

520

Agency Certification and Transmittal Sheet

Code:

J20

Name:

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

Mission Statement:

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

“To ensure the availability and quality of substance abuse prevention, treatment, and recovery services in South Carolina, thereby improving the health status and quality of life of individuals, families, and communities.”

At the heart of this statement are the agency’s core values of respect, integrity, and dedication. DAODAS adheres to guiding principles that outline how the agency and its employees conduct business. Among others, these principles include:

- the belief that addiction is a primary and chronic disease that is preventable and treatable;
- the understanding that the individual client is the priority;
- DAODAS’ commitment to providing statewide leadership on all substance use and addiction issues;
- DAODAS’ willingness to work collaboratively with both public and private providers of substance abuse services, as well as universal healthcare providers; and
- DAODAS’ commitment to collaborate more effectively to achieve positive health outcomes for South Carolinians who may be involved in multiple healthcare systems.

To the Office of State Budget

This, and accompanying statements, schedules, and explanatory sheets consisting of 54 pages constitute the operating budget estimates of this agency for all proposed expenditures for the 2012-2013 fiscal year.

All statements and explanations contained in the estimates submitted herewith are true and correct to the best of my knowledge.

Signed:


 (Agency Head)

Date:

9/30/11

FISCAL YEAR 2012-13 BUDGET PLAN

I. EXECUTIVE SUMMARY

A. Agency Section/Code/Name:

Section 25 / J20 / South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

B. Summary Description of Strategic or Long-Term Goals:

The department's overarching strategic goal is for clients to achieve sustainable recovery, while reducing use, abuse and harm. The DAODAS plan includes the following strategic and long-term goals:

(1) To improve the effectiveness of intervention and treatment programs:

Action plans include a focus on outcome-evaluation results in all program areas. These include, but are not limited to: a) reducing use and abuse of alcohol and other drugs using evidence-based program models, and b) increasing employment as a result of receiving intervention or treatment services a focus on adolescents staying in school.

Accountability Report Cite: Section III – Category 2, Strategic Planning, Questions 2.1-2.7; Section III – Category 4, Measurement, Analysis, and Knowledge Management, Questions 4.3 and 4.4: What are the agency's key measures, how does the agency review these and how does the agency keep them current with organizational service needs and directions?; How does the agency select comparative data and information to support operational and strategic decision making and innovation?; Section III – Category 7, Business Results, Question 7.1: What are the performance levels and trends for key measures of mission accomplishment and organizational effectiveness? How do the results compare with other organizations?

(2) To improve the effectiveness of prevention programs:

Action plans include a focus on the implementation of a statewide prevention outcome-evaluation system and implementing evidence-based prevention strategies. Action plans include decreasing underage drinking and tobacco sales to underage youth and increasing the use of evidence-based prevention programming.

Accountability Report Cite: Section III – Category 2, Strategic Planning, Questions 2.1-2.7; Section III – Category 4, Measurement, Analysis, and Knowledge Management, Question 4.2 and 4.4: What are the agency's key measures, how does the agency review these and how does the agency keep them current with organizational service needs and directions?; How does the agency select comparative data and information to support operational and strategic decision making and innovation?; How does the agency use data/information analysis to provide effective support for decision making throughout the organization?; Section III – Category 7, Business Results, Question 7.6: What are the performance levels and trends for key measures of regulatory/legal compliance and community support?

(3) To improve the efficiency of the service-delivery system:

Action plans include a focus on client engagement, retention and positive client outcomes, program development and accountability, and strategic planning. Action plans include, but are not limited to, decreasing use while increasing employment and increasing the percentage of students who stay in school, thereby increasing the state's educational efforts for children.

Accountability Report Cite: Section III – Category 7, Business Results, Question 7.1: What are the performance levels and trends for key measures of mission accomplishment and organizational effectiveness? How do the results compare with other organizations?

(4) To ensure that all clients/citizenry are stimulated/engaged

Action plans include a focus on access to services and retention of clients in a partnership with other human service providers to provide services to South Carolinians.

Accountability Report Cite: Section I, Executive Summary – Collaboration; Section III, Category 1 – Leadership, Question 1.2: How do senior leaders establish and promote a focus on customers and other stakeholders?; Section III – Category 3, Customer Focus, Questions 3.1-3.6; Section III – Category 7, Business Results, Question 7.2: What are the performance levels and trends for the key measures of customer satisfaction? How do the results compare with other organizations? How do the results compare with other organizations?

(5) To collaborate more effectively with service providers, other state agencies, and stakeholders:

Action plans include a focus on working with the county alcohol and drug abuse authorities that provide local services; collaborating more effectively by involving all stakeholders in the decision-making process; strengthening partnerships with public and private health care service providers; and enhancing communication with community partners, mutual client agencies, internal staff, and the General Assembly.

Accountability Report Cite: Section III – Category 1, Leadership, Question 1.2: How do senior leaders establish and promote a focus on customers and other stakeholders?; Section III – Category 3, Customer Focus, Questions 3.1-3.6; Section III – Category 7, Business Results, Question 7.2: What are the performance levels and trends for the key measures of customer satisfaction? How do the results compare with other organizations?

(6) To provide the necessary resources to improve the department's capacity to provide efficient and effective services:

Action plans include a focus on internal organizational capabilities, traditional and alternative funding sources, performance, and web-based communications. Certain objectives include holding providers accountable through the contractual process, continuing departmental use of evidence-based practices, and securing alternative funding mechanisms.

Accountability Report Cite: Section I, Executive Summary – Major Achievements; Section III – Category 3, Customer Focus, Questions 3.1-3.6; Section III, Category 4 – Management, Analysis and Information Management, Questions 4.1-4.7; Section III – Category 5, Human Resources, Questions 5.1-5.14.

Budget Plan Contribution – This budget plan contributes to each goal and action plan listed above by assisting the department in attaining its overarching goal of providing addiction services to the people of South Carolina, where – at any given time – more than 362,000 individuals are in need of intervention and treatment services. Alcohol and other drug abuse prevention, intervention, and treatment services contribute to the overall quality and years of healthy life of South Carolinians and ensure appropriate access to evidence-based primary health care throughout South Carolina. By promoting healthy lifestyles, reducing the number of preventable injuries, improving disease management, and providing access to services, the overall health of South Carolinians is protected and enhanced. The department's budget plan also impacts savings in other areas, including lower costs for emergency room care, decreased incarceration costs, and decreased hospitalizations, particularly for adolescents suffering from abuse.

C. 2011-2012 Agency Recurring Base Appropriation:

State	\$6,248,379
Federal	\$24,565,724
Other	\$1,738,0000

D. Number of Budget Categories:

5 (Note: *Employee Benefits [VI] is spread per guidelines.*)

E. Agency-wide Vacant FTEs

Vacant FTEs as of July 31, 2011: 9.81

% Vacant: 29%

F. Efficiency Measures:

In support of its overarching and strategic goals, DAODAS established statewide outcome measures for treatment, intervention, and prevention programs. These outcome measures, in conjunction with customer satisfaction and efficiency objectives, allow DAODAS to systematically measure the performance of the county alcohol and drug abuse authorities and to undertake appropriate programming and fiscal measures to ensure that the mission and overarching goals of the department are met.

The department maintains a focus on client outcomes and continues to emphasize the statewide client-outcome system as required the Substance Abuse and Mental Health Services Administration. DAODAS includes the following federal "gold standard" survey indicators to acquire outcome data, as included in the Governmental Performance and Results Act (GPRA) and the National Outcome Measures (NOMs). Specific client outcome data include: (1) the percentage of former clients using alcohol in the past 30 days; (2) the percentage of clients using alcohol to intoxication in the past 30 days; (3) the percentage of clients using illegal drugs in the past 30 days; (4) the percentage of former clients using tobacco in the past 30 days; (5) the percentage of former clients unemployed in the past 30 days; (6) the percentage of former clients with dependent living arrangements or homeless in the past 30 days; (7) the percentage of former clients using outpatient health care in the past 30 days; (8) the percentage of former clients using emergency-room care in the past 30 days; (9) the percentage of former clients arrested on any charge in the past 30 days; and (10) the percentage of former student clients suspended in the past 30 days.

The FY10 analysis (most recent available). 73.0% of surveyed clients report no alcohol use from admission to 90-110 days following discharge from services, an increase of 40.10%; 94.4% of surveyed clients report no use of alcohol to the point of intoxication from admission to 90-110 days following discharge, an increase of 29.5%; 53.1% of clients surveyed report that they were smoke-free from admission to 90-110 days post-discharge, a decrease of 6.1%; 68.3% of clients surveyed report that they were gainfully employed from admission to 90-110 days following discharge, an increase of 6%; and 95.5% of students surveyed report a reduction in suspensions, expulsions, or detention from admission to 90-110 days following discharge, an increase of 11.9%. These statistics show that treatment works and that a positive impact is being made on the quality of life of South Carolina communities and impacting the economic capacity of residents.

The department also implemented a performance-based mechanism to encourage local alcohol and other drug abuse service providers to increase the amount of GPRA data collected, but to also increase the accuracy of the data reported. The incentive program financially rewarded the local providers that surpass the data-reporting benchmarks, while penalizing those local providers that fall well below the data-reporting benchmarks. On average, providers increased survey contact by an overall 10%.

For FY11, in terms of prevention, the department used evidence-based approaches to prevent or reduce the misuse, use, and abuse of alcohol, tobacco, and other drugs (ATODs). The DAODAS Standard Survey focuses on core measures and includes measuring 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; favorable attitudes toward ATOD use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. Outcomes (* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 included a 16.3% reduction in the number of cigarette users*; 18.2% reduction in the number of inhalant users*; 26.8% reduction in the number of non-medical prescription drug users*; 8.1% improvement in perceived risk/harm of ATOD use*; and 1.8% improvement in decision-making skills*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 248 in FY11. This increase in evidence-based prevention programming is directly related to one of the five directive goals (to increase evidence-based programming) and Goal 2 of the agency's Strategic Plan, to increase the effectiveness of prevention programs.

Accountability Report Cite: Section 1, Executive Summary, Major Achievements; Section III – Category 2, Strategic Planning, Questions 2.1-2.6; Section III – Category 4, Measurement, Analysis, and Knowledge Management, Questions 4.2 and 4.4: What are the agency's key measures, how does the agency review these and how does the agency keep them current with organizational service needs and directions?; How does the agency select comparative data and information to support operational and strategic decision making and innovation?; Section III – Category 7, Business Results, Question 7.1: What are the performance levels and trends for key measures of mission accomplishment and organizational effectiveness?

The following efficiency measures are based on clinical “best practices” as outlined by the U.S. Department of Health and Human Services, the Public Health Service, the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment, and the American Society of Addiction Medicine. These measures have been established as increasing the effectiveness of treatment and, therefore, increasing the likelihood of positive client outcomes.

To improve client engagement and retention, implementation of the following efficiency measures will continue in FY11:

- Clients will receive at least one unit of assessment within two working days of intake (Goal: 75%).
- Clients with an assessment will have at least one unit of the following specified services (detoxification day, residential day, group counseling, individual counseling, intensive outpatient, day treatment, crisis management, intensive in-home services, therapeutic child care, gambling service curriculum, and criminal justice curriculum) within six working days following the assessment (Goal: 50%).

Analysis of the trends in these efficiency measures has shown measured accomplishments in client treatment and retention since the late 1990s. These are again the key measures of mission accomplishment and partner performance. During FY10, (latest complete statistics available) the last year for which complete data is available, 92.6% of all clients received an assessment within two days of first contact with a local service provider, and 69.3% received a qualifying service within six days of the assessment. Trend data show increases each year exceeding state goals.

The statewide strategic-planning process has incorporated a large number of avenues through which the provider network and other customers can provide input on the department's direction, the basis of its customer-friendly policy. In customer satisfaction surveys administered by local providers, the GPRA (statewide client-outcomes system) measures client satisfaction, and the department has used FY01 data to set a benchmark for client satisfaction as reported during follow-up. For FY10, 97% of all clients were satisfied with the services they received.

Accountability Report Cite: Section III – Category 2, Strategic Planning, Questions 2.1-2.7; Section III – Category 4, Measurement, Analysis, and Knowledge Management, Questions 4.2 and 4.4: What are the agency's key measures, how does the agency review these and how does the agency keep them current with organizational service needs and directions?; How does the agency select comparative data and information to support operational and strategic decision making and innovation?; Section III – Category 7, Business Results, Question 7.1: What are the performance levels and trends for key measures of mission accomplishment and organizational effectiveness? How do the results compare with other organizations?

In addition (and dating back to January 2003), DAODAS has taken steps to streamline its administrative operations and saved more than \$2.7 million in personnel, rent, and other operating costs (e.g., telephone, travel), redirecting all savings to services at the local level and keeping its internal administrative costs below 5%. The department took further steps during FY11 in the face of a recurring fund cut that totaled 59% since FY08. In short, the department monitored all state expenses, curtailed non-essential travel, made no new funding commitments, filled no vacancies, placed all performance-based salary increases on indefinite hold, reduced its transportation fleet, limited hours of part-time staff, and furloughed full-time staff for five (5) days during FY09.

Since the appointment of the agency's new director, the agency has taken further administrative actions to achieve great efficiencies: Under new leadership, in FY11 the agency relocated its offices to a state-owned building that also houses the Department of Mental Health. This move saved the agency \$185,124 per year in combined funds and will save more than \$760,000 in total funds over the next four years. The agency was also able to decrease information technology maintenance costs by contracting with the Division of State Information Technology (DSIT) to host and manage the agency's server network. *Action:* These funds will be redirected to meeting the agency's core mission of ensuring access to prevention, treatment, and recovery services in South Carolina communities.

Additionally, the department was able to review contracts with a number of providers of prevention and treatment services and to identify several that were not meeting the primary goals of the agency and were underperforming. *Action:* These contracts were cancelled, with the funds redirected for fiscal year 2012 (FY12) to the agency's core mission of ensuring access to prevention, treatment, and recovery services in South Carolina communities.

A customer service improvement worth noting included an assessment of internal processes to better serve the department's customers who primarily receive the Alcohol and Drug Safety Action Program (ADSAP) services, which is the state's DUI program for offenders convicted of receiving a DUI in South Carolina. Response time to program completion information from the provider network was identified as an issue which impacted citizen's regaining their license privileges. Through a study conducted on a two-week pilot basis, the impediments were identified and the issue was resolved, thereby eliminating the back log in entering the correct data.

