

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

Fiscal Year 2017-18 Accountability Report

SUBMISSION FORM

AGENCY MISSION	<p>DAODAS MISSION STATEMENT:</p> <p>To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.</p>
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AGENCY VISION	<p>DAODAS VISION STATEMENT:</p> <p>DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.</p>
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Please select yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.

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

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
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I have reviewed and approved the enclosed FY 2017-18 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN AND DATE):	 9/21/18
(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 tobacco, alcohol, and illicit drugs is costly to our nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity, and healthcare 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 subcontracts with 32 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state. The department also contracts with a range of public and private service providers to address substance use disorders throughout South Carolina. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 2.63 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 suffering from substance-related problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network), as well as other public and private contractors. During fiscal year 2018 (FY18), DAODAS and its provider network delivered services to 49,751 South Carolina citizens.

Mission and Values

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

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

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

DAODAS Strategic Direction

Capitalizing on 61 years of success in ensuring access to substance use disorder services for the citizens of South Carolina, and throughout FY18, 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 2018 – (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 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 participation. Finally, the department and its contractors worked to increase access to a service continuum across the state by improving key DAODAS and provider processes.

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Specific areas of focus in 2018 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; 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.

2018 Major Achievements

To meet the continuing demand for substance use disorder services, DAODAS took a proactive approach to serving citizens during FY18, 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 enable coordination, synchronization, and assessment of progress to ensure success. These focus areas will 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 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 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.

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In FY18, the department continued using its state appropriation of \$1.75 million to develop and expand a program of medication-assisted treatment (MAT) throughout South Carolina. 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 26 local providers and 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 FY18, 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 continued to implement the South Carolina Overdose Prevention Grant, a federal grant sponsored through the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant includes three main goals: (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), patients, caregivers (and, similarly, firefighters) 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 the help of its partner agency, the South Carolina Department of Health and Environmental Control, DAODAS trained more than 6,600 law enforcement officers, resulting in 451 lives being saved across the state as part of the Law Enforcement Officer Narcan® (LEON) effort.

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 136 drop boxes in 39 counties, up from 83 boxes in fiscal year 2017.

During FY18, 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, then received notification during FY18 that the award would be renewed for a second year. 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 enhance recovery support services.

Funds have been contracted to increase the number of prescribers in South Carolina who receive a federal waiver to prescribe buprenorphine for use in medication-assisted treatment. (A total of 114 healthcare providers have completed the training required to be waived, including 100 prescribers; 47 of those trained have achieved waiver status.) In addition, DAODAS is engaged in a partnership in with the Medical University of South Carolina to expand covered telehealth services; increase service capacity within the public substance use disorder system (as well as with pregnant women and indigent males receiving methadone in both public and private Opioid Treatment Programs); conduct workforce development training initiatives; expand best practice opioid programs in the state’s drug court system; increase naloxone access points across the state; and expand recovery support services by providing Peer Support Specialists in 19 locations across the state.

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Notable successes included increasing the number of partners providing substance use disorder services, to include emphasis on Opioid Treatment Providers (18 additional contracts serving 74 pregnant and post-partum females). In May 2018, the department expanded this effort to include indigent males and non-pregnant females; an additional 119 patients received services.

Funds have also been utilized to launch a statewide multi-layered media campaign, “Just Plain Killers” (www.justplainkillers.com), to educate the public on the prescription opioid crisis and to provide prevention information to help stop the epidemic, as well as providing information on treatment and recovery resources.

DAODAS has also 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 co-chairing this effort. Tangible results include the development of a survey and subsequent “call to action” with the South Carolina Superintendent of Education to develop and adopt a Safe School Environment Vision that set as a 2020 goal access to mental health services for all children in South Carolina schools and data infographics to inform and increase awareness about the opioid crisis in our state (i.e., what is being done to address the issue, where one can find more information and treatment/recovery resources).

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 FY18, 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 FY18, law enforcement officers reported there were 6,282 alcohol compliance checks, resulting in 436 purchases for an effective buy rate of 6.9%.

