

Healthcare and Regulatory Subcommittee Meeting

Monday, October 28, 2019

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AGENDA

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

Chairman John Taliaferro (Jay) West, IV

The Honorable Robert L. Ridgeway, III

The Honorable Bill Taylor

The Honorable Chris Wooten

Monday, October 28, 2019

10:00 a.m.

Blatt Building Room 410

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes**
- II. Discussion of the Study of the Department of Mental Health**
- III. Discussion of the Study of the Department of Alcohol and Other Drug Abuse Services**
- IV. Adjournment**

MINUTES FROM PREVIOUS MEETING

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

Legislative Oversight Committee

*Micajah P. (Micah) Caskey, IV
Neal A. Collins
Patricia Moore (Pat) Henegan
William M. (Bill) Hixon
Jeffrey E. (Jeff) Johnson
Marvin R. Pendarvis
Tommy M. Stringer
Bill Taylor
Robert Q. Williams*



South Carolina House of Representatives

*Gary E. Clary
Chandra E. Dillard
Lee Hewitt
Joseph H. Jefferson, Jr.
Mandy Powers Norrell
Robert L. Ridgeway, III
Edward R. Tallon, Sr.
John Taliaferro (Jay) West, IV
Chris Wooten*

*Jennifer L. Dobson
Research Director*

*Cathy A. Greer
Administration Coordinator*

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Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

**Healthcare and Regulatory Subcommittee Meeting
Monday, September 16, 2019, at 10:00 am
Blatt Building Room 427**

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV is allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. Chair Jay West calls the Healthcare and Regulatory Subcommittee to order on Monday, September 16, 2019, in Room 427 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.
- II. Representative Taylor moves to approve the meeting minutes from the August 27, 2019, meeting. The motion passes.

Representative Taylor's motion to approve the meeting minutes from the August 27, 2019, meeting.	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. Robert Ridgeway				✓
Rep. Bill Taylor	✓			
Rep. Chris Wooten	✓			
Rep. Jay West	✓			

Meeting

- I. Chair West explains this is the Subcommittee's thirteenth meeting with the Department of Mental Health and that the purpose is to learn about the Vulnerable Adults Fatalities Review Committee and ask additional questions of the Department of Mental Health.
- II. After being sworn in, Greg Shore, chairperson of the Vulnerable Adults Fatalities Review Committee, provides testimony about the committee's work and responds to Subcommittee member questions.
- III. Mark Binkley, DMH Interim Director, provides testimony about the agency's interaction with the Vulnerable Adults Fatalities Review Committee.
- IV. The subcommittee recesses for lunch.

Joint Meeting with the Healthcare and Regulatory Subcommittee

- I. Ad hoc Subcommittee Chairman Tallon explains that the ad hoc subcommittee has been joined by the Healthcare and Regulatory Subcommittee for the purpose of discussing how the Department of Corrections (SCDC) and Department of Mental Health provide mental health services to people involved in the criminal justice system (e.g., criminal defendants, inmates, and parolees).
- II. Mr. Mark Binkley, DMH Interim State Director, and Mr. Bryan Stirling, SCDC Executive Director, present information on ways in which the two agencies interact and collaborate, which includes, but is not limited to, the following topics:
 - a. Comparison of agency mandates

- b. Comparison of agency missions
- c. Agencies' goals
- d. Overview of agencies' mental health services
- e. DMH treatments, locations, and statistics
- f. DMH interaction with the criminal justice system
- g. A video about a telepsychiatry program in Charleston
- h. SCDC mental health services overview and statistics
- i. SCDC mental health screening and evaluation
- j. SCDC mental health lawsuit overview
- k. Current agency collaborations
- l. Opportunities for enhanced collaboration

III. Members ask questions, which Director Binkley, Director Stirling, and other agency staff answer.

IV. There being no further business, the meeting is adjourned.

DMH: STUDY TIMELINE

Legislative Oversight Committee Actions

- May 3, 2018 - Prioritizes the agency for study at **Meeting 1**
- May 9, 2018 - Provides the agency with notice about the oversight process
- July 17 – August 20, 2018 - Solicits input from the public about the agency in the form of an online survey
- January 14, 2019 - Holds **Meeting 2** to **obtain public input** about the agency

Healthcare and Regulatory Subcommittee Actions

- February 5, 2019- Holds **Meeting 3** with the agency to receive an overview of the agency's **history, mission, organization, products, and services**
- February 19, 2019 – Holds **Meeting 4** with the agency to receive testimony about the **Inpatient Services Division**
- March 5, 2019 – Holds **Meeting 5** with the agency to receive further testimony about the **Inpatient Services Division**
- March 19, 2019- Holds **Meeting 6** with the agency to receive further testimony about the **Inpatient Services Division**, and discuss responses to earlier-asked questions
- April 2, 2019 – Holds **Meeting 7** with the agency to receive testimony about **Community Mental Health Services**
- April 23, 2019 – Holds **Meeting 8** with the agency to receive testimony about **Community Mental Health Services**
- May 7, 2019 – Holds **Meeting 9** with the agency to receive testimony about **Community Mental Health Services** staffing and **facility deferred maintenance**
- June 20, 2019 – Holds **Meeting 10** with the agency to receive testimony about **Community Mental Health Services**
- July 8, 2019 – Holds **Meeting 11** with the agency to receive testimony about **Budget, Medical Affairs, and Administrative Services**
- July 23, 2019 – Holds **Meeting 12** with the agency to receive testimony about **Administrative Services**
- August 12, 2019 – Holds **Meeting 13** with the agency to receive testimony about **Agency Recommendations**
- August 27, 2019 – Holds **Meeting 14** with the agency to discuss **Agency Recommendations**
- September 16, 2019 – Holds **Meeting 15** with the agency to learn about the **Vulnerable Adults Fatalities Review Committee** and ask additional questions of the agency
- October 28, 2019 (TODAY) – Holds **Meeting 16** with the agency to discuss additional **Subcommittee recommendations**

Department of Mental Health Actions

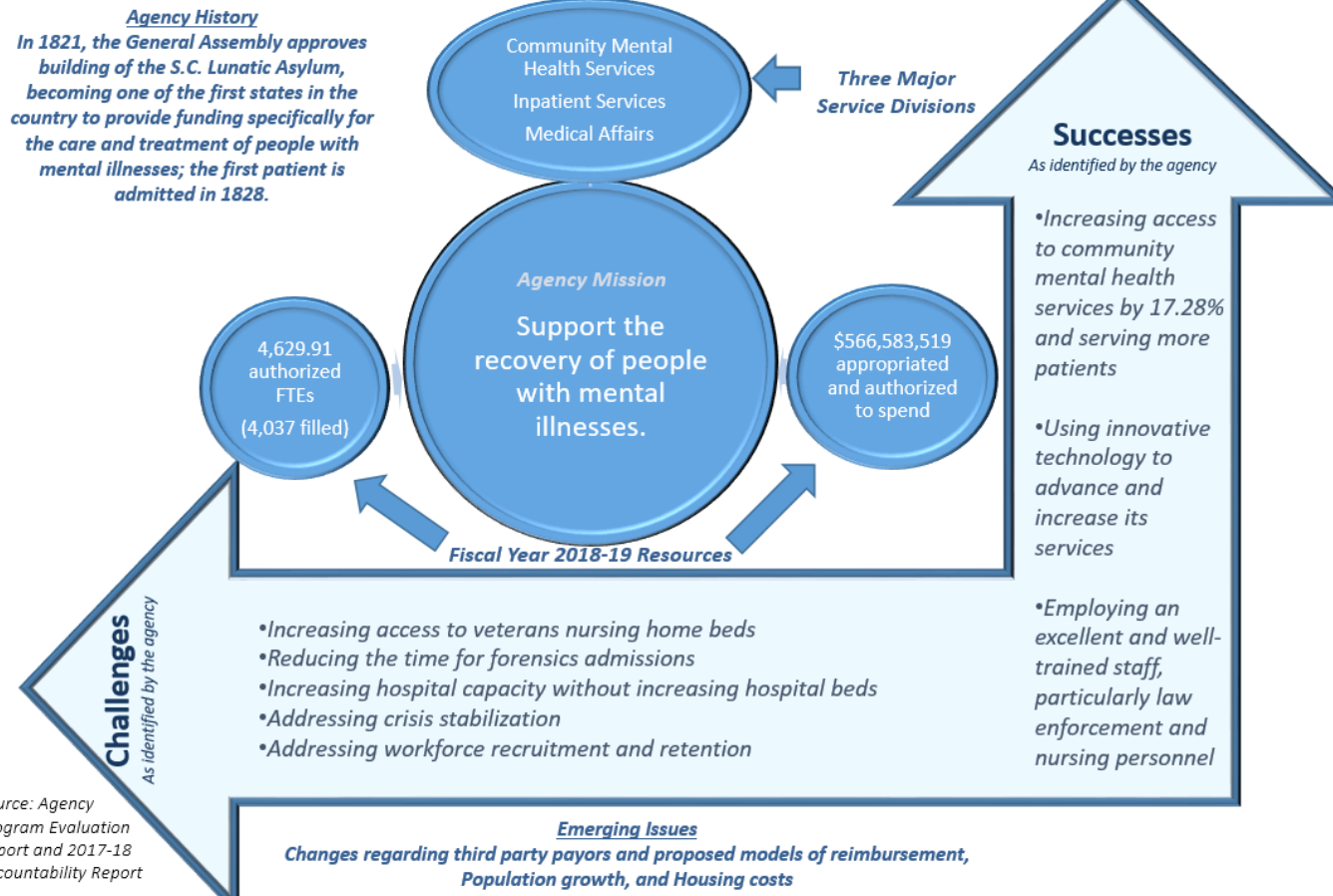
- March 11, 2015- Submits its **Annual Restructuring and Seven-Year Plan Report**
- January 8, 2016- Submits its **2016 Annual Restructuring Report**
- September 2016- Submits its **FY 2015-16 Accountability Report/Annual Restructuring Report**
- September 2017- Submits its **FY 2016-17 Accountability Report/Annual Restructuring Report**
- September 2018 – Submits its **FY 2017-18 Accountability Report/Annual Restructuring Report**
- November 19, 2018- Submits its **Program Evaluation Report**
- February- TBD 2019- Meets with and **responds to Subcommittee inquiries**

Public's Actions

- July 17 – August 20, 2018 - Provides input about the agency via an **online public survey**
- January 14, 2019 – Provides testimony at public input meeting

DMH: AGENCY SNAPSHOT

Department of Mental Health



Source: Agency Program Evaluation Report and 2017-18 Accountability Report

DAODAS: STUDY TIMELINE

2018

December 5 At **Meeting 1**, the **full Committee votes** to make DAODAS the next agency for the Healthcare and Regulatory Subcommittee to study. [Video](#) and [minutes](#) of the meeting are available online.

2019

January 9 The Committee provides the agency with [notice](#) about the oversight process.

February 27 - April 1 The Committee solicits input from the public about the agency in the form of an **online public survey**. The [results of the public survey](#) are available online.

August 13 The full Committee holds **Meeting 2** with the agency to receive **public input**.

October 28 (TODAY) The Subcommittee holds **Meeting 3** with the agency to discuss an overview of its **mission, history, resources, major programs, successes, challenges, and emerging issues**.

