

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Step 1: Assess the strengths and needs of the service system to address the specific populations.

State Agency

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is the Single State Authority for the Substance Abuse Prevention and Treatment Block Grant (SABG) that is administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP).

Service System of County Alcohol and Drug Abuse Authorities

DAODAS contracts with the state's 32 county alcohol and drug abuse authorities to provide the majority of core substance use services in all 46 counties. These services include traditional group, individual, and family outpatient counseling, post-discharge services; Alcohol and Drug Safety Action Program (ADSAP), the state's DUI program; youth and adolescent services; and primary prevention/education programs. Service delivery emphasizes evidence-based practices and is supported by DAODAS quality assurance efforts. DAODAS engages in close relationships with the county authorities and other contracted providers and supports systematic and continuous actions for quality improvement in service delivery.

Each county authority is licensed by the South Carolina Department of Health and Environmental Control and accredited by CARF International or the Joint Commission. Licensing and credentialing of substance use disorder counselors is regulated by state statute. This includes the requirement for certification of treatment counselors by the S.C. Association of Alcoholism and Drug Abuse Counselors (SCAADAC) and of prevention professionals by the S.C. Association of Prevention Professionals and Advocates (SCAPPA). There are no financial intermediaries between DAODAS and the county authorities, nor are there separate child and adult systems. DAODAS and the county authorities' leadership have a strong relationship and work closely to optimize the efficiency and effectiveness of services.

DAODAS reviews and approves the county authorities' yearly priorities through county plan submissions, which aid in the collection of information able to describe county-level need and local provider efforts. These plans are structured according to the Strategic Prevention Framework (SPF) and focus on communicating county-level initiatives that influence priorities included in the state's SABG application. The county authorities identify their priorities with input from local surveys, focus groups, advisory councils, and/or political entities that oversee them (either county governments or specially appointed commissions). All county authorities are required to address each of the six CSAP-established primary prevention strategy areas or to submit a waiver letter stating that the specified CSAP prevention strategy is being implemented by another entity in the county authority's service catchment area. A state team

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

reviews the plans for identification of statewide priorities. Approval is granted by the DAODAS Director.

Primary Prevention

Primary prevention is a priority for South Carolina and DAODAS, as demonstrated by the comprehensive nature of the state's prevention infrastructure and the diverse funding streams for prevention, including both state and federal funding. DAODAS will continue to spend a minimum of 20% set aside from the SABG to ensure that alcohol, tobacco, and other drug (ATOD) primary prevention services are available throughout the state's 46 counties. DAODAS also receives a small amount of general State revenue that is earmarked for prevention and utilized by the local providers for general primary prevention services.

Each county agency submits a county plan at the beginning of the state fiscal year to DAODAS for approval. The county plan encapsulates the SPF approach and primary prevention services – as indicated by local needs assessment – are included in the county plans. To assist the State in fulfilling federal expectations and mandates, counties demonstrate, by utilizing the SPF, how primary prevention service activities that are outcome focused fall under each of the six strategies designated by CSAP – Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environmental.

During FY2010, Regional Capacity Coaches were added to the South Carolina prevention infrastructure to provide training and technical assistance to SPF State Incentive Grant (SPF SIG) sub-recipients. The coaches' role has expanded over the years to include providing prevention trainings and technical assistance through the SABG primary prevention set aside to all 32 county alcohol and drug abuse authorities. Coaches are expected to provide guidance, training, and technical assistance for SABG and discretionary grant-related staff, programs, practices, and services. As related to capacity of prevention professionals in particular, each Regional Capacity Coach is available to help strengthen the workforce's capacity to use the SPF on a continuous basis. Areas of technical assistance and training may include, but are not limited to: 1) SPF; 2) Planning and Evaluation; 3) Prevention Education and Service Delivery; 4) Communication; 5) Community Organization; 6) Public Policy and Environmental Change; and 7) Professional Growth and Responsibility. Each Regional Capacity Coach also meets needs as identified by DAODAS or the counties served within his/her region by increasing the capacity of other local staff (e.g., agency directors) to utilize the SPF.

Treatment

The 32 county alcohol and drug abuse authorities provide the following core services in each of the 46 counties: traditional group, individual, and family outpatient counseling, to include the post-discharge period; Alcohol and Drug Safety Action Program (ADSAP) (*described in more detail below*), which is the state's DUI program; youth and adolescent services; primary prevention/education programs; and gambling addiction services.

Many county authorities provide specialized levels of care, such as intensive outpatient services

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

(nine or more hours per week), day treatment, medically monitored withdrawal, adolescent inpatient treatment, and/or other residential services. County authorities that do not offer all levels of care are required by the annual DAODAS Funding and Compliance Contract to refer patients to appropriate levels of care at other county authorities. The following treatment services offered by the county authorities are categorized according to the American Society of Addiction Medicine (ASAM)'s Levels of Care:

ASAM Level 0.5. Early Intervention Services

- Alcohol and Drug Safety Action Program (ADSAP, South Carolina's DUI program)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Offender-based intervention

ASAM Level 1. Outpatient Services

- The Bridge Program
- Gambling addiction services
- Educational individual and group counseling
- Youth and adolescent services
- Intensive family services

ASAM Level 2. Intensive Outpatient Services

- Intensive outpatient group treatment
- Day treatment

ASAM Level 3. Inpatient Services

- Withdrawal management (social and medical)
- Halfway housing
- Inpatient treatment
- Residential treatment

Recovery Support

DAODAS fully embraces SAMHSA's identified Guiding Principles of Recovery:

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Historically, county alcohol and drug abuse authorities have integrated mutual aid groups into their service continuum, either by referring clients directly to a group or providing information related to meeting schedules and/or contact information. Several county authorities provide space for mutual aid groups to meet, thereby addressing patient transportation barriers, etc.

Over the past several years, DAODAS has utilized partnerships and collaborations to promote and strengthen strategies targeting recovery support. The largest recovery community organization (RCO) in South Carolina is Faces and Voices of Recovery South Carolina (FAVOR SC). It is an organization with statewide reach, with a number of chapters in the various regions of the state. One vibrant RCO in the Upstate, FAVOR Greenville, has a full-time staff and a large number of volunteers functioning in various capacities, mainly as Recovery Coaches. In addition, there are eight other active RCOs, and South Carolina's State Targeted Response and State Opioid Response grants are providing start-up funding for four more: The Courage Center of Lexington (Lexington County), Midlands Recovery Center (Richland County), FAVOR Anderson (Anderson County), and FAVOR Spartanburg (Spartanburg County).

Turning from an overview of the state's SUD prevention, early identification, treatment, and recovery support systems, below is a discussion of other state agencies with respect to the delivery of SUD services in South Carolina.

South Carolina Department of Mental Health

The South Carolina Department of Mental Health (DMH) and DAODAS have a longstanding relationship, as the two departments serve similar populations. DMH and DAODAS continue to work toward multiple collaborations in efforts to more consistently serve South Carolinians.

One example is a new joint staff position that will function as a liaison between DMH and DAODAS, further promoting the emphasis on "no wrong door" to treatment for the citizens of South Carolina who are living with mental illnesses and substance use disorders. This staff position will facilitate collaborative training for staff from each agency, as well as local staff of the county alcohol and drug abuse authorities and mental health centers. These trainings will improve communication and collaboration overall, and will assist stakeholders in navigating access to each system as needed.

DAODAS is also working closely with DMH in readying Peer Support Specialists to care for the co-occurring population. The collaboration between DMH and DAODAS continues to align value systems, approaches, and perspectives, as well as improving communication at all levels of service delivery. DAODAS recognizes the importance of decreasing gaps in services and making transitions easier for sister behavioral health providers such as DMH. DAODAS is committed to nurturing its established relationship with DMH to ensure consistent treatment for the two agencies' target populations.

Two residential SUD treatment facilities are operated by DMH:

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

- The Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center (“Morris Village”) is licensed by the State of South Carolina and is accredited by CARF. Morris Village has 96 operational beds and provides inpatient treatment for adults affected by a substance use disorder (SUD) and – when indicated – an SUD accompanied by psychiatric illness.
- William S. Hall Psychiatric Institute / Child & Adolescent is licensed by the State of South Carolina for 89 beds as a specialized hospital, with a separately licensed 37-bed residential treatment facility for children and adolescents. Hall Institute provides inpatient psychiatric services and residential treatment for adolescents. As part of its inpatient psychiatric services, Hall Institute includes an 18-bed dual-diagnosis unit for adolescents with substance use disorders.

South Carolina Vocational Rehabilitation Department

Palmetto Center in Florence, operated by the South Carolina Vocational Rehabilitation Department, is a residential treatment center for patients who voluntarily seek inpatient treatment for a substance use disorder. The facility provides a full range of vocational and treatment services for people whose employment is jeopardized by substance use. Referred to the center by their vocational rehabilitation counselors, patients receive follow-up services once they return to their communities.

South Carolina Department of Employment and Workforce

DAODAS is collaborating with the South Carolina Department of Employment and Workforce (DEW), both at the state and local levels, to provide direction on workforce development issues, particularly those pertaining to the Workforce Innovation and Opportunity Act (WIOA). The WIOA program helps businesses meet their need for skilled workers and provides individuals with access to training that helps them prepare for work.

This partnership has provided DAODAS and DEW with an opportunity to serve patients impacted by the opioid crisis or other substance use disorders and who wish to reenter the workforce. In two women’s residential facilities operated by county authorities (Chrysalis Center in Florence and the Sumter Women’s Recovery Center), pilot programs are providing “boot camp”-style training and re-employment services for patients impacted by the health and economic effects of opioid and substance use disorders. In so doing, patients are being equipped to find skilled jobs while in the residential setting through career services and training that will allow them to support themselves and their families while working to build their recovery capital.

