

2012 SAPT Behavioral Health Assessment and Plan

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Introduction

As the Single State Authority, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) applies annually for the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) that is administered by the United States 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).

The South Carolina 2012 SAPT Behavioral Health Assessment and Plan is the State Plan portion of South Carolina's FY2011 Application for the SAPT BG and as such must be developed with key stakeholders and made available for public comment both before and after submission to SAMHSA.

The federal requirements for the SAPT Block Grant have changed considerably:

- Instead of looking ahead only one year, the State Plan now covers two years, with this first multi-year State Plan covering a transitional 21-month period, from October 1, 2011, to March 31, 2013.
- The Reports Section of the SAPT BG Application has been moved to December 1, 2011.
- The Block Grant application's planning and reporting periods will be aligned with state fiscal years. Thus, the next State Plan will be submitted by April 1, 2013, for the period July 1, 2013, to June 30, 2015.
- The content of the State Plan has also changed to reflect a renewed emphasis on needs assessment, strategic planning, effective model programs, performance management, and collaboration with providers of mental health, primary health, and recovery support services.
- SAMHSA is allowing the applicants to complete the various aspects of the State Plan over time, through September 30, 2012, although the initial draft will be submitted no later than October 1, 2011.

We ask the reader to review the South Carolina Block Grant application as various sections of it are completed over the course of the next year and to provide input. The intent is for anyone to have the opportunity to provide comments to DAODAS as the application is being developed. The current draft will remain on the DAODAS web site (www.daodas.state.sc.us) and will be updated as sections near completion. As a convenience, we are also attaching a Quick Reference Table that indicates the estimated availability dates for public comment on each section. Please visit our site often to review the latest drafts and to take advantage of the information that is available on South Carolina's outstanding substance abuse prevention, intervention and treatment system.

South Carolina 2012 SAPT State Plan-Final Draft

Quick Reference Table

Behavioral Health Assessment and Plan (State Plan)			
Section	Subsection Title/Description	Final Public Comment Date	Final Submission Date
I: State Information	State information, assurances, certifications and funding agreements	08/31/11	10/01/11
II: Planning Steps (Needs Assessment)	Introduction	08/31/11	10/01/11
	Framework	08/31/11	10/01/11
	Step 1: Assess the strengths and needs of the service system to address the specific populations	03/01/12	04/01/12
	Step 2: Identify the unmet service needs and critical gaps within the current system	04/01/12	05/01/12
	Step 3: Prioritize State Planning Activities (Table 2)	05/01/12	06/01/12
	Step 4: Develop Objectives, Strategies and Performance Indicator (Table 3)	06/01/12	07/01/12
III: Use of Block Grant Dollars for Block Grant Activities	Table 4. Services Purchased Using Reimbursement Strategy	11/01/11	12/01/11
	Table 5. Projected Expenditures for Treatment and Recovery Supports	11/01/11	12/01/11
	Table 6. Primary Prevention Planned Expenditures Checklist	11/01/11	12/01/11
	Table 7. Projected State Agency Expenditure Report	11/01/11	12/01/11
	Table 8. Resource Development Planned Expenditure Checklist	11/01/11	12/01/11
IV: Narrative Plan	Activities That Support Individuals in Directing Their Services	03/01/12	04/01/12
	Data and Information Technology	03/01/12	04/01/12
	Quality Improvement Reporting	03/01/12	04/01/12
	Consultation with Tribes	06/01/12	07/01/12
	Service Management Strategies	03/01/12	04/01/12

South Carolina 2012 SAPT State Plan-Final Draft

IV: Narrative Plan (continued)	State Dashboards	03/01/12	04/01/12
	Suicide Prevention	03/01/12	04/01/12
	Technical Assistance Needs	06/01/12	07/01/12
	Involvement of Individuals and Families	03/01/12	04/01/12
	Support of State Partners	03/01/12	04/01/12
	State Behavioral Health Advisory Council	06/01/12	07/01/12
	Comment on State Plan	08/31/11	10/01/11
	Combined Plans to Address:		
	<ul style="list-style-type: none"> • Bi-directional integration of behavioral health and primary care services 	06/01/12	07/01/12
	<ul style="list-style-type: none"> • Provision of recovery support services for individuals with mental or substance use disorders 	06/01/12	07/01/12
<ul style="list-style-type: none"> • Provision of services for individuals with co-occurring mental and substance use disorders 	06/01/12	07/01/12	
Attachments	S.C. Strategic Prevention Framework State Incentive Grant (SPF SIG) Strategic Plan	08/31/11	10/01/11
	Joint Council on Children and Adolescents, Memorandum of Agreement	08/31/11	10/01/11
	South Carolina FASD Collaborative Strategic Plan, FY 2011-2013	08/31/11	10/01/11
	DAODAS Block Grant Governing Terms	08/31/11	10/01/11
2012 SAPT Report	Submitted Separately	N/A	12/01/11
2012 SYNAR Report	Submitted Separately	N/A	12/31/11

