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 Use Prevention Treatment and Recovery Services Block Grant (SUBG) 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 31 of the state's 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 S.C. 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 Addiction Professionals of South Carolina and of prevention professionals by the S.C. Association of Prevention Professionals and Advocates. There are no financial intermediaries between DAODAS and the county authorities, nor are there separate child and adult systems. DAODAS and the county authorities' leaders 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 SUBG application. The county authorities identify their priorities with multiple data sources and 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 a 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:

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 SUBG to ensure that alcohol, tobacco, and other drug 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 authority 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.

Technical assistance is provided to county authorities by DAODAS and contracted vendors to broaden the understanding and build the capacity of the workforce throughout the continuum to utilize the SPF. Regional or multi-county trainings are conducted on topics such as community mobilization, evidence-based practices, integrating services throughout the continuum of care, the SPF process, grant writing, and coordinating/facilitating study groups for certification/credentialing purposes.

Treatment:

The 31 contracted 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 program for Driving Under the Influence (DUI) offenders; 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)
  - 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

- **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.

DAODAS has focused on developing and working with recovery community organizations (RCOs) to expand their presence in communities across the state. The department has supported the formation of two new faith-based RCOs spanning six counties. These RCOs now offer a full spectrum of recovery support services to bridge the intersection of faith and recovery, particularly for African-American individuals living in rural areas of the state. Faces and Voices of Recovery South Carolina (FAVOR SC), now being rebranded as the S.C. Association of Recovery Community Organizations, has undergone a strategic planning effort to refocus its

efforts on building sustainable non-profit community organizations. This group's mission is to advocate for and implement a full continuum of recovery support services, operating in a recovery-oriented system of care and setting up multiple pathways for education, training, and intervention services in the recovery community.

Over the past several years, DAODAS has utilized partnerships with the RCOs to support collaborations that promote and strengthen strategies targeting recovery support bridging many organizations and localities such as hospitals, treatment centers, law enforcement agencies, and EMS service providers. The largest RCO in South Carolina is FAVOR SC. This is an organization with statewide reach, with a number of chapters in the various regions of the state. One vibrant RCO, FAVOR Upstate, has a full-time staff and a large number of volunteers functioning in various capacities, mainly as Recovery Coaches. In addition, there are 11 other active RCOs, and with State Opioid Response Grant and SUBG funding, DAODAS is providing more grant opportunities for RCOs to become established in areas of need.

DAODAS has also expanded its recovery efforts to develop Collegiate Recovery Programs (CRPs). With state appropriations, these CRPs have been established at four institutions of higher learning. All offer academic support in designated spaces that provide for group meetings, clinical support, technology access, and academic advising to assist students in recovery. One institution has expanded its services to include the Community Distribution of naloxone, and two others are in the discovery phases of Community Distribution. One program has begun providing services on satellite campuses to increase the delivery of recovery support services. Allen University, an HBCU, is in process to become a training hub for Certified Peer Support Specialists and other recovery-related trainings for all HBCUs across South Carolina.

Housing is a priority for recovery support. DAODAS has championed the safe recovery housing movement by leading the way on ensuring that recovery homes meet national standards of quality, and the department continues to identify existing recovery homes to engage in meeting quality measures for recovery residences through uniform standards with assistance from the S.C. Association of Recovery Residences (SCARR), which has implemented a robust strategy of certification for recovery houses using National Association of Recovery Residences (NARR)standards. Currently, 17 residences have been certified, with seven houses in various stages of the certification process.

An ongoing partnership that has increased access to and availability of recovery houses in South Carolina is between Oxford House Inc. and DAODAS. Currently, there are 105 Oxford Houses in our state, with a total of 769 beds – 70 for men, 20 for women, and 15 that serve women with dependent children. Oxford House reports that individuals prescribed medication for an opioid use disorder are welcome in all homes.

Additionally, DAODAS has been designated the recipient of a Congressional award of HUD funds to support recovery housing. Through the Recovery Housing Program, DAODAS has been awarded $1.8 million over five years to provide direct housing-related services to individuals in recovery from a substance use disorder. This innovative project allows individuals to apply for housing vouchers through DAODAS and to receive funding for up to two years or until permanent housing is established. To date, DAODAS has placed 1,013 South Carolinians

in safe, stable recovery housing. This project is the first of its kind in the state and – when combined with quality housing through voluntary certification – has increased opportunities for citizens in recovery to obtain safe and stable housing.

Another effort to connect individuals in treatment or recovery services with needed resources is the Unite Us platform, which DAODAS supports all subgrantees in using. Coordinated referrals on the platform support service providers with warm handoffs to additional services and resources. The platform facilitates community connections that expand traditional services to include the recovery community, healthcare, and trusted local resource partners, closing gaps on the social needs that exacerbate substance use disorders. When used, the platform makes connections to organizations that support diverse needs of individuals such as legal help, food, housing, and clothing. Currently, the county alcohol and drug abuse authorities are onboarding with Unite Us, which has also onboarded local hospitals, community organizations, and other health systems across the state.

Other State Agencies:

Turning from an overview of the state's substance use disorder (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 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 joint staff position that functions 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 facilitates 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 improve communication and collaboration overall and 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. DAODAS has also maintained a memorandum of agreement with DMH to provide Dual Diagnosis Capabilities (DDC) assessment to DAODAS county providers and DMH local mental health sites. The DDC assessment initiative will evaluate the capabilities of DAODAS' county providers and DMH local mental health centers to

serve the co-occurring population and will provide them with tools and techniques to help create or enhance services focused on the co-occurring population.

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 an 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 SUDs.

South Carolina Vocational Rehabilitation Department

Palmetto Center in Florence, operated by the Vocational Rehabilitation Department, is a residential treatment center for patients who voluntarily seek inpatient treatment for an SUD. 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 has collaborated with the 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 SUDs and who wish to reenter the workforce. In three women's residential facilities operated by county authorities (Chrysalis Center in Florence, Serenity Place in Greenville, 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 other substance use disorders. Through these programs, 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 providers have been delivering Medicaid-reimbursable services since 1993, and the agency continues collaborative efforts designed to increase access to quality substance use services. DAODAS, under contract with the Department of Health and Human Services

(DHHS), the state's Medicaid authority, staffs two Medicaid Compliance Specialists who work collaboratively with county alcohol and drug abuse authorities and opioid treatment programs (OTPs) to ensure compliance with Medicaid standards for both inpatient and outpatient services. Their work has included providing technical support to local OTPs and county authorities at the request of DHHS to ensure beneficiaries' Medicaid re-enrollment after the end of the COVID-19 Public Health Emergency.

DAODAS works closely with DHHS to identify and implement steps to ensure workforce capacity, including adding Licensed Addiction Counselors as qualified providers within the Medicaid Rehabilitative Behavioral Health Services Manual and increasing reimbursement rates. These rate increases support the active engagement of medical health professionals to address substance use disorders, particularly opioid use disorder.

DAODAS leadership also serves on the Behavioral Health Oversight Committee that reviewed crisis-stabilization services for those patients who are experiencing behavioral health episodes, including those with mental health and SUDs. As a result, DHHS has announced crisis stabilization grants for hospital-based emergency departments and observational units dedicated to behavioral health. The goal of the program is to ease overcrowding at hospital emergency departments, initiate needed urgent psychiatric treatment, and reduce unnecessary hospital inpatient admissions.

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.

To build on the BOI's work, with the award of the State Pilot Program for Treatment for Pregnant and Partum Women Grant received by DAODAS, the agency is supporting telehealth connections and tele-consult connections of rural patients and providers to perinatal psychiatrists at a state medical university to expand access to care for women experiencing mental and substance use disorders while in the care of obstetrician-gynecologists.

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

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

DAODAS and the Department of Corrections (SCDC) have continued to work on a seamless transition for offenders into outpatient treatment services in hopes of reflecting the outcomes of the Step UP! program for transitional-age 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 developed 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). Volunteer inmates who identify as opioid users are offered naltrexone, combined with talk therapy, within 90 days of their release. A CPSS guides the inmates and serves 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 within SCDC's institutions. DAODAS has trained 121 offenders as CPSS who provide recovery maintenance groups to other inmates at various facilities to support their recovery capital.

A highlight of the partnership between DAODAS and SCDC is the medications for opioid use disorder (MOUD) project, which focuses on inmates receiving a dose of Vivitrol before leaving the prison system. Three hundred inmates have been diagnosed with SUDs and received Vivitrol shots funded by DAODAS' State Opioid Response Grant. Fifty-two graduates of the MOUD program have entered the community transitioning to outpatient community-based treatment during fiscal year 2023 (FY23), as well as 44 inmates who were diagnosed with a stimulant use disorder. There were 429 active participants enrolled in the MOUD program as of FY23, as well as 3,011 Narcan kits distributed to inmates leaving prison. Additionally, inmates have been trained and certified as Peer Support Specialists (101 to date), enabling them to conduct meetings "behind the fence." In addition, 17 Narcan vending machines have been placed in SCDC facilities. The total effort of working with SCDC is a particularly noteworthy occurrence that demonstrates promising results for the project, as the average recidivism rate in South Carolina for inmates is 21.9%.

South Carolina Department of Social Services

DAODAS and the Department of Social Services (DSS) continue coordinating services and programming across agencies that address families involved in the DSS system for reasons related to alcohol and other drugs. A liaison has been working closely with child-serving agencies, and more importantly with hospitals and private providers, to develop a Family Wellness Support Plan for infants identified with substance exposure or neonatal abstinence syndrome to ensure coordinated care for the safety and well-being of the infants and families.

Through the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) Program, DAODAS is assisting DSS 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 an SUD, 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 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 Department of Public Safety (DPS) 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 and Justice Programs 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 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 officers and firefighters are provided training and access to naloxone to respond to the opioid overdose deaths affecting the health of South Carolina. DAODAS is also working weekly with DHEC on surveillance of overdose response to coordinate local action with public health and public safety partners.