South Carolina Department of Health and Human Services

DAODAS has been providing Medicaid services since 1993 and continues collaborative efforts designed to increase access to quality substance use services. In State Fiscal Year 2012, DAODAS and the South Carolina Department of Health and Human Services (DHHS), the state’s Medicaid authority, began moving the county alcohol and drug abuse authorities to a managed care model, which was implemented in February 2013. DAODAS also has a case management contract with DHHS in order to maintain efforts to ensure proper billing practices associated

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

with quality services to maximize patient outcomes.

In 2013, per the recommendation of the S.C. Health Planning Committee convened by Gubernatorial Executive Order, South Carolina informed the federal government that it would not be establishing its own health exchange, nor would it be accepting the expansion of Medicaid. In place of the health exchange, DHHS developed the Healthy Outcomes Plan (HOP), which supports uninsured South Carolinians by implementing service-delivery models to coordinate care for chronically ill, uninsured, high utilizers of emergency department services. The purpose of the HOP is to improve coordination of care, lower healthcare costs, and enhance the current healthcare systems in South Carolina.

The South Carolina General Assembly granted \$1.5 million to be allocated directly to the state's 32 county alcohol and drug abuse authorities using a HOP framework for healthcare integration and enhanced care coordination. The allocation is to be used for the support of uninsured and underinsured clients by covering costs associated with treatment services, removing barriers to accessing treatment services, and enhancing partnerships in communities across the state.

DAODAS is an involved partner in the DHHS Birth Outcomes Initiative (BOI). Launched in July 2011, the BOI seeks to improve birth outcomes for newborns in South Carolina who are Medicaid beneficiaries. DAODAS, in conjunction with the BOI, is currently working to reduce the length of stay in neonatal intensive care units for infants exposed to opioids during pregnancy, as well as to create a link for referral to local behavioral health services for the mothers.

Criminal Justice System (South Carolina Department of Juvenile Justice and South Carolina Department of Corrections)

DAODAS continues to nurture its nationally recognized Bridge program to successfully transition individuals with substance use disorders who are being released by the South Carolina Department of Juvenile Justice and returning to their communities. The Bridge also refers juveniles to adolescent treatment services when appropriate.

DAODAS and the South Carolina Department of Corrections (SCDC) have continued to work on developing a seamless transition for offenders into outpatient treatment services in hopes of reflecting the outcomes of The Bridge Program for young adult offenders. In the past, there has been collaboration on grant writing and other initiatives; however, agencies were unable to sustain these efforts. The current effort requires no additional resources for referral connections and training opportunities offered by the DAODAS system. DAODAS is currently developing a cross-training for both systems to support networking, education, and improved collaboration.

DAODAS is also assisting with re-integration of persons released from incarceration through the use of Certified Peer Support Specialists (CPSS's). Each CPSS works to offer naltrexone, combined with talk therapy, to volunteer inmates within 90 days of their release. A CPSS will

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

guide the inmates and serve as a support system during the transition from SCDC to a “warm handoff” to a county alcohol and drug abuse authority, recovery housing, and job opportunities. An additional program trains inmates to become CPSS’s within SCDC’s institutions.

South Carolina Department of Social Services

Through the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) Program, DAODAS is assisting the South Carolina Department of Social Services in achieving its goal of strengthening family units through the development of the Midlands Family Care Center (MFCC). Targeting mothers at risk of losing custody of their children to DSS due to a substance use disorder, the MFCC offers them a chance to engage in treatment services with their children onsite in a residential setting. Both mother and child receive therapeutic intervention and transitional services.

South Carolina Department of Motor Vehicles

DAODAS and the South Carolina Department of Motor Vehicles (DMV) work together to provide the Alcohol and Drug Safety Action Program (ADSAP), which is the state’s primary prevention and treatment program for addressing DUI offenders. Currently, all ADSAPs are operated by county alcohol and drug abuse authorities and are certified by DAODAS. Each county authority certified as an ADSAP provider offers a continuum of care in accordance with the American Society of Addiction Medicine Levels of Care. The required minimum services to be provided through the continuum of care are the PRIME FOR LIFE curriculum (Level 0.5); Individual and Group Counseling (Level I); Intensive Outpatient Services (Level II); and referral linkages to higher levels of care. All ADSAP clients are required to receive a DUI risk assessment and/or clinical biopsychosocial assessment for placement in the appropriate level of care. The risk assessment and/or the biopsychosocial assessment provide the basis for diagnostic classification according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; placement in the PRIME FOR LIFE curriculum, individual and group Counseling, and/or intensive outpatient services offered by a certified ADSAP provider; or referral to a higher level of care within the network of county authorities.

South Carolina Department of Public Safety

The South Carolina Department of Public Safety (DPS)’s Office of Highway Safety and Justice Programs is charged with the administration of the federally funded State and Community Highway Safety Program (Section 402) and coordination of highway safety activities throughout the state on behalf of the Office of the Governor. DAODAS collaborates with DPS’s Office of Highway Safety on relevant issues in South Carolina, to include underage drinking, impaired driving, and public safety campaigns related to public health and safety.

South Carolina Department of Health and Environmental Control

The South Carolina Department of Health and Environmental Control (DHEC) is charged with promoting and protecting the health of the public and the environment in South Carolina. DAODAS works with DHEC on tobacco control initiatives for the state, infectious disease

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

prevention, and most recently with the DHEC Bureau of Emergency Medical Services to ensure that the state’s law enforcement and firefighters are provided training and access to naloxone to respond to the opioid overdose deaths affecting the health of South Carolina.

South Carolina Criminal Justice Academy

The South Carolina Criminal Justice Academy (SC CJA) is charged with providing mandated basic and advanced training to law enforcement personnel and maintaining a continuous certification process to ensure that only the most qualified persons are sanctioned by the state to enforce its laws. As an institutional provider for the SC CJA, DAODAS established a South Carolina Alcohol Enforcement Team Training Team in 2007. The team is composed of personnel from state and local prevention and law enforcement agencies. The courses offered by the team were derived from trainings offered throughout the country by the Underage Drinking Enforcement Training Center. The SCAET Training Team has trained hundreds of law enforcement officers and prevention specialists across South Carolina. The team works with the state’s 16 AETs, 32 county alcohol and drug abuse authorities, state and local law enforcement agencies, and other partners to offer various training classes on alcohol compliance checks, fake and fraudulent IDs, source investigations, public safety checkpoints and saturation patrols, special alcohol event management, and party dispersal. The courses are accredited by the SC CJA for law enforcement training hours.

Mothers Against Drunk Driving - South Carolina

DAODAS provides funding through the SABG for the South Carolina chapter of Mothers Against Drunk Driving (MADD) to provide the *Power of Parents* and the *Power of Youth* curricula across the state through the 32 county alcohol and drug abuse authorities, schools, churches, and other community forums.

Service to Diverse Racial and Ethnic Groups

One of DAODAS’s core principles is to serve the residents of South Carolina regardless of their race, ethnic background, or sexual orientation. Since cultural competency is interwoven in the Strategic Planning Framework predicated on the Strategic Prevention Framework, it is also a step that is addressed in the development of the county plans to ensure programs, policies, and practices are appropriate and effective for the populations served throughout the county. The county needs assessment process reflects the gathering of data to demonstrate the needs of various populations, including racial, ethnic, and sexual-gender minorities, as well as the American Indian population that is part of the fabric of the state.

DAODAS is an integral participant in the Cultural Competency and Linguistic Collaborative (CLC). The CLC is an interagency collective with a mission to provide information and training to communities and human services professionals in South Carolina to reduce/eliminate disparities and social determinant of health. The secondary purpose of the CLC is a commitment to the National Cultural and Linguistically Appropriate Services (CLAS) Standards to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language, health

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

literacy, and other communication needs. The CLC comes under the auspice of the South Carolina Joint Council on Children and Adolescents, a multi-agency partnership of DAODAS; South Carolina Continuum of Care; and the South Carolina Departments of Mental Health, Juvenile Justice, Social Services, Education, Disabilities and Special Needs, and Health and Environmental Control. For the past nine years, the Joint Council has promoted and facilitated collaborative activities to improve access to quality, responsive, and cost-effective services for children and adolescents and their families. Each year, the CLC hosts a statewide Cultural Competency and Linguistics training to ensure adherence to the CLAS Standards.

DAODAS will also advocate for the incorporation of the NAADAC-recognized e-training, *Improving Cultural Competency for Behavioral Health Professionals*.

SABG Priority Populations

Pregnant Women and Women with Dependent Children

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 9 of the contract:

“9. Women (45 CFR § 96.131). Subgrantee shall ensure that services awarded by DAODAS are made available to pregnant women.

- a. Pregnant women will be given priority for admission to all program components funded wholly or in part by federal block grant funds.
- b. Subgrantee shall actively publicize the availability of such services and the priority status of pregnant women through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies.
- c. Subgrantee shall notify DAODAS when it is unable to admit a pregnant woman to treatment because of insufficient treatment capacity.
- d. Subgrantee shall make available interim services to any pregnant woman who cannot be admitted to treatment within 48 hours of having applied. Interim services are those defined in the Intravenous Substance Users section under subparagraph (e.)
- e. For pregnant women, interim services shall also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.”

The subgrantees providing SUD services also send DAODAS their capacity management protocols each year. In order to monitor capacity and compliance with the above section (as well as other requirements that apply to priority populations), DAODAS requires each subgrantee to submit a Capacity Monitoring Form that captures data related to admission of pregnant women, appropriate referrals, interim services, and prenatal care.

DAODAS also monitors compliance with this requirement by ongoing desk-review chart audits, during yearly on-site visits, and through the data provided by the county authorities. If a county authority is unable to admit a pregnant woman, its staff will refer the patient to another

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

county authority. As a last resort, the local agency will contact DAODAS for assistance in accessing services for that patient. In the past, DAODAS has received technical assistance from SAMHSA on capacity management.

A sample of patient files are reviewed during annual desk reviews to ensure that county authorities are in compliance with the DAODAS Funding and Compliance Contract. The DAODAS Treatment and Recovery Manager is responsible for this requirement. In addition, the Legal/Compliance Manager monitors compliance with Section 9 through desk reviews and on-site visits.