As a result of intensive prevention programming throughout the state, and through survey data, alcohol use among high school students has decreased by 26.3%; use of marijuana in the past 30 days has decreased 39.9%; and use of cigarettes is down 38.9%. As reported from the Communities that Care Survey, prescription drug use is down from 2016 levels (7.8%) to 4.3% 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 3.7% in federal fiscal year (FFY) 2018, falling from 7.7% in federal fiscal year 2015. In addition, the department operated the South Carolina FDA Tobacco Inspection Program, ranking third in the nation for tobacco inspections, with a buy rate for 2018 of 9.5%.

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

Treatment Outcomes and Collaboration

Through treatment and recovery services and programs in South Carolina in 2018, patients’ past-30-day use of alcohol decreased by 27.6%; 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 FY18, a total of 173 clients were served, a 17% increase over 2017, with a total of 404 clients served by the program since its inception. 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 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.

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. 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.

FAVOR South Carolina continues to assist in the expansion of peer support services within the state’s 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. Peer Support Specialists are the lynchpin of success for many suffering from a substance use disorder, especially, OUD. While the department has directly contracted with 19 Peer Support Specialists to provide services for the OUD population, DAODAS also spearheads peer support trainings in association with FAVOR South Carolina. As of August 2018, 210 specialists have been trained and certified through DAODAS in conjunction with FAVOR South Carolina. This is a 33% increase over the number of certified Peer Support Specialists in 2017.

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The department continued to focus on recovery through the support of transitional housing that increases recovery prospects for individuals with a substance use disorder. A contract with Oxford House Inc. continued during FY18. 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 50 Oxford Houses in South Carolina, six of which are designated for women and children.

Block Grant Assessment and Service Reimbursement

During FY18, DAODAS continued to cover assessments for the uninsured. In short, dollars were contracted to fund priority treatment for uninsured individuals and to reduce financial barriers to treatment. Through June 30, 2018, more than 10,727 assessments were provided to 10,000 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 FY18 the agency implemented coverage of services for the uninsured 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. A total of 4,134 unduplicated patients were served during FY18. The department increased the percentage of unrestricted funds that will be dedicated to this effort in FY18 from 20% to 23% and further increased the percentage to 27% for fiscal year 2019.

Risk Management and Mitigation Strategies

Throughout FY18, the department continued to improve of the effectiveness of the public and private provider system, striving for long-term patient outcomes and recovery. System-wide, the goals for FY18 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 2017 opioid overdose data that showed a 47% increase in deaths since 2014. There were 1,001 drug overdose deaths in South Carolina in 2017, of which 748 were opioid-related overdose deaths.

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

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

Restructuring Recommendations

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

Organizational Chart

The South Carolina Department of Alcohol and Other Drug Abuse Services did take the opportunity to reorganize to better reflect current functionality.



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	2017-18			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 2018							
	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%	5,177,033	5,200,100	5,200,000	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 arrest use among adults.	
	M		1.1.2	Increase Alcohol Enforcement Team Public Safety Checkpoints to 1,000	715	1,000	434	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%	24.60%	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 to 10%	11.00%	10.00%	6.90%	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%	40.00%	38.00%	33.00%	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 misuse. Decreases Youth Mortality Rate.	
	M		1.1.6	Reduce Underage Tobacco Use Access to 5%	5.30%	5.00%	3.70%	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%	9.60%	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 at reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.	
	M		1.1.8	Reduce FDA Vendor Violation Rate to 10%	11.82%	10.00%	9.50%	October 1 - September 30	FDA Contract Reporting	Federal Contract Requires Reporting of Citations Written Locally	Prevention of Tobacco Sales are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.	
	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%	52,831	55,000	49,791	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%	709	775	651	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 the number of admissions from the Department of Social Services by 5%	6,761	7,000	5,960	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increases recovery rates.	
	M		1.2.4	Increase Department of Correction referrals to SUD treatment by 5%	143	150	173	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		1.2.5	Provide additional Peer Support Trainings to increased the number of Peer Support Specialists by 5%	140	158	210	July 1- June 30	DAODAS Division of Treatment / Monthly	Evaluation Data Reported Annually	Peer Support Services is an industry standard the assists individuals in learning recovery principles and maintain sobriety; increases recovery outcomes.	
	M		1.2.6	Increase the number of Oxford Houses by 5 in South Carolina	29	37	50	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.	
	S	1.3			Increase Services to Clients Suffering from Opioid Use Disorder							
	M		1.3.1	Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%	5,179	5,462	6,589	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 175	0	175	74	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 healthy live birth; increases recovery opportunities.	
	M		1.3.3	Increase the Number of Patients Receiving MAT Services by 5%	695	730	2,221	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 to 6,000	3,000	6,000	6,600	October 1 - September 30	DAODAS Division of Prevention / LEON Project	Grant Deliverable / Quarterly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.	
	M		1.3.5	Increase coordination with the Departments of Correction (DOC) for 50 inmates to access opioid recovery services	0	50	17	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 100	83	100	136	July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Quarterly	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmful Drugs; Decreases Demand for Opiates.	
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 by 5% / Decrease Use	3,517	3,700	12,126	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	7.3%	10.0%	7.7%	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.	