South Carolina Criminal Justice Academy

The Criminal Justice Academy (SCCJA) 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 SCCJA, DAODAS established a South Carolina Alcohol Enforcement Team (SCAET) 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, 31 contracted 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 SCCJA for law enforcement training hours.

Mothers Against Drunk Driving – South Carolina

Although not a state agency, DAODAS provides funding through the SUBG 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 31 contracted 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, it is also 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 of providing information and training to communities and human services professionals in South Carolina to reduce/eliminate disparities and social determinants 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; the 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.

SABG Priority Populations:

Pregnant Women and Women with Dependent Children

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article III – Treatment and Intervention, Section 2 – Mandated Treatment Services and Priorities Pursuant to **45 CFR § 96, b. Women (45 CFR § 96.131)** where it states:

i. *Subgrantee shall ensure that services awarded by DAODAS are made available to pregnant women. Pregnant women will be **given priority** for admission to all program components funded wholly or in part by federal SABG funds.*
ii. *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.

iii. Subgrantee shall notify DAODAS when it is unable to admit a pregnant woman to treatment because of insufficient treatment capacity.

iv. Subgrantee shall make available interim services to any pregnant woman who cannot be admitted to treatment within forty-eight (48) hours of having applied. Interim services for pregnant women include those enumerated in subsection (2)(v) above (Interim Services for Intravenous Substance Users), but shall also include counseling on the effects of alcohol and other 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. 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. The Capacity Monitoring Form can be found in the attached Treatment Programs Manual for FY2024.

DAODAS monitors compliance with this requirement through periodic desk-review chart audits, on-site visits, and 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. The DAODAS Manager of Treatment and Recovery Services is responsible for the oversight of this requirement.

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 Phoenix Center in Greenville County that allows up to two children (age 5 and under)

There are two 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; and Sumter Behavioral Health Services accepts 12 women in Level 3.5.

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.

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 medication-assisted treatment services or refer patients to a methadone clinic, the agency will refer the clients to the county authority in Charleston (Charleston Center) or a program in their region.

Persons Who Inject Drugs

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article III – Treatment and Intervention, Section 2 - Mandated Treatment Services and Priorities Pursuant to 45 CFR § 96, a. Intravenous Substance Users (45 CFR § 96.126), where it states:

> *Subgrantee shall ensure that services funded by DAODAS are provided to persons identified as intravenous users of illicit drugs. Subgrantee further agrees to:*
>
> *i. provide DAODAS with a statement of capacity for each service or level of care funded in part with federal SUBG funds;*
>
> *ii. notify DAODAS within seven (7) days of having reached 90 percent (90%) of its capacity to admit individuals to a particular service or level of care* (refer to Capacity Monitoring Report Form)*;*
>
> *iii. maintain a formal waiting list that shall include a unique patient identifier for each intravenous drug user seeking treatment;*
>
> *iv. notify DAODAS when any intravenous drug user is placed on a waiting list* (refer to Capacity Monitoring Report Form)*; and*
>
> *v. Provide interim services to those persons who cannot be admitted to treatment within fourteen (14) days of making a request. Interim services shall be made available not more than forty-eight (48) hours after the request for treatment and shall include at a minimum:*
>
> *1. counseling and education about HIV and tuberculosis;*
> *2. 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;*
> *3. referral for HIV or tuberculosis treatment services if necessary; and*
> *4. 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.*

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 Capacity Monitoring Form, which can be found in the attached Treatment Programs Manual for FY2024

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.

DAODAS monitors compliance with this requirement through periodic desk-review chart audits, an on-site visit, and/or through the data provided by the county authorities. DAODAS has the ability to review a sample of patient files during a desk-review audit. The DAODAS Manager of Treatment and Recovery Services is responsible for this requirement. In addition, the Overdose Prevention/Infectious Disease Coordinator can also monitor compliance through a desk review and/or onsite visit.

Persons at Risk for Tuberculosis

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article III – Treatment and Intervention, Section 2 – Mandated Treatment Services and Priorities Pursuant to 45 CFR § 96, d. Tuberculous (TB) Services (45 CFR § 96.127) of the contract:

i. *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.*
ii. *"Tuberculosis services" include:*
    1. *counseling individuals with respect to tuberculosis;*
    2. *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*
    3. *providing for or referring individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.*
iii. *In the case of an individual in need of such treatment who is denied admission to the program based on lack of capacity of the program to admit the individual, Subgrantee will refer the individual to another provider of tuberculosis services.*
iv. *Subgrantee will implement infection-control procedures established by DAODAS, in cooperation with DHEC's Tuberculosis Control Officer, that are designed to prevent the transmission of tuberculosis, including the following:*
    1. *screening of patients;*
    2. *identification of those individuals who are at high risk of becoming infected;*
    3. *conduction of case management activities to ensure those individuals receive such services; and*
    4. *reporting of all individuals identified with active tuberculosis by the testing organization to the appropriate state officials.*

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

DAODAS can monitor program compliance related to tuberculosis services by a desk review and/or onsite visit.

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

South Carolina, through the DAODAS Funding and Compliance Contract, requires subgrantees to comply with Article III – Treatment and Intervention, Section 2 – Mandated Treatment Services and Priorities Pursuant to 45 CFR § 96, c. Human Immunodeficiency Virus (HIV) (45 CFR § 96.128) of the contract:

i. *From time to time, and pursuant to a prevalence formula, the State of South Carolina may become a "designated state" under 45 C.F.R. §96.128. Under such designation, and pursuant to DAODAS' instructions, Subgrantee shall comply with all specific funding allocation and project instructions in compliance with 45 C.F.R. §96.128.*
ii. *As a matter of routine, Subgrantee shall make available for inspection any written policies for service delivery to persons with HIV disease. Any revisions to policies shall be submitted to DAODAS upon adoption by Subgrantee's governing body.*

The last year for which South Carolina was identified as an HIV-designated state was 2020. DAODAS opted to continue using Substance Abuse Prevention and Treatment Block Grant (as it was then known) funds to implement HIV testing within select county authorities. Many of the sites that were located in counties of highest prevalence had phased out their HIV testing personnel during our 2019 close-out. In an effort to circumvent the lack of resources in personnel that naturally occurs with a loss of designation, while simultaneously building capacity to implement testing again, DAODAS changed its funding allocation strategy to award funding only for tests conducted rather than for personnel. DAODAS provided enough funding for each test to serve as an incentive to conduct testing and to offset some of the personnel costs.

Additionally, DAODAS contracted with the HIV/STD/HCV Testing program at the state health department to secure requisite training for selected county staff; to purchase HIV test kits/controls and have them stored at the state laboratory; and to cull testing data from the requisite HIV testing forms already submitted to the health department. This collaboration ensures that the HIV testing data that is reported to the state testing program at the health department (i.e., S.C. Department of Health and Environmental Control) is the same data that is submitted to DAODAS (and subsequently reported to SAMHSA).

All sites are aware of the challenges to funding that a state designation holds, and all are preparing to adjust to close-outs unless our HIV rates once again reach designation thresholds in the near future.

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.

Finally, DAODAS has a statewide program that is designed to identify issues and implement mandatory "technical assistance" through a County Assistance Plan (CAP) before any problems worsen. The CAP can apply 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 Managed Improvement Plan (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.

Planning Steps

Step 2: Identify the unmet service needs and critical gaps within the current system.

Narrative Question:

This step should identify the unmet service needs and critical gaps in the state's current systems, as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's behavioral health system, including for other populations identified by the state as a priority. This step should also address how the state plans to meet the unmet service needs and gaps. The state's priorities and goals must be supported by data-driven processes. This could include data that is available through a number of different sources such as SAMHSA's National Survey on Drug Use and Health (NSDUH), Treatment Episode Data Set (TEDS), National Survey of Substance Use Disorder Treatment Services (N-SSATS), the Behavioral Health Barometer, **Behavioral Risk Factor Surveillance System (BRFSS)**, **Youth Risk Behavior Surveillance System (YRBSS)**, the **Uniform Reporting System** (URS), and state data. Those states that have a State Epidemiological and Outcomes Workgroup (SEOW) should describe its composition and contribution to the process for primary prevention and treatment planning. States with current Partnership for Success discretionary grants are required to have an active SEOW.

This narrative must include a discussion of the unmet service needs and critical gaps in the current system regarding the MHBG and SUPTRS BG priority populations, as well as a discussion of the unmet service needs and critical gaps in the current system for underserved communities, as defined under **EO 13985**. States are encouraged to refer to the **IOM reports**, *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement* and ***The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding***[1] in developing this narrative.

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Footnotes:

Step 2: Identify the Unmet Service Needs and Critical Gaps Within the Current System.

Overview:

Data contained in the following section will provide a brief overview of the needs and critical gaps impacting the state's public substance use disorder prevention, intervention, treatment, and recovery system.

In this section, the gap between treatment need and service utilization will be described by substance. A discussion of youth risk perception regarding substance use will be offered to illustrate the need for primary prevention services focused on reducing initiation of youth substance use.

The needs assessment takes into account the work of the South Carolina State Epidemiological Outcomes Workgroup (SEOW). The South Carolina SEOW, established in May 2006 through a grant from the Center for Substance Abuse Prevention (CSAP), is responsible for reviewing existing data on alcohol, tobacco, and other drugs to identify related problems or issues. The workgroup is also responsible for monitoring data to identify trends in substance use or misuse. The current composition of the SEOW is shown in Table 1 (next page).