Accountability Report Cite: Section I, Executive Summary, Achievements / Strategic Challenges. Section III – Customer Focus, Questions 3.1-3.6; Section III, Category 4 – Management, Analysis and Information Management, Questions 4.1-4.7.

DAODAS spent approximately \$34.043 million on prevention, intervention, and treatment services during FY11, providing prevention services to 300,000 South Carolinians and provided over 49,000 individuals intervention and treatment services. For every dollar spent on these services, \$7.46 in associated costs is saved. Therefore, savings to the State of South Carolina in FY11 were approximately \$256.83 million in costs to society, including costs of incarceration, drug-related crime, hospitalizations, and other societal ills.

Accountability Report Cite: Section I, Executive Summary – Major Achievements; Section III – Category 3, Customer Focus, Questions 3.1-3.5; Section III, Category 4 – Management, Analysis and Information Management, Questions 4.1-4.7.

- G. **Number of Provisos:**
One Change Included in Package.

IIA. OPERATING BUDGET PROGRAMS

Agency Section/Code/Name: Section 25/J20/Dept of Alcohol & Other Drug Abuse Services

SUMMARY OF OPERATING BUDGET PROGRAMS FOR FY 2012-13

OPERATING BUDGET PROGRAMS			FUNDING					FTEs			
Title	Activity Name	Activity No.	Non-Recurring State	Recurring State	Federal	Other	Total	State	Federal	Other	Total
I. Administration	Chemical Dependency Service Accountability; Alcohol and Drug Abuse Administration	1034, 1040		78,840	78,842		157,682	0.50	0.50		1.00
II. Finance & Operations	Chemical Dependency Service Accountability; Chemical Dependency Community-Based Prevention Services; Chemical Dependency Community-Based Intervention Services; Chemical Dependency Community-Based Treatment Services; Direct Chemical Dependency Services; Gambling Services; Alcohol and Drug Abuse Administration	1034, 1035, 1036, 1037, 1038, 1039, 1040		5,943,754	23,889,041	1,060,818	30,893,613	8.36	5.15	2.30	15.81
III. MGMNT Info & Research	Chemical Dependency Service Accountability; Alcohol and Drug Abuse Administration	1034, 1040		64,585	385,228	140,988	590,801	0.85	2.85	1.30	5.00
IV. Services	Chemical Dependency Service Accountability; Gambling Services; Alcohol and Drug Abuse Administration	1034, 1039, 1040		61,034	91,916	356,565	509,515	0.65	1.00	0.85	2.50
V. Programs	Chemical Dependency Service Accountability; Chemical Dependency Community-Based Prevention Services; Chemical Dependency Community-Based Intervention Services; Chemical Dependency Community-Based Treatment Services; Direct Chemical Dependency Services; Alcohol and Drug Abuse Administration	1034, 1035, 1036, 1037, 1038, 1040		107,420	870,697	79,569	1,057,686	1.65	6.95	0.90	9.50
							0				0.00
For additional rows, place cursor in this gray box and press "Ctrl" + "b". (You need to start in this gray box for each row needed or the formulas will not copy properly.)											
TOTAL OF ALL OPERATING BUDGET PROGRAMS			0	6,255,633	25,315,724	1,637,940	33,209,297	12.01	16.45	5.35	33.81

IIB. CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

Agency Section/Code/Name: Section 25 - J20 - Department of Alcohol and Other Drug Abuse Services (None Requested)

SUMMARY OF CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

CAPITAL BUDGET/NON-RECURRING REQUESTS				Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Project No.*	Project Name	Activity Name	Activity No.				
							0
							0
							0
							0
							0
For additional rows, place cursor in this gray box and press "Ctrl" + "c". (You need to start in this gray box for each row needed or the formulas will not copy properly.)							
TOTAL OF ALL CAPITAL BUDGET/NON-RECURRING REQUESTS				0	0	0	0

*if applicable

A. Summary description of programs and how they relate to the mission of the agency:

The department seeks, secures, manages, and distributes federal and state block grants and other funding for the delivery of alcohol and other drug (AOD) abuse services (prevention, intervention, treatment and recovery) to South Carolinians. Activities include strategic planning; developing, managing, and ensuring standards for provider accountability; budget oversight; providing technical assistance on all elements of provider operations and customer support; setting administrative and clinical standards for quality assurance; providing uniform contract management; developing and implementing program and administrative policies; evaluating service provision; ensuring that federal mandates are met; identifying "best practices"; acting as the "point" for service collaboration and coordination, and workforce development; information system management, research, and evaluation; providing prior authorization of Medicaid-eligible AOD services; and identifying alternative funding streams through grant acquisition. (US PL 91-616 and 92-255 / SC Code Section 44-49-10 et.seq. / SC Code 61-12-10 et.seq.)

The administrative function provides executive leadership; develops and implements short- and long-term directions, performance expectations, and organizational values; supports policy development, review, and implementation; and oversees financial services, procurement, personnel services, and communication. (SC Code Section 44-49-10 et. seq.)

These functions/activities are elemental to ensuring the availability and quality of prevention, treatment, and recovery services in South Carolina, and to improve the health status and quality of life of individuals, families and communities in South Carolina and are core functions of government.

B. Budget Program Number and Name: I - Administration

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1034	Chemical Dependency Service Accountability		\$39,420	\$39,421		\$78,841
1040	Alcohol and Drug Abuse Administration		\$39,420	\$39,421		\$78,841

D. Performance Measures:

Chemical Dependency Service Accountability – 1034 / Alcohol and Drug Abuse Administration – 1040. Sustainable recovery is the overarching expected result and includes reducing use, reducing abuse, and reducing harm. Performance measures include federal and state access and retainment benchmarks and include prevention and treatment outcome measures. The agency meets federal block grant set-aside requirements each year; surveys customers for feedback and satisfaction; and completes the annual *Youth Access to Tobacco Study*, as required by federal law.

Improvement in the effectiveness of prevention, intervention, and treatment programs to ensure positive outcomes for AOD abuse clients. Providers must meet contract objectives (Industry Standards / State Benchmarks) that include: 1) 75% of clients must receive an assessment within two working days of intake; and 2) 50% of clients must receive a qualifying service within six working days of assessment. Providers must also meet requirements in the following areas: maintenance of CARF accreditation (Industry Standard / State Benchmark); development and adherence to County Strategic Plans (State Benchmark); maintenance of ADSAP certification (State Benchmark); meet Coordinated County Review indicators (State Benchmark). DAODAS must meet federal block grant set-aside requirements (Federal Benchmark).

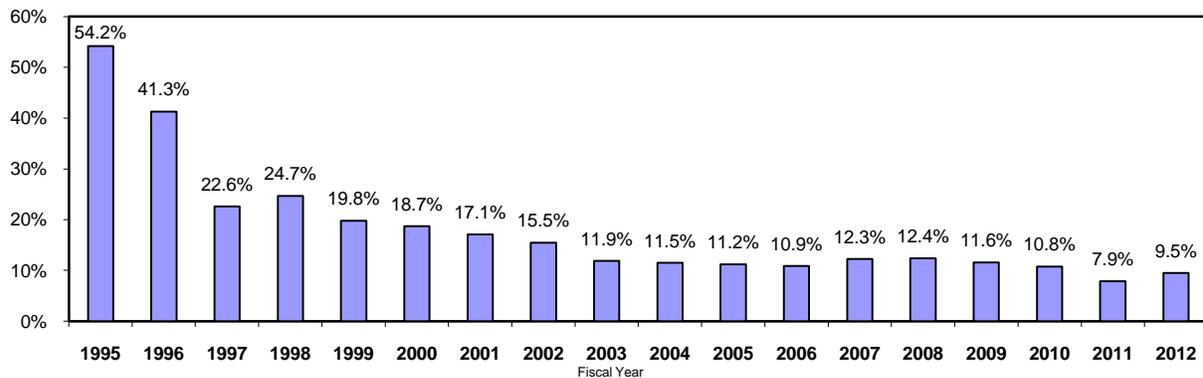
Providers surpassed the contract assessment requirement of 75%, achieving 92.8% in FY08, 92.3% in FY09 and 92.6% in FY10 (*Note: FY11 Not Finalized*). Providers exceeded the contract service requirement of 50%, achieving 71% in FY08, 75% in FY09, and 69.3 % in FY10 (*Note: FY11 Not Finalized*). 100% maintained CARF accreditation (FY09-FY11), a national designation first required by DAODAS in 1997. 100% maintained ADSAP provider certification (FY09-FY11). 100% submit County Strategic Plans annually meeting required guidelines (FY09-FY11). The CCR Indicator Compliance

Goal of 90% was surpassed each year from 2001 to 2011. DAODAS met 100% of federal block grant set-aside requirements in each year 2001-2011.

The department has maintained low administrative costs (less than 5%); FY09 - 2.7%; FY10-2.4%; FY11 – 2.2%.

DAODAS and its local partners have also participated in the federally required *Youth Access to Tobacco Study* to reduce South Carolina youth’s ability to purchase tobacco products. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in this rate, the department documented a purchase rate of 11.6% in FFY09, down to 10.8% in FFY10, 7.9% in FFY11 and 9.5% in FFY12. This is well below the federal requirement of 20%, and the FFY12 result achieves a goal of the agency: to reduce the rate of youth access to tobacco to no more than 10%. DAODAS has surpassed the expected outcome. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% cut in Substance Abuse Prevention and Treatment Block Grant funding.

Percentage of Purchase Attempts Resulting in a Purchase



E. Program Interaction:

Agency staffing levels have been constant to achieve evidence based outcomes. The department has collaborated with the Departments of Mental Health, Health and Human Services, Juvenile Justice, Probation, Parole and Pardon, and Health and Environmental Control, as well as with private providers, to achieve and surpass performance expectations while sharing resources to increase capacity to serve clients with substance abuse issues.

DAODAS, the Department of Mental Health (DMH), county alcohol and drug abuse authorities, local mental health providers, and local hospitals continued developing plans on how best to provide treatment to people with co-occurring disorders and those who visit emergency rooms (ERs) in crisis. Over the past six fiscal years, the alcohol and other drug abuse provider system has continued to expend state and federal resources to provide services to co-occurring clients in South Carolina. This involvement has lowered the number of clients visiting local ERs to access substance abuse care, reducing ER visits of individuals with a primary substance abuse diagnosis by 10% since 2005. *Action:* DAODAS continues to work with DMH and the South Carolina Vocational Rehabilitation Department (VR) to implement evidence-based practices for clients who suffer from substance abuse and mental health problems, with the end goal of increasing communication, sharing resources, and achieving positive outcomes for this population. Specific activities include workforce development, implementing screening and referral mechanisms, surveying systemic capabilities of the substance abuse system to provide treatment to co-occurring populations, and planning and technical assistance to implement lessons learned. Eleven pilot projects continued to operate during FY11. During FY12, DAODAS will work to address the challenge of expanding the lessons learned from the project throughout the local provider network.

The department has worked with DMH, VR, Department of Veterans Affairs, Department of Workforce Development, and the South Carolina National Guard – among a range of state and private support groups for veterans – as a member of the South Carolina Veterans Policy Academy. Formed three years ago, the Academy’s mission is to place focus on the state’s returning veterans to ensure access to a range of health and social services, with a focus on employment. This mission also includes existing veterans and their families. The Academy has completed an agency inventory of services for veterans and their families; collaborated on recommending a continuum of care across agencies, systems, and sectors; and identified a list of providers, services, and call centers to centralize access for veterans

III. Budget Category Justification Sheet:
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and their families. DAODAS has also added a question to its intake forms to help identify veterans so that their special needs can be addressed. *Action:* DAODAS, in conjunction with the Academy, will focus on communication strategies to further identify veterans and their families, implement the recommended strategy for linking veterans with needed services, and focus on employment of veterans.

F. Change Management:

The mission of the department is defined by state and federal statute. Strategic goals and objectives have been refined to better serve customers and to meet the challenges of the evolving health care market over the last several years, while focusing on 5 strategic directions, including a) reducing administration and funding direct services in the field; b) increasing evidence-based prevention programming; c) increasing evidence-based treatment programming; d) focusing on statewide service infrastructure needs; and e) transitioning to performance funding.

In mid FY11, a new agency director was appointed by Governor Nikki Haley. The immediate impact of the director's vision for the department is a renewed commitment toward recovery, with emphasis placed on working collaboratively with agency partners toward increasing the capacity of service provision, a focus on integration with primary care, a increased emphasis on serving pregnant women and adolescents, while also increasing access to services for veterans.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		.50	.50		1.0
Personal Service	\$0	\$56,041	\$56,041		\$112,082
Employer Contributions	0	\$15,811	\$15,813		\$31,623
Program/Case Services	\$0				
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	\$6,988	\$6,989		\$13,977
Total	\$ 0	\$78,840	\$78,842		\$157,682

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? No.
If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category. None.

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$93,538	\$34,521	
2012-2013 Act		\$63,029	\$63,030	
Difference		\$30,509-	\$28,509	
% Difference		32.5% -	82%	

Note: 2012-2013 Totals do not include Employer Contributions

III. Budget Category Justification Sheet:
Administration

Agency Code
J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

K. Detailed Justification for FTEs: None are requested.

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The department seeks, secures, manages, and distributes federal and state block grants and other funding for the delivery of alcohol and other drug (AOD) abuse services (prevention, intervention, treatment and recovery) to South Carolinians. Activities include strategic planning; developing, managing, and ensuring standards for provider accountability; budget oversight; providing technical assistance on all elements of provider operations and customer support; setting administrative and clinical standards for quality assurance; providing uniform contract management; developing and implementing program and administrative policies; evaluating service provision; ensuring that federal mandates are met; identifying "best practices"; acting as the "point" for service collaboration and coordination, and workforce development; information system management, research, and evaluation; providing prior authorization of Medicaid-eligible AOD services; and identifying alternative funding streams through grant acquisition. (US PL 91-616 and 92-255 / SC Code Section 44-49-10 et.seq. / SC Code 61-12-10 et.seq.)