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Strategic Planning and Performance Measurement Template

Statewide Enterprise Strategic Objective	Type	Item #			Description	2017-18			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				

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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				
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%	5,200,000	5,252,000		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 arrest use among adults.
	M	1.1.2			Increase Alcohol Enforcement Team Public Safety Checkpoints to 550	434	550		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%	6.90%	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%	33.00%	31.00%		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%		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%		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		July 1- June 31	DAODAS Division of Prevention / STR Project	Number of interactions with the JustPlainKillers website	The aim of the Education Campagin 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%	49,791	52,281		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		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 Department of Correction referrals to SUD treatment by 5%	173	182		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%	210	221		July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Peer Support Services is an industry standard the assists individuals in learing recovery principles and maintain sobriety; increases recovery outcomes.
	M	1.2.5			Increase the number of Oxford Houses by 10 in 2019	55	65		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			Develop two collegiate recovery programs in 2019	0	2		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 clients in 2019	0	10		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 Clients Suffering from Opioid Use Disorder							
	M	1.3.1			Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%	6,589	6,918		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		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		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		October 1 - September 30	DAODAS Division of Prevention / LEON 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		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		July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Monthly	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmfull Drugs; Decreases Demand for Opiates.
	M	1.3.7			Increase the number of Narcan administrations through LEON by 10% (lives saved)	451	496		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				

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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				

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Program Template

Program/Title	Purpose	FY 2017-18 Expenditures (Actual)				FY 2018-19 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Administration	Provides leadership for the agency.	\$ 153,466	\$ -	\$ 148,620	\$ 302,086	\$ 199,846	\$ 57,894	\$ 174,028	\$ 431,768	All Measures Listed
Finance and Operations	Provides financial and other operational services for the agency to include grants administration, contracts, procurement, accounts payable and receivable functions, and evaluation of policies and procedures.	\$ 8,090,145	\$ 701,942	\$ 30,075,795	\$ 38,867,882	\$ 11,212,536	\$ 580,950	\$ 36,566,995	\$ 48,360,481	All Measures Listed
Services	Provides support to the Alcohol and Drug Abuse System through consultation with policy, legislation, public relations. Additionally, provides support through training efforts and to ensure purchase of services are proper and necessary care for clients.	\$ 123,888	\$ 194,169	\$ 144,631	\$ 462,688	\$ -	\$ -	\$ -	\$ -	All Measures Listed
Programs	Provides oversight and monitoring of projects and activities of AOD Authorities and other vendors to ensure achievement of goals.	\$ 95,327	\$ 179,497	\$ 5,262,340	\$ 5,537,164	\$ 137,761	\$ 191,943	\$ 2,931,743	\$ 3,261,447	All Measures Listed
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.	\$ 9,602	\$ 81,782	\$ 35,061	\$ 126,445	\$ 76,774	\$ 51,091	\$ 184,161	\$ 312,026	1.2.1, 1.2.2, 1.2.3, 1.2.5, 1.2.6, 1.2.7, 1.3.1 - 1.3.10, 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 3.1.1, 3.2.1, 3.2.2, 3.3.1.