The mission of the SEOW is to create a highly effective substance misuse prevention data system that will support and enhance efforts to reduce alcohol, tobacco, and other drug (ATOD) use across the lifespan of people in South Carolina communities through the development and implementation of a comprehensive statewide prevention strategy. The goal of the SEOW is to develop a data-driven planning and resource-allocation model – a deliberate strategy for interpreting, comparing, and synthesizing multiple health-related indicators in order to translate information into good planning around the identified needs of the state.

The SEOW's tasks include producing a Statewide Epidemiological Profile as a document that organizes, summarizes, and presents archival data for use in prevention planning and decision making for the state. These data include measures – or "indicators" – of ATOD consumption and consequences, primarily from periodic national surveys, which allow the state to report trends over multiple years and to compare South Carolina to national rates. The indicators included in the profile were carefully selected (most are from the State Epidemiological Data System [SEDS] developed by SAMHSA/CSAP) and met criteria for availability. In addition, national sources were supplemented with state data sources, all the while keeping in mind these selective criteria. The report includes graphs and tables that depict the use of alcohol, tobacco, and other drugs in South Carolina during recent years, along with the associated consequences of that use. Updates of the state profile have been completed in subsequent years by the SEOW.

South Carolina:

South Carolina is a small, rural state. In 2022, the Census Bureau reported the population of South Carolina to be 5,282,634. According to data available through the S.C. Revenue and Fiscal Affairs Office, approximately one-third of the state's inhabitants reside in a rural area.

Ensuring access to quality substance use disorder (SUD) treatment and prevention services in each of the state's 46 counties represents a great challenge for the Single State Authority (the S.C. Department of Alcohol and Other Drug Abuse Services [DAODAS]), the designated state agency responsible for administering federal block grant SUD treatment and prevention funds.

DAODAS has identified a critical need associated with allocating limited block grant funds in a manner that adequately addresses the requirements of a sustainable provider network. Efforts to address this need will be discussed further in the section identifying state and local provider needs.

The 2018-2019 SAMHSA National Survey on Drug Use and Health (NSDUH) estimated that 263,000 of individuals age 18 and older had an SUD for either alcohol or an illicit drug in the past year. Examining further, an estimated 63,000 of 18- to 25-year-olds had an SUD in the past year in 2018-2019.

DAODAS is also working toward reducing financial barriers associated with access to high-quality SUD treatment services. In State Fiscal Year 2022, 7,853 uninsured individuals received state-funded assessments, and those numbers are projected to increase, as DAODAS will continue to focus federal and state block grant dollars on service delivery for uninsured populations.

Adolescents With Substance Use Disorders:

According to the National Survey on Drug Use and Health – based on the 2018 and 2019 annual average – about 101,000 South Carolinians age 12 or older each year were dependent on or abused illicit drugs within the year prior to being surveyed. An estimated 11,000 treated for an illicit drug use-related disorder were within the 12- to 17-year-old age group. Overall, an estimated 15,000 individuals between the ages of 12 and 17 were treated for a substance use disorder (SUD) in the past year, and an additional 15,000 were estimated to need but did not receive treatment for their SUD.

The state's public SUD treatment system provides services to a fraction of those likely in need of treatment. Approximately 3,172 youth ages 12 to 17 entered treatment services during the past fiscal year. This represents about 11% of all treatment admissions occurring during fiscal year 2022.

South Carolina will ensure that high-quality SUD treatment services targeting vulnerable adolescent populations, including individuals involved in the criminal or juvenile justice systems, are available within each community. DAODAS will implement strategies that include service location expansion, outreach to community partners, and continued workforce development efforts designed to enhance competencies for professionals working with adolescent populations.

Following this discussion, this section will transition to information that addresses needs and system gaps relevant to identified priority populations at the state and local levels broken out by substance type.

Alcohol:

Figure 1 (next page) provides state estimates on the prevalence of alcohol use disorders (AUDs). Estimates indicate that the state's alcohol dependence prevalence rate mirrors national trends, decreasing slightly from 6.5% in 2010 to 5.1% in 2018-2019. There was an annual decrease in percentages estimated by the National Survey on Drug Use and Health before a slight spike in 2017-2018, followed by a decrease again.

These data, collected through the National Survey on Drug Use and Health, indicate that an estimated **221,000** individuals in South Carolina were dependent on or misused alcohol during the year prior to being surveyed (**215,000** estimated to be 18 years and older).

Figure 1: Alcohol Use Disorder (AUD) Estimates Among Individuals Age 12 or Older

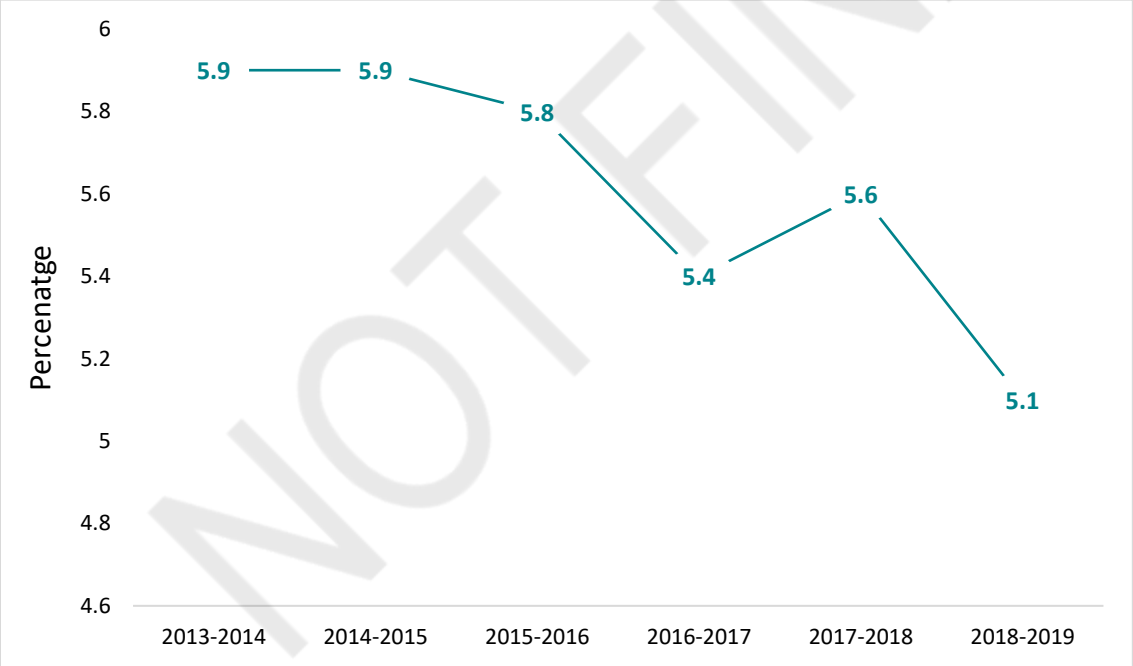
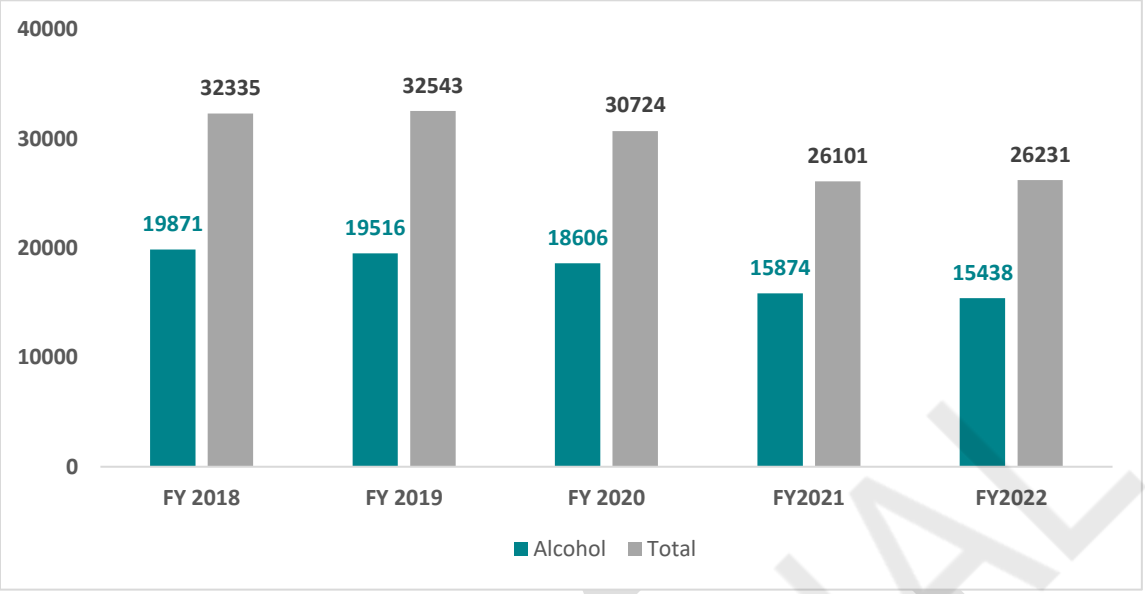


Figure 2 below indicates that the majority of South Carolinians discharged from substance use disorder (SUD) treatment at one of the state-funded county alcohol and drug abuse authorities were diagnosed with either a primary or secondary AUD during that fiscal year. In fiscal year 2022, 59% of discharged episodes had a primary or secondary diagnosis of an AUD.

Figure 2: Primary/Secondary AUD and Total SUD Diagnoses at Discharge by State Fiscal Year



Adolescents and Alcohol-Related Prevention:

Substance use typically begins to emerge during adolescence. South Carolina's prevention efforts acknowledge the age distribution of substance use initiation by prioritizing prevention efforts aimed at reducing substance use during adolescence.

Rates of binge alcohol use for individuals 12 to 20 years old have consistently hovered around the 15% mark during the past five years, according to the National Survey on Drug Use and Health (NSDUH). This rate has remained below the national average. South Carolina's percentage of **binge alcohol use among individuals age 12-20** was similar to the national percentage. In 2016-2017, 18,000 individuals engaged in binge alcohol use within the month prior to being surveyed, as per the NSDUH state-specific estimates.