Prevention services focus on reducing the risk of the development of problems related to the use of alcohol, tobacco, and other drugs (ATODs) among the general public and specific high-risk groups. Services are implemented in communities and schools throughout South Carolina. Prevention services are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of ATOD-related problems. Six strategies are utilized and include information dissemination, education, alternatives, problem identification and referral, community-based processes, and environmental strategies. (Key Customers - Citizen-Clients and their Family Members, stratified into the following populations: women, children and adolescents, and adults; Community Coalitions; and High-Risk Target Groups) (US PL 91-616 and 92-255) (SC Code Section 44-49-40 and Section 44-49-80)

Intervention services work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco, and other drugs (ATODs). Following their identification through self-referral, the school system, the criminal justice system, the workplace, or other social systems, individuals are referred to specific intervention programs for education and treatment services as appropriate. The Alcohol and Drug Safety Action Program (ADSAP), the state's program for individuals charged with or convicted under the state's laws related to driving or boating under the influence, is the largest intervention program. (Key Customers - Self-Referred Consumers; Incarcerated/Paroled Individuals; Juvenile Justice Detainees/Parolees; DUI ADSAP Clients) (US PL 91-616 and 92-255) (SC Code Section 56-5-2990)

Treatment services are designed to reduce the health and human service costs associated with substance abuse, as well as the economic cost to our communities and state. Multiple treatment modalities that are evidence-based are available to accommodate entry into services and progression along a continuum of care. Specific ATOD services involve various levels of care ranging from outpatient treatment, which is available in every county, to higher levels of specialized treatment services, such as detoxification, adolescent inpatient treatment, and/or various residential services. Specialized services are available on a county, regional, and statewide basis. These include specialized services for women and children that are provided through five long-term residential treatment programs and one long-term transitional housing program; services for adolescents; and services for incarcerated and paroled individuals. (Key Customers - All Customers Identified Above Who Are in Need of Any Level of Treatment) (US PL 91-616 and 92-255) (SC Code Section 44-49-60 and 44-49-80).

The department provides gambling information, education, and referral services to persons experiencing gambling addictions and operates a toll-free, 24/7 gambling helpline. In addition, the department provides oversight of the treatment process and expenditures for treatment through utilization review of all gambling services, as well as public awareness campaigns. (SC Section 59-150-230 [I]; Proviso 12.3, FY03-06 Appropriation Acts; Proviso 12.2, FY07-09 Appropriation Acts; Proviso 25.2, FY10-12 Appropriation Acts).

This specific function also manages the budgetary process for the department, as well as all accounting, contract and procurement activities.

B. Budget Program Number and Name: II – Finance & Operations

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1034	Chemical Dependency Service Accountability		\$69,518	\$653,842		\$723,360
1035	Chemical Dependency Community-Based Prevention Services		\$739,624	\$7,100,452		\$7,840,076
1036	Chemical Dependency Community-Based Intervention Services		\$420,065	\$1,070,608		\$1,490,673
1037	Chemical Dependency Community-Based Treatment Services		\$4,505,995	\$14,159,904	\$901,920	\$19,567,819
1038	Direct Chemical Dependency Services			\$663,000		\$663,000
1040	Alcohol and Drug Abuse Administration		\$208,553	\$241,235	\$158,898	\$608,686

D. Performance Measures:

Chemical Dependency Service Accountability – 1034 / Alcohol and Drug Abuse Administration – 1040. Sustainable recovery is the overarching expected result and includes reducing use, reducing abuse, and reducing harm. Performance measures include federal and state access and retention benchmarks and include prevention and treatment outcome measures. The agency meets federal block grant set-aside requirements each year; surveys customers for feedback and satisfaction; and completes the annual *Youth Access to Tobacco Study*, as required by federal law.

Improvement in the effectiveness of prevention, intervention, and treatment programs to ensure positive outcomes for AOD abuse clients. Providers must meet contract objectives (Industry Standards / State Benchmarks) that include: 1) 75% of clients must receive an assessment within two working days of intake; 2) 50% of clients must receive a qualifying service within six working days of assessment; and 3) Outcome Survey 15% or More of Eligible Discharged Clients. Providers must also meet requirements in the following areas: maintenance of CARF accreditation (Industry Standard / State Benchmark); development and adherence to County Strategic Plans (State Benchmark); maintenance of ADSAP certification (State Benchmark); meet Coordinated County Review indicators (State Benchmark). DAODAS must meet federal block grant set-aside requirements (Federal Benchmark).

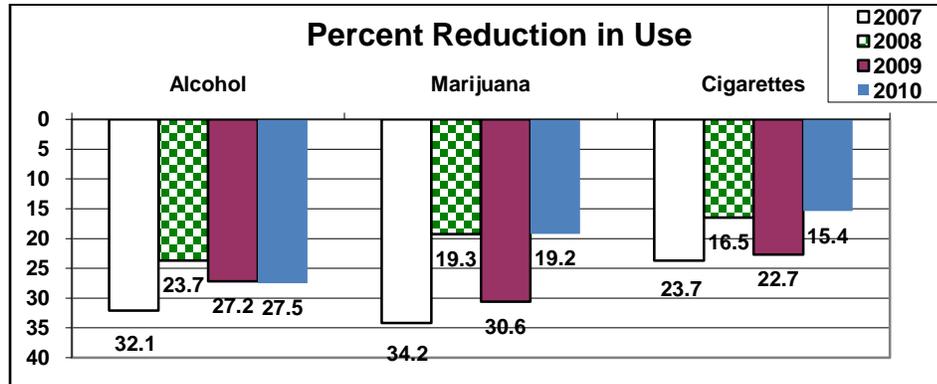
Providers surpassed the contract assessment requirement of 75%, achieving 92.8% in FY08, 92.3% in FY09 and 92.6% in FY10 (*Note: FY11 Not Finalized*). Providers exceeded the contract service requirement of 50%, achieving 71% in FY08, 75% in FY09, and 69.3 % in FY10 (*Note: FY11 Not Finalized*). 100% maintained CARF accreditation (FY09-FY11), a national designation first required by DAODAS in 1997. 100% maintained ADSAP provider certification (FY09-FY11). 100% submit County Strategic Plans annually meeting required guidelines (FY09-FY11). The CCR Indicator Compliance Goal of 90% was surpassed each year from 2001 to 2011. DAODAS met 100% of federal block grant set-aside requirements in each year 2001-2011.

The department has maintained low administrative costs (less than 5%); FY09 - 2.7%; FY10-2.4%; FY11 – 2.2%.

Chemical Dependency Community-Based Prevention Services – 1035. Use of evidence-based approaches to prevent or reduce the misuse, use, and abuse of ATODs. The department focuses on strategies to reduce underage drinking, to include working with a range of agencies, with an emphasis on partnerships with law enforcement networks. The DAODAS Standard Survey focuses on core measures and includes measuring 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; favorable attitudes toward ATOD use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use;

perceived parental attitudes toward ATOD use; and decision-making. These are state benchmarks developed by South Carolina and based on federal guidelines.

Significance Chart FY07-10



Outcomes (* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 during FY11 included: 16.3% reduction in the number of cigarette users*; 18.2% reduction in the number of inhalant users*; 26.8% reduction in the number of non-medical prescription drug users*; 8.1% improvement in perceived risk/harm of ATOD use*; and 1.8% improvement in decision-making skills*.

Increased evidence-based programming - 2004 - 56 / 2005 - 81 / 2006 - 145 / 2007 - 152 / 2008 - 287 / 2009 - 297 / 2010 - 296; 248 - FY11.

Implement Alcohol Enforcement Team (Underage Drinking) Measures - Enforcement efforts are conducted by local and state law enforcement, in conjunction with the local substance abuse prevention professionals, which oversee compliance checks, controlled party dispersals, public safety checkpoints, and fake ID checks (**more than 23,000** compliance checks have been completed since 2007, with **the the percentage of merchants selling to youth dropping from 20.5% in FY '08 to 14.5% in FY '10**).

- More than **1,000** law enforcement officers throughout the state have been trained through regional AET trainings sanctioned through the S.C. Criminal Justice Academy.
- AETs prevented **more than 500** parties since 2008 thereby reducing the potential for illegal underage drinking and potential DUI crashes.
- Since FY08 AET officers have participated in **almost 1,800** checkpoints; ticketing **almost 1,200** underage violations

State and Local Prevention Activities

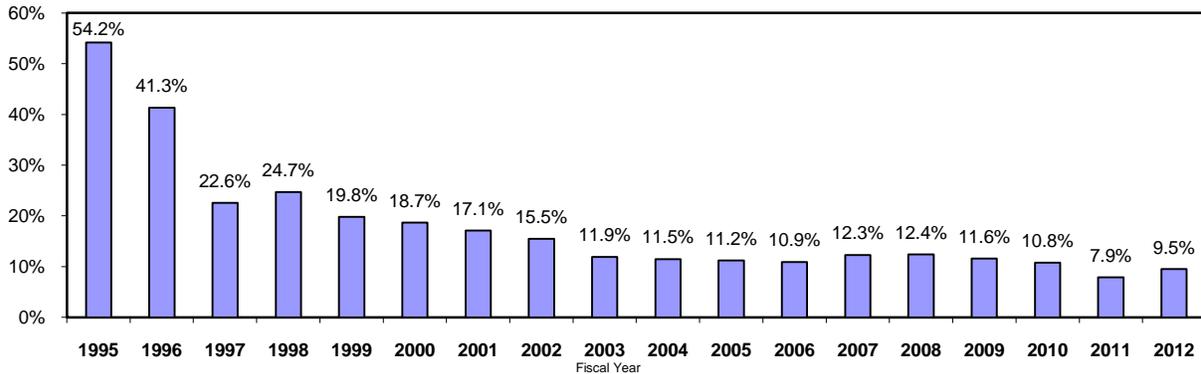
- Developing multi-jurisdictional enforcement (AETs)
- Raising awareness through community presentations to parents and youth
- Providing approved merchant education to improve compliance with underage sales laws (**about 7,000** merchants have received the state-approved Palmetto Retailer Education Program since 2007.)
- Engaging and developing community coalitions
- Publicizing efforts through the media:

In local communities, there have been almost **1,400** media placements since the AETs were created, along with dissemination of information to parents and youth throughout the state through brochures, flyers and speaking engagements. A statewide media campaign, "Parents Who Host, Lose the Most," ran from FY '08 to FY '10 with an estimated 5.5 million viewers seeing the print materials timeseach year. The TV campaign was viewed an estimated 40.2 million times each year on cable and network television throughout the state.

Meet federal Synar requirement of Reducing Youth Access to Tobacco - DAODAS and its local partners have also participated in the federally required *Youth Access to Tobacco Study* to reduce South Carolina youth's ability to purchase tobacco products. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco

products to minors. Continuing a steady decline in this rate, the department documented a purchase rate of 11.6% in FFY09, down to 10.8% in FFY10, 7.9% in FFY11 and 9.5% in FFY12. This is well below the federal requirement of 20%, and the FFY12 result achieves a goal of the agency: to reduce the rate of youth access to tobacco to no more than 10%. DAODAS has surpassed the expected outcome. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% cut in Substance Abuse Prevention and Treatment Block Grant funding.

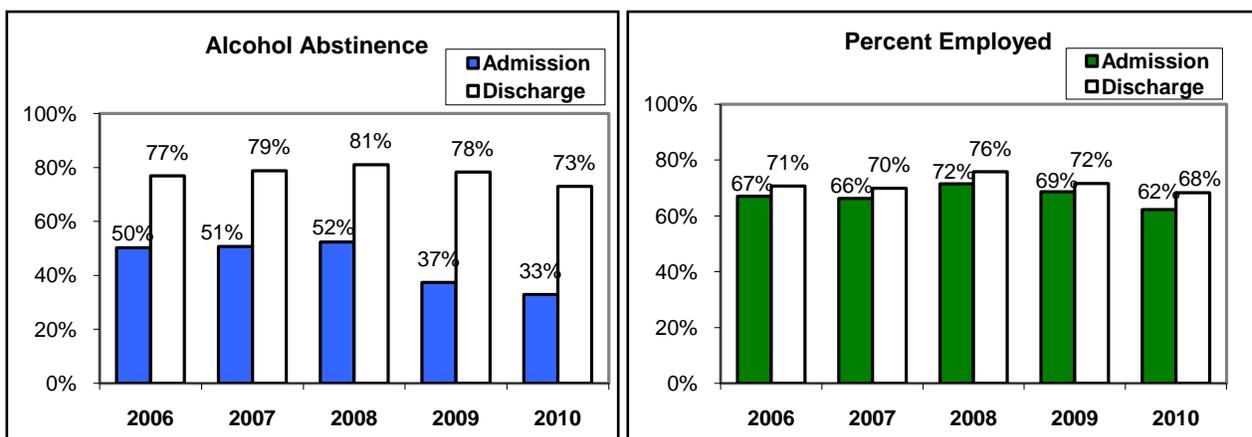
Percentage of Purchase Attempts Resulting in a Purchase



Chemical Dependency Community-Based Intervention Services – 1036. Reduction in risk of using ATODs. Reduction in DUI risk. Change in client attitudes and behaviors that led them to refrain from use, refrain from abuse, and reduce harm. Sustainable recovery is the overarching expected result. Specific client outcome data include, but are not limited to: 1) maintaining or reducing client alcohol use in the past 30 days; 2) maintaining or reducing client alcohol use to intoxication in the past 30 days; 3) maintaining or reducing client illegal drug uses in the past 30 days; 4) maintaining or reducing client tobacco use in the past 30 days; 5) maintaining or increasing client employment; 6) maintaining or increasing clients in stable housing; 7) reducing emergency room use in the past 30 days; and 8) maintaining or increasing enrollment in school. Federal Benchmarks.

For FY10, 73.0% of surveyed clients report no alcohol use from admission to 90-110 days following discharge from services, an increase of 40.10%; 94.4% of surveyed clients report no use of alcohol to the point of intoxication from admission to 90-110 days following discharge, an increase of 29.5%; 53.1% of clients surveyed report that they were smoke-free from admission to 90-110 days post-discharge, a decrease of 6.1%; 68.3% of clients surveyed report that they were gainfully employed from admission to 90-110 days following discharge, an increase of 6%; and 95.5% of students surveyed report a reduction in suspensions, expulsions, or detention from admission to 90-110 days following discharge, an increase of 11.9%.

Two of the most important measures are charted below for the last four fiscal years: Abstinence and Employment.



Chemical Dependency Community Based Treatment Services - 1037. Sustainable recovery. Reduce use, reduce abuse, and reduce harm. Outcomes and metric are identical to intervention services. See Chemical Dependency Intervention Outcomes Measures noted above.