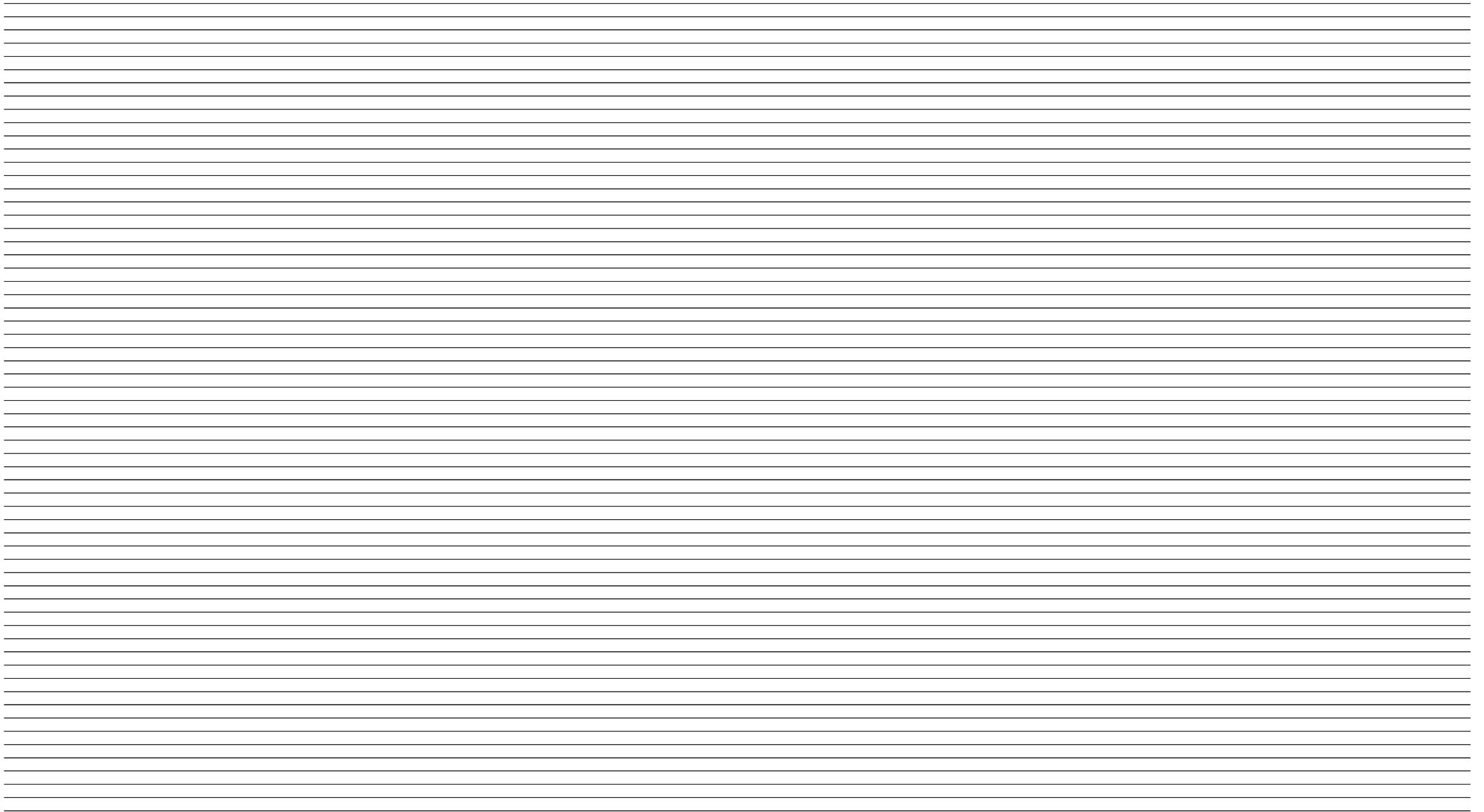
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