Ongoing Public may submit written comments on the Oversight Committee's webpage, accessed from www.scstatehouse.gov.

DADOAS: AGENCY SNAPSHOT

Department of Alcohol and Other Drug Abuse Services

Mission and Services

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

Coordinates a statewide system of local substance abuse agencies that provide prevention, treatment, and recovery services

Organizational Units

Administration
 Services/External Affairs Program
 Accountability/Treatment Program
 Accountability/Prevention
 Finance & Operations
 Information Technology
 Health Integration & Innovation

History

Initially created in 1957 as the S.C. Alcoholic Rehabilitation Center and granted treatment authority, the agency opened the first state-funded facility for alcoholism in 1962. In 1993, the agency was established as a cabinet agency, becoming the Department of Alcohol and Other Drug Abuse Services (DADOAS), and charged with ensuring quality services to prevent or reduce the negative consequences of substance use.

Resources (FY 17-18)

Employees
 38 filled FTE positions at the end of the year

Funding
 \$55,666,679 appropriated and authorized

Successes

Identified by the agency

- Obtaining a \$28 million state opioid response grant that will assist with increasing access to medication-assistant treatment; reducing unmet needs; and reducing opioid overdose-related deaths
- Emphasizing prevention programs associated with the reduction of underage drinking
- Impacting health of South Carolinians as patients' past 30-day use of alcohol decreased by 27.6%; patients past 30-day use of *any* substance decreased by 37.5%; and patients' past 30-day employment status rose by 7.7%

Challenges

Identified by the agency

Current:

- Addressing stigma associated with substance use disorders
- Increasing the number and quality of recovery residences in South Carolina
- Sustaining capacity and providing financial assistance for treatment services to indigent South Carolinians long-term

Emerging:

- Increasing trends in cocaine and methamphetamine use
- Educating healthcare providers, parents, and educators about the risks of marijuana use among youth and women who are pregnant and nursing
- Filling vacancies in public addiction service provider system as anticipated turnover is over 25% in next five years

Sources: Agency PER (July 2019), Accountability Report (September 2018), and [website](#).



Overview of Agency

**South Carolina Legislative Oversight
Healthcare and Regulatory Subcommittee
October 28, 2019**

Agency Purpose and History

ROLE OF STATE ALCOHOL AND DRUG AGENCIES



Each State and jurisdiction has an identified lead agency—formally known as a Single State Agency (SSA)—that manages the publicly-funded addiction treatment, prevention, and recovery service system. These agencies, governed by different statutes and regulations, vary in terms of their exact functions, size, and placement within State government. Yet these same agencies also share a number of common characteristics as well. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in managing our nation’s prevention, treatment, and recovery system.

Role of State Alcohol and Drug Agencies

- Managing the Substance Abuse Prevention and Treatment Block Grant
- Managing opioid-specific grants for the state
- Ensuring effectiveness through planning, oversight and accountability
- Reporting data
- Promoting and ensuring quality services
- Promoting coordination across state government
- Maintaining unique relationship with the provider community

Mission

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

Strategic Vision

- Ensure an accessible continuum of effective services within each community
- Coordinate continuous quality improvement of services and promote service innovation
- Lead in community engagement and interagency collaboration for the integration of physical and behavioral health services

Agency Purpose and History

- **1957** The General Assembly passes Act 309, creating the S.C. Alcoholic Rehabilitation Center.
- **1966** Governor Robert McNair signs a bill changing the S.C. Alcoholic Rehabilitation Center to the S.C. Commission on Alcoholism. The new name is seen as more accurately reflecting the need for programs of prevention and treatment at the community level.
- **1967** The General Assembly transfers the S.C. Commission on Alcoholism's direct treatment responsibilities to the state agency for Vocational Rehabilitation.
- **1969** The S.C. Commission on Alcoholism resumes its treatment authority when appointed the single state agency for developing and supervising the State Plan for Alcohol Abuse and Alcoholism as required by Public Law 91-616.
- **1971** Act 445 creates the S.C. Office of the Commissioner of Narcotics and Controlled Substances in the Governor's Office. Prior to Act 445, Governor John C. West had asked several state agencies to develop a cooperative approach to prevention and treatment. Failing to reach agreement, Governor West supported creating a new authority within his office.

Agency Purpose and History

- **1972** Act 1063 of 1972, commonly referred to as the “minibottle bill,” provides for the distribution of one-fourth of the state’s mini-bottle tax revenue to counties on a per-capita basis to be used for alcohol and other drug abuse programming.
- **1973** The General Assembly passes **Act 301**, requiring each county to designate a single county authority on alcohol and drug abuse to be governed by an individual policy-making board. The act also requires each county authority to develop a county plan for programming in order to receive the minibottle tax revenue authorized the previous year.
- **1974** With the passing of Act 1065, the S.C. Commission on Alcoholism assumes the duties of the Office of the Commissioner of Narcotics and Controlled Substances and becomes the S.C. Commission on Alcohol and Drug Abuse.

Agency Purpose and History

- **1975** The state's first public detoxification facility opens in Greenville, and the state model for a rural detoxification facility opens in Laurens County.
- **1977** A “therapeutic community” is established at Kirkland Correctional Institution in Columbia as the forerunner of today's corrections-based treatment.
- **1982** A law goes into effect requiring all convicted DUI offenders to successfully complete the Alcohol and Drug Safety Action Program.
- **1991 – 1992** The S.C. Commission on Alcohol and Drug Abuse creates an Office of Women's Services. South Carolina opens its first women-only recovery residence.

Agency Purpose and History

- **1993** As a result of government restructuring, the S.C. Commission on Alcohol and Drug Abuse becomes the cabinet-level Department of Alcohol and Other Drug Abuse Services (DAODAS). Also that year, the system of local service providers opens its first inpatient treatment center for teens – the William J. McCord Adolescent Treatment Facility.
- **2004** Following the introduction of the State Education Lottery, DAODAS is identified as the state agency that will be responsible for addressing problems resulting from problem and pathological gambling. The agency initiates a 24/7 gambling “helpline,” requires the county alcohol and drug abuse authorities to provide gambling addiction treatment services, and launches a public education campaign to raise awareness of issues related to problem gambling.
- **2017** Governor Henry McMaster signs Executive Order No. 2017-42, declaring a Statewide Public Health Emergency related to opioid misuse, opioid use disorder, and opioid-related deaths. The Executive Order also establishes the South Carolina Opioid Emergency Response Team, under the joint leadership of South Carolina Law Enforcement Division Chief Mark Keel and DAODAS Director Sara Goldsby.

Governing Body and Agency Head

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is created under S.C. Code Ann. 1.30-10(A) and reports to the Governor, as a cabinet agency, pursuant to S.C. Code Ann. 1-30-10(B).

Pursuant to S.C. Code Ann. 1-30-10(B)(1)(i), the Governor appoints the Director of DAODAS, with advice and consent of the Senate.

Name of Director	Time of Service
William J. McCord	1963 - 1995
Beverly G. Hamilton	1995 - 1999
Rick C. Wade	1999 - 2002
Wendell Price (interim)	2002 - 2003
W. Lee Catoe	2003 - 2011
Robert C. Toomey	2011 - 2016
Sara Goldsby	2016 - 2019



U.S. Department of Health & Human Services



Secretary Alex M. Azar II



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™



Substance Abuse and Mental Health Services Administration



Mission: reduce the impact of substance abuse and mental illness on America's communities

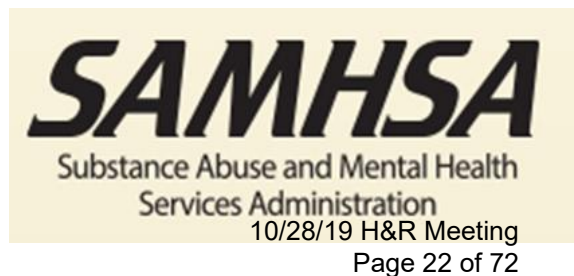
Elinore McCance-Katz, M.D., Ph.D. is the first Assistant Secretary for Mental Health and Substance Use.



10/28/19 H&R Meeting
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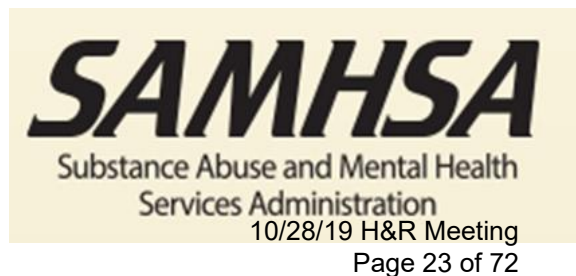
SAMHSA Core Principles

- Supporting the adoption of evidence-based practices
- Increasing access to the full continuum of services for mental and substance use disorders
- Engaging in outreach to clinicians, grantees, patients, and the American public
- Collecting, analyzing, and disseminating data to inform policies, programs and practices
- Recognizing that the availability of mental and substance use disorder services is integral to everyone's health.



SAMHSA Priorities – FY2019 -FY2023

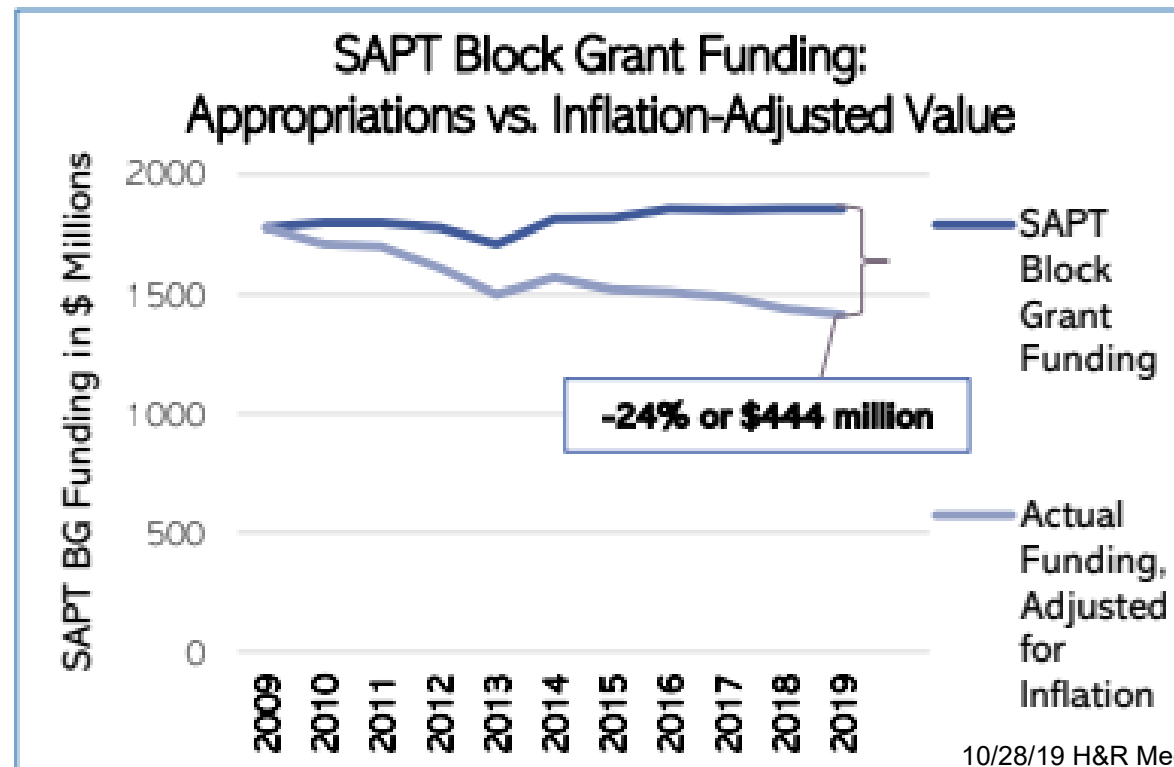
- Priority 1: Combating the Opioid Crisis Through the Expansion of Prevention, Treatment, and Recovery Support Services
- Priority 2: Addressing Serious Mental Illness and Serious Emotional Disturbances
- Priority 3: Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
- Priority 4: Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation
- Priority 5: Strengthening Health Practitioner Training and Education



Substance Abuse Prevention and Treatment Block Grant

- The SAPT Block Grant is a \$1.8 billion federal formula grant that is allotted to Single State Agencies. By statute, 20% of the SAPT Block Grant must be dedicated to critical substance use prevention programming.