Section II: Needs Assessment – Substance Abuse Prevention and Treatment

Framework for Planning

Federal Guidance: States should identify and analyze the strengths, needs, and priorities of the State's behavioral health system. The strengths, needs, and priorities should take into consideration specific populations that are the current focus of the Block Grants, the changing health care environment and SAMHSA's strategic initiatives. The plan should address the following populations:

Services for persons with or at risk of having substance use and/or mental health disorders:

- *Persons who are intravenous drug users (IDU)**
- *Adolescents with substance abuse and/or a mental health problems*
- *Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression*
- *Women who are pregnant and have a substance use and/or mental disorder**
- *Parents with substance use and/or mental disorders who have dependent children**
- *Military personnel (active, guard, reserve, and veteran) and their families*
- *American Indians/Alaska Natives*

Services for persons with or at risk of contracting communicable diseases:

- *Individuals with tuberculosis **
- *Persons with or at risk for HIV/AIDS and who are in treatment for substance abuse**

Targeted services:

- *Individuals with mental and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems*
- *Individuals with mental and/or substance use disorders who live in rural areas.*
- *Underserved racial and ethnic minority and LGBTQ populations*
- *Persons with disabilities*
- *Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy and guidelines and enforcement.*
- *Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and "late" adopters of prevention strategies.*

Populations that are marked with an asterisk are required to be included in the State's needs assessment. To the extent that the other listed populations fall within any of the statutorily covered populations, States must include them in the plan.

South Carolina 2012 SAPT State Plan-Final Draft

States should undertake a broader approach to their assessment and planning process and include other individuals who are in need of behavioral health services. In particular, States should begin planning now for individuals with low-incomes who currently are uninsured but will be covered by Medicaid or private insurance in FY 2014 and will present new opportunities for public behavioral health systems to expand access and capacity. In addition, States should identify who will not be covered after FY 2014 and how Federal funds will be used to support these individuals who may need treatment and supports (SAMHSA will provide each state with information regarding the projected number and demographics of potentially uninsured individuals).

MHPAEA, other legislation that enhances access to Medicaid, and SAMHSA's Strategic Initiatives place an emphasis on identifying the health, behavioral health and long-term care needs of individuals with mental and substance use disorders. These laws and initiatives also present significant opportunities for States to include in their benefit design recovery support services for adults, youth and families who have behavioral health needs. In addition, policy drivers place a heavy emphasis on wellness and the prevention of mental, emotional, and behavioral disorders. These major themes are relevant for State substance abuse and mental health authorities. SAMHSA is encouraging SMHAs and SSAs to develop and submit a combined plan to address the common areas below:

- Bi-directional integration of behavioral health and primary care services;*
- Provision of recovery support services for individuals with mental or substance use disorders.*

In addition, SAMHSA is also requesting a combined plan for any expenditure of funds for the provision of services for individuals with co-occurring mental and substance use disorders. For States that have separate mental health and substance abuse agencies, the combined plan for these activities should be included in both the State MHBG and SABG applications. These combined plans should be included in a State's application (for those states submitting one Block Grant application). For States that submit separate Block Grant applications, the combined plan for these activities should be included in both the State MHBG and SABG applications. In addition, states should also consider linking their Olmstead planning work in the Block Grant application, identifying individuals who are needlessly institutionalized or at risk of institutionalization.

SAMHSA is encouraging states to undertake each of the following planning steps in a timely manner. The FY 2011 Block Grant application and Addendum indicated that some States have already undertaken a needs assessment of the populations identified in the FY 2012/2103 Block Grant application. Other States are designing needs assessment processes that will be completed after the 9/1/2011 submission date. In the Block Grant application, States should either provide information on the unmet need or the critical gaps within the service system or provide the timeframe within FY 2012 that the assessment and analysis will be completed.

South Carolina 2012 SAPT State Plan-Final Draft

State's Response:

The table below lists the populations addressed in the 2012 South Carolina State Plan Needs Assessment, as well as the combined plans that are developed in collaboration with the South Carolina Department of Mental Health and other key stakeholders.

Population
<i>Services for persons with or at risk of having substance use and/or mental health disorders</i>
<ul style="list-style-type: none"> • Persons who are intravenous drug users (IDUs)* • Adolescents with substance abuse and/or mental health problems • Children and adolescents who are at risk for mental, emotional, and behavioral disorders, including – but not limited to – addiction, conduct disorder, and depression • Women who are pregnant and have a substance use and/or mental disorder* • Parents with substance use and/or mental disorders who have dependent children* • Military personnel (active, Guard, reserve, and veteran) and their families • American Indians / Alaska Natives
<i>Services for persons with or at risk of contracting communicable diseases</i>
<ul style="list-style-type: none"> • Individuals with tuberculosis* • Persons with or at risk for HIV/AIDS and who are in treatment for substance abuse*
<i>Targeted services</i>
<ul style="list-style-type: none"> • Individuals with mental and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems • Individuals with mental and/or substance use disorders who live in rural areas • Underserved racial and ethnic minority and LGBTQ populations • Persons with disabilities • Community populations for environmental prevention activities, including policy-changing activities, and behavior-change activities to impact community, school, family, and business norms through laws, policy and guidelines, and enforcement • Community settings for universal, selective, and indicated prevention interventions, including hard-to-reach communities and “late” adopters of prevention strategies
<i>Combined Plans</i>
<ul style="list-style-type: none"> • Bi-directional integration of behavioral health and primary care services • Provision of recovery support services for individuals with mental or substance use disorders • Provision of services for individuals with co-occurring mental and substance use disorders

In addition to those populations that are required, the Department is particularly interested in identifying the needs of diverse racial, ethnic and sexual gender minorities, as well as youth, who are often underserved.

