

IV: Narrative Plan

D. Activities that Support Individuals in Directing the Services

Federal Guidance: SAMHSA firmly believes in the importance of individuals with mental and substance use disorders participating in choosing the services and supports they receive. To achieve this goal, individuals and their support systems must be able to access and direct their services and supports. Participant direction, often referred to as consumer direction or self direction, is a delivery mode through which a range of services and supports are planned, budgeted and directly controlled by an individual (with the help of representatives, if desired) based on the individual's needs and preferences that maximize independence and the ability to live in the setting of his/her choice. Participant-directed services should include a wide range of high-quality, culturally competent services based on acuity, disability, engagement levels and individual preferences. The range of services must be designed to incorporate the concepts of community integration and social inclusion. People with mental and substance use disorders should have ready access to information regarding available services, including the quality of the programs that offer these services. An individual and their supports must be afforded the choice to receive services and should have sufficient opportunities to select the individuals and agencies from which they receive these services. Person centered planning is the foundation of self-direction and must be made available to everyone. The principles of person centered planning are included at www.samhsa.gov/blockgrantapplication. Individuals must have opportunities for control over a flexible individual budget and authority to directly employ support workers, or to direct the worker through a shared employment model through an agency. People must have the supports necessary to be successful in self direction including financial management services and supports brokerage. In addition, individuals and families must have a primary decision-making role in planning and service delivery decisions. Caregivers can play an important role in the planning, monitoring and delivery of services and should be supported in these roles. In the section below, please address the following:

- *Either summarize your State's policies on participant-directed services or attach a copy to the Block Grant application(s).*
- *What services for individuals and their support systems are self-directed?*
- *What participant-directed options do you have in your State?*
- *What percentage of individuals funded through the SMHA or SSA self direct their care?*
- *What supports does your State offer to assist individuals to self direct their care?*

State's Response:

Each county alcohol and drug abuse authority that receives SAPT Block Grant funding from DAODAS must be accredited either by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission. In either case, the standards of the accreditation organization dictate that all clients, at the onset of treatment, are provided with an orientation package that includes information about the range of services provided by the county authority and the roles and responsibilities of each party in the course of a client's treatment. With this

information, clients are able to make informed choices about the services that meet their preferences – from admission to completion of treatment.

DAODAS is currently developing a Strategic Plan for a Recovery-Oriented Systems of Care project that represents a paradigm shift in the state's approach to substance abuse services. The department is aware of the role of self-directed care for persons in active recovery and expects to address this concept in the combined DAODAS / Department of Mental Health plan that is targeted for submission by July 1, 2012.

E. Data and Information Technology

***Narrative Question:** Regardless of financing or reimbursement strategy used, unique client-level encounter data should be collected and reported for specific services that are purchased with Block Grant funds. Such service tracking and reporting is required by SAMHSA to be reported in the aggregate. Universal prevention and other non-service-based activities (e.g. education/training) must be able to be reported describing the numbers and types of individuals impacted by the described activities. States should to complete the service utilization Table 5 in the Reporting Section of the Application. States should provide information on the number of unduplicated individuals by each service purchased with Block Grant Funds rather than to provide information on specific individuals served with Block Grant funds. In addition, States should provide expenditures for each service identified in the matrix. If the State is currently unable to provide unique client-level data for any part of its behavioral health system, SAMHSA is requesting the State to describe in the space below its plan, process, resources needed and timeline for developing such capacity. States should respond to the following:*

- *Provider characteristics*
 - *Client enrollment, demographics, and characteristics*
 - *Admission, assessment, and discharge*
 - *Services provided, including type, amount, and individual service provider*
 - *Prescription drug utilization*
- *As applicable, for each of these systems, please answer the following:*
 - *For provider information, are providers required to obtain national provider identifiers, and does the system collect and record these identifiers?*
 - *Does the system employ any other method of unique provider identification that provides the ability to aggregate service or other information by provider?*
 - *Does the system use a unique client identifier that allows for unduplicated counts of clients and the ability to aggregate services by client?*
 - *Are client level data in the form of encounters or claims that include information on individual date of service, type of service, service quantity, and identity of individual provider?*
 - *Does the system comply with Federal data standards in the following areas (use of ICD-10 or CPT/HCPCS codes)?*

South Carolina 2012 SAPT State Plan-First Draft

- *As applicable, please answer the following:*
 - *Do provider and client identifiers in the behavioral health IT system allow for linkage with Medicaid provider identifiers that provides the ability to aggregate Medicaid and non-Medicaid provider information?*
 - *Are Medicaid data or linked Medicaid-behavioral health data used to routinely produce reports?*
 - *Does your State's IT division participate in regular meetings with Medicaid and other agencies to address mutual issues concerning system interoperability, electronic health records, Federal IT requirements or similar issues?*
 - *Does your State have a grant to create a statewide health information exchange and does your agency participate in the development of the exchange and in issues concerning MH/SA data?*
 - *Is your State Medicaid agency engaging in or planning to improve its IT system? If so, is your agency included in such efforts for the purposes of addressing issues related to data interoperability, behavioral health IT system reform, and meeting Federal IT data standards?*

In addition to the questions above, please provide any information regarding your State's current efforts to assist providers with developing and using Electronic Health Records.

State's Response.

DAODAS is in the process of developing specific answers to the above questions. In the meantime, the following sections from the FY2011 SAPT BG application and the subsequent addendum are provided so that the reader has an appreciation for the department's performance-management approach.

“South Carolina SAPT BG FY 2011 Application

State Performance Management and Leadership

- I. Describe the Single State Agency's capacity and capability to make data driven decisions based on performance measures. Describe any potential barriers and necessary changes that would enhance the SSA's leadership role in this capacity.***

DAODAS' overall approach to performance management is to craft measurable and realistic, yet challenging, strategic goals and objectives that are client-centered. The client goals and objectives are supported by related process and resource objectives. *(See the attached Strategic Plan for details.)*

Senior leaders review performance data that detail how the citizen-client is recovering in his/her addiction. DAODAS tracks statewide client-outcome measures (as required by the GPRA and NOMs) for prevention, intervention, and treatment programs. The department also tracks process objectives meant to increase the efficiency and effectiveness of treatment and to ensure timely access to care. These “Goals of Effectiveness” were chosen as a direct result of

South Carolina 2012 SAPT State Plan-First Draft

identifying evidence-based practices across the country. In addition, senior leaders track and review efficiency objectives, or “benchmarks,” designed to enhance client engagement and retention, to improve timely access to care, and to engage clients in the continuum of care. The universe of outcome goals and measures includes:

A. Defined National Outcome Measures for Substance Abuse Treatment (from Admission to Discharge):

- Abstinence / Reduction in Frequency of Use
- Increase/Stabilize Employment
- Increase/Stabilize Independent Living/Housing
- Increase Penetration Rate
- Increase Length of Stay
- Increase Number of Persons Served

B. Additional State Outcome Measures and Governor’s Goals:

- Reduction in Alcohol Intoxication (5 or more drinks) for Clients With Alcohol Problems
- Reduction in Tobacco Use
- Reduction in Outpatient Health Care Use
- Reduction in Emergency Room Use
- Reduction in Arrests
- Reduction in Student Expulsions/Suspensions
- Reduction in Stress Related to Alcohol or Drug Use
- Reduction in Emotional Problems Due to Alcohol or Drug Use
- Reduction in Reduced Activities Related to Alcohol or Drug Use
- Reduction in Underage Tobacco Sales

C. Each provider also collects all outcome measures listed above at 90 days post-discharge on a minimum of 15% of discharged clients. The following questions are only asked at 90 days post-discharge:

- Rate satisfaction with services.
- Would you recommend agency to friend or relative?

D. STAR-SI Goals and Objectives:

- Increase admissions
- Decrease wait time from first contact to first service
- Reduce broken appointments
- Increase the number of clinical services within 30 days of admission

E. Other Process Improvement Objectives (mandatory deliverable, as part of the DAODAS Block Grant to its sub-grantees)

- At least 75% of clients will receive at least one unit of assessment within two working days of intake.
- At least 50% of clients will receive at least one unit of specified clinical services within 6 working days of assessment.

South Carolina 2012 SAPT State Plan-First Draft

- Discharge forms will be completed on 99% or more of all admitted clients whose services have ended (missing discharges not to exceed 1% of all applicable episodes).
- Outcome data will be collected on a representative sample of 15% or more of admitted clients whose services have ended.

NOTE: Although to date we have not fully taken advantage of our state's data warehouse, we have recently completed research projects linking DAODAS data to administrative data sets available through the South Carolina Budget and Control Board's Office of Research and Statistics (ORS). The data warehouse maintained by ORS provides a unique tool that allows DAODAS staff to conduct studies that can supplement self-report data with officially recorded data available in various external agency administrative data sets. Currently, the data warehouse can provide de-identified data for common clients from the following resources:

- Alcohol and Other Drug Services
- Child Care
- Community Health Centers
- Continuum of Care
- Department of Disabilities and Special Needs
- Department of Education
- Department of Juvenile Justice
- Department of Mental Health
- Department of Public Safety
- Department of Social Services
- Disease Registries
- Elder Services and Assessments
- Emergency Room Visits
- Environmental Conditions
- Free Clinic Visits
- Health Department
- Home Health Care
- Inpatient Hospitalizations
- Law Enforcement
- Medicaid
- Medicare
- Outpatient Surgeries
- State Employee Health Services
- Vocational Rehabilitation Department

Prevention measures include 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; favorable attitudes toward alcohol, tobacco, and other drug (ATOD) use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. Intervention and treatment measures include abstinence/frequency of use, health status, educational/employment advances, criminal justice status, aftercare participation, and client satisfaction.

South Carolina 2012 SAPT State Plan-First Draft

Senior leaders also track and review how the local provider network is performing in terms of providing services to the citizen-client. This is accomplished primarily through the Coordinated County Review process. A review is completed on providers using the various indicators (strategic/management/treatment/prevention/financial compliance) that detail areas in need of improvement, as well as denoting satisfactory performance. The department also utilizes this process to identify evidence-based practices (benchmarks) for possible replication throughout the state. In addition, information is gathered and analyzed from this process that assists DAODAS in planning for future needs and identifying programmatic or financial issues that may need to be addressed on a local, regional, or statewide basis.

Senior leaders also review a range of additional information, which may result from peer audits, including national accreditation standards (CARF), state licensure reviews (South Carolina Department of Health and Environmental Control [DHEC]), and Medicaid audits (South Carolina Department of Health and Human Services [DHHS]). Senior leaders also review the annual financial audits as required by the federal government and provided to DAODAS by the local provider network.

In addition, senior leaders review monthly data that include information on the financial aspects of individual grants and contracts, as well as information on certain deliverables required as part of the contractual process. This information provides senior leaders with a snapshot of accountability and helps identify needed changes in the contractual process.”

“South Carolina SAPT BG FY 2011 Addendum – Data and Reporting

What is your State’s ability to:

Provide specific information on services and individuals that are funded through the block grant?

The state currently collects intake, admission, transfer, and discharge data on all clients admitted to an ASAM level of care at our provider agencies. This includes demographic information, TEDS and NOMs requirements, diagnostic and admission criteria, and outcome baselines. The state also collects a record for each discrete service provided to all admitted clients and 90-day post-discharge outcome data on approximately 30% of all clients statewide. Since the state still reimburses on a grant model rather than fee-for-service, the state cannot segregate the clients funded or partially funded through the block grant from clients whose services are funded through other sources. This made it very difficult to populate the grid to estimate the percentage of funds distributed. Provider revenues, expenditures, and budgets are reported through a separate system and are not connected to the client data at the state level.

Provide outcome or performance information other than NOMs?

Current Capabilities

We currently collect all defined NOMs measures, and we also collect these measures at 90-days post-discharge for approximately 30% of clients. We analyze these outcome measures quarterly,

South Carolina 2012 SAPT State Plan-First Draft

by provider, on a matched client basis at three points of time: Admission, Discharge, and 90-Days Post-Discharge. In addition to the NOMs measures, we also look at health status, education, monthly income, 30-day arrests for drug-related offenses, 30-day nights in jail or prison, 30-day emergency room use, 30-day alcohol to intoxication use, 30-day tobacco use, 30-day drug use, 30-day stress due to AOD use, 30-day emotional problems due to AOD use, 30-day reduced activities due to AOD use, and client satisfaction with services.

