

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

## Fiscal Year 2019–2020 Accountability Report

### SUBMISSION FORM

<b>AGENCY MISSION</b>	<p>DAODAS MISSION STATEMENT:</p> <p>To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.</p>
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<b>AGENCY VISION</b>	<p>DAODAS VISION STATEMENT:</p> <p>DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.</p>
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Does the agency have any major or minor recommendations (internal or external) that would allow the agency to operate more effectively and efficiently?

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

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

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

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

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

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

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

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

	<b><u>Name</u></b>	<b><u>Phone</u></b>	<b><u>Email</u></b>
<b>PRIMARY CONTACT:</b>	Stephen L. Dutton	803.896.1142	sldutton@daodas.sc.gov
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I have reviewed and approved the enclosed FY 2019–2020 Accountability Report, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN AND DATE):</b>	 September 15, 2020
<b>(TYPE/PRINT NAME):</b>	Stephen L. Dutton (Acting) for Sara Goldsby

<b>BOARD/CMSN CHAIR (SIGN AND DATE):</b>	NA
<b>(TYPE/PRINT NAME):</b>	NA

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## **AGENCY’S DISCUSSION AND ANALYSIS**

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

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention, treatment, and recovery services through a community-based system of care. DAODAS subcontracts with 32 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state. The department also contracts with a range of public and private service providers to address substance use disorders throughout South Carolina. DAODAS has expanded its partners to include 22 opioid treatment programs, five recovery organizations, and 62 community distributors of Narcan®. Since the county alcohol and drug abuse authorities were created in 1973, these local agencies have provided intervention and treatment services to more than 3 million South Carolinians and touched the lives of countless individuals and families through the many prevention activities coordinated and provided by this system.

DAODAS estimates that approximately 451,000 individuals in South Carolina are suffering from substance-related problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., its local provider network), as well as other public and private contractors. During fiscal year 2019-20 (FY20), DAODAS and its provider network delivered services to 46,839 South Carolina citizens.

### **Mission and Values**

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

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

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

### **DAODAS Strategic Direction**

Capitalizing on 63 years of success in ensuring access to substance use disorder services for the citizens of South Carolina, and throughout FY20, the department continued to provide the necessary leadership toward a refined strategic direction for the agency itself, as well as the direction of the addictions field. DAODAS continues to emphasize three goals: (1) to increase and improve collaborative efforts, (2) to promote community engagement, and (3) to integrate healthcare systems for both physical and behavioral health – essentially ensuring “the right service at the right time in the right environment.” These goals directly relate to the Enterprise goals established by Governor Henry McMaster, with a primary emphasis on healthy and safe families, public infrastructure and economic development, and government and citizens. In addition, DAODAS continues to emphasize performance and service quality by supporting service innovation and increasing

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stakeholder participation. Finally, the department and its contractors work to increase access to a service continuum across the state by improving key DAODAS and provider processes.

Specific areas of focus in FY20 included: increasing capacity of local providers to serve the state’s citizens in need of substance use disorder prevention, intervention, treatment, and recovery services, thereby impacting access disparities; enhancing individual, family, and community outcomes; increasing coordination efforts; primary healthcare / behavioral health integration; and addressing the agency’s overarching goal of achieving sustainable recovery for the patients it serves. The department also has been instrumental in coordinating the state’s response to the opioid health crisis, which was declared a public health emergency by Governor McMaster in December 2017.

### **FY20 Major Achievements**

To meet the continuing demand for substance use disorder services, DAODAS took a proactive approach to serving citizens during FY20, continuing to reach the agency’s overarching goal of achieving sustainable recovery for citizens, while reducing use/misuse of substances and harm, thereby improving healthcare outcomes. In keeping with the agency’s strategic plan and visionary goals, the following achievements are highlighted:

#### **Prescription Drug Abuse**

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

The SCOERT continues to ensure the execution of objectives to meet statewide goals for education and communication, prevention and response, treatment and recovery, coordinated law enforcement strategies, and data collection and analysis. The team promotes interagency coordination for an efficient and comprehensive approach to the opioid crisis. As a result of this effort, DAODAS was instrumental in the following accomplishment:

- Developing a coordinated state-level collaboration and initiating a protocol for real-time overdose surveillance and rapid response with local mobilization. The protocol establishes a framework for monitoring and responding to trends in suspected overdoses in South Carolina. The aim of this effort is to reduce injury and death from overdoses by identifying geographical high-burden areas to target strategies for preventing overdose deaths and to synchronize response efforts across stakeholders and mobilize local partners to deploy resources to limit the effects of suspected drugs. The protocol focuses on routine monitoring, enhanced investigation, and rapid response.

The plan was implemented in April 2020, as analysis of data suggested a 39% increase in incidents of suspected overdoses in March 2020. The effort has identified an increase in overdose “hot spots,” with law enforcement, public health, and substance use disorder treatment agencies collaborating to rapidly address the problem by working to identify individuals in need of treatment and ensuring that Narcan® is available in those communities to family members and others in need of the overdose reversal drug.

DAODAS has also worked with the House Opioid Study Committee, which recognized that opioid misuse and addiction are widespread and affect every corner of the state. The Committee held a series of public hearings in order to give those directly impacted by the opioid epidemic an opportunity to speak openly with

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committee members regarding their experiences. The DAODAS Director continued to work closely with the Committee over the past fiscal year, focusing on prevention, treatment, and recovery; education and training; criminal justice; prescription medication access; and community coordination. The department implemented Community Distribution Guidelines for the delivery of Narcan® to those citizens most in danger of an overdose. To date, the agency has approved 62 community distributors, including treatment providers, recovery organizations, healthcare providers, homeless outreach organizations, and state agencies.

In FY20, the department continued using state appropriations to expand a program of medication-assisted treatment (MAT) throughout South Carolina. Funds were expended to increase the state's capacity to serve individuals experiencing opioid use disorder, with DAODAS contracting with a majority of local substance use disorder providers for medications, physician services, counselor therapists, and peer support specialists. The department has increased the number of providers offering MAT from a baseline of three local substance use disorder providers to 31 local providers and several state agency partners. All 32 county alcohol and drug abuse authorities have access to state and federal funding to cover behavioral health therapies for the opioid use disorder population. During FY20, DAODAS continued its contract with a departmental Medical Director to assist in the development and expansion of MAT across the medical and behavioral healthcare systems, and to work with Federally Qualified Health Centers on behavioral health models.

The department continued to administer the South Carolina Overdose Prevention Grant, a federal grant sponsored through the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant has three main goals: (1) to identify high-need communities for targeting of prevention efforts in rank order of highest need; (2) to train law enforcement officers (first responders) and, similarly, firefighters; patients; and caregivers to recognize overdose, administer naloxone, and monitor an individual's response until EMS personnel arrive; and (3) to increase the number of prescribers in the state who are informed on the risk factors associated with opioid overdose and to partner with the South Carolina Pharmacy Association to disseminate overdose prevention messages to prescribers across the state. With the help of its partner agency, the South Carolina Department of Health and Environmental Control, DAODAS trained more than 12,224 law enforcement officers, resulting in 1,753 lives being saved across the state since 2016 as part of the Law Enforcement Officer Narcan® (LEON) effort and the Reducing Opioid Loss of Life (ROLL) program.

As part of a second federal grant, the Empowering Communities for Healthy Outcomes (ECHO) project focuses on reducing motor vehicle crashes that are a result of impaired driving, as well as addressing non-medical use of prescription drugs among people ages 12-25. Funding has supported the development and sustainability of 10 local multi-sector coalitions that plan, implement, and evaluate evidence-based prevention strategies to reduce the negative impacts on the communities of the issues noted above. One such strategy to reduce the availability of prescription drugs is to educate citizens on the importance of disposing of expired or unused/unneeded prescription medication through permanent drop boxes placed in law enforcement agencies and pharmacies across South Carolina. There are currently 235 boxes in 45 counties.

#### **State Opioid Response Grant**

In October 2018, South Carolina was awarded a State Opioid Response Grant totaling \$35 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) to continue the state's comprehensive approach to fighting the opioid epidemic.

DAODAS, utilized this two-year SOR grant (September 30, 2018 – September 30, 2020) from SAMHSA's Center for Substance Abuse Treatment and Center for Substance Abuse Prevention to address the opioid and stimulant crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid

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overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorders.

