



DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

Budget Request Fiscal Year 2018-2019

Prepared for:

**Healthcare Budget Subcommittee
House Ways and Means Committee**

***SOUTH CAROLINA DEPARTMENT OF
ALCOHOL AND OTHER DRUG ABUSE SERVICES
(DAODAS)***

***Budget Request
Fiscal Year 2018-2019***

***Healthcare Budget Subcommittee
House Ways and Means Committee***

January 23, 2018

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South Carolina Department of Alcohol and Other Drug Abuse Services

HENRY McMASTER
Governor

SARA GOLDSBY
Interim Director

January 23, 2018

The Honorable G. Murrell Smith, Jr., Chairman
The Honorable William "Bill" Clyburn
The Honorable Garry R. Smith
The Honorable Jimmy Bales

Healthcare Budget Subcommittee
House Ways and Means Committee
South Carolina State House of Representatives
Columbia, South Carolina 29201

Dear Mr. Chairman:

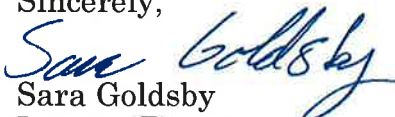
The Department of Alcohol and Other Drug Abuse Services (DAODAS) respectfully submits the following Fiscal Year 2018-2019 (FY19) budget plan for your consideration.

As opioid abuse has reached epidemic levels in South Carolina, DAODAS is at the forefront of delivering both prevention and treatment services. The General Assembly awarded the department \$1.75 million in Fiscal Year 2016-2017 to meet this challenge head on. DAODAS has utilized this funding to increase the state's capacity to prevent and treat opioid addiction and to expand access to effective medications (including the life-saving naloxone), and is partnering to increase the number of prescribers for medication-assisted treatment across the state, particularly in rural areas.

For FY19, DAODAS is requesting an additional \$1.25 million in state funds to continue meeting the challenges that lie ahead related to the opioid epidemic. In addition, DAODAS is requesting \$3 million in infrastructure funding for Act 301 alcohol and drug treatment facilities; a \$100,000 allocation from the unclaimed prize fund of the Lottery Expenditure Account for gambling addiction, as required by state statute; and \$6.5 million for an increase in federal authorizations.

Thank you for your consideration. If you have any questions concerning this request, please do not hesitate to call on me.

Sincerely,


Sara Goldsby
Interim Director

SG/sld/jmm

DAODAS

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South Carolina Department of Alcohol and Other Drug Abuse Services Fiscal Year 2017 Highlighted Agency Accomplishments

DAODAS Strategic Direction

Capitalizing on 60 years of success in ensuring access to substance use disorder (SUD) services for the citizens of South Carolina, and throughout Fiscal Year 2017 (FY17), the department continued working toward a refined strategic direction for the agency, as well as providing the necessary leadership for the SUD field in our state. DAODAS set three goals for FY17: to increase and improve collaborative efforts; to promote community engagement; and to integrate healthcare systems for both physical and behavioral health – ensuring the right service at the right time in the right environment. In addition, DAODAS has 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.

Specific areas of focus include: increased capacity of providers to help the state's citizens in need of SUD prevention, treatment, and recovery services, thereby impacting access disparities; enhancing individual, family, and community outcomes; increasing coordination efforts; integration of primary and behavioral health care; 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 and Opioid 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 2017, 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 has 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 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 4,000 law enforcement officers have been trained across 127 agencies in overdose prevention and administration of Narcan® (the form of naloxone being used), resulting in 141 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 charge 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;
- expand recovery-support services by providing peer support specialists in 19 locations across the state, including emergency rooms;
- expand access to medication-assisted treatment for pregnant and parenting women;
- expand evidence-based programming; and
- expand the use of telemedicine within the alcohol and drug abuse provider system.

Evidence-Based Prevention Services

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 use disorders 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, 6,696 compliance checks were conducted, resulting in 574 purchases for an effective buy rate of 8.6%. In addition – and attendant to tobacco compliance checks – AETs completed 543 purchases attempts, with 30 purchases made for a buy rate of 5.5%. Activities also included public safety checkpoints (434), with officers coming in contact with 5,700 vehicles. More than 140 DUIs were recorded during these checkpoints, 24 felony arrests were made, 20 fugitives were apprehended, nine citations were written to underage youth for “zero tolerance” violations, and 10 stolen vehicles were recovered.

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 the ability of South Carolina young people 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 Federal Fiscal Year 2013. In addition, the department operates the South Carolina FDA Tobacco Inspection Program, which ranks third in the nation for tobacco inspections, with a buy rate for 2017 (to date) of 11.82%.

Treatment Outcomes and Collaboration

Through treatment and recovery programs in South Carolina, patients' past-30-day use of substances decreased by 34.9%; patients' past-30-day use of alcohol decreased by 24%; and patients' 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 substance use disorder 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 Fiscal Year 2018 (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 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 individuals with substance use disorders (SUDs). A contract with Oxford House Inc. continued during FY17. Oxford House is an organization that establishes self-sustaining residences for individuals in recovery from SUDs. 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 the cost of assessments for the uninsured. In short, funds were contracted to fund priority treatment for indigent 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. More than 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%.

South Carolina Department of Alcohol and Other Drug Abuse Services Medication-Assisted Treatment

Current State of the Opioid Problem

Statewide, the number of admissions for treatment related to opioid use disorder at state-funded agencies continues to increase, as does the number of emergency department discharges related to opioid dependency and opioid overdose. Additionally, more opioid overdose deaths are occurring, and state agencies are identifying more deaths previously overlooked, as well as other indicators of the previously unrecognized opioid problem. In 2017, 6,049 South Carolinians sought help for a problem with opioids at a state-funded agency. During that same year, 616 South Carolinians were lost to opioid-related deaths.

DAODAS Response

Medication-assisted treatment (FDA-approved medication in combination with evidence-based counseling therapy) is highly effective at treating and managing opioid use disorder. Medications proven to effectively treat opioid use disorder in conjunction with psychosocial therapies include methadone, buprenorphine, and naltrexone.

As per recommendation of the federal Substance Abuse and Mental Health Services Administration and the Governor's Prescription Drug Abuse Prevention Council, and with support of the General Assembly, DAODAS is increasing South Carolina's capacity to treat individuals and families, so that every person in our state who struggles with opioid use has every option available to successfully achieve recovery.

