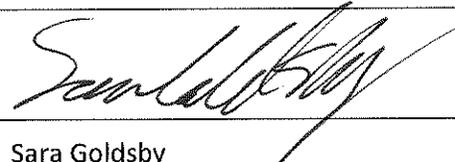
Is the agency in compliance with S.C. Code Ann. § 1-23-120(J), which requires an agency to conduct a formal review of its regulations every five years?

REGULATION REVIEW:	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Stephen L. Dutton	803-896-1142	sldutton@daodas.sc.gov
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I have reviewed and approved the enclosed FY 2018–2019 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	
(TYPE/PRINT NAME):	Sara Goldsby

BOARD/CMSN CHAIR (SIGN AND DATE):	NA
(TYPE/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 alcohol, tobacco, and illicit drugs is costly to our nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity, and healthcare expenses; 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 contracts with the state’s 32 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 of South Carolina’s counties. The department also contracts with a range of public and private service providers to address substance use disorders throughout the state. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 3.13 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 451,000 individuals in South Carolina are experiencing substance-related problems that require immediate intervention and treatment. With an issue 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., its local provider network), as well as other public and private contractors. During fiscal year 2018 (FY18) (**Note: latest available data**), DAODAS and its provider network admitted to services over 32,300 South Carolinians.

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, Excellence, Collaboration, Effectiveness, Integrity, Leadership, Trust, Respect, Transparency, and Accomplishment.

DAODAS Strategic Direction

Capitalizing on 62 years of success in ensuring access to substance use disorder services for the citizens of South Carolina, and throughout FY19, the department continued to provide the necessary leadership toward a refined strategic direction for the agency itself, as well as the direction of the addiction field. DAODAS emphasized three goals in 2019 – (1) to increase and improve collaborative efforts, (2) to promote community engagement, and (3) to integrate healthcare systems for both physical and behavioral health, essentially ensuring “the right service at the right time in the right environment.” These goals directly relate to the Enterprise goals established by Governor Henry McMaster, with a primary emphasis on healthy and safe families, public infrastructure and economic development, and government and citizens. In addition, DAODAS continues to emphasize performance and service quality by supporting service innovation and increasing stakeholder

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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.

Specific areas of focus in 2019 included: increasing capacity of local 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; promoting primary healthcare / behavioral health integration; and addressing the agency’s overarching goal of achieving sustainable recovery for the patients it serves. The department also has been instrumental in coordinating the state’s response to the opioid health crisis, which was declared a public health emergency by Governor McMaster in December 2017.

2019 Major Achievements

To meet the continuing demand for substance use disorder services, DAODAS took a proactive approach to serving citizens during FY19, continuing to reach the agency’s overarching goal of achieving sustainable recovery for citizens, while reducing use/misuse of substances and harm, thereby improving healthcare outcomes. In keeping with the agency’s strategic plan and visionary goals, the following achievements are highlighted:

Prescription Drug Abuse

On December 18, 2017, Governor Henry McMaster signed Executive Order No. 2017-42, declaring a Statewide Public Health Emergency related to opioid misuse, opioid use disorder, and opioid-related deaths. The Executive Order also established the South Carolina Opioid Emergency Response Team (SCOERT), under the joint leadership of South Carolina Law Enforcement Division Chief Mark Keel and DAODAS Director Sara Goldsby. The SCOERT has developed a multi-lateral strategy to prevent and treat the misuse of prescription opioids and the use of illicit opioids in order to strengthen public health, security, safety, and the economic well-being of the citizens of the state.

The plan established goals of the strategy and translated these into a response plan. The goals of the response plan include: 1) reducing opioid and related illicit drug deaths across the state; 2) educating the public to create an awareness of the risks, impacts, and reduction measures that enhance the quality of life for South Carolinians; 3) changing health professional prescribing practices to reduce unnecessary opioid usage and the expansion of the Joint Revised Pain Management Guidelines; 4) reducing the availability of illicit opioids through a broad range of law enforcement strategies and community outreach programs; and 5) improving treatment access and recovery support. The plan further integrates and describes responsibilities of agencies, partners, and stakeholders to organize expertise and resources into four focus areas: Educate and Communicate; Prevent and Respond; Treat and Recover; and Employ Coordinated Law Enforcement Strategies. These focus areas have enabled coordination, synchronization, and assessment of progress to ensure success. The focus areas will also adjust strategies and delivery mechanisms that are tailored to the environment and the needs of the community to address the opioid problem.

DAODAS has also worked with the House Opioid Abuse Prevention Study Committee, which recognized that opioid misuse and addiction are widespread and affect every corner of the state. The Committee held a series of public hearings in order to give those directly impacted by the opioid epidemic an opportunity to speak openly with Committee members regarding their experiences. The DAODAS Director worked closely with the Committee during these hearings and assisted in the development of recommendations that were released in January 2018. Results included recommendations in the areas of prevention, treatment, and recovery; education and training; criminal justice; prescription medication access; and community coordination, leading to 15 separate pieces of legislation intended to attack the opioid crisis, including the passage of licensure for

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substance use disorder counselors, development and implementation of community distribution policies for the delivery of Narcan® to those citizens most in danger of an overdose, and restricting opioid prescriptions to five days for acute pain or post-operative pain management. During FY19, the agency continued to work closely with the House Opioid Abuse Prevention Study Committee and assisted in passing two important pieces of legislation that required emergency room physicians and emergency personnel – as well as pharmacists – to report to the state’s Prescription Drug Monitoring Program (i.e., SCRIPTS) when Narcan® is used or prescribed. A second piece of legislation requires vets to receive continuing education before prescribing controlled substances. A proviso included the FY18 Appropriations Act directed DAODAS to institute collegiate recovery programs in several institutions in South Carolina. Three – College of Charleston, North Greenville University, and the University of South Carolina – were awarded funds, and over 273 students are participating in sober living programs on campuses statewide.

In FY18, the department was awarded a state appropriation of \$1.75 million to develop and expand a program of medication-assisted treatment (MAT) throughout South Carolina, followed by a \$3 million appropriation in FY19. Funds were expended to increase the state’s capacity to serve individuals experiencing opioid use disorder, with DAODAS contracting with a majority of local substance use disorder providers for medications, physician services, counselor therapists, and peer support specialists. The department has increased the number of providers offering MAT from a baseline of three local substance use disorder providers to 30 local providers and three state agency partners. All 32 county alcohol and drug abuse authorities have access to state and federal funding to cover behavioral health therapies for the opioid use disorder population. During FY19, DAODAS continued its contract with a departmental Medical Director to assist in the development and expansion of MAT across the medical and behavioral healthcare systems, and to work with Federally Qualified Health Centers on behavioral health models. The department has also worked closely with the Department of Health and Environmental Control and Department of Corrections, and looks forward to working with the Department of Mental Health, to ensure that patients experiencing a co-occurring disorder and an opioid use disorder can access the care they need.