Currently, three ASAM PPC II Level 3.5 and 3.7 residential treatment programs are offered by the county authorities, where a woman can go for treatment services and take up to two of her children. They are:

- New Life Center – A 16-bed program operated by Charleston Center in Charleston County that allows two children (age 5 and under)
- Chrysalis Center – A 16-bed program operated by Circle Park Behavioral Health Services in Florence County that allows up to two children (age 10 and under)
- Serenity Place – A 16-bed program operated by The Phoenix Center in Greenville County that allows up to two children (age 5 and under)

There are three other residential treatment programs for pregnant and parenting women: Keystone Substance Abuse Services in York County accepts up to six women in Level 3.5 and 3.7; Sumter Behavioral Health Services accepts 12 women in Level 3.5; and Shoreline Behavioral Health Services in Horry County accepts 10 women.

There are 11 women’s intensive outpatient (IOP) treatment programs in South Carolina, 10 of which are funded by DAODAS and one of which is funded by another source. These programs are designed for women who are in need of more than traditional outpatient counseling, but for a variety of reasons are unable to receive inpatient care. Because the lack of child care has historically been a barrier to treatment for many women with children, all 11 of the women’s IOPs provide on-site day care or have arrangements with local childcare facilities to provide these services for the children of women in treatment. These programs are available in Aiken, Anderson/Oconee, Berkeley, Charleston, Dorchester, Horry, Lexington/Richland, Pickens, Spartanburg, Sumter, and York counties.

The following county alcohol and drug abuse authorities offer medication-assisted treatment services: Charleston Center, The Phoenix Center (Serenity Place) in Greenville County, Behavioral Health Services of Pickens County, Keystone Behavioral Health Services in York County, Shoreline Behavioral Health Services in Horry County, and Sumter Behavioral Health Services. One of the county authorities, the Tri-County Commission on Alcohol and Drug Abuse, provides MAT services in its three counties (Orangeburg, Calhoun, and Bamberg) and is available to provide these services through a “hub-and-spoke” model for Clarendon and Barnwell counties.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Each of the DAODAS system's residential facilities are available to residents from all areas of the state, and patients can access services from a program in their region or statewide. If one of these programs is not able to provide MAT services or refer patients to a methadone clinic, the agency will refer the clients to Charleston Center or a program in their regions.

Persons Who Inject Drugs

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 8 of the contract:

"8. Intravenous Substance Users (45 CFR § 96.126). Subgrantee shall ensure that services funded by DAODAS are provided to persons identified as intravenous users of illicit drugs. Subgrantee further agrees to:

- a. Provide DAODAS with a statement of capacity for each service or level of care funded in part with federal block grant funds;
- b. Notify DAODAS within seven days of having reached 90 percent of its capacity to admit individuals to a particular service or level of care (refer to Capacity Monitoring Report Form);
- c. Maintain a formal waiting list that shall include a unique patient identifier for each intravenous drug user seeking treatment;
- d. Notify DAODAS when any intravenous drug user is placed on a waiting list (refer to Capacity Monitoring Report Form);
- e. Provide interim services to those persons who cannot be admitted to treatment within 14 days of making a request. Interim services shall be made available not more than 48 hours after the request for treatment and shall include at a minimum:
 - i. Counseling and education about HIV and tuberculosis;
 - ii. Counseling and education about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis transmission does not occur;
 - iii. Referral for HIV or tuberculosis treatment services if necessary; and
- f. Conduct outreach efforts to encourage individuals in need of treatment services for intravenous drug use to undergo such treatment. Subgrantee shall actively publicize the availability of such services and the priority status of intravenous drug users through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies. Subgrantee shall develop collaborative relationships with opioid treatment programs for the purpose of coordination of treatment services to intravenous drug users.

Subgrantee shall ensure that no funds provided by DAODAS be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleaning needles for such

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

hypodermic injection 45 CFR § 96.135 (a) (6).”

In order to monitor capacity and compliance with the above Section (as well as other requirements that apply to priority populations), DAODAS requires each subgrantee to submit the attached Capacity Monitoring Form.

DAODAS also monitors compliance with this requirement by ongoing desk-review chart audits, during yearly on-site visits, and through the data provided by the county authorities. If a county authority is unable to admit a person who injects drugs, its staff will refer the patient to another county authority. As a last resort, the local agency will contact DAODAS for assistance in accessing services for that patient. In the past, DAODAS has received technical assistance from SAMHSA on capacity management.

A sample of patient files are reviewed during annual desk reviews to ensure that county authorities are in compliance with the DAODAS Funding and Compliance Contract. The DAODAS Treatment and Recovery Manager is responsible for this requirement. In addition, the Legal/Compliance Manager monitors compliance with Section 8 through desk reviews and on-site visits.

Persons at Risk for Tuberculosis

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 12 of the contract:

“12. Tuberculosis (TB) Services (45 CFR § 96.127). Subgrantee shall routinely make available, directly or through arrangements with other public or non-profit entities, tuberculosis services to each individual receiving treatment for alcohol and other drug use after being found to be at high risk by the assessment. “Tuberculosis services” include:

- a. Counseling individuals with respect to tuberculosis;
- b. Making available necessary testing to determine whether individuals have been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for each individual; and
- c. Providing for or referring individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.

In the case of an individual in need of such treatment who is denied admission to the program based on lack of the capacity of the program to admit the individual, Subgrantee will refer the individual to another provider of tuberculosis services.

Subgrantee will implement infection control procedures established by DAODAS, in cooperation with DHEC’s Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- a. Screening of patients;
- b. Identification of those individuals who are at high risk of becoming infected;
- c. Conduction of case management activities to ensure those individuals receive

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

such services; and

d. Reporting of all individuals identified with active tuberculosis by the testing organization to the appropriate state officials.

Subgrantee shall comply with reporting instructions promulgated by DAODAS to ensure that all recipients of tuberculosis services are appropriately identified and all services documented.”

DAODAS monitors program compliance related to tuberculosis services by desk reviews and onsite visits.

In addition, DAODAS has a statewide County Assistance Program (CAP) that is designed to identify issues and implement a mandatory “technical assistance” and guided corrective action plan before any problems worsen. The CAP applies to subgrantee compliance with federal and state requirements regarding the special populations listed above. If a county authority does not participate in its assigned CAP or fails to make progress, a Mandatory Improvement Program (MIP) is imposed. If the MIP is unsuccessful, DAODAS may take a number of measures, ranging from withholding reimbursements to assigning the agency’s catchment area to another county authority.

Individuals in Need of Primary Substance Abuse Prevention

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article IV of the contract. The provision of primary prevention services was described in the earlier portions of this document.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

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Primary prevention is a priority for South Carolina and DAODAS, as demonstrated by the comprehensive nature of the state's prevention infrastructure and the diverse funding streams for prevention, including both state and federal funding. DAODAS will continue to spend a

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

minimum of 20% set aside from the SABG to ensure that alcohol, tobacco, and other drug (ATOD) primary prevention services are available throughout the state's 46 counties. DAODAS also receives a small amount of general State revenue that is earmarked for prevention and utilized by the local providers for general primary prevention services.

Each county agency submits a county plan at the beginning of the state fiscal year to DAODAS for approval. The county plan encapsulates the SPF approach and primary prevention services – as indicated by local needs assessment – are included in the county plans. To assist the State in fulfilling federal expectations and mandates, counties demonstrate, by utilizing the SPF, how primary prevention service activities that are outcome focused fall under each of the six strategies designated by CSAP – Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environmental.

During FY2010, Regional Capacity Coaches were added to the South Carolina prevention infrastructure to provide training and technical assistance to SPF State Incentive Grant (SPF SIG) sub-recipients. The coaches' role has expanded over the years to include providing prevention trainings and technical assistance through the SABG primary prevention set aside to all 32 county alcohol and drug abuse authorities. Coaches are expected to provide guidance, training, and technical assistance for SABG and discretionary grant-related staff, programs, practices, and services. As related to capacity of prevention professionals in particular, each Regional Capacity Coach is available to help strengthen the workforce's capacity to use the SPF on a continuous basis. Areas of technical assistance and training may include, but are not limited to: 1) SPF; 2) Planning and Evaluation; 3) Prevention Education and Service Delivery; 4) Communication; 5) Community Organization; 6) Public Policy and Environmental Change; and 7) Professional Growth and Responsibility. Each Regional Capacity Coach also meets needs as identified by DAODAS or the counties served within his/her region by increasing the capacity of other local staff (e.g., agency directors) to utilize the SPF.

Treatment

The 32 county alcohol and drug abuse authorities provide the following core services in each of the 46 counties: traditional group, individual, and family outpatient counseling, to include the post-discharge period; Alcohol and Drug Safety Action Program (ADSAP) (*described in more detail below*), which is the state's DUI program; youth and adolescent services; primary prevention/education programs; and gambling addiction services.

Many county authorities provide specialized levels of care, such as intensive outpatient services (nine or more hours per week), day treatment, medically monitored withdrawal, adolescent inpatient treatment, and/or other residential services. County authorities that do not offer all levels of care are required by the annual DAODAS Funding and Compliance Contract to refer patients to appropriate levels of care at other county authorities. The following treatment services offered by the county authorities are categorized according to the American Society of Addiction Medicine (ASAM)'s Levels of Care:

ASAM Level 0.5. Early Intervention Services

- Alcohol and Drug Safety Action Program (ADSAP, South Carolina's DUI program)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

- Offender-based intervention

ASAM Level 1. Outpatient Services

- The Bridge Program
- Gambling addiction services
- Educational individual and group counseling
- Youth and adolescent services
- Intensive family services

ASAM Level 2. Intensive Outpatient Services

- Intensive outpatient group treatment
- Day treatment

ASAM Level 3. Inpatient Services

- Withdrawal management (social and medical)
- Halfway housing
- Inpatient treatment
- Residential treatment

Recovery Support

DAODAS fully embraces SAMHSA's identified Guiding Principles of Recovery:

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

Historically, county alcohol and drug abuse authorities have integrated mutual aid groups into their service continuum, either by referring clients directly to a group or providing information related to meeting schedules and/or contact information. Several county authorities provide space for mutual aid groups to meet, thereby addressing patient transportation barriers, etc.