We monitor performance measures for our providers that include:

- Proportion of clients with an assessment within two days of intake
- Proportion of clients with a clinical service within six days of assessment
- Proportion of clients without a discharge within 30 days of last service
- Proportion of clients surveyed within 70 to 110 days of discharge

Planned Additions

In the next few months, we will change our outcome analysis capabilities to separate matched admission to discharge analyses from matched admission to outcome analyses. This will provide more outcome measures and a multi-faceted outcome-measurement approach. In addition to NOMs and other measures mentioned above, we will also look at the following measures from admission to discharge:

- Diagnoses
- Psychosocial Functioning (Axis IV)
- Severity Indicators
- GAF Score
- 6-Month Employment

In addition, once our electronic assessment is in place, we also plan:

- For providers to monitor improvements during treatment on client-specific measures identified during the assessment at 30-day intervals to provide in-treatment progress monitoring. For example, if a specific client has a problem with his/her living environment, this indicator can be flagged to be monitored for improvement each 30 days.
- To look at additional clinical measures identified in the assessment as a baseline and recollected at discharge.”

F. Quality Improvement Reporting

Narrative Question: SAMHSA expects States to base their administrative operations and service delivery on principles of Continuous Quality Improvement/Total Quality Management (CQI/TQM). These CQI processes should identify and track critical outcomes and performance

South Carolina 2012 SAPT State Plan-First Draft

measures that will describe the health of the mental health and addiction systems. These measures should be based on valid and reliable data. The CQI processes should continuously measure the effectiveness of services and supports and ensure that services, to the extent possible, reflect their evidence of effectiveness. The State's CQI process should also track programmatic improvements; and garner and use stakeholder input, including individuals in recovery and their families. In addition, the CQI plan should include a description of the process for responding to critical incidents, complaints and grievances. In an attachment, please submit your State's current CQI plan.

State's Response:

DAODAS does not have a single consolidated CQI plan and intends to develop one in conjunction with key stakeholders by July 1, 2012. Nonetheless, all of the elements of a comprehensive CQI/TQM system are in place. The following should provide the reader with a preliminary look at South Carolina's outstanding CQI/TQM, which has been highlighted at national conferences and presented to senior SAMHSA leadership.

Critical Outcomes

The DAODAS outcomes management system is based on client outcomes that the SAAMIS system can track at admission, discharge, and 90-days post-discharge. Next come process and resource outcomes that support the desired client outcomes. This is to ensure that the client always comes first. The following excerpts from the current DAODAS Strategic Plan illustrate this principle.

"CLIENT GOALS AND OUTCOME OBJECTIVES

DAODAS STRATEGIC PLAN OBJECTIVE 1.2: Pursue improvements in treatment outcome objectives:

- **Outcome Objective 1.2.1:** Each year, the statewide average reduction in re-arrests will be equal to or greater than the previous year, based on those clients who at admission had reported having been arrested during the prior 30 days and report not having been arrested during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).
- **Outcome Objective 1.2.2:** Each year, of those clients who at admission had reported being unemployed (or not employed but labor-force-eligible) during the prior 30 days, at least 20% will report full-time or part-time employment during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).
- **Outcome Objective 1.2.3:** Each year, of those clients who at admission had reported having used a hospital emergency room during the prior 30 days, at least 40% will report not having used a hospital emergency room during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).

- **Outcome Objective 1.2.4.B:** Each year, of those clients who at admission had reported having used alcohol or another drug during the prior 30 days, at least 40% will report not having used alcohol or another drug during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).
- **Outcome Objective 1.2.5:** Each year, of those clients who at admission had reported homelessness or dependent living arrangements during the prior 30 days, at least 40% will report independent living arrangements during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).

DAODAS STRATEGIC PLAN OBJECTIVE 2.2: Pursue improvements in prevention core measures:

- ***Perceived risk/harm of alcohol, tobacco, and other drug (ATOD) use.*** This measure lists a number of drugs and different frequencies of use and asks participants to assess how much people risk harming themselves by using.
- ***Favorable attitudes toward ATOD use.*** This measure assesses how much participants think using different drugs is wrong for people their age.
- ***Decision-making.*** This measure assesses how well participants make good decisions.
- ***Perceived peer norms toward ATOD use.*** This measure combines participants' perceptions of the extent of their friends' use and what they think their friends would think if they (the participants) used.
- ***Perceived parental attitudes toward ATOD use.*** This measure asks for participants' perceptions of how wrong their parents think it would be if they (the child) used alcohol, tobacco, and/or other drugs.
- ***30-day use of alcohol.*** This item assesses the extent of the participants' use of alcohol in the past 30 days.
- ***30-day use of marijuana.*** This item assesses the extent of the participants' use of marijuana in the past 30 days.
- ***30-day use of cigarettes.*** This item assesses the extent of the participants' use of cigarettes in the past 30 days.
- **Outcome Objective 2.5.1:** The annual Youth Access to Tobacco Study will show that no more than 10% of the attempted tobacco buys by young people were successful.

DAODAS STRATEGIC PLAN OBJECTIVE 2.7. Pursue improvements in the State Profile priorities identified by the State Epidemiological Working Group and approved by the Governor's Council on Prevention and Treatment.

- Incidence/Consequence:
 - underage alcohol use
 - alcohol-related car crashes, with an emphasis on underage drinking and driving
 - substance use during pregnancy (data available for tobacco use)
 - youth tobacco use, including smokeless tobacco use
- Gaps:
 - College-age drinking
 - Alcohol and drug use during pregnancy
 - Substance use in the veterans population

PROCESS GOALS AND OUTCOME OBJECTIVES

DAODAS STRATEGIC PLAN OBJECTIVE 3.1: Improve client engagement and retention by implementing efficiency measures and objectives.

- **Process Objective 3.1.1:** Clients will receive at least one unit of assessment within two working days of intake.
- **Process Objective 3.1.2:** Clients with an assessment must have at least one unit of the following specified services (detoxification day, residential day, group counseling, individual counseling, intensive outpatient, day treatment, crisis management, intensive in-home services, therapeutic child care, gambling curriculum, criminal justice curriculum, and women's trauma curriculum) within six working days of assessment.
- **Process Objective 3.1.3:** Discharge forms will be completed on 99% or more of all admitted clients whose services have ended (missing discharges not to exceed 1% of all applicable episodes).
- **Process Objective 3.1.4:** Outcome data will be collected on a representative sample of 15% or more of admitted clients whose services have ended.
- **Process Objective 3.1.5:** Implement the Network for the Improvement of Addictions Treatment (NIATx) process improvement model throughout the state in accordance with the federally-funded Strengthening Treatment Access and Retention-State Implementation (STAR-SI) program.