Aligning with our priorities, prevention of underage alcohol use is a high priority. Research has shown that early age of onset for using alcohol leads to an increased risk of developing a substance use disorder later in life (Hingson, 2006). **The Centers for Disease Control and Prevention's 2019 Youth Risk Behavior Survey (YRBS)** indicates that 17.8% of South Carolina high school students reported using alcohol before age 13, and 23.1% reported they had at least one drink of alcohol within the 30 days prior to taking the survey.

According to the **2020 Communities That Care (CTC) Survey**, 26.3% of South Carolina high school students have used alcohol in their lifetimes. This begs the question of how so many young people manage to acquire alcohol. As per the CTC Survey, about one-fourth of South Carolina high school students reported that someone gave it to them at a party. Therefore, South Carolina plans to continue utilizing environmental strategies, such as high-visibility law enforcement, to decrease accessibility of alcohol for youth, and eventually to decrease the prevalence of underage drinking in South Carolina.

However, it is the State's hope that continued utilization of evidence-based education curricula designed to inform youth about the dangers of early alcohol use will decrease youth use, particularly early in adolescence.

The National Highway Traffic Safety Administration reports the percentage of traffic fatalities that involved a driver with a blood alcohol concentration of 0.08% or higher. In **2017**, South Carolina reported that 313 out of 988 fatalities (32%) met these criteria for an alcohol-involved fatality. This is 3% higher than the nation's average of 29% (10,874 out of 37,133 fatalities).

DAODAS will continue its partnership with Mothers Against Drunk Driving (MADD), the S.C. Highway Patrol, S.C. Law Enforcement Division, the S.C. Department of Public Safety, and other agencies and organizations to reduce alcohol-related car crashes.

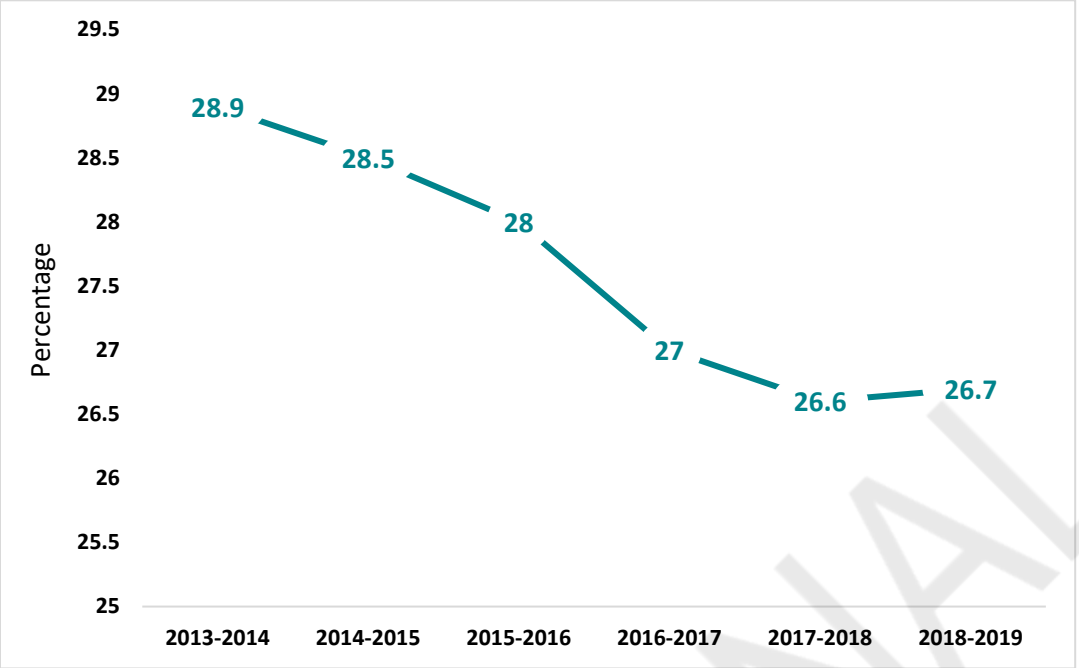
County prevention providers in South Carolina will continue to work in collaboration with local law enforcement through the S.C. Alcohol Enforcement Team (AET) program. The AETs will focus on environmental prevention activities to reduce youth access to alcohol through both social and retails sources. Specific environmental prevention activities could include alcohol compliance checks, merchant education, controlled party dispersals, and "shoulder tap" operations. County prevention providers will also work in collaboration with community coalitions to create and/or revise local policies that may positively impact underage drinking, while training key stakeholders on evidence-based practices to reduce underage drinking.

Tobacco Use:

Figure 3 below provides state estimates on the prevalence of tobacco use among individuals age 12 and older. The data from the **National Survey on Drug Use and Health state-specific estimates** indicate a consistent decrease (with a slight increase in 2018-2019) among individuals using tobacco products at least once in the past month, with an estimated 1.1 million individuals in South Carolina having used tobacco products during the past month prior to being surveyed in 2018-2019.

However, **approximately 59% of patients seen by a county alcohol and drug abuse authority mentioned they were current smokers when entering treatment during fiscal year 2020**, and over 80% of all substance use-related hospitalizations statewide came with a secondary diagnosis of nicotine misuse in 2020.

Figure 3: Past-Month Tobacco Use Among Individuals 12 Years and Older



Adolescents and Tobacco-Related Prevention:

Youth survey respondents were asked about the risks associated with substance use. South Carolina state-specific estimates from the National Survey on Drug Use and Health mirror national trends, indicating that in 2018-2019 37% of adolescents ages 12-17 perceived no great risk from smoking one or more packs of cigarettes a day.
While South Carolina is still working on reducing the prevalence of youth use of traditionally known forms of tobacco, there are other forms of tobacco emerging as threats to public health across the state. These forms of tobacco include roll-your-own cigarettes, flavored cigarettes, clove cigars, flavored "little cigarettes," smoking from a hookah or water pipe, snus, dissolvable products, and e-cigarettes.

According to the **2020 South Carolina Communities That Care (CTC) survey**, only 8.5% of respondents reported having ever tried a cigarette. However, over 20% of respondents reported having ever vaped, indicating the continuing shift in mode of nicotine-delivery methods. Additionally, 36% of respondents reported that it was "very easy" or "sort of easy" to obtain cigarettes, and a larger percentage (43%) reported ease of access to an e-cigarette or vaping pen, although both of these statistics are down from previous CTC surveys conducted.

Despite this continued accessibility issue, the Synar study results in recent years have demonstrated a decrease in the retailer violation rate. Rates have consistently been below 10% since 2014.

South Carolina will also continue to utilize its prevention staff to coordinate with local law enforcement and implement assorted evidence-based strategies to reduce youth-access to

tobacco. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

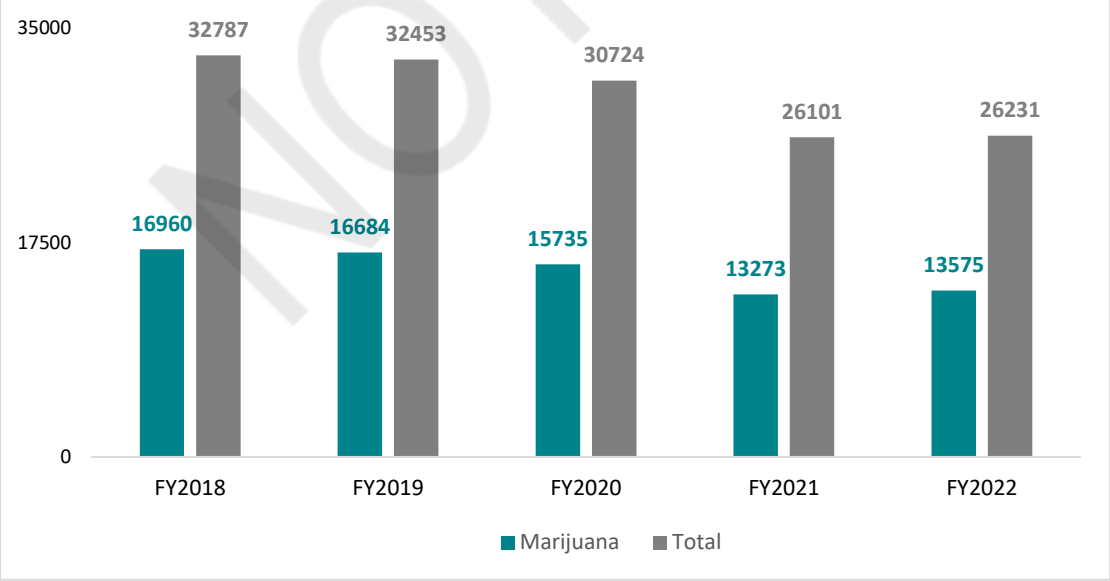
South Carolina county prevention providers will disseminate information to youth and adults about the dangers, laws, consequences, and harmfulness of underage tobacco use and will deliver the Tobacco Education Program (TEP) for youth identified as having violated South Carolina law prohibiting youth under 18 from attempting to possess or purchase tobacco products. Due to the increase in use and popularity of e-cigarettes and vaping among youth over the past few years, TEP has incorporated resources (from the Stanford toolkit and state laws) to address these new forms of tobacco use. There are fewer federal, state, and local policies focused on regulating these emerging tobacco products, and South Carolina will look to dedicate additional resources toward better understanding youth use, access, and perceptions of these products.

Cannabis Use:

Figure 4 (next page) indicates that South Carolinians in need of treatment for a diagnosed problem related to cannabis use who received care through a DAODAS-funded provider have been on similar levels over the past three years.