South Carolina Annual Award: \$23,717,773



Substance Abuse Prevention and Treatment Block Grant

- Funds priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Funds those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
- Funds primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collects performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Reporting Data

The SAPT Block Grant requires states to collect and report data describing the services and program supported by the funding.

Data includes information on the number and characteristics of people served by the Block Grant.

In addition, DAODAS collects and reports performance outcome data to help demonstrate the positive impact services have on:

- 1) reducing the use of alcohol and other drugs
- 2) employment
- 3) criminal justice involvement

Managing Opioid-Specific Grants for States

State Targeted Response (STR)

December 2016: 21st Century Cures Act creates \$1 billion account to be used for grants to states to address the opioid crisis.

Single state agencies for substance abuse services (SSAs) are the only eligible applicants for State Targeted Response to the Opioid Crisis grants.

DAODAS received \$13,151,246
(\$6,575,623 per year for two years)
for Project Period 4/30/2017 - 4/29/2019

Managing Opioid-Specific Grants for States

State Opioid Response (SOR)

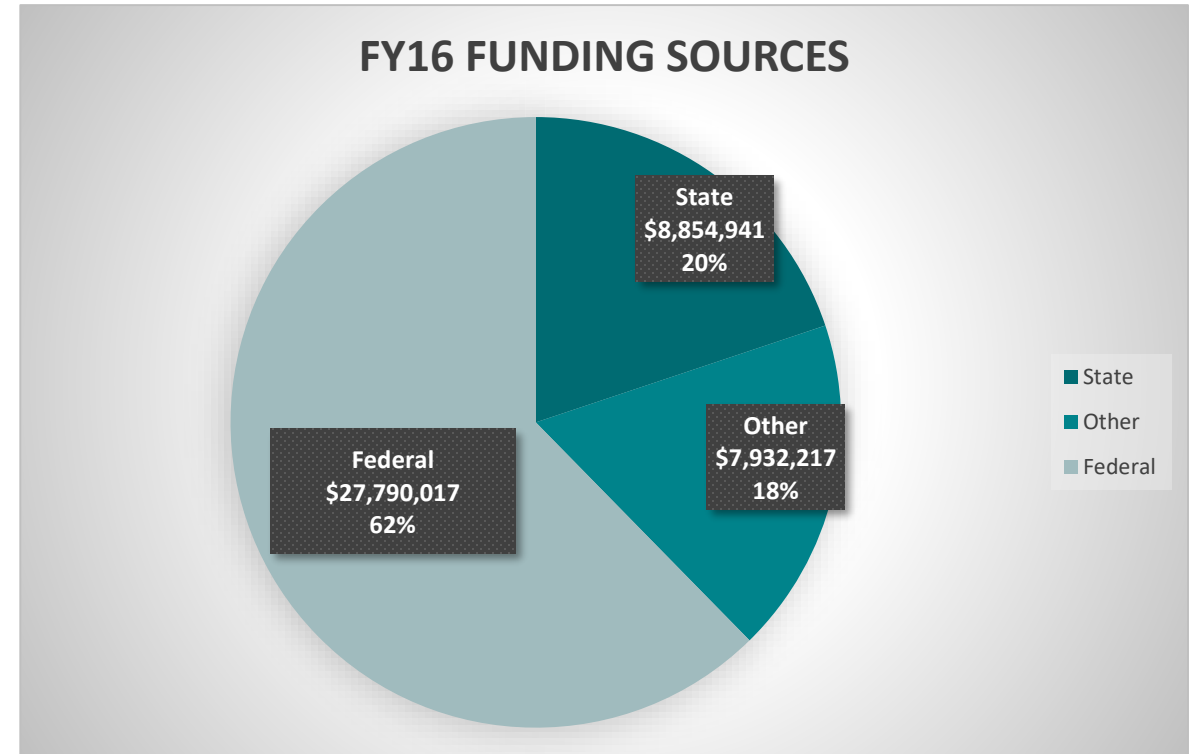
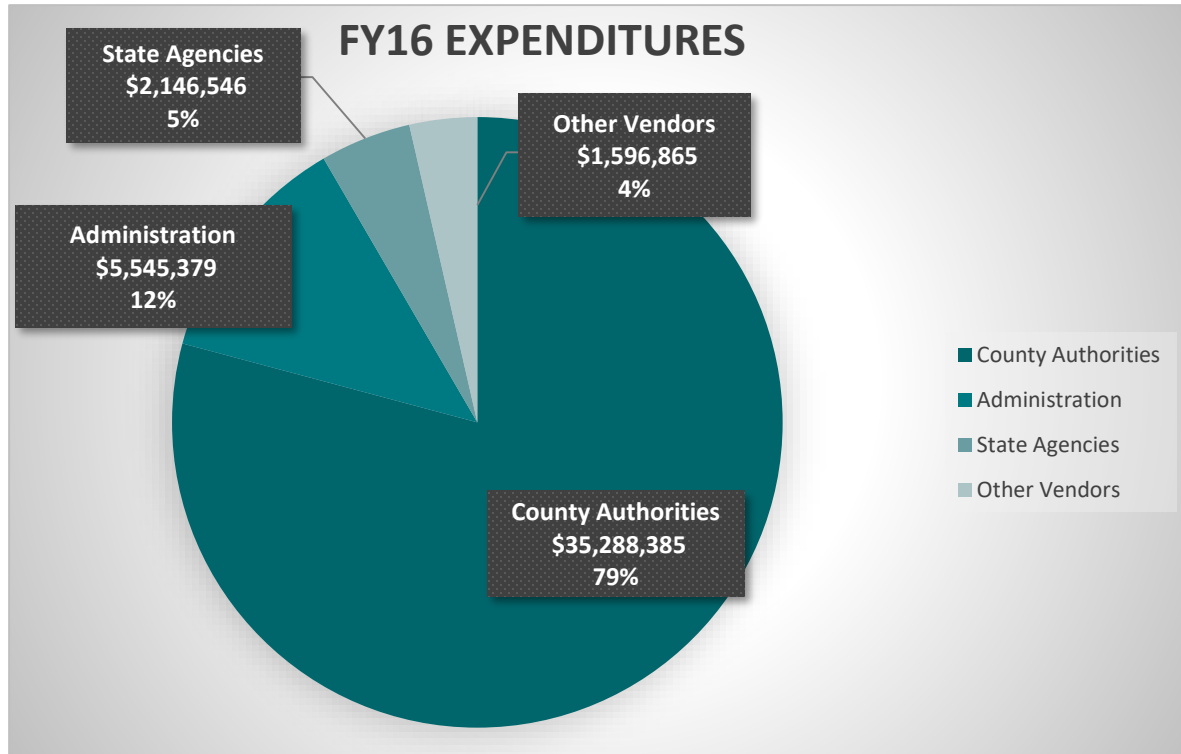
March 2018: Congress passes final omnibus appropriations bill. Appropriators allocate \$1 billion in new funding for grants to states to address the opioid crisis.

SSAs are the only eligible applicants for State Opioid Response grants.

DAODAS received \$28,508,648
(\$14,254,324 per year for two years)
for Project Period 9/30/2018 - 9/29/2020

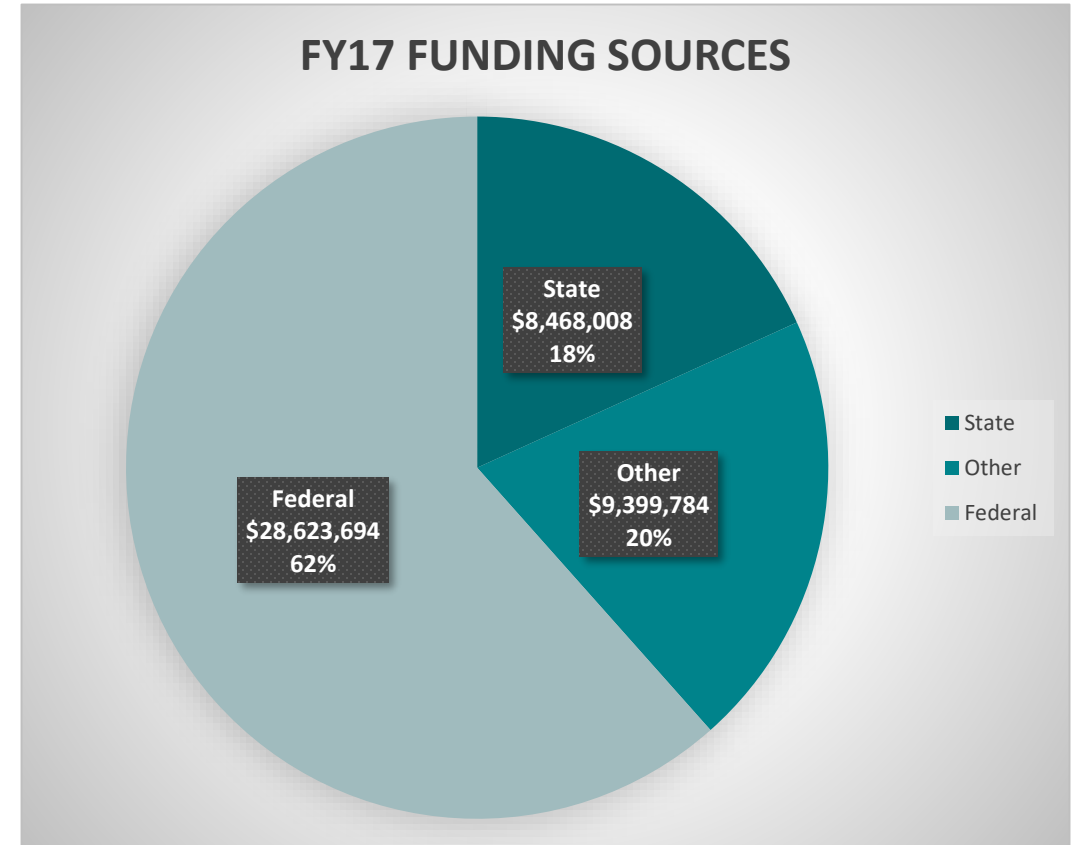
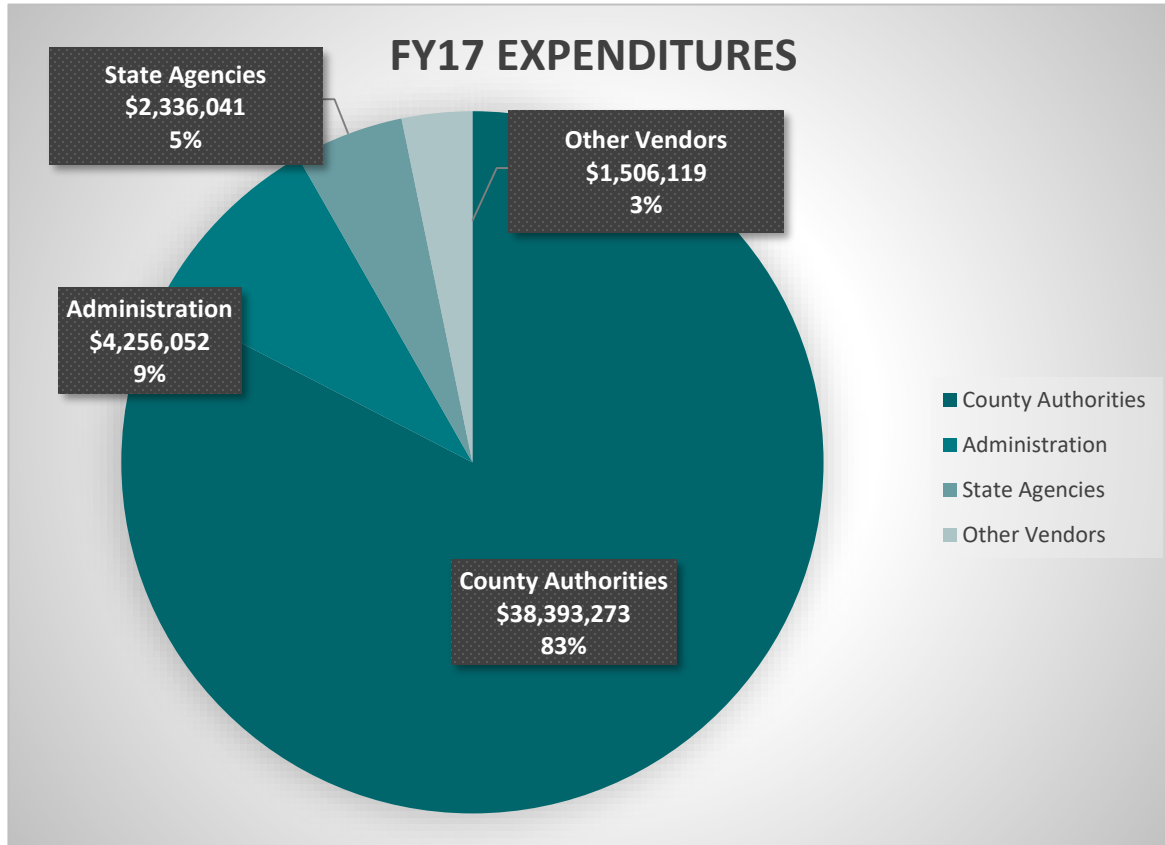
Budget Overview