E. Program Interaction:

Agency staffing levels have been constant to achieve evidence based outcomes in all programmatic areas. The department has collaborated with the Departments of Mental Health, Health and Human Services, Juvenile Justice, Probation, Parole and Pardon, and Health and Environmental Control, as well as with private providers, to achieve and surpass performance expectations while sharing resources to increase capacity to serve clients with substance abuse issues.

F. Change Management:

The mission of the department is defined by state and federal statute. Strategic goals and objectives have been refined to better serve customers and to meet the challenges of the evolving health care market over the last several years, while focusing on 5 strategic directions, including a) reducing administration and funding direct services in the field; b) increasing evidence-based prevention programming; c) increasing evidence-based treatment programming; d) focusing on statewide service infrastructure needs; and e) transitioning to performance funding.

In mid FY11, a new agency director was appointed by Governor Nikki Haley. The immediate impact of the director's vision for the department is a renewed commitment toward recovery, with emphasis placed on working collaboratively with agency partners toward increasing the capacity of service provision, a focus on integration with primary care, a increased emphasis on serving pregnant women and adolescents, while also increasing access to services for veterans.

Below, please see change in mission and focus for FY12-FY13.

Reducing Administration and Duplication of Services

Related Goals of DAODAS Strategic Plan

- To make available the necessary resources to improve the department's capacity to provide efficient and effective services.
 1. Implement system integration with primary healthcare and behavioral healthcare systems.
 2. Increase electronic recordkeeping and information technology capabilities.
 3. Identify and address internal process-improvement actions to achieve better response times. Focus on planning for federal block grant application.
- To improve the efficiency of the service-delivery system.
 1. Focus on Recovery-Oriented Systems of Care.
- To collaborate more effectively with service providers and stakeholders.
 1. Focus on capability for treating clients with co-occurring disorders.
 2. Focus on increasing access to services for veterans and their families.
 3. Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) programs with Medicaid populations.
 4. Work with the Department of Social Services to identify clients in need of substance abuse services and ensure seamless referrals.
- To ensure that all clients and the citizenry-at-large are stimulated and engaged.
 1. Focus on families.

Increasing Evidence-Based Prevention Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of prevention programs.
 1. Capitalize on success and expand program efforts to address underage drinking.
 2. Develop and implement a plan to reduce fetal alcohol syndrome and increase healthy birth outcomes.

Increasing Evidence-Based Treatment Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of treatment and intervention programs.
 1. Work with the Clinical Trials Network at the Medical University of South Carolina to further integrate research-based "best practices" into treatment protocols.
 2. Focus on implementing medication-assisted treatment.
 3. Continue focusing on systems change to increase access to services for adolescents and families seeking health and human services.

III. Budget Category Justification Sheet:
II – Finance & Operations

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

Focusing on Statewide Infrastructure Needs

Related Goal of DAODAS Strategic Plan

- To improve the efficiency of the service-delivery system.
 1. Implement business protocols across the local provider system to access public and private insurance products.
 2. Increase service capacity.

Performance Data Decision-Making

Related Goal of DAODAS Strategic Plan

- To provide the necessary resources to improve the agency’s capacity to provide efficient and effective services.
 1. Develop and implement incentive contract processes based on service benchmarks.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		8.36	5.15	2.30	15.81
Personal Service	\$0	\$141,661	\$155,980	\$61,767	\$359,408
Employer Contributions	0	\$47,281	\$48,457	\$21,037	\$116,775
Program/Case Services	\$0	\$5,665,684	\$22,690,344	\$901,920	\$29,257,948
Pass-Through Funds	\$0	\$0	\$	\$0	
Other Operating Expenses	\$0	\$89,128	\$994,260	\$76,094	\$1,159,482
Total	\$ 0	\$5,943,754	\$23,889,041	\$1,060,818	\$30,893,613

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? No.
If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category. Proviso 25.1 (Training & Conference Revenue). Provision 25.2 (Gambling Addiction Services). Proviso 2.3 (Lottery Distribution).

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$5,835,179	\$22,885,239	\$1,079,590
2012-2013 Act		\$5,943,754	\$23,889,041	\$1,060,818
Difference		\$108,575	\$1,003,802	-\$18,772
% Difference		1.9%	4.4%	- 1.7%

Note: 2012-2013 Totals do not include Employer Contributions

Explanation of Changes:

1. Increase in State Recurring due to Health Insurance Allocation and in Other Operating for computer/software needs due to ne
2. Increase in Federal funding due to carry forward funds and increase in grant award from CAST Grant for implementation activities.
3. Decrease in Other Funds due to reduction in Gambling Service Funds.

III. Budget Category Justification Sheet:
II – Finance & Operations

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	State Appropriations	\$5,943,754				
58010000	Palmetto Initiative for Campus/Community Collaborations					\$74,175
58010000	Community for a Safer Tomorrow					\$2,714,124
54600000	SAPT BG					\$19,400,742
58010000	Enforcing Underage Drinking Laws					\$300,000
58010000	TANF					\$1,400,000
30560000	DASIS					
37640000	Medicaid Rehabilitative – Inter-Agency Funds from HHS			\$971,900		
37640000	Medicaid-Utilization Review – Inter-Agency Funds from HHS					
30370000	Utilization Review Match– Inter-Agency Funds from HHS					
30370000	Registration Fees			\$88,918		
39580000	Sale of Equipment					
30560000	SOMMS					
43B1000	Unclaimed Prize					

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. Not applicable.

Please detail the long-term sustainability of this program if cash reserves are needed to operate. Not applicable.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. Not Applicable.

III. Budget Category Justification Sheet:
II – Finance & Operations

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other- Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	8.46	2.20	5.15	15.81	
2011-2012 (A)	8.46	2.20	5.15	15.81	
2010-2011 (F)	3.05	.85	3.10	7.0	
2010-2011 (A)	8.46	2.20	5.15	15.81	
2009-2010 (F)	3.05	.85	3.10	7.0	.50
2009-2010 (A)	7.06	1.80	5.95	14.81	.50
2008-2009 (F)	3.05	.85	3.10	7.0	.50
2008-2009 (A)	6.06	1.50	7.10	14.66	.50
2007-2008 (F)	3.05	.85	3.10	7.0	.50
2007-2008 (A)	13.91	.70	7.20	21.81	.50

K. Detailed Justification for FTEs: None requested.

(1) Justification for New FTEs:

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The department seeks, secures, manages, and distributes federal and state block grants and other funding for the delivery of alcohol and other drug (AOD) abuse services (prevention, intervention, treatment and recovery) to South Carolinians. Activities include strategic planning; developing, managing, and ensuring standards for provider accountability; budget oversight; providing technical assistance on all elements of provider operations and customer support; setting administrative and clinical standards for quality assurance; providing uniform contract management; developing and implementing program and administrative policies; evaluating service provision; ensuring that federal mandates are met; identifying "best practices"; acting as the "point" for service collaboration and coordination, and workforce development; information system management, research, and evaluation; providing prior authorization of Medicaid-eligible AOD services; and identifying alternative funding streams through grant acquisition. (US PL 91-616 and 92-255 / SC Code Section 44-49-10 et.seq. / SC Code 61-12-10 et.seq.)

The function provides executive leadership; develops and implements short- and long-term directions, performance expectations, and organizational values; supports policy development, review, and implementation; and oversees financial services, procurement, personnel services, and communication. (SC Code Section 44-49-10 et. seq.)

This specific function of the division includes:

- Data Management: Maintain statewide substance abuse client treatment database, including episodic demographic, client management, and encounter records from 1974 to present (18.5 million records), along with other miscellaneous agency databases.
- Data Reporting: Manage and report data to various entities including admission and discharge data to SAMHSA (for Treatment Episode Data Set (TEDS)/National Outcome Measures (NOMS)/ and the Drug and Alcohol Services Information System (DASIS)) and client and encounter data to the state's data warehouse managed by ORS.
- System Design: Write specifications for enhancements to existing or new systems to meet state, federal and local needs, including the client management system/would-be electronic medical record used by all DAODAS providers. Design and analyze various provider performance monitoring measures.
- Data Analysis: Conduct demographic, trend and outcome data analyses from internal and external data sources.
- Provider Support: Provide technical assistance and support to 33 providers for proper data collection and reporting
- Information Technology (IT): Procurement, maintenance and support of all agency IT needs and functions.
- Coordination: Coordinate new data and IT initiatives with providers, other state agencies, software developers. Recent examples: Medicaid State Plan Amendment (SPA), SCHIEx, recent agency move and transfer of some IT functions to DSIT).

Data is amassed from many sources, but primarily through the department's Management Information and Research (MIR) Section. MIR has instituted detailed quality, reliability, and completeness standards to ensure its data's accuracy and availability for decision-making. This includes elements on the reporting of data to the department from the local provider network, the review of such data for their integrity, and submission of the data to the federal Center for Substance Abuse Treatment (CSAT). DAODAS has always averaged a recorded accuracy rate of well over 99% each month, as independently verified by the Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

The department continues to implement an upgrade of its data compilation through a purchase agreement with a web-based system that will yield real-time data while also offering local providers the opportunity to develop and analyze their own data and to develop related expertise. This is a precursor to the electronic management of all data and records. Other data advancements in FY11 included the piloting of an electronic assessment and clinical service notes, and outcome surveys.

This allows the department and its providers to integrate data for analysis to support the decision-making process. During FY12, the agency will be moving toward working with collaborators from the Division of State Information Technology and the Office of Research Services to investigate moving ahead with establishing a true electronic medical record.

This function/activity is elemental to ensuring the availability and quality of prevention, treatment, and recovery services in South Carolina, and to improve the health status and quality of life of individuals, families and communities in South Carolina and are core functions of government.

B. Budget Program Number and Name: III – Management Information & Research

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

III. Budget Category Justification Sheet:
 III – Management Information and
 Research

Agency
 Code: J20

Agency Name: South Carolina
 Department of Alcohol and Other Drug
 Abuse

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1034	Chemical Dependency Services Accountability		\$32,293	\$192,614	\$71,500	\$296,407
1040	Alcohol and Drug Abuse Administration		\$32,293	\$192,614	\$71,500	\$296,407

D. Performance Measures:

The division manages the performance measures listed below, which are highlight, but not all inclusive.

Chemical Dependency Service Accountability – 1034 / Alcohol and Drug Abuse Administration – 1040. Sustainable recovery is the overarching expected result and includes reducing use, reducing abuse, and reducing harm. Performance measures include federal and state access and retention benchmarks and include prevention and treatment outcome measures. The agency meets federal block grant set-aside requirements each year; surveys customers for feedback and satisfaction; and completes the annual *Youth Access to Tobacco Study*, as required by federal law.

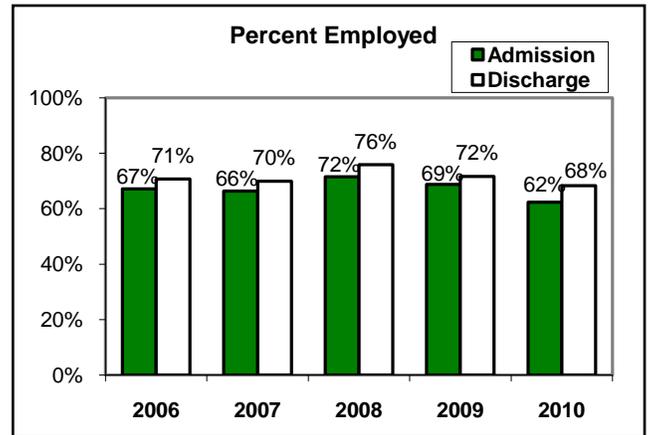
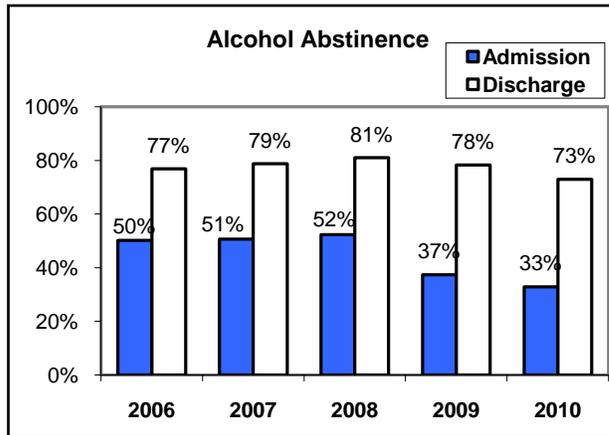
Treatment Outcomes. Improvement in the effectiveness of prevention, intervention, and treatment programs to ensure positive outcomes for AOD abuse clients. Providers must meet contract objectives (Industry Standards / State Benchmarks) that include: 1) 75% of clients must receive an assessment within two working days of intake; 2) 50% of clients must receive a qualifying service within six working days of assessment; and 3) Outcome Survey 15% or More of Eligible Discharged Clients. Providers must also meet requirements in the following areas: maintenance of CARF accreditation (Industry Standard / State Benchmark); development and adherence to County Strategic Plans (State Benchmark); maintenance of ADSAP certification (State Benchmark); meet Coordinated County Review indicators (State Benchmark). DAODAS must meet federal block grant set-aside requirements (Federal Benchmark).

Providers surpassed the contract assessment requirement of 75%, achieving 92.8% in FY08, 92.3% in FY09 and 92.6% in FY10 (*Note: FY11 Not Finalized*). Providers exceeded the contract service requirement of 50%, achieving 71% in FY08, 75% in FY09, and 69.3 % in FY10 (*Note: FY11 Not Finalized*). 100% maintained CARF accreditation (FY09-FY11), a national designation first required by DAODAS in 1997. 100% maintained ADSAP provider certification (FY09-FY11). 100% submit County Strategic Plans annually meeting required guidelines (FY09-FY11). The CCR Indicator Compliance Goal of 90% was surpassed each year from 2001 to 2011. DAODAS met 100% of federal block grant set-aside requirements in each year 2001-2011.

Reduction in risk of using ATODs. Reduction in DUI risk. Change in client attitudes and behaviors that led them to refrain from use, refrain from abuse, and reduce harm. Sustainable recovery is the overarching expected result. Specific client outcome data include, but are not limited to: 1) maintaining or reducing client alcohol use in the past 30 days; 2) maintaining or reducing client alcohol use to intoxication in the past 30 days; 3) maintaining or reducing client illegal drug uses in the past 30 days; 4) maintaining or reducing client tobacco use in the past 30 days; 5) maintaining or increasing client employment; 6) maintaining or increasing clients in stable housing; 7) reducing emergency room use in the past 30 days; and 8) maintaining or increasing enrollment in school. Federal Benchmarks.