DAODAS has partnered with all 32 county alcohol and drug abuse authorities that provide substance use disorder prevention, intervention, treatment, and recovery-support services statewide; the leadership of Behavioral Health Services Association of South Carolina Inc. (BHSA, the county authorities' membership organization); S.C. Association for the Treatment of Opioid Dependence and its members that operate opioid treatment programs in all regions of the state; the Medical University of South Carolina (MUSC); S.C. Department of Health and Environmental Control; S.C. Department of Corrections; S.C. Pharmacy Association; and Faces and Voices of Recovery South Carolina.

The SOR grant funds an ongoing comprehensive response to the opioid epidemic that:

- addresses stigma and the need for action through a statewide multi-layered media campaign. DAODAS launched this campaign, "Just Plain Killers" ([www.justplainkillers.com](http://www.justplainkillers.com)), to educate the public on the prescription opioid crisis and to provide prevention information to help stop the epidemic, as well as providing information on treatment and recovery resources;
- expands and enhances the state's Opioid Overdose Prevention Program, providing Narcan® to all county alcohol and drug abuse authorities, recovery community organizations, and opioid treatment programs; and
- provides financial assistance to indigent South Carolinians for medications and talk therapy, expanding access to clinically appropriate, evidence-based practices for opioid use disorders. DAODAS developed a funding stream for county alcohol and drug abuse authorities to provide access for indigent persons to behavioral therapies and medicine to treat opioid use disorder and also supported the new position of Medication-Assisted Treatment (MAT) Coordinator in local agencies across the state. This position was tasked with supporting integrated health care and building behavioral health teams. MAT Coordinators serve persons via care coordination services.

In addition, the matter of substance misuse in rural areas is being addressed, supporting rural counties to develop relationships with medical providers, either internally or through external relationships, to provide comprehensive evidence-based care to patients. The counties needing this support in particular are Abbeville, Allendale, Barnwell, Calhoun, Chester, Clarendon, Chesterfield, Edgefield, Hampton, Marion, McCormick, Newberry, Saluda, Union, and Williamsburg.

The SOR grant also provides funding to increase MAT services for 23 opioid treatment programs (OTPs) in 15 high-need counties across the state. All OTPs have continued to impact the opioid epidemic in South Carolina by improving access to treatment through the provision of financial assistance to indigent South Carolinians receiving methadone treatment, thereby providing methadone to patients who have no other means of receiving this medication;

- enhances and expands the provision of peer support and other recovery-support services (*see "Recovery" section on Page A-10*);
- provides assistance to individuals returning to their communities from criminal justice settings (*see "Recovery" section on Page A-10*);
- partners with MUSC to expand medication-assisted treatment and opioid use disorder services across the state and ongoing professional education through the MUSC Center for Telehealth and the expansion of Project ECHO (a successful model for linking primary care clinicians with addictions

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counselors to jointly manage complex illness using real-time learning made possible by teleconferencing technology).

As an outcome of receiving SOR funding, 7,395 Narcan® kits were distributed and treatment services were provided to 8,659 individuals. Of those individuals:

- 3,032 received methadone maintenance services;
- 4,827 received buprenorphine;
- 124 received injectable naltrexone; and
- 16,021 received recovery support services.

#### **SOR Prevention Projects**

DAODAS provides funding to Children’s Trust of South Carolina to implement the Strengthening Families Program (SFP) in two rural counties – Dorchester and Fairfield. Children’s Trust, a statewide organization focused on the prevention of child abuse and neglect, provides funding, resources, and training to help local program partners build strong families and positive childhoods. The SFP serves families with children ages 6 to 11 through local partners in settings that include community centers, schools, and churches. SFP is designed to help families develop positive discipline practices, stay resilient during tough times, reduce conflict, improve parenting skills, and assist children with social skills, relationships, and school performance. All of these factors play an important role in keeping families strong while protecting against potential abuse or neglect, substance misuse, and adverse childhood experiences. Dorchester County implemented two cycles of the SFP, reaching 22 families. Fairfield County also implemented two cycles of the SFP, reaching 25 families.

The SOR grant also provided direct funding to county alcohol and drug abuse authorities to implement primary prevention services that target prescription opioid misuse across the lifespan. In FY20, coalitions were selected to receive funds in eight high-need counties (Abbeville, Charleston, Colleton, Florence, Lancaster, Laurens, Pickens, and Spartanburg). The county authorities each received between \$85,000 and \$115,000 annually to utilize the Strategic Prevention Framework (SPF) model to support needs assessment, capacity building, planning, implementation, and evaluation services to produce positive outcomes related to opioid misuse and its consequences. The total number of individuals reached and served was 3,403,773 in the eight counties.

SOR one-time prevention awards, in the amount of \$25,000, were made available to the state’s 32 county alcohol and drug abuse authorities that serve South Carolina’s 46 counties. The total number of people reached and served through Community-Based Process, Education, Environmental, and Information Dissemination prevention programs and services was 5,950,742.

#### **House Legislative Oversight**

DOODAS completed the House Legislative Oversight Committee’s review process with five recommendations that fell into the categories of effectiveness, efficiency, accountability, and interagency collaboration. These recommendations focused on: ensuring that key social media messages are provided to legislators for dissemination to their constituents; encouraging county alcohol and drug abuse authorities to notify relevant county legislative delegations if there is resistance on the part of school districts or individual schools to implementation of school-based prevention programming; considering rates of substance abuse when distributing the federal Substance Abuse Prevention and Treatment Block Grant (SABG) to local providers for prevention services; providing a way for participants of local DAODAS-funded programs to provide feedback

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directly to the agency; and exploring ways to collaborate with the S.C. Department of Natural Resources on the reduction of boating under the influence.

Four legislative recommendations were made to address: underage access to tobacco; underage access to alcohol; updating the agency's enabling legislation; and a technical issue for obtaining unclaimed prize funding for gambling services.

### **Telehealth**

DAODAS has made strides in the use of telehealth to enable county alcohol and drug abuse authorities to deliver services during the COVID-19 pandemic. Prior to the pandemic, the department had begun working with the South Carolina Telehealth Alliance to equip all county authorities with telehealth carts and was subsidizing county authorities' broadband costs with state funds. During that time, no Medicaid reimbursement was available for telehealth rehabilitative behavioral health services, and prescriptions for buprenorphine were limited by the state's Board of Medical Examiners (BOME).

Actions taken to address these issues during the pandemic include Medicaid and DAODAS state support to reimburse providers for clinical services, including crisis management, individual psychotherapy, peer support, case management, and other behavioral health services provided via telehealth or telephone. DAODAS also provided a \$5,000 stipend for the purchase of cellular telephones for use by patients needing access; worked with the BOME to approve additional prescribers to initiate buprenorphine via telehealth; and allows counselors to use doxy.me to provide clinical services via laptop computer from their homes or offices.

Some positive results of these measures include increased patient retention and engagement, deeper clinical work with a glimpse of home and family life, reports of higher patient satisfaction and increased desire to continue in services.

### **Ensuring Accessible Services**

#### **Prevention**

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

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

In FY20, DAODAS continued to emphasize prevention programs associated with the reduction of underage drinking. The Alcohol Enforcement Team (AET) effort focuses on community coalition development and maintenance, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. In FY20, law enforcement officers reported there were 6,540 alcohol compliance checks, resulting in 497 purchases for an effective buy rate of 7.6%.

As a result of intensive prevention programming throughout the state, youth use rates for all substances continued to decline. As reported from the Communities That Care Survey conducted in the spring of 2020, self-reported past-30-day use among South Carolina high school youth was as follows:



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- use of alcohol has decreased to 10.4% (16% in 2018);
- use of marijuana is down to 8.1% (12.7% in 2018);
- use of cigarettes has decreased to 2.4% (5.2% in 2018);
- use of vaping products is down to 10.8% (14.9% in 2018); and
- prescription drug use has decreased to 3.9% (4.3% in 2018).

DAODAS and its local partners also participated in the federally required Youth Access to Tobacco Study to reduce South Carolina youth's ability to purchase tobacco products. Continuing a steady decline in the rate of youth access to tobacco, the agency documented a purchase rate of 4.3% in federal fiscal year (FFY) 2018; however, there was a slight increase in FFY19 to 7.3%.