FY16 Total Expenditures \$44,577,175



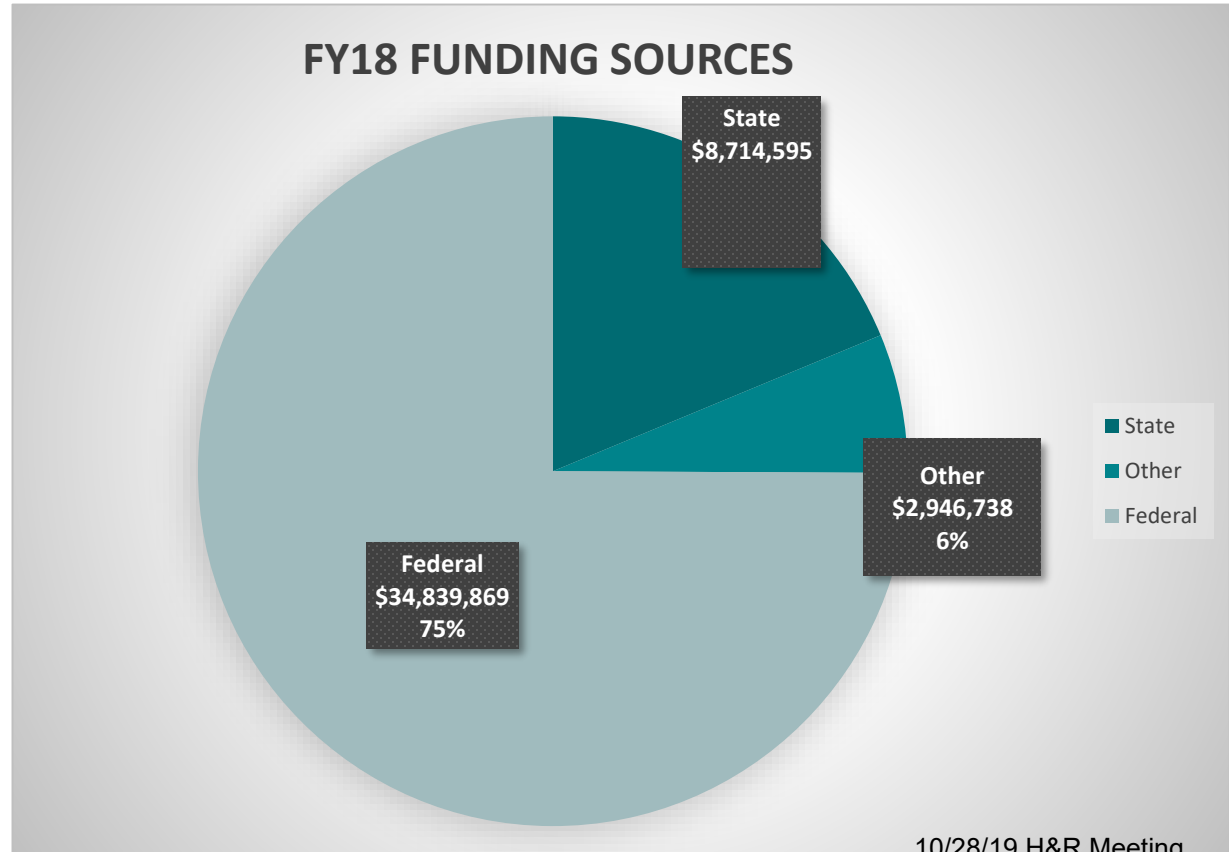
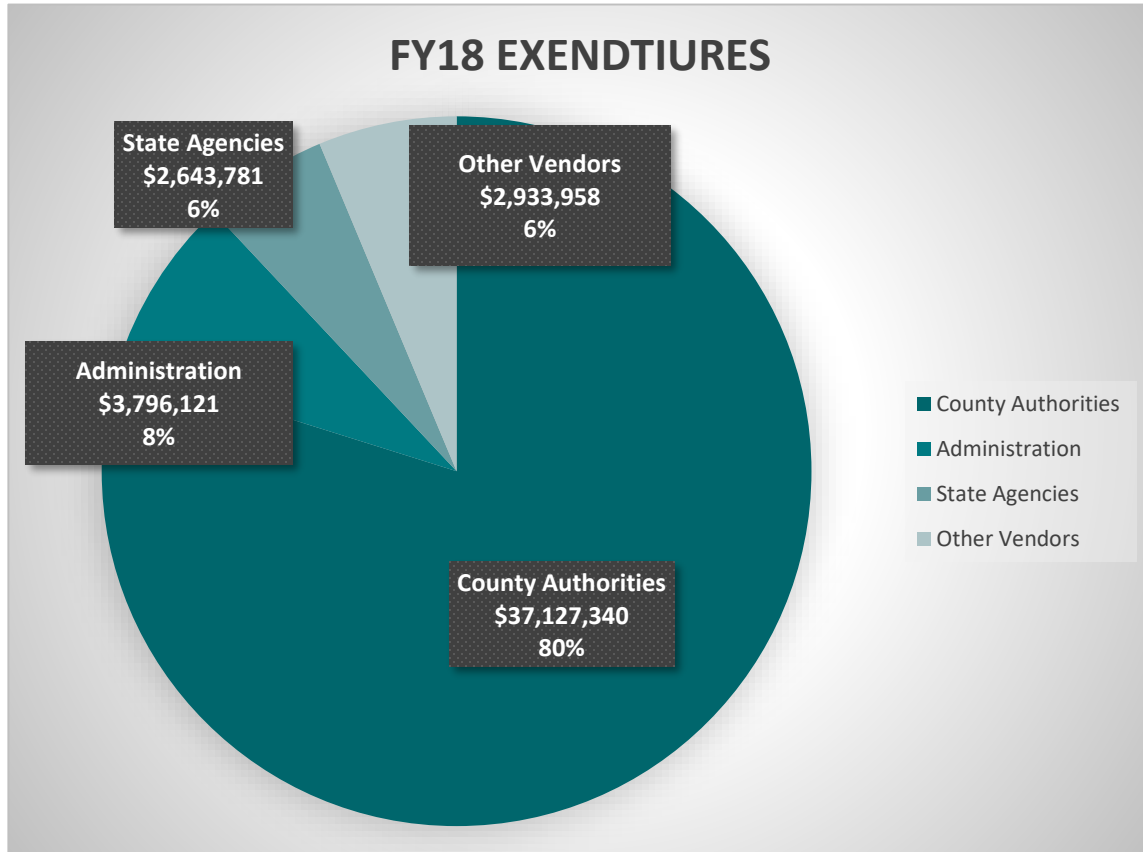
Budget Overview

FY17 Total Expenditures \$46,491,485



Budget Overview

FY18 Total Expenditures \$46,501,200



Local Counterparts

County Alcohol and Drug Abuse Authorities

In 1973, the South Carolina General Assembly passed **Act 301**, requiring each county to designate a single county authority on alcohol and drug abuse to be governed by an individual policy-making board.

The act also required each county authority to develop a county plan for programming in order to receive the minibottle tax revenue authorized the previous year. This funding is now referred to as the alcohol excise tax.