For FY10, 73.0% of surveyed clients report no alcohol use from admission to 90-110 days following discharge from services, an increase of 40.10%; 94.4% of surveyed clients report no use of alcohol to the point of intoxication from admission to 90-110 days following discharge, an increase of 29.5%; 53.1% of clients surveyed report that they were smoke-free from admission to 90-110 days post-discharge, a decrease of 6.1%; 68.3% of clients surveyed report that they were gainfully employed from admission to 90-110 days following discharge, an increase of 6%; and 95.5% of students surveyed report a reduction in suspensions, expulsions, or detention from admission to 90-110 days following discharge, an increase of 11.9%.

Two of the most important measures are charted below for the last four fiscal years: Abstinence and Employment.



E. Program Interaction:

Agency staffing levels have been constant to achieve evidence based outcomes in all programmatic areas. The division has been working closely with the Division of State Information and Technology (DSIT) and the Office of Research and Statistics (ORS). In addition, the division is working with the Department of Health and Human Services in developing a compatible system to access the South Carolina Health Information Exchange Program, when it is feasible to implement within the substance abuse system.

F. Change Management:

In mid FY11, a new agency director was appointed by Governor Nikki Haley. The immediate impact of the director’s vision for the department is a renewed commitment toward recovery, with emphasis placed on working collaboratively with agency partners toward increasing the capacity of service provision, a focus on integration with primary care, a increased emphasis on serving pregnant women and adolescents, while also increasing access to services for veterans.

One of the main objectives over the next several years is to implement electronic medical records.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		.85	2.85	1.30	5.00
Personal Service	\$0	\$47,051	\$191,380	\$86,964	\$325,395
Employer Contributions	0	\$13,600	\$58,800	\$24,024	\$96,424
Program/Case Services	\$0				
Pass-Through Funds	\$0				
Other Operating Expenses	\$0	\$3,934	\$135,048	\$32,012	\$170,994
Total	\$ 0	\$64,585	\$385,228	\$143,000	\$592,813

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? No.

If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category. Proviso 89.13 (South Carolina Health and Human Services Data Warehouse).

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$51,034	\$276,380	\$148,600
2012-2013 Act		\$64,585	\$385,228	\$143,000
Difference		\$13,551	\$108,848	-\$5,600
% Difference		26.5%	39%	-4.8%

Note: 2012-2013 Totals do not include Employer Contributions

Explanation of Changes:

4. Increase in State Recurring in Other Operating for computer/software needs due to new HIPPA requirements, Health Care Reform, Medicaid rate/service changes, etc.
5. Increase in Federal in Other Operating for computer/software needs due to new HIPPA requirements, Health Care Reform, Medicaid rate/service changes, etc.
6. Decrease in Other Funds due to reduction in SOMMS Funds.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	State Appropriations	\$64,585				
58010000	Palmetto Initiative for Campus/Community Collaborations					
58010000	Community for a Safer Tomorrow					
54600000	SAPT BG					\$385,228
58010000	Enforcing Underage Drinking Laws					
58010000	TANF					
30560000	DASIS			\$62,000		
37640000	Medicaid Rehabilitative – Inter-Agency Funds from HHS					
37640000	Medicaid-Utilization Review – Inter-Agency Funds from HHS					
30370000	Utilization Review Match– Inter-Agency Funds from HHS					
30370000	Registration Fees					
39580000	Sale of Equipment			\$1,000		
30560000	SOMMS			\$80,000		
43B1000	Unclaimed Prize					

If expenditures for this program are greater than known or estimated revenues and is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. Not applicable.

Please detail the long-term sustainability of this program if cash reserves are needed to operate. Not applicable.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. Not applicable.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	.85	1.30	2.85	5.0	
2011-2012 (A)	.85	1.30	2.85	5.0	1.0
2010-2011 (F)	.85	1.30	2.85	5.0	1.0
2010-2011 (A)	.85	1.30	2.85	5.0	1.0
2009-2010 (F)	.85	1.30	2.85	5.0	
2009-2010 (A)	.85	1.30	2.85	5.0	
2008-2009 (F)	1.75	1.20	2.05	5.0	1.0
2008-2009 (A)	1.75	1.20	2.20	5.15	1.0
2007-2008 (F)	1.50	1.75	1.75	5.0	1.0
2007-2008 (A)	1.50	1.75	1.75	5.0	1.0

K. Detailed Justification for FTEs: None requested.

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The department seeks, secures, manages, and distributes federal and state block grants and other funding for the delivery of alcohol and other drug (AOD) abuse services (prevention, intervention, treatment and recovery) to South Carolinians. Activities include strategic planning; developing, managing, and ensuring standards for provider accountability; budget oversight; providing technical assistance on all elements of provider operations and customer support; setting administrative and clinical standards for quality assurance; providing uniform contract management; developing and implementing program and administrative policies; evaluating service provision; ensuring that federal mandates are met; identifying "best practices"; acting as the "point" for service collaboration and coordination, and workforce development; information system management, research, and evaluation; providing prior authorization of Medicaid-eligible AOD services; and identifying alternative funding streams through grant acquisition. (US PL 91-616 and 92-255 / SC Code Section 44-49-10 et.seq. / SC Code 61-12-10 et.seq.)

The function provides executive leadership; develops and implements short- and long-term directions, performance expectations, and organizational values; supports policy development, review, and implementation; and oversees financial services, procurement, personnel services, and communication. The function also works closely with external customers, to include local providers of substance abuse services, constituents, the South Carolina General Assembly, and the Department of Health and Human Services (SC Code Section 44-49-10 et. seq.)

The department provides gambling information, education, and referral services to persons experiencing gambling addictions and operates a toll-free, 24/7 gambling helpline. In addition, the department provides oversight of the treatment process and expenditures for treatment through utilization review of all gambling services, as well as public awareness campaigns. (SC Section 59-150-230 [I]; Proviso 12.3, FY03-06 Appropriation Acts; Proviso 12.2, FY07-09 Appropriation Acts; Proviso 25.2, FY10-12 Appropriation Acts).

This function/activity is elemental to ensuring the availability and quality of prevention, treatment, and recovery services in South Carolina, and to improve the health status and quality of life of individuals, families and communities in South Carolina and are core functions of government.

B. Budget Program Number and Name: IV - Services

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1034	Chemical Dependency Service Accountability		\$30,517	\$45,958	\$304,553	\$381,028
1039	Gambling Services				\$50,000	\$50,000
1040	Alcohol and Drug Abuse Administration		\$30,517	\$45,958		\$76,475

D. Performance Measures:

Chemical Dependency Service Accountability – 1034 / Alcohol and Drug Abuse Administration – 1040. Sustainable recovery is the overarching expected result and includes reducing use, reducing abuse, and reducing harm. Performance measures include federal and state access and retention benchmarks and include prevention and treatment outcome measures. The agency meets federal block grant set-aside requirements each year; surveys customers for feedback and satisfaction; and completes the annual *Youth Access to Tobacco Study*, as required by federal law.

Improvement in the effectiveness of prevention, intervention, and treatment programs to ensure positive outcomes for AOD abuse clients. Providers must meet contract objectives (Industry Standards / State Benchmarks) that include: 1) 75% of clients must receive an assessment within two working days of intake; and 2) 50% of clients must receive a qualifying service within six working days of assessment. Providers must also meet requirements in the following areas: maintenance of CARF accreditation (Industry Standard / State Benchmark); development and adherence to County Strategic Plans (State

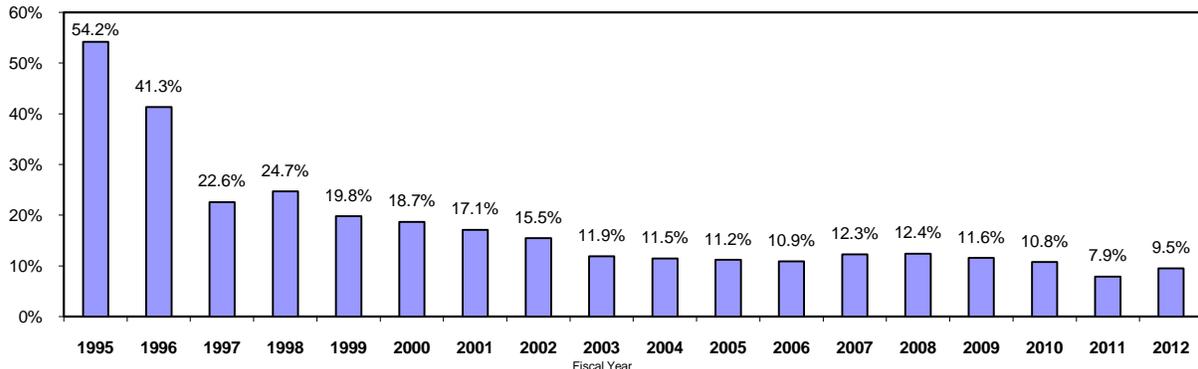
Benchmark); maintenance of ADSAP certification (State Benchmark); meet Coordinated County Review indicators (State Benchmark). DAODAS must meet federal block grant set-aside requirements (Federal Benchmark).

Providers surpassed the contract assessment requirement of 75%, achieving 92.8% in FY08, 92.3% in FY09 and 92.6% in FY10 (*Note: FY11 Not Finalized*). Providers exceeded the contract service requirement of 50%, achieving 71% in FY08, 75% in FY09, and 69.3 % in FY10 (*Note: FY11 Not Finalized*). 100% maintained CARF accreditation (FY09-FY11), a national designation first required by DAODAS in 1997. 100% maintained ADSAP provider certification (FY09-FY11). 100% submit County Strategic Plans annually meeting required guidelines (FY09-FY11). The CCR Indicator Compliance Goal of 90% was surpassed each year from 2001 to 2011. DAODAS met 100% of federal block grant set-aside requirements in each year 2001-2011.

The department has maintained low administrative costs (less than 5%); FY09 - 2.7%; FY10-2.4%; FY11 – 2.2%.

DAODAS and its local partners have also participated in the federally required *Youth Access to Tobacco Study* to reduce South Carolina youth’s ability to purchase tobacco products. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in this rate, the department documented a purchase rate of 11.6% in FFY09, down to 10.8% in FFY10, 7.9% in FFY11 and 9.5% in FFY12. This is well below the federal requirement of 20%, and the FFY12 result achieves a goal of the agency: to reduce the rate of youth access to tobacco to no more than 10%. DAODAS has surpassed the expected outcome. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% cut in Substance Abuse Prevention and Treatment Block Grant funding.

Percentage of Purchase Attempts Resulting in a Purchase



Gambling Services – 1039. State Benchmark: 256 Individuals Received Intervention and Treatment Services - Calendar Year (CY) 2004; 659 Individuals Received Intervention and Treatment Services - 2005; 583 Individuals Received Intervention and Treatment Services - 2006; 593 Individuals Received Intervention and Treatment Services - 2007; 533 Individuals Received Intervention and Treatment Services - 2008; 596 Individuals Received Intervention and Treatment Services – 2009; 477 Individuals Received Intervention and Treatment Services – 2010; and 358 Individuals Received Intervention and Treatment Services – 2011.

E. Program Interaction:

Agency staffing levels have been constant to achieve evidence based outcomes. The department has collaborated with the Departments of Mental Health, Health and Human Services, Juvenile Justice, Probation, Parole and Pardon, and Health and Environmental Control, as well as with private providers, to achieve and surpass performance expectations while sharing resources to increase capacity to serve clients with substance abuse issues.

DAODAS, the Department of Mental Health (DMH), county alcohol and drug abuse authorities, local mental health providers, and local hospitals continued developing plans on how best to provide treatment to people with co-occurring disorders and those who visit emergency rooms (ERs) in crisis. Over the past six fiscal years, the alcohol and other drug abuse provider system has continued to expend state and federal resources to provide services to co-occurring clients in South Carolina. This involvement has lowered the number of clients visiting local ERs to access substance abuse care, reducing ER visits of individuals with a primary substance abuse diagnosis by 10% since 2005. *Action:* DAODAS continues to work with DMH and the South Carolina Vocational Rehabilitation Department (VR) to implement evidence-

based practices for clients who suffer from substance abuse and mental health problems, with the end goal of increasing communication, sharing resources, and achieving positive outcomes for this population. Specific activities include workforce development, implementing screening and referral mechanisms, surveying systemic capabilities of the substance abuse system to provide treatment to co-occurring populations, and planning and technical assistance to implement lessons learned. Eleven pilot projects continued to operate during FY11. During FY12, DAODAS will work to address the challenge of expanding the lessons learned from the project throughout the local provider network.

The department has worked with DMH, VR, Department of Veterans Affairs, Department of Workforce Development, and the South Carolina National Guard – among a range of state and private support groups for veterans – as a member of the South Carolina Veterans Policy Academy. Formed three years ago, the Academy's mission is to place focus on the state's returning veterans to ensure access to a range of health and social services, with a focus on employment. This mission also includes existing veterans and their families. The Academy has completed an agency inventory of services for veterans and their families; collaborated on recommending a continuum of care across agencies, systems, and sectors; and identified a list of providers, services, and call centers to centralize access for veterans and their families. DAODAS has also added a question to its intake forms to help identify veterans so that their special needs can be addressed. *Action:* DAODAS, in conjunction with the Academy, will focus on communication strategies to further identify veterans and their families, implement the recommended strategy for linking veterans with needed services, and focus on employment of veterans.

The department works with local county alcohol and drug abuse authorities in association with inpatient mental health centers to strengthen continuity of care. *Action:* DAODAS operates a Medicaid utilization review pilot project to ensure that clients leaving the inpatient Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center and the Keystone Substance Abuse Services (York County) detoxification program access outpatient services in a timelier manner. The goal is to ensure that appointments are made and that clients access outpatient care to strengthen recovery. FY11 results showed a decrease from 55 mean days to access treatment in 2006 to 3.58 days to access treatment. This is a significant reduction and a positive change in enhancing continuity of care. The end result will be increased retention, lower recidivism, and increased outcomes. *Action:* The agency seeks to expand these efforts to other inpatient substance abuse facilities to impact continuity of care.

F. Change Management:

The mission of the department is defined by state and federal statute. Strategic goals and objectives have been refined to better serve customers and to meet the challenges of the evolving health care market over the last several years, while focusing on 5 strategic directions, including a) reducing administration and funding direct services in the field; b) increasing evidence-based prevention programming; c) increasing evidence-based treatment programming; d) focusing on statewide service infrastructure needs; and e) transitioning to performance funding.