In fiscal year 2022, **52% of discharged episodes** (13,575 of 26,231) were associated with a cannabis use disorder (CUD) diagnosis, which is in line for both count and percentage of overall discharges related to CUD in **fiscal year 2019** among all discharges from a county alcohol and drug abuse authority (16,684 of 32,453).

Figure 4: DAODAS CUD and SUD-Related Discharged Episodes by State Fiscal Year, 2018-2022



Adolescents and Cannabis-Related Prevention:

In South Carolina, as per the state-specific National Survey on Drug Use and Health estimates, almost a quarter of adolescents (24%) ages 12-17 in 2018-2019 perceived no great risk from smoking marijuana once a month. This percentage is slightly higher than the national average (23%).

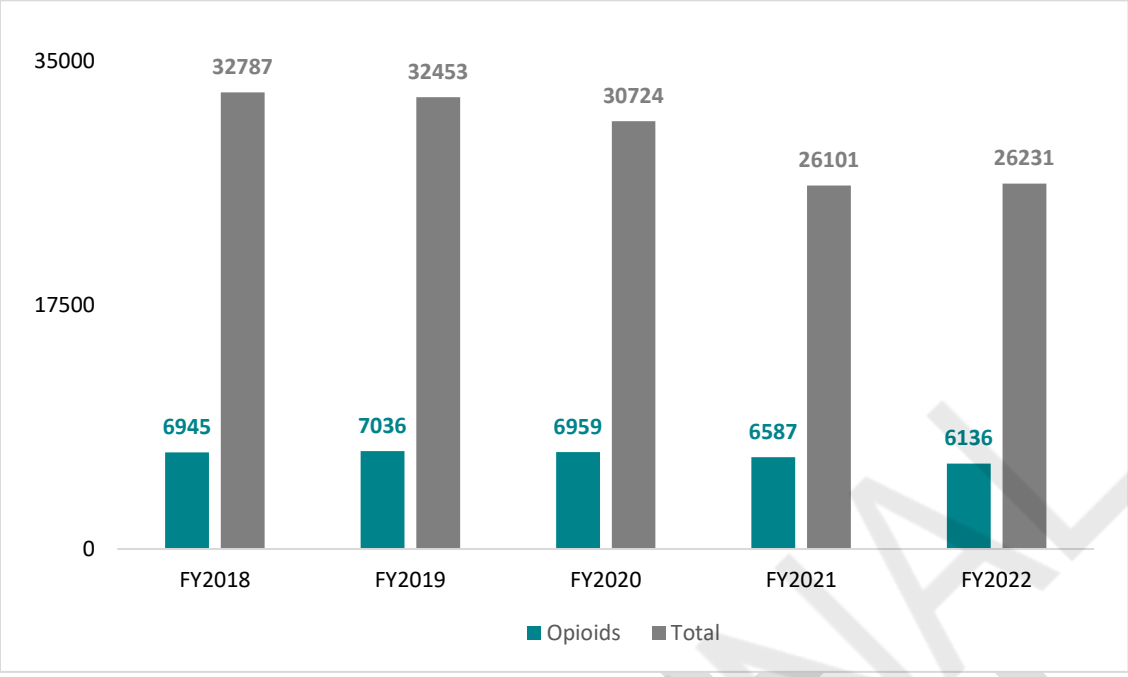
According to the 2020 Communities That Care (CTC) Survey, 15% of South Carolina high school students have used marijuana or hashish in their lifetimes. Thirty-six percent of respondents reported that it was "very easy" or "sort of easy" to obtain marijuana, and 37% saw no risk or slight risk in marijuana use once or twice per week. These numbers are lower than reported numbers in the 2018 CTC Survey, but are a substantial percentage nonetheless.

It is South Carolina's hope that, with continued efforts to utilize the Strategic Prevention Framework, community input, Center for Substance Abuse Prevention strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing cannabis use among its residents.

Opioid Use:

Figure 5 (next page) indicates that the state's rate of treatment for problems related to opioid misuse has risen in recent history. Looking at state fiscal year 2022 (FY20), 23% of episode discharges had a primary or secondary diagnosis of an opioid use disorder (OUD), with the majority of patients with an OUD being male and white. The proportion of substance use disorder discharges associated with OUD has increased every fiscal year, with 23% being diagnosed as such in FY22.

Figure 5: DAODAS OUD and SUD-Related Discharged Episodes by State Fiscal Year, 2018-2022



Figures 6 and 7, along with Tables 2 and 3, look further at the opioid epidemic in South Carolina over the past six years. Figure 6 displays the increase in opioid-involved overdose deaths since 2015 (565 in 2015 to 1,395 [provisionally] in 2020), for a 147% increase.

Table 2 identifies the "top 10" counties (rate per 100,000 population) in terms of opioid-involved overdose deaths in calendar year (CY) 2019, with Horry and Lancaster counties having the highest rate of death per 100,000. (County-level CY 2020 opioid-involved overdose mortality data is being validated at the time of this report.)

Figure 7 displays the increase in emergency medical service (EMS) naloxone administrations across South Carolina over the past six years (4,933 in 2015 to 8,642 in 2020, for a 75% increase).

Table 2 identifies the "top 10" counties (rate per 100,000 population) in terms of naloxone administrations recorded in CY 2019, with Fairfield and Georgetown counties having the highest rates of administration per 100,000. (County-level CY 2020 EMS data is being validated as of this report.)

Figure 6: Opioid-Involved Overdose Deaths Across South Carolina, 2015-2021

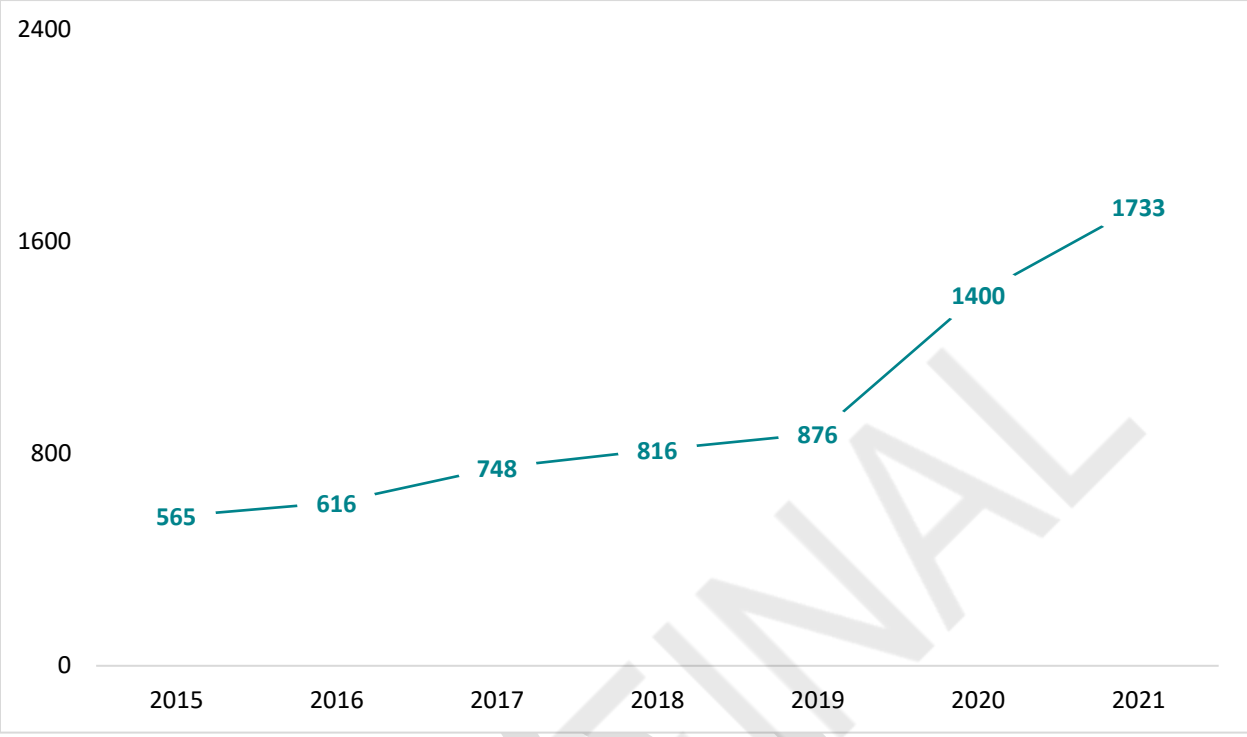


Table 2: Top Ten Counties, Opioid-Involved Overdose Death Rate Across South Carolina, 2021

County	*Opioid-Involved Overdose Death Rate / 100,000 Population*	*Rank*
Dillon	69.8	1
Horry	68.9	2
Greenwood	60.6	3
Georgetown	59.8	4
Union	53.8	5
Lancaster	52.1	6
Florence	46.6	7
Aiken	45.8	8
Barnwell	43.5	9
Williamsburg	43.0	10