In September 2016, DAODAS was awarded \$3,192,722 to increase access to the overdose antidote naloxone, and in 2019 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 has three main goals: (1) to identify high-need communities for targeting of prevention efforts in rank order of highest need; (2) to train law enforcement officers (first responders) and, similarly, firefighters; patients; and caregivers to recognize overdose, administer naloxone, and monitor an individual’s response until EMS personnel arrive; and (3) to increase the number of prescribers in the state who are informed on the risk factors associated with opioid overdose and to partner with the South Carolina Pharmacy Association to disseminate overdose prevention messages to prescribers across the state. With these funds, the agency increased the number of first responders and caregivers trained and equipped with Narcan® (a form of naloxone). As a result:

- Between October 1, 2018, and March 1, 2019, county alcohol and drug abuse authorities provided patient-specific naloxone using funding from an earlier federal grant. During that period, 112 trainings on administration of naloxone were provided to 447 patients and/or their caregivers.
- As of March 2019, 30 of the county alcohol and drug abuse authorities had become community distribution sites for naloxone. This resulted in expanded availability of the medication, with DAODAS switching these sites to funding through a second federal grant. Between March 1 and June 30, 2019, the 30 county authorities have distributed 1,149 naloxone units through the community distribution program, primarily to indigent patients and their caregivers.

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- Between October 1, 2018, and March 31, 2019, 138 trainings were held for local and state-level first responders, with 2,523 first responders trained to administer naloxone.
- Between October 1, 2018, and March 31, 2019, first responders administered naloxone 208 times, with 191 overdose reversals.

As part of a second federal grant, the Empowering Communities for Healthy Outcomes (ECHO) project focuses on reducing underage alcohol use and youth car crashes, as well as on prescription drug prevention efforts. Funding supports the development and sustainability of local multi-sector coalitions and the placement of drop boxes across South Carolina for the disposal of unused and unneeded prescription drugs. There are now 190 drop boxes in 45 counties, up from 136 boxes in fiscal year 2018.

During FY19, the department closed out its second year of a \$6.5 million State Targeted Response (STR) Grant from SAMHSA that expanded the state’s 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 to 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 augment recovery support services.

Outcomes included increasing the number of opioid patients served through the STR Program (7,062) and increasing the number of individuals receiving recovery support services (8,363).

S.C. Department of Corrections (SCDC) – DAODAS Offender Re-Entry Project

DAODAS assigned two Certified Peer Support Specialists to this project, which offers naltrexone, combined with talk therapy, to volunteer inmates within 90 days of their release.

The DAODAS Peer Support Specialists guide the inmates and serve as a support system during the transition from SCDC institutions to a “warm handoff” to local service providers, recovery housing, and job opportunities. To date, 645 inmates have participated in the project.

SCDC – DAODAS Peer Support Specialist Project

DAODAS and SCDC are recruiting 100 inmates to train as Certified Peer Support Specialists (CPSS’s) within the state’s correctional institutions by January 2020.

To date, 43 inmates have received the required 46 hours of training and been certified as CPSS’s. The certification allows for work credits during incarceration and an employment skill upon release. The CPSS’s are providing recovery support groups for individuals with a substance use disorder in different facilities throughout the SCDC system.

In addition, 310 individuals in recovery who were trained and certified as Peer Support Specialists/Recovery Coaches are serving in emergency departments, county jails, and SCDC. This is a 68% increase over the number of CPSS’s in FY19.

Expansion of Evidence-Based Treatment

With federal and state funds, county alcohol and drug abuse authorities have been able to deliver evidence-based treatment for opioid use disorder. With capacity support, 26 of the 32 county authorities now offer medical and psychobehavioral therapy.

From 2017 to 2019, DAODAS saw a more than 350% increase in the number of patients able to receive evidence-based treatment for opioid use disorder through its funded providers.

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“Just Plain Killers” Education Campaign

During FY19, DAODAS was in the second year of this statewide integrated education campaign that includes digital, social, and traditional media tactics to show how the use of prescription opioids can lead to addiction. In addition to the television rotation or messages, which in Year 1 resulted in 47% of post-flight survey respondents recalling one or more statements from the campaign, Just Plain Killers information and materials were the focus of many outreach efforts, including a DAODAS presence at the 2018 South Carolina State Fair, which was attended by more than 400,000 individuals over 12 days. (www.justplainkillers.com)

Behavioral Health Coalition

DAODAS has joined the South Carolina Hospital Association in creating the Behavioral Health Coalition, which has brought together stakeholders from across the state with the goal of developing a comprehensive system that ensures access, coverage, coordination, and awareness of mental health and substance use disorder services and resources for individuals and families. This multi-sector coalition has been built on a defined set of goals for improving availability and access to treatment services. The DAODAS Director is on the Core Leadership Team of this coalition.

State Opioid Response Grant

The agency was awarded a \$14.2 million State Opioid Response (SOR) Grant from SAMHSA. The SOR Grant is a comprehensive approach to fighting the opioid epidemic that will:

- Increase access to medication-assisted treatment using FDA-approved medications for the treatment of opioid use disorder;
- Reduce unmet treatment needs; and
- Reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder.

As the result of a thorough needs assessment, strategic and sustainability plans have been developed to:

- Address stigma and the need for action through statewide educational efforts, including DAODAS’ Just Plain Killers initiative and the Opioid Risk Prevention Partnership comprised of the S.C. Medical Association, S.C. Hospital Association, and BlueCross BlueShield of South Carolina;
- Expand the state’s Law Enforcement Officer Narcan® (LEON) training program to include the South Carolina Highway Patrol; South Carolina Department of Probation, Parole and Pardon Services; and South Carolina Law Enforcement Division, enabling their officers to reduce overdose deaths in local communities;
- Increase the scope of the state’s Opioid Overdose Prevention Program to include a variety of disciplines so that naloxone can be effectively disseminated through community distribution;
- Improve access to treatment by providing financial assistance to indigent South Carolinians for the three FDA-approved medications for the treatment of opioid use disorder in conjunction with behavioral/talk therapies;
- Develop Medical Homes throughout the state to expand access to clinically appropriate, evidence-based practices for opioid use disorder treatment and basic primary care (To date, these medical homes have been established in 15 rural areas and have served over 100 patients.);
- Provide for transportation so that patients can access services;
- Provide tele-health services for those in rural communities;

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- Provide support to the South Carolina Alliance for Recovery Communities to develop standards and certification for recovery housing;
- Provide nicotine-cessation counseling and replacement therapies for those with a co-occurring opioid use disorder;
- Increase HIV/AIDS testing and coordination of care through a partnership with the Ryan White HIV/AIDS Program, which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured;
- Expand recovery housing and Recovery Community Organizations throughout South Carolina (Seventy-five Oxford Houses are open in the state, with five designated for women and children.); and
- Provide assistance to individuals as they return to their communities from criminal justice settings through peer support services, both in pre-release programs and follow-up support services post-release, including access to the three FDA-approved medications and behavioral/talk therapies for the treatment of opioid use disorder and the lifesaving overdose-reversal medication Narcan®.