In mid FY11, a new agency director was appointed by Governor Nikki Haley. The immediate impact of the director's vision for the department is a renewed commitment toward recovery, with emphasis placed on working collaboratively with agency partners toward increasing the capacity of service provision, a focus on integration with primary care, a increased emphasis on serving pregnant women and adolescents, while also increasing access to services for veterans.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		.65	1.50	.85	3.0
Personal Service	\$0	\$43,839	\$64,000	\$222,024	\$329,863
Employer Contributions	0	\$14,162	\$14,718	\$78,034	\$106,914
Program/Case Services	\$0				
Pass-Through Funds	\$0				
Other Operating Expenses	\$0	\$3,033	\$13,198	\$54,495	\$70,726
Total	\$ 0	\$61,034	\$91,916	\$354,553	\$507,503
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? No.
If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category. None related.

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$52,933	\$147,550	\$336,790
2012-2013 Act		\$61,034	\$91,916	\$354,553
Difference		-\$8,101	-\$55,634	\$17,763
% Difference		-15.3%	-60.5%	5.1%

Note: 2012-2013 Totals do not include Employer Contributions

Explanation of Changes:

7. Decrease in State Recurring due to shifting of FTE to Programs (V) due to absorb additional duties in this category.
8. Decrease in State Recurring due to shifting of FTE to Programs (V) due to absorb additional duties in this category.
9. Increase in Other Funds due to fund source change in FTE position.

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

III. Budget Category Justification Sheet
IV – Services

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	State Appropriations	\$61,034				
58010000	Palmetto Initiative for Campus/Community Collaborations					
58010000	Community for a Safer Tomorrow					
54600000	SAPT BG					\$91,916
58010000	Enforcing Underage Drinking Laws					
58010000	TANF					
30560000	DASIS					
37640000	Medicaid Rehabilitative – Inter-Agency Funds from HHS			\$63,521		
37640000	Medicaid-Utilization Review – Inter-Agency Funds from HHS			\$114,970		
30370000	Utilization Review Match– Inter-Agency Funds from HHS			\$114,970		
30370000	Registration Fees			\$11,082		
39580000	Sale of Equipment					
30560000	SOMMS					
43B1000	Unclaimed Prize				\$50,000	

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. Not Applicable.

Please detail the long-term sustainability of this program if cash reserves are needed to operate. Not Applicable.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. Not Applicable.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time-limited
2012-2013 (A)	.65	.85	1.50	3.0	3.0
2011-2012 (A)	.65	.85	1.50	3.0	4.0
2010-2011 (F)	.65	.35	1.0	2.0	4.0
2010-2011 (A)	.65	.85	1.50	3.0	4.0
2009-2010 (F)	.65	.35	1.0	3.0	5.0
2009-2010 (A)	.65	.85	1.50	3.0	5.0
2008-2009 (F)	.65	.35	1.0	3.0	5.50
2008-2009 (A)	1.0	1.50	1.50	4.0	5.50
2007-2008 (F)	.75	.75	1.50	3.0	5.50
2007-2008 (A)	1.0	1.50	1.50	4.0	5.50

K. (1) Justification for New FTEs (None Requested)

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The department seeks, secures, manages, and distributes federal and state block grants and other funding for the delivery of alcohol and other drug (AOD) abuse services (prevention, intervention, treatment and recovery) to South Carolinians. Activities include strategic planning; developing, managing, and ensuring standards for provider accountability; budget oversight; providing technical assistance on all elements of provider operations and customer support; setting administrative and clinical standards for quality assurance; providing uniform contract management; developing and implementing program and administrative policies; evaluating service provision; ensuring that federal mandates are met; identifying "best practices"; acting as the "point" for service collaboration and coordination, and workforce development; information system management, research, and evaluation; providing prior authorization of Medicaid-eligible AOD services; and identifying alternative funding streams through grant acquisition. (US PL 91-616 and 92-255 / SC Code Section 44-49-10 et.seq. / SC Code 61-12-10 et.seq.)

Prevention services focus on reducing the risk of the development of problems related to the use of alcohol, tobacco, and other drugs (ATODs) among the general public and specific high-risk groups. Services are implemented in communities and schools throughout South Carolina. Prevention services are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of ATOD-related problems. Six strategies are utilized and include information dissemination, education, alternatives, problem identification and referral, community-based processes, and environmental strategies. (Key Customers - Citizen-Clients and their Family Members, stratified into the following populations: women, children and adolescents, and adults; Community Coalitions; and High-Risk Target Groups) (US PL 91-616 and 92-255) (SC Code Section 44-49-40 and Section 44-49-80)

Intervention services work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco, and other drugs (ATODs). Following their identification through self-referral, the school system, the criminal justice system, the workplace, or other social systems, individuals are referred to specific intervention programs for education and treatment services as appropriate. The Alcohol and Drug Safety Action Program (ADSAP), the state's program for individuals charged with or convicted under the state's laws related to driving or boating under the influence, is the largest intervention program. (Key Customers - Self-Referred Consumers; Incarcerated/Paroled Individuals; Juvenile Justice Detainees/Parolees; DUI ADSAP Clients) (US PL 91-616 and 92-255) (SC Code Section 56-5-2990)

Treatment services are designed to reduce the health and human service costs associated with substance abuse, as well as the economic cost to our communities and state. Multiple treatment modalities that are evidence-based are available to accommodate entry into services and progression along a continuum of care. Specific ATOD services involve various levels of care ranging from outpatient treatment, which is available in every county, to higher levels of specialized treatment services, such as detoxification, adolescent inpatient treatment, and/or various residential services. Specialized services are available on a county, regional, and statewide basis. These include specialized services for women and children that are provided through five long-term residential treatment programs and one long-term transitional housing program; services for adolescents; and services for incarcerated and paroled individuals. (Key Customers - All Customers Identified Above Who Are in Need of Any Level of Treatment) (US PL 91-616 and 92-255) (SC Code Section 44-49-60 and 44-49-80).

DAODAS provides direct services to the adolescent population. The department's Bridge program assists adolescents as they transfer from institutional settings (juvenile justice or inpatient treatment) to community settings by offering a comprehensive array of specialized services, including family-based services, case management, and attention to primary healthcare needs. (No specific statutory requirement exists, but program is within mission focus.)

The function also provides executive leadership; develops and implements short- and long-term directions, performance expectations, and organizational values; supports policy development, review, and implementation; and oversees financial services, procurement, personnel services, and communication. (SC Code Section 44-49-10 et. seq.)

B. Budget Program Number and Name: V - Programs

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

III. Budget Category Justification Sheet:
V - Programs

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1034	Chemical Dependency Service Accountability		\$32,226	\$241,709	\$23,871	\$297,806
1035	Chemical Dependency Community-Based Prevention Services		\$21,484	\$161,139	\$15,914	\$198,537
1036	Chemical Dependency Community-Based Intervention Services		\$10,742	\$80,570	\$7,957	\$99,269
1037	Chemical Dependency Community-Based Treatment Services		\$37,597	\$281,994	\$27,849	\$347,440
1038	Direct Chemical Dependency Services			\$65,000		\$65,000
1040	Alcohol and Drug Abuse Administration		\$5,371	\$40,285	\$3,978	\$49,634

D. Performance Measures:

Chemical Dependency Service Accountability – 1034 / Alcohol and Drug Abuse Administration – 1040. Sustainable recovery is the overarching expected result and includes reducing use, reducing abuse, and reducing harm. Performance measures include federal and state access and retention benchmarks and include prevention and treatment outcome measures. The agency meets federal block grant set-aside requirements each year; surveys customers for feedback and satisfaction; and completes the annual *Youth Access to Tobacco Study*, as required by federal law.

Improvement in the effectiveness of prevention, intervention, and treatment programs to ensure positive outcomes for AOD abuse clients. Providers must meet contract objectives (Industry Standards / State Benchmarks) that include: 1) 75% of clients must receive an assessment within two working days of intake; 2) 50% of clients must receive a qualifying service within six working days of assessment; and 3) Outcome Survey 15% or More of Eligible Discharged Clients. Providers must also meet requirements in the following areas: maintenance of CARF accreditation (Industry Standard / State Benchmark); development and adherence to County Strategic Plans (State Benchmark); maintenance of ADSAP certification (State Benchmark); meet Coordinated County Review indicators (State Benchmark). DAODAS must meet federal block grant set-aside requirements (Federal Benchmark).

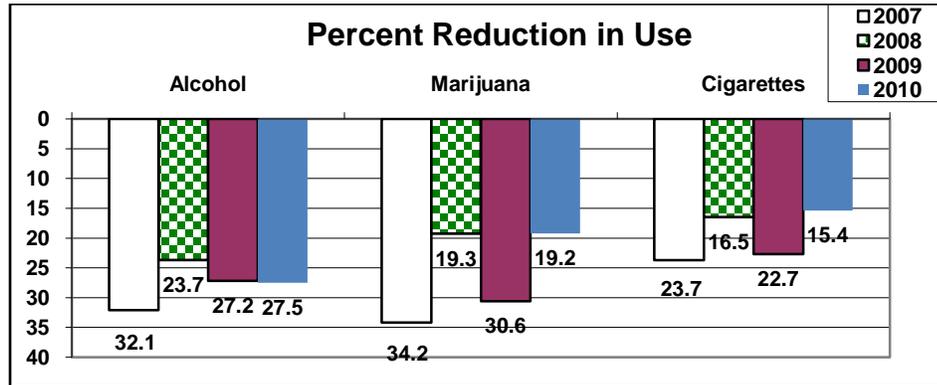
Providers surpassed the contract assessment requirement of 75%, achieving 92.8% in FY08, 92.3% in FY09 and 92.6% in FY10 (*Note: FY11 Not Finalized*). Providers exceeded the contract service requirement of 50%, achieving 71% in FY08, 75% in FY09, and 69.3 % in FY10 (*Note: FY11 Not Finalized*). 100% maintained CARF accreditation (FY09-FY11), a national designation first required by DAODAS in 1997. 100% maintained ADSAP provider certification (FY09-FY11). 100% submit County Strategic Plans annually meeting required guidelines (FY09-FY11). The CCR Indicator Compliance Goal of 90% was surpassed each year from 2001 to 2011. DAODAS met 100% of federal block grant set-aside requirements in each year 2001-2011.

Chemical Dependency Community-Based Prevention Services – 1035. Use of evidence-based approaches to prevent or reduce the misuse, use, and abuse of ATODs. The department focuses on strategies to reduce underage drinking, to include working with a range of agencies, with an emphasis on partnerships with law enforcement networks. The DAODAS Standard Survey focuses on core measures and includes measuring 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; favorable attitudes toward ATOD use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. These are state benchmarks developed by South Carolina and based on federal guidelines.

Outcomes (* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 during FY11 included: 16.3% reduction in the number of cigarette users*; 18.2% reduction in the number of inhalant users*; 26.8%

reduction in the number of non-medical prescription drug users*; 8.1% improvement in perceived risk/harm of ATOD use*; and 1.8% improvement in decision-making skills*.

Significance Chart FY07-10



Increased evidence-based programming - 2004 - 56 / 2005 - 81 / 2006 - 145 / 2007 - 152 / 2008 - 287 / 2009 - 297 / 2010 - 296; 248 - FY11.

Implement Alcohol Enforcement Team (Underage Drinking) Measures - Enforcement efforts are conducted by local and state law enforcement, in conjunction with the local substance abuse prevention professionals, which oversee compliance checks, controlled party dispersals, public safety checkpoints, and fake ID checks (**more than 23,000** compliance checks have been completed since 2007, with **the the percentage of merchants selling to youth dropping from 20.5% in FY '08 to 14.5% in FY '10**).

- More than **1,000** law enforcement officers throughout the state have been trained through regional AET trainings sanctioned through the S.C. Criminal Justice Academy.
- AETs prevented **more than 500** parties since 2008 thereby reducing the potential for illegal underage drinking and potential DUI crashes.
- Since FY08 AET officers have participated in **almost 1,800** checkpoints; ticketing **almost 1,200** underage violations

State and Local Prevention Activities

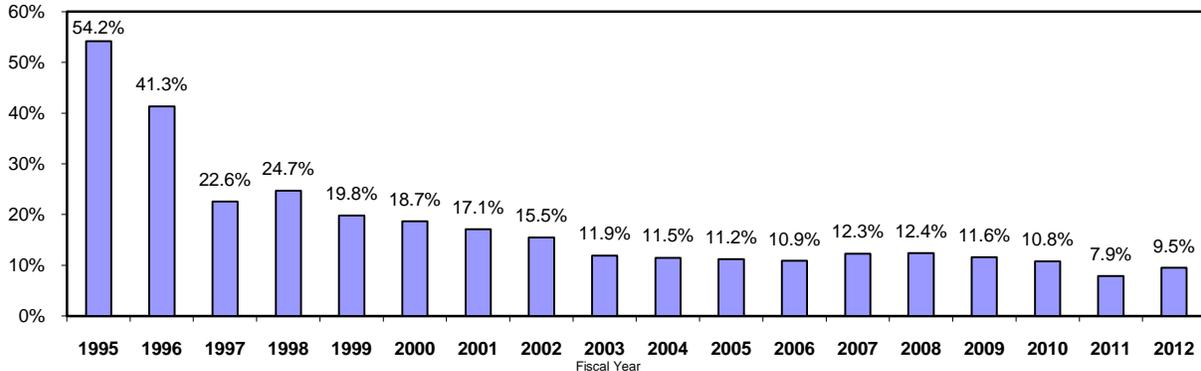
- Developing multi-jurisdictional enforcement (AETs)
- Raising awareness through community presentations to parents and youth
- Providing approved merchant education to improve compliance with underage sales laws (**about 7,000** merchants have received the state-approved Palmetto Retailer Education Program since 2007.)
- Engaging and developing community coalitions
- Publicizing efforts through the media:

In local communities, there have been almost **1,400** media placements since the AETs were created, along with dissemination of information to parents and youth throughout the state through brochures, flyers and speaking engagements. A statewide media campaign, "Parents Who Host, Lose the Most," ran from FY '08 to FY '10 with an estimated 5.5 million viewers seeing the print materials timeseach year. The TV campaign was viewed an estimated 40.2 million times each year on cable and network television throughout the state.