Early expansion of medication-assisted treatment services has been targeted toward geographic areas of highest need. Those areas have been identified based on county-level data that determines prevalence of morbidity and mortality related to opioid use disorder.

To date, 13 treatment agencies have received technical and financial assistance, either to increase staff to include physicians, pharmacists, case managers, and peer support specialists; and/or to assist them in developing agreements, policies, and procedures for partnerships with local healthcare provider agencies that deliver medical services related to medication-assisted treatment.

DAODAS, as a payer of last resort, is reimbursing the costs of medications and directly related ancillary medical services for patients who are uninsured, ineligible for Medicaid, and unable to pay, and are receiving services at any county alcohol and drug abuse authority.

Appropriation Directives

Pursuant to Proviso 33.20 of the 2017-2018 Appropriations Act, DAODAS is working with the South Carolina Department of Health and Human Services (DHHS), the Medical University of South Carolina, and two local substance use disorder (SUD) service providers to implement evidence-based intervention and coordination of care for patients with opioid use disorder in emergency rooms at hospitals in the hardest-hit areas of the state. This pilot will introduce the

use of medications while at the hospital and ensure a protocol of referral and thus a warm hand-off to the local SUD service provider.

Pursuant to Proviso 111.135 (A) of the 2017-2018 Appropriations Act, DAODAS is working with the DHHS to implement telehealth services for the treatment of opioid use disorder within the state system of SUD service providers. With an implementation date of January 1, 2018, MAT providers within this state system will be able to use telehealth equipment to assist in the diagnosis and treatment of opioid dependence, which will be of great assistance in the rural areas of South Carolina.

State Targeted Response Grant

In May 2017, DAODAS received \$6.5 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a State Targeted Response Grant to target opioid abuse in South Carolina. The following are the successes of this project to date:

- In September, DAODAS sponsored the South Carolina Governor's Opioid Summit, a statewide conference featuring national, state, and local experts including the Honorable Bertha K. Madras, Ph.D., of the President's Commission on Combating Drug Addiction and the Opioid Crisis, persons with lived experience, and other experts presenting on multiple aspects of the topic. Almost 600 individuals – including physicians, pharmacists, behavioral health professionals, administrators, nurses, municipal leaders, and law enforcement officers – attended for education and discussion on the impact of the crisis and the solutions already being implemented in South Carolina. The department awarded approximately 300 certificates for continuing education totaling almost 1,500 hours for attendees across these professional fields. DAODAS believes that its workforce is better informed on this issue as a result of the Governor's Opioid Summit, which carried a message that the opioid crisis is a multi-sector issue. Plans are to make the Opioid Summit an annual event.
- DAODAS has expanded its system's capacity to provide therapy and medication to opioid use disorder patients. An additional five substance use disorder (SUD) providers have been added to the 13 already approved to offer MAT therapies and medication access.
- DAODAS has partnered with Federally Qualified Health Centers through local SUD providers to ensure therapies and medications are provided.
- The department has expanded Vivitrol availability to Department of Corrections inmates who are about to be released.
- DAODAS has hired 19 peer support specialists. Two of these specialists are facilitating transition from prisons and jails back to the community; the remainder are providing support in emergency departments and recovery support services to opioid use disorder patients in counties with the greatest need.
- DAODAS has contracted with 15 opioid treatment programs to provide methadone to pregnant and post-partum women receiving treatment.
- DAODAS has developed an opioid media campaign that will be launched in January 2018.
- The department has expanded naloxone training to first responders.

South Carolina Overdose Prevention Project

Opioid use is associated with increased mortality. The leading causes of death in individuals using opioids for non-medical purposes are overdose and trauma.

The goal of this initiative is to reduce overall mortality related to opioid misuse. The objectives of the project are to establish statewide infrastructure for naloxone administration, increase the number of first responders and at-risk citizens trained in the administration of naloxone by 25% during each year of the grant, and ensure access to naloxone for those individuals seeking treatment who are at risk of opioid overdose, regardless of their ability to pay.

Fifteen high-need counties were identified through review of data and selected based on specific data indicators. Law enforcement agencies in jurisdictional areas with high rates of overdose will be prioritized for training. First responder trainings will be conducted by lead staff working in the Department of Health and Environmental Control (DHEC)'s Bureau of Emergency Medical Services and the Fifth Judicial Circuit Solicitor's Office. The law enforcement officers will be able to possess and administer the overdose antidote purchased by the state. Additional counties will be identified and trained in future years.

As of December 1, 2017, 4,000 law enforcement officers at 127 agencies have been trained on overdose prevention and naloxone administration, and 141 South Carolinians have been rescued by law enforcement officers.

Beginning in January 2017, DAODAS will provide training to staff working in the state-funded substance use disorder treatment agencies in high-need counties before expanding to all agencies statewide. Treatment staff will then train patients who have used opioids and their caregivers on overdose prevention and naloxone administration. Once trained, patients and caregivers unable to pay for the drug will be given access to state-purchased naloxone at their local DHEC public health clinics made available through a DAODAS-DHEC partnership.

DAODAS Response to the Opioid Crisis			
Category of Strategies	State Targeted Response (Federal) Grant ends 2019	SC Overdose Prevention Project (Federal) Grant ends 2021	Medication-Assisted Treatment (State)*
Telehealth:			
Hub, User Sites & Bandwidth for County Providers & SCDC Pre-Release Sites	\$71,018		\$308,035
Medications:			
Methadone, Buprenorphine, Vivitrol & Naloxone	\$630,000	\$93,000	\$486,052
Methadone-OTP Contracts for Pregnant/Postpartum Women	\$756,000		
Naloxone Kits for Law Enforcement & Patients		\$306,379	\$115,540
Treatment Services:			
Individual & Group Counseling, Intensive Outpatient (IOP) only to complement MAT	\$1,000,000		
Treatment Capacity Building:			
County Providers: Pharmacists, Physicians, Case Managers, Nurses, Counselors	\$246,267		\$633,524
DAODAS Medical Director			\$42,500
DAODAS Legal Counsel	\$50,000		\$5,000
MUSC: Academic Detailing, Website, Training & Support for Prescribers Statewide	\$674,900		
Recovery:			
Peer Support Specialists: Rural Areas, Detox Center, County Jail & Detention Centers (19 Total)	\$850,000		
Emergency Room Peer Support	\$190,187		
Collegiate Recovery Group	\$8,030		
FAVOR - Grand Strand & Tri-County	\$100,000		
Prevention:			
Community Paramedic Follow-Up After Overdoses, SCRIPTS Links Data System (both through DHEC)	\$203,404		
Public Awareness: Statewide Media Campaign, Provider System Training Collaborative, Statewide Behavioral Health Coalition	\$1,085,000		\$3,900
Training:	\$443,867		
Modified Interpersonal Group Psychotherapy (MIGP), Adolescent Community Reinforcement Approach (A-CRA), Peer Support Specialist Training & Clinical Supervision			
Process and Outcome Evaluation (DHEC & DAODAS):	\$29,250	\$69,459	
Administrative Cost:			
DAODAS Personnel, Supplies, Travel & Fringe	\$237,700		\$155,449
Total	\$6,575,623	\$468,838	\$1,750,000