Local Counterparts - County Alcohol and Drug Abuse Authorities

- The Aiken Center for Alcohol and Other Drug Services
- The ALPHA Behavioral Health Center (*Kershaw, Chesterfield & Lee counties*)
- Anderson/Oconee Behavioral Health Services
- Axis I Center of Barnwell
- Beaufort County Alcohol and Drug Abuse Department
- Behavioral Health Services of Pickens County
- Charleston Center
- Cherokee County Commission on Alcohol and Drug Abuse
- Circle Park Behavioral Health Services (*Florence County*)
- Clarendon Behavioral Health Services
- Colleton County Commission on Alcohol and Drug Abuse
- Cornerstone (*Greenwood, Edgefield, McCormick & Abbeville counties*)
- Counseling Services of Lancaster
- Dorchester Alcohol and Drug Commission
- Ernest E. Kennedy Center (*Berkeley County*)
- Fairfield Behavioral Health Services
- The Forrester Center for Behavioral Health (*Spartanburg County*)
- GateWay Counseling Center (*Laurens County*)
- Georgetown County Alcohol and Drug Abuse Commission
- Hazel Pittman Center (*Chester County*)
- Healthy U Behavioral Health (*Union County*)
- Keystone Substance Abuse Services (*York County*)
- LRADAC (*Lexington & Richland counties*)
- New Life Center (*Allendale, Hampton & Jasper counties*)
- The Phoenix Center (*Greenville County*)
- Rubicon Family Counseling Services (*Darlington County*)
- Shoreline Behavioral Health Services (*Horry County*)
- Sumter Behavioral Health Services
- Tri-County Commission on Alcohol and Drug Abuse (*Orangeburg, Bamberg & Calhoun counties*)
- Trinity Behavioral Care (*Marion, Dillon & Marlboro counties*)
- Westview Behavioral Health Services (*Newberry & Saluda counties*)
- Williamsburg County Department on Alcohol and Drug Abuse

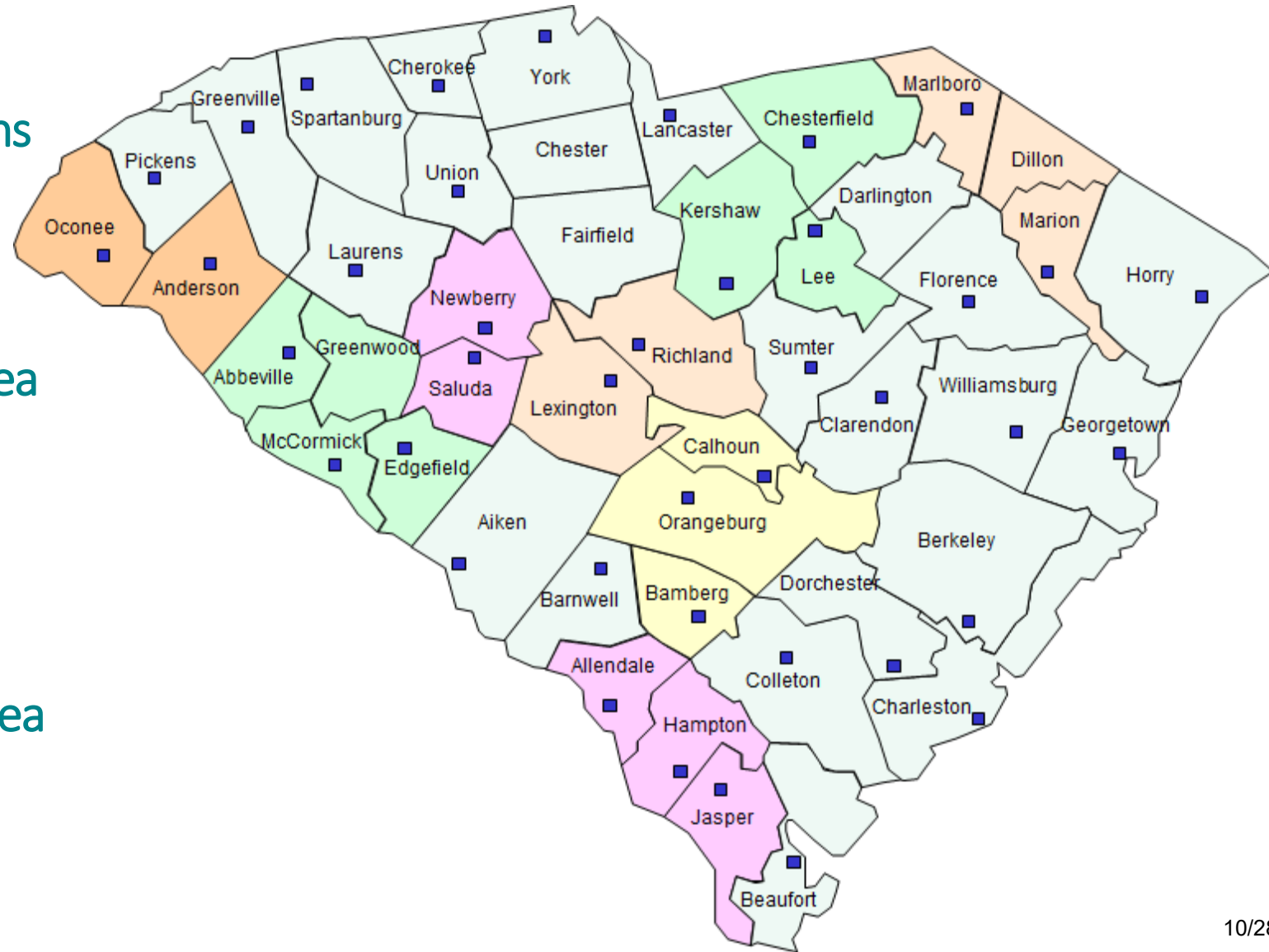
■ County Alcohol and Drug Abuse Authority Locations



Multi-County Service Area



Single County Service Area



Local Counterparts - County Alcohol and Drug Abuse Authorities



Local Counterparts - County Alcohol and Drug Abuse Authorities



Unique Relationship with the Provider Community

All state alcohol and drug agencies have very important relationships with the provider community. The connection is critical, given the increased pressures on those delivering prevention, treatment, and recovery services.

County Alcohol and Drug Abuse Authorities

Opioid Treatment Programs (Methadone Services)

Recovery Community Organizations

Hospitals and Health Systems



Effectiveness Through Planning, Oversight and Accountability



DAODAS works with stakeholders and contracted providers to craft and implement an annual plan for statewide service delivery.

In the process, the agency employs mechanisms to ensure that public programs are effective.

DAODAS uses tools such as performance data management and reporting, contract monitoring, corrective action planning, on-site reviews, and technical assistance.

South Carolinians Accessing Services

SAMHSA's National Helpline: **1-800-662-HELP**

- If calling from South Carolina, this number is routed to DAODAS.

DAODAS Main Line: **803-896-5555**

SAMHSA's Behavioral Health Treatment Services Locator

<https://findtreatment.samhsa.gov/>

Directory of County Alcohol and Drug Abuse Authorities on DAODAS Website

<https://www.daodas.sc.gov/treatment/local-providers/>

Contact Form on DAODAS Website

<https://www.daodas.sc.gov/contact/>

Promoting Coordination Across State Government

Given the impact that alcohol and other drug use has across sectors, DAODAS – and all SSAs – promote cross-agency collaboration.

South Carolina Examples:

- Contract with DHHS
- Constant communication with SLED Narcotics Major for illicit drug intelligence
- Partnership with DHEC for infectious disease screening of people who inject drugs
- Partnership with DHEC for Screening, Brief Intervention, and Referral to Treatment model
- Partnership with DSS for women's and children's services
- Shared Program Manager with DMH for co-occurring services
- DEW work-readiness boot camp
- SCDC inmate re-entry program and Step-Up
- LLR collaboration on Licensed Addiction Counselors, naloxone availability, board information

Promoting Coordination Across State Government

Council and Coalition Appointments and Participation:

- Joint Council on Children and Adolescents
- Governor's Juvenile Justice Advisory Council
- Domestic Violence Advisory Committee
- Veteran's Policy Advisory Committee
- South Carolina Impaired Driving Council
- South Carolina Opioid Emergency Response Team
- South Carolina Behavioral Health Coalition
- South Carolina Telehealth Alliance