DAODAS STRATEGIC PLAN OBJECTIVE 3.3: Using evidence-based treatment modalities and prevention programming support the state's comprehensive programs to combat driving under the influence, such as the Alcohol and Drug Safety Action Program (ADSAP), Ignition Interlock, the DOR Substance Abuse Program (SAP) and two programs for those offenders under 21: Alcohol Education Program (AEP) and the Alcohol Intervention Program (AIP):

DAODAS STRATEGIC PLAN OBJECTIVE 3.5: Sustain the *Breaking Barriers, Building Dreams*, the federally funded adolescent infrastructure improvement project, which has evolved into the No Wrong Door project in collaboration with the SC Department of Mental Health.

- **Process Objective 3.5.1:** Establish and nurture the Joint Council on Children and Adolescents by providing leadership; actively participating in its committees and projects; supporting the Joint Strategic Plan on Adolescents; and participating in appropriate braided funding initiatives.
- **Process Objective 3.5.2:** Support the statewide implementation of South Carolina's statewide, multi-agency screening and referral tool for adolescents, the GAIN Short Screener.
- **Process Objective 3.5.3:** Support the statewide implementation of South Carolina's statewide, multi-agency workforce development initiative.
- **Process Objective 3.5.4:** Support for family driven care and cultural competency as integral to effective services

DAODAS STRATEGIC PLAN OBJECTIVE 3.7. Implement the South Carolina Medicaid Behavioral Health Rehabilitation State Plan Amendment (SPA) in order to provide the most effective, efficient and state-of-the-art client services.

DAODAS STRATEGIC PLAN OBJECTIVE 3.8. Implement the SAMHSA/CSAP Strategic Prevention Framework (SPF) concept through the SPF State Implementation Grant in order for the state and the counties to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span

DAODAS STRATEGIC PLAN OBJECTIVE 3.9. DAODAS, in conjunction with the Behavioral Health Services Association of South Carolina, the S.C. Department of Health and Human services, and other key stakeholders, will establish a medication-assisted treatment system in the state.

DAODAS STRATEGIC PLAN OBJECTIVE 3.10. In conjunction with family members, the Behavioral Health Services Association of South Carolina, the Department of Health and Human Services, Department of Health and Environmental Control, Department of Mental Health, Department of Disabilities and Special Needs, and other key stakeholders, DAODAS will establish a Task Force to address the Fetal Alcohol Spectrum Disorders (FASD).

- **Goal 1 (Prevention).** Decrease alcohol-exposed pregnancies.
- **Goal 2 (Intervention).** Increase the developmental progress of children who have an FASD so they can function to the best of their abilities at home, in school and in their communities.

South Carolina 2012 SAPT State Plan-First Draft

- **Goal 3 ((Knowledge and awareness).** Broaden the knowledge and awareness of FASD in the public and the professional community.
- **Goal 4 (Mobilization).** Develop resources, collaboration, policies and data/evaluation capacity to effectively address FASD statewide.

DAODAS STRATEGIC PLAN OBJECTIVE 3.11. DAODAS will proactively develop plans and procedures in support of the SAMHSA's mission of reducing the impact of substance abuse and mental illness on America's communities and its Strategic Initiatives.

RESOURCE GOALS AND OUTCOME OBJECTIVES

DAODAS STRATEGIC PLAN GOAL 5. Collaborate more effectively with national, regional, state, and local substance abuse and mental health authorities, allied agencies and organizations, as well as client representatives, family organizations and recovery support groups, to ensure the Department and its network of providers are on the cutting edge of efficient and effective service delivery architecture.”

Continuously measure the effectiveness of services and supports and ensure that services, to the extent possible, reflect their evidence of effectiveness.

State's Response:

DAODAS has set client, process, and resource objectives meant to increase the effectiveness and efficiency of treatment and to ensure timely access to care. Some of these objectives were set by the agency based on guidance received from federal and state policymakers (primarily client outcomes), while others were derived from evidence-based practices across the country, such as the NIATx model as shown in DAODAS Strategic Plan Objective 3.1: Improve client engagement and retention by implementing efficiency measures and objectives (*see above*). Senior leaders review the results at least quarterly to assess whether they should be adjusted.

The department also sets benchmarks, performance targets, or quantified objectives through the joint Accountability Committee that is comprised of department staff and two representatives from each of the four county authority regions. The Accountability Committee makes a recommendation to the provider network (Behavioral Health Services Association of South Carolina Inc.), which in turn may endorse and present the committee's proposal to the director of DAODAS for final approval.

Performance data is analyzed in conjunction with the county authorities' annual County Plans to determine whether each County Plan is approved, thereby allowing providers to receive funding from the State's alcohol excise tax.

DAODAS will take action to assist a provider that is failing to meet performance requirements. This process involves either a County Assistance Plan (CAP) or Mandated Improvement Process (MIP). Departmental staff monitor specific key indicators to identify signs of developing systems problems in local service providers so that DAODAS can proactively assist in analyzing

South Carolina 2012 SAPT State Plan-First Draft

and resolving problems before they become entrenched in the organization. When all lesser efforts fail to correct problems, a service provider will be placed under the MIP and must make progress in resolving the problem(s) if it is to continue to contract or receive grants from DAODAS. MIP is the high, terminal end of CAP. Failure of an agency to meet the goals outlined in its MIP plan can result in sanctions, up to and including the removal of all or part of the funding from the agency.

Process for responding to critical incidents, complaints and grievances

State's Response:

DAODAS has policies to address critical incidents, complaints, and grievances. They will be included in the consolidated plan, which will also include the Department's Quality Assurance Standards, the Medicaid Internal Audit program, and the desk-side and onsite review procedures that complete the menu of CQI/TQM tools that are used to ensure our clients receive effective and efficient services.

G. Consultation with Tribes

Narrative Question: SAMHSA is required by the 2009 Memorandum on Tribal Consultation to submit plans on how it is to engage in regular and meaningful consultation and collaboration with tribal officials in the development of Federal policies that have Tribal implications. Consultation is an enhanced form of communication, which emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process, which results in effective collaboration and informed decision making with the ultimate goal of reaching consensus on issues. For the context of the Block Grants, SAMHSA views consultation as a government to government interaction and should be distinguished from input provided by individual Tribal members or services provided for Tribal members whether on or off Tribal lands. Therefore, the interaction should include elected officials of the Tribe or their designee. SAMHSA is requesting that States provide a description of how they consulted with Tribes in their State. This description should indicate how concerns of the Tribes were addressed in the State Block Grant plan(s). States shall not require any Tribe to waive its sovereign immunity in order to receive funds or in order for services to be provided for Tribal members on Tribal lands.