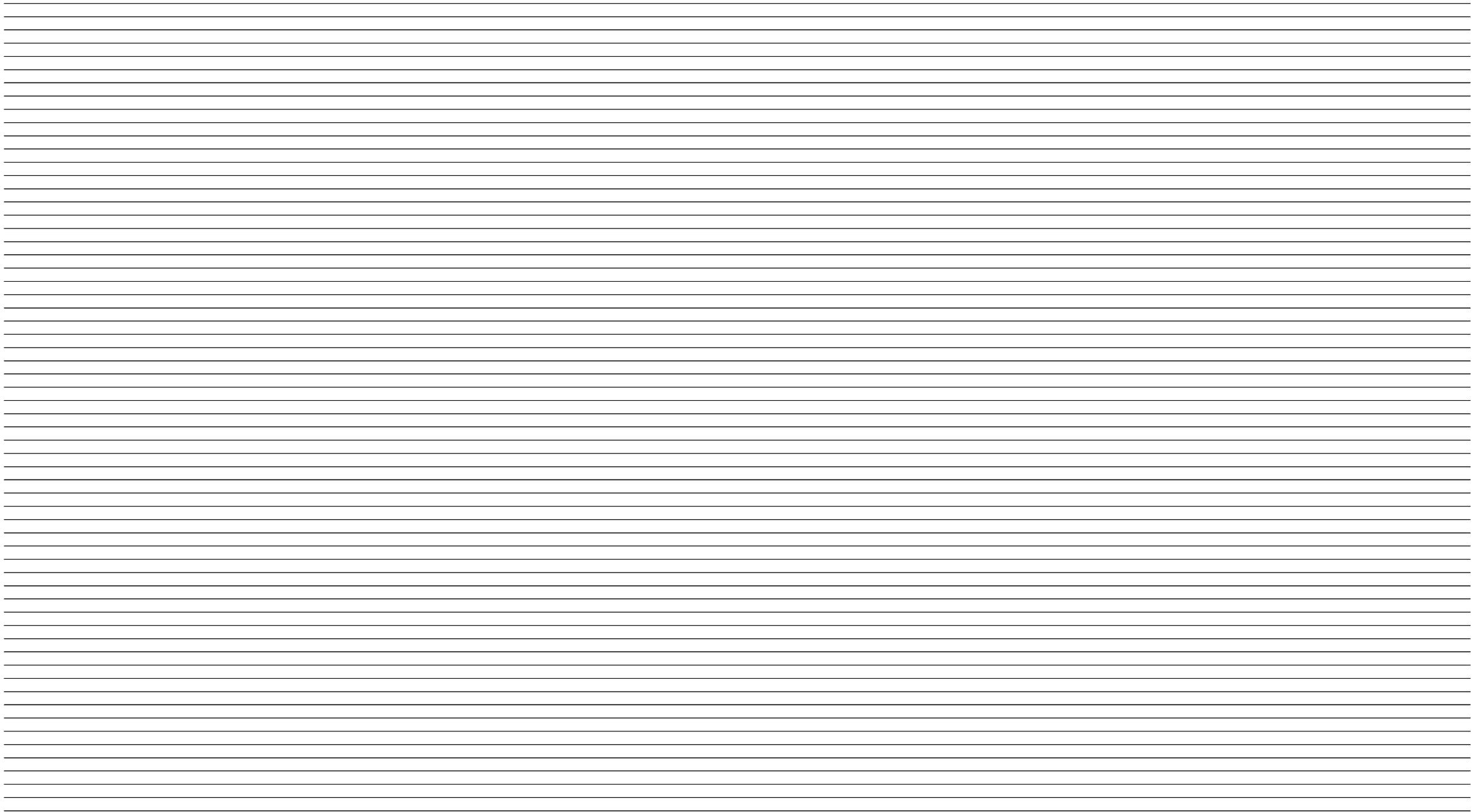
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Legal Standards Template