Over the past several years, DAODAS has utilized partnerships and collaborations to promote and strengthen strategies targeting recovery support. The largest recovery community organization (RCO) in South Carolina is Faces and Voices of Recovery South Carolina (FAVOR SC). It is an organization with statewide reach, with a number of chapters in the various regions of the state. One vibrant RCO in the Upstate, FAVOR Greenville, has a full-time staff and a large number of volunteers functioning in various capacities, mainly as Recovery Coaches. In

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

addition, there are eight other active RCOs, and South Carolina’s State Targeted Response and State Opioid Response grants are providing start-up funding for four more: The Courage Center of Lexington (Lexington County), Midlands Recovery Center (Richland County), FAVOR Anderson (Anderson County), and FAVOR Spartanburg (Spartanburg County).

Turning from an overview of the state’s SUD prevention, early identification, treatment, and recovery support systems, below is a discussion of other state agencies with respect to the delivery of SUD services in South Carolina.

South Carolina Department of Mental Health

The South Carolina Department of Mental Health (DMH) and DAODAS have a longstanding relationship, as the two departments serve similar populations. DMH and DAODAS continue to work toward multiple collaborations in efforts to more consistently serve South Carolinians.

One example is a new joint staff position that will function as a liaison between DMH and DAODAS, further promoting the emphasis on “no wrong door” to treatment for the citizens of South Carolina who are living with mental illnesses and substance use disorders. This staff position will facilitate collaborative training for staff from each agency, as well as local staff of the county alcohol and drug abuse authorities and mental health centers. These trainings will improve communication and collaboration overall, and will assist stakeholders in navigating access to each system as needed.

DAODAS is also working closely with DMH in readying Peer Support Specialists to care for the co-occurring population. The collaboration between DMH and DAODAS continues to align value systems, approaches, and perspectives, as well as improving communication at all levels of service delivery. DAODAS recognizes the importance of decreasing gaps in services and making transitions easier for sister behavioral health providers such as DMH. DAODAS is committed to nurturing its established relationship with DMH to ensure consistent treatment for the two agencies’ target populations.

Two residential SUD treatment facilities are operated by DMH:

- The Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center (“Morris Village”) is licensed by the State of South Carolina and is accredited by CARF. Morris Village has 96 operational beds and provides inpatient treatment for adults affected by a substance use disorder (SUD) and – when indicated – an SUD accompanied by psychiatric illness.
- William S. Hall Psychiatric Institute / Child & Adolescent is licensed by the State of South Carolina for 89 beds as a specialized hospital, with a separately licensed 37-bed residential treatment facility for children and adolescents. Hall Institute provides inpatient psychiatric services and residential treatment for adolescents. As part of its inpatient psychiatric services, Hall Institute includes an 18-bed dual-diagnosis unit for adolescents with substance use disorders.

South Carolina Vocational Rehabilitation Department

Palmetto Center in Florence, operated by the South Carolina Vocational Rehabilitation Department, is a residential treatment center for patients who voluntarily seek inpatient treatment

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

for a substance use disorder. The facility provides a full range of vocational and treatment services for people whose employment is jeopardized by substance use. Referred to the center by their vocational rehabilitation counselors, patients receive follow-up services once they return to their communities.

South Carolina Department of Employment and Workforce

DAODAS is collaborating with the South Carolina Department of Employment and Workforce (DEW), both at the state and local levels, to provide direction on workforce development issues, particularly those pertaining to the Workforce Innovation and Opportunity Act (WIOA). The WIOA program helps businesses meet their need for skilled workers and provides individuals with access to training that helps them prepare for work.

This partnership has provided DAODAS and DEW with an opportunity to serve patients impacted by the opioid crisis or other substance use disorders and who wish to reenter the workforce. In two women's residential facilities operated by county authorities (Chrysalis Center in Florence and the Sumter Women's Recovery Center), pilot programs are providing "boot camp"-style training and re-employment services for patients impacted by the health and economic effects of opioid and substance use disorders. In so doing, patients are being equipped to find skilled jobs while in the residential setting through career services and training that will allow them to support themselves and their families while working to build their recovery capital.

South Carolina Department of Health and Human Services

DAODAS has been providing Medicaid services since 1993 and continues collaborative efforts designed to increase access to quality substance use services. In State Fiscal Year 2012, DAODAS and the South Carolina Department of Health and Human Services (DHHS), the state's Medicaid authority, began moving the county alcohol and drug abuse authorities to a managed care model, which was implemented in February 2013. DAODAS also has a case management contract with DHHS in order to maintain efforts to ensure proper billing practices associated with quality services to maximize patient outcomes.

In 2013, per the recommendation of the S.C. Health Planning Committee convened by Gubernatorial Executive Order, South Carolina informed the federal government that it would not be establishing its own health exchange, nor would it be accepting the expansion of Medicaid. In place of the health exchange, DHHS developed the Healthy Outcomes Plan (HOP), which supports uninsured South Carolinians by implementing service-delivery models to coordinate care for chronically ill, uninsured, high utilizers of emergency department services. The purpose of the HOP is to improve coordination of care, lower healthcare costs, and enhance the current healthcare systems in South Carolina.

The South Carolina General Assembly granted \$1.5 million to be allocated directly to the state's 32 county alcohol and drug abuse authorities using a HOP framework for healthcare integration and enhanced care coordination. The allocation is to be used for the support of uninsured and underinsured clients by covering costs associated with treatment services, removing barriers to accessing treatment services, and enhancing partnerships in communities across the state.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

DAODAS is an involved partner in the DHHS Birth Outcomes Initiative (BOI). Launched in July 2011, the BOI seeks to improve birth outcomes for newborns in South Carolina who are Medicaid beneficiaries. DAODAS, in conjunction with the BOI, is currently working to reduce the length of stay in neonatal intensive care units for infants exposed to opioids during pregnancy, as well as to create a link for referral to local behavioral health services for the mothers.

Criminal Justice System (South Carolina Department of Juvenile Justice and South Carolina Department of Corrections)

DAODAS continues to nurture its nationally recognized Bridge program to successfully transition individuals with substance use disorders who are being released by the South Carolina Department of Juvenile Justice and returning to their communities. The Bridge also refers juveniles to adolescent treatment services when appropriate.

DAODAS and the South Carolina Department of Corrections (SCDC) have continued to work on developing a seamless transition for offenders into outpatient treatment services in hopes of reflecting the outcomes of The Bridge Program for young adult offenders. In the past, there has been collaboration on grant writing and other initiatives; however, agencies were unable to sustain these efforts. The current effort requires no additional resources for referral connections and training opportunities offered by the DAODAS system. DAODAS is currently developing a cross-training for both systems to support networking, education, and improved collaboration.

DAODAS is also assisting with re-integration of persons released from incarceration through the use of Certified Peer Support Specialists (CPSS's). Each CPSS works to offer naltrexone, combined with talk therapy, to volunteer inmates within 90 days of their release. A CPSS will guide the inmates and serve as a support system during the transition from SCDC to a "warm handoff" to a county alcohol and drug abuse authority, recovery housing, and job opportunities. An additional program trains inmates to become CPSS's within SCDC's institutions.

South Carolina Department of Social Services

Through the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) Program, DAODAS is assisting the South Carolina Department of Social Services in achieving its goal of strengthening family units through the development of the Midlands Family Care Center (MFCC). Targeting mothers at risk of losing custody of their children to DSS due to a substance use disorder, the MFCC offers them a chance to engage in treatment services with their children onsite in a residential setting. Both mother and child receive therapeutic intervention and transitional services.

South Carolina Department of Motor Vehicles

DAODAS and the South Carolina Department of Motor Vehicles (DMV) work together to provide the Alcohol and Drug Safety Action Program (ADSAP), which is the state's primary prevention and treatment program for addressing DUI offenders. Currently, all ADSAPs are operated by county alcohol and drug abuse authorities and are certified by DAODAS. Each county authority certified as an ADSAP provider offers a continuum of care in accordance with the American Society of Addiction Medicine Levels of Care. The required minimum services to be provided through the continuum of care are the PRIME FOR LIFE curriculum (Level 0.5);

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Individual and Group Counseling (Level I); Intensive Outpatient Services (Level II); and referral linkages to higher levels of care. All ADSAP clients are required to receive a DUI risk assessment and/or clinical biopsychosocial assessment for placement in the appropriate level of care. The risk assessment and/or the biopsychosocial assessment provide the basis for diagnostic classification according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; placement in the PRIME FOR LIFE curriculum, individual and group Counseling, and/or intensive outpatient services offered by a certified ADSAP provider; or referral to a higher level of care within the network of county authorities.

South Carolina Department of Public Safety

The South Carolina Department of Public Safety (DPS)'s Office of Highway Safety and Justice Programs is charged with the administration of the federally funded State and Community Highway Safety Program (Section 402) and coordination of highway safety activities throughout the state on behalf of the Office of the Governor. DAODAS collaborates with DPS's Office of Highway Safety on relevant issues in South Carolina, to include underage drinking, impaired driving, and public safety campaigns related to public health and safety.

South Carolina Department of Health and Environmental Control

The South Carolina Department of Health and Environmental Control (DHEC) is charged with promoting and protecting the health of the public and the environment in South Carolina. DAODAS works with DHEC on tobacco control initiatives for the state, infectious disease prevention, and most recently with the DHEC Bureau of Emergency Medical Services to ensure that the state's law enforcement and firefighters are provided training and access to naloxone to respond to the opioid overdose deaths affecting the health of South Carolina.