South Carolina 2012 SAPT State Plan-Final Draft

DAODAS has started planning now for low-income individuals who currently are uninsured but will be covered by Medicaid or private insurance in FY2014 and will present new opportunities for public behavioral health systems to expand access and capacity. We hope to use the information that SAMHSA will provide regarding the projected number and demographics of potentially uninsured individuals who should continue to be covered by the SAPT Block Grant. DAODAS is committed to a “no wrong door” approach to the provision of physical, behavioral, and recovery-support services for South Carolina residents. This “no wrong door” approach is bringing down silos and changing the mindset of provider agencies – both public and private. The department has joined state agencies, organizations, providers, consumers, and families in the establishment of statewide organizations and initiatives that are discussed elsewhere in the State Plan. We concur with the emphasis on a holistic approach to caring for our residents, with an emphasis on wellness and prevention. On the other side of the coin, we must continue to provide better services to individuals and families who are affected by substance use disorders (SUDs).

Finally, the framework for planning must include the facts about the negative consequences of addiction and the benefits of addiction treatment.

Studies have continued to show the costs imposed on individuals, families, our healthcare system, victims of crime, schools, businesses, and various governmental systems:

- A 1994 national study conducted by Columbia University researchers showed that SUDs were associated with 19% of total Medicaid hospital costs, particularly in newborn/neonate complications, cardiovascular disease, and respiratory disease.
- The Centers for Disease Control and Prevention have shown that – during the transition from childhood to adulthood – adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Serious health and safety issues such as motor vehicle crashes, violence, substance use, and risky sexual behaviors can adversely affect adolescent and young adults.
 - Some adolescents also struggle to adopt behaviors that could decrease their risk of developing chronic diseases in adulthood, such as eating nutritiously, engaging in physical activity, and choosing not to use tobacco. Environmental factors such as family, peer group, school, and community characteristics also contribute to adolescents’ health and risk behaviors.
 - These issues usually are established during childhood, persist into adulthood, are inter-related, and are mostly preventable. The potential consequences impact all aspects of society and governmental agencies:
 - ✓ Increased deaths and injuries to children (under the age of 10), adolescents (ages 10-25), and young adults due to car crashes, violence, and suicide;
 - ✓ Increased morbidity in mental health, disabilities, diabetes, cardiovascular diseases, maternal and neonatal conditions (among other mental and physical co-morbidities), and corresponding increases in healthcare costs;
 - ✓ Increased underachievement in education, truancy, and delinquency;
 - ✓ Decreased loss of productivity and income;

South Carolina 2012 SAPT State Plan-Final Draft

- ✓ Increased violence and crime, with associated increased costs to victims and juvenile and adult justice systems, and increased social service costs.
- The 2011 South Carolina Epidemiological Profile has confirmed the following consequences:
 - Mortality from causes associated with alcohol use, including chronic liver disease, homicide, and suicide, is generally higher in South Carolina than in the United States as a whole.
 - Alcohol-related motor vehicle crash rates in South Carolina are also higher than national rates. In several years since 2001, more than half of fatal motor vehicle crashes in our state have involved alcohol.
 - Risky sexual behavior and teenage pregnancies are other potential consequences of alcohol use. South Carolina has higher rates of teen pregnancy compared to the United States as a whole. In 2007, there were 53.6 live births per 1,000 women ages 15 to 19 in South Carolina, compared to 42.5 per 1,000 women in the nation as a whole.
 - The mortality rates from lung cancer and ischemic cerebrovascular disease are higher in South Carolina than in the United States overall.

Fortunately, studies have also shown the benefits of substance abuse treatment:

- A study by University of Washington researchers on the cost effectiveness of the Screening, Brief Intervention and Referral to Treatment (SBIRT) project in the State of Washington (2004-2006) concluded that:
 - Screening and brief intervention services provided to the intervention group (working-age, disabled Medicaid patients) were associated with an estimated reduction in Medicaid costs per month per patient of \$273, as opposed to \$12 spent per patient per intervention.
 - The SBI program was also associated with a significant increase in the odds of being admitted to substance abuse treatment within a year following the intervention.
- A study conducted by University of California – Los Angeles researchers in 2002-2003 showed that each dollar invested in substance abuse treatment saved more than \$7, primarily in reduced costs associated with crime and increased employment earnings.
- The S.C. Office of Research and Statistics data for 2009 shows that SUDs are a major contributor to healthcare costs in hospitals. DAODAS post-treatment outcome surveys of clients indicated a steep decline in emergency room use in 2009, resulting in considerable savings.