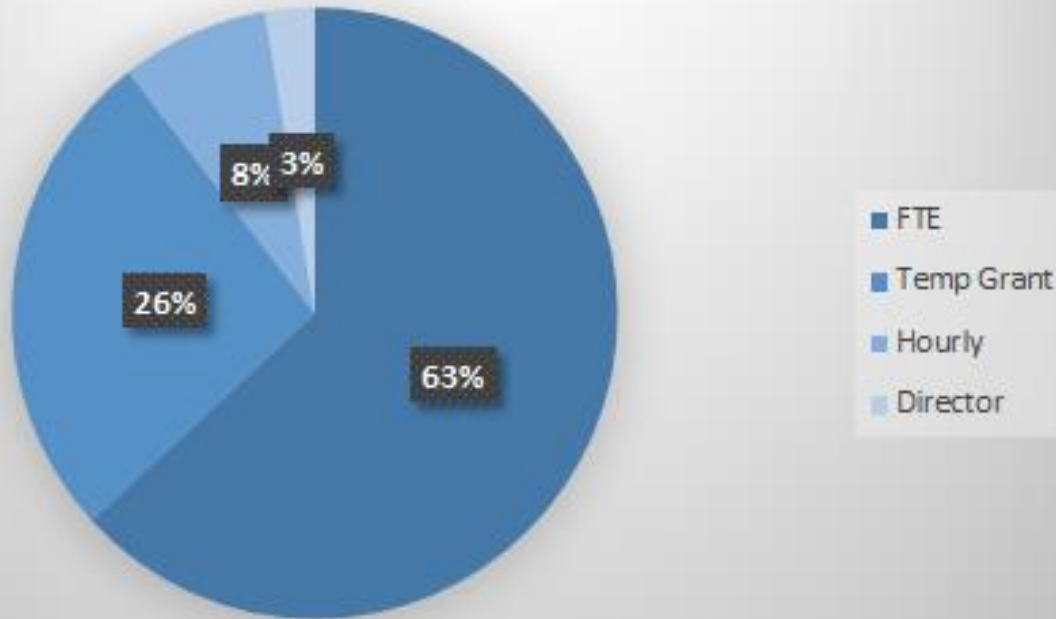
Organizational Chart

South Carolina Department of Alcohol and Other Drug Abuse Services



Employee Overview

Employment Status

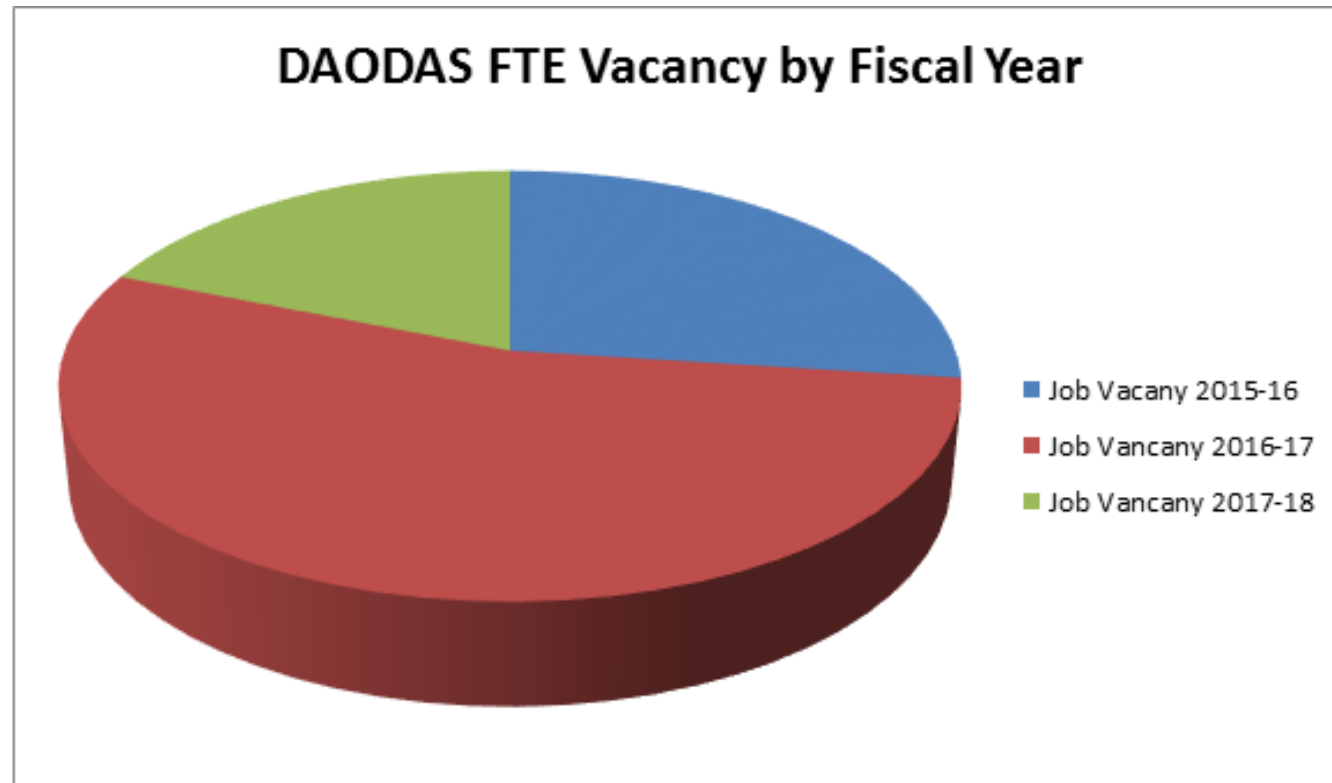


FTE	24
Temp Grant	10
Hourly	3
Director	1
Total	38

Employee Age Range **27 - 69**

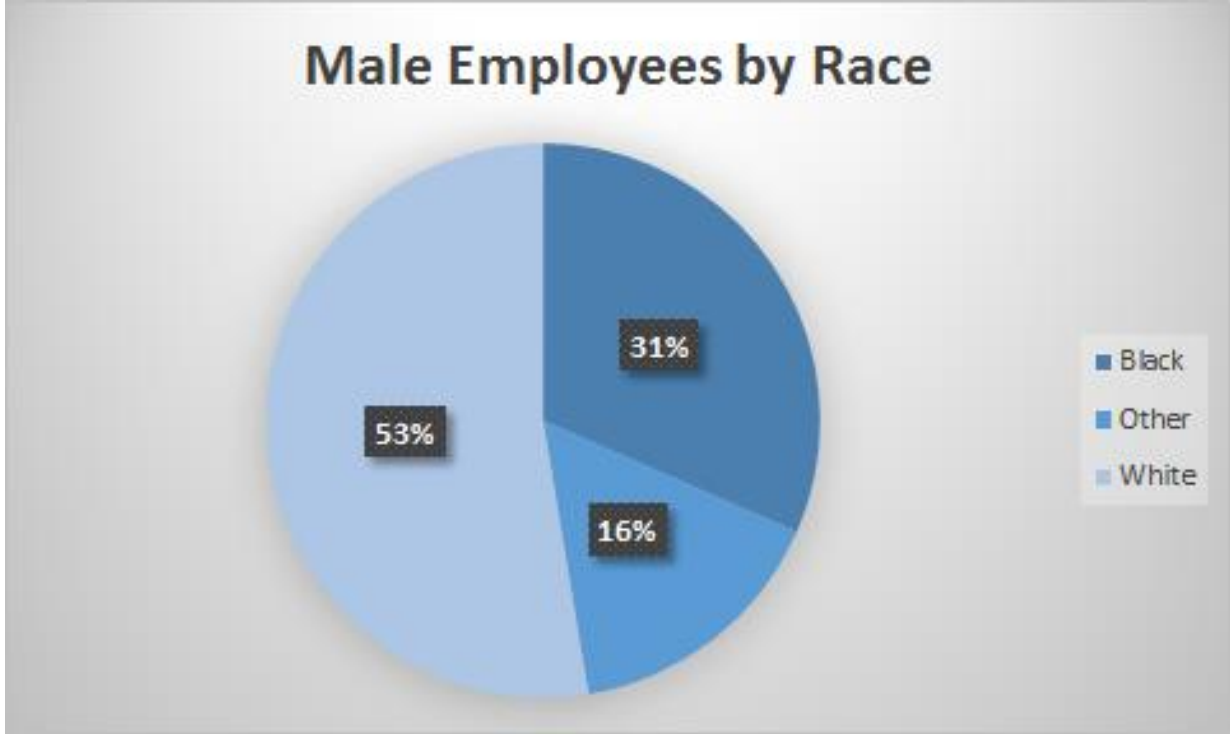
Employee Overview

Fiscal Year	FTE Vacancy
July 2015 – June 2016	2
July 2016 – June 2017	4
July 2017 – June 2018	3



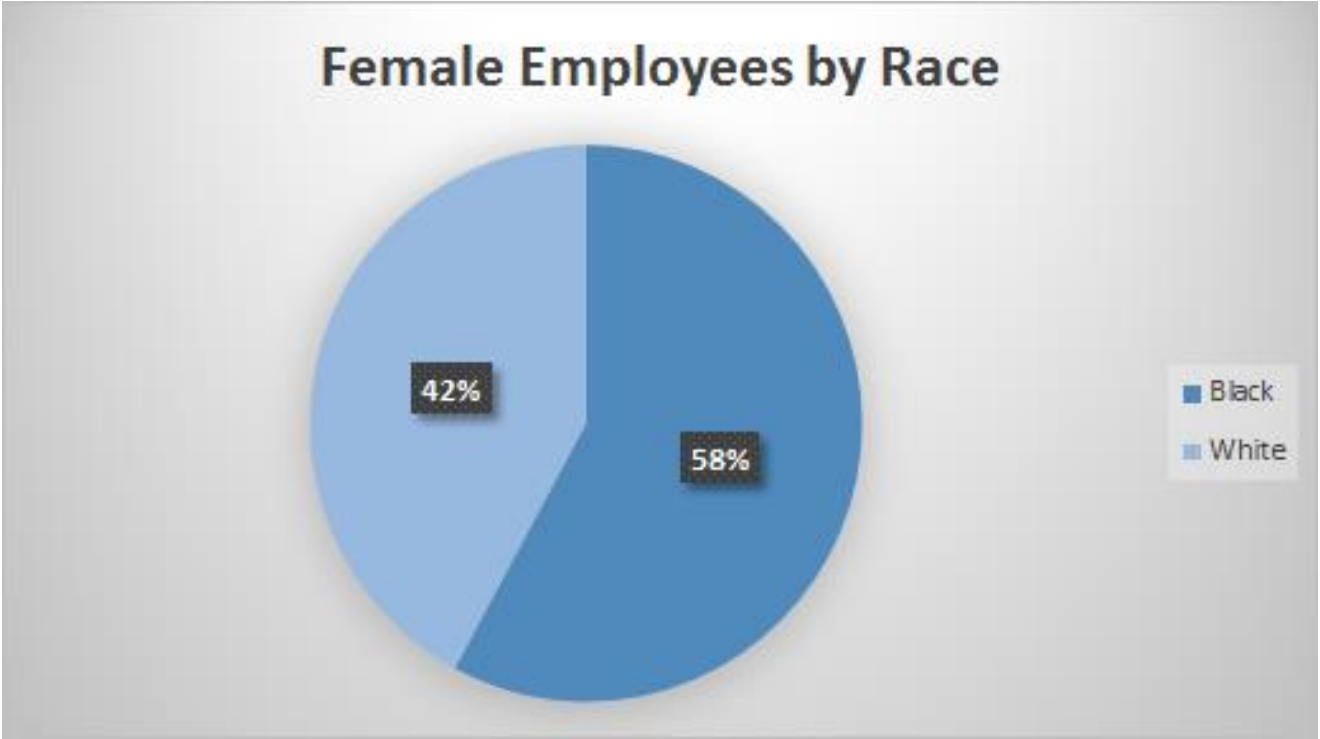
Employee Overview Demographics

Male Employees - Race	Number
Black	6
Other	3
White	10
Total	19

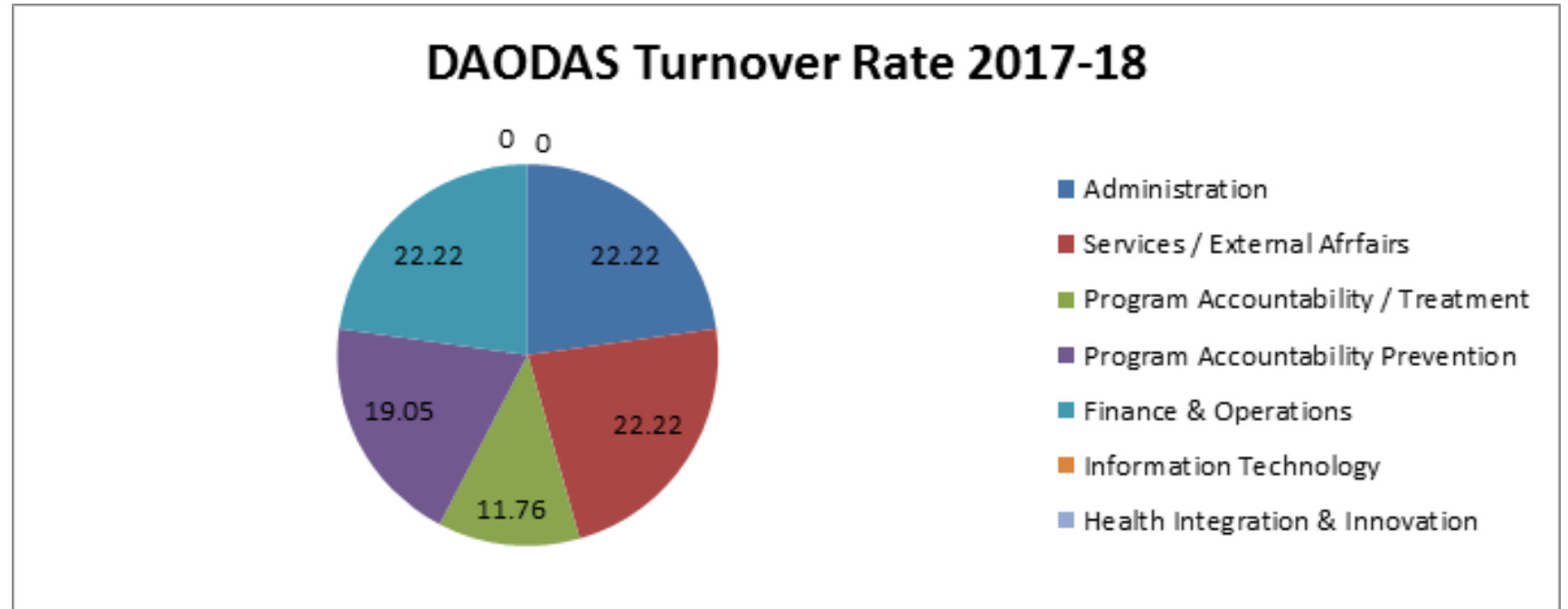


Employee Overview Demographics

Female Employees - Race	Number
Black	11
White	8
Total	19



Employee Overview Turnover



Administration 22.22%

Services / External Affairs 22.22%

Program Accountability / Treatment 11.76%

Program Accountability / Prevention 19.05%

Finance & Operations 22.22%

Information Technology 0%

Health Integration & Innovation 0%

Employee Onboarding

Review of Policies

DAODAS Staff Manual (updated June 2018)

- Overview of and Orientation to DAODAS
- Policies, Procedures & Equipment
- Leave, Documenting Time & Travel
- Scheduling Meetings
- Wellness (EAP)

Mentor or Buddy in the Same Division
Supervisor Direct Support



Employee Survey

DAODAS Staff Comments & Suggestions

This is a place where anyone at DAODAS can submit concerns, ideas, suggestions, or musings about our agency. Submissions can be made anonymously. Or you may choose to leave your name in the text box with your submission.