South Carolina Criminal Justice Academy

The South Carolina Criminal Justice Academy (SC CJA) is charged with providing mandated basic and advanced training to law enforcement personnel and maintaining a continuous certification process to ensure that only the most qualified persons are sanctioned by the state to enforce its laws. As an institutional provider for the SC CJA, DAODAS established a South Carolina Alcohol Enforcement Team Training Team in 2007. The team is composed of personnel from state and local prevention and law enforcement agencies. The courses offered by the team were derived from trainings offered throughout the country by the Underage Drinking Enforcement Training Center. The SCAET Training Team has trained hundreds of law enforcement officers and prevention specialists across South Carolina. The team works with the state's 16 AETs, 32 county alcohol and drug abuse authorities, state and local law enforcement agencies, and other partners to offer various training classes on alcohol compliance checks, fake and fraudulent IDs, source investigations, public safety checkpoints and saturation patrols, special alcohol event management, and party dispersal. The courses are accredited by the SC CJA for law enforcement training hours.

Mothers Against Drunk Driving - South Carolina

DAODAS provides funding through the SABG for the South Carolina chapter of Mothers Against Drunk Driving (MADD) to provide the *Power of Parents* and the *Power of Youth* curricula across the state through the 32 county alcohol and drug abuse authorities, schools, churches, and other community forums.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Service to Diverse Racial and Ethnic Groups

One of DAODAS's core principles is to serve the residents of South Carolina regardless of their race, ethnic background, or sexual orientation. Since cultural competency is interwoven in the Strategic Planning Framework predicated on the Strategic Prevention Framework, it is also a step that is addressed in the development of the county plans to ensure programs, policies, and practices are appropriate and effective for the populations served throughout the county. The county needs assessment process reflects the gathering of data to demonstrate the needs of various populations, including racial, ethnic, and sexual-gender minorities, as well as the American Indian population that is part of the fabric of the state.

DAODAS is an integral participant in the Cultural Competency and Linguistic Collaborative (CLC). The CLC is an interagency collective with a mission to provide information and training to communities and human services professionals in South Carolina to reduce/eliminate disparities and social determinant of health. The secondary purpose of the CLC is a commitment to the National Cultural and Linguistically Appropriate Services (CLAS) Standards to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language, health literacy, and other communication needs. The CLC comes under the auspice of the South Carolina Joint Council on Children and Adolescents, a multi-agency partnership of DAODAS; South Carolina Continuum of Care; and the South Carolina Departments of Mental Health, Juvenile Justice, Social Services, Education, Disabilities and Special Needs, and Health and Environmental Control. For the past nine years, the Joint Council has promoted and facilitated collaborative activities to improve access to quality, responsive, and cost-effective services for children and adolescents and their families. Each year, the CLC hosts a statewide Cultural Competency and Linguistics training to ensure adherence to the CLAS Standards.

DAODAS will also advocate for the incorporation of the NAADAC-recognized e-training, *Improving Cultural Competency for Behavioral Health Professionals*.

SABG Priority Populations

Pregnant Women and Women with Dependent Children

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 9 of the contract:

- “9. Women (45 CFR § 96.131).** Subgrantee shall ensure that services awarded by DAODAS are made available to pregnant women.
- a. Pregnant women will be given priority for admission to all program components funded wholly or in part by federal block grant funds.
 - b. Subgrantee shall actively publicize the availability of such services and the priority status of pregnant women through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies.
 - c. Subgrantee shall notify DAODAS when it is unable to admit a pregnant woman to treatment because of insufficient treatment capacity.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

- d. Subgrantee shall make available interim services to any pregnant woman who cannot be admitted to treatment within 48 hours of having applied. Interim services are those defined in the Intravenous Substance Users section under subparagraph (e.)
- e. For pregnant women, interim services shall also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.”

The subgrantees providing SUD services also send DAODAS their capacity management protocols each year. In order to monitor capacity and compliance with the above section (as well as other requirements that apply to priority populations), DAODAS requires each subgrantee to submit a Capacity Monitoring Form that captures data related to admission of pregnant women, appropriate referrals, interim services, and prenatal care.

DAODAS also monitors compliance with this requirement by ongoing desk-review chart audits, during yearly on-site visits, and through the data provided by the county authorities. If a county authority is unable to admit a pregnant woman, its staff will refer the patient to another county authority. As a last resort, the local agency will contact DAODAS for assistance in accessing services for that patient. In the past, DAODAS has received technical assistance from SAMHSA on capacity management.

A sample of patient files are reviewed during annual desk reviews to ensure that county authorities are in compliance with the DAODAS Funding and Compliance Contract. The DAODAS Treatment and Recovery Manager is responsible for this requirement. In addition, the Legal/Compliance Manager monitors compliance with Section 9 through desk reviews and on-site visits.

Currently, three ASAM PPC II Level 3.5 and 3.7 residential treatment programs are offered by the county authorities, where a woman can go for treatment services and take up to two of her children. They are:

- New Life Center – A 16-bed program operated by Charleston Center in Charleston County that allows two children (age 5 and under)
- Chrysalis Center – A 16-bed program operated by Circle Park Behavioral Health Services in Florence County that allows up to two children (age 10 and under)
- Serenity Place – A 16-bed program operated by The Phoenix Center in Greenville County that allows up to two children (age 5 and under)

There are three other residential treatment programs for pregnant and parenting women: Keystone Substance Abuse Services in York County accepts up to six women in Level 3.5 and 3.7; Sumter Behavioral Health Services accepts 12 women in Level 3.5; and Shoreline Behavioral Health Services in Horry County accepts 10 women.

There are 11 women’s intensive outpatient (IOP) treatment programs in South Carolina, 10 of which are funded by DAODAS and one of which is funded by another source. These programs are designed for women who are in need of more than traditional outpatient counseling, but for a variety of reasons are unable to receive inpatient care. Because the lack of child care has

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

historically been a barrier to treatment for many women with children, all 11 of the women's IOPs provide on-site day care or have arrangements with local childcare facilities to provide these services for the children of women in treatment. These programs are available in Aiken, Anderson/Oconee, Berkeley, Charleston, Dorchester, Horry, Lexington/Richland, Pickens, Spartanburg, Sumter, and York counties.

The following county alcohol and drug abuse authorities offer medication-assisted treatment services: Charleston Center, The Phoenix Center (Serenity Place) in Greenville County, Behavioral Health Services of Pickens County, Keystone Behavioral Health Services in York County, Shoreline Behavioral Health Services in Horry County, and Sumter Behavioral Health Services. One of the county authorities, the Tri-County Commission on Alcohol and Drug Abuse, provides MAT services in its three counties (Orangeburg, Calhoun, and Bamberg) and is available to provide these services through a "hub-and-spoke" model for Clarendon and Barnwell counties.

Each of the DAODAS system's residential facilities are available to residents from all areas of the state, and patients can access services from a program in their region or statewide. If one of these programs is not able to provide MAT services or refer patients to a methadone clinic, the agency will refer the clients to Charleston Center or a program in their regions.

Persons Who Inject Drugs

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 8 of the contract:

"8. Intravenous Substance Users (45 CFR § 96.126). Subgrantee shall ensure that services funded by DAODAS are provided to persons identified as intravenous users of illicit drugs. Subgrantee further agrees to:

- a. Provide DAODAS with a statement of capacity for each service or level of care funded in part with federal block grant funds;
- b. Notify DAODAS within seven days of having reached 90 percent of its capacity to admit individuals to a particular service or level of care (refer to Capacity Monitoring Report Form);
- c. Maintain a formal waiting list that shall include a unique patient identifier for each intravenous drug user seeking treatment;
- d. Notify DAODAS when any intravenous drug user is placed on a waiting list (refer to Capacity Monitoring Report Form);
- e. Provide interim services to those persons who cannot be admitted to treatment within 14 days of making a request. Interim services shall be made available not more than 48 hours after the request for treatment and shall include at a minimum:
 - i. Counseling and education about HIV and tuberculosis;
 - ii. Counseling and education about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis transmission does not occur;
 - iii. Referral for HIV or tuberculosis treatment services if necessary; and
- f. Conduct outreach efforts to encourage individuals in need of treatment services for intravenous drug use to undergo such treatment. Subgrantee shall actively

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

publicize the availability of such services and the priority status of intravenous drug users through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies. Subgrantee shall develop collaborative relationships with opioid treatment programs for the purpose of coordination of treatment services to intravenous drug users.

Subgrantee shall ensure that no funds provided by DAODAS be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleaning needles for such hypodermic injection 45 CFR § 96.135 (a) (6).”

In order to monitor capacity and compliance with the above Section (as well as other requirements that apply to priority populations), DAODAS requires each subgrantee to submit the attached Capacity Monitoring Form.

DAODAS also monitors compliance with this requirement by ongoing desk-review chart audits, during yearly on-site visits, and through the data provided by the county authorities. If a county authority is unable to admit a person who injects drugs, its staff will refer the patient to another county authority. As a last resort, the local agency will contact DAODAS for assistance in accessing services for that patient. In the past, DAODAS has received technical assistance from SAMHSA on capacity management.

A sample of patient files are reviewed during annual desk reviews to ensure that county authorities are in compliance with the DAODAS Funding and Compliance Contract. The DAODAS Treatment and Recovery Manager is responsible for this requirement. In addition, the Legal/Compliance Manager monitors compliance with Section 8 through desk reviews and on-site visits.

Persons at Risk for Tuberculosis

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 12 of the contract:

“12. Tuberculosis (TB) Services (45 CFR § 96.127). Subgrantee shall routinely make available, directly or through arrangements with other public or non-profit entities, tuberculosis services to each individual receiving treatment for alcohol and other drug use after being found to be at high risk by the assessment. “Tuberculosis services” include:

- a. Counseling individuals with respect to tuberculosis;
- b. Making available necessary testing to determine whether individuals have been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for each individual; and
- c. Providing for or referring individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.