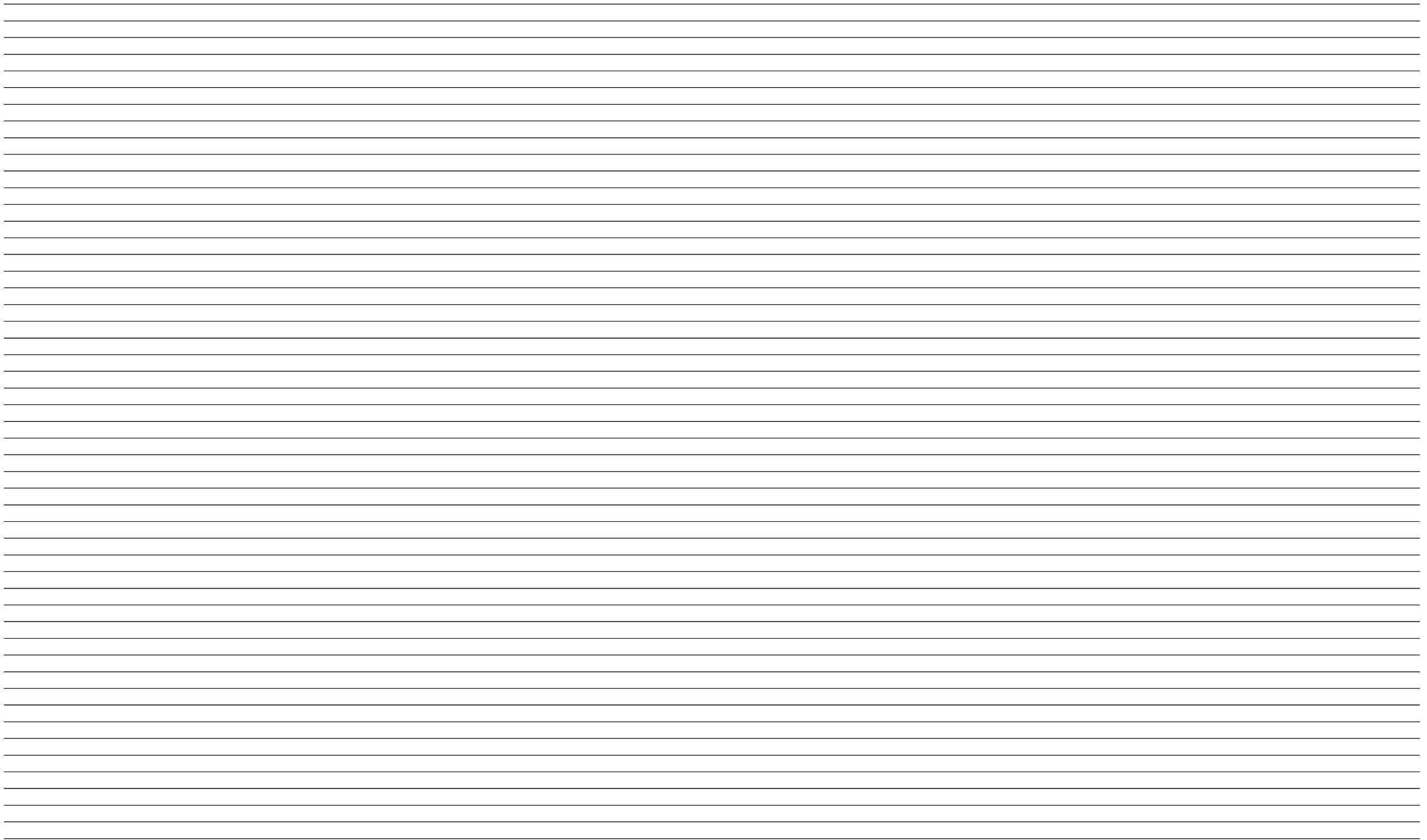
Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	If yes, what type of service or product?	If other service or product, please 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 44-49-10 et.seq.	State	Statute	Agency Enabling Legislation	Yes	Yes	Report our agency must/may provide	
7	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.
8	Code of Laws of South Carolina, 1976, as amended, Section 56-1-286 et. seq.	State	Statute	Underage DUI / Zero Tolerance / Administrative License Revocation / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
9	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	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
10	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	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
11	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2951 et. seq.	State	Statute	Refusal to Submit to BAC / Administrative License Revocation / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
12	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.
13	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	
14	Code of Laws of South Carolina, 1976, as amended, Section 56-1-400 and 56-5-2941	State	Statute	Requires mandatory treatment for Ignition Interlock Drivers who fail to follow the Ignition Interlock Law.	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to provide DUI Programming.
15	Code of Laws of South Carolina, 1976, as amended, 44-52-10 et. seq.	State	Statute	Involuntary committment procedures for those experiencing substance abuse.	Yes	Yes	Other service or product our agency must/may provide	DAODAS works with the Department of Mental Health and local substance use disorder and mental health agencies to commit individuals into treatment.
16	Code of Laws of South Carolina, 1976, as amended, Section 44-75-10 et. seq.	State	Statute	Requires the Department of Labor, License and Regulation and DAODAS to work promulate regulations for the licensure of alcohol and drug abuse counselors.	Yes	Yes	Other service or product our agency must/may provide	LLR is presently promulgating regulations that will provide for the licensure of Addiction Counselors.
17	Code of Laws of South Carolina, 1976, as amended, Section 16-25-20 (G).	State	Statute	Criminal Domestic Violence / Offender Referral to Substance Abuse programs Coordinated through DAODAS.	Yes	Yes	Other service or product our agency must/may provide	The description of the law is self explanatory.
18	Code of Laws of South Carolina, 1976, as amended, Section 24-13-1910 et.seq.	State	Statute	Coordination with the Department of Corrections (DOC) for Substance Abuse Services delivered to rehabilitate alcohol and drug offenders, as determined by DOC.	Yes	Yes	Other service or product our agency must/may provide	The description of the law is self explanatory.
19	Code of Laws of South Carolina, 1976, as amended, Section 16-17-500.	State	Statute	Courts may order minors to undergo a tobacco education program certified by DAODAS.	Yes	Yes	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 drivers's license suspended due to a failed urine screen, to be assessed and treated, if necessary, by a DAODAS substance abuse professional.	Yes	Yes	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.