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 FY19, 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 FY19, law enforcement officers reported there were 6,517 alcohol compliance checks, resulting in 470 purchases for an effective buy rate of 7.3%.

As a result of intensive prevention programming throughout the state, as reported from the Communities That Care Survey, prescription drug use in the past 30 days among high school students decreased from 7.8% in 2016 to 4.3% in 2018. Alcohol use in the past 30 days among high school students decreased from 20.4% in 2016 to 16% in 2018. Use of marijuana in the past 30 days among high school students decreased from 17.6% in 2016 to 12.7% in 2018, and use of cigarettes in the past 30 days among high school students decreased from 6.2% in 2016 to 5.0% in 2018.

DAODAS and its local partners also participate in the federally required Youth Access to Tobacco Study to reduce South Carolina youth’s ability to purchase tobacco products. Continuing a steady decline in the rate of youth access to tobacco, the agency documented a purchase rate of 4.3% in federal fiscal year (FFY) 2018, falling from 7.7% in federal fiscal year 2015. In addition, the department also coordinates with local law enforcement agencies across the state to conduct compliance checks of businesses that sell tobacco products. In FY19, law enforcement officers reported there were 719 tobacco compliance checks, resulting in 33 purchases for an effective buy rate of 4.6%

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

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Treatment Outcomes and Collaboration

Through treatment and recovery services and programs in South Carolina in 2018, patients’ past-30-day use of alcohol decreased by 27.4%; patients’ past-30-day use of *any* substances decreased by 37.5%; and patients’ past-30-day employment status rose by 7.7%. Additionally, the agency and its local provider network reported treating 6,589 patients with opioid use disorder (OUD), an 8% increase since 2017. The department is action oriented in positively impacting the health of South Carolina citizens, as well as impacting the economy as patients seek and find employment.

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 (SUD) services to youthful offenders released from prison to help reduce recidivism and SUDs. The program is a first step in re-integrating offenders back into the community. During FY19, 183 clients were served, a 5% increase over 2018. Adding to this effort, DAODAS and SCDC have implemented services to address opioid addiction, reduce the state’s recidivism, and increase access to treatment for newly released inmates. The program at SCDC uses Certified Peer Support Specialists who work with inmates to determine their need for opioid treatment while still incarcerated, to induct them into treatment before release, and to assist them with maintaining treatment/recovery skills in their local communities. To date, over 100 inmates have received medication-assisted treatment prior to release, 32 participants are employed, and 30 of the 32 are living in Oxford Houses or had stable housing at release.

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 and five additional Recovery Community Organizations (RCOs) exist across the state, serving 3,406 additional individuals, all with the goal of providing community-based recovery support services. Notably, the FAVOR chapter in Greenville, has opened two new locations in Spartanburg and Anderson, while continuing to operate a comprehensive crisis-and-referral line, provide peer support in partnership with hospitals, conduct recovery interventions, provide recovery telephone support and outreach, and host recovery-based support meetings for individuals, families, and community members. Of the total patients enrolled, 85% were linked to higher levels of treatment and recovery support, with only 1% of these enrollees experiencing an overdose or other challenges to their recovery.

A growing network of RCOs and FAVOR South Carolina continue to assist in the expansion of peer support services within the state’s system of county alcohol and drug abuse authorities. The Peer Recovery Services Certification Commission has been approved as an International Certification & Reciprocity Consortium (IC&RC) state board as a part of the South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC). Peer support is aimed at training individuals to assist patients new to recovery in order to remove obstacles to recovery that often prohibit long-term success, while enhancing sustained engagement with community-based supports and long-term recovery. Peer Support Specialists are the lynchpin of success for many suffering from a substance use disorder, especially, OUD. The department has directly contracted with county agencies and Recovery Community Organizations to employ over 30 Peer Support Specialists to provide services for the OUD population. DAODAS facilitates peer support trainings in association with SCAADAC and the Peer Recovery Services Certification Commission. As of July 2019, 310 specialists had been

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trained and certified through DAODAS in conjunction with FAVOR South Carolina. This is a 67% increase over the number of Certified Peer Support Specialists in 2018.

Block Grant Assessment and Service Reimbursement

During FY19, 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. As of June 30, 2019, 12,709 assessments had been provided to 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, more than 23,000 assessments have been provided to the uninsured.

Additionally, in FY19 the agency implemented coverage of services for the uninsured funded through the federal Substance Abuse Prevention and Treatment Block Grant (SABG). Both the Substance Abuse and Mental Health Services Administration 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. The department increased the percentage of unrestricted funds that were dedicated to this effort in FY18 from 20% to 23% and further increased the percentage to 27% for FY19.

Risk Management and Mitigation Strategies

Throughout FY19, DAODAS continued to improve of the effectiveness of the public and private provider systems, striving for long-term patient outcomes and recovery. System-wide, the goals for FY19 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, intervention, treatment, and recovery services, or should it fall short in meeting the opioid crisis head-on, the negative impact on the citizens of South Carolina would include an increase in overall mortality, healthcare costs, and a rise in addiction that would impact the workforce and the economic engine of the state, and ultimately the quality of life of all South Carolinians. Collateral impacts would include a rise in underage drinking and alcohol-related crashes, shortened life spans, and increased co-morbidities in chronic disease. Unfortunately, if the state does not address addiction and the opioid crisis, South Carolinians will continue to die of overdose, as evidenced in the recently released 2018 opioid overdose data that showed a 9% increase in deaths since 2018. There were 816 opioid-related overdose deaths in 2018.

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

- 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 should laws be enacted making medical marijuana legal.