In the case of an individual in need of such treatment who is denied admission to the program based on lack of the capacity of the program to admit the individual, Subgrantee will refer the individual to another provider of tuberculosis services.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Subgrantee will implement infection control procedures established by DAODAS, in cooperation with DHEC’s Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- a. Screening of patients;
- b. Identification of those individuals who are at high risk of becoming infected;
- c. Conduction of case management activities to ensure those individuals receive such services; and
- d. Reporting of all individuals identified with active tuberculosis by the testing organization to the appropriate state officials.

Subgrantee shall comply with reporting instructions promulgated by DAODAS to ensure that all recipients of tuberculosis services are appropriately identified and all services documented.”

DAODAS monitors program compliance related to tuberculosis services by desk reviews and onsite visits.

In addition, DAODAS has a statewide County Assistance Program (CAP) that is designed to identify issues and implement a mandatory “technical assistance” and guided corrective action plan before any problems worsen. The CAP applies to subgrantee compliance with federal and state requirements regarding the special populations listed above. If a county authority does not participate in its assigned CAP or fails to make progress, a Mandatory Improvement Program (MIP) is imposed. If the MIP is unsuccessful, DAODAS may take a number of measures, ranging from withholding reimbursements to assigning the agency’s catchment area to another county authority.

Persons at High Risk for or Living With HIV Who Are Receiving a Treatment Service

In fiscal year 2019, South Carolina phased out the HIV EIS program because the state’s HIV/AIDS case rate no longer met the threshold to be classified as a designated state. The DAODAS Director and the HIV EIS Program Coordinator advised the participating county alcohol and drug abuse authorities to prepare for the loss of HIV funding. The HIV EIS Program Coordinator at DAODAS collaborated with the state health department’s HIV testing and counseling program staff to advise the county authorities on returning all remaining HIV testing supplies and the timely submission of all required close-out reports.

Although some state-funded county authorities were able to sustain a minimal level of HIV testing within their sites, for other local agencies, the change in the state’s HIV designation diminished their capacity to provide any on-site HIV services. For those sites with a diminished capacity, the DAODAS HIV EIS Program Coordinator partnered with the state health department’s HIV counseling and testing program staff to address the gaps in HIV services.

Persons in Need of Primary Substance Abuse Prevention

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article IV of the contract. The provision of primary prevention services was described in the earlier portions of this document.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Step 1: Assess the strengths and needs of the service system to address the specific populations.

State Agency

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is the Single State Authority for the Substance Abuse Prevention and Treatment Block Grant (SABG) that is administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP).

DAODAS is a cabinet-level agency, with its Director nominated by the state's Governor and confirmed by the South Carolina Senate.

Service System of County Alcohol and Drug Abuse Authorities

DAODAS contracts with the state's 32 county alcohol and drug abuse authorities to provide the majority of core substance use services in all 46 counties. These services include traditional group, individual, and family outpatient counseling, post-discharge services; Alcohol and Drug Safety Action Program (ADSAP), the state's DUI program; youth and adolescent services; and primary prevention/education programs. Service delivery emphasizes evidence-based practices and is supported by DAODAS quality assurance efforts. DAODAS engages in close relationships with the county authorities and other contracted providers and supports systematic and continuous actions for quality improvement in service delivery.

Each county authority is licensed by the South Carolina Department of Health and Environmental Control and accredited by CARF International or the Joint Commission. Licensing and credentialing of substance use disorder counselors is regulated by state statute. This includes the requirement for certification of treatment counselors by the S.C. Association of Alcoholism and Drug Abuse Counselors (SCAADAC) and of prevention professionals by the S.C. Association of Prevention Professionals and Advocates (SCAPPA). There are no financial intermediaries between DAODAS and the county authorities, nor are there separate child and adult systems. DAODAS and the county authorities' leadership have a strong relationship and work closely to optimize the efficiency and effectiveness of services.

DAODAS reviews and approves the county authorities' yearly priorities through county plan submissions, which aid in the collection of information able to describe county-level need and local provider efforts. These plans are structured according to the Strategic Prevention Framework (SPF) and focus on communicating county-level initiatives that influence priorities included in the state's SABG application. The county authorities identify their priorities with input from local surveys, focus groups, advisory councils, and/or political entities that oversee them (either county governments or specially appointed commissions). All county authorities are required to address each of the six CSAP-established primary prevention strategy areas or to submit a waiver letter stating that the specified CSAP prevention strategy is being implemented by another entity in the county authority's service catchment area. A state team reviews the plans for identification of statewide priorities. Approval is granted by the DAODAS Director.

Primary Prevention

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Primary prevention is a priority for South Carolina and DAODAS, as demonstrated by the comprehensive nature of the state's prevention infrastructure and the diverse funding streams for prevention, including both state and federal funding. DAODAS will continue to spend a minimum of 20% set aside from the SABG to ensure that alcohol, tobacco, and other drug (ATOD) primary prevention services are available throughout the state's 46 counties. DAODAS also receives a small amount of general State revenue that is earmarked for prevention and utilized by the local providers for general primary prevention services.

Each county agency submits a county plan at the beginning of the state fiscal year to DAODAS for approval. The county plan encapsulates the SPF approach and primary prevention services – as indicated by local needs assessment – are included in the county plans. To assist the State in fulfilling federal expectations and mandates, counties demonstrate, by utilizing the SPF, how primary prevention service activities that are outcome focused fall under each of the six strategies designated by CSAP – Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environmental.

During FY2010, Regional Capacity Coaches were added to the South Carolina prevention infrastructure to provide training and technical assistance to SPF State Incentive Grant (SPF SIG) sub-recipients. The coaches' role has expanded over the years to include providing prevention trainings and technical assistance through the SABG primary prevention set aside to all 32 county alcohol and drug abuse authorities. Coaches are expected to provide guidance, training, and technical assistance for SABG and discretionary grant-related staff, programs, practices, and services. As related to capacity of prevention professionals in particular, each Regional Capacity Coach is available to help strengthen the workforce's capacity to use the SPF on a continuous basis. Areas of technical assistance and training may include, but are not limited to: 1) SPF; 2) Planning and Evaluation; 3) Prevention Education and Service Delivery; 4) Communication; 5) Community Organization; 6) Public Policy and Environmental Change; and 7) Professional Growth and Responsibility. Each Regional Capacity Coach also meets needs as identified by DAODAS or the counties served within his/her region by increasing the capacity of other local staff (e.g., agency directors) to utilize the SPF.

Treatment

The 32 county alcohol and drug abuse authorities provide the following core services in each of the 46 counties: traditional group, individual, and family outpatient counseling, to include the post-discharge period; Alcohol and Drug Safety Action Program (ADSAP) (*described in more detail below*), which is the state's DUI program; youth and adolescent services; primary prevention/education programs; and gambling addiction services.

Many county authorities provide specialized levels of care, such as intensive outpatient services (nine or more hours per week), day treatment, medically monitored withdrawal, adolescent inpatient treatment, and/or other residential services. County authorities that do not offer all levels of care are required by the annual DAODAS Funding and Compliance Contract to refer patients to appropriate levels of care at other county authorities. The following treatment services offered by the county authorities are categorized according to the American Society of Addiction Medicine (ASAM)'s Levels of Care:

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

ASAM Level 0.5. Early Intervention Services

- Alcohol and Drug Safety Action Program (ADSAP, South Carolina’s DUI program)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Offender-based intervention

ASAM Level 1. Outpatient Services

- The Bridge Program
- Gambling addiction services
- Educational individual and group counseling
- Youth and adolescent services
- Intensive family services

ASAM Level 2. Intensive Outpatient Services

- Intensive outpatient group treatment
- Day treatment

ASAM Level 3. Inpatient Services

- Withdrawal management (social and medical)
- Halfway housing
- Inpatient treatment
- Residential treatment

Recovery Support

DAODAS fully embraces SAMHSA’s identified Guiding Principles of Recovery:

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

Historically, county alcohol and drug abuse authorities have integrated mutual aid groups into their service continuum, either by referring clients directly to a group or providing information related to meeting schedules and/or contact information. Several county authorities provide space for mutual aid groups to meet, thereby addressing patient transportation barriers, etc.

Over the past several years, DAODAS has utilized partnerships and collaborations to promote and strengthen strategies targeting recovery support. The largest recovery community organization (RCO) in South Carolina is Faces and Voices of Recovery South Carolina (FAVOR

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

SC). It is an organization with statewide reach, with a number of chapters in the various regions of the state. One vibrant RCO in the Upstate, FAVOR Greenville, has a full-time staff and a large number of volunteers functioning in various capacities, mainly as Recovery Coaches. In addition, there are eight other active RCOs, and South Carolina's State Targeted Response and State Opioid Response grants are providing start-up funding for four more: The Courage Center of Lexington (Lexington County), Midlands Recovery Center (Richland County), FAVOR Anderson (Anderson County), and FAVOR Spartanburg (Spartanburg County).

Turning from an overview of the state's SUD prevention, early identification, treatment, and recovery support systems, below is a discussion of other state agencies with respect to the delivery of SUD services in South Carolina.

South Carolina Department of Mental Health

The South Carolina Department of Mental Health (DMH) and DAODAS have a longstanding relationship, as the two departments serve similar populations. DMH and DAODAS continue to work toward multiple collaborations in efforts to more consistently serve South Carolinians.

One example is a new joint staff position that will function as a liaison between DMH and DAODAS, further promoting the emphasis on “no wrong door” to treatment for the citizens of South Carolina who are living with mental illnesses and substance use disorders. This staff position will facilitate collaborative training for staff from each agency, as well as local staff of the county alcohol and drug abuse authorities and mental health centers. These trainings will improve communication and collaboration overall, and will assist stakeholders in navigating access to each system as needed.

DAODAS is also working closely with DMH in readying Peer Support Specialists to care for the co-occurring population. The collaboration between DMH and DAODAS continues to align value systems, approaches, and perspectives, as well as improving communication at all levels of service delivery. DAODAS recognizes the importance of decreasing gaps in services and making transitions easier for sister behavioral health providers such as DMH. DAODAS is committed to nurturing its established relationship with DMH to ensure consistent treatment for the two agencies' target populations.