Figure 7: EMS Naloxone Administrations Across South Carolina, 2015-2021

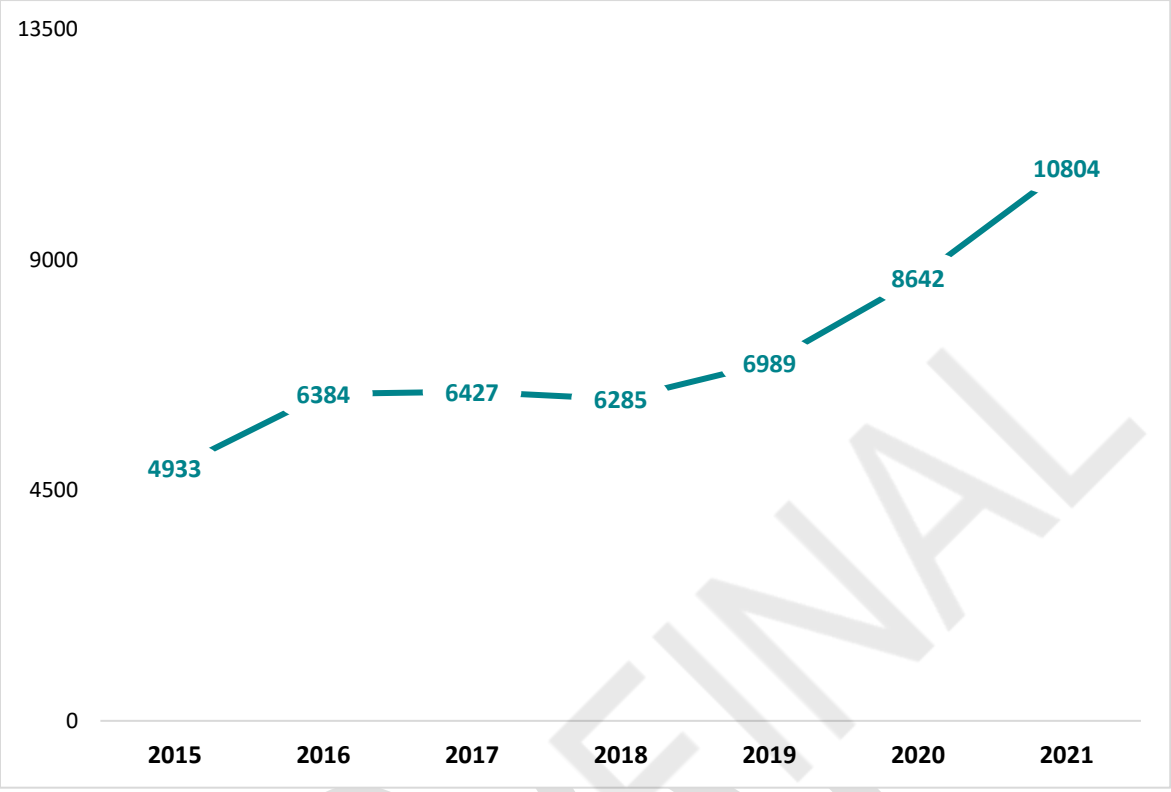


Table 3: Top Ten Counties, Naloxone Administration Rate Across South Carolina, 2021

County	*Naloxone Administration Rate / 1,000 Population*	*Rank*
Fairfield	8.17	1
Union	4.37	2
Horry	3.76	3
Georgetown	3.69	4
Jasper	3.63	5
Dillon	3.60	6
Lancaster	3.58	7
Chester	3.17	8
Lee	3.01	9
Laurens	2.68	10

Additional data from the state health agency – the S.C. Department of Health and Environmental Control (DHEC) – provide some indication of the consequences related to opiates associated with injection drug use. Between 2015 and 2019, unintentional drug poisoning (overdose) deaths increased from 713 to 1,051. DHEC representatives suspect these data underrepresent the

true volume of overdose deaths. Deaths due to opioid overdose in South Carolina by occurrence has been on a steady rise from 2015 to 2019. (For Figure 8 [below], 2022 mortality data broken down by occurrence was not available at time of this reporting.)

There was a 53% increase in drug overdose deaths in South Carolina, up from 1,131 deaths in 2019 to 1,729 deaths in 2020. (Data is provided by the Centers for Disease Control and Prevention.). In 2016, 73.9% of all drug overdose deaths involved opioids.

Figure 8: Overdose Deaths by Occurrence Type Across South Carolina, 2015-2021

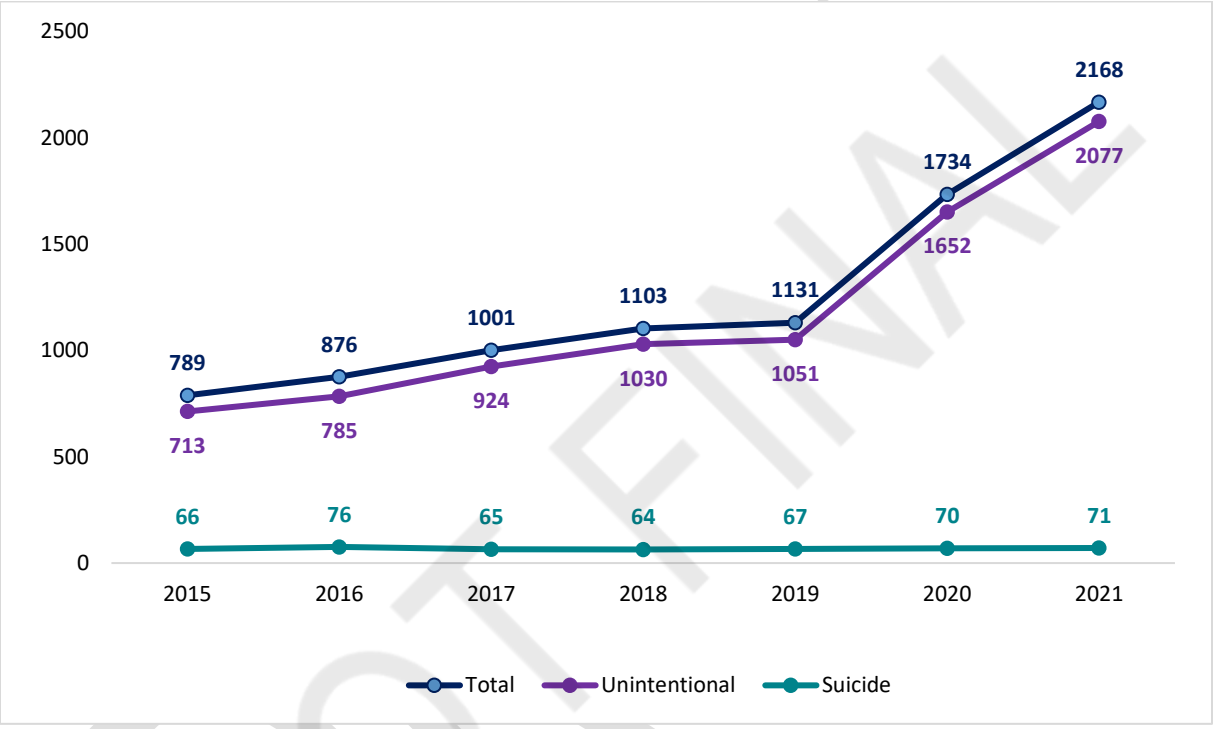
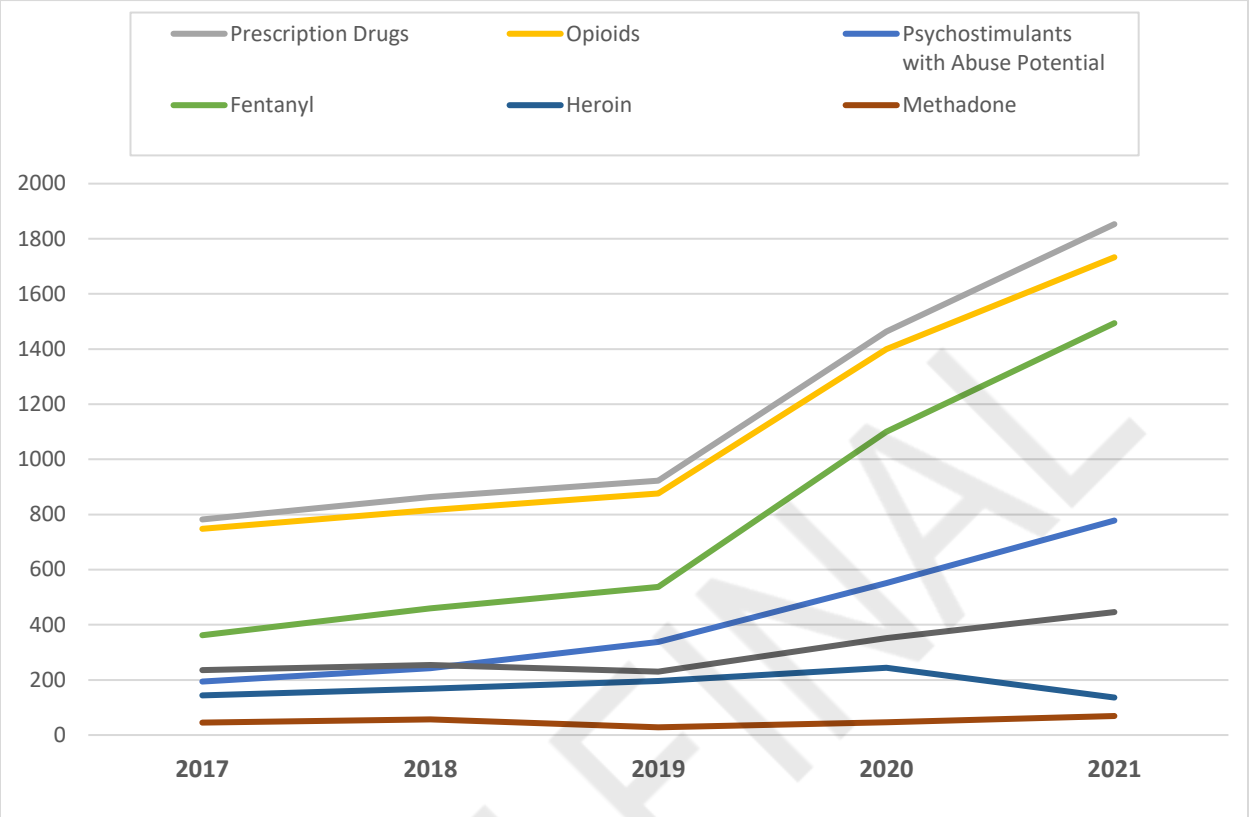


Figure 9 (next page) displays the number of drug overdose deaths by drug category over a five-year span from 2017 to 2021. (data is provided by the CDC.) The largest percent change in the past two years were deaths related to synthetic opioids (such as fentanyl), with a 97% increase (575 in 2019 to 1,133 in 2020).