Of course, all of these statistics pale in comparison to the real life tragedies that are caused by SUDs that start even before birth. For example:

- Alcohol consumption during pregnancy may cause Fetal Alcohol Spectrum Disorders that affect babies with serious complications for the rest of their lives.
- One night of prom night drinking and driving takes the life of a proud graduate.
- A mother's children are taken away from her.

South Carolina 2012 SAPT State Plan-Final Draft

- A father's career and family fall apart.
- After having lost job, family, and future, one is driven to crime to support his habit.

This State Plan is put together to ensure that taxpayer funds are spent efficiently and effectively. Critical as that is, however, the true measure of success is one changed life at a time through prevention, intervention, treatment, and recovery support.

The State's Approach to Developing the Substance Abuse Needs Assessment

The existing treatment needs assessment was based on the studies conducted during the second round of the State Treatment Needs Assessment Program (STNAP), funded by a grant from SAMHSA. The needs assessment was aimed at estimating the number of people with current alcohol and other drug abuse and dependence, thereby arriving at the number of individuals in need of treatment. By mid-FY2003, data analysis had been completed for all four studies that had been conducted as part of the second round of the STNAP. These included a telephone survey of adolescents, a survey of the Medicaid-eligible population, a telephone survey of the adult household population, and a Hospital-Mental Health-Alcohol-Drug Client Treatment Utilization Study. By the end of FY2003, all of the reports for the four studies had been completed, approved, and printed. The results of these studies had been used to develop estimates of need for each annual SAPT Block Grant application, but DAODAS realizes that it can no longer rely on those surveys.

Instead, the department is following SAMHSA guidance in using best available data, to include: the 2010 Census results; prevalence data derived from the latest National Survey on Drug Use and Health; in-state data from various databases; and limited prevalence studies. These data sources include: ATOD use surveys; ATOD treatment and mental health admission information; alcohol outlets; ATOD arrests; crime reports; traffic crashes; DUI license suspensions; deaths; hospital discharges; diseases, including HIV/AIDS and STDs; other health issues; and other demographic and social-indicator data.

DAODAS is using a deliberate planning approach to develop its needs-assessment study, determining prevalence, services provided, the treatment gap, gaps in data, and gaps in service provision for each of the identified populations. Once the needs assessment is completed, the department will determine which needs are of the greatest priority and develop corresponding goals, strategies, measurable indicators, and action plans. This effort will be accomplished in accordance with the coordination/collaboration approach recommended by SAMHSA, that is, by involving sister agencies, organizations, providers, consumers, and families.

DAODAS is determined to craft the best possible needs assessment and corresponding strategic plan during this State Plan cycle, so that when preparations start on October 2, 2012, for the next iteration that is due April 1, 2013, we will have everyone in place and need only to revise the existing plan in light of updated data and SAMHSA guidance.

Section II: Planning Steps (Needs Assessment)

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

Federal Guidelines: Overview of the State's behavioral health prevention, early identification, treatment, and recovery support systems. How the public behavioral health system is currently organized at the State, intermediate and local levels differentiating between child and adult systems. The roles of the SSA, the SMH, and other State agencies with respect to the delivery of behavioral health services. Description of regional, county, and local entities that provide behavioral health services or contribute resources that assist in providing the services. How these systems address the needs of diverse racial, ethnic and sexual gender minorities as well as youth who are often underserved.

State's Response:

South Carolina's substance abuse prevention, intervention and treatment system consists of a public system composed of the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS), which is the Single State Authority, and 33 County Alcohol and Drug Abuse Authorities that have organized themselves as Behavioral Health Services Association of South Carolina Inc. (BHSA). The 33 county authorities have offices in each of the state's 46 counties, thereby ensuring the availability of core substance abuse services that include crisis counseling, ASAM Level I outpatient treatment, prevention, intervention, the Alcohol and Drug Safety Action Program ("ADSAP," the state's DUI program), and gambling addiction services. As shown later in this section, treatment services above basic outpatient services are also provided throughout the state.

A brief history of South Carolina's public substance abuse system can help put the current system into perspective.

- DAODAS' earliest precursor was the South Carolina Alcoholic Center, which was founded with the passage of Act 309 by the South Carolina General Assembly in 1957. The Center's primary emphasis was reducing the stigma associated with alcoholism and educating policymakers and the general public about the need for treatment services.
- In 1966, the South Carolina Alcoholic Center was redesignated as the South Carolina Commission on Alcoholism, an independent governmental public health agency responsible for providing programs and services to prevent and control the state's alcohol-related problems.
- In 1969, the General Assembly created the South Carolina Office of the Commissioner of Narcotics and Controlled Substances, which was housed within the Governor's Office and was responsible for providing programs and services to prevent and control problems with drugs other than alcohol.
- In 1974, the two agencies were merged into the South Carolina Commission on Alcohol and Drug Abuse (SCCADA). Under the direction of an 11-member policymaking and governing board, this agency was charged with developing a statewide service-delivery system and with

South Carolina 2012 SAPT State Plan-Final Draft

planning, coordinating and evaluating all programs and services designed to prevent and treat the state's problems with SUDs.