Two residential SUD treatment facilities are operated by DMH:

- The Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center (“Morris Village”) is licensed by the State of South Carolina and is accredited by CARF. Morris Village has 96 operational beds and provides inpatient treatment for adults affected by a substance use disorder (SUD) and – when indicated – an SUD accompanied by psychiatric illness.
- William S. Hall Psychiatric Institute / Child & Adolescent is licensed by the State of South Carolina for 89 beds as a specialized hospital, with a separately licensed 37-bed residential treatment facility for children and adolescents. Hall Institute provides inpatient psychiatric services and residential treatment for adolescents. As part of its inpatient psychiatric services, Hall Institute includes an 18-bed dual-diagnosis unit for adolescents with substance use disorders.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

South Carolina Vocational Rehabilitation Department

Palmetto Center in Florence, operated by the South Carolina Vocational Rehabilitation Department, is a residential treatment center for patients who voluntarily seek inpatient treatment for a substance use disorder. The facility provides a full range of vocational and treatment services for people whose employment is jeopardized by substance use. Referred to the center by their vocational rehabilitation counselors, patients receive follow-up services once they return to their communities.

South Carolina Department of Employment and Workforce

DAODAS is collaborating with the South Carolina Department of Employment and Workforce (DEW), both at the state and local levels, to provide direction on workforce development issues, particularly those pertaining to the Workforce Innovation and Opportunity Act (WIOA). The WIOA program helps businesses meet their need for skilled workers and provides individuals with access to training that helps them prepare for work.

This partnership has provided DAODAS and DEW with an opportunity to serve patients impacted by the opioid crisis or other substance use disorders and who wish to reenter the workforce. In two women's residential facilities operated by county authorities (Chrysalis Center in Florence and the Sumter Women's Recovery Center), pilot programs are providing "boot camp"-style training and re-employment services for patients impacted by the health and economic effects of opioid and substance use disorders. In so doing, patients are being equipped to find skilled jobs while in the residential setting through career services and training that will allow them to support themselves and their families while working to build their recovery capital.

South Carolina Department of Health and Human Services

DAODAS has been providing Medicaid services since 1993 and continues collaborative efforts designed to increase access to quality substance use services. In State Fiscal Year 2012, DAODAS and the South Carolina Department of Health and Human Services (DHHS), the state's Medicaid authority, began moving the county alcohol and drug abuse authorities to a managed care model, which was implemented in February 2013. DAODAS also has a case management contract with DHHS in order to maintain efforts to ensure proper billing practices associated with quality services to maximize patient outcomes.

In 2013, per the recommendation of the S.C. Health Planning Committee convened by Gubernatorial Executive Order, South Carolina informed the federal government that it would not be establishing its own health exchange, nor would it be accepting the expansion of Medicaid. In place of the health exchange, DHHS developed the Healthy Outcomes Plan (HOP), which supports uninsured South Carolinians by implementing service-delivery models to coordinate care for chronically ill, uninsured, high utilizers of emergency department services. The purpose of the HOP is to improve coordination of care, lower healthcare costs, and enhance the current healthcare systems in South Carolina.

The South Carolina General Assembly granted \$1.5 million to be allocated directly to the state's 32 county alcohol and drug abuse authorities using a HOP framework for healthcare integration and enhanced care coordination. The allocation is to be used for the support of uninsured and

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

underinsured clients by covering costs associated with treatment services, removing barriers to accessing treatment services, and enhancing partnerships in communities across the state.

DAODAS is an involved partner in the DHHS Birth Outcomes Initiative (BOI). Launched in July 2011, the BOI seeks to improve birth outcomes for newborns in South Carolina who are Medicaid beneficiaries. DAODAS, in conjunction with the BOI, is currently working to reduce the length of stay in neonatal intensive care units for infants exposed to opioids during pregnancy, as well as to create a link for referral to local behavioral health services for the mothers.

Criminal Justice System (South Carolina Department of Juvenile Justice and South Carolina Department of Corrections)

DAODAS continues to nurture its nationally recognized Bridge program to successfully transition individuals with substance use disorders who are being released by the South Carolina Department of Juvenile Justice and returning to their communities. The Bridge also refers juveniles to adolescent treatment services when appropriate.

DAODAS and the South Carolina Department of Corrections (SCDC) have continued to work on developing a seamless transition for offenders into outpatient treatment services in hopes of reflecting the outcomes of The Bridge Program for young adult offenders. In the past, there has been collaboration on grant writing and other initiatives; however, agencies were unable to sustain these efforts. The current effort requires no additional resources for referral connections and training opportunities offered by the DAODAS system. DAODAS is currently developing a cross-training for both systems to support networking, education, and improved collaboration.

DAODAS is also assisting with re-integration of persons released from incarceration through the use of Certified Peer Support Specialists (CPSS's). Each CPSS works to offer naltrexone, combined with talk therapy, to volunteer inmates within 90 days of their release. A CPSS will guide the inmates and serve as a support system during the transition from SCDC to a "warm handoff" to a county alcohol and drug abuse authority, recovery housing, and job opportunities. An additional program trains inmates to become CPSS's within SCDC's institutions.

South Carolina Department of Social Services

Through the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) Program, DAODAS is assisting the South Carolina Department of Social Services in achieving its goal of strengthening family units through the development of the Midlands Family Care Center (MFCC). Targeting mothers at risk of losing custody of their children to DSS due to a substance use disorder, the MFCC offers them a chance to engage in treatment services with their children onsite in a residential setting. Both mother and child receive therapeutic intervention and transitional services.

South Carolina Department of Motor Vehicles

DAODAS and the South Carolina Department of Motor Vehicles (DMV) work together to provide the Alcohol and Drug Safety Action Program (ADSAP), which is the state's primary prevention and treatment program for addressing DUI offenders. Currently, all ADSAPs are operated by county alcohol and drug abuse authorities and are certified by DAODAS. Each

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

county authority certified as an ADSAP provider offers a continuum of care in accordance with the American Society of Addiction Medicine Levels of Care. The required minimum services to be provided through the continuum of care are the PRIME FOR LIFE curriculum (Level 0.5); Individual and Group Counseling (Level I); Intensive Outpatient Services (Level II); and referral linkages to higher levels of care. All ADSAP clients are required to receive a DUI risk assessment and/or clinical biopsychosocial assessment for placement in the appropriate level of care. The risk assessment and/or the biopsychosocial assessment provide the basis for diagnostic classification according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; placement in the PRIME FOR LIFE curriculum, individual and group Counseling, and/or intensive outpatient services offered by a certified ADSAP provider; or referral to a higher level of care within the network of county authorities.

South Carolina Department of Public Safety

The South Carolina Department of Public Safety (DPS)'s Office of Highway Safety and Justice Programs is charged with the administration of the federally funded State and Community Highway Safety Program (Section 402) and coordination of highway safety activities throughout the state on behalf of the Office of the Governor. DAODAS collaborates with DPS's Office of Highway Safety on relevant issues in South Carolina, to include underage drinking, impaired driving, and public safety campaigns related to public health and safety.

South Carolina Department of Health and Environmental Control

The South Carolina Department of Health and Environmental Control (DHEC) is charged with promoting and protecting the health of the public and the environment in South Carolina. DAODAS works with DHEC on tobacco control initiatives for the state, infectious disease prevention, and most recently with the DHEC Bureau of Emergency Medical Services to ensure that the state's law enforcement and firefighters are provided training and access to naloxone to respond to the opioid overdose deaths affecting the health of South Carolina.

South Carolina Criminal Justice Academy

The South Carolina Criminal Justice Academy (SC CJA) is charged with providing mandated basic and advanced training to law enforcement personnel and maintaining a continuous certification process to ensure that only the most qualified persons are sanctioned by the state to enforce its laws. As an institutional provider for the SC CJA, DAODAS established a South Carolina Alcohol Enforcement Team Training Team in 2007. The team is composed of personnel from state and local prevention and law enforcement agencies. The courses offered by the team were derived from trainings offered throughout the country by the Underage Drinking Enforcement Training Center. The SCAET Training Team has trained hundreds of law enforcement officers and prevention specialists across South Carolina. The team works with the state's 16 AETs, 32 county alcohol and drug abuse authorities, state and local law enforcement agencies, and other partners to offer various training classes on alcohol compliance checks, fake and fraudulent IDs, source investigations, public safety checkpoints and saturation patrols, special alcohol event management, and party dispersal. The courses are accredited by the SC CJA for law enforcement training hours.

Mothers Against Drunk Driving - South Carolina

DAODAS provides funding through the SABG for the South Carolina chapter of Mothers

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

Against Drunk Driving (MADD) to provide the *Power of Parents* and the *Power of Youth* curricula across the state through the 32 county alcohol and drug abuse authorities, schools, churches, and other community forums.

Service to Diverse Racial and Ethnic Groups

One of DAODAS's core principles is to serve the residents of South Carolina regardless of their race, ethnic background, or sexual orientation. Since cultural competency is interwoven in the Strategic Planning Framework predicated on the Strategic Prevention Framework, it is also a step that is addressed in the development of the county plans to ensure programs, policies, and practices are appropriate and effective for the populations served throughout the county. The county needs assessment process reflects the gathering of data to demonstrate the needs of various populations, including racial, ethnic, and sexual-gender minorities, as well as the American Indian population that is part of the fabric of the state.

DAODAS is an integral participant in the Cultural Competency and Linguistic Collaborative (CLC). The CLC is an interagency collective with a mission to provide information and training to communities and human services professionals in South Carolina to reduce/eliminate disparities and social determinant of health. The secondary purpose of the CLC is a commitment to the National Cultural and Linguistically Appropriate Services (CLAS) Standards to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language, health literacy, and other communication needs. The CLC comes under the auspice of the South Carolina Joint Council on Children and Adolescents, a multi-agency partnership of DAODAS; South Carolina Continuum of Care; and the South Carolina Departments of Mental Health, Juvenile Justice, Social Services, Education, Disabilities and Special Needs, and Health and Environmental Control. For the past nine years, the Joint Council has promoted and facilitated collaborative activities to improve access to quality, responsive, and cost-effective services for children and adolescents and their families. Each year, the CLC hosts a statewide Cultural Competency and Linguistics training to ensure adherence to the CLAS Standards.