The Executive Management Team will review submissions as often as weekly to address the issues raised as soon as possible.



Let us know what you think here:

Your answer

SUBMIT

Training and Development

- Monthly Staff Development
- Annual Code of Conduct Training
- Grants Management Training
- Supervisory Practice Training
- Professional Development Certification through Division of State Human Resources and University of South Carolina
- Conferences and Trainings for Individual Functions and Needs

Retention Strategies

Expectations

- Common Sense
- Good Attitude
- Hard Work
- Loyalty
- Organizational Adaptability



Retention strategies are aimed at improving and incentivizing all aspects of the employee experience.

Prevention & Intervention Services Division

The purpose of this division is to improve behavioral health through evidence-based prevention approaches.

The division works with federal, state, public, and private organizations to develop comprehensive state and community-based substance use prevention and intervention services for organizations and communities.

The Prevention & Intervention Services Division:

- Promotes and supports effective substance abuse prevention practices that enable communities and organizations to apply prevention science effectively.
- Provides state leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use.

Turnover Rate 2017-18 - 19.05%

Treatment & Recovery Services Division

The purpose of this division is to promote community-based substance use treatment and recovery services for individuals and families in every community.

The division provides state leadership to improve access, reduce barriers, and promote high-quality, effective treatment and recovery services.

The Treatment & Recovery Services Division:

- Works to close the gap between available treatment capacity and need
- Supports the adaptation and adoption of evidence-based and best practices by community-based treatment programs and services
- Improves and strengthens substance abuse treatment provider services and organizations

Turnover Rate 2017-18 - 11.76%

Technology, Research & Evaluation Division

Manage Agency's Information Technology Needs in Order to Achieve Agency's Goal of Providing Continuum of Care – Promotion, Prevention, Intervention, Treatment & Recovery

Manage Hardware Life Cycle	Manage Software Life Cycle	Design, Implement & Administer Networks, Systems & Mobility	Ensure Information Privacy & Security
Manage Databases & Develop Applications	Use DTO Shared Services & Procure Using State Contracts	Provide Business Continuity and Plan & Support Disaster Recovery	Write Business Requirements & Perform Vendor Management

Manage Agency's Statistical and Research Needs to Ensure Development and Delivery of Relevant Data & Information to be Used for Health Policy Decisions

Conduct Surveillance Mine EHR Data	Report Outcome Measures & Build Epidemiological Profiles	Create Contract Objectives & Evaluate Performance	Provide Epidemiologic (SME) Consultation & Technical Assistance
Provide Statistical Analyses & Consultation	Lead or Partner With Multi-Agency Information Analytics Teams & Coalitions	Author, Coordinate Grant Applications & Administer Grants	Liaise with SAMHSA Report Performance Data (GPRA)

Legal & Compliance Division

The purpose of this division is to provide legal advice to the agency's director and its executive management staff. Additionally, the Compliance component of the division works with direct-service providers across the state to ensure that substance use services are rendered according to state and federal guidelines, standards, and criteria.

The Legal & Compliance Division:

- Supports the agency's proper contractual engagement with service providers (Legal).
- Supports the agency's internal Human Resources enforcement actions (Legal).
- Provides written memoranda to the agency's director and key management staff on a myriad of issues, including but not limited to: confidentiality (42 CFR Part II and HIPAA), legislation, procedures, and interpretation of existing statutes (Legal).
- Provides direct-service providers with year-round review and technical assistance to ensure that the citizens of South Carolina receive quality care (Compliance).
- Continuously engages in reviewing the direct-service providers' compliance with proper administrative and treatment-related documentation, proper billing practices, and adherence to financial standards (Compliance).

Finance & Operations Division

The purpose of this division is to manage the execution of financial stewardship and operations, including accounting and reporting, funds and grants management.

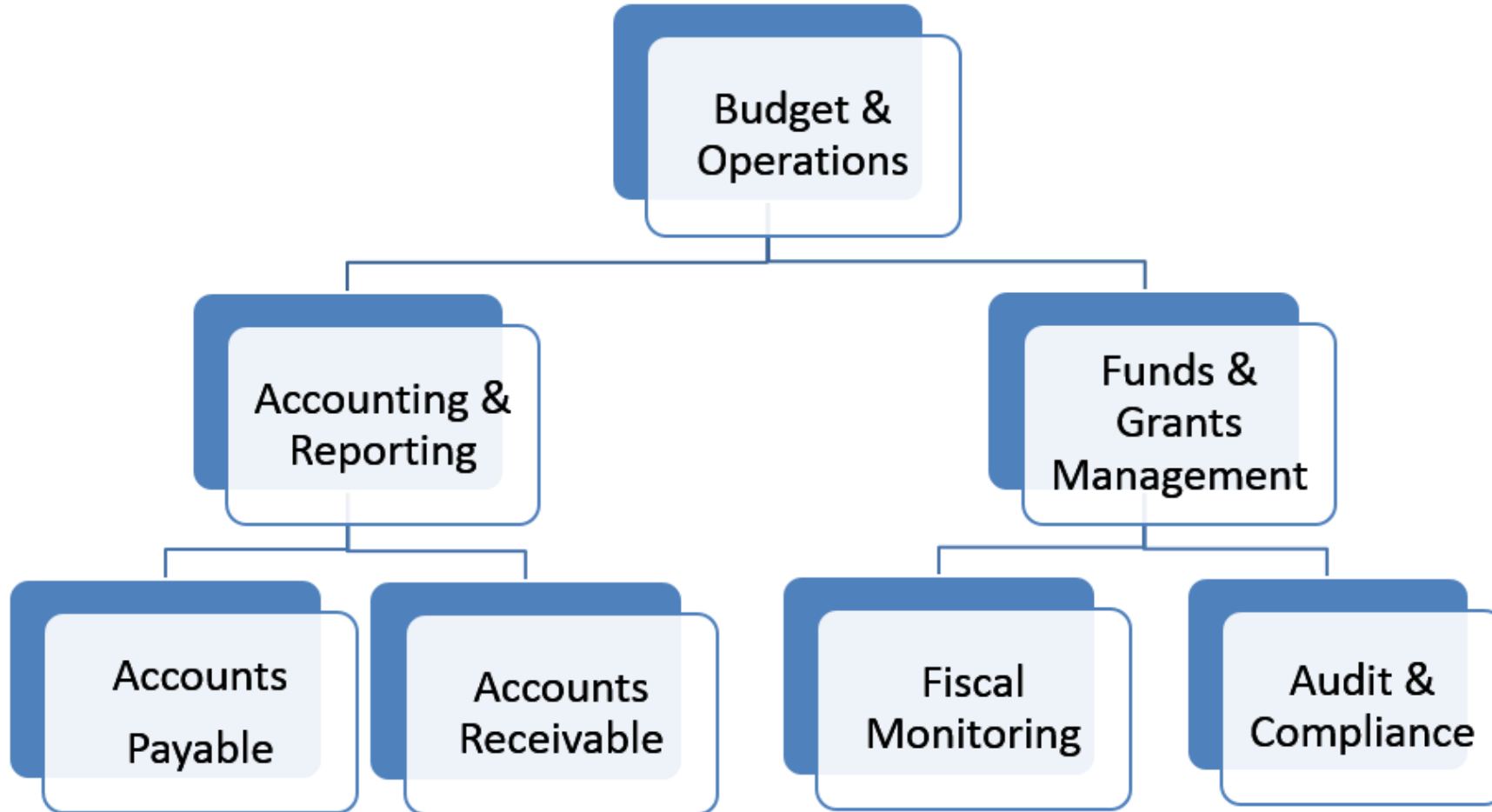
The division systematically manages funds and contract execution and analysis for the purpose of maximizing financial and operational performance while minimizing risk.

The Finance & Operations Division:

- Coordinates preparation and submission of agency budget applications for federal grants and state funding
- Analyzes and oversees costs and expenditures in accordance with guidelines and protocols of funding sources, and ensures timely submissions of all fiscal reports
- Manages accounts payable, accounts receivable, and procurement
- Manages contracts made with customers, vendors, and partners, which involves negotiating terms and conditions

Turnover Rate 2017-18 - 22.22%

Finance & Operations Division



Risk Mitigation/Internal Auditing

The Finance & Operations Division:

- Evaluates and reconciles all funding sources monthly to ensure compliance with a multi-layered review process and timeliness of payments.
- Submits quarterly, bi-annual, and annual reports to federal funding sources (e.g., Substance Abuse and Mental Health Services Administration [SAMHSA] and Office of Justice Programs [OJP]).
- Conducts external financial compliance reviews of the county alcohol and drug abuse authorities.
- Conducts internal audit tasks, including review and evaluation of petty cash funds, Food & Drug Administration (FDA) Tobacco Compliance Contract (petty cash, gifts, mileage, internal documentation).
- In 2017, the South Carolina Enterprise Information System (SCEIS) team introduced Governance, Risk, and Compliance guidelines to ensure segregation of duties and to minimize inherent risk. DAODAS complied with these guidelines, evaluated role assignments, and made necessary changes. The agency remains in compliance and annually reviews roles.

Records, Regulations, and Reports Compliance

DAODAS Retention Policy 7-3-19 , which was developed in accordance with the S.C. Department of Archives and History and adopted on September 1, 2016.

DAODAS has promulgated no regulations to review.

Financial Internal Auditing

Is This a Report, Review, or Both?	Report or Review Name	Name of Entity Requesting the Report or Conducting Review	Type of Entity	Reporting Frequency	Summary of Information Requested in the Report or Reviewed
Internal Review and Report	Petty Cash Review	Agency's Audit Section - Compliance Review	Local Government	Twice a Year	Review of Procedures and Reconciliations
Internal Review and Report	FDA - Tobacco Compliance Review	Agency's Audit Section - Compliance Review	Local Government	Twice a Year	Review of Procedures and Reconciliations
Internal Review and Report	Annual Accountability Report	Executive Budget Office	State	Annually	Strategic Planning, Accountability, and Funding Information
Internal Review and Report	Substance Abuse Prevention & Treatment Block Grant Application and Report	Substance Abuse and Mental Health Services Administration	Federal	Annually	State Plan for the Expenditure of Federal Funding
Internal Review and Report	Substance Abuse Prevention & Treatment Block Grant Synar Report	Substance Abuse and Mental Health Services Administration	State	Annually	Details - Annual Youth Buy Rate of Tobacco Sales
Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Quarterly	Required Financial Reporting for Various Federal Grants
Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Twice a Year	Required Financial Reporting for Various Federal Grants
Internal Review and Report	Federal Financial Report	Substance Abuse and Mental Health Services Administration	Federal	Annually	Required Financial Reporting for Various Federal Grants

Risk Mitigation/Internal Auditing

Human Resources

- Annual evaluation of the organization's operational human resources policies, practices, and processes with a focus on key Human Resources (HR) delivery areas
- Annual review of current HR indicators
- Annual review of full compliance with the provisions of E.O. 11246 Affirmative Action Program to include the 41 CFR 60-2.17 (a)(b)(c) and (d)

Successes

Underage Drinking Prevention

Data show that prevention efforts are positively impacting goals to reduce underage drinking in South Carolina.