To help combat opioid misuse, the Just Plain Killers campaign utilizes three mainstream social media platforms (Facebook, Instagram, and Twitter), with marketing partner Chernoff Newman responsible for creating branded, cohesive content to share across the platforms. Social media impressions in FY20 totaled 15,035,866. The breakdown for each platform is as follows:

- Facebook: 9,097,268
- Twitter: 110,014
- Instagram: 5,828,604

An evaluation of the Just Plain Killers campaign based on a statewide survey of 500 South Carolina residents was conducted between March 11 and March 19, 2020. This study is the third in a series designed and conducted to measure and monitor awareness, perceptions, and positions related to the abuse and misuse of opioids in South Carolina. The initial study, conducted in November 2017, served to establish a benchmark. Since then, two follow-up studies have been conducted – one in May 2018 and the one in March 2020 – which include Just Plain Killers advertising recall. The Just Plain Killers campaign continues to perform well. Statewide awareness is 57% for statements used in the campaign (up from 47% in May 2018) and 61% for recall of visual elements (up from 54% in May 2018).

#### Treatment Outcomes and Collaboration

Through treatment and recovery services and programs in South Carolina, in fiscal year 2019, patients' past-30-day use of alcohol decreased by 26%; patients' past-30-day use of *any* substances decreased by 33.5%; and patients' past-30-day employment status rose by 9.9%. Additionally, DAODAS and its local provider network reported treating 7,036 patients with opioid use disorder (OUD), a 9.3% increase since fiscal year 2018. The department is action-oriented in positively impacting the health of South Carolina citizens, as well as impacting the economy as patients seek and find employment.

DAODAS continued to work with the S.C. Department of Corrections (SCDC) to better serve individuals involved in the justice system and to provide substance use disorder (SUD) services to youthful offenders released from prison to help reduce recidivism and SUDs. The program is a first step in re-integrating offenders back into the community. During FY20, a total of 80 inmates with opioid use disorder (OUD) were provided medication-assisted treatment (MAT), and 689 inmates were referred to county authorities by peer support professionals. In the future, SOR funds will be used to focus on doubling the number of individuals served, to include a warm hand-off of stimulant, misuse/use disorder, and co-occurring inmates to county alcohol and drug abuse authorities. In the short term, this program will also demonstrate the effectiveness

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of inmate-led training of Peer Support Specialists as it relates to keeping offenders engaged and connected to services.

A highlight of the partnership between DAODAS and SCDC is that – out of the 54 inmates who enrolled in the MAT project – only one returned to prison for any amount of time. This is a particularly noteworthy occurrence that demonstrates promising results for the project, as the average recidivism rate in South Carolina is 22.3%.

#### Recovery

DAODAS has also been instrumental in working with recovery community organizations to expand their presence in communities across the state. South Carolina Faces and Voices of Recovery (SC FAVOR), a recovery advocacy coalition, is currently engaged in a strategic planning effort to refocus its efforts on building sustainable non-profit community organizations.

DAODAS has awarded sub-grants through a Request for Proposal process to five new emerging recovery community organizations (RCOs). These awards are supporting the RCOs' development as non-profit, community-based recovery support centers. All RCOs are providing All Recovery meetings, Self-Management and Recovery Training (SMART) meetings, recovery coaching, and family support. Two of the RCOs, one that is centrally located in the Midlands and one in the Lowcountry, are focusing their energy on support for families that have lost a loved one due to an overdose and engaging youth in recovery. These five organizations served 16,021 individuals. They also provide training for peer support certification and have trained and certified 148 Peer Support Specialists. The Recovery Training Academies, which provide Trainings of Excellence to individuals interested in becoming a Certified Peer Support Specialist (after initial DAODAS screening) are held in the following locations: Midlands Recovery Center, FAVOR Greenville, and FAVOR Piedmont.

An ongoing project that has demonstrated progress is the expansion of Oxford Houses in areas identified by internal spatial gap analyses. In fiscal year 2018, there were 63 Oxford Houses, and by the end of fiscal year 2019 the number of Oxford Houses had expanded by 21% to 76. In FY20, Oxford Houses expanded their footprint to 85 locations. All houses accept residents who might be engaged in medication-assisted treatment, and some select houses accept residents with children.

Additionally, DAODAS is leading an effort with the S.C. Association of Recovery Residences (SCARR) to identify existing recovery homes and to employ efforts for these homes to meet voluntary quality measures for recovery residences through uniform standards, support services, placement, education, research, and advocacy. In collaboration with the National Association of Recovery Residences, SCARR has completed a count of recovery homes throughout South Carolina and has begun the certification of recovery residences in our state.

#### Risk Management and Mitigation Strategies

Throughout FY20, the department continued to improve of the effectiveness of the public and private provider system, striving for long-term patient outcomes and recovery. System-wide, the goals for FY20 were to continue implementing a coordinated system of care, to implement research- and science-based protocols that increase chances for recovery, and to move toward a formula-based federal block grant funding process that will enhance the performance of providers and ultimately achieve improved health outcomes for patients.

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Should the agency not reach its goals of delivering efficient and effective prevention, intervention, treatment, and recovery services, or should it fall short in meeting the opioid crisis head-on, the negative impact on the citizens of South Carolina would include an increase in overall mortality, increased healthcare costs, and a rise in addiction that would impact the workforce and the economic engine of the state, and ultimately the quality of life of all South Carolinians. Collateral impacts would include a rise in underage drinking and alcohol-related crashes, shortened life spans, and increased co-morbidities in chronic disease. Unfortunately, if the state does not address addiction and the opioid crisis, South Carolinians will continue to die of overdose, as evidenced in 2018 opioid overdose data that showed a 9.1% increase in deaths since 2017.

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

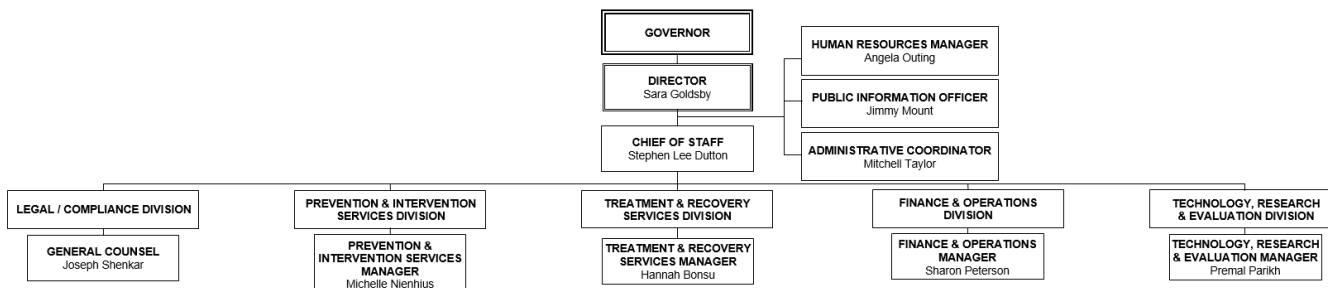
- continued attention to the disease of addiction and the possible rise in substance use disorders and needed services if a medical marijuana bill is enacted. Funding should be increased to address diversion of medical marijuana and to provide for the prevention of youth access to marijuana and treatment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

### **Restructuring Recommendations**

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

### **Organizational Chart**

South Carolina Department of Alcohol and Other Drug Abuse Services (6/30/20)



Agency Name:

DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

Agency Code:

J200

Section:

37

Fiscal Year 2019-2020  
Accountability Report

Strategic Planning and Performance Measurement Template												
Statewide Enterprise Strategic Objective	Type	Item #			Description	2019-2020			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1 Create an Accessible Continuum of Effective Services within Each Community in 2019										
	S	1.1 Reduce Youth and Young Adult use of Alcohol, Tobacco and other Drugs										
	M		1.1.1		Increase the Number of Individuals who receive Prevention Services by 1%	5,651,305	5,707,819	6,163,820	July 1- June 30	Impact / DAODAS Prevention Data System	Single Service Count	Prevention Services provided to youth and adults reduces first use of among youth and arrests use among adults.
	M		1.1.2		Maintain between 350-375 DAODAS Supported Alcohol Enforcement Team Public Safety Checkpoints	363	350-375	352	July 1- June 30	DAODAS Mosaic Reporting	Measures local participation in Safety Checkpoints	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.
	M		1.1.3		Reduce Underage Drinking to 24%	25.40%	24.00%	23.10%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and misuse.
	M		1.1.4		Reduce Underage Alcohol Buy Rate under 10%	7.30%	10.00%	7.60%	July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Prevention Activity elements are entered daily into Mosaic / Calculated Quarterly	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse.
	M		1.1.5		Reduce Alcohol-involved Car Crashes by 2%	32.00%	30.00%	31.00%	July 1- June 30	Fatality Analysis Reporting System (FARs) / NHTSA Database	Measures deaths in crashes where BAC is .08% or greater	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.
	M		1.1.6		Reduce Underage Tobacco Use Access (Synar) under 5%	4.30%	5.00%	7.30%	October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Retailer Violation Rate calculated using sample size approved by the federal government	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
	M		1.1.7		Reduce Underage Tobacco Use to 9%	10.00%	9.00%	7.10%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
	M		1.1.8		Increase the availability of opioid education to over four million of the public in SC through the JustPlainKillers website	3,909,507	4,000,000	5,149,000	July 1- June 31	DAODAS Division of Prevention / STR Project	Number of interactions with the JustPlainKillers website	The aim of the Education Campaign is to increasing knowledge and prevention strategies around prescription drugs and opioids.
	S	1.2 Increase Access to a Continuum of Evidence Based Substance Use Disorder Services										
	M		1.2.1		Increase the Number of Unduplicated Patients Served by 5%	50,704	53,240	46,839	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	Provision of treatment services to South Carolinians of all ages increases recovery rates and impacts a range of morbidity and mortality statistics, as well as economic output indicators.
	M		1.2.2		Increase the number of pregnant women who access treatment and recovery services by 5%	707	742	808	July 1- June 30	DAODAS EHR / Monthly	Data Reported Monthly / Annual Calculation - 3 Month Lag	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increase recovery rates.
	M		1.2.3		Increase Criminal Justice System referrals to SUD treatment to 13,300	13,040	13,300	13,886	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	Provision of treatment services to inmates and parolees increases changes of recovery and decreases recidivism.

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			1.2.4	Provide additional Peer Support Trainings to increased the number of Peer Support Specialists by 5%	300	315	345	July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Peer Support Services is an industry standard that assists individuals in learning recovery principles and maintain sobriety; increases recovery outcomes.
	M			1.2.5	Increase the number of Oxford Houses used for living during transition into recovery by 5 in 2020	72	77	85	July 1- June 30	DAODAS Division of Treatment / Quarterly	Recovery Team / Oxford House Contract	Expanding Recovery Support and access to transitional Housing such as an Oxford House, increases recovery outcomes; impacts local communities and increases the ability for an individual to become gainfully employed.
	M			1.2.6	Maintain and expand within the 3 collegiate recovery programs in 2020	3	3	3	July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Expanding Recovery Programs increases recovery outcomes; impacts local communities
	M			1.2.7	Establish Medication-Assisted Treatment Diversion programs to serve 10 patients in 2020	6	10	10	July 1- June 30	DAODAS Division of Legal Compliance / Quarterly	Contract Deliverables / Monthly	Expanding best practices with treatment courts increases recovery outcomes
	M			1.2.8	Increase the number of unduplicated persons connecting to the Recovery Community organizations to 3,000	2,735	3,000	5,793	July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Expanding Recovery Support for individuals connecting with recovery communities
	M			1.2.9	Increase the number of certified recovery residences	0	10	0	October 1 - September 30	DAODAS Division of Treatment / Annually	Contract Deliverables / Annually	Expanding access to certified recovery residences to increase recovery outcomes and impact local communities
	S			1.3	Increase Services to Patients With Opioid Use Disorder							
	M			1.3.1	Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%	7,036	7,388	8,261	July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M			1.3.2	Increase the Number of Patients Receiving MAT Services by 5%	3,387	3,557	4,502	July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M			1.3.3	Increase the Number of Professional First Responders Trained in Opioid Reversal Protocols using Narcan by 5%	10,676	11,210	12,449	October 1 - September 30	DAODAS Division of Prevention / LEON Project/ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
	M			1.3.4	Increase coordination with the S.C. Department of Corrections (SCDC) to enroll inmates in opioid recovery services by 10%	20	22	57	July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Increases Treatment Referrals; Increases Recovery Prospects.
	M			1.3.5	Increase the number of Prescription Drug Drop Boxes to 200	190	200	235	July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Monthly	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmful Drugs; Decreases Demand for Opiates.
	M			1.3.6	Increase the number of Narcan administrations through LEON and ROLL by 5%	513	539	678	July 1- June 30	DAODAS Division of Prevention / LEON Project/ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			1.3.7	Increase the number of ED patients in pilot sites inducted on buprenorphine to 200	183	200	253	November 1st- November 1st	DAODAS Division of Treatment / Quarterly	Grant Deliverable / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M			1.3.8	Maintain availability of the 6 Tele-Health providers across the state	6	6	6	July 1- June 30	DAODAS Division of Treatment / MAT Report	Evaluation Data Reported at 6 Months	Telehealth Services Increases Access, Diagnosis and Treatment options for a range of SUD patients and telehealth-capable healthcare entities.
Public Infrastructure and Economic Development	G	2		Become a Leader in the Delivery of World Class Quality Services by 2020								
	S	2.1		Reduce Substance Use Disorder in South Carolina								
	M			2.1.1	Increase Effectiveness of Treatment Programs to 35% / Decrease Use	33.5%	35.0%	34.00%	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Provides Coverage for uninsured individuals increasing access to treatment and recovery assets.
	M			2.1.2	Increase Effectiveness of Treatment Programs by 2% / Increase Employment	10.0%	12.0%	10.0%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	Impacts individual and family economic stability; Impacts South Carolina economic outputs.
	M			2.1.3	Maintain 90 day length-of-stay for 50% of individuals utilizing level 1 outpatient services	60.5%	50.0%	58.0%	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Longer treatment stays leads to better clinical outcomes
	M			2.1.4	Maintain percentage of patients completing treatment plan between 40-50%	45.0%	40-50%	45.0%	July 1- June 30	DAODAS FY Discharge Outcomes Report	Entered Monthly / Reported Annually	Completion of treatment leads to lower rates of re-admission.
	S	2.2		Workforce Development								
	M			2.2.1	Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%	32	34	27	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	Training and Retention of qualified counselor are essential to prevention, treatment and recovery efforts.
	M			2.2.2	Maintain the number of individuals certified to provide preventative services in South Carolina between 70 and 80	73	70-80	81	July 1- June 30	South Carolina Association of Prevention Professionals and Advocates (SCAPPA)/Annually	Entered and Reported Annually	Training and Retention of qualified counselors are essential to prevention and overall efforts.
	M			2.2.3	Maintain the number of individuals certified to provide treatment services in South Carolina between 650 and 700	691	650-700	1,100	July 1- June 30	South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC)/Annually	Entered and Reported Annually	Training and Retention of qualified counselors are essential to treatment and overall efforts.
Government and Citizens	G	3		Become a Leader in Collaboration and Integration								
	S	3.1		Increase Integration Efforts with Local and State Partners								
	M			3.1.1	Increase the number of state and local private and public partnerships for targeting substance use disorder to 70	63	70	70	July 1- June 30	Administration / Annually	Contracts / Reported Annually	Building a strong continuum of prevention, treatment and recovery providers is essential to increasing access to recovery and maintaining sobriety.
	S	3.2		Increase Services to the Uninsured								