DAODAS will also advocate for the incorporation of the NAADAC-recognized e-training, *Improving Cultural Competency for Behavioral Health Professionals*.

SABG Priority Populations

Pregnant Women and Women with Dependent Children

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 9 of the contract:

- “9. Women (45 CFR § 96.131).** Subgrantee shall ensure that services awarded by DAODAS are made available to pregnant women.
- a.** Pregnant women will be given priority for admission to all program components funded wholly or in part by federal block grant funds.
 - b.** Subgrantee shall actively publicize the availability of such services and the priority status of pregnant women through such means as ongoing public service announcements, regular advertisements in local/regional print media,

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies.

- c. Subgrantee shall notify DAODAS when it is unable to admit a pregnant woman to treatment because of insufficient treatment capacity.
- d. Subgrantee shall make available interim services to any pregnant woman who cannot be admitted to treatment within 48 hours of having applied. Interim services are those defined in the Intravenous Substance Users section under subparagraph (e.)
- e. For pregnant women, interim services shall also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.”

The subgrantees providing SUD services also send DAODAS their capacity management protocols each year. In order to monitor capacity and compliance with the above section (as well as other requirements that apply to priority populations), DAODAS requires each subgrantee to submit a Capacity Monitoring Form that captures data related to admission of pregnant women, appropriate referrals, interim services, and prenatal care.

DAODAS also monitors compliance with this requirement by ongoing desk-review chart audits, during yearly on-site visits, and through the data provided by the county authorities. If a county authority is unable to admit a pregnant woman, its staff will refer the patient to another county authority. As a last resort, the local agency will contact DAODAS for assistance in accessing services for that patient. In the past, DAODAS has received technical assistance from SAMHSA on capacity management.

A sample of patient files are reviewed during annual desk reviews to ensure that county authorities are in compliance with the DAODAS Funding and Compliance Contract. The DAODAS Treatment and Recovery Manager is responsible for this requirement. In addition, the Legal/Compliance Manager monitors compliance with Section 9 through desk reviews and on-site visits.

Currently, three ASAM PPC II Level 3.5 and 3.7 residential treatment programs are offered by the county authorities, where a woman can go for treatment services and take up to two of her children. They are:

- New Life Center – A 16-bed program operated by Charleston Center in Charleston County that allows two children (age 5 and under)
- Chrysalis Center – A 16-bed program operated by Circle Park Behavioral Health Services in Florence County that allows up to two children (age 10 and under)
- Serenity Place – A 16-bed program operated by The Phoenix Center in Greenville County that allows up to two children (age 5 and under)

There are three other residential treatment programs for pregnant and parenting women: Keystone Substance Abuse Services in York County accepts up to six women in Level 3.5 and 3.7; Sumter Behavioral Health Services accepts 12 women in Level 3.5; and Shoreline Behavioral Health Services in Horry County accepts 10 women.

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

There are 11 women’s intensive outpatient (IOP) treatment programs in South Carolina, 10 of which are funded by DAODAS and one of which is funded by another source. These programs are designed for women who are in need of more than traditional outpatient counseling, but for a variety of reasons are unable to receive inpatient care. Because the lack of child care has historically been a barrier to treatment for many women with children, all 11 of the women’s IOPs provide on-site day care or have arrangements with local childcare facilities to provide these services for the children of women in treatment. These programs are available in Aiken, Anderson/Oconee, Berkeley, Charleston, Dorchester, Horry, Lexington/Richland, Pickens, Spartanburg, Sumter, and York counties.

The following county alcohol and drug abuse authorities offer medication-assisted treatment services: Charleston Center, The Phoenix Center (Serenity Place) in Greenville County, Behavioral Health Services of Pickens County, Keystone Behavioral Health Services in York County, Shoreline Behavioral Health Services in Horry County, and Sumter Behavioral Health Services. One of the county authorities, the Tri-County Commission on Alcohol and Drug Abuse, provides MAT services in its three counties (Orangeburg, Calhoun, and Bamberg) and is available to provide these services through a “hub-and-spoke” model for Clarendon and Barnwell counties.

Each of the DAODAS system’s residential facilities are available to residents from all areas of the state, and patients can access services from a program in their region or statewide. If one of these programs is not able to provide MAT services or refer patients to a methadone clinic, the agency will refer the clients to Charleston Center or a program in their regions.

Persons Who Inject Drugs

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 8 of the contract:

“8. Intravenous Substance Users (45 CFR § 96.126). Subgrantee shall ensure that services funded by DAODAS are provided to persons identified as intravenous users of illicit drugs. Subgrantee further agrees to:

- a. Provide DAODAS with a statement of capacity for each service or level of care funded in part with federal block grant funds;
- b. Notify DAODAS within seven days of having reached 90 percent of its capacity to admit individuals to a particular service or level of care (refer to Capacity Monitoring Report Form);
- c. Maintain a formal waiting list that shall include a unique patient identifier for each intravenous drug user seeking treatment;
- d. Notify DAODAS when any intravenous drug user is placed on a waiting list (refer to Capacity Monitoring Report Form);
- e. Provide interim services to those persons who cannot be admitted to treatment within 14 days of making a request. Interim services shall be made available not more than 48 hours after the request for treatment and shall include at a minimum:
 - i. Counseling and education about HIV and tuberculosis;

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

- ii. Counseling and education about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis transmission does not occur;
- iii. Referral for HIV or tuberculosis treatment services if necessary; and
- f. Conduct outreach efforts to encourage individuals in need of treatment services for intravenous drug use to undergo such treatment. Subgrantee shall actively publicize the availability of such services and the priority status of intravenous drug users through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies. Subgrantee shall develop collaborative relationships with opioid treatment programs for the purpose of coordination of treatment services to intravenous drug users.

Subgrantee shall ensure that no funds provided by DAODAS be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleaning needles for such hypodermic injection 45 CFR § 96.135 (a) (6).”

In order to monitor capacity and compliance with the above Section (as well as other requirements that apply to priority populations), DAODAS requires each subgrantee to submit the attached Capacity Monitoring Form.

DAODAS also monitors compliance with this requirement by ongoing desk-review chart audits, during yearly on-site visits, and through the data provided by the county authorities. If a county authority is unable to admit a person who injects drugs, its staff will refer the patient to another county authority. As a last resort, the local agency will contact DAODAS for assistance in accessing services for that patient. In the past, DAODAS has received technical assistance from SAMHSA on capacity management.

A sample of patient files are reviewed during annual desk reviews to ensure that county authorities are in compliance with the DAODAS Funding and Compliance Contract. The DAODAS Treatment and Recovery Manager is responsible for this requirement. In addition, the Legal/Compliance Manager monitors compliance with Section 8 through desk reviews and on-site visits.

Persons at Risk for Tuberculosis

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Section 12 of the contract:

“12. Tuberculosis (TB) Services (45 CFR § 96.127). Subgrantee shall routinely make available, directly or through arrangements with other public or non-profit entities, tuberculosis services to each individual receiving treatment for alcohol and other drug use after being found to be at high risk by the assessment. “Tuberculosis services” include:

- a. Counseling individuals with respect to tuberculosis;

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

- b. Making available necessary testing to determine whether individuals have been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for each individual; and
- c. Providing for or referring individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.

In the case of an individual in need of such treatment who is denied admission to the program based on lack of the capacity of the program to admit the individual, Subgrantee will refer the individual to another provider of tuberculosis services.

Subgrantee will implement infection control procedures established by DAODAS, in cooperation with DHEC's Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- a. Screening of patients;
- b. Identification of those individuals who are at high risk of becoming infected;
- c. Conduction of case management activities to ensure those individuals receive such services; and
- d. Reporting of all individuals identified with active tuberculosis by the testing organization to the appropriate state officials.

Subgrantee shall comply with reporting instructions promulgated by DAODAS to ensure that all recipients of tuberculosis services are appropriately identified and all services documented.”

DAODAS monitors program compliance related to tuberculosis services by desk reviews and onsite visits.

In addition, DAODAS has a statewide County Assistance Program (CAP) that is designed to identify issues and implement a mandatory “technical assistance” and guided corrective action plan before any problems worsen. The CAP applies to subgrantee compliance with federal and state requirements regarding the special populations listed above. If a county authority does not participate in its assigned CAP or fails to make progress, a Mandatory Improvement Program (MIP) is imposed. If the MIP is unsuccessful, DAODAS may take a number of measures, ranging from withholding reimbursements to assigning the agency's catchment area to another county authority.

Persons at High Risk for or Living With HIV Who Are Receiving a Treatment Service

In fiscal year 2019, South Carolina phased out the HIV EIS program because the state's HIV/AIDS case rate no longer met the threshold to be classified as a designated state. The DAODAS Director and the HIV EIS Program Coordinator advised the participating county alcohol and drug abuse authorities to prepare for the loss of HIV funding. The HIV EIS Program Coordinator at DAODAS collaborated with the state health department's HIV testing and counseling program staff to advise the county authorities on returning all remaining HIV testing supplies and the timely submission of all required close-out reports.

Although some state-funded county authorities were able to sustain a minimal level of HIV testing within their sites, for other local agencies, the change in the state's HIV designation

South Carolina – FY 2020-2021 Behavioral Health Assessment and Plan

diminished their capacity to provide any on-site HIV services. For those sites with a diminished capacity, the DAODAS HIV EIS Program Coordinator partnered with the state health department's HIV counseling and testing program staff to address the gaps in HIV services.

Persons in Need of Primary Substance Abuse Prevention

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article IV of the contract. The provision of primary prevention services was described in the earlier portions of this document.