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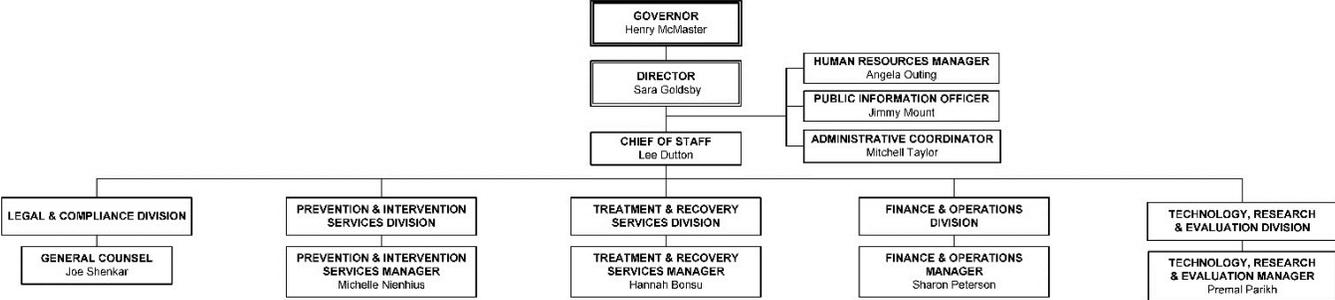
- Continued attention to the disease of addiction, not only as a result of the opioid crisis, but addiction across the board and associated stigma. Funding should be elevated to address increasing capacity for services, medications, training of prescribers, and working with first responders to reverse overdoses.
- 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 enacted.
- 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 that this decision rests within the jurisdiction of the General Assembly, and the department 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 to act 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 (7/2/18)



Agency Name: DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

Fiscal Year 2018-2019

Accountability Report

Agency Code: J200 Section: 37

Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2018-19			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Create an Accessible Continuum of Effective Services within Each Community							
	S	1.1			Reduce Youth and Young Adult use of Alcohol, Tobacco and other Drugs							
	M		1.1.1	Increase the Number of Individuals who receive Prevention Services by 1%	5,200,000	5,252,000	5,651,305	July 1- June 30	Impact / DAODAS Prevention Data System	Single Service Count	Prevention Services provided to youth and adults reduces first use of among youth and arrests use among adults.	
	M		1.1.2	Increase Alcohol Enforcement Team Public Safety Checkpoints to 550	434	550	363	July 1- June 30	DAODAS Mosaic Reporting	Measures local participation in Safety Checkpoints	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.	
	M		1.1.3	Reduce Underage Drinking to 24%	25.40%	24.00%	25.40%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and misuse.	
	M		1.1.4	Reduce Underage Alcohol Buy Rate under 10%	6.90%	10.00%	7.30%	July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Prevention Activity elements are entered daily into Mosaic / Calculated Quarterly	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse.	
	M		1.1.5	Reduce Alcohol-involved Car Crashes by 2%	33.00%	31.00%	32.00%	July 1- June 30	Fatality Analysis Reporting System (FARs) / NHTSA Database	Measures deaths in crashes where BAC is .08% or greater	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.	
	M		1.1.6	Reduce Underage Tobacco Use Access (Synar) under 5%	3.70%	5.00%	4.30%	October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Retailer Violation Rate calculated using sample size approved by the federal government	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.	
	M		1.1.7	Reduce Underage Tobacco Use to 9%	10.00%	9.00%	10.00%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.	
	M		1.1.8	Increase the availability of opioid education to the public in SC through the JustPlainKillers website by 10%	2,900,000	3,190,000	3,909,507	July 1- June 31	DAODAS Division of Prevention / STR Project	Number of interactions with the JustPlainKillers website	The aim of the Education Campaign is to increasing knowledge and prevention strategies around prescription drugs and opioids.	
	S	1.2			Increase Access to a Continuum of Evidence Based Substance Use							
	M		1.2.1	Increase the Number of Unduplicated Patients Served by 5%	49,791	52,281	50,704	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	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.	
	M		1.2.2	Increase the number of pregnant women who access treatment and recovery services by 5%	651	684	707	July 1- June 30	DAODAS EHR / Monthly	Data Reported Monthly / Annual Calculation - 3 Month Lag	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increase recovery rates.	

Agency Name: DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2018-19			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
	M		1.2.3		Provide additional Peer Support Trainings to increased the number of Peer Support Specialists by 5%	210	221	300	July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Peer Support Services is an industry standard the assists individuals in learning recovery principles and maintain sobriety; increases recovery outcomes.
	M		1.2.4		Increase the number of Oxford Houses by 10 in 2019	55	65	72	July 1- June 30	DAODAS Division of Treatment / Quarterly	Recovery Team / Oxford House Contract	Expanding Recovery Support Housing increases recovery outcomes; impacts local communities and increases the ability for an individual to become gainfully employed.
	M		1.2.5		Develop two collegiate recovery programs in 2019	0	2	3	July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Expanding Recovery Programs increases recovery outcomes; impacts local communities
	M		1.2.6		Establish Medication-Assisted Treatment Diversion programs to serve 10 patients in 2019	0	10	6	July 1- June 30	DAODAS Division of Legal Compliance / Quarterly	Contract Deliverables / Monthly	Expanding best practices with treatment courts increases recovery outcomes
	S		1.3		Increase Services to Patients With Opioid Use Disorder							
	M		1.3.1		Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%	6,589	6,918	7,036	July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M		1.3.2		Increase the number of pregnant women who have access to methadone and therapy services to 100 people	74	100	100	July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	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.
	M		1.3.3		Increase the Number of Patients Receiving MAT Services by 5%	2,221	2,332	3,387	July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M		1.3.4		Increase the Number of First Responders Trained in Opioid Reversal Protocols using Narcan by 5%	6,600	7,260	10,676	October 1 - September 30	DAODAS Division of Prevention / LEON Project/ ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
	M		1.3.5		Increase coordination with the Departments of Correction (DOC) for 20 inmates to enroll in opioid recovery services	17	20	20	July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Increases Treatment Referrals; Increases Recovery Prospects.
	M		1.3.6		Increase the number of Prescription Drug Drop Boxes to 145	136	145	190	July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Monthly	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmful Drugs; Decreases Demand for Opiates.
	M		1.3.7		Increase the number of Narcan administrations through LEON by 10%	451	496	513	July 1- June 30	DAODAS Division of Prevention / LEON Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.