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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	Intergral 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 Clients	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.
MUSC	Higher Education Institute	Assists the agency in providing services to train physicians in the art of prescribing MAT medicines and connecting these physicians to opioid treatment providers, plus provide ongoing training and evaluation.	Goals 1, 2 and 3 and associated strategies and measures.
South Carolina Favor	Professional Association	Provides Peer Support training across the state, while also providing peer support recovery services to the citizens of the upstate of South Carolina.	Goals 1, 2 and 3 and associated strategies and measures.
South Carolina Tobacco Collaborative	Non-Governmental Organization	The Collaborative seeks to eliminate the burden of tobacco use through policy development, advocacy work, education, coalition building and promotes tobacco prevention and tobacco cessation efforts on the state and local level	Goal 1 with associated strategies and measures.



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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	Effort to Update Mitigation Controls with the Accounting and Reporting Sections of the Agency	Written Request of the Agency
2	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	Online
3	External Review and Report	Procurement Audit	SC State Fiscal Accountability Authority - Division of Procurement	State	Other	State Fiscal Year 2013-2017	Very Detail Require of Procurement Procedures with Helpful Insights and Recommendations	Written Request of the Agency
4	External Review only	State Site Visit	Substance Abuse and Mental Health Services Administration (Thomas Long)	Federal	Other	Federal Fiscal Year 2016-2017	State Visit - Review of Treatment/Certification Staff. Contract/Fiscal Staff, and County Providers On-Site Review	Written Request of the Federal Agency
5	Internal Review and Report	Petty Cash Review	Agency's Audit Section - Compliance Review	State	Twice a year	State Fiscal Year 2018	Review of Procuredures and Reconciliations	Written Request of the Agency
6	Internal Review and Report	FDA- Tobacco Compliance Review	Agency's Audit Section - Compliance Review	State	Twice a year	State Fiscal Year 2018	Review of Procuredures and Reconciliations	Written Request of the Agency
7	Internal Review and Report	Annual Accountability Report	Executive Budget Office	State	Annually	September 15, 2018	Strategic Planning, Accountability and Funding Information	Online
8	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	Online
9	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	Written Request of the Agency
10	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	Online
11	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	Online
12	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	Online