South Carolina Department of Alcohol and Other Drug Abuse Services Infrastructure Funding – County Alcohol and Drug Abuse Authorities

As with any service system, attention must be paid to infrastructure needs – elements that undergird a system’s operational objectives. As time has passed, the pursuit of expansion, the changing economy, the changing healthcare system, changes in public administration of the system that have led to an erosion of state block grant funding – and the erosion in the alcohol excise tax upon which the system was founded – have ultimately led to a service system stretched to meet basic infrastructure needs, including facility management.

Coupled with changing demands and requirements for accountability of the expenditure of public funds, the system must meet ever-increasing demands to show positive outcomes and human capital investment, as well as to stay abreast of the changing technology and program advances in the field of addictions.

The quality of county authority infrastructure is a factor in the level of access, engagement, and duration of treatment. DAODAS has launched an initiative to improve system infrastructure. This plan reflects an overall priority focus on the more rural providers, and within that view, those with higher levels of need as indicated by both health status factors and substance use disorder prevalence indicators. These indicators include alcohol impairment deaths, alcohol-related emergency room discharges, opioid deaths, rate of specialty mental health care, rate of heart attacks and diabetes, and other demographic indicators.

The specific funding priority will also consider urgency as reflected by critical timing or quality issues such as DHEC, CARF, or ADA issues. Additional weight will be given to “shovel readiness” and, in certain cases, to the availability of local match.

The department has developed a provider need metric based on these criteria. In FY17, \$3 million was distributed. The chart below details awardees.

FY17 Infrastructure

Awardee	Type of Infrastructure	\$ Amount
Fairfield	Installment payment on new building	\$ 750,000
Circle Park (Florence)	Installment payment on new building	\$ 750,000
Trinity (Marion, Dillon, Marlboro)	Payment for new building	\$ 650,000
Williamsburg	Renovation of satellite office in Hemingway	\$ 250,000
Georgetown	Renovation of current building	\$ 130,000
Anderson/Oconee	Establishment of safe housing facility for individuals returning to the community from incarceration	\$ 100,000
Cornerstone (Greenwood, Edgefield, McCormick, Abbeville)	Project completion in Abbeville and general upgrades in Edgefield, Greenwood, and McCormick	\$ 95,000
Chester	Renovation of existing building	\$ 67,000

Awardee	Type of Infrastructure	\$ Amount
Union	General upgrades, to include carpet and windows	\$ 65,000
ALPHA Center (Kershaw)	Installation of a new roof	\$ 52,000
Colleton	General upgrades, to include a new HVAC system	\$ 35,000
Pickens	Installment payment on ADA-compliant elevator	\$ 31,000
GateWay (Laurens)	Installation of a new HVAC system and parking lot upgrades	\$ 25,000
	Total Allocated	\$3,000,000

Note: Funds were requested and approved through the Governor's Office.

Note: Funds were awarded through the Capital Reserve Fund Act No. 285.

South Carolina Department of Alcohol and Other Drug Abuse Services Gambling Services

Mandates

Section 59-150-230(I) of the **South Carolina Education Lottery Act** directs that a portion of **unclaimed prize money** – *to be determined through the annual appropriations process* – be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling “hotline,” prevention programming and, in part or in total, mass communications efforts.

DAODAS Proviso 37.2 (Renumbered Base) positions DAODAS as the primary resource for services related to compulsive gambling and directs the department to provide information, education, and referral services.

Funding History

DAODAS received funding through the unclaimed prize fund per Section 59-150-230(I) twice in the first 10 years of the Lottery. The General Assembly provided appropriations for gambling services in Fiscal Year 2002, with funding finally awarded to DAODAS in January 2004 through a grant process overseen by the Budget and Control Board. This funding (\$1 million) was depleted in July 2008.