Meet federal Synar requirement of Reducing Youth Access to Tobacco - DAODAS and its local partners have also participated in the federally required *Youth Access to Tobacco Study* to reduce South Carolina youth's ability to purchase tobacco products. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in this rate, the department documented a purchase rate of 11.6% in FFY09, down to 10.8% in FFY10, 7.9% in FFY11 and 9.5% in FFY12. This is well below the federal requirement of 20%, and the FFY12 result achieves a goal of the agency: to reduce the rate of youth access to tobacco to no more than 10%. DAODAS

has surpassed the expected outcome. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% cut in Substance Abuse Prevention and Treatment Block Grant funding.

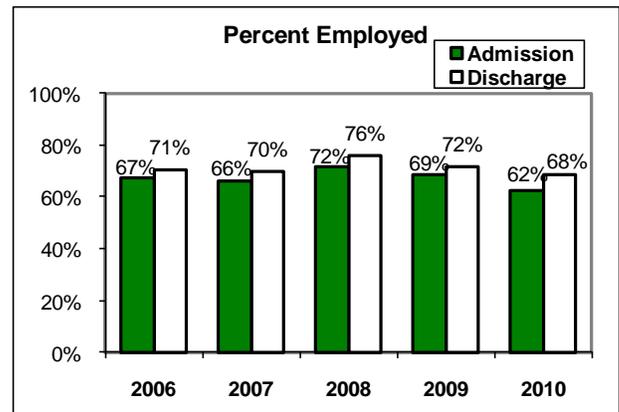
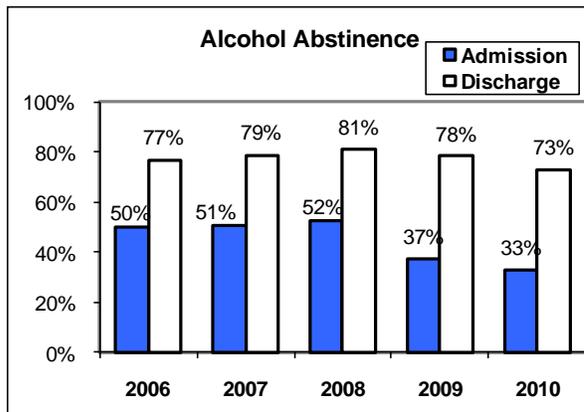
Percentage of Purchase Attempts Resulting in a Purchase



Chemical Dependency Community-Based Intervention Services – 1036. Reduction in risk of using ATODs. Reduction in DUI risk. Change in client attitudes and behaviors that led them to refrain from use, refrain from abuse, and reduce harm. Sustainable recovery is the overarching expected result. Specific client outcome data include, but are not limited to: 1) maintaining or reducing client alcohol use in the past 30 days; 2) maintaining or reducing client alcohol use to intoxication in the past 30 days; 3) maintaining or reducing client illegal drug uses in the past 30 days; 4) maintaining or reducing client tobacco use in the past 30 days; 5) maintaining or increasing client employment; 6) maintaining or increasing clients in stable housing; 7) reducing emergency room use in the past 30 days; and 8) maintaining or increasing enrollment in school. Federal Benchmarks.

For FY10, 73.0% of surveyed clients report no alcohol use from admission to 90-110 days following discharge from services, an increase of 40.10%; 94.4% of surveyed clients report no use of alcohol to the point of intoxication from admission to 90-110 days following discharge, an increase of 29.5%; 53.1% of clients surveyed report that they were smoke-free from admission to 90-110 days post-discharge, a decrease of 6.1%; 68.3% of clients surveyed report that they were gainfully employed from admission to 90-110 days following discharge, an increase of 6%; and 95.5% of students surveyed report a reduction in suspensions, expulsions, or detention from admission to 90-110 days following discharge, an increase of 11.9%.

Two of the most important measures are charted below for the last four fiscal years: Abstinence and Employment.



Chemical Dependency Community Based Treatment Services - 1037. Sustainable recovery. Reduce use, reduce abuse, and reduce harm. Outcomes and metric are identical to intervention services. See Chemical Dependency Intervention Outcomes Measures noted above.

Chemical Dependency Direct Services – 1038. Sustainable recovery is the overarching expected result. The Bridge: 75% of graduates will remain abstinent from use of ATODs; 75% of graduates will avoid re-admission to inpatient ATOD treatment; 85% of graduates will avoid re-admission to DJJ; 85% of participants who received any service will avoid re-admission to

DJJ; 100% of graduates age 15 and younger will remain in school or seek a GED; 75% of graduates age 16 and older will remain in school or seek a GED; 70% of graduates will increase life/work skills and gainful employment (State Benchmark; the program has been honored nationally for its achievement and held as a national model for adolescent outcomes.)

The Bridge: 91% ('07), 92% ('08), 93.5% ('09) and 93% ('10) of graduates remained abstinent from the use of ATODs; 92.5% ('07-'08), and 95% ('09-'10) of graduates avoided re-admission to inpatient ATOD treatment; 99% ('07-'09) and 95% ('10) of graduates avoided re-admission to DJJ; 96% ('07), 93% ('08), 94% ('09) and 92% ('10) of participants who received any service avoided re-admission to DJJ; 100% ('07-'09) and 96% ('10) of graduates age 15 and younger remained in school or sought a GED; 89.5% ('07), 91% ('08), 93% ('09) and 91% ('10) of graduates age 16 and older remained in school or sought a GED; 82% ('07), 85% ('08), 75% ('09) and 45% ('10) of graduates increased life/work skills and gainful employment. Cost Benchmark: One Year at DJJ - \$100,000; Bridge Cost in '10: \$3,364.

For FY11, outcomes for The Bridge program remain constant, with 92% of graduates remaining abstinent from alcohol, tobacco or drugs; 95% of graduates avoiding re-admission to ATOD treatment; 95% of graduates avoided re-admission to DJJ; 93% of participants who received any service avoided re-admission to DJJ; 96% of graduates age 15 and younger remained in school or sought a GED; 89% of graduates age 16 and older remained in school or sought a GED; and 25% of graduates increased life/work skills and gainful employment. The program served 239 individuals this year and cost \$2,976 per individual.

E. Program Interaction:

Agency staffing levels have been constant to achieve evidence based outcomes in all programmatic areas. The department has collaborated with the Departments of Mental Health, Health and Human Services, Juvenile Justice, Probation, Parole and Pardon, and Health and Environmental Control, as well as with private providers, to achieve and surpass performance expectations while sharing resources to increase capacity to serve clients with substance abuse issues.

F. Change Management:

The mission of the department is defined by state and federal statute. Strategic goals and objectives have been refined to better serve customers and to meet the challenges of the evolving health care market over the last several years, while focusing on 5 strategic directions, including a) reducing administration and funding direct services in the field; b) increasing evidence-based prevention programming; c) increasing evidence-based treatment programming; d) focusing on statewide service infrastructure needs; and e) transitioning to performance funding.

In mid FY11, a new agency director was appointed by Governor Nikki Haley. The immediate impact of the director's vision for the department is a renewed commitment toward recovery, with emphasis placed on working collaboratively with agency partners toward increasing the capacity of service provision, a focus on integration with primary care, a increased emphasis on serving pregnant women and adolescents, while also increasing access to services for veterans.

Below, please see change in mission and focus for FY12-FY13.

Reducing Administration and Duplication of Services

Related Goals of DAODAS Strategic Plan

- To make available the necessary resources to improve the department's capacity to provide efficient and effective services.
 4. Implement system integration with primary healthcare and behavioral healthcare systems.
 5. Increase electronic recordkeeping and information technology capabilities.
 6. Identify and address internal process-improvement actions to achieve better response times. Focus on planning for federal block grant application.
- To improve the efficiency of the service-delivery system.
 2. Focus on Recovery-Oriented Systems of Care.
- To collaborate more effectively with service providers and stakeholders.
 5. Focus on capability for treating clients with co-occurring disorders.
 6. Focus on increasing access to services for veterans and their families.
 7. Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) programs with Medicaid populations.
 8. Work with the Department of Social Services to identify clients in need of substance abuse services and ensure seamless referrals.

III. Budget Category Justification Sheet:
V - Programs

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

- To ensure that all clients and the citizenry-at-large are stimulated and engaged.
 2. Focus on families.

Increasing Evidence-Based Prevention Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of prevention programs.
 3. Capitalize on success and expand program efforts to address underage drinking.
 4. Develop and implement a plan to reduce fetal alcohol syndrome and increase healthy birth outcomes.

Increasing Evidence-Based Treatment Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of treatment and intervention programs.
 4. Work with the Clinical Trials Network at the Medical University of South Carolina to further integrate research-based “best practices” into treatment protocols.
 5. Focus on implementing medication-assisted treatment.
 6. Continue focusing on systems change to increase access to services for adolescents and families seeking health and human services.

Focusing on Statewide Infrastructure Needs

Related Goal of DAODAS Strategic Plan

- To improve the efficiency of the service-delivery system.
 3. Implement business protocols across the local provider system to access public and private insurance products.
 4. Increase service capacity.

Performance Data Decision-Making

Related Goal of DAODAS Strategic Plan

- To provide the necessary resources to improve the agency’s capacity to provide efficient and effective services.
 2. Develop and implement incentive contract processes based on service benchmarks.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		1.65	6.45	.90	9.0
Personal Service	\$0	\$76,407	\$502,131	\$52,881	\$631,419
Employer Contributions	0	\$23,259	\$153,391	\$15,188	\$191,838
Program/Case Services	\$0				
Pass-Through Funds	\$0				
Other Operating Expenses	\$0	\$7,754	\$215,175	\$11,500	\$234,429
Total	\$ 0	\$107,420	\$870,697	\$79,569	\$1,057,686
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

Is this budget category or program associated with a Capital Budget Priority? No.
If yes, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category. None related.

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$83,615	\$893,150	\$64,000
2012-2013 Act		\$107,420	\$870,697	\$79,569
Difference		\$23,805	-\$22,453	\$15,569
% Difference		.28.4%	-2.6%	24.3%

Note: 2012-2013 Totals do not include Employer Contributions

Explanation of Changes:

10. Increase in State due to shifting of FTE between Programs (refer to IV. Services, Section H)

11. Decrease in Federal funds due to TGE position shifting from full-time to part-time status.

12. Increase in Other funds due to part-time intern that will assist in Programs. This will eliminate the hiring of a full-time TGE real

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	State Appropriations	\$107,420				
58010000	Palmetto Initiative for Campus/Community Collaborations					\$5,825
58010000	Community for a Safer Tomorrow					\$121,600
54600000	SAPT BG					\$743,272
58010000	Enforcing Underage Drinking Laws					
58010000	TANF					
30560000	DASIS					
37640000	Medicaid Rehabilitative – Inter-Agency Funds from HHS			\$79,569		
37640000	Medicaid-Utilization Review – Inter-Agency Funds from HHS					
30370000	Utilization Review Match– Inter-Agency Funds from HHS					
30370000	Registration Fees					
39580000	Sale of Equipment					
30560000	SOMMS					
43B1000	Unclaimed Prize					

III. Budget Category Justification Sheet:
V - Programs

Agency
Code: J20

Agency Name: South Carolina
Department of Alcohol and Other Drug
Abuse Services

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. Not applicable.

Please detail the long-term sustainability of this program if cash reserves are needed to operate. Not applicable.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. Not applicable.

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	1.65	.90	6.45	9.0	4.0
2011-2012 (A)	1.65	.90	6.45	9.0	3.5
2010-2011 (F)	1.40	.90	4.70	7.0	4.50
2010-2011 (A)	1.65	.90	6.45	9.0	4.50
2009-2010 (F)	1.40	.90	4.70	7.0	5.0
2009-2010 (A)	2.30	1.30	5.40	9.0	5.0
2008-2009 (F)	1.40	.90	4.70	7.0	4.0
2008-2009 (A)	2.05	1.05	4.90	8.0	4.0
2007-2008 (F)	1.45	.95	4.60	7.0	4.0
2007-2008 (A)	1.45	1.55	5.0	8.0	4.0

K. Detailed Justification for FTEs: None requested.

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Proviso Number: Proviso 25.1

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): Section 25 - II – Finance and Operations.

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? Agency Specific.

D. Action

(Indicate Keep, Amend, Delete, or Add): Keep.

E. Title:

Descriptive Proviso Title: (Training and Conference Revenue)

F. Summary

Summary of Existing or New Proviso: The proviso allows the department to charge fees for training events and conferences and to retain funds earned from such events to plan for future education and professional development opportunities in the substance abuse field for public and private providers.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): None requested.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The proviso is necessary as it gives the agency the authority to charge fees, not found in a the DAODAS enabling statutes. A well trained workforce of substance abuse prevention, intervention and treatment professionals is essential to the overall mission of the agency and provides training opportunities to a wide range of health professionals (primary care, doctors, nurses, behavioral health specialists etc.)

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected:

The proviso is recurring because the enabling statute for DAODAS has not been amended to allow the department to charge fees for training events and conferences.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

\$94,926

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

Not Applicable.

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

A. Proviso Number: Proviso 25.2

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): Section 25 - II – Finance and Operations.

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? Agency Specific.

D. Action

(Indicate Keep, Amend, Delete, or Add): Keep

E. Title

Descriptive Proviso Title: (Gambling Addiction Services)

F. Summary

Summary of Existing or New Proviso: The proviso allows the department to expend appropriations, when available, for information, education, and referral to services for persons with problem or pathological gambling diagnoses.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): None requested.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The proviso is necessary as it gives the agency the authority to expend appropriations when the General Assembly appropriates funding for gambling services.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected:

The proviso is recurring because the enabling statute for DAODAS has not been amended to allow the department to expend funds for gambling services.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

\$50,000

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

Not applicable.

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

A. Proviso Number: Proviso 25.3

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): None.

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? Agency Specific.

D. Action

(Indicate Keep, Amend, Delete, or Add): Keep

E. Title

Descriptive Proviso Title: (Eligibility for Treatment Services)

F. Summary

Summary of Existing or New Proviso: The proviso ensures that clients who pay all applicable fees are eligible to take part in a treatment program offered by the department. It is aimed at ensuring that Alcohol and Drug Safety Action Plan (ADSAP) clients, the state's DUI program for convicted offenders, who pay fees, are admitted to the program without barrier.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): None requested.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The proviso does not direct an expenditure or an appropriation, but directs the department to ensure that its ADSAP providers accept clients who pay applicable fees without barrier.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected:

The proviso is recurring at the request of Senator John Land. It has not been enacted as part of Section 56-5-2990; the applicable code cite that governs the ADSAP program and applicable fees.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

None.