In FY18, DAODAS maintained a focus on underage drinking through the state Alcohol Enforcement Team (AET) efforts.

In FY18, law enforcement officers reported 6,282 alcohol compliance checks, resulting in only 436 purchases, for an effective buy rate of 6.9%.

Successes

Treatment & Recovery Services

Individuals who access Block Grant-funded services demonstrate:

- Decreased use of alcohol
- Decreased use of any substance
- Increased employment status

New and expanding initiatives include:

- Increased number of Oxford Houses
- Increased number of Certified Peer Support Specialists
- New Joint Position with DMH/DAODAS

Successes

State Opioid Response

- Increasing access to evidence-based treatment
- Reducing unmet treatment needs
- Reducing opioid-overdose related mortality
- Innovation in hospital emergency department stabilization
- Peer support interventions, peer support services, and treatment at SCDC
- Law enforcement officer naloxone programming
- Treatment access at Opioid Treatment Programs

Public Education Campaign



JUST PLAIN KILLERS.COM

PAIN MANAGEMENT DRUG SAFETY OPIOID DATA OVERDOSE PREVENTION FIND HELP

ROUND WHITE TABLETS
Side 1: PLIVA 431

May Cause Drowsiness
Intensify This Effect
When Operating A
Machinery

Take With Food

Do Not Take
With

TAKE ACTION AGAINST THE OPIOID EPIDEMIC

FIND DRUG DISPOSAL SITES NEAR YOU

The National Prescription Drug Take Back Day on October 26 provides an opportunity for Americans to prevent drug addiction and overdose deaths. Use our interactive map to find safe opioid disposal locations near you.

LEARN MORE

Challenges

*Addressing **Stigma** Associated With Substance Use Disorders*

Stigma drives feelings of shame.

Stigma can...

Reduce willingness to seek professional help

Cause reluctance to attend treatment

Limit access to health care, housing, and employment

Diminish self-esteem

Exacerbate depression and substance use

Affect personal relationships at a time they're needed most



Challenges

*Work to Address **Stigma** Associated With Substance Use Disorders*

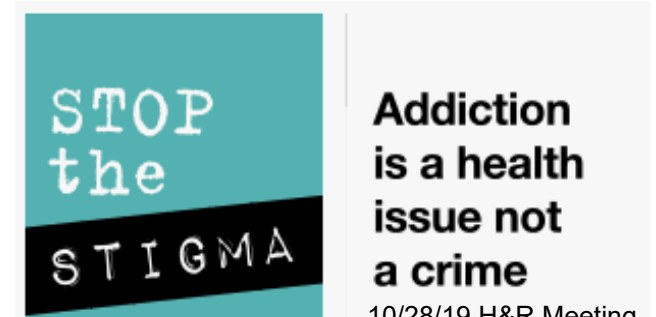
Educating on the science of substance use disorder

Addressing addiction medically and in all healthcare settings

Changing language and using the Language of Recovery

Supporting and celebrating recovery

Continuing to approach *all* substance use as a public health issue




10/28/19 H&R Meeting
Page 66 of 72

Challenge

Increasing the number and quality of recovery residences in South Carolina

Greenville News HOME NEWS SPORTS DOWNTOWN BUSINESS LIFE OPINION

Rest Speedway



A photograph of Taylor Smith, a man in a white t-shirt and a baseball cap, standing in a kitchen area. He has his arms crossed and is looking towards the camera. In the foreground, a ginger cat is lying on a pool table. The room has wooden cabinets, a refrigerator, and a window.

Buy Photo

Taylor Smith talks about his difficult journey of drug addiction and recovery in his home on Monday, Sept. 24, 2018. (Photo: JOSH MORGAN/Staff)

'Flop house'

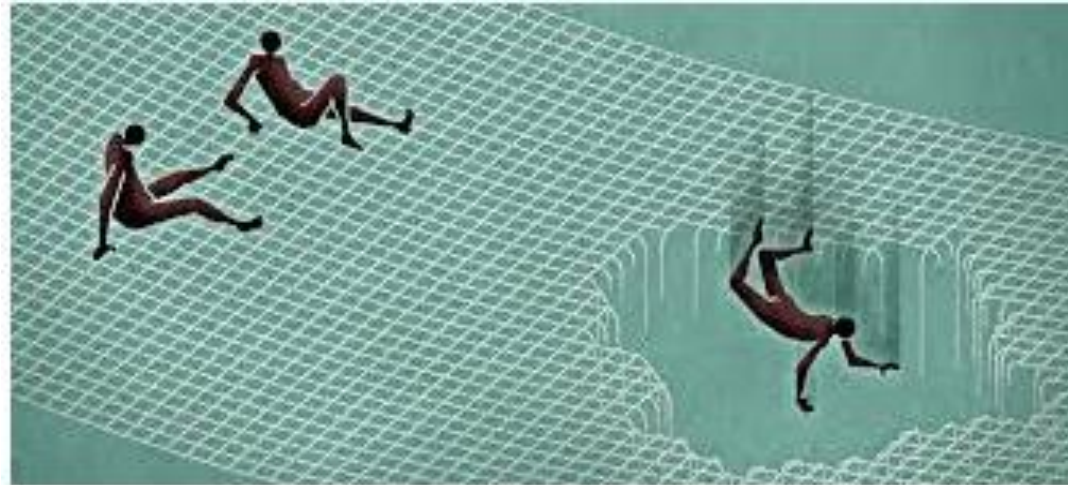
The South Carolina Alliance for Recovery Communities is trying to put a set of regulations in place for recovery homes.

The alliance doesn't have the ability to shut down existing substandard facilities, but it would raise the bar and effectively break down a barrier to recovery, according to those spearheading the effort.



Challenge

Sustaining capacity and providing financial assistance for long-term treatment services to indigent South Carolinians



Emerging Issues

Stimulants

- Methamphetamine and cocaine are becoming highly available at a low price and trafficked in the same cells as heroin and fentanyl.

Marijuana

- Most commonly used illicit drug in South Carolina. It is more potent than ever before. People can and do develop marijuana use disorder. Perception of risk of the drug is low.

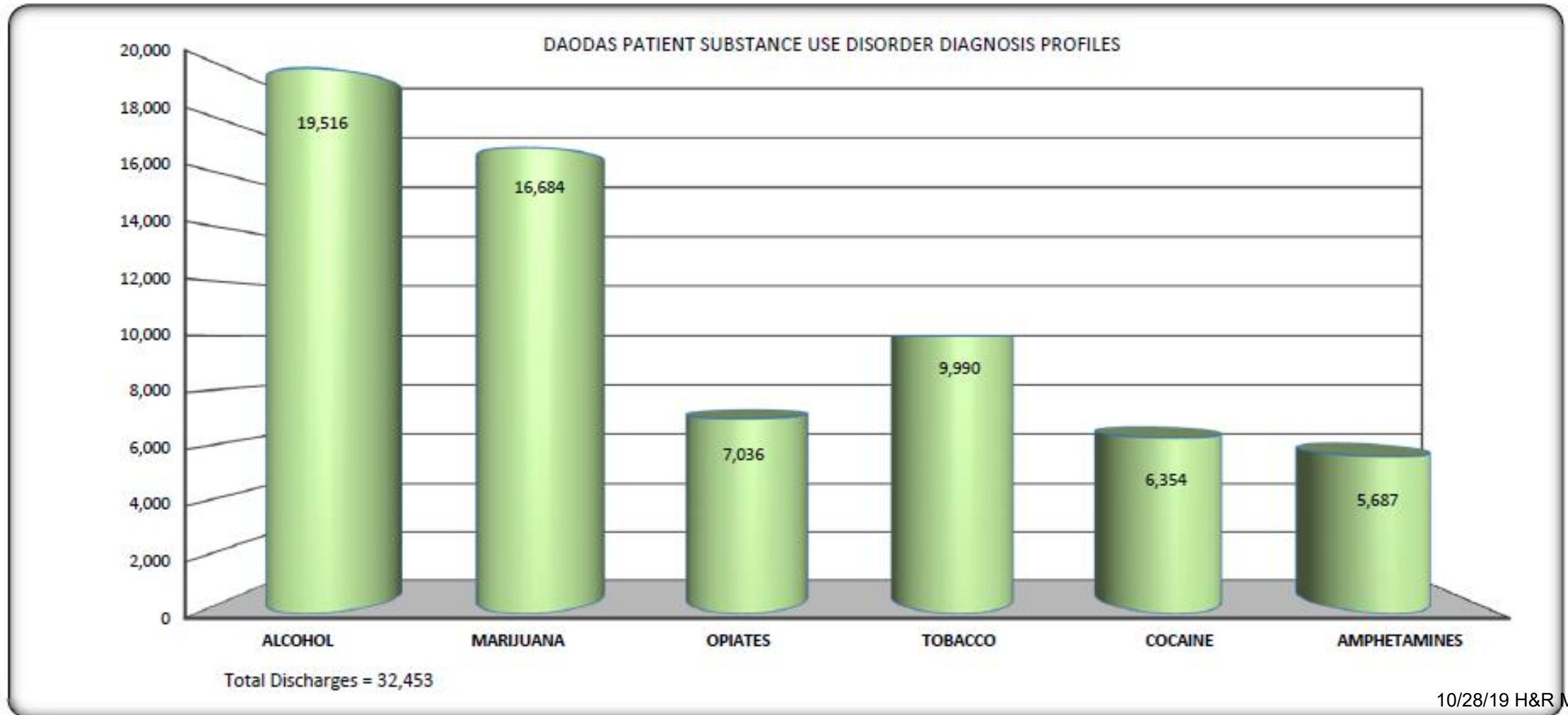
Driving Under the Influence (DUI)

- South Carolina has the second-highest rate of drunk driving deaths in the U.S., with 6.22 per 100,000 people.

Integrated Care and Workforce

- Substance use disorders are a chronic disease of the brain and all healthcare providers need to be trained to screen for the disease and to address it either through referral or through his/her own healthcare practice.
- Anticipated turnover of the workforce in the public addiction service provider system is anticipated to be over 25% in the next five years.

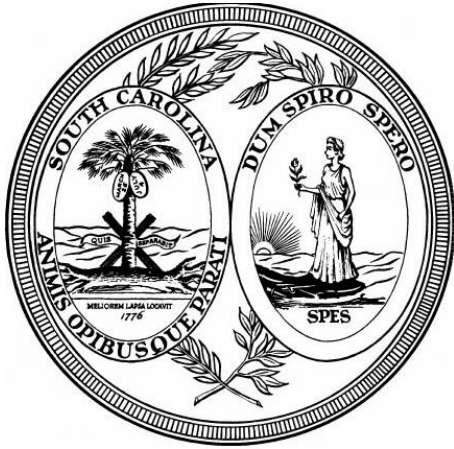
FY19 Patient Discharge Episodes - County Authorities



What's Next...

Deliverables of the Prevention & Intervention Services Division

Deliverables of the Treatment & Recovery Services Division



South Carolina
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