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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2018-19			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
	M		1.3.8		Increase the number of ED patients in pilot sites inducted on buprenorphine by 10%	86	95	183	July 1- June 30	DAODAS Division of Treatment / Quarterly	Grant Deliverable / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M		1.3.9		Increase Tele-Health providers to 10 across the state	2	10	6	July 1- June 30	DAODAS Division of Treatment / MAT Report	Evaluation Data Reported at 6 Months	Telehealth Services Increases Access, Diagnosis and Treatment options for a range of SUD patients and telehealth-capable healthcare entities.
Public Infrastructure and Economic Development	G	2	Become a Leader in the Delivery of World Class Quality Services by 2020									
	S	2.1	Reduce Substance Use Disorder in South Carolina									
	M		2.1.1		Increase Effectiveness of Treatment Programs to 40% / Decrease Use	37.5%	40.0%	33.5%	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Provides Coverage for uninsured individuals increasing access to treatment and recovery assets.
	M		2.1.2		Increase Effectiveness of Treatment Programs to 10% / Increase Employment	7.7%	10.0%	10.0%	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Impacts individual and family economic stability; Impacts South Carolina economic outputs.
	M		2.1.3		Maintain 90 day length-of-stay for 50% of individuals utilizing level 1 outpatient services	67.5%	50.0%	60.5%	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Longer treatment stays leads to better clinical outcomes
	S	2.2	Workforce Development									
	M		2.2.1		Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%	42	45	32	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	Training and Retention of qualified counselor are essential to prevention, treatment and recovery efforts.
Government and Citizens	G	3	Become a Leader in Collaboration and Integration									
	S	3.1	Increase Integration Efforts with Local and State Partners									
	M		3.1.1		Increase the number of state and local private and public partnerships for targeting substance use disorder to 50	44	50	63	July 1- June 30	Administration / Annually	Contracts / Reported Annually	Building a strong continuum of prevention, treatment and recovery providers is essential to increasing access to recovery and maintaining sobriety.
	S	3.2	Increase Services to the Uninsured									
	M		3.2.1		Increase the number of uninsured individuals receiving state funded assessments by 5%	4,900	5,145	5,100	July 1- June 30	DAODAS EHR / Monthly	Entered Electronic Health Record / Monthly	Provides the department a measure of services to the uninsured and underinsured; a federal priority.
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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Create an Accessible Continuum of Effective Services within Each Community in 2019							
	S	1.1			Reduce Youth and Young Adult use of Alcohol, Tobacco and other Drugs							
	M		1.1.1	Increase the Number of Individuals who receive Prevention Services by 1%	5,651,305	5,707,819		July 1- June 30	Impact / DAODAS Prevention Data System	Single Service Count	Prevention Services provided to youth and adults reduces first use of among youth and arrests use among adults.	
	M		1.1.2	Maintain between 350-375 DAODAS Supported Alcohol Enforcement Team Public Safety Checkpoints	363	350-375		July 1- June 30	DAODAS Mosaic Reporting	Measures local participation in Safety Checkpoints	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.	
	M		1.1.3	Reduce Underage Drinking to 24%	25.40%	24.00%		July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and misuse.	
	M		1.1.4	Reduce Underage Alcohol Buy Rate under 10%	7.30%	10.00%		July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Prevention Activity elements are entered daily into Mosaic / Calculated Quarterly	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse.	
	M		1.1.5	Reduce Alcohol-involved Car Crashes by 2%	32.00%	30.00%		July 1- June 30	Fatality Analysis Reporting System (FARS) / NHTSA Database	Measures deaths in crashes where BAC is .08% or greater	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.	
	M		1.1.6	Reduce Underage Tobacco Use Access (Synar) under 5%	4.30%	5.00%		October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Retailer Violation Rate calculated using sample size approved by the federal government	Prevention of Tobacco Sales are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.	
	M		1.1.7	Reduce Underage Tobacco Use to 9%	10.00%	9.00%		July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention of Tobacco Sales are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.	
	M		1.1.8	Increase the availability of opioid education to over four million of the public in SC through the JustPlainKillers website	3,909,507	4,000,000		July 1- June 31	DAODAS Division of Prevention / STR Project	Number of interactions with the JustPlainKillers website	The aim of the Education Campaign is to increasing knowledge and prevention strategies around prescription drugs and opioids.	
	S	1.2			Increase Access to a Continuum of Evidence Based Substance Use Disorder Services							
	M		1.2.1	Increase the Number of Unduplicated Patients Served by 5%	50,704	53,240		July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	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.	
	M		1.2.2	Increase the number of pregnant women who access treatment and recovery services by 5%	707	742		July 1- June 30	DAODAS EHR / Monthly	Data Reported Monthly / Annual Calculation - 3 Month Lag	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increase recovery rates.	
	M		1.2.3	Increase Criminal Justice System referrals to SUD treatment to 13,300	13,040	13,300		July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	Provision of treatment services to inmates and parolees increases changes of recovery and decreases recidivism.	
	M		1.2.4	Provide additional Peer Support Trainings to increased the number of Peer Support Specialists by 5%	300	315		July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Peer Support Services is an industry standard the assists individuals in learning recovery principles and maintain sobriety; increases recovery outcomes.	
	M		1.2.5	Increase the number of Oxford Houses by 5 in 2020	72	77		July 1- June 30	DAODAS Division of Treatment / Quarterly	Recovery Team / Oxford House Contract	Expanding Recovery Support Housing increases recovery outcomes; impacts local communities and increases the ability for an individual to become gainfully employed.	
	M		1.2.6	Maintain and expand within the 3 collegiate recovery programs in 2020	3	3		July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Expanding Recovery Programs increases recovery outcomes; impacts local communities	
	M		1.2.7	Establish Medication-Assisted Treatment Diversion programs to serve 10 patients in 2020	6	10		July 1- June 30	DAODAS Division of Legal Compliance / Quarterly	Contract Deliverables / Monthly	Expanding best practices with treatment courts increases recovery outcomes	
	M		1.2.8	Increase the number of unduplicated persons connecting to the Recovery Community organizations to 3,000	2,735	3,000		July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Expanding Recovery Support for individuals connecting with recovery communities	