- Although specialized SUD services began developing at the community level during the 1950s and 1960s, the initiation of a coordinated statewide planning and programming effort got a major boost with the passage of Act 1063 of 1972 and Act 301 of 1973.
 - Act 1063 provided for the distribution to counties of one-fourth of mini-bottle tax revenue to be used for “education on the dangers of alcohol abuse and for the treatment of alcoholics and other drug users.”
 - Passed a year later, Act 301 required each county to designate a single County Authority on Alcohol and Other Drug Abuse to act as the sole agency for planning the programs funded by Act 1063. In addition, the act required each county authority to develop a county plan to be approved by the state authority as a condition for the release of Act 1063 funding.
 - By 1975, each of South Carolina's 46 counties had appointed a local authority on alcohol and other drug abuse and was operating under an approved county plan.
 - With the passage of Act 265 of 1993, the S.C. Commission on Alcohol and Drug Abuse was redesignated as the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS), a cabinet-level department that reports directly to the Governor.

The characteristics of South Carolina's public substance abuse system include:

- Each county authority is licensed by the S.C. Department of Health and Environmental Control and accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission.
- Licensing and credentialing of substance abuse counselors is regulated by State statute. This includes the requirement for certification of treatment counselors by the S.C. Association of Alcoholism and Drug Abuse Counselors (SCAADAC) and of prevention professionals by the S.C. Association of Prevention Professionals and Advocates (SCAPPA).
- There are no financial intermediaries between DAODAS and the county authorities, nor are there separate child and adult systems.
- DAODAS and the leadership of BHSA work closely to optimize the efficiency and effectiveness of services.
- Collaboration is facilitated through the joint Accountability and Services committees, which are comprised of DAODAS staff and county authority leadership and staff.
- DAODAS reviews and approves the county authorities' strategic plans, which not only triggers the release of alcohol taxes earmarked for the county authorities but also serves to help guide the allocation of SAPT Block Grant and other available funding through subgrants, discretionary grants and subcontracts.
- Conversely, the county authorities develop their plans with local surveys, focus groups, advisory councils, and/or political entities that oversee them (either county governments or specially appointed commissions). Thus, strategic planning starts at the local level, then

South Carolina 2012 SAPT State Plan-Final Draft

issues are addressed through the joint committees, approved by the BHA membership, and finalized by the approval of the Single State Authority's Director.

Other public substance abuse service providers include:

- S.C. Department of Mental Health:
 - Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center (“Morris Village”), which is licensed by the State of South Carolina and is accredited by the Commission on Accreditation of Rehabilitation Facilities. Morris Village has 120 operational beds and provides inpatient treatment for adults affected by alcohol and/or other drug abuse or addiction, and – when indicated – addiction accompanied by psychiatric illness. Patients are admitted from throughout the state by referrals from community mental health centers and county alcohol and drug abuse authorities. Morris Village accepts both voluntary and involuntary admissions.
 - William S. Hall Psychiatric Institute / Child & Adolescent, which is also licensed by the State of South Carolina as a specialized hospital with a separately licensed 37-bed residential treatment facility for children and adolescents. The Institute provides inpatient psychiatric services, treatment for alcoholism and other drug abuse or addiction, and residential treatment for adolescents. Patients are admitted from throughout the state with referrals from community mental health centers, juvenile parole boards, the family court system, the S.C. Department of Social Services and the S.C. Department of Juvenile Justice. Outpatient services include the Assessment and Resource Center.
- The S.C. Vocational Rehabilitation Department:
 - Holmesview Center in Greenville and Palmetto Center in Florence, two voluntary residential treatment centers for clients who need inpatient therapy for the chronic abuse of alcohol and/or other drugs. Both facilities provide a full range of vocational and treatment services for people whose employment is prevented or jeopardized by substance abuse or dependence. Referred to the centers by their vocational rehabilitation counselors, these clients receive follow-up services once they return to their communities.

For the first time in the SAPT BG State Plan process, DAODAS will consider a wide variety of sources to arrive at a complete picture of SUD prevention, intervention, treatment and recovery services in South Carolina. These sources include reports from the South Carolina Department of Health and Environmental Control (DHEC) that is required by state law to license “hospital, inpatient and outpatient facilities that treat individuals for psychoactive substance abuse or dependence”; the database of the National Survey of Substance Abuse Treatment Services (N-SSATS); as well as yet-to-be-developed databases on 12-Step programs and faith-based services (estimated completion date - July 1, 2013). Nonetheless, DAODAS review of the DHEC records and the database of N-SSATS has enabled some preliminary conclusions about the breadth and width of SUD services in South Carolina, as indicated on the following page.

South Carolina 2012 SAPT State Plan-Final Draft

As of January 3, 2012, the DAODAS, DHEC, and N-SSATS databases indicated 125 facilities across the state were providing SUD services. Most of these facilities were providing outpatient services:

No. of Facilities by Type of Services	Number
Outpatient SUD services, to include the following sub-sets	98
Opioid treatment - 14	
Methadone/Suboxone - 9	
Inpatient SUD services	14
Hospital-based SUD services (Note 1)	13
Total	125

Note 1: A facility was counted only if it was licensed specifically for SUD beds.