State's Response:

In South Carolina, the State Historic Preservation Office is charged with encouraging and facilitating the responsible stewardship of South Carolina's irreplaceable historic and prehistoric places, and to operate as a program of the South Carolina Department of Archives and History. According to the State Historic Preservation Office, recognition of Native American Indian tribes acknowledges the right of sovereignty and self-government. There are two levels of recognition: federal and state. At the federal level, recognition puts tribal governments at the same level as state governments with their rights to tax, make and enforce laws, and regulate

South Carolina 2012 SAPT State Plan-First Draft

activities. At the state level of recognition, tribal governments are equal to county governments. Recognition, at either level, allows tribes to determine requirements for membership.

The State Historic Preservation Office has identified one federally recognized Indian tribe with historic affiliation to the State of South Carolina. The Catawba Indian Nation is the only resident federally recognized Indian tribe in our state.

The promulgation of regulations regarding State Recognition of Native American Indian entities in the State of South Carolina resides in the purview of the State Commission for Minority Affairs (SC Code of Laws Section 1-31-40[A][10]). The purpose of the Commission is “to study the causes and effects of the socio-economic deprivation of minorities in the State and to implement programs necessary to address inequities confronting minorities in the State.”

Pursuant to SC Code of Laws Section 1-31-40(A)(10) and SC Code of Regulations 139, which also falls under the purview of the State Commission for Minority Affairs, the State of South Carolina recognizes three categories of Native American Indian entities in South Carolina: Native American Indian Tribes, Native American Indian Groups, and Native American Indian Special Interest Organizations. The categories are defined as follows:

“Tribe” means an assembly of Indian people comprising numerous families, clans, or generations together with their descendents, who have a common character, interest, and behavior denoting a separate ethnic and cultural heritage, and who have existed as a separate community, on a substantially continuous basis throughout the past 100 years. In general, core members of the tribe are related to each other by blood. A tribal council and governmental authority unique to Native American Indians govern them.

“Group” means a number of individuals assembled together, which have different characteristics, interests and behaviors that do not denote a separate ethnic and cultural heritage today, as they once did. The group is composed of both Native American Indians and other ethnic races. They are not all related to one another by blood. A tribal council and governmental authority unique to Native American Indians govern them.

“Special Interest Organization” means an assembly of people who have united for the common purpose of promoting Native American culture and addressing socio-economic deprivation among people of Indian origin. The organization is made up of Native American Indians and other ethnic races. A tribal council or other form of governing body provides oversight and management. Membership is not required. They may be organized as a private nonprofit corporation under the laws of South Carolina.

According to state law, the following entities meet the appropriate definitions as cited above.

- State Recognized Native American Indian Tribes
 - Beaver Creek Indians
 - Edisto Natchez Kusso Tribe of South Carolina
 - Pee Dee Nation of Upper South Carolina
 - Pee Dee Indian Tribe of South Carolina
 - Santee Indian Organization
 - The Waccamaw Indian People
 - Wassamasaw Tribe of Varnertown Indians

- State Recognized Native American Indian Groups
 - Chaloklowa Chickasaw Indian People
 - Eastern Cherokee, Southern Iroquois, and United Tribes of SC
 - Natchez Tribe of South Carolina
 - Pee Dee Indian Tribe of Beaver Creek
 - Piedmont American Indian Association – Lower Eastern Cherokee Nation of South Carolina

- State Recognized Native American Indian Special Interest Organizations
 - American Indian Chamber of Commerce SC
 - Little Horse Creek American Indian Cultural Center

As a part of SC Code of Regulations 139, there is established a Native American Indian Advisory Committee whose purpose is “to preserve the true aboriginal culture of the Americas in the State of South Carolina and to advance the Native American Indian culture.” The Committee advises the State Commission for Minority Affairs by apprising it of matters regarding Native American Indian Affairs; identifying the needs and concerns of the Native American Indian people of South Carolina by bringing such needs and concerns to the attention of the Commission; making recommendations to the Commission to address the needs and concerns of Native American Indian people; and inviting individuals recognized as specialists in Native American Indian Affairs and representatives of the state and federal agencies to present information to members of the Advisory Committee.

It is the intent of DAODAS to further engage with Native Americans in South Carolina by establishing direct consultative relationships with the elected officials of the Catawba Nation (or their designees) with the assistance of the State Commission for Minority Affairs, the native American Indian Advisory Committee, and in collaboration with the South Carolina Department of Mental Health. DAODAS hopes to develop a Memorandum of Agreement (MOA) with the Catawba Nation and to finalize it by July 1, 2012. The process of developing the MOA will incorporate a mechanism for the department to consult with officials of the Catawba Nation in developing the State Plan in order to address the Tribe’s concerns.

H. Service Management Strategies

Narrative Question: SAMHSA, similar to other public and private payers of behavioral health services, seeks to ensure that services purchased under the Block Grants are provided to individuals in the right scope, amount and duration. These payers have employed a variety of methods to assure appropriate utilization of services. These strategies include using data to identify trends in over and underutilization that would benefit from service management strategies. These strategies also include using empirically based clinical criteria and staff for admission, continuing stay and discharge decisions for certain services. While some Block Grant funded services and activities are not amenable (e.g. prevention activities or crisis services), many direct services are managed by other purchasers.

South Carolina 2012 SAPT State Plan-First Draft

In the space below, please describe:

- 1. The processes that your State will employ over the next planning period to identify trends in over/underutilization of SAPT BG or MHSBG funded services*
- 2. The strategies that your State will deploy to address these utilization issues*
- 3. The intended results of your State's utilization management strategies*
- 4. The resources needed to implement utilization management strategies*
- 5. The proposed timeframes for implementing these strategies*

State's Response:

The processes that your State will employ over the next planning period to identify trends in over/underutilization of SAPT BG or MHSBG funded services

DAODAS has a number of Continuous Quality Improvement (CQI) processes, policies/procedures, governing terms, and standing committees in place to monitor ongoing performance and make improvements, as well as to revise policies/procedures. Such actions are taken when there is clear and convincing desk-audit trend data, service providers' internal audit self-report, and/or DAODAS Coordinated County Review (CCR) site visit information that indicate inappropriate delivery of client services and reimbursements.

This multi-faceted approach is supported in the DAODAS Block Grant Governing Terms and comprehensive strategic plan, including the requirement that all funded service providers adopt and follow Medicaid standards, regulations of the state Department of Health and Environmental Control, and American Society of Addiction Medicine patient placement criteria.

In addition, all service providers must follow the department's Uniform Clinical Record (UCR) guidelines and adopt and follow the *Diagnostic and Statistical Manual of Mental Disorders, TR-IV*, to ensure that appropriate decisions are made on client admissions, continued stays, and discharges. This allows the DAODAS Management Information System to collect client data and share with the department's planners – as needed, but on at least a quarterly basis – trends in over/underutilization of services.