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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
	M		1.2.9		Increase the number of certified recovery residences	0	10		October 1 - September 30	DAODAS Division of Treatment / Annually	Contract Deliverables / Annually	Expanding access to certified recovery residences to increase recovery outcomes and impact local communities
	S		1.3		Increase Services to Patients With Opioid Use Disorder							
	M		1.3.1		Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%	7,036	7,388		July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M		1.3.2		Increase the Number of Patients Receiving MAT Services by 5%	3,387	3,557		July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M		1.3.3		Increase the Number of First Responders Trained in Opioid Reversal Protocols using Narcan by 5%	10,676	11,210		October 1 - September 30	DAODAS Division of Prevention / LEON Project/ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
	M		1.3.4		Increase coordination with the Departments of Correction (DOC) to enroll inmates in opioid recovery services by 10%	20	22		July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Increases Treatment Referrals; Increases Recovery Prospects.
	M		1.3.5		Increase the number of Prescription Drug Drop Boxes to 200	190	200		July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Monthly	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmful Drugs; Decreases Demand for Opiates.
	M		1.3.6		Increase the number of Narcan administrations through LEON and ROLL by 5%	513	539		July 1- June 30	DAODAS Division of Prevention / LEON Project/ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
	M		1.3.7		Increase the number of ED patients in pilot sites inducted on buprenorphine to 200	183	200		July 1- June 30	DAODAS Division of Treatment / Quarterly	Grant Deliverable / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M		1.3.8		Maintain availability of the 6 Tele-Health providers across the state	6	6		July 1- June 30	DAODAS Division of Treatment / MAT Report	Evaluation Data Reported at 6 Months	Telehealth Services Increases Access, Diagnosis and Treatment options for a range of SUD patients and telehealth-capable healthcare entities.
Public Infrastructure and Economic Development	G		2		Become a Leader in the Delivery of World Class Quality Services by 2020							
	S		2.1		Reduce Substance Use Disorder in South Carolina							
	M		2.1.1		Increase Effectiveness of Treatment Programs to 35% / Decrease Use	33.5%	35.0%		July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Provides Coverage for uninsured individuals increasing access to treatment and recovery assets.
	M		2.1.2		Increase Effectiveness of Treatment Programs by 2% / Increase Employment	10.0%	12.0%		July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	Impacts individual and family economic stability; Impacts South Carolina economic outputs.
	M		2.1.3		Maintain 90 day length-of-stay for 50% of individuals utilizing level 1 outpatient services	60.5%	50.0%		July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Longer treatment stays leads to better clinical outcomes
	M		2.1.4		Maintain percentage of patients completing treatment plan between 40-50%	45.0%	40-50%		July 1- June 30	DAODAS FY Discharge Outcomes Report	Entered Monthly / Reported Annually	Completion of treatment leads to lower rates of re-admission.
	S		2.2		Workforce Development							
	M		2.2.1		Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%	32	34		July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	Training and Retention of qualified counselor are essential to prevention, treatment and recovery efforts.
	M		2.2.2		Maintain the number of individuals certified to provide preventative services in South Carolina between 70 and 80	73	70-80		July 1- June 30	South Carolina Association of Prevention Professionals and Advocates (SCAPPA)/Annually	Entered and Reported Annually	Training and Retention of qualified counselors are essential to prevention and overall efforts.
	M		2.2.3		Maintain the number of individuals certified to provide treatment services in South Carolina between 650 and 700	691	650-700		July 1- June 30	South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC)/Annually	Entered and Reported Annually	Training and Retention of qualified counselors are essential to treatment and overall efforts.
Government and Citizens	G		3		Become a Leader in Collaboration and Integration							

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Program Template

Program/Title	Purpose	FY 2018-19 Expenditures (Actual)				FY 2019-20 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Administration	Administration	\$ 295,507	\$ 61,987	\$ 154,474	\$ 511,968	\$ 306,560	\$ 53,092	\$ 145,860	\$ 505,512	All Associated Measures
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.	\$ 9,191,037	\$ 173,450	\$ 35,798,252	\$ 45,162,739	\$ 16,687,528	\$ 526,112	\$ 45,579,719	\$ 62,793,359	All Associated Measures
Legal Compliance	Responsible for compliance standards, review of funding utilization, and accountability processes for the agency's contracted providers under the management of the department's attorney and ensures the agency exercise due diligence and functions sound internal controls so that operations are of the greatest integrity and is more protected against legal risk.	\$ -	\$ -	\$ -	\$ -	\$ 135,314	\$ 67,137	\$ 252,669	\$ 455,120	All Associated Contracts
Programs	Provides oversight and monitoring of projects and activities of AOD Authorities and other vendors to ensure achievement of goals.	\$ 130,367	\$ 225,574	\$ 6,466,362	\$ 6,822,303	\$ 130,461	\$ 224,041	\$ 7,502,152	\$ 7,856,654	All Associated Measures
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.	\$ 101,420	\$ 49,885	\$ 187,660	\$ 338,965	Restructured Agency's Program				1.2.1,1.2.2,1.2.3,1.2.6,1.2.7,1.2.8,1.2.9,1.3.1,1.3.2,1.3.4,1.3.6,1.3.7,1.3.8,3.1.1,3.3.1, 3.3.2

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Legal Standards Template

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	If yes, what type of service or product?	If other service or product, please specify what service or product.
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	Other service or product our agency must/may provide	Substance Use Disorder Services.
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	Other service or product our agency must/may provide	Substance Use Disorder Services.
3	US Public Law 102-321	Federal	Statute	Establishes the federal Substance Abuse Prevention and Treatment Block Grant with administration requirements.	Yes	Yes	Distribute funding to another entity	
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 56-5-2990.	State	Statute	Mandated Treatment for Convicted DUI Offenders	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
7	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i).	State	Statute	Authorizes funding for Gambling Addiction Services	Yes	Yes	Distribute funding to another entity	
8	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	Other service or product our agency must/may provide	The description of the law is self explanatory.
9	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	Other service or product our agency must/may provide	Local Substance Use Disorder agencies provide tobacco cessation programs.
10	Code of Laws of South Carolina, as amended, 1976, Section 56-1-2110 (G)	State	Statute	Requires individuals who have a commercial driver's license suspended due to a failed urine screen, to be assessed and treated, if necessary, by a DAODAS substance abuse professional.	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder agencies to provide substance use programming to those holding a CDL.
11	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	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder agencies to offer alcohol intervention programming.
12	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	Other service or product our agency must/may provide	DAODAS provides merchant education through its local substance use disorder providers.
13	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	Board, commission, or committee on which someone from our agency must/may serve	
14	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		
15	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		