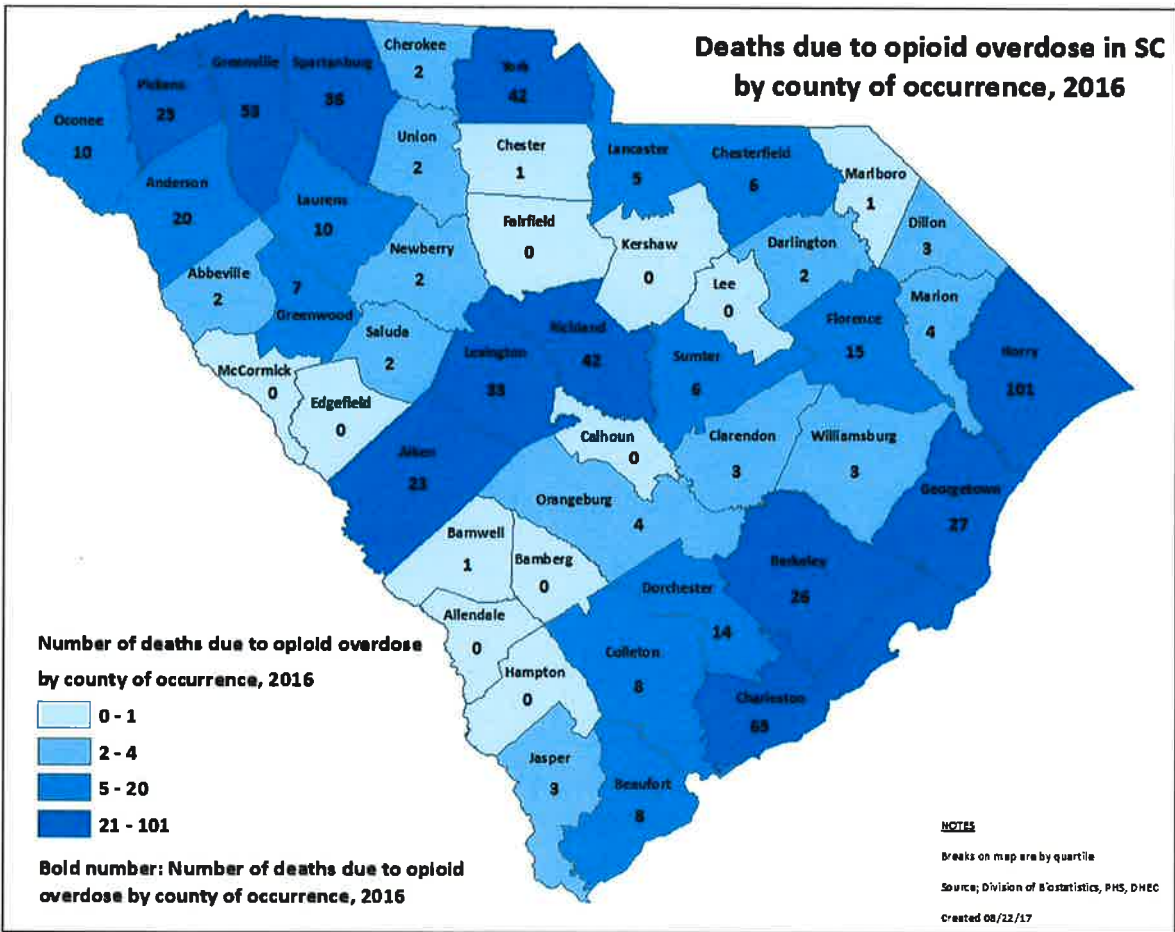
DAODAS then was appropriated dollars in Fiscal Year 2008 from the unclaimed prize fund to continue its efforts to provide education and treatment services for problem and pathological gamblers. These funds (\$500,000) were provided to the agency in April 2008. The department utilized these funds to cover gambling services until they were expended in full in Fiscal Year 2010. During Fiscal Years 2012 and 2013, the agency received \$100,000 from the certified unclaimed prize fund to operate gambling addiction services, and an additional \$300,000 for Fiscal Years 2014 and 2017 to continue services to this population.

Services Provided

Funding for gambling services is used for the prevention, intervention, and treatment of problem and pathological gambling. Specifically, the products and services provided include: a) operation of a 24/7 telephone crisis-intervention and referral “helpline”; b) sub-contracts for the screening and treatment of problem and pathological gambling; c) no-cost training for gambling counselors employed by county alcohol and drug abuse authorities; d) a Gambling Registry of Qualified Providers; e) identifying and approving outcome instruments used at assessment, discharge, and 90-day follow-up; f) authorizing problem and pathological gambling services through a utilization-review process; g) providing field technical assistance; and h) developing and implementing a marketing plan that includes the production of print, television, and radio public service messages.

Outcomes

Since calendar year 2004, when services began, approximately 5,000 individuals have received crisis-intervention and/or treatment services for problem and pathological gambling.



2016 Deaths Due to Opioid Overdose in South Carolina

Top 5:

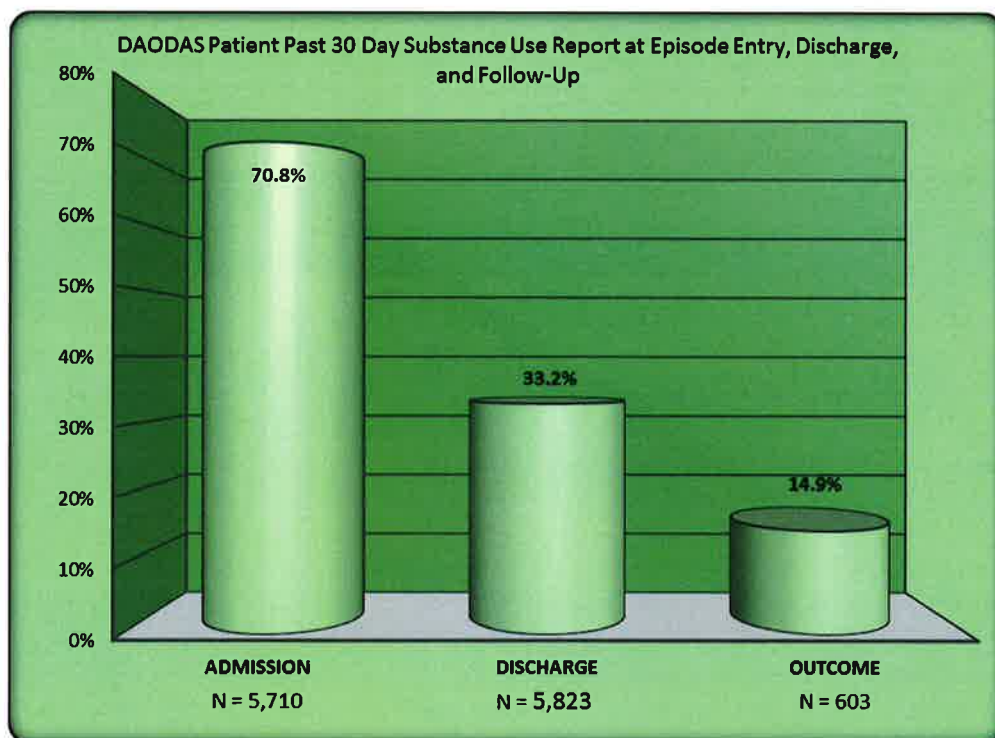
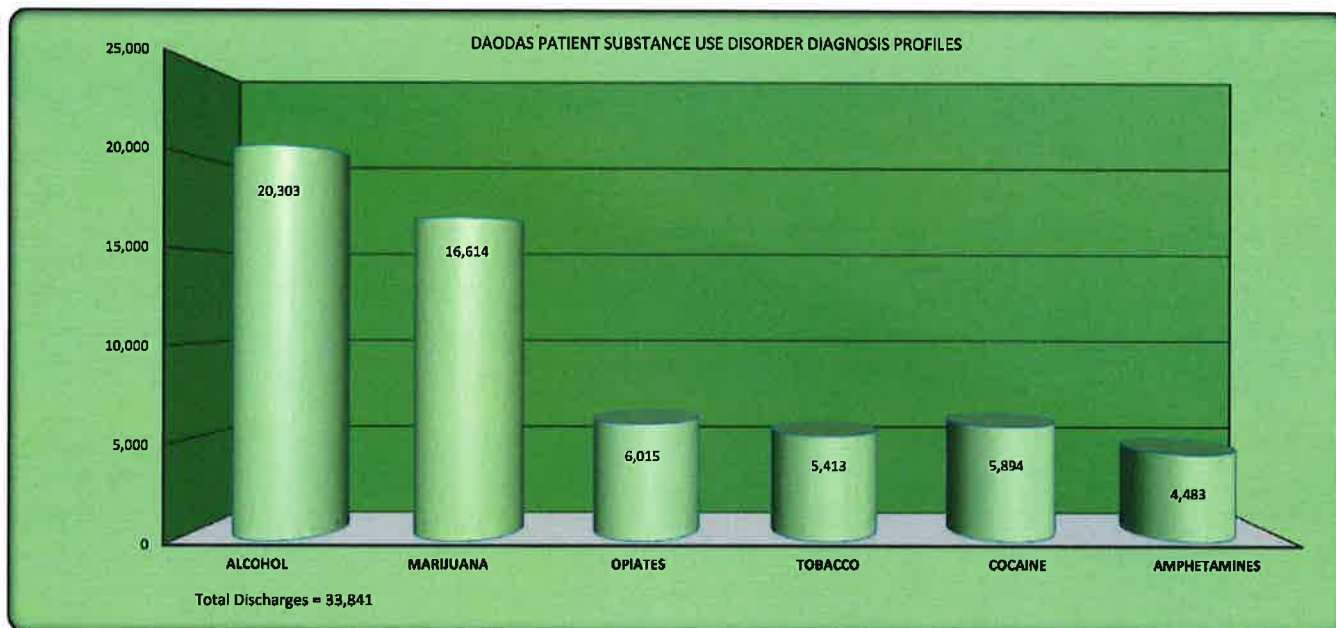
1. Horry County (101 deaths)
2. Charleston County (65 deaths)
3. Greenville County (53 deaths)
4. York County (42 deaths)
5. Richland County (42 deaths)