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		Goal	Strategy	Measure		Base	Target	Actual				
Healthy and Safe Families	G	1			Create an Accessible Continuum of Effective Services within Each Community in 2019							
	S	1.1			Reduce Youth and Young Adult use of Alcohol, Tobacco and other Drugs							
	M		1.1.1		Increase the Number of Individuals who receive Prevention Services by 1%	6,163,820	6,225,459		July 1- June 30	Impact / DAODAS Prevention Data System	Single Service Count	Prevention Services provided to youth and adults reduces first use of among youth and arrests use among adults.
	M		1.1.2		Maintain at least 250 DAODAS Supported Alcohol Enforcement Team Public Safety Checkpoints	352	250		July 1- June 30	DAODAS Mosaic Reporting	Measures local participation in Safety Checkpoints	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.
	M		1.1.3		Reduce Underage Drinking to 23% or under	23.10%	23.00%		July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and misuse.
	M		1.1.4		Maintain Underage Alcohol Buy Rate under 10%	7.60%	10.00%		July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Prevention Activity elements are entered daily into Mosaic / Calculated Quarterly	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse.
	M		1.1.5		Reduce Alcohol-involved Car Crashes by 1%	31.00%	30.00%		July 1- June 30	Fatality Analysis Reporting System (FARs) / NHTSA Database	Measures deaths in crashes where BAC is .08% or greater	Prevention Services are aimed at reducing first use among youth and therefore lifetime use and abuse. Decreases Youth Mortality Rate.
	M		1.1.6		Keep underage access to tobacco (Synar) to 10% or less	7.30%	10.00%		October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Retailer Violation Rate calculated using sample size approved by the federal government	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
	M		1.1.7		Keep Underage Tobacco Use to 9% or less	7.10%	9.00%		July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	Prevention of Tobacco Sales are aimed a reducing first use among youth and therefore lifetime use and abuse. Decreases Adult Mortality Rate.
	M		1.1.8		Hit at least 15,000,000 social media impressions annually across all platforms by the public for the Just Plain Killers Education Campaign	15,036,000	15,000,000		July 1- June 30	DAODAS Division of Prevention / STR Project	Number of interactions with the Just Plain Killers Campaign	The aim of the Education Campaign is to increasing knowledge and prevention strategies around prescription drugs and opioids.
	S	1.2			Increase Access to a Continuum of Evidence Based Substance Use Disorder Services							
	M		1.2.1		Increase the Number of Unduplicated Patients Served by 5%	46,839	49,181		July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	Provision of treatment services to South Carolinians of all ages increases recovery rates and impacts a range of morbidity and mortality statistics, as well as economic output indicators.
	M		1.2.2		Increase the number of pregnant women who access treatment and recovery services by 5%	808	850		July 1- June 30	DAODAS EHR / Monthly	Data Reported Monthly / Annual Calculation - 3 Month Lag	Provision of treatment services and coordinated prenatal care impacts the Infant Mortality Rate, as well as increase recovery rates.
	M		1.2.3		Increase Criminal Justice System referrals to SUD treatment to 14,000	13,886	14,000		July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	Provision of treatment services to inmates and parolees increases changes of recovery and decreases recidivism.

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		Goal	Strategy	Measure		Base	Target	Actual				
	M			1.2.4	Provide additional Peer Support Trainings to increased the number of Peer Support Specialists by 5%	345	365		July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Peer Support Services is an industry standard the assists individuals in learning recovery principles and maintain sobriety; increases recovery outcomes.
	M			1.2.5	Increase the number of Oxford Houses used for living during transition into recovery by 5 houses in 2021	85	90		July 1- June 30	DAODAS Division of Treatment / Quarterly	Recovery Team / Oxford House Contract	Expanding Recovery Support and access to transitional Housing such as an oxford house, increases recovery outcomes; impacts local communities and increases the ability for an individual to become gainfully employed.
	M			1.2.6	Maintain and expand within the 3 collegiate recovery programs in 2021	3	3		July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Expanding Recovery Programs increases recovery outcomes; impacts local communities
	M			1.2.7	Utilize Medication-Assisted Treatment Diversion programs to serve 10 patients in 2021	0	10		July 1- June 30	DAODAS Division of Legal Compliance / Quarterly	Contract Deliverables / Monthly	Expanding best practices with treatment courts increases recovery outcomes
	M			1.2.8	Maintain the number of unduplicated persons connecting to the Recovery Community organizations annually at 3,000 or more	5,793	3,000		July 1- June 30	DAODAS Division of Treatment / Monthly	Contract Deliverables / Monthly	Expanding Recovery Support for individuals connecting with recovery communities
	M			1.2.9	Increase the number of certified recovery residences to 10	0	10		October 1 - September 30	DAODAS Division of Treatment / Annually	Contract Deliverables / Annually	Expanding access to certified recovery residences to increase recovery outcomes and impact local communities
	S			1.3	Increase Services to Patients With Opioid Use Disorder							
	M			1.3.1	Increase the Number of Patients receiving Opioid Disorder Treatment Services by 5%	8,261	8,675		July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M			1.3.2	Increase the Number of Patients Receiving MAT Services by 5%	4,502	4,725		July 1- June 30	DAODAS Division of Technology, Research & Evaluation / Monthly	Entered Electronic Health Record / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M			1.3.3	Increase the Number of Professional First Responders Trained in Opioid Reversal Protocols using Narcan to 12,775	12,449	12,775		October 1 - September 30	DAODAS Division of Prevention / LEON Project/ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
	M			1.3.4	Increase coordination with the S.C. Department of Corrections (SCDC) to enroll inmates in opioid recovery services by 10%	57	65		July 1- June 30	DAODAS Division of Treatment / Quarterly	Contract Deliverables / Monthly	Increases Treatment Referrals; Increases Recovery Prospects.
	M			1.3.5	Increase the number of Prescription Drug Drop Boxes to 240	235	240		July 1- June 30	DAODAS Division of Prevention / ECHO Grant	Grant Deliverable / Monthly	Increases Prescription Drug Prevention Efforts; Increases Disposal of Opiate and Other Harmful Drugs; Decreases Demand for Opiates.
	M			1.3.6	Increase the number of Narcan administrations through LEON and ROLL by 5%	678	712		July 1- June 30	DAODAS Division of Prevention / LEON Project/ROLL Project	Grant Deliverable / Monthly	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.



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		Goal	Strategy	Measure		Base	Target	Actual				
	M			1.3.7	Maintain inducting at least 200 ED patients on buprenorphine in pilot sites	253	200		July 1- June 30	DAODAS Division of Treatment / Quarterly	Grant Deliverable / Monthly	Expanding Opiate Disorder services saves lives; increases recovery opportunities and impacts the state's economic output.
	M			1.3.8	Maintain availability of the 6 Tele-Health providers across the state	6	6		July 1- June 30	DAODAS Division of Treatment / MAT Report	Evaluation Data Reported at 6 Months	Telehealth Services Increases Access, Diagnosis and Treatment options for a range of SUD patients and telehealth-capable healthcare entities.
	M			1.3.9	Increase the number of agencies that are designated by DAODAS to be community distributors of naloxone to 65	63	65		July 1- June 30	DAODAS Divisions of Prevention	Entered and Reported Annually	Reverses Drug Overdose; Saves Lives; Increases Treatment Referrals; Increases Recovery Prospects.
Public Infrastructure and Economic Development	G	2	Become a Leader in the Delivery of World Class Quality Services by 2020									
	S	2.1	Reduce Substance Use Disorder in South Carolina									
	M			2.1.1	Increase Effectiveness of Treatment Programs to 35% / Decrease Use	34.00%	35.0%		July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Provides Coverage for uninsured individuals increasing access to treatment and recovery assets.
	M			2.1.2	Increase Effectiveness of Treatment Programs by 1% / Increase Employment	10.0%	11.0%		July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	Impacts individual and family economic stability; Impacts South Carolina economic outputs.
	M			2.1.3	Maintain 90 day length-of-stay for 50% of individuals utilizing level 1 outpatient services	58.0%	50.0%		July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	Longer treatment stays leads to better clinical outcomes
	M			2.1.4	Maintain percentage of patients completing treatment plan of at least 40%	45.0%	40.0%		July 1- June 30	DAODAS FY Discharge Outcomes Report	Entered Monthly / Reported Annually	Completion of treatment leads to lower rates of re-admission.
	S	2.2	Workforce Development									
	M			2.2.1	Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%	27	29		July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	Training and Retention of qualified counselor are essential to prevention, treatment and recovery efforts.
	M			2.2.2	Maintain having at least 70 individuals certified to provide preventative services in South Carolina	81	70		July 1- June 30	South Carolina Association of Prevention Professionals and Advocates (SCAPPA)/Annually	Entered and Reported Annually	Training and Retention of qualified counselors are essential to prevention and overall efforts.
	M			2.2.3	Maintain the number of individuals certified to provide treatment services in South Carolina to at least 1,000	1,100	1,000		July 1- June 30	South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC)/Annually	Entered and Reported Annually	Training and Retention of qualified counselors are essential to treatment and overall efforts.
Government and Citizens	G	3	Become a Leader in Collaboration and Integration									
	S	3.1	Increase Integration Efforts with Local and State Partners									