Interestingly, almost all of the DHEC-licensed inpatient facilities were operated by county alcohol and drug abuse authorities.

Inpatient Facility Types	Number
Local government (Note 2)	13
Private non-profit	1
Total	14

Note 2: All of the 13 local government inpatient facilities were operated by eight county alcohol and drug abuse authorities.

In addition to inpatient beds, there were also a number of hospital SUD beds licensed by DHEC.

Inpatient Facility Beds	Number
Medical detoxification	58
Social detoxification	11
Residential treatment	124
Total beds in 14 inpatient facilities	193
Hospital beds (Note 3)	Number
SUD beds (in 13 facilities)	326
Psychiatric beds (in 26 facilities)	1,901
Swing beds (in 11 facilities)	235
Crisis-stabilization beds (in 1 facility)	23
Rehabilitation, NICU, and NSC Neonate beds	1,147
General healthcare beds	12,184
Total number of licensed beds in 104 facilities	15,031

Note 3: SUD clients – including co-occurring patients – may have been placed in psychiatric, swing, or crisis-stabilization beds. It is also possible for SUD patients to have been placed in general healthcare beds in state prisons and county jails.

South Carolina 2012 SAPT State Plan-Final Draft

The types of entities that provided SUD services were quite varied; local governments (counties and a few judicial districts) were the most common, followed by private for-profit corporations.

Facility Types (Note 4)	Number
Private non-profit corporation	7
Private for-profit corporation	42
Local government (Note 5)	69
State government	2
Federal government	
Dept. of Veterans Affairs	2
Dept. of Defense	2
Total	125

Note 4: Includes all hospital, inpatient, and outpatient facilities that treat individuals for psychoactive substance abuse or dependence or SUDs. In the case of hospitals, only those with licensed SUD beds were included.

Note 5: Of the 69 local government facilities of all types, 66 were operated by the 33 county alcohol and drug abuse authorities.

The Public SUD Prevention, Intervention, and Treatment System

As indicated above, the SAPT Block Grant is sub-granted or sub-contracted primarily to the 33 county alcohol and drug abuse authorities, who continue to 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), which is the state's DUI program;
- youth and adolescent services; and
- primary prevention/education programs.

In spite of drastic cuts in funding, many county authorities also provide more intensive and specialized levels of care, such as intensive outpatient services (nine hours or more hours per week), day treatment, detoxification, adolescent inpatient treatment, and/or other residential services. Those county agencies that do not offer the non-core services are required by the DAODAS Block Grant Governing Terms to refer their clients to appropriate higher levels of care. The county authorities provide the following services beyond outpatient treatment. (*Changes from previous capabilities are noted.*):

- **Intensive Outpatient Treatment** (by sub-state planning areas):
 - o Area 1: Anderson/Oconee Behavioral Health Services; Behavioral Health Services of Pickens County; Cherokee County Commission on Alcohol and Drug Abuse; The Phoenix Center (Greenville); Spartanburg Alcohol and Drug Abuse Commission; and Union County Commission on Alcohol and Drug Abuse

South Carolina 2012 SAPT State Plan-Final Draft

- o Area 2: Cornerstone (Edgefield and Greenwood counties); Counseling Services of Lancaster; GateWay Counseling Center (Laurens County); Hazel Pittman Center (Chester County); Keystone Substance Abuse Services (York County); LRADAC (Lexington and Richland counties); and Westview Behavioral Health Services (Newberry County)
- o Area 3: Circle Park Behavioral Health Services (Florence County); Clarendon Behavioral Health Services; Rubicon Inc. (Darlington County); Shoreline Behavioral Health Services (Horry County); Sumter Behavioral Health Services; and Trinity Behavioral Care – Marlboro
- o Area 4: Aiken Center; Beaufort County Alcohol and Drug Abuse Department; Charleston Center; Dawn Center (Orangeburg County); Dorchester Alcohol and Drug Commission; and Ernest E. Kennedy Center (Berkeley County)
- **Day Treatment** – Anderson/Oconee Behavioral Health Services (Area 1); Charleston Center (Area 4); Counseling Services of Lancaster (Area 2); and Keystone Substance Abuse Services (Area 2)
- **Social Detoxification** – Charleston Center (Area 4); Keystone Substance Abuse Services (Area 2); Shoreline Behavioral Health Services (Area 3); Sumter Behavioral Health Services (Area 3); and Westview Behavioral Health Services (Area 1). *(Note – The following were closed or suspended their operations during fiscal year 2010 [FY10]: Spartanburg Alcohol and Drug Abuse Commission [Area 1] and Trinity Behavioral Care [Dillon and Marion counties] [Area 3].)*
- **Medical Detoxification** – Charleston Center (Area 4); Keystone Substance Abuse Services (Area 2); LRADAC (Area 2); and The Phoenix Center (Area 1)
- **Halfway House** – Charleston Center (Area 4); Circle Park Behavioral Health Services (Area 3); LRADAC (Area 2); Sumter Behavioral Health Services (Area 3); and Trinity Behavioral Care (Area 3)
- **Residential Treatment Facilities** – Charleston Center (Area 4); Circle Park Behavioral Health Services (Area 3); Colleton County Commission on Alcohol and Drug Abuse (Area 4); The Phoenix Center (Area 1); Shoreline Behavioral Health Services (Area 3); and Westview Behavioral Health Services (Area 1). *(Note – The facility operated by Trinity Behavioral Care [Area 3] was closed in FY10.)*
- **Inpatient Treatment Facilities** – William J. McCord Adolescent Treatment Facility in Orangeburg (operated by the Dawn Center). On April 30, 2010, the state celebrated the opening of a second adolescent treatment facility, the White Horse Academy in Greenville (operated by The Phoenix Center).