6 through 10:

6. Spartanburg County (36 deaths)
7. Lexington County (33 deaths)
8. Georgetown County (27 deaths)
9. Berkeley County (26 deaths)
10. Pickens County (25 deaths)

Data Source: Division of Biostatistics (Vital Statistics), S.C. Department of Health and Environmental Control

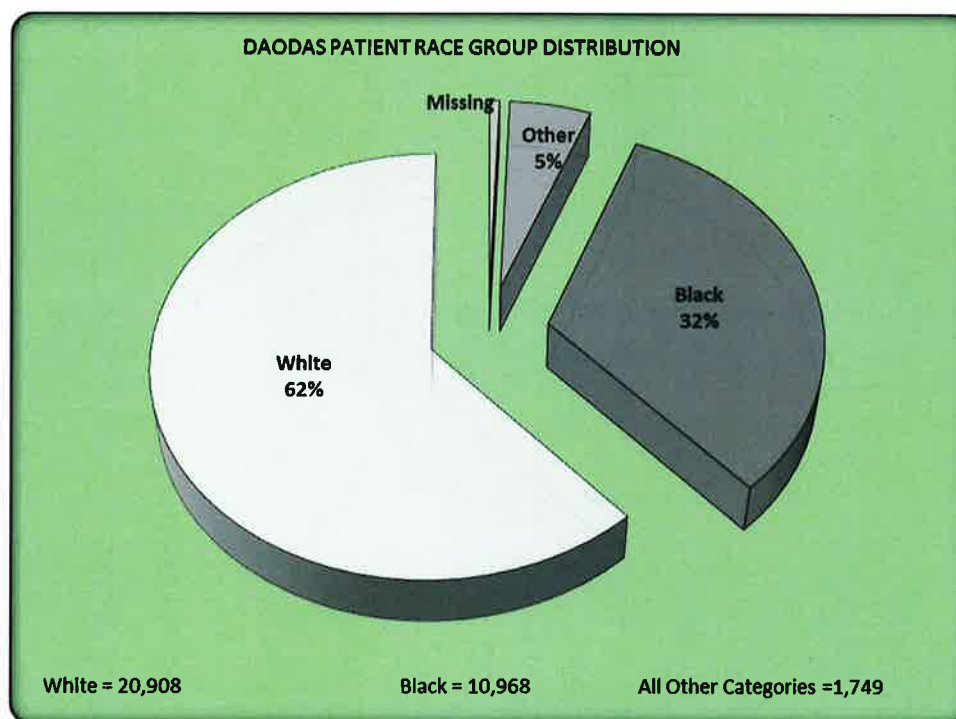
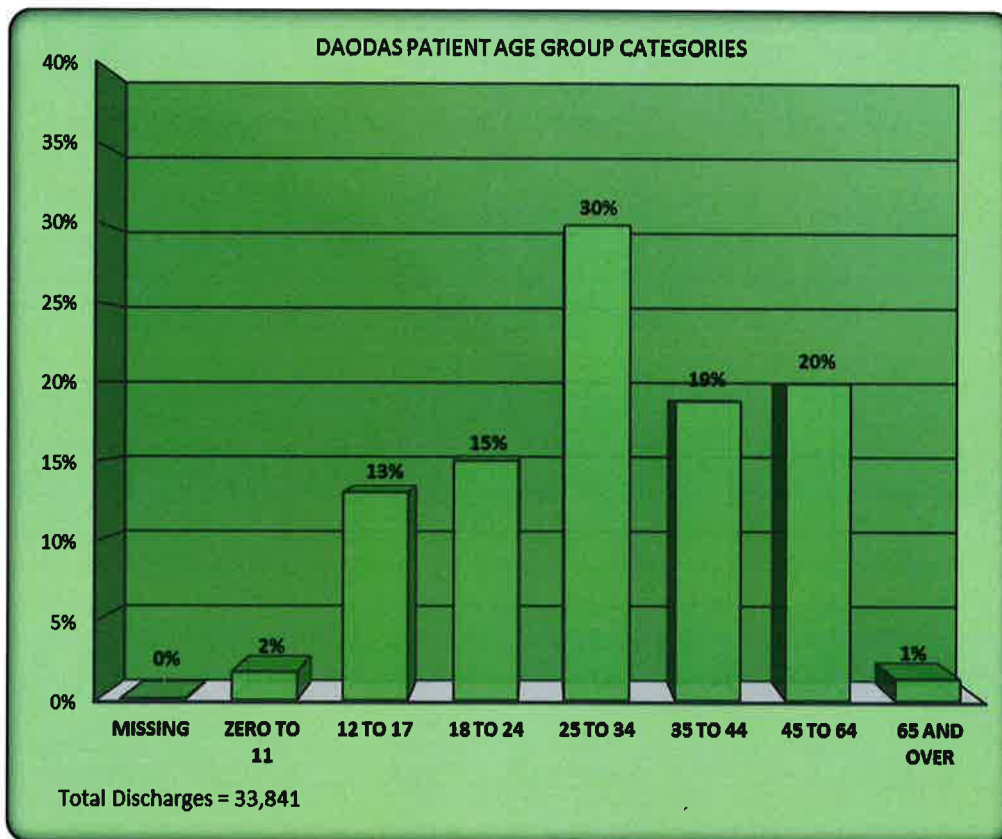
South Carolina Department of Alcohol and Other Drug Abuse Services Opioid Use Disorder Profiles