There has been a consistent increase in overdose deaths by all drug categories listed since 2014, with major spikes occurring as a bi-product of the COVID-19 pandemic, when drug overdose deaths have spiked nationwide.

Figure 9: Overdose Deaths by Drug Category Across South Carolina, 2017-2021



Adolescents and Opioid-Related Prevention:

The National Survey on Drug Use and Health estimated in 2018-2019 that approximately 13,000 adolescents (ages 12-17) misused pain relievers in the past year. The percentage of South Carolina adolescents misusing pain relievers is slightly higher than the national averages (3.4% vs 2.5%).

Nine percent of respondents from the **2020 Communities That Care Survey** reported ever having misused prescription drugs (i.e., use without a doctor's prescription). Twenty-five percent of students stated that it was "easy" to obtain prescription drugs, and 27% reported getting the prescription drug from a family member.

DAODAS is focused on the potential risk associated with this population initiating injection-use practices and has created state and local priority areas that focus prevention and treatment services around both patients currently reporting intravenous drug use, as well as those at risk of transitioning to intravenous drug use. Associated strategies include treatment efforts to expand medication-assisted therapies able to reduce the symptoms of opiate dependence, as well as prevention efforts designed to reduce access to unused prescription pain medications and collaborative efforts with state entities across the spectrum of authority to mitigate use of illicit drugs.

Federally Identified Priority Populations and Services:

The Substance Abuse Prevention and Treatment Block Grant requires that states address several priority populations and services:

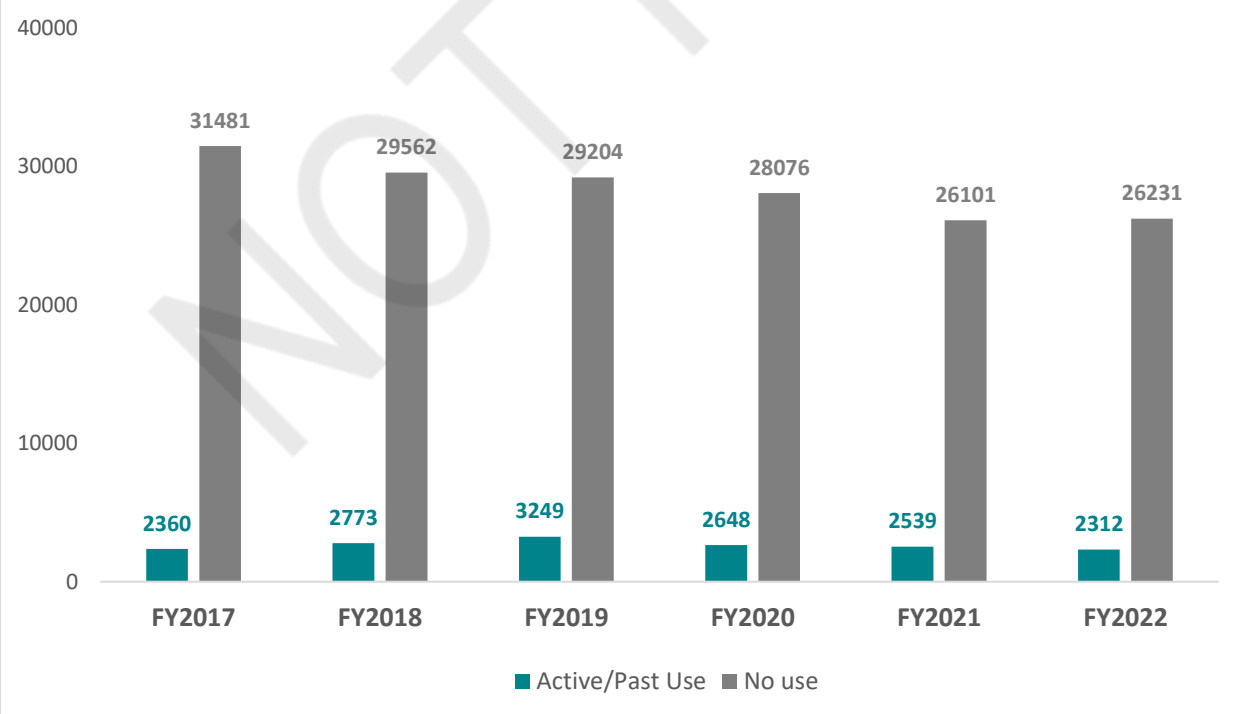
1) Persons who are intravenous drug users
2) Women who are pregnant and have a substance use disorder
3) Parents with substance use disorders who have dependent children
4) Individuals with tuberculosis
5) Persons living with or at risk for HIV/AIDS who are in need of substance misuse intervention, treatment, or prevention services
6) Individuals in need of primary substance misuse prevention

A discussion of these remaining priorities can be found below.

Persons who are intravenous drug users:

From DAODAS treatment data for state fiscal years (SFY) 2017-2022 (Figure 10), the number and percentage of patients treated for a substance use disorder at a DAODAS state-funded provider who self-reported as either an active or past intravenous drug user (IDU) has remained between 7% and 10% except for SFY 2019 which saw an increase of 11%.

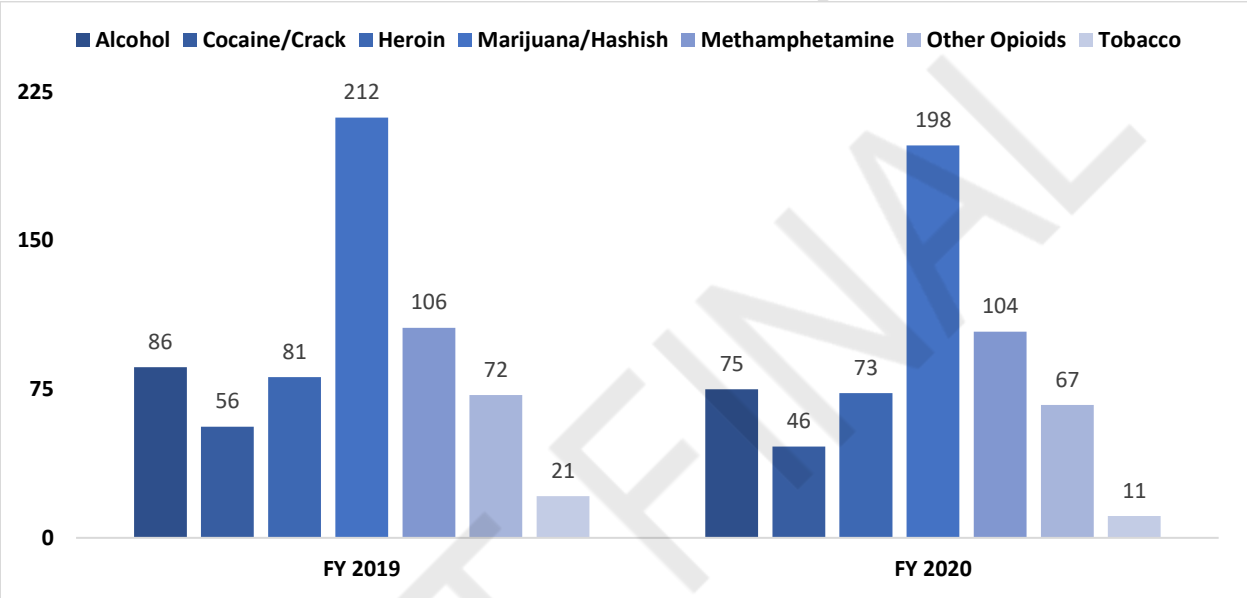
Figure 10: DAODAS Patients Reporting Intravenous Drug Use Status at Admission, SFY 2017-2022



Women who are pregnant and have a substance use disorder:

Pregnant women are given priority access to treatment services available through the DAODAS-funded provider network. Residential, day treatment, and intensive outpatient services are available in every region of the state. Figure 11 provides trends for frequently reported primary substance use types for pregnant patients in the previous two fiscal years.

Figure 11: DAODAS Pregnant Women Patient Primary Substance Reported at Admission, SFY 2019-2020



There were 1,020 pregnant patients reported to have accessed care during SFY 2020. (Preliminary reporting indicates that this number will drop slightly for SFY 2021.) Thirty-one percent were treated for marijuana misuse, while 12% were treated for an alcohol use disorder in SFY 2020 and 22% for an opioid use disorder.