The strategies that your State will deploy to address these utilization issues

Due to budget cuts and corresponding staff shortages, we will have to find ways to get more frequent analysis of data and conduct corrective action inquiries with providers who are below or above acceptable/allowable lengths of stay in services (e.g., detoxification, residential, intensive outpatient, outpatient).

The department's Utilization Review (UR) section conducts daily prior-authorization reviews of detoxification, residential, and intensive outpatient treatment. DAODAS will continue to act on reports from the UR team to hold providers accountable for corrective action, including return of funds. In such cases, the DAODAS Executive Management Team (EMT) reviews recommendations from staff of the Division of Program Accountability to place affected service provider on the department's County Assistance Program (CAP). Timelines, goals, and

South Carolina 2012 SAPT State Plan-First Draft

objectives must be documented in a CAP plan to track, measure, and achieve improvements before a provider can be recommended for removal from CAP.

DAODAS will also use its standing committees and partner organizations (e.g., Accountability/Finance Committee, Services Committee, Uniform Clinical Record Committee, Behavioral Health Services Association of South Carolina Inc., Recovery-Oriented System of Care Committee) to improve quality of client care and fiscal accountability through data reviews, policies/procedures, processes, and peer-to-peer concerns/complaints. These committees and organizations work in concert to further DAODAS' mission. The reports and other products of these initiatives are produced as needed. DAODAS decisions to move on system-wide changes in practices, policies/procedures, laws, or standards will always be based on input from key stakeholders and the department's EMT and staff.

The intended results of your State's utilization management strategies

Intended results of DAODAS' utilization management strategies are to ensure that service providers follow the guidelines delineated above.

The resources needed to implement utilization management strategies

Needed resources include additional staff to conduct more frequent and in-depth desk-level and on-site reviews, data analysis, and oversight regarding the DAODAS Block Grant Governing Terms and Medicaid sub-contracts.

The proposed timeframes for implementing these strategies

DAODAS will continue to implement as many of these strategies as possible within the context of the current and near-term funding constraints.

I. State Dashboards (Table 10)

Narrative Question: *An important change to the administration of the MHSBG and SAPTBG is the creation of State dashboards on key performance indicators. SAMHSA is considering developing an incentive program for States/Territories based on a set of state-specific and national dashboard indicators. National dashboard indicators will be based on outcome and performance measures that will be developed by SAMHSA in FY 2011. For FY 2012, States should identify a set of state-specific performance measures for this incentive program. These state-specific performance indicators proposed by a State for their dashboard must be from the planning section on page 26. These performance indicators were developed by the State to determine if the goals for each priority area. For instance, a state may propose to increase the number of youth that receive addiction treatment in 2013 by X%. The state could use this indicator for their dashboard.*

In addition, SAMHSA will identify several national indicators to supplement the state specific measures for the incentive program. The State, in consultation with SAMHSA, will establish a baseline in the first year of the planning cycle and identify the thresholds for performance in the subsequent year. The State will also propose the instrument used to measure the change in

South Carolina 2012 SAPT State Plan-First Draft

performance for the subsequent year. The State dashboards will be used to determine if States receive an incentive based on performance. SAMHSA is considering a variety of incentive options for this dashboard program.

State's Response:

DAODAS will develop the dashboard indicators for South Carolina in conjunction with the development of its Strategic Plan, which is scheduled to be submitted by July 1, 2012. This approach is in line with both SAMHSA guidance (Planning Step 4) and the department's deliberative and consultative planning approach.

J. Suicide Prevention

***Narrative Question:** In September of 2010, U.S. Health and Human Services Secretary Kathleen Sebelius and Defense Secretary Robert Gates launched the National Action Alliance for Suicide Prevention. Among the initial priority considerations for the newly formed Action Alliance is updating and advancing the National Strategy for Suicide Prevention, developing approaches to constructively engage and educate the public, and examining ways to target high-risk populations. SAMHSA is encouraged by the number of States that have developed and implemented plans and strategies that address suicide. However, many States have either not developed this plan or have not updated their plan to reflect populations that may be most at risk of suicide including America's service men and women -- Active Duty, National Guard, Reserve, Veterans -- and their families. As an attachment to the Block Grant application(s), please provide the most recent copy of your State's suicide prevention plan. If your State does not have a suicide prevention plan or if it has not been updated in the past three years please describe when your State will create or update your plan.*

State's Response:

The latest version of South Carolina's Suicide Prevention Plan is attached. The plan was developed by the S.C. Suicide Prevention Coalition, led by Mental Health America of South Carolina, without the participation of DAODAS. In light of the department's participation in efforts to provide services to military personnel and their families, as well as the growing realization that protective and risk factors cut across various domains, DAODAS will apply to join the Suicide Prevention Coalition and develop substance abuse-related measures and projects as needed by July 1, 2012.

K. Technical Assistance Needs

***Narrative Question:** Please describe the data and technical assistance needs identified by the State during the process of developing this plan that will be needed or helpful to implement the proposed plan. The technical assistance needs identified may include the needs of State, providers, other systems, persons receiving services, persons in recovery, or their families. The State should indicate what efforts have been or are being undertaken to address or find*

South Carolina 2012 SAPT State Plan-First Draft

resources to address these needs, and what data or technical assistance needs will remain unaddressed without additional action steps or resources.

State Response.

As in other areas, the Department is determined to proceed in a deliberative and consultative fashion. At this time, the target for submitting the technical assistance needs is July 1, 2012. However, we would appreciate the opportunity to compete for TA funds that might be available earlier and will make every effort to fast track the development of South Carolina's technical assistance needs. A tentative list would include:

- Technical assistance and funds to accomplish county-level needs assessment studies or technical assistance to provide approved strategies to make useful needs assessment assumptions from the limited data resources available to us.
- Technical assistance and funding help providers implement comprehensive EHRs.