State Prevention Partnerships

South Carolina is working toward a collaborative substance abuse prevention system that ensures the use of evidence-based programs, policies, and practices, as well as emphasizes cultural competency and demonstrates accountability among partners. In 2000, CSAP awarded South Carolina a State Incentive Grant (SIG), called the Governor's Cooperative Agreement for Prevention (G-CAP), which sparked the formation of the Governor's Council on Substance

South Carolina 2012 SAPT State Plan-Final Draft

Abuse Prevention and Treatment, involving 13 state agencies committed to the prevention of ATOD abuse. The various agencies on the Governor's Council – many of which are cabinet-level agencies like DAODAS – are committed to taking prevention to the next level over the next several years. At the Governor's request, cabinet member Robert C. Toomey, Director of DAODAS, serves as chair of the Council. The group has met quarterly since 2000, but its workgroups meet on a monthly to bi-monthly basis.

The Council's varied membership of state agencies and community and youth service organizations provides an ideal mix of perspectives to effectively guide substance abuse prevention services in South Carolina and to spread its impact into key agencies. Currently, the Council fulfills the following roles:

- serves as an advisory body to Governor Nikki Haley on substance abuse prevention and treatment;
- tracks substance abuse funding streams and seeks to identify opportunities to coordinate, leverage, or redirect funding;
- promotes effective prevention strategies and processes and encourages their implementation in key organizations;
- addresses important issues through standing or ad hoc committees (Underage Drinking Action Group, Methamphetamine Action Group);
- advocates for prevention and treatment and their increased funding;
- oversees major initiatives (e.g., SPF SIG, federal treatment grants); and
- informs Council members of ATOD information and important agency developments.

The Governor's Council has proven to be an effectively diverse group in terms of its concern for the state's various populations, its state and local perspectives, and its cross-agency input. Even so, cultural diversity is an issue of constant attention. The Council currently oversees the State Epidemiological Outcomes Workgroup (SEOW) and will continue translating its findings and recommendations into actionable policies. The Council will also continue to regularly produce a document tracking changes in key indicators as identified in the state strategic plan for prevention and assess agencies' contributions toward achieving outcomes identified in the strategic plan. Additionally, the Council – through its Evidence-Based Programs, Policies and Practices workgroup – will continue to monitor selection and implementation of culturally appropriate evidence-based policies and practices throughout South Carolina.

The entire membership of the Governor's Council has enhanced its collaboration and communication, but the value of the key stakeholders has been particularly influential in linking the integral state agencies listed below:

- Alcohol, Tobacco, and Other Drugs – DAODAS administers the SAPT BG, the Governor's portion of the SDFSC program, and the EUDL block grant. The department and its provider system of 33 county authorities, along with other community and faith-based organizations, provide prevention, intervention, treatment, and recovery-support services throughout the state. Resources: DAODAS will continue to spearhead substance abuse prevention for the

South Carolina 2012 SAPT State Plan-Final Draft

Governor and will dovetail grant decision-making efforts with other grants administered by the agency and its partners (i.e., Departments of Public Safety and Education) that are also awarding state grants to local communities.