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Strategic Planning and Performance Measurement Template												
Statewide Enterprise Strategic Objective	Type	Item #			Description	2020-2021			Time Applicable	Data Source and Availability	Calculation Method	Meaningful Use of Measure
		Goal	Strategy	Measure		Base	Target	Actual				

Agency Name:	DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES		
Agency Code:	J200	Section:	037

Fiscal Year 2019-2020  
Accountability Report

Program Template										
Program/Title	Purpose	FY 2019-20 Expenditures (Actual)				FY 2020-21 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
Administration	Provides leadership for the agency.	\$ 245,026	\$ 71,686	\$ 146,206	\$ 462,918	\$ 306,042	\$ 73,314	\$ 187,158	\$ 566,514	All Associated Measures
Finance and Operations	Provides financial and other operational services for the agency to include grants administration, contracts, procurement, accounts payable and receivable functions, and evaluation of policies and procedures.	\$ 13,410,569	\$ 236,604	\$ 38,471,963	\$ 52,119,135	\$ 16,415,367	\$ 231,154	\$ 44,740,046	\$ 61,386,567	All Associated Measures
Legal Compliance	Responsible for compliance standards, review of funding utilization, and accountability processes for the agency's contracted providers under the management of the department's attorney and ensures the agency exercise due diligence and functions sound internal controls so that operations are of the greatest integrity and is more protected against legal risk.	\$ 71,035	\$ 81,569	\$ 131,587	\$ 284,192	\$ 165,533	\$ 127,671	\$ 252,669	\$ 545,873	All Associated Measures
Programs	Provides oversight and monitoring of projects and activities of AOD Authorities and other vendors to ensure achievement of goals.	\$ 193,548	\$ 142,706	\$ 6,967,683	\$ 7,303,937	\$ 148,581	\$ 183,860	\$ 8,300,527	\$ 8,632,968	All Associated Measures
Information Technology	Provides governance and compliance policies in harmony with federal and state IT policies; Selects, tests, configures, deploys and tracks usage of every piece of agency IT equipment; stays current on best practices and implementing appropriate practices, provides and maintains a rack of Window servers, software, electronic devices.	\$ 134,979	\$ 33,208	\$ 406,488	\$ 574,675	\$ 205,697	\$ 325,000	\$ 668,325	\$ 1,199,022	Works with program cohorts to gather data to meet the associated measures
Employee Benefits	Associated benefits for agency staff.	\$ 274,188	\$ 122,822	\$ 544,715	\$ 941,725	\$ 288,605	\$ 133,398	\$ 723,329	\$ 1,145,332	Not Applicable
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Agency Name:

DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

Fiscal Year 2019-2020

Accountability Report

Agency Code:

J200

Section:

037

Program Template

Program/Title	Purpose	FY 2019-20 Expenditures (Actual)				FY 2020-21 Expenditures (Projected)				Associated Measure(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
					\$ -				\$ -	
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Agency Name: DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J200      Section: 037

Legal Standards Template

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who your agency must or may serve? (Y/N)	Does the law specify a product or service your agency must or may provide?	<i>If yes, what type of service or product?</i>	<i>If other service or product, please specify what service or product.</i>
1	US Public Law 91-616 of 1970.	Federal	Statute	Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	Yes	Yes	Other service or product our agency must/may provide	Substance Use Disorder Services.
2	US Public Law 92-255 of 1972.	Federal	Statute	Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	Yes	Yes	Other service or product our agency must/may provide	Substance Use Disorder Services.
3	US Public Law 102-321	Federal	Statute	Establishes the federal Substance Abuse Prevention and Treatment Block Grant with administration requirements.	Yes	Yes	Distribute funding to another entity	
4	Code of Laws of South Caroline 1976, as amended, Section 1-30-10.	State	Statute	Establishes the South Carolina Department of Alcohol and Other Drug Abuse Services as a department of the Executive Branch.	Yes	No		
5	Code of Laws of South Carolina 1976, as amended, Section 1-.30-20.	State	Statute	Implements Name Change	No	No		
6	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2990.	State	Statute	Mandated Treatment for Convicted DUI Offenders	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
7	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i).	State	Statute	Authorizes funding for Gambling Addiction Services	Yes	Yes	Distribute funding to another entity	
8	Code of Laws of South Carolina, 1976, as amended, Section 16-25-20 (G).	State	Statute	Criminal Domestic Violence / Offender Referral to Substance Abuse programs Coordinated through DAODAS.	Yes	Yes	Other service or product our agency must/may provide	The description of the law is self explanatory.
9	Code of Laws of South Carolina, 1976, as amended, Section 16-17-500.	State	Statute	Courts may order minors to undergo a tobacco education program certified by DAODAS.	Yes	Yes	Other service or product our agency must/may provide	Local Substance Use Disorder agencies provide tobacco cessation programs.
10	Code of Laws of South Carolina, as amended, 1976, Section 56-1-2110 (G)	State	Statute	Requires individuals who have a commercial driver's license suspended due to a failed urine screen, to be assessed and treated, if necessary, by a DAODAS substance abuse professional.	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder agencies to provide substance use programming to those holding a CDL.
11	South Carolina Code of Laws, 1976, as amended, Section 20-7-8920.	State	Statute	Requires underage individuals who violated underage drinking laws to attend a certified alcohol intervention program as certified by the department.	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder agencies to offer alcohol intervention programming.
12	South Carolina Code of Laws, 1976, as amended, Section 61-6-480.	State	Statute	Requires merchant education certified through the department for vendors who violate underage drinking laws.	Yes	Yes	Other service or product our agency must/may provide	DAODAS provides merchant education through its local substance use disorder providers.
13	South Carolina Code of Laws, 1976, as amended, Section 17-22-510.	State	Statute	Directs the South Carolina Prosecution Commission to discuss administrative requirements of an Alcohol Education Program operated by local solicitors.	Yes	Yes	Board, commission, or committee on which someone from our agency must/may serve	
14	South Carolina Code of Laws, 1976, as amended, Section 43-35-560.	State	Statute	Designates the department as a member of the Vulnerable Adult Fatality Review Committee.	Yes	No		
15	South Carolina Code of Laws, 1976, as amended, Section 63-11-1930.	State	Statute	Designates the department as a member of the State Child Fatality Advisory Committee.	Yes	No		
16	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i).	State	Statute	Directs the General Assembly to Fund DAODAS for Gambling Addiction Programs	Yes	Yes	Distribute funding to another entity	
17	South Carolina Code of Laws, 1976, as amended, Section 63-7-1690 (A)(1).	State	Statute	Allows a court of competent jurisdiction to order DAODAS approved treatment services before the return of a child to a home, if the child has been removed by DSS.	Yes	Yes	Other service or product our agency must/may provide	Local Substance use Disorder agencies provide treatment services.
18	South Carolina Code of Laws, 1976, as amended, Section 44-107-80.	State	Statute	Upon request, requires DAODAS to provide technical assistance to a state agency to assist in implementing the state Drug Free Workplace Act.	Yes	No		
19	South Carolina Code of Laws, 1976, as amended, Section 44-53-490.	State	Statute	Requires the Department of Health and Environmental Control to submit an annual report to DAODAS on inspected practitioners who dispense or distribute controlled substances.	Yes	No		
20	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.1.	State	FY 2018-19 Proviso	Allows the agency to charge training and conference fees to support educational and professional development initiatives.	No	Yes	Report our agency must/may provide	
21	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.2.	State	FY 2018-19 Proviso	Directs the agency to provide gambling addiction services, including referral services and a mass communication campaign, pending appropriations.	Yes	Yes	Other service or product our agency must/may provide	Local Substance Use Disorder agencies provide gambling addiction programs.