L. Involvement of Individuals and Families

Narrative Question: *The State must support and help strengthen existing consumer and family networks, recovery organizations and community peer advocacy organizations in expanding self advocacy, self-help programs, support networks, and recovery-oriented services. There are many activities that State SMHAs and SSAs can undertake to engage these individuals and families. In the space below, States should describe their efforts to actively engage individuals and families in developing, implementing and monitoring the State mental health and substance abuse treatment system. In completing this response, State should consider the following questions:*

- *How are individuals in recovery and family members utilized in the development and implementation of recovery oriented services (including therapeutic mentors, recovery coaches and or peer specialists)?*
- *Does the State conduct ongoing training and technical assistance for child, adult and family mentors; ensure that curricula are culturally competent and sensitive to the needs of individuals in recovery and their families; and help develop the skills necessary to match goals with services and to advocate for individual and family needs?*
- *Does the State sponsor meetings that specifically identify individual and family members' issues and needs regarding the behavioral health service system and develop a process for addressing these concerns?*
- *How are individuals and family members presented with opportunities to proactively engage and participate in treatment planning, shared decision making, and the behavioral health service delivery system?*
- *How does the State support and help strengthen and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?*

State's Response:

DAODAS is in the final coordination stage of a new policy on Family-Driven Care that was developed with the support of the state's Joint Council on Children and Adolescents and Federation of Families of South Carolina. The department has also embarked on a project to transform its current treatment system into a Recovery-Oriented System of Care, with technical assistance provided by CSAT on the development of a strategic plan in close collaboration with Faces and Voices of Recovery South Carolina, as well as representatives of the state's county alcohol and drug abuse authorities, the Department of Mental Health, and other key stakeholders. Since all of this transformational change is being done in a deliberative and consultative manner, the State's full response to this item will be fully coordinated and submitted by July 1, 2012.

M. Use of Technology

Narrative Question: *Interactive Communication Technologies (ICTs) are being more frequently used to deliver various health care services. ICTs are also being used by individuals to report health information and outcomes. ICT include but are not limited to: text messaging, etherapy, remote monitoring of location, outreach, recovery tools, emotional support, prompts, case manager support and guidance, telemedicine. In the space below, please describe:*

- a. What strategies has the State deployed to support recovery in ways that leverage Interactive Communication Technology?*
- b. What specific applications of ICTs does the State plan to promote over the next two years?*
- c. What incentives is the State planning to put in place to encourage their use?*
- d. What support systems does the State plan to provide to encourage their use?*
- e. Are there barriers to implementing these strategies? Are there barriers to wide-scale adoption of these technologies and how does the State plan to address them?*
- f. How does the State plan to work with organizations such as FQHCs, hospitals, community-based organizations and other local service providers to identify ways ICTs can support the integration of mental health services and addiction treatment with primary care and emergency medicine?*
- g. Will the State use ICTs for collecting data for program evaluation at both the client and provider levels?*
- h. What measures and data collection will the State promote for promoting and judging use and effectiveness of such ICTs?*

State's Response:

DAODAS is considering the use of Interactive Communication Technology, a variant of which is being used by our sister agency, the Department of Mental Health. The department hopes to include ICTs in planning for the state's Recovery-Oriented System of Care.

N. Support of State Partners

Narrative Question: *The success of a State's MHSBG and SAPTBG will rely heavily on the strategic partnership that SMHAs and SSAs have or will develop with other health, social services, education and other State and local governmental entities. States should identify these partners in the space below and describe the roles they will play in assisting the State to implement the priorities identified in the plan. In addition, the State should provide a letter of support indicating agreement with the description of their role and collaboration with the SSA and/or SMHA, including the State education authority(ies); the State Medicaid agency; the State entity(ies) responsible for health insurance and health information exchanges (if applicable); the State adult and juvenile correctional authority(ies); the State public health authority, (including the maternal and child health agency); and the State child welfare agency. SAMHSA will provide technical assistance and support for SMHAs and SSAs in their efforts to obtain this collaboration. These letters should provide specific activities that the partner will undertake to assist the SMHA or SSA with implanting its plan. This could include, but is not limited to:*

The State Medicaid Agency agreeing to consult with the SMHA or the SSA in the development and/or oversight of health homes for individuals with chronic health conditions or consultation on the benefits available to the expanded Medicaid population.

The State Department of Justice that will work with the State and local judicial system to develop policies and programs that address the needs of individuals with mental and substance use disorders that come into contact with the criminal and juvenile justice systems; promote strategies for appropriate diversion and alternatives to incarceration; provide screening and treatment; and implement transition services for those individuals reentering the community.

The State Education Agency examining current regulations, policies, programs, and key data-points in local school districts to ensure that children are safe; supported in their social-emotional development; exposed to initiatives that target risk and protective actors for mental and substance use disorders; and, for those youth with or at-risk of emotional behavioral and substance use disorders, to ensure that they have the services and supports needed to succeed in school and improve their graduation rates and reduce out-of-district placements.

The State Child Welfare/Human Services Department, in response to State Child and Family Services Reviews, working with local child welfare agencies to address the trauma, and mental and substance use disorders in these families that often put their children at-risk for maltreatment and subsequent out-of-home placement and involvement with the foster care system.

State's Response:

South Carolina 2012 SAPT State Plan-First Draft

DAODAS will acquire letters of support from the departments cited below. The letters of support will provide specific activities that each partnering agency will undertake to assist DAODAS with implementing the State Plan. It is anticipated that the letters will be available by April 1, 2012.

- South Carolina Adjutant General's Office (National Guard)
- South Carolina Commission for Minority Affairs
- South Carolina Budget and Control Board, Office of Research and Statistics
- South Carolina Department of Corrections
- South Carolina Department of Education
- South Carolina Department of Health and Environmental Control
- South Carolina Department of Health and Human Services
- South Carolina Department of Insurance
- South Carolina Department of Juvenile Justice
- South Carolina Department of Mental Health
- South Carolina Department of Probation, Parole and Pardon Services
- South Carolina Department of Public Safety
- South Carolina Department of Social Services
- South Carolina School for the Deaf and the Blind
- South Carolina Vocational Rehabilitation Department

O. State Behavioral Health Advisory Council

Narrative Question: Each State is required to establish and maintain a State advisory council for services for individuals with a mental disorder. SAMHSA strongly encourages States to expand and use the same council to advise and consult regarding issues and services for persons with or at risk of substance abuse and substance use disorders as well. In addition to the duties specified under the MHSBG, a primary duty of this newly formed behavioral health advisory council would be to advise, consult with and make recommendations to SMHAs and SSAs regarding their activities. The council must participate in the development of the Mental Health Block Grant State plan and is encouraged to participate in monitoring, reviewing and evaluating the adequacy of services for individuals with substance abuse disorders as well as individuals with mental disorders within the State.

Please complete the following forms regarding the membership of your State's advisory council. The first form is a list of the Advisory Council for your State. The second form is a description of each member of the behavioral health advisory council.