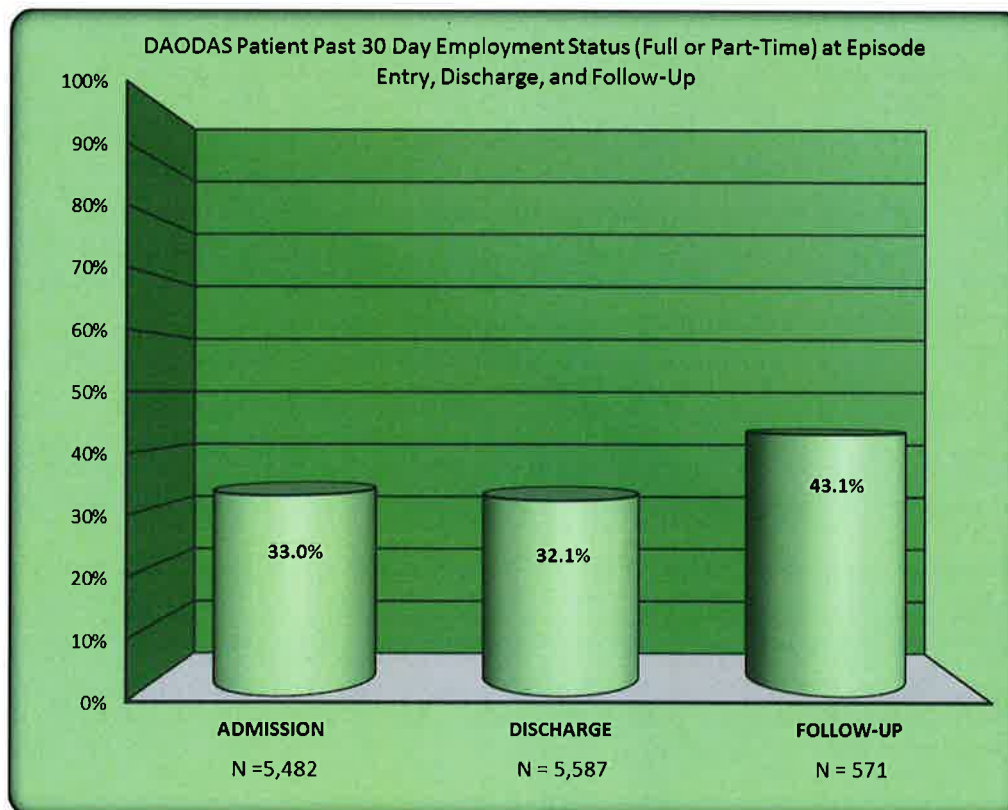
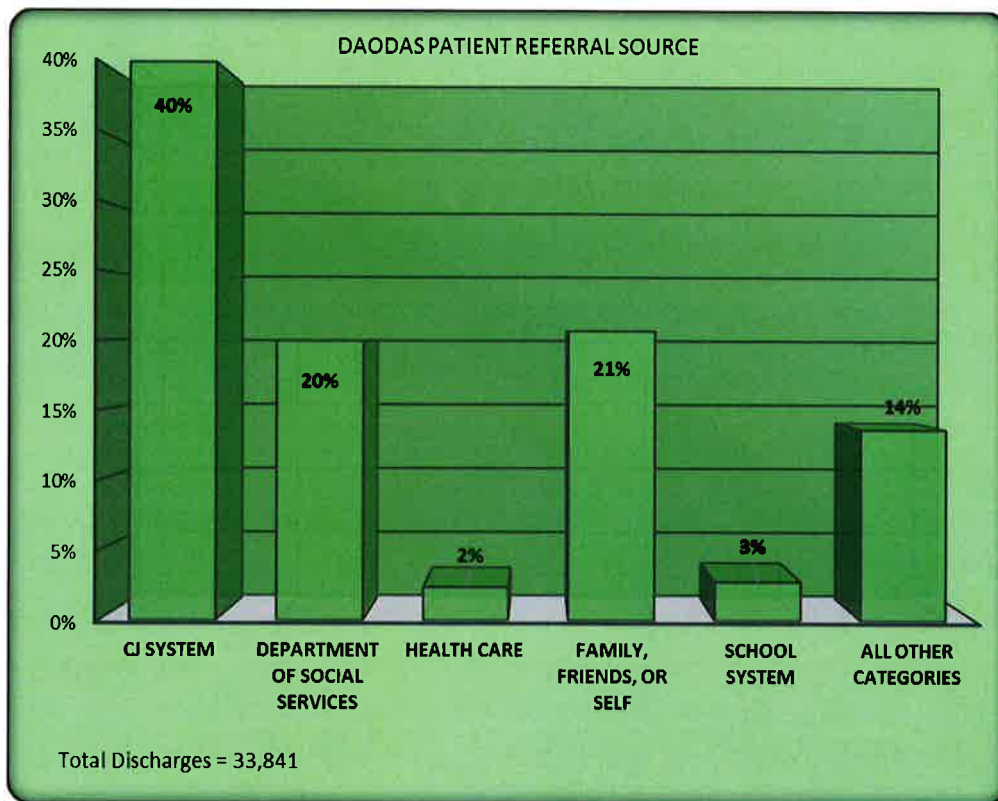