22	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.3.	State	FY 2018-19 Proviso	Directs the agency to transfer \$1.9 million to the Department of Health and Human Services for the purposes of Medicaid Match.	No	No		
23	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 37.4.	State	FY 2018-19 Proviso	Allows the Department to carry forward from prior fiscal years into the current fiscal year unexpended funds in excess of the 10% of the agency's general fund appropriations.	No	No - Does not relate directly to any agency deliverables		
24	Act 264 of the South Carolina General Assembly, 2016-2017 General Appropriations Act, Part IB, Section 37, Proviso 117.142.	State	FY 2018-19 Proviso	Directs the agency to work with certain entities in addressing the opioid crisis and specifically directs the agency to offer a collegiate recovery program and an MAT Diversion Program.	Yes	Yes	Distribute funding to another entity	Proviso Explanation is Self Explanatory.
25	Code of Laws of South Carolina, 1976, as amended, Section 44-49-10 et.seq.	State	Statute	Agency Enabling Legislation	Yes	Yes	Report our agency must/may provide	
26	§ 44-49-10	State	Statute	Establishes the South Carolina Department of Alcohol and Other Drug Abuse Services as a department of the Executive Branch.	No	Yes	Other service or product our agency must/may provide	
27	§ 44-49-20	State	Statute	Names that the Director will be named by the Governor of the State.	No	No - Does not relate directly to any agency deliverables		
28	§ 44-49-40	State	Statute	Directs the agency to perform research on drugs and alcohol abuse.	No	No - Does not relate directly to any agency deliverables		
29	§ 44-49-50	State	Statute	Assigns an attorney to the department through the Attorney General's Office	No	No - Does not relate directly to any agency deliverables		
30	§ 44-49-60	State	Statute	Names an Adult Education Supervisor for the prevention of alcoholism.	Yes	Yes	Other service or product our agency must/may provide	
31	§ 44-49-70	State	Statute	Names As Adult Prevention Supervisor.	No	No - Does not relate directly to any agency deliverables		
32	§ 44-49-80	State	Statute	Establishes a Program for the intervention, prevention and treatment for the public schools of the state.	Yes	No - But relates to sources of funding for one or more agency deliverables		
33	Code of Laws of South Carolina, 1976, as amended, Section 61-12-10 et.seq.	State	Statute	Local Excise Tax Funding Distribution / County Planning Required	Yes	Yes	Board, commission, or committee on which someone from our agency must/may serve	Local Substance Abuse Disorder must submit County Strategic Plans for approval by DAODAS to receive this funding.
35	§ 61-12-20	State	Statute	Directs county councils to designate an agency or organization to a appoint a governing body to right a county plan for a program to alcohol and drug abuse planning for that county.	No	Yes	Board, commission, or committee on which someone from our agency must/may serve	
36	§ 61-12-30	State	Statute	Requires Citizen Participation on the board of the local agency for citizen input.	Yes	Yes	Board, commission, or committee on which someone from our agency must/may serve	
37	§ 61-12-40	State	Statute	Designates how revenue funds must be spend.	No	No - But relates to manner in which one or more agency deliverables is provided	Distribute funding to another entity	
38	§ 61-12-50	State	Statute	Requires annual reports and audits to DAODAS for review.	No	No - But relates to sources of funding for one or more agency deliverables	Distribute funding to another entity	
39	§ 61-12-60	State	Statute	Allows counties to join together to designate a s ingle authority.	Yes	No - But relates to sources of funding for one or more agency deliverables	Distribute funding to another entity	
40	§ 61-12-70	State	Statute	These funds are considered supplemental to increase local, state or federal funding.	No	No - But relates to sources of funding for one or more agency deliverables	Other service or product our agency must/may provide	
41	Code of Laws of South Carolina, 1976, as amended, Section 56-1-286,	State	Statute	Underage DUI / Zero Tolerance / Administrative License Revocation / Mandated Treatment	Yes	Yes	Other service or product our agency must/may provide	DAODAS Contracts with Local Substance Use Disorder Providers to offer DUI Programming.
57	§ 56-1-385	State	Statute	If an individual petitions a court to reinstate a permanent drivers license, he or she shall have to complete and ADSAP program as administered through DAODAS	Yes	Yes	Other service or product our agency must/may provide	
113	§ 56-1-1320	State	Statute	A first offender also includes the mandatory completion of ADSAP through DAODAS.	Yes	Yes	Other service or product our agency must/may provide	
114	§ 56-1-1330	State	Statute	A provisional driver's license also includes the mandatory completion of ADSAP through DAODAS.	Yes	Yes	Other service or product our agency must/may provide	

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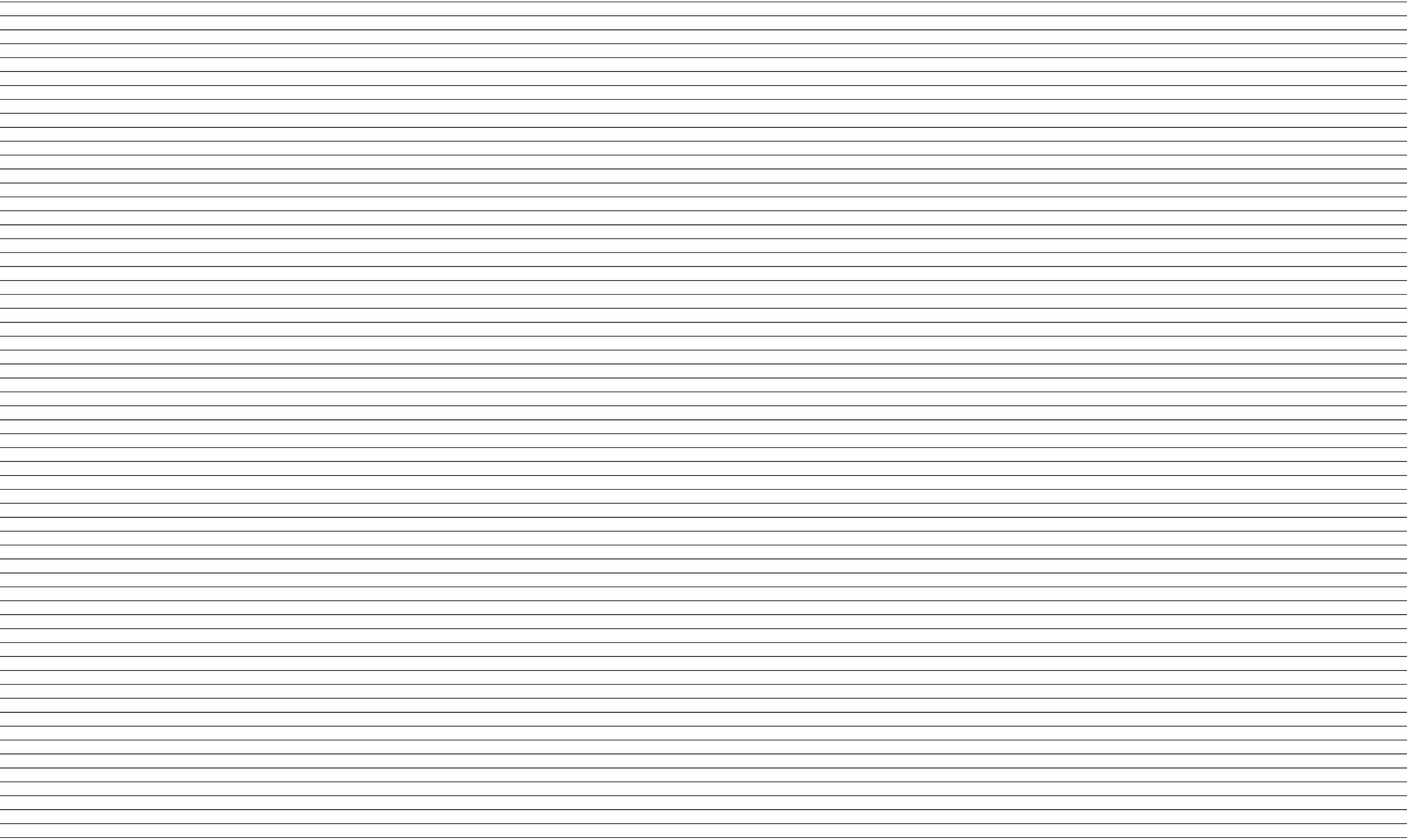