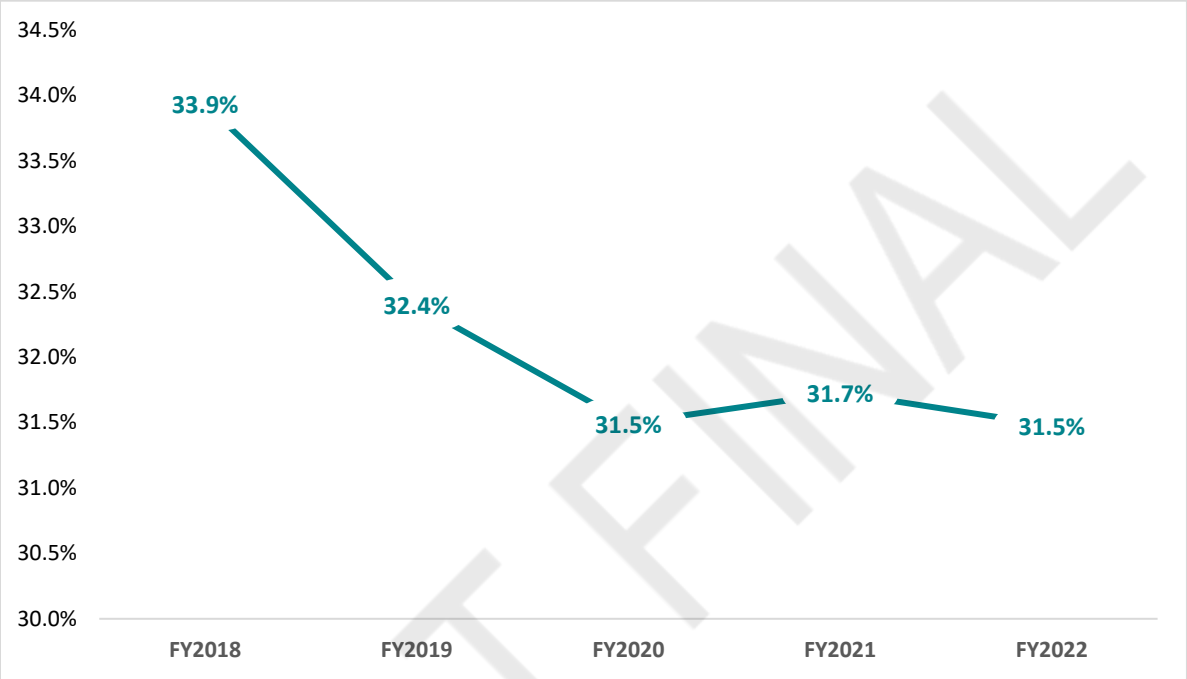
DAODAS will ensure that high-quality substance use disorder treatment services for pregnant females are available within each community. The agency will implement strategies, to include expansion of primary and specialty healthcare substance use screenings for pregnant females, increased collaboration with the state's social services agency responsible for child welfare through co-location of staff and improved screening/referral service delivery coordination, and continued collaboration with the state's Medicaid agency to engage OB/GYN service providers in screening, intervention, and referral to treatment service models.

Parents with substance use disorders (SUDs) who have dependent children:

DAODAS and its local provider network ensure that a continuum of quality treatment services for parents with dependent children is accessible throughout the state. Residential and intensive outpatient care focusing on the family unit are available in every region of the state. Thirty-two percent of DAODAS patients in fiscal year 2022 reported living with one or more dependent children. Figure 12 (next page) provides an illustration contrasting patients with and without

dependent children who were in care. The annual numbers and percentages have remained relatively consistent from state fiscal years (SFY) 2018 to 2022, showing the continued need and focus on the familial unit in regard to patient services. Service provision and child care targeting young family members are offered in addition to traditional substance use disorder (SUD) treatment in order to meet the needs of the entire family.

Figure 12: Reported Percentage of DAODAS Patients Living With Dependent Children, SFY 2018-2022



After the criminal justice system, social services represents the largest referral source for DAODAS and its local provider network. Over 4,700 discharges in SFY 2022 were referred by the S.C. Department of Social Services (DSS). In general, 50,000 or more calls are made regarding a suspected situation involving child abuse or neglect during a completed fiscal year. Of those, over one-sixth tend to be screened as having no risk. The remaining 40,000 or so calls indicate some level of risk requiring additional assessment and service delivery. Unknown by DSS is the proportion of calls prompting further service delivery associated with parent or guardian substance use.

DAODAS is continuing to strengthen its collaboration with DSS by funding full-time SUD counselors who are co-located in local DSS offices. These positions strengthen the assessment and service-delivery process for DSS, which is the state's Child Protective Services agency, by conducting screenings, assessments, and coordinated treatment referrals for parents or guardians with active abuse or neglect investigations. Additionally, DAODAS and DSS have jointly hired a liaison tasked with ensuring the efforts of the agencies along common topic areas are aligned and collaborative.

Individuals with tuberculosis and persons living with or at risk for HIV/AIDS who are in need of substance misuse intervention, treatment, or prevention services:

Assessment processes for all clients entering substance use disorder (SUD) treatment and intervention services include a screening for behavioral risks and symptoms associated with communicable diseases such as HIV/AIDS, hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB). Education, prevention, and testing services for HIV/AIDS and TB are emphasized throughout the continuum of services offered by DAODAS-funded providers. Expanded efforts to include similar services designed to address risks for hepatitis and other STDs represent critical gaps that will continue to be explored with the S.C. Department of Health and Environmental Control (DHEC), the state's public health department, during the planning period.

Healthcare providers in South Carolina are required to report detected cases of HIV/AIDS to DHEC. This data-collection standard has provided the state with a useful trend measure that can be used to track the incidence of HIV/AIDS. **There were 774 newly reported cases of HIV infection in the state in 2020**. As of December 2019, there were 20,334 individuals living in South Carolina who were HIV/AIDS positive, with 3% reporting as having injected drugs.

Approximately 33% of newly reported cases originated from the three metropolitan counties – Charleston, Richland, and Greenville (although the number of reported cases overall was slightly down, with 839 in 2019). Table 4 identifies the "top 10" counties for new HIV cases in calendar year 2020, and the highest number of new cases of HIV were in Richland County (115 cases), Greenville County (76 cases), and Charleston County (68 cases).

Table 4: Top 10 Counties, New HIV Cases Across South Carolina, CY 2020

County	*Reported Number of New Cases*
Richland	115
Greenville	76
Charleston	68
Horry	59
York	43
Lexington	38
Spartanburg	35
Florence	27
Orangeburg	24
Aiken	22

In the past, DAODAS funded multiple providers across the state to provide HIV early intervention services (EIS). Ten of the funded sites were classified as rural. Within these sites, HIV tests are administered to patients receiving SUD treatment and intervention services during the most recent reporting time frame.

Healthcare providers in South Carolina are also required to report detected cases of TB to DHEC. This data-collection standard has provided the state with a useful measure that can be used to track the incidence of TB. During 2020, there were 67 newly reported cases of TB

infection in the state, down from 80 reported in 2019 and in line with the slow decline in new annual cases since 2016.

All patients receiving SUD treatment and intervention services are screened for symptoms associated with TB and other communicable diseases. Detoxification and residential treatment settings have additional screening and testing protocols due to program structure and shared living arrangements. Data-collection protocols for communicable diseases have improved through the DAODAS provider network's continuing efforts toward implementation of a uniform electronic health record (EHR).

For HIV, DAODAS will fund/support testing services for providers in high-need counties with the highest numbers of incident cases of HIV (see Table 4 on previous page). DAODAS will provide direct funding to the county alcohol and drug abuse authorities that already have the infrastructure/capacity to test internally (as long as HIV EIS designation is maintained and – if designation is lost – the county authority will undergo transition to close out the services). DAODAS will require those directly funded authorities to provide HIV testing reports to DHEC, which will then be shared with DAODAS. For those county authorities that lack the current infrastructure/capacity, DAODAS will fund DHEC's STD/HIV division to contract sub-grantees to conduct the testing at the county authority's site. DAODAS will require that either a full-time or part-time employee is hired to go into the select authorities to conduct the testing. The county alcohol and drug abuse authority will then provide HIV testing reports to DHEC, which will also be shared with DAODAS. In terms of testing at the county authorities, as part of their intake/initial assessment for their substance-related diagnosis, all patients will be administered a HIV risk assessment, and patients who score above the risk threshold, will be tested for HIV.

For individuals with TB, DAODAS will enhance the availability of routine TB services for individuals receiving SUD treatment services. The agency will monitor the protocol and support local training efforts and utilize the county authority's EHR capability to track data associated with the provision of patient-focused routine TB screening.

Individuals in need of primary substance misuse prevention:

Local providers utilize the Strategic Prevention Framework (SPF) to ensure the greatest impact on their communities. This framework implies that communities should assess their needs, build capacity, plan programs/strategies, implement programs/strategies, and evaluate their programs/strategies to reduce the prevalence of substance use across our state. Through technical assistance and training, South Carolina's Regional Capacity Coaches and DAODAS staff have been able to help local providers navigate the SPF with their communities rather successfully over the past few years.

Service providers are also encouraged to: 1) deliver programs/strategies that touch on one of the six Center for Substance Abuse Prevention (CSAP) strategies; and 2) select approved evidence-based programs and strategies to reduce alcohol, tobacco, and other drug use among all South Carolinians. In fiscal year 2020, the majority of all participants served in primary prevention education programs were served using evidence-based universal, selected, and indicated programs.

It is South Carolina's hope that, with continued efforts to utilize the SPF, community input, CSAP strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing substance use among its residents.

Conclusion:

The preceding section provides information that supports each of the State's identified priority areas. Where appropriate, plans to explore or implement strategies for eliminating identified information or service gaps were highlighted. The following list provides a brief review of plans to address identified data gaps highlighted in each priority area. More information linking identified service and system gaps to strategies designed to address deficits for each priority area will be offered in Section III.

Overview of Plans to Address Data and System Gaps

1) Increase the State Epidemiological Outcomes Workgroup's contribution to both the prevention and treatment needs-assessment process.
2) Explore opportunities to partner and increase collaboration with key community and state partners through data-analysis efforts associated with the S.C. Revenue and Fiscal Affairs Office's Data Warehouse.
3) Explore the availability and quality of data associated with substance use disorder (SUD) treatment services occurring outside of the state's network of public providers. Assess the potential to use available data for improved collaboration between public and private providers of behavioral health care.
4) Monitor access, utilization, and outcomes associated with SUD treatment and intervention services for highlighted referral sources and demographic groups in order to evaluate outreach efforts designed to foster collaboration with partner agencies.
5) Continue to work with the state's Electronic Health Record Implementation Team to explore potential strategies for addressing data gaps in needs-assessment and service-planning activities.
6) Expand the use of Health Information Exchange systems for improved collaboration and integration between behavioral and physical healthcare providers.

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