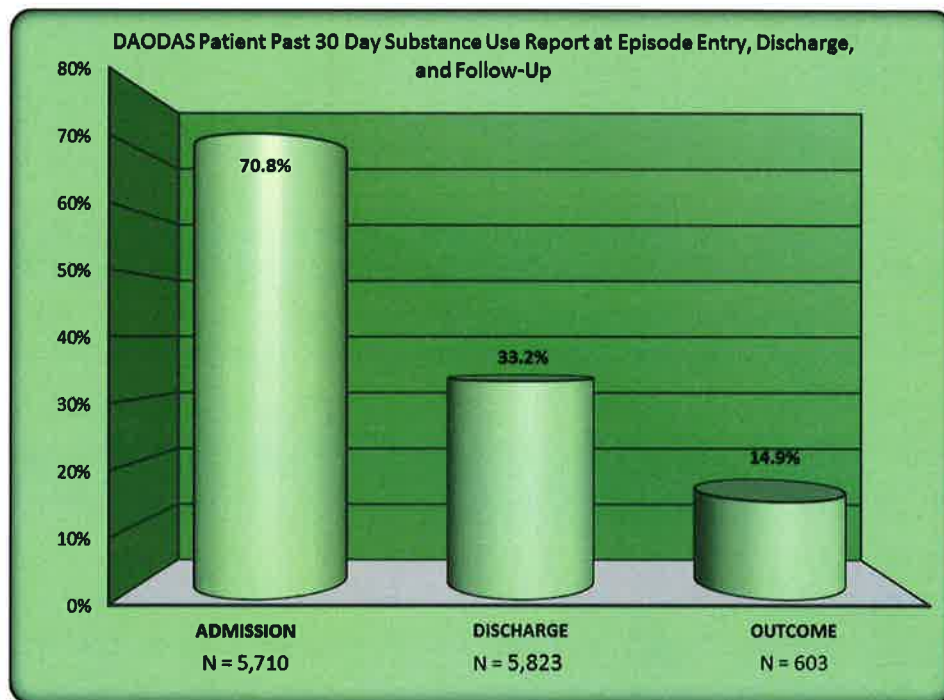
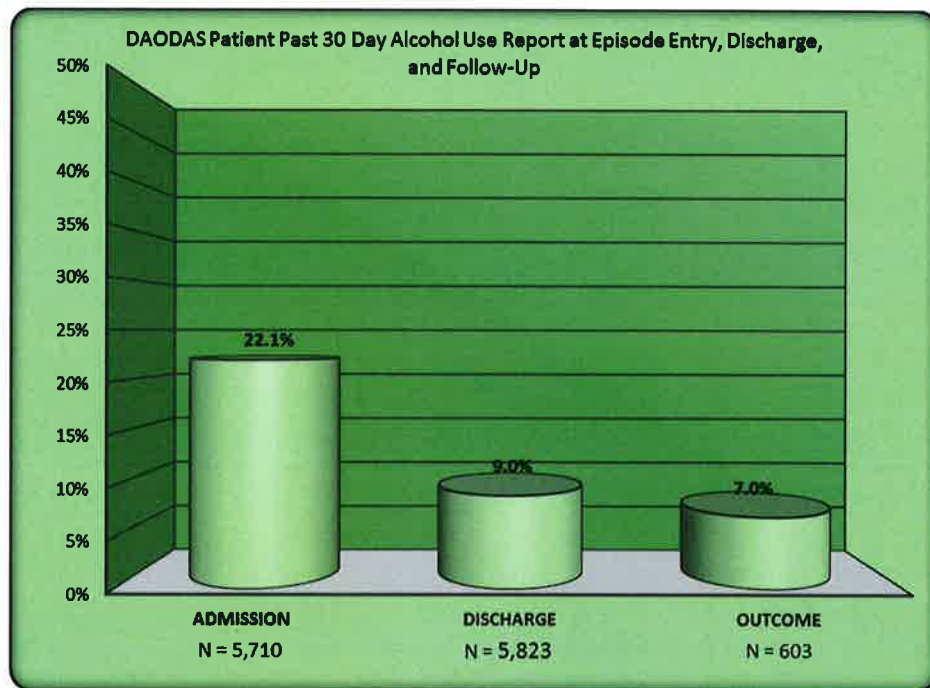
Data Source: DAODAS