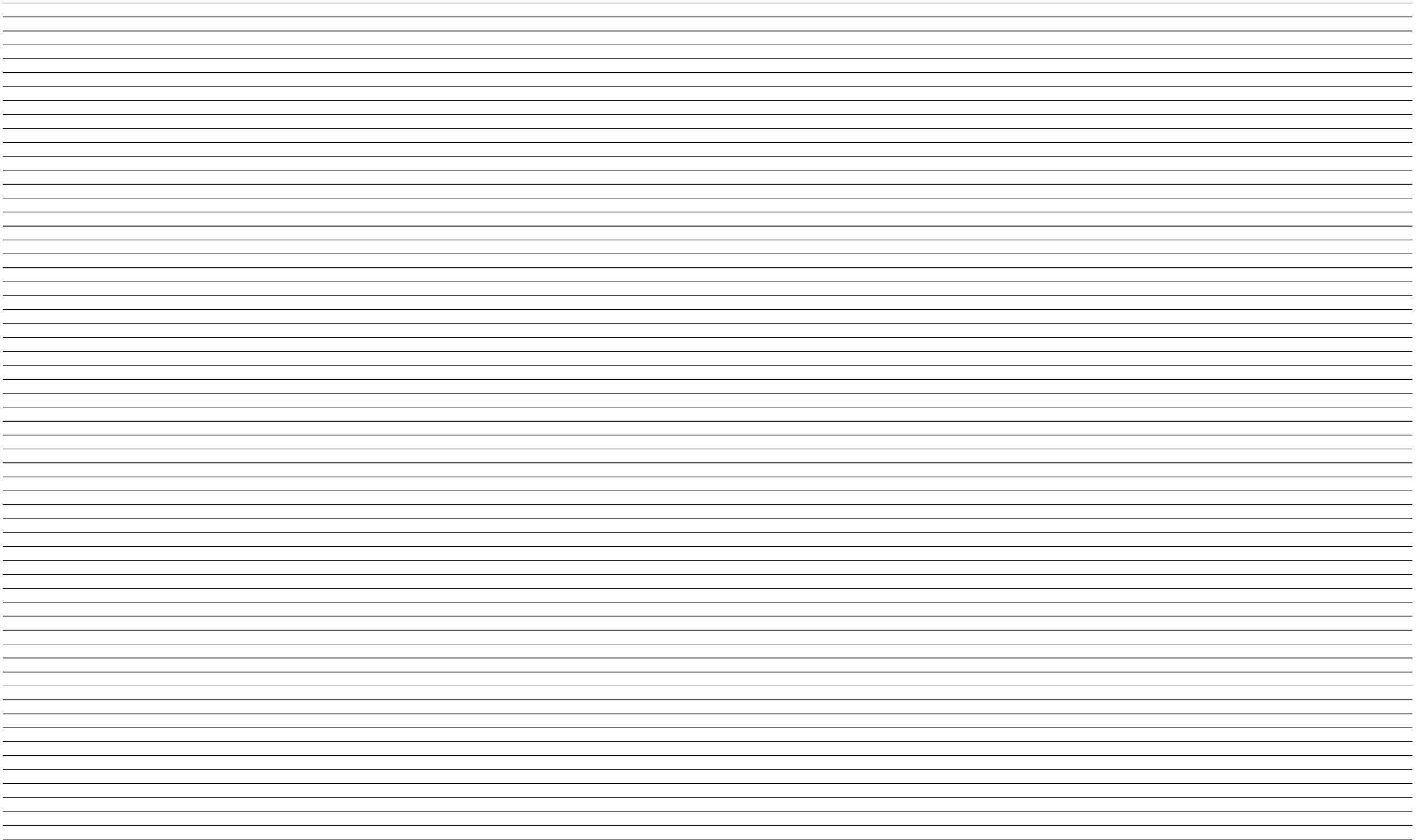


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Agency Name:		DEPART. OF ALCOHOL & OTHER DRUG ABUSE SERVICES		Fiscal Year 2019-2020 Accountability Report	
Agency Code:		J200	Section:	037	
Partner Template					
Name of Partner Entity		Type of Partner Entity	Description of Partnership		Associated Goal(s)
SAMHSA		Federal Government	Federal Block Grant Authority		All Goals Listed
Medicaid (DHHS)		State Government	Major Payor of SUD Services / Policy Development		Goals 1, 2 and 3 and associated strategies and measures.
DAODAS Staff		State Government	Integral to achieving agency vision, mission and goals.		All Goals Listed
Local SUD Providers		Local Government	Delivers direct SUD services to individuals, families and communities.		All Goals Listed
South Carolina General Assembly		State Government	Appropriates funding for SUD Services.		All Goals Listed
Governor's Office		State Government	Provides Leadership / Cabinet Agency		All Goals Listed
DSS		State Government	Major Client Partner		Goals 1, 2 and 3 and associated strategies and measures.
SCDC		State Government	Major Client Partner		Goals 1, 2 and 3 and associated strategies and measures.
DMH		State Government	Major Client Partner		Goals 1, 2 and 3 and associated strategies and measures.
DHEC		State Government	Major Health Partner / Opioid Emphasis		Goals 1, 2 and 3 and associated strategies and measures.
LLR		State Government	Works closely with the agency to ensure that regulations governing the distribution of certain scheduled drugs is compliant with state law and medical protocols.		Goals 1 and 3 with associated strategies and measures.
South Carolina Behavioral Health Care Coalition		Non-Governmental Organization	Implement a multi-sector coalition to improve the availability and access to mental health and/or substance use disorders services for all South Carolina residents.		Goals 1, 2 and 3 and associated strategies and measures.
Birth Outcomes Initiative (BOI)		State Government	Development of policy to reduce adverse birth outcomes.		Goals 1, 2 and 3 and associated strategies and measures.

Healthy Outcomes Program	State Government	Targeting chronic disease among Medicaid recipients.	Goals 1, 2 and 3 and associated strategies and measures.
Primary and Emergency Room Physicians	Professional Association	Identifying SUD Patients	Goals 1, 2 and 3 and associated strategies and measures. Emphasis added on Goal 3.
SC Joint Council on Children and Adolescents	State Government	Develop a coordinated system of care that promotes the efficient provision of effective services for children, adolescents, and their families.	Goals 1, 2 and 3 and associated strategies and measures.
SC Hospital Association	Non-Governmental Organization	To support its member hospitals in creating a world-class health care delivery system for the people of South Carolina by fostering high quality patient care and serving as effective advocates for the hospital community.	Goals 1, 2 and 3 and associated strategies and measures.
Opioid Treatment Providers	Private Business Organization	Provides Medication Assisted Treatment (Methadone) to opiate addicted individuals	Goals 1, 2 and 3 and associated strategies and measures.
First Responders (EMS / Police / Fireman)	Non-Governmental Organization	Provides health care services, first on the scene to address emergencies.	Goals 1, 2 and 3 and associated strategies and measures.
MUSC	Higher Education Institute	Assists the agency in proving services to train physicians in the art of prescribing MAT medicines and connecting these physicians to opioid treatment providers, plus provide ongoing training and evaluation.	Goals 1, 2 and 3 and associated strategies and measures.
South Carolina Favor	Professional Association	Provides Peer Support training across the state, while also providing peer support recovery services to the citizens of the upstate of South Carolina.	Goals 1, 2 and 3 and associated strategies and measures.
South Carolina Tobacco Collaborative	State Government	The Collaborative seeks to eliminate the burden of tobacco use through policy development, advocacy work, education, coalition building and promotes tobacco prevention and tobacco cessation efforts on the state and local level	Goal 1 with associated strategies and measures.
South Carolina Opioid Response Team	State Government	Governor McMaster established a task force which has developed a multi-lateral strategy to prevent and treat the misuse of prescription opioids.	Goals 1, 2 and 3 and associated strategies and measures.
South Carolina Leadership Academy for Tobacco Free Recovery	State Government	The leadership academy includes a range of federal, state and local advocates in the fields of mental health and substance use disorder which are committed to lowering the prevalence of smoking among adults with behavioral health disorders	Goal 1 with associated strategies and measures.
Oxford House, Inc.	Non-Governmental Organization	Agency Partner to increase recovery housing options throughout South Carolina.	Goal 1 with associated strategies and measures.
Colleges and Universities	Higher Education Institute	DAODAS is partnering with colleges and universities to develop recovery environments on college campuses in South Carolina.	Goal 1 with associated strategies and measures.
Solicitors	Local Government	DAODAS is partnering with local solicitors to implement MAT Drug Courts.	Goal 1 with associated strategies and measures.

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