- Education – The State Department of Education (SDE) provides SDFSC funding for every school district. The SDE’s strong policies for the use of these funds substantially influence evidence-based practices in prevention and collaboration between local school districts and local county prevention agencies when serving the school-based population throughout the state. *Resources:* The SDE will support the implementation of student surveys throughout the state to help create the local data included in county epidemiological profiles. Joint planning with this initiative will result in maximizing scarce grant resources across agency lines.
- Public Health / Tobacco – The South Carolina Department of Health and Environmental Control (DHEC) manages Centers for Disease Control and Prevention and tobacco-settlement funds directed toward the prevention of tobacco use. DHEC’s policy-change and environmental emphases mesh strongly with the values of the original SIG. *Resources:* DHEC will continue to serve as a valuable partner in the SEOW as it collects vast amounts of data throughout the state on tobacco consumption/consequences.
- Law Enforcement – The South Carolina Department of Public Safety (DPS) distributes competitive and block grants to law enforcement agencies. Existing partnerships from the SIG between law enforcement and local prevention professionals spread rapidly to implement effective environmental strategies within various communities throughout the state. Continuing existing partnerships and building new partnerships through the South Carolina SPF SIG will enhance the dissemination of effective environmental strategies. *Resources:* DPS will continue collaborating with the efforts of the SEOW. DAODAS will continue to work with the state’s Criminal Justice Academy to seek approval of officer-recertification hours for intensive training that has been developed in South Carolina to address the capacity of local law enforcement agencies to implement environmental strategies (e.g., alcohol compliance checks, third-party transactions, controlled party dispersals, public safety checkpoints).
- Budget & Control Board (BCB) Office of Research and Statistics (ORS) – The State Integrated Data System (IDS) is being developed by ORS. The State IDS is a data warehouse that will ultimately include all relevant individual-service data streams related to substance use and its consequences. *Resources:* The State IDS links data files on a de-identified basis across agencies and programs to show concurrent risks and can longitudinally identify subsequent outcomes. The partnership with ORS and the State IDS will continue to strengthen the SEOW.
- Department of Transportation (DOT) – This state agency explores and implements innovative ways to serve citizens and promote safe and efficient transportation in keeping with the National Highway Traffic Safety Administration’s mission to save lives, prevent injuries, and reduce motor vehicle crashes. *Resources:* DOT recognizes the value in partnering with DAODAS. Most recently, the two agencies came together to discuss the problem of intoxicated pedestrians and how prevention could be part of the solution. DOT will be a vital partner in reducing alcohol-related car crashes, as well as continuing to explore other areas involving the abuse of alcohol.

South Carolina 2012 SAPT State Plan-Final Draft

South Carolina partners will work together to develop a state prevention strategic plan based on the work of the SEOW. The plan will include goals and objectives that will result in key stakeholders leveraging resources to work together as a state to implement a prevention strategic plan that will be created in accordance with the Strategic Prevention Framework's six guiding principles and five steps to achieve positive outcomes for the state.

Funding for the county system is required in legislation and has a historical basis. The amount of funds currently allocated to each county to provide primary prevention services is based on population and specific need factors, although there is a base amount to ensure that prevention services are provided in each county area throughout the state. The SSA will be actively looking to enhance this structure over the next several years to support a more data-driven process of allocating funds to address service needs/gaps.

While South Carolina certainly touts a highly effective prevention system, there is acknowledgement of areas in which further work to develop a plan for the state will enhance our ability to develop a more comprehensive and effective substance abuse prevention system. Such areas include addressing the issue of underserved counties based on needs-assessment data, and the development of capacity such as training, technical assistance, and the ability to offer more in-depth support to help counties build productive community-level epidemiological workgroups.

Prevention Funding Agreement

DAODAS will spend a minimum of 20% set aside from the SAPT Block Grant to ensure that ATOD primary prevention services are available throughout the state's 46 counties to serve approximately 365,000 citizens.

DAODAS will fund a wide range of ATOD abuse primary prevention programs and services throughout South Carolina. All county authorities will be required to develop and submit to DAODAS a Primary Prevention Management Plan that will incorporate a minimum of one goal and objective for each of the six CSAP-established primary prevention strategy areas.

Future Challenges

The South Carolina provider system has an opportunity to strengthen its infrastructure through improved vision; greater collaboration with partners; increased use of the SPF model; more data-driven planning; increased use of evidence-based programs, policies, and practices; improved evaluation practices; heightened cultural competence; and increased focus on sustainability. These improvements will lead to better targeted services across the lifespan, higher-quality implementation, improved outcomes, reduced community ills from substance abuse, and more quality contributions from other key prevention partners.

The challenges for DAODAS in developing the Needs Assessment (indeed, the entire State Plan) are many and will necessitate a deliberate planning approach that will rely on technical assistance and other support from SAMHSA, careful analysis, and close collaboration with the

South Carolina 2012 SAPT State Plan-Final Draft

S.C. Department of Mental Health (DMH), key stakeholders, consumers, and families. Therefore, at the end of each section, an action plan is provided that describes which agencies have been and will be involved, and when the section will be finalized. The “action table” for Step 1 follows.

Section	Section II: Planning Steps (Needs Assessment). <i>Step 1: Assess the strengths and needs of the service system to address the specific populations.</i>	
Key Stakeholders	DMH, BHSA, S.C. Vocational Rehabilitation Department, SC FAVOR, Federation of Families of South Carolina. Others will be included in workgroups that address specific populations.	
Subsections to be Completed	Final Public Comment Due	Finalized with SAMHSA
<i>Overview of the State’s behavioral health prevention, early-identification, treatment, and recovery-support systems</i>	03/01/11	04/01/12
<i>How the public behavioral health system is currently organized at the state, intermediate, and local levels differentiating between child and adult systems</i>	03/01/11	04/01/12
<i>Description of regional, county, and local entities that provide behavioral health services or contribute resources that assist in providing the services</i>	03/01/11	04/01/12
<i>How these systems address the needs of diverse racial, ethnic, and sexual gender minorities as well as youth, who are often underserved</i>	03/01/11	04/01/12