South Carolina Department of Alcohol and Other Drug Abuse Services

General Data Statistics

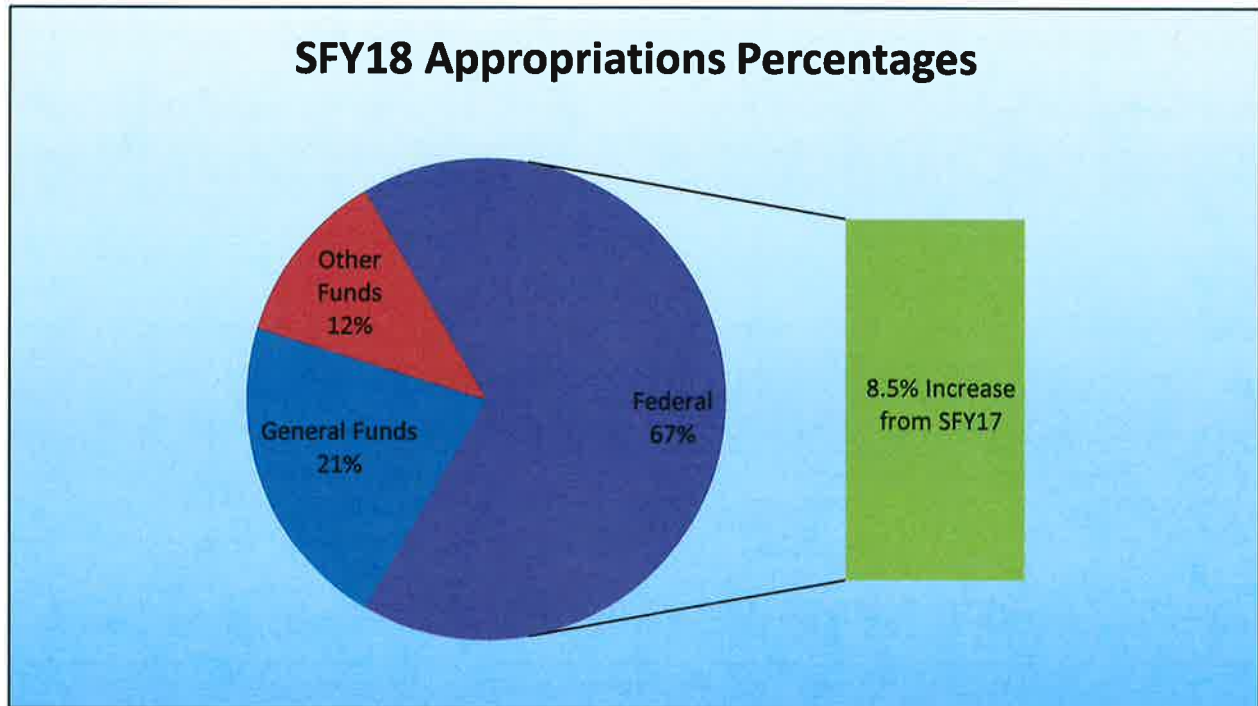






Data Source: DAODAS

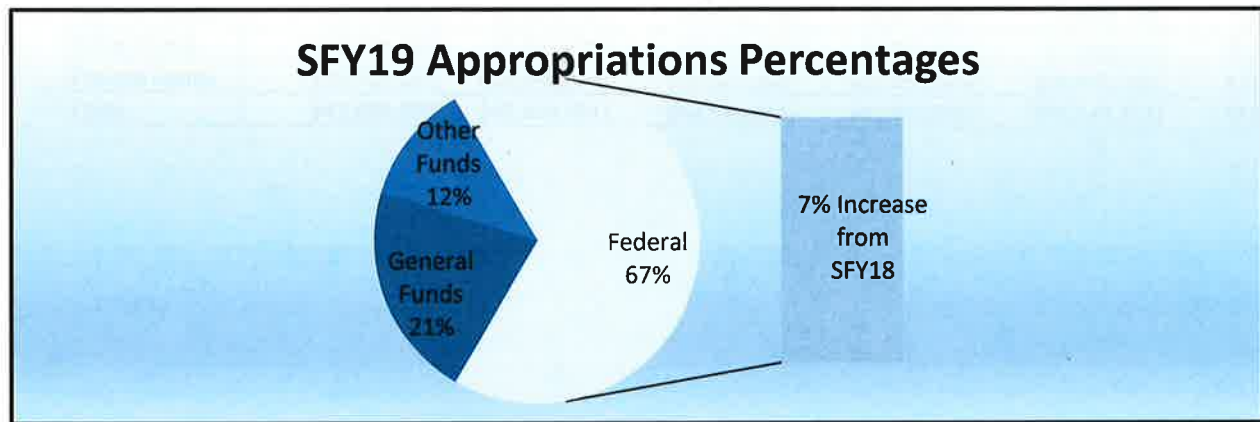
**South Carolina Department of Alcohol and Other Drug Abuse Services
Total Fund Authorizations and Expenditures**



Appropriations Key:

General Funds	\$12,950,737
Other Funds	\$ 7,168,067
Federal Funds	\$40,617,730
Total Budget:	\$60,736,534

**South Carolina Department of Alcohol and Other Drug Abuse Services
FY2019 Request Overview**



SFY19 Appropriations				
	General Funds	Other Funds	Federal Funds	Total Funds
SFY18 Base	\$8,700,737	\$7,096,362	\$33,254,410	\$49,051,509
SFY19 Recurring	\$1,250,000	\$0	\$6,575,623	\$7,825,623
SFY19 Non-Recurring	\$3,000,000	\$0	\$0	\$3,000,000
Total SFY19 Request	\$4,250,000	\$0	\$6,575,623	\$10,825,623
SFY19 Appropriations	\$12,950,737	\$7,096,362	\$39,830,033	\$59,877,132

** Recurring - Enhanced Response for Opioid Use Disorder - \$1,250,000* to increase access to treatment, reduce unmet treatment needs, and reduce opioid-related deaths.

**South Carolina Opioid State Targeted Response - \$6,575,623* for comprehensive effort against the opioid epidemic, to include a statewide media campaign, financial assistance to the indigent for medications and talk therapy, expansion of peer support and recovery services, and partnering with MUSC and other state agencies to expand MAT/ODU services across the state.

**Non-Recurring - Infrastructure Improvements for Local Substance Abuse Providers - \$3million* to enhance the county authorities' accessibility, engagement, and ultimately duration of treatment and services rendered.

**South Carolina Department of Alcohol and Other Drug Abuse Services
Summary Budget Request 2018-2019**

Requested Appropriations

- \$1.25 Million for Opioid Disorder Prevention and Treatment
- \$3 Million for Facility Infrastructure Development – Act 301 Alcohol and Drug Treatment Providers
- \$100,000 Allocation from the Lottery's Unclaimed Prize Fund [Section 59-150-230(I)]
- \$6.5 Million for Increase in Federal Authorizations

NOTE: A non-recurring request of \$787,697 for Prescription Drug Overdose is no longer needed. The S.C. Department of Health and Environmental Control has elected to use the funding for other purposes.

**South Carolina Department of Alcohol and Other Drug Abuse Services
Proviso Request**

(DAODAS: Carry Forward Unexpended Funds) The Department of Alcohol and Other Drug Abuse Services is authorized to carry forward from the prior fiscal year into the current fiscal year unexpended funds in excess of 10% of its general fund appropriations to continue to fund prevention, treatment, and recovery services for opioid addiction services and addiction programs as prioritized by the department.