State's Response:

DAODAS is considering SAMHSA's encouragement to "expand and use the same council to advise and consult regarding issues and services for persons with or at risk of substance abuse and substance use disorders." However, as a separate cabinet-level agency, DAODAS is governed by state statutes (both existing and proposed).

P. Comment on the State Plan

***Federal Requirement:** SAMHSA statute requires that, as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State plan. States should make the plan public in such a manner as to facilitate comment from any person (including Federal or other public agencies) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary. In the section below, States should describe their efforts and procedures to obtain public comment on the plan in this section.*

Meaningful input of stakeholders in the development of the plan is critical. The State must describe the stakeholder input process for the SAPT BG application and any additional input processes utilized in furtherance of the statutory requirement to make the State plan available to the public in such a manner as to facilitate comment from any person. This description should show involvement of persons who are service recipients and/or in recovery, families of individuals with substance use and mental disorders (including parents and caregivers of children or youth with behavioral health problems), providers of services and supports, representatives from racial and ethnic minorities, LGBTQ populations, persons with co-existing disabilities and other key stakeholders. Evidence of meaningful consultation with federally recognized Tribes where tribal governments or lands are located within the boundaries of the State must be provided in the application.

DAODAS Response:

Input of Stakeholders. In developing the State Plan, DAODAS is working with the South Carolina Department of Mental Health, Behavioral Health Services Association of South Carolina Inc., Faces and Voices of Recovery South Carolina, Federation of Families of South Carolina, members of the state's Joint Council on Children and Adolescents, and the Governor's Council on Substance Abuse Prevention and Treatment, as well as individuals and organizations that have a unique interest in any of sections of the Plan. Since the State Plan and the department's Strategic Plan are interrelated, the input of the stakeholders is much more complex than coordinating the latest edition of the State Plan. It is in fact an ongoing effort composed of the following processes.

- At the local level, the county alcohol and drug abuse authorities obtain input from a variety of sources to develop their Strategic Plans and County Plans:
 - County Commissions, County Councils, and Boards of Directors
 - Advisory boards
 - Focus groups

South Carolina 2012 SAPT State Plan-First Draft

- Clients and families
- Local health, criminal justice, and social service providers
- The county authorities have also formed themselves into a member association, Behavioral Health Services Association of South Carolina Inc. (BHSA), which provides two representatives from each of the four regions of the state to serve on the joint DAODAS/BHSA Accountability and Services committees, as well as a multi-agency Training Consortium. These committees are co-chaired by a BHSA representative and a DAODAS staff member, and continually address a myriad of issues that may rise to become part of the Strategic Plan and the SAPT BG State Plan.
- DAODAS is an active member of statewide organizations that are collaborative vehicles for developing, coordinating and implementing policies and practices:
 - Joint Council on Children and Adolescents
 - Governor's Council on Substance Abuse Prevention and Treatment
 - State Epidemiological Outcomes Workgroup
- State and federal policy obviously impacts the department's planning. However, sustaining grants received primarily from SAMHSA have also influenced the department's planning and policies, as have changes in various programs, such as Medicaid, and national and regional developments in the provision of evidence-based, model programs.

Bi-lateral initiatives with other state agencies usually fall within the department's strategic planning, but are also important programmatic drivers. These initiatives are addressed elsewhere in the State Plan, but we should highlight the department's intensified collaboration with the South Carolina Department of Mental Health.

Public Comment. To obtain public comments on the State Plan and the Block Grant application as a whole, DAODAS publishes a legal notice requesting public comment in the three largest newspapers in the state. DAODAS first posts the State Plan and then the entire application on its web site (www.daodas.state.sc.us) until it is replaced by a subsequent application.

A link titled "Invitation for Public Comment on the DAODAS SAPT Block Grant Application" is prominently displayed in the "Headlines" box on the DAODAS home page. When the link is activated, the visitor is taken to a page that reads:

**"Invitation for Public Comment on the Federal Fiscal Year 2012
Substance Abuse Prevention and Treatment Block Grant
Application – the South Carolina State Plan for Fiscal Years 2011-
2013**

DAODAS invites any and all interested persons and agencies to provide comments on the draft Substance Abuse Prevention and Treatment (SAPT) Block Grant – South Carolina State Plan to the Division of Operations, DAODAS, Attn: Carolyn Chitwood by fax (803-896-5557) or e-mail (cchitwood@daodas.state.sc.us).

South Carolina 2012 SAPT State Plan-First Draft

Please include a telephone number where you can be reached between 8:30 a.m. and 5:00 p.m. in your e-mail, so that DAODAS staff may contact you if there are questions about your comments. Please provide your comments not later than September 20, 2011, so that they may be considered before the State Plan is finalized on September 30, 2011.

The Entire Block Grant Application, to include the finalized State Plan, will be made available for public review and comment on the DAODAS web site after it is submitted to the federal authorities.

Overview

The federal SAPT Block Grant provides considerable funds to all 50 states and territories to help them in their prevention, intervention and treatment efforts. In South Carolina, DAODAS is the Single State Authority for such matters and is responsible for applying for the SAPT Block Grant each year. After the application is approved by the federal Department of Health and Human Services (Substance Abuse and Mental Health Services Administration [SAMHSA]), DAODAS uses sub-grants and contracts to provide the bulk of the funds to the community level, primarily to the county alcohol and drug abuse authorities.

Basically, the application consists of several parts:

- A section that has legal forms, certifications, assurances and funding agreements;
- The State Plan that describes what is planned for FY 2011-2013; and
- A section that provides performance and fiscal data.

To view a PDF copy of the State Plan, [click here](#).

To view a PDF copy of the entire SAPT Block Grant application, [click here](#).

*You must have Adobe Acrobat Reader to view the PDF files.

For More Information

For more information about this project, contact Carl Kraeff by mail (DAODAS, Attention: Carl Kraeff, PO Box 8268, Columbia, SC 29202) or by e-mail at ckraeff@daodas.sc.gov.”

The DAODAS web site is readily available to substance abuse service providers and advocates, as well as to policymakers and the general public. The general public's use of the Internet has also multiplied exponentially. Cable companies report that broadband access is being increasingly bundled with cable service, which is being provided across socio-economic lines.

South Carolina 2012 SAPT State Plan-First Draft

Similarly, telephone companies have increasingly provided DSL services. In the rare case where individuals are homeless or do not have the means to access the Internet at home, public libraries are offering Internet access. However, if any individual requires access to the Block Grant application and cannot access the Internet on his/her own, DAODAS will provide either a paper copy or make arrangements for the individual to view the application online at a location convenient to the individual.