16	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	Distribute funding to another entity	
17	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	Other service or product our agency must/may provide	Local Substance use Disorder agencies provide treatment services.
18	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		
19	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 practitioners who dispense or distribute controlled substances.	Yes	No		
20	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.1.	State	FY 2018-19 Proviso	Allows the agency to charge training and conference fees to support educational and professional development initiatives.	No	Yes	Report our agency must/may provide	
21	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.2.	State	FY 2018-19 Proviso	Directs the agency to provide gambling addiction services, including referral services and a mass communication campaign, pending appropriations.	Yes	Yes	Other service or product our agency must/may provide	Local Substance Use Disorder agencies provide gambling addiction programs.
22	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.3.	State	FY 2018-19 Proviso	Directs the agency to transfer \$1.9 million to the Department of Health and Human Services for the purposes of Medicaid Match.	No	No		
23	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.4.	State	FY 2018-19 Proviso	Allows the Department to carry forward from prior fiscal years into the current fiscal year unexpended funds in excess of the 10% of the agency's general fund appropriations.	No	No - Does not relate directly to any agency deliverables		
24	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 117.142.	State	FY 2018-19 Proviso	Directs the agency to work with certain entities in addressing the opioid crisis and specifically directs the agency to offer a collegiate recovery program and an MAT Diversion Program.	Yes	Yes	Distribute funding to another entity	Proviso Explanation is Self Explanatory.
25	Code of Laws of South Carolina, 1976, as amended, Section 44-49-10 et.seq.	State	Statute	Agency Enabling Legislation	Yes	Yes	Report our agency must/may provide	
26	§ 44-49-10	State	Statute	Establishes the South Carolina Department of Alcohol and Other Drug Abuse Services as a department of the Executive Branch.	No	Yes	Other service or product our agency must/may provide	
27	§ 44-49-20	State	Statute	Names that the Director will be named by the Governor of the State.	No	No - Does not relate directly to any agency deliverables		
28	§ 44-49-40	State	Statute	Directs the agency to perform research on drugs and alcohol abuse.	No	No - Does not relate directly to any agency deliverables		
29	§ 44-49-50	State	Statute	Assigns an attorney to the department through the Attorney General's Office	No	No - Does not relate directly to any agency deliverables		
30	§ 44-49-60	State	Statute	Names an Adult Education Supervisor for the prevention of alcoholism.	Yes	Yes	Other service or product our agency must/may provide	
31	§ 44-49-70	State	Statute	Names As Adult Prevention Supervisor.	No	No - Does not relate directly to any agency deliverables		

32	§ 44-49-80	State	Statute	Establishes a Program for the intervention, prevention and treatment for the public schools of the state.	Yes	No - But relates to sources of funding for one or more agency deliverables		
33	Code of Laws of South Carolina, 1976, as amended, Section 61-12-10 et.seq.	State	Statute	Local Excise Tax Funding Distribution / County Planning Required	Yes	Yes	Board, commission, or committee on which someone from our agency must/may serve	Local Substance Abuse Disorder must submit County Strategic Plans for approval by DAODAS to receive this funding.
35	§ 61-12-20	State	Statute	Directs county councils to designate an agency or organization to a appoint a governing body to right a county plan for a program to alcohol and drug abuse planning for that county.	No	Yes	Board, commission, or committee on which someone from our agency must/may serve	
36	§ 61-12-30	State	Statute	Requires Citizen Participation on the board of the local agency for citizen input.	Yes	Yes	Board, commission, or committee on which someone from our agency must/may serve	
37	§ 61-12-40	State	Statute	Designates how revenue funds must be spend.	No	No - But relates to manner in which one or more agency deliverables is provided	Distribute funding to another entity	
38	§ 61-12-50	State	Statute	Requires annual reports and audits to DAODAS for review.	No	No - But relates to sources of funding for one or more agency deliverables	Distribute funding to another entity	
39	§ 61-12-60	State	Statute	Allows counties to join together to designate a s ingle authority.	Yes	No - But relates to sources of funding for one or more agency deliverables	Distribute funding to another entity	
40	§ 61-12-70	State	Statute	These funds are considered supplemental to increase local, state or federal funding.	No	No - But relates to sources of funding for one or more agency deliverables	Other service or product our agency must/may provide	
41	Code of Laws of South Carolina, 1976, as amended, Section 56-1-286,	State	Statute	Underage DUI / Zero Tolerance / Administrative License Revocation / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
57	§ 56-1-385	State	Statute	If an individual petitions a court to reinstate a permanent drivers license, he or she shall have to complete and ADSAP program as administered through DAODAS	Yes	Yes	Other service or product our agency must/may provide	
113	§ 56-1-1320	State	Statute	A first offender also includes the mandatory completion of ADSAP through DAODAS.	Yes	Yes	Other service or product our agency must/may provide	
114	§ 56-1-1330	State	Statute	A provisional driver's license also includes the mandatory completion of ADSAP through DAODAS.	Yes	Yes	Other service or product our agency must/may provide	
141	§ 56-1-2110	State	Statute	Requires a drug and alcohol assessment certified by a Substance Abuse Professional as certified by DAODAS.	Yes	Yes	Other service or product our agency must/may provide	
159	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2930 et. seq.	State	Statute	DUI / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	
161	§ 56-5-2933	State	Statute	Driving with Unlawful Concentrations - enrollment in ADSAP is Mandatory	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
165	§ 56-5-2941	State	Statute	Failure to Follow Ignition Interlock Rules Require the submission to an ADSAP Assessment	Yes	Yes	Other service or product our agency must/may provide	
172	§ 56-5-2950	State	Statute	Implied Consent Failure	Yes	Yes	Other service or product our agency must/may provide	
173	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				
180	§ 56-5-2990	State	Statute	Suspension of a Driver's Licensed / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	

404	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2933 et. seq.	State	Statute	DUAC / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	
405	Code of Laws of South Carolina, 1976, as amended, Section 56-1-400	State	Statute	Requires mandatory treatment for Ignition Interlock Drivers who fail to follow the Ignition Interlock Law.	Yes	Yes	Other service or product our agency must/may provide	
407	Code of Laws of South Carolina, 1976, as amended, 44-52-10 et. seq.	State	Statute	Involuntary commitment procedures for those experiencing substance abuse.	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to provide DUI Programming.
440	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	Yes		
442	§ 24-13-1920	State	Statute	Directs DAODAS to establish of program of intervention, prevention and treatment for offenders and directs the department provide staff from funds appropriate annually by the general assembly.	Yes	Yes	Other service or product our agency must/may provide	The description of the law is self explanatory.
444	§ 24-13-1940	State	Statute	Directs cooperation between DAODAS and the DOC Director to develop policies to operate the center, fund the management of the center, including private contract, lease buildings, develop standards for counseling and disciplinary rules for residents of the center.	Yes	Yes	Other service or product our agency must/may provide	
450	South Carolina Code of Laws, 1976, as amended, Section 16-25-320 et.seq.	State	Statute	Designates the department as a member of the Domestic Violence Advisory Committee.	No	No - But relates to manner in which one or more agency deliverables is provided	Other service or product our agency must/may provide	
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Agency Name:

DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

Fiscal Year 2018-2019

Accountability Report

Agency Code and Section:

J200

037

Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Goal(s)
SAMHSA	Federal Government	Federal Block Grant Authority	All Goals Listed
Medicaid (DHHS)	State Government	Major Payor of SUD Services / Policy Development	Goals 1, 2 and 3 and associated strategies and measures.
DAODAS Staff	State Government	Integral to achieving agency vision, mission and goals.	All Goals Listed
Local SUD Providers	Local Government	Delivers direct SUD services to individuals, families and communities.	All Goals Listed
South Carolina General Assembly	State Government	Appropriates funding for SUD Services.	All Goals Listed
Governor's Office	State Government	Provides Leadership / Cabinet Agency	All Goals Listed
DSS	State Government	Major Client Partner	Goals 1, 2 and 3 and associated strategies and measures.
DOC	State Government	Major Client Partner	Goals 1, 2 and 3 and associated strategies and measures.
DMH	State Government	Major Client Partner	Goals 1, 2 and 3 and associated strategies and measures.
DHEC	State Government	Major Health Partner / Opioid Emphasis	Goals 1, 2 and 3 and associated strategies and measures.
LLR	State Government	Works closely with the agency to ensure that regulations governing the distribution of certain scheduled drugs is compliant with state law and medical protocols.	Goals 1 and 3 with associated strategies and measures.
South Carolina Behavioral 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.	Goals 1, 2 and 3 and associated strategies and measures.
Birth Outcomes Initiative (BOI)	State Government	Development of policy to reduce adverse birth outcomes.	Goals 1, 2 and 3 and associated strategies and measures.
Healthy Outcomes Program	State Government	Targeting chronic disease among Medicaid recipients.	Goals 1, 2 and 3 and associated strategies and measures.
Primary and Emergency Room Physicians	Professional Association	Identifying SUD Patients	Goals 1, 2 and 3 and associated strategies and measures. Emphasis added on Goal 3.
SC Joint Council on Children and Adolescents	State Government	Develop a coordinated system of care that promotes the efficient provision of effective services for children, adolescents, and their families.	Goals 1, 2 and 3 and associated strategies and measures.
SC Hospital Association	Non-Governmental Organization	To support its member hospitals in creating a world-class health care delivery system for the people of South Carolina by fostering high quality patient care and serving as effective advocates for the hospital community.	Goals 1, 2 and 3 and associated strategies and measures.
Opioid Treatment Providers	Health Care Providers	Provides Medication Assisted Treatment (Methadone) to opiate addicted individuals	Goals 1, 2 and 3 and associated strategies and measures.
First Responders (EMS / Police / Fireman)	Health Care Providers / LEAs / Non-Governmental Agency	Provides health care services, first on the scene to address emergencies.	Goals 1, 2 and 3 and associated strategies and measures.

Agency Name: DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

Fiscal Year 2018-2019
Accountability Report

Agency Code: J200 Section: 037

Report and External Review Template

Item	Is this a Report, Review, or both?	Report or Review Name	Name of Entity Requesting the Report or Conducting Review	Type of Entity	Reporting Frequency	Current Fiscal Year: Submission Date or Review Timeline (MM/DD/YYYY)	Summary of Information Requested in the Report or Reviewed	Method to Access the Report or Information from the Review
1	External Review and Report	Governance, Risk and Compliance Review	SC Enterprise Information System (SCEIS) Security section	State	Annually	State Fiscal Year 2018	Efforts to Update Mitigation Controls with the Accounting and Reporting Sections of the Agency	Strategic Planning, Accountability and Funding Information
2	External Review only	State Site Visit - Center for Substance Abuse Prevention (CSAP) review of SC Discretionary Prevention Grants - Partnership for Success, Prevention Prescription Drug/Opioid Overdose-Related Death and Opioid State Targeted Response	Substance Abuse and Mental Health Services Administration (Tonia Schaffer)	Federal	Other	Overall review of the grants - Year-to-Date 2019	State Visit - Review of Prevention Efforts, Projects, Progress and County Providers On-Site Review	State Plan for the Expenditure of Federal Funding
3	External Review and Report	Agreed-Upon Procedures (AUP)	State Auditors Office	State	Annually	State Fiscal Year 2017	A Review of various Accounting, Reporting, Contractual and Human Resources Functions	Details Annual Youth Buy-Rate of Tobacco Sales
4	Internal Review and Report	Petty Cash Review	Agency's Audit Section - Compliance Review	Local Govt.	Twice a year	State Fiscal Year 2018	Review of Procedures and Reconciliations	Required Financial Reporting for various Federal Grants
5	Internal Review and Report	FDA- Tobacco Compliance Review	Agency's Audit Section - Compliance Review	Local Govt.	Twice a year	State Fiscal Year 2018	Review of Procedures and Reconciliations	Required Financial Reporting for various Federal Grants
6	Internal Review and Report	Annual Accountability Report	Executive Budget Office	State	Annually	September 15, 2018	Strategic Planning, Accountability and Funding Information	Required Financial Reporting for various Federal Grants
7	Internal Review and Report	Substance Abuse Block Grant Application and Report	Substance Abuse and Mental Health Services Administration	Federal	Annually	October 1, 2018	State Plan for the Expenditure of Federal Funding	Review of Procedures and Reconciliations
8	Internal Review and Report	SAPT Block Grant Synar Report	Substance Abuse and Mental Health Services Administration	State	Annually	December 1, 2018	Details Annual Youth Buy-Rate of Tobacco Sales	Required Financial Reporting for various Federal Grants
9	Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Quarterly	Federal Fiscal Year 2017-2018	Required Financial Reporting for various Federal Grants	Required Financial Reporting for various Federal Grants
10	Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Twice a year	Federal Fiscal Year 2017-2018	Required Financial Reporting for various Federal Grants	Required Financial Reporting for various Federal Grants
11	Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Annually	Federal Fiscal Year 2017-2018	Required Financial Reporting for various Federal Grants	Required Financial Reporting for various Federal Grants
12	Internal Review and Report	Petty Cash Review	Agency's Audit Section - Compliance Review	Local Govt.	Twice a year	State Fiscal Year 2019	Review of Procedures and Reconciliations	Required Financial Reporting for various Federal Grants
13	Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Quarterly	Federal Fiscal Year 2018-2019	Required Financial Reporting for various Federal Grants	Required Financial Reporting for various Federal Grants
14	Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Twice a year	Federal Fiscal Year 2018-2019	Required Financial Reporting for various Federal Grants	Required Financial Reporting for various Federal Grants
15	Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Annually	Federal Fiscal Year 2018-2019	Required Financial Reporting for various Federal Grants	Required Financial Reporting for various Federal Grants