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

Not applicable.

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

- A. Proviso Number:** Proviso 89.13
Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):
- B. Appropriation**
Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): None.
- C. Agency Interest**
Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? General Proviso.
- D. Action**
(Indicate Keep, Amend, Delete, or Add): Keep
- E. Title**
Descriptive Proviso Title: (SC Health & Human Services Data Warehouse)
- F. Summary**
Summary of Existing or New Proviso: The proviso directs DAODAS to work with the Office of Research and Statistics (ORS) in reporting client data in cooperation with health and human service agencies.
- G. Explanation of Amendment to/or Deletion of Existing Proviso**
(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): None requested.
- H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**
The proviso does not direct an expenditure of an appropriation. It does direct the department to participate in a statewide client data coordination effort.
- I. Justification**
Refer to the instructions for the correct question to answer in this space, based on the action you selected:

The agency is complying with the proviso directive and agrees with the sharing of client data to better serve clients.
- J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**
None.
- K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**
Not Applicable.

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

A. Proviso Number: Proviso 2.3

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

B. Appropriation

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*): II – Finance and Operations / IV - Services

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences? Statewide Revenue.

D. Action

(Indicate Keep, Amend, Delete, or Add): Amend

E. Title

Descriptive Proviso Title: (LEA: FY2011-12 Lottery Fund)

F. Summary

Summary of Existing or New Proviso: The proviso directs \$50,000 to be appropriated from the Lottery's unclaimed prize fund for gambling related services.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified): The department requests an amendment to increase the amount of the appropriation from \$50,000 to \$100,000.

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The proviso is necessary to direct an appropriation from the lottery unclaimed prize account as required in the South Code Laws, **Section 59-150-230(I)** of the **South Carolina Education Lottery Act**. It directs that a portion of **unclaimed prize money** be determined through the annual appropriations process by the General Assembly be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling "hotline," prevention programming and, in part or in total, mass communications efforts.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected:

The proviso is needed to concur with state statute. Each year, the lottery expenditure account is appropriated as based on BEA certified lottery revenue available to be appropriated. For some years, the unclaimed prize fund was diverted for other uses not commensurate with Section 59-150-230(I). Should the proviso remain the same, the department will again receive \$50,000, which falls short of funding the full range of programs and services as directed by state statute, to include a mass communication effort.

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)

Other Funds (\$50,000)

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

(LEA: FY 2011-2012 Lottery Funding) There is appropriated from the Education Lottery Account for the following education purposes and programs and funds for these programs and purposes shall be transferred by the Budget and Control Board as directed below. These appropriations must be used to supplement and not supplant existing funds for education.

The Budget and Control Board is directed to prepare the subsequent Lottery Expenditure Account detail budget to reflect the appropriations of the Education Lottery Account as provided in this section.

All Education Lottery Account revenue shall be carried forward from the prior fiscal year into the current fiscal year including any interest earnings, which shall be used to support the appropriations contained below.

For Fiscal Year 2011-2012 certified net lottery proceeds and investment earnings and any other proceeds identified by this provision are appropriated as follows:

- (1) Commission on Higher Education and State Board for
Technical and Comprehensive Education--
Tuition Assistance \$47,000,000;

- (2) Commission on Higher Education--LIFE Scholarships as provided in Chapter 149, Title 59 \$ 106,554,616;
- (3) Commission on Higher Education--HOPE Scholarships as provided in Section 59-150-370 \$ 7,823,474;
- (4) Commission on Higher Education--Palmetto Fellows Scholarships as provided in Section 59-104-20 \$ 30,277,240;
- (5) Commission on Higher Education--Need-Based Grants \$ 11,631,566;
- (6) Tuitions Grants Commission--Tuition Grants \$ 7,766,604;
- (7) Commission on Higher Education--National Guard Tuition Repayment Program as provided in Section 59-111-75 \$ 1,700,000;
- (8) South Carolina State University \$ 2,500,000;
- (9) Technology--Public Four-Year Universities, Two-Year Institutions, and State Technical Colleges \$ 4,154,702;
- (10) Department of Education--K-5 Reading, Math, Science & Social Studies Program as provided in Section 59-1-525 \$ 29,491,798;
- (11) Department of Education--Grades 6-8 Reading, Math, Science & Social Studies Program \$ 2,000,000;
- (12) Commission on Higher Education--Higher Education Excellence Enhancement Program \$ 3,000,000;
- (13) School for the Deaf and the Blind--Technology Replacement \$ 200,000; and
- (14) State Library--Aid to County Libraries \$ 733,000.

Fiscal Year 2011-2012 funds appropriated to the Commission on Higher Education for Tuition Assistance must be distributed to the technical colleges and two-year institutions as provided in Section 59-150-360. Annually the State Board for Technical and Comprehensive Education and the Commission on Higher Education shall develop the Tuition Assistance distribution of funds appropriated.

Of the funds appropriated to South Carolina State University, \$250,000 may be used for the BRIDGE Program.

The provisions of Section 2-75-30 of the 1976 Code regarding the aggregate amount of funding provided for the Centers of Excellence Matching Endowment are suspended for the current fiscal year.

The Commission on Higher Education is authorized to temporarily transfer funds between appropriated line items in order to ensure the timely receipt of scholarships and tuition assistance. It is the goal of the General Assembly to fund the Tuition Assistance program at such a level to support at least \$996 per student per term for full time students.

Fiscal Year 2011-2012 net lottery proceeds and investment earnings in excess of the certified net lottery proceeds and investment earnings for this period are appropriated and must be used to ensure that all LIFE, HOPE, and Palmetto Fellows Scholarships for Fiscal Year 2011-2012 are fully funded.

If the lottery revenue received for Fiscal Year 2011-2012 is less than the amounts appropriated, the projects and programs receiving appropriations for any such year shall have their appropriations reduced on a pro rata basis, except that a reduction must not be applied to the funding of LIFE, HOPE, and Palmetto Fellows Scholarships.

The Commission on Higher Education is authorized to use up to \$260,000 of the funds appropriated in this provision for LIFE, HOPE, and Palmetto Fellows scholarships to provide the necessary level of program support for the scholarship award process.

The Higher Education Tuition Grants Commission is authorized to use up to \$70,000 of the funds appropriated in this provision for Tuition Grants to provide the necessary level of program support for the grants award process.

For Fiscal Year 2011-2012, of the funds certified from unclaimed prizes, ~~\$12,350,000~~ \$12,300,000 shall be appropriated to the Department of Education for the purchase of new school buses and ~~\$50,000~~ \$100,000 shall be appropriated to the South Carolina Department of Alcohol and Other Drug Abuse Services for gambling related services.

Of any unclaimed prize funds available in excess of the Board of Economic Advisors estimate, the first \$1,500,000 shall be directed to the Commission on Higher Education for the Partnership Among South Carolina Academic Libraries (PASCAL) Program. The next \$5,470,093 shall be directed for Technology: Public Four-Year Universities, Two-Year Institutions, and State Technical Colleges. The next \$2,000,000 shall be directed to the State Library for Aid to County Libraries. The next \$1,000,000 shall be directed to the Commission on Higher Education for the Higher Education

V. Proviso Justification Form

Agency
Code:
J20

Agency Name: South Carolina Department of Alcohol and
Other Drug Abuse Services.

Excellence Enhancement Program. The next \$4,000,000 shall be directed to the State Board for Technical and Comprehensive Education for the Allied Health Initiative. The next \$1,000,000 shall be directed to the Commission on Higher Education for the Critical Needs Nursing Program. All additional revenue in excess of the amount certified by the Board of Economic Advisors for unclaimed prizes shall be distributed to the Commission on Higher Education for LIFE, HOPE, and Palmetto Fellows Scholarships.

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

Federal Aid Justification

2008-AH-FX-0068 & 2010-AH-FX-0083(Current)

Summary

Award Title	Palmetto Initiative for Campus/Community Collaborations (PICCC) & Enforcing Underage Drinking Laws Program		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	(16.727) Enforcing Underage Drinking Laws Program
Award Number (Federal)	2008-AH-FX-0068 & 2010-AH-FX-0083(Current)	Start Date	10/01/08
		Federal Agency	Department of Justice (15)
Award Number (State)	J2001PICCC09&J2001EUDL S11(current)	End Date	09/30/12
		Federal Sub agency	
Award Period	Continuing	→ If "Other", explain:	

Financial

Total Award Amount	\$ 300,000.00	Amount Available in FY 2012-13	\$ 300,000.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	

Is administrative and/or indirect cost recovery permitted? If so, explain: NA. All expense are direct costs.

Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed? Yes. South Carolina Colleges/Universities and County Alcohol and Drug Abuse Authorities. Funds are distibuted on a reimbursement basis.

Federal Aid Justification

2008-AH-FX-0068 & 2010-AH-FX-0083(Current)

Questions

How is the use of these funds essential to your agency's mission?

This grant supplements one of the department's prime delivery products: prevention. Prevention is essential to forestalling the disease of addiction and is elemental to improving the health status and quality of life of individuals, families, and communities. It is a core government health service.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

None. The funds supplement underage drinking best practices and helps the agency achieve its core government mission of prevention, thereby improving the health status and quality of life of individuals, families, and communities.

What outcome and/or performance measures will you track and/or report on in association with this award?

The agency tracks prevention outcome data through the DAODAS Standard Prevention Survey, while also focusing on outcome data gained through its Alcohol Enforcement Team program aimed at underage drinking activities.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Michelle Nienhius

Federal Aid Justification

5U79SP015586(Current)

Summary

Award Title	Community Action for a Safer Tomorrow				
CFDA Number/Title	(XX.XXX) Other CFDA	→	If "Other", identify:	(93.243) Substance Abuse & Mental Health Svc_Projects of Regional and National Significance	
Award Number (Federal)	5U79SP015586(Current)	Start Date	07/01/11	Federal Agency	Department of Health and Human Services (75)
Award Number (State)	J2001CASTS11(Current)	End Date	06/30/12	Federal Subagency	
Award Period	Continuing	→	If "Other", explain:		

Financial

Total Award Amount	\$ 2,835,724.00	Amount Available in FY 2012-13	\$ 2,835,724.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Project Grant	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Yes. Administrative cost support the project and is limited to 15% of total award.		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	Yes. County Alcohol and Drug Abuse Authorities are funded on a reimbursement basis.		

Federal Aid Justification

5U79SP015586(Current)

Questions

How is the use of these funds essential to your agency's mission?

This grant supplements one of the department's prime delivery products: prevention. Prevention is essential to forestalling the disease of addiction and is elemental to improving the health status and quality of life of individuals, families, and communities. It is a core government health service.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

None. The grant strengthens substance abuse prevention infrastructure change at the state and community level to achieve population level change throughout South Carolina funds. It supplements underage drinking best practices and helps the agency achieve its core government mission of prevention, thereby improving the health status and quality of life of individuals, families, and communities.

What outcome and/or performance measures will you track and/or report on in association with this award?

Two primary measures will be tracked: Reducing underage drinking by 15%; Reduce fatal car crashes by 10%.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Michelle Nienhius

Federal Aid Justification

C10090I(Current)

Summary

Award Title	Temporary Assistance of Needy Families		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	(93.558) Temporary Assistance of Needy Families
Award Number (Federal)	C10090I(Current)	Start Date	10/01/10
		Federal Agency	Department of Health and Human Services (75)
Award Number (State)	J2001TANFS11(current)	End Date	09/30/11
		Federal Sub agency	
Award Period	Continuing	→ If "Other", explain:	

Financial

Total Award Amount	\$ 1,400,000.00	Amount Available in FY 2012-13	\$ 1,400,000.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Formula Grant	If "Other", explain	

Is administrative and/or indirect cost recovery permitted? If so, explain: NA. All expenses are direct costs.

Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed? Yes. County Alcohol and Drug Abuse Authorities are funded on a reimbursement basis.

Federal Aid Justification

C10090I(Current)

Questions

How is the use of these funds essential to your agency's mission?

Treatment services improve the lives of individuals and families affected by substance abuse through the provision of individualized care; by focusing on TANF families, it will improve the health status and quality of life of individuals, families, and communities.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

None. Referral for treatment saves funding. For every dollar invested, approximately \$7.46 is save in associated costs.

What outcome and/or performance measures will you track and/or report on in association with this award?

The individuals who are referred to treatment through this grant will be tracked through the federal National Outcomes Measure (NOMS) as required by the Substance Abuse and Mental Health Services Administration. These are listed in the agency's Accountability Report and throughout this budget document.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Frankie Long-Treatment Coordinator

Federal Aid Justification

2B08TI010048(Current)

Summary

Award Title	Substance Abuse Prevention & Treatment Block Grant				
CFDA Number/Title	(XX.XXX) Other CFDA	→	If "Other", identify:	(93.959) Block Grants for Prevention and Treatment of Substance Abuse	
Award Number (Federal)	2B08TI010048(Current)	Start Date	10/01/10	Federal Agency	Department of Health and Human Services (75)
Award Number (State)	J2001SAPBG11	End Date	09/30/12	Federal Sub agency	
Award Period	Continuing	→		If "Other", explain:	

Financial

Total Award Amount	\$ 20,700,000.00	Amount Available in FY 2012-13	\$ 20,700,000.00
State Match Required?	No	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Block Grant	If "Other", explain	

Is administrative and/or indirect cost recovery permitted? If so, explain: Yes. Administrative cost support the substance abuse services provided in South Carolina and is limited to 5% of total award.

Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed? Yes. The majority of funds are awarded on a grant basis to the County Alcohol and Drug Abuse Authorities. Funds are distributed on a reimbursement basis.

Federal Aid Justification

2B08TI010048(Current)

Questions

How is the use of these funds essential to your agency's mission?

The federal Substance Abuse Prevention and Treatment Block Grant (SAPT) is the major funder of substance abuse services throughout South Carolina. It funds prevention, intervention and treatment and thus improves the health status and quality of life of individuals, families, and communities.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

To maintain compliance, the state will have to meet financial MOE requirements and ensure certain programmatic set asides are adhered to, as well as meet quality and health and safety regulations.

What outcome and/or performance measures will you track and/or report on in association with this award?

The National Outcome Measures (NOMS) will be tracked to ensure compliance with intervention and treatment programs; the DAODAS Standard Survey, plus other outcome instruments particular to programs, will be utilized to track prevention outcomes. All are detailed in the Accountability Report and this budget document.